



Department of Health and Human Services annual report 2018–19

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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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.

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Responsible body's declaration



Jenny Mikakos MP
Minister for Health, Minister for Ambulance Services

Martin Foley MP
Minister for Mental Health

The Hon. Richard Wynne MP
Minister for Housing

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

Gabrielle Williams MP
Minister for the Prevention of Family Violence

Dear ministers

In accordance with the *Financial Management Act 1994*, I am pleased to submit to you the Department of Health and Human Services annual report for the period 1 July 2018 to 30 June 2019.

Kym Peake
Secretary
Department of Health and Human Services

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Secretary's foreword



Our department aspires for all Victorians to be safe, healthy and live a life they value.

All Victorians come into contact with health and human services at some point in their lives. We know there are critical links between wellbeing, economic prosperity and social inclusion. We also know that active and engaged Victorians have better long-term health and wellbeing outcomes, and that vibrant, inclusive and cohesive communities are best able to adapt to demographic, social and economic changes.

That is why our priority is to improve the experience and outcomes of the consumers of our services and empower them to be partners in their own care. And why we prioritise our partnerships with communities and with our service delivery partners to tackle the social determinants of health and wellbeing and improve models of support and care.

In listening to the people who use and deliver our services, we have heard about the need to access supports earlier and more easily. In response, we are developing coordinated service pathways and testing innovative models of care.

Over the past 12 months we have continued to focus our efforts on:

- > advancing Aboriginal self-determination across all our portfolios
- > amplifying the voices of our clients, patients and victim survivors in our advice to government and in the design and delivery of services

- > developing research and practice communities to generate and make better use of data and evidence for policy and practice
- > working collaboratively with our sectors and other parts of government to improve the impact of existing services and develop new service models
- > supporting governing bodies of public and community organisations to support their organisations to grow and sustain quality and safety cultures
- > supporting community-led actions to promote health and wellbeing and reduce vulnerability
- > delivering a significant capital program, with a view to improving access to services and overall community amenity
- > agile development of our information systems and our regulatory, contract management and project management capabilities.

This report sets out our achievements in more detail – achievements due to the efforts of hundreds of thousands of people working across the health and human services sector.

Some of the significant milestones reached in the past 12 months include:

- > opening the Joan Kirner Women's and Children's Sunshine Hospital, enabling more women and families in Melbourne's west to give birth and access children's services closer to home
- > completion of the redeveloped Orygen building in Parkville, a world-first clinical and research centre for young people across Victoria with serious mental illness
- > opening the first of The Orange Door support and safety hubs, alongside new information-sharing and risk-assessment capabilities for workforces involved with ending the scourge of family violence

- > rolling out SafeScript to limit the harms associated with opioids and other high-risk prescription medications
- > the commencement of Victoria's voluntary assisted dying laws, allowing eligible patients to choose the manner and timing of their death
- > Respect Victoria commencing as an independent statutory authority, leading the state's prevention efforts in changing the attitudes, social norms and culture that result in family violence and violence against women
- > having almost 50 per cent of Aboriginal children in care managed by Aboriginal community-controlled organisations, a 250 per cent improvement compared with two years ago
- > elective surgery patients in Victoria being seen sooner, thanks to ongoing investment in our health workforce and infrastructure, with the median wait-time for elective surgery now just 28 days.

In a new term of government, all of our divisions and agencies have reviewed their work programs to sharpen our focus on our ministers' ambitious reform agendas. We have recently released a refreshed strategic plan that outlines our outcomes, values and directions for the next four years and communicates our priorities for the next 12 months.

Through this plan, we commit to putting people first. And we recommit to our shared values and behaviours of demonstrating integrity and accountability, being curious and innovative, demonstrating excellence in collaboration, and being caring and respectful.

Just as we have maintained a relentless focus on improving services for clients, patients and victim survivors, we have continued our internal transformation journey.

This is not just change for the sake of it. There is a clear purpose to this work.

It is driven by an aspiration to build a learning organisation that translates evidence and client voices into better services that are delivered in, and connected to, the local communities we serve – and an organisation that responds to changing client needs and government priorities.

To this end, we continue to prioritise investment in our staff – to promote their health and wellbeing, build inclusive, positive and culturally safe workplaces and improve our internal systems,

tools, capabilities and supports. Key initiatives in the past 12 months include:

- > implementing our *All roles flex* policy
- > commencing our child protection mental health and wellbeing program
- > supporting participants, families and staff as we progressed the transfer of disability shared accommodation and respite services to five non-government providers
- > creating an innovation program that promotes 'a culture of possible'
- > refreshing our staff leadership and management programs
- > establishing a dedicated customer support function and customer promise to guide our corporate services
- > rolling out new technology systems, such as Office 365 and the productivity centre, to make it easier for people to do their work
- > continuing to invest in building our internal capabilities – including project management, data assets, strategic policy, evaluation and infrastructure delivery.

My sincere thanks to the thousands of dedicated staff across the department, our ministers and all our partner agencies.

My thanks also to the people and communities who have lent their voices to the issues they are passionate about – through the many community engagements and advisory groups the department has held during the year. And most recently through the online submissions and engagements with the Royal Commission into Victoria's Mental Health System.

It is a great privilege to be part of the stewardship of health and human services. We know there is more work to be done – and we will continue to listen and find ways to achieve the best health, wellbeing and safety for all Victorians so they can live a life they value. I look forward to the year ahead.



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>>.

Outcomes

Our department is increasing how we use 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 of what works, what does not work, and why.

Our outcomes approach puts people at the centre of how we plan, design and evaluate services. 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, as well as explaining why our priorities matter and what success looks like. Our key results reflect the health, wellbeing, social, economic and safety outcomes that support people to live 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.

This year, we added four new key results to the outcomes framework to reflect machinery-of-government changes and government priorities for the next four years.

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 also informs how we work with our government, 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>>.

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 three roles of this department:

- > steward – how we develop and oversee policy
- > system manager – how we design funding and do regulation
- > agent – how we deliver services, and how we 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.

We are improving how we link administrative data to generate new insights about consumers' experience of, and outcomes from, our services.

New demand-modelling tools have been developed to improve forecasting of demand for services and enable our service systems to provide support earlier.

We are continuing to evolve our use of digital technology and behavioural insights to support self-care and enable clients and patients to make more informed choices about 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.

- > All areas of the department are bringing new approaches to **partnering with consumers**. Our focus is on improving how and when consumers can get involved in the design of services for them, and actively participate in decisions about their own care. This includes:
 - Safer Care Victoria's release of the new **Partnering in healthcare framework** to support increased consumer participation and engagement

- Safer Care Victoria and the Victorian Health Information Agency using **new consumer networks** to support greater consumer engagement and participation. This included trialling a new set of patient-reported outcome measures, practical resources to boost consumer involvement in reviews of serious events in health services, training programs for clinical and non-clinical staff to improve communication with patients and families, and support for five health services to develop patient-experience dashboards
- a **client-voice framework for community services**, backed by specific policy and service design initiatives that engage with public housing tenants, young people in out-of-home care, National Disability Insurance Scheme participants and their families, and people with lived experience of our services. For example, the Victim Survivors' Advisory Council provided expert input into new family violence risk assessment tools and the design of The Orange Door services.
- > Our approach to person-centred services and care is underpinned by a commitment to **advancing self-determination of Aboriginal communities**. Actions in 2018–19 included:
 - transitioning **case management** for an additional 300 children from non-Aboriginal organisations or child protection to an Aboriginal community-controlled organisation
 - funding Aboriginal Housing Victoria to lead the development of an overarching **Aboriginal housing and homelessness framework**
 - the release of an **Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer**, developed in partnership with Victorian Aboriginal Community Controlled Health Organisation, the Cancer Council of Victoria and Cancer Australia
 - **new partnership agreements**, including the 10-Year Aboriginal Family Violence Agreement *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* and *Wungurilwil Gagapduir: Aboriginal Children and Families Agreement*.
- > Adopting **person-centred services** requires us to pay more attention to service users and their needs, experiences and outcomes. We have done this through:

- **linking administrative data** to generate new insights about service use, choices and behaviours, and to predict future demand for services and better target services that prevent or reduce future demand
- the continued implementation of the **Designing for diversity framework** to ensure service planning, design and governance processes are culturally safe, inclusive and accessible
- the **Everybody matters: inclusion and equity statement**, which will guide a more inclusive, safe and responsive family violence system for more people, regardless of gender, ability, sexual orientation, sex, ethnicity, religion, age or mental health.

2. Local solutions

Person-centred solutions work best when they are designed in the context of the local communities where people live.

Local solutions require us to design and deliver service models that are effective on the ground.

We recognise that co-design should be undertaken to involve clients and communities in solving local problems. 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.

Local solutions also extend beyond how services are provided. The World Health Organization recognises that the conditions in which people are born, grow, live, work and age are the major causes of avoidable and inequitable health and wellbeing outcomes.

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 previous 12 months, the department facilitated and supported local service responses and community resilience. Some examples are detailed below.

> The department is funding and supporting a range of **community-led initiatives** to improve health and wellbeing outcomes, including:

- **Himilo Community Connect**, a community-led project improving education, employment, health and social cohesion outcomes for the Australian-Somali community of West Heidelberg
 - **South Sudanese Community Support Groups**, which connect with local service providers, develop clear referral pathways and encourage culturally appropriate service within mainstream providers
 - the **Latrobe Health Assembly**, which leads health improvement initiatives and integration of health and community services for people with complex conditions through the Latrobe Health Innovation Zone.
- > The department has also provided targeted support to communities recovering from emergencies. For example:
- following severe bushfires in Eastern Victoria in March 2019, the department rapidly established the **Bushfire Case Support Program** in partnership with Windermere, a local community services organisation. This gave the people affected by the bushfires a single point of contact to provide them with information and support suited to their unique needs. This support was often provided in people's own homes, and often for people who had also been affected by the Ash Wednesday and Black Saturday fires.
- > In all of our services, the department seeks to combine data and evidence about the most appropriate and effective service models, with flexibility to tailor services to local community preferences and needs. Some examples of this process of local engagement and adaptation in 2018–19 include:
- flexibility in the **Aboriginal maternal and child health** service model to allow place-based approaches to service delivery
 - the creation of local governance groups to guide the design and establishment of **The Orange Door support and safety hubs**
 - engaging local communities at all stages of the **design and delivery of public housing renewal projects and health capital projects**, including the Joan Kirner Women's and Children's Hospital, Werribee Mercy Hospital acute expansion and Phillip Island Minor Injury and Illness Clinic.

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 reducing the need for crisis and emergency services.

Successful early intervention requires new models of care that focus on the whole person. 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, manage a chronic disease, 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.

Over the past 12 months, we have broadened our focus on prevention and earlier intervention. Some examples are detailed below.

- > The department has taken steps to reduce risk factors for chronic disease and provided better support for managing chronic conditions, including through:
 - **two new prevention projects initiated by Regional Partnerships:** the Healthy Heart of Victoria project in Loddon Campaspe and the Prevention Lab initiative in Central Highlands

- **community infrastructure and programs** to support Victorians to be physically active. In 2018–19, the Office of Women and Sport was created to boost active recreation for women and girls
- **support for people to manage chronic conditions at home and reduce acute episodes** through resources and campaigns to increase asthma management plans, new technologies to improve self-monitoring, and active outreach to people in the community to enable earlier escalation of health care.
- > The department acted to reduce the incidence, spread and severity of disease and illness, including through:
 - key initiatives to protect the community from **influenza**, such as introducing free flu vaccination for children aged from six months to under five and a public campaign encouraging more people to get their flu shot, and providing information on how to reduce the spread of the disease
 - **data to manage disease outbreaks and analyse emerging risks.** The Public Health Data Analytics Platform provides more than 20 years of data in an interactive and publicly accessible format to manage disease outbreaks and analyse emerging risks. The platform assists local governments and health service partners to plan and deliver targeted responses that support community health and wellbeing.
- > The department also provided increased support for children and families through universal services and evidence-based secondary prevention programs such as:
 - **supported playgroups.** These are available to families with children from birth to school age, to improve the quality of parent–child interactions and improve children’s wellbeing and development
 - the **Roadmap for Reform**, which continued to test six evidence-based service models to strengthen family capabilities and better support children and young people to recover from trauma in their childhood.
- > The department provided earlier support for people experiencing homelessness through:
 - redesigned homelessness and rough-sleeping service responses that provide

more suitable and permanent housing for people who are at risk of, or who are experiencing, chronic homelessness

- specific initiatives including the redesign of congregate crisis accommodation and two social impact bonds focused on young people leaving care and people experiencing chronic homelessness
- new accommodation with wrap-around support services at Ozanam House in North Melbourne and across Ballarat and Bendigo.

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. Implementation of child safety standards, the development of a reportable conduct scheme for employees of organisations working closely with children, an enhanced incident management and complaints mechanism, and improvements in national health regulation 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, and reduce unacceptable variations in care and outcomes.

Over the past 12 months, we have progressed our work to further embed and strengthen 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 is supporting **52 health improvement projects**. Key actions in 2018–19 included:

- entering into a **strategic alliance with the Institute of HealthCare Improvement (IHI)**, providing health services with proven methodology to test, adopt and sustain improvements in patient safety and quality of health care
- the **Reducing Delirium Collaborative**, launched in late 2018 to reduce harm and improve outcomes for hospital patients at risk of delirium has tripled the number of patients over 65 years screened for this often-preventable condition. More than 20 health services collaborating on this project have achieved their first goal, with 90 per cent of patients over 65 years screened for delirium, three times more patients than before the project. Fewer patient now require medication to manage delirium, at participating sites.
- a new **Safer Baby Collaborative**, which was launched in April 2019 to reduce the rate of stillbirths. Actions supported by IHI include increasing public awareness of the importance of fetal movements and safe maternal sleep positions, diagnosis and management of fetal growth restriction and promotion of appropriate timing of birth, and interventions to improve rates of smoking cessation in pregnancy
- **11 clinical networks that are leading 15 improvement projects**, including actions to reduce infections associated with medical devices and optimising the use of antimicrobials to control multi-drug resistant organisms
- the release of **30 new practice guidelines**, together with an online database that is easier to search, to improve consistency in safe, high-quality care. For example, guidance includes managing anaphylaxis in adults, caring for critical care patients to reduce medication errors, and supporting the specific needs of maternity services

- delivering **more support to current and future healthcare leaders** through tailored mentoring, coaching and networking opportunities and new leader development programs for mid-career and executive health service professionals and clinicians
- working with **health service boards** to strengthen clinical governance
- expanding their work to encompass quality, safety and innovation in aged care.
- > The **Victorian Agency for Health Information** is supporting improvements in the collection, interpretation and use of health data to support better decision-making and care. Specific initiatives in 2018–19 included:
 - **new linked health data to improve cardiac outcomes** which includes released findings and actionable information to drive improvements in practice, and lead to better cardiac health outcomes
 - **bi-annual reports on quality and safety in Victorian private hospitals**, which aim to improve access to high-quality information, including the ability to compare performance with comparable services
 - development of the **Victorian Health Incident Management System (VHIMS)** to capture incident data for clinical and health worker hazards. This includes clinical incidents, occupational health and safety incidents, near misses and hazards. Information collected through VHIMS is important in driving local and statewide improvements in the quality and safety of health care and the overall patient experience.
- > The department also supported quality, safety and improvement in social services through:
 - new quality, safety and improvement functions for social services, including a **Community Services Quality and Safety Office** and **Centre for Evaluation and Research**
 - a new **Community Services Quality Governance Framework** released by the Community Services Quality and Safety Office in October 2018
- **quality governance workshops for governing bodies of community services** to enhance capabilities and promote strong system-leadership. A Driving Improvement in Community Services forum was also held for practitioners and executives of community service organisations to promote safe, effective, person-centred community services for everybody, every time; to promote the importance of the client voice; and the culture change required to achieve best outcomes for service users
- **research partnerships** to support the development and use of evidence in policy and service delivery. For example, the department funded the Outcomes Practice Evidence Network, and continued to support the Generation Victoria project at the Murdoch Children’s Research Institute to create a holistic picture of the health and wellbeing of Victoria’s children and advance the translation of research into practice
- the new **Orygen medical research facility for youth mental health** in Parkville, which brings together research, clinical care and service reform capabilities and was co-designed with more than 160 young people.
- > The department sought to **improve safeguards** through:
 - **reviewing regulatory reform for assisted reproductive treatment** as part of a major push to make sure more Victorians have better access to safer, higher-quality treatment and are free from discrimination. The review has already led to legislative amendments to implement some of the 80 wide-ranging recommendations
 - the **agency risk management framework**, which provides policies, procedures and tools to streamline and standardise the monitoring of service agreement compliance across the state. This new approach reduces the administrative burden for funded agencies and allows for better services for vulnerable Victorians.

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 embodies the department's values. For example, by 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>>.

Purpose and functions

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

Some of these activities include social housing, disability, child and family services, public hospitals, community health, mental health and aged care services, maternal and child health, and preventing family violence and violence against women.

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.

It 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 is 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 caring for a family member, partner or friend who needs them.

The department is working to improve the health and wellbeing of carers. We work in partnership with a range of community organisations to support the needs of carers. These include supporting access to respite, support groups, information and advice, financial services and transport concessions.

Ageing

The Ageing portfolio addresses the needs of Victoria's ageing population, by creating opportunities for older people to maximise their health and wellbeing, participate and remain engaged and connected in their communities.

This 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.

This includes 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. We work 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 – established by the Government this is 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. We are 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 workforce and we are working to ensure every Aboriginal child has the opportunity to learn, practice, 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 and all forms of violence against women is a critical part of achieving this. Through the delivery of Orange Doors and behaviour change programs for perpetrators we are seeking 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.

Changes to the department

As a consequence of machinery-of-government changes effective 1 January 2019, the department received the disability reform, Maternal and Child Health and Early Parenting functions, and transferred the Sports and Recreation Victoria, Office of Women and Office for Youth and Adoption Services functions.

Financial details of the transfers are detailed in Note 4.3 of the Financial Statements: 'Restructuring of administrative arrangements'. The net asset transfers were treated as a contribution of capital by the state.

The combined income and expenses of the functions received are reported for the period 1 January 2019 to 30 June 2019, with the net assets assumed by the department on 1 January 2019. The combined income and expenses of the functions provided are reported for the period 1 July 2018 to 31 December 2018, with the net assets transferred by the department on 31 December 2018.



The department's ministers



Jenny Mikakos MP

Minister for Health
Minister for Ambulance Services

Jenny Mikakos MP was elected to the Legislative Council in 1999. Previously she was the Minister for Families and Children, Minister for Youth Affairs and the Minister for Early Childhood Education. Minister Mikakos has been Minister for Health and Minister for Ambulance Services since December 2018.

Minister Mikakos holds a Bachelor of Laws and a Bachelor of Arts from the University of Melbourne and practised as a lawyer prior to entering Parliament.

Minister Mikakos is committed to a strong public health system in Victoria and has led the continued growth and redevelopment of the system with a \$3.8 billion plan to build modern hospitals for a growing Victoria, with two million more patients expected to be treated over the next year. She has announced funding for the flagship new Footscray Hospital, opened the new, cutting-edge Joan Kirner Women's and Children's Hospital, funded 500,000 additional specialist appointments in regional areas, and commenced the delivery of free dental care for all Victorian government school students. She has overseen the statewide roll-out of Victoria's SafeScript real-time prescription monitoring system and the implementation of Victoria's landmark voluntary assisted dying legislation, providing Victorians who are suffering at the end of their life with a genuine and compassionate choice over the manner of their death.



Martin Foley MP

Minister for Mental Health

Martin Foley MP was elected to the Legislative Assembly in 2007. Previously the Minister for Housing, Disability and Ageing, Minister Foley has been the Minister for Mental Health, Minister for Equality and Minister for Creative Industries in the Victorian Government since 4 December 2014.

Recognising our mental health system is facing crucial challenges to cope with increasing demand, Minister Foley championed the establishment of the Royal Commission into Victoria's Mental Health System – the first of its kind in Australia. This includes leading statewide discussions to establish the terms of reference. The Royal Commission will provide a comprehensive set of recommendations for reform that reflect the government's vision for an accessible, flexible and responsive mental health system that provides the very best care and treatment, free from stigma and discrimination.

Minister Foley has presided over Victoria's first medically supervised injecting room trial in North Richmond, to be reviewed in 2020 by an independent panel of experts who will report to government.

In the past year the government invested a record \$705 million to give Victorians with mental illness and addiction and their families the treatment and the support they need closer to home.

Minister Foley holds a BA (Hons) in History and Politics and a Master of Commerce (Hons).



The Hon. Richard Wynne MP

Minister for Housing

The Hon. Richard Wynne MP was elected to the Legislative Assembly in 1999. Minister Wynne was previously the Minister for Local Government and Minister for Aboriginal Affairs and Minister for Housing.

Minister Wynne has been the Minister for Planning since 2014 and the Minister for Housing and Minister for Multicultural Affairs since December 2018.

Minister Wynne is committed to increasing and renewing public and community housing, so more Victorians gain access to safe, secure and stable housing. Initiatives to increase social housing include a \$1 billion social housing growth fund to deliver more social housing and a four-year \$185 million program to redevelop public housing estates.

The government has also committed to building 1,000 new public homes across key areas in Victoria by 2022 – providing more people in need with a safe and secure place to call home.

Minister Wynne is rolling out initiatives under the Rough Sleeping Action Plan, including assertive outreach teams and supportive housing teams to reduce both the incidence and impact of rough sleeping in Victoria.

The government's continued investment demonstrates its commitment to providing public housing and support as an essential part of ensuring all Victorians have a safe and secure home.



The Hon. Luke Donnellan MP

Minister for Child Protection Minister for Disability Ageing and Carers

The Hon. Luke Donnellan MP was elected to the Legislative Assembly in 2002. He has previously been Minister for Roads and Road Safety and Minister for Ports. He has been Minister for Child Protection and Minister for Disability, Ageing and Carers since December 2018.

Minister Donnellan has announced a \$476.8 million investment to support residential aged care, carers and child and family services – in addition to support for Victorians with a disability as we transition to the National Disability Insurance Scheme. This investment includes a boost for Victoria's public sector residential aged care, including \$81.6 million to build a new 120-bed public residential aged care service in Wantirna, reflecting a commitment to modernising and maintaining public sector residential aged care in Victoria.

Under Minister Donnellan's leadership, the focus in child and family services will move from crisis response to early intervention and prevention. This includes delivering a new model of kinship care to identify carers earlier and strengthening community connections for Aboriginal children in care. In April 2019, the Minister launched the Home Stretch program, which will help 250 young people in care to successfully transition to independence by providing an accommodation allowance to continue supports for young people and carers in kinship or foster care living arrangements up to the age of 21.

The Minister has made a commitment to Victoria's 700,000 carers with an investment of \$49.5 million over four years to provide more respite services, better support and improved public transport concessions for carers.

One of the Minister's key priorities has been overseeing the implementation of the National Disability Insurance Scheme.



Gabrielle Williams MP

Minister for the Prevention of Family Violence

Gabrielle Williams MP was appointed as Minister for the Prevention of Family Violence, Minister for Women and Minister for Youth in December 2018.

Minister Williams previously served as Parliamentary Secretary on a number of portfolios, including Health and Carers and Volunteers between November 2016 and December 2018. She has held the role of Parliamentary Secretary for Industry and Employment and was Parliamentary Secretary for Carers and Volunteers dating back to December 2014.

Minister Williams was first elected to the Legislative Assembly, as the Member for Dandenong, in late 2014.

Since her appointment as the Minister for the Prevention of Family Violence, Minister Williams has boosted funding for crisis support and counselling for survivors of sexual assault, announcing a further \$5 million in funding in April 2019.

In the same month, she launched the State's 10-year plan for a family violence system that supports all Victorians – the Everybody matters: Inclusion and Equity Statement.

She is working to change attitudes and behaviours, through influential advertising campaigns, including one that encourages Victorians to call-out sexual harassment in the community.

In May 2019, Minister Williams announced a further \$185.5 million in the State Budget to build on the Victorian Government's \$2.7 billion to commitment to deliver a better family violence system – one that also holds perpetrators to account.





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 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 service system, we constantly adapt to new opportunities and challenges. We are responding to changing customer 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.

Objectives and outcomes

There are five objectives for the department published in the *Victorian Budget 2018–19*. The five objectives map to our outcome domains. They are 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.

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, 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.



Highlights for the year

July 2018

- ▶ Opening of the medically supervised injecting room in North Richmond
- ▶ Release of the *Victorian carer strategy 2018–22*
- ▶ Launch of Public Health Data Analytics Platform
- ▶ Construction begins on \$55.6 million residential aged care facility in Kew
- ▶ Service commencement at the north-eastern Melbourne The Orange Door support and safety hub at Heidelberg
- ▶ *Wungurilwil Gaggapduir Aboriginal Children and Families Agreement* came into effect
- ▶ Aboriginal Children's Forum held

August 2018

- ▶ Official opening of new Bendigo Hospital buildings, the largest hospital redevelopment in regional Victoria's history
- ▶ Awarding of contracts to five not-for-profit disability providers to deliver disability respite and shared accommodation services previously operated by the department
- ▶ Commencement of Aboriginal Mental Health Traineeship Program
- ▶ Official opening of the new Eltham ambulance station

September 2018

- ▶ Establishment of a new specialised statewide Aboriginal kinship finding service
- ▶ Launch of the *Family Violence Multi-Agency Risk Assessment and Management Framework*
- ▶ Official opening of the new Sale ambulance station
- ▶ Aboriginal Children's Forum held



October 2018

- ▶ Official establishment of Respect Victoria as an independent statutory authority
- ▶ Signing of the *Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families* 10-year Aboriginal family violence agreement
- ▶ Release of a 10-year community services industry plan and its two-year rolling implementation plan 2019–20
- ▶ Release of the Community Services Quality Governance Framework
- ▶ COMPASS social impact bond commenced in western Melbourne and Brimbank Melton areas
- ▶ Opening of the intensive care unit and short stay unit at Angliss Hospital

November 2018

- ▶ Commencement of requirements under No Jab, No Play laws for parents or carers of children in childcare or kindergarten to give early childhood services regular proof that their child is up to date with their immunisations
- ▶ The first quality and safety report for private hospitals released by the Victorian Agency for Health Information
- ▶ Commencement of The Orange Door support and safety hub in inner Gippsland (Morwell)

December 2018

- ▶ Opening of Phillip Island health hub to provide access to 24-hour care close to home
- ▶ Launch of the Department of Health and Human Services disability action plan



January 2019

- ▶ Launch of new wellbeing program for child protection staff
- ▶ Opening of an alcohol and other drug residential rehabilitation facility in the Grampians
- ▶ Bendigo and District Aboriginal Co-op (BDAC) commences Aboriginal children in Aboriginal Care

February 2019

- ▶ Release of terms of reference for Royal Commission into Victoria's Mental Health System
- ▶ Opening of new stroke care unit at Royal Melbourne Hospital
- ▶ Minimum nurse and midwife to patient ratios legislated
- ▶ Commencement of the Victorian Comprehensive Cancer Centre's Teletrials Program in Bendigo and Albury
- ▶ Launch of the Preventing the Cycle of Violence Aboriginal Fund for Aboriginal community-controlled organisations
- ▶ Opening of McAuley House Ballarat, offering integrated support to women who have experienced homelessness and family violence
- ▶ Aboriginal Children's Forum held

March 2019

- ▶ Opening of new intensive care unit at Northern Hospital
- ▶ Commencement of expanded mandatory reporting to child protection services to include those who work in out-of-home care (excluding voluntary foster and kinship carers), early childhood and youth justice, as well as registered psychologists



April 2019

- ▶ Statewide launch of SafeScript real-time prescription monitoring system
- ▶ Opening of multidisciplinary health clinics in Ballarat and Preston to support the needs of trans and gender diverse Victorians
- ▶ Launch of Home Stretch program to extend the age that young people in state care can receive support from 18 to 21 years
- ▶ Launch of *Everybody matters*, a 10-year inclusion and equity statement to ensure Victoria's family violence system supports all Victorians
- ▶ Free flu vaccination for children aged from six months to under five
- ▶ Secondment of first group of disability staff to not-for-profit providers
- ▶ First community consultations by the Royal Commission into Victoria's Mental Health System
- ▶ COMPASS operation extended to Greater Bendigo and north-east Melbourne
- ▶ Launched the Know Better, Be Better anti-bullying and harassment campaign in public hospitals, including a trial of independent facilitators in six hospitals

May 2019

- ▶ Opening of Joan Kirner Women's and Children's Hospital in Sunshine
- ▶ Commencement of Ocular Genetics Service through a partnership between the Royal Victorian Eye and Ear Hospital and Royal Melbourne Hospital
- ▶ Opening of Melbourne City Mission's upgraded 24/7 Frontyard youth refuge

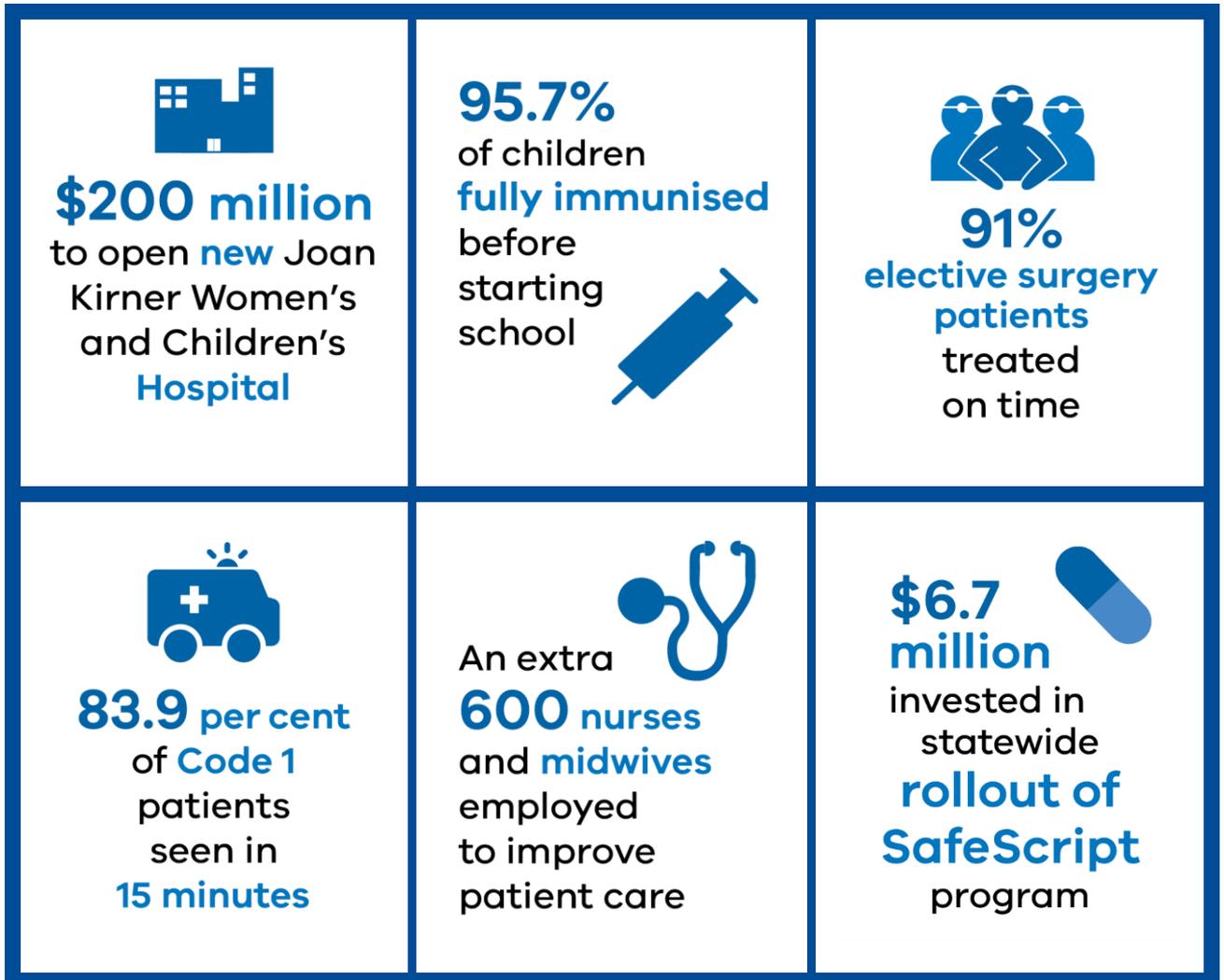


June 2019

- ▶ Signed the National Disability Insurance Scheme (NDIS) full scheme agreement between the Commonwealth and Victoria to take effect on 1 July 2019
- ▶ Passage of the *Disability (NDIS Transition) Act 2019* supporting Victoria's transition to the NDIS
- ▶ Opening of Centre for Cancer Immunotherapy at the Victorian Comprehensive Cancer Centre
- ▶ Opening of Ozanam House redevelopment
- ▶ Safer Baby Collaborative begins aiming to reduce rate of stillbirths by 20 per cent
- ▶ Launch of the department's Aboriginal and Torres Strait Islander cultural safety framework
- ▶ Official opening of the \$20 million Melton Health Hub
- ▶ Assisted Reproductive Treatment Amendment (Consent) Bill introduced and passed in the Legislative Assembly of the Victorian Parliament
- ▶ Aboriginal Children's Forum held

At a glance

Health and Ambulance Services



Disability, Ageing and Carers



77,168

Victorians with
a disability
**transitioned
to NDIS**



178

public sector
residential
**aged care
services
operating**



Over 5,500
staff transferred
to non-government
organisations
as part of NDIS



347

Victorian
supported
accommodation
**properties
upgraded**



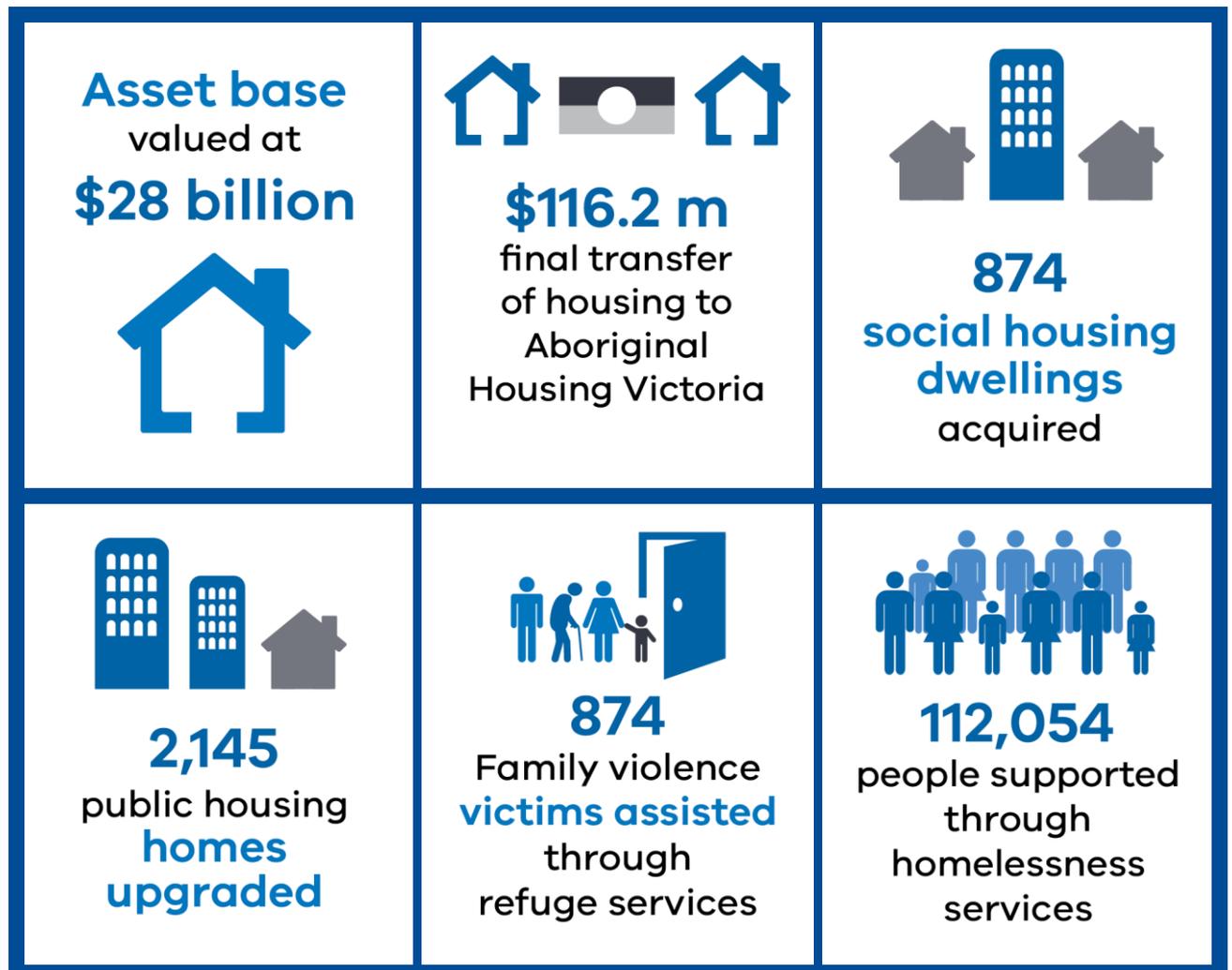
\$19.3 million
provided for
**respite and
support**
for carers



40

Changing Places
facilities opened
in Victoria

Housing



Mental Health



74,794
registered clients
at public
mental health
services

>1,230
overdoses
managed



in year 1 of
medically
supervised
injecting
room trial



place-based
suicide
prevention trials
now operating in
12
locations



>2.4 million
times people
received support
from a mental
health service

> 8,000
submissions



to inform the
Royal Commission
into Victoria's
Mental Health
System terms
of reference



34,841
Victorians
received alcohol
and other drug
treatment
support

Prevention of Family Violence



now operating in
5 locations



Everybody Matters:

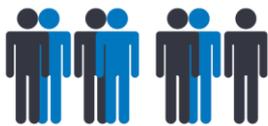
Victoria's
family violence
statement
supporting all
Victorians
launched



Trained

10,000

people in family
violence risk
assessment and
management



5,400 men
received a
**Men's Behaviour
Change Program**
service



Dhelk Dja: Safe Our Way:

Aboriginal
10-year family
violence
agreement



50,000

people referred
to
The Orange Door
services since
commencement

Children, Youth and Families and Child Protection

 <p>More than 2,000 child protection practitioners now working across the state</p>	 <p>more than 998 foster care households</p>	<p>>150 young people leaving out-of-home care receive individual support through Better Futures</p>
<p>3,705 kinship carer households in Victoria</p> 	<p>Almost 50% of Aboriginal children in care now managed by an Aboriginal community- controlled  organisation</p>	 <p>39,966 family service supports through Child FIRST and Integrated Family Services</p>

Objective 1: Victorians are healthy and well

The Victorian Department of Health and Human Services acts as the steward for Victoria's healthcare and social services systems to improve Victorians' health and wellbeing and tackle health inequality.

Social determinants – such as socioeconomic status, education, housing, social support networks and the physical environment – have a significant impact on health and wellbeing and are largely responsible for health inequities. Advancing the health and wellbeing of all Victorians relies on well-targeted public health initiatives, an effective healthcare system, and innovative specialist services that link up to meet patients' needs. It also depends on consistently safe, high-quality health care.

An effective system of care in turn relies on Victoria's public health services working closely with primary healthcare partners to support effective and early management of health conditions, as well as stronger integration of physical and mental health care. Advances in science and technology are creating opportunities to enhance how consumers, communities, governments and health practitioners can work together to prevent or minimise harm and ill health – by better recognising genetic, clinical, behavioural and social risks, and empowering individuals to make choices that protect and promote their health.

We recognise that stronger linkages between social services, health care and other supports are particularly important for Victorians with more chronic or complex needs. We are committed to deepening the department's engagement with consumers and practitioners to continue to improve the experience of, and outcomes from, healthcare.

Outcome 1.1: Victorians have good physical health

Victoria's population is expected to increase by about two-thirds in the next four decades. At the same time, our population is ageing and becoming more diverse.

Improving overall physical health relies on convenient access to care that is consistently safe and appropriate. Preventive measures to improve healthy living also contribute to this outcome.

Progress against outcomes

Over the next four years, the Victorian Health and Human Services Building Authority will manage a pipeline of nearly \$4 billion in capital projects to improve access to safe, high-quality health and human services close to home.

Some of the significant health projects completed during 2018–19 are profiled below.

High-quality health care in the west

The new Joan Kirner Women's and Children's Hospital, named after Victoria's first female Premier, officially opened on 5 May 2019 at Sunshine Hospital. It is delivering the highest standard of health care for families in the rapidly growing western suburbs.

The hospital's new delivery suites are forecast to deliver up to 7,000 babies a year by 2026, giving more local women the chance to give birth closer to home. The hospital also features the western suburbs' first-ever neonatal intensive care unit, 20 maternity delivery rooms, 237 beds, 39 special care nursery cots and four theatres plus additional clinics.

The transfer of women's and children's services has also made room for an additional 90 adult acute inpatient beds at Western Health's Sunshine Hospital, with refurbishments due to be completed in June 2020.

Expansion of the emergency department at Sunshine Hospital is also underway, with improved children's facilities and a mental health and alcohol and other drug crisis hub, due to be completed by mid 2022.

Meeting the needs of a growing population

Services provided at Werribee Mercy Hospital have also increased in 2018–19 following an expansion completed in June 2018.

An additional 64 inpatient beds, including eight new critical care beds, take the total number of beds to 298.

Combined with six new operating theatres, the expanded hospital is better meeting the demands of the rapidly growing Wyndham City community, which is expected to grow by 193,000 people between 2011 and 2031.

During construction, the project created nearly 300 jobs.

Several other hospital expansions are delivering increased services across Melbourne.

The new intensive care unit and short-stay unit at Angliss Hospital opened in October 2018. It has significantly increased and improved the hospital's ability to provide critical health care to the community and reduced waiting times in the hospital's emergency department, so local patients can get the treatment and care they need, sooner.

Expansion of the Northern Hospital is progressing with a new start-of-the-art intensive care unit opening in March 2019. The new 18-bed unit includes hi-tech equipment to offer better comfort and care for patients and their families. The opening clears the way for phase two of the development to begin. This larger project will see a seven-storey tower built with 96 new inpatient beds, three new operating theatres, a kitchen and more treatment rooms.

Meeting the needs of regional Victoria

Construction of the new Bendigo Hospital was completed in June 2018, giving patients better access to world-class health care with integrated cancer, mental health and maternity units.

The state-of-the-art redevelopment is the largest hospital redevelopment in regional Victoria's history and features 372 inpatient beds, 72 same-day beds, 11 new operating theatres, and an integrated cancer centre. There is also a 25-bed maternity unit and an 80-bed mental health unit; a multideck car park; a helipad; a childcare centre; and affordable accommodation for visitors.

To ensure that even more regional health services can build new facilities or complete the upgrades they need, a \$50 million boost was provided to the Regional Health Infrastructure fund, bringing the total \$250 million.

Modernising Ambulance Victoria Infrastructure

The Victorian Government has committed \$181.8 million for Ambulance Victorian capital projects since 2015–16, reflecting a strong commitment to providing modern, fit-for-purpose accommodation for paramedics.

In 2018–19, new stations were opened at Diamond Creek, St. Arnaud, Preston and Mernda.

24-hour medical and nursing services for Phillip Island

The department worked closely with Bass Coast Health to establish the Minor Injury and Illness Clinic on Phillip Island, also known as the Phillip Island Health Hub. The clinic provides 24-hour medical and nursing services on Phillip Island. It was opened in December 2018, ready for the peak holiday season. More than 6,000 locals and holidaymakers were treated at the clinic this year, demonstrating the strong need for the service in the community. The new clinic has already saved a number of lives and has also saved significant travel and time for those individuals and their families.

The department has also ensured refurbishment works to increase the range of services offered at the Phillip Island Health Hub, with the urgent care centre due to open in the new financial year.

The 24-hour, seven-day-a-week service and refurbishments are the first part of the transformation of the Phillip Island Health Hub into a new flagship community hospital. When complete, as well as an urgent care service, the new community hospital will feature day surgery and allied health services; a pharmacy; renal dialysis; diagnostic imaging and pathology services; dental services; family violence support; and maternal and child health services.

These reforms will enable the community of Phillip Island to access health and social care even closer to home.

Better patient experience through telehealth

Alongside capital redevelopments and new physical locations, health services continue to drive choice and better patient experience through increased use of telehealth (video consulting) to deliver acute and specialist services in 2018–19. The technology is particularly used to target patients who are under-served by the conventional face-to-face model, irrespective of the clinic/specialty. This

includes people from rural areas, Aboriginal Victorians, the elderly and people with mobility issues or disabilities. Telehealth activity in specialist clinics and emergency departments is funded through existing funding models for acute care.

To assist in supporting telehealth projects, the department continued to provide access to Healthdirect Video Call, a web-based real-time conferencing telehealth solution specifically designed for clinicians and patients.

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

Real change in patient safety outcomes

Three years into the Better Care Victoria innovation fund, we are starting to measure real change in patient safety outcomes.

Fostering the best and brightest improvement ideas from the frontline, the fund has to date invested \$13.2 million into 37 grassroots projects.

Safer Care Victoria is now scaling seven Better Care Victoria innovation fund projects.

One of the first programs the fund invested in was the Think Sepsis. Act Fast. program, which aims to reduce harm from sepsis – the largest cause of hospital deaths globally. After a successful trial at Melbourne Health, we expanded the project to a further 11 hospitals in 2018–19.

During just four months, partnering hospitals saved 52 lives and prevented 96 people being admitted to intensive care. Together, they saved more than 3,781 bed days and delivered a six-fold return on investment.

Strategic partnerships driving quality health services

Through a four-year strategic partnership with the Institute for Healthcare Improvement, Safer Care Victoria is applying an internationally proven method to test, adopt and sustain projects that improve patient safety and health service quality.

The first major project under the partnership aims to reduce harm from delirium, a condition that affects a patient's thinking, attention and memory, and leads to falls, pressure injuries, longer hospital admissions and sometimes death.

Older people are particularly vulnerable to this condition which, in many cases, is preventable.

More than 20 health services collaborating on this project have achieved their first goal, with 90 per cent of patients older than 65 years screened for delirium – three times more patients than before the project at participating sites. Fewer patients than ever now require medication to manage delirium.

This model is being applied to collaborative projects targeting harm related to maternity care, and to many of Safer Care Victoria's 52 improvement projects.

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

Reducing obesity and increasing physical activity

Every year, we drive initiatives that contribute to obesity prevention and help support increased physical activity. Creating more opportunities for Victorians to be active and play sport fosters healthier, well-connected communities. These initiatives include:

- > the Achievement Program, which is supporting approximately 2,800 early childhood services, schools and workplaces to create healthy environments – making it as easy as possible for children and adults to be healthy and well where they play, learn and work
- > the Healthy Eating Advisory Service, which is supporting approximately 2,000 organisations from early childhood services, schools, hospitals, sport and recreation centres to make it as easy as possible for Victorians to make healthy food and drink choices
- > the Life! Program – a lifestyle modification program that is helping approximately 5,600 Victorians every year to make better decisions for their health to reduce their risk of type 2 diabetes and cardiovascular disease
- > two new prevention projects in regional areas, supported via the Regional Partnerships. The Healthy Heart of Victoria project in Loddon Campaspe and the Prevention Lab initiative in Central Highlands provide local solutions to locally identified issues in Victoria's regions. In addition, the department continues to facilitate active and ongoing partnerships with local and statewide organisations to drive an integrated, place-based approach to preventive health in

the Latrobe Valley. The range of programs and initiatives being developed and underway are enabling an integrated, place-based approach to preventive health, with an evaluation of this effort due in 2020.

- > the department supported the efforts of VicHealth to increase physical activity, including via the This Girl Can campaign. This campaign is designed to increase female participation in physical activity, with more than 285,000 Victorian women empowered to get active in the first year.

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

Data to inform better decision making

For almost seven years, through the annual *Perinatal services performance indicators report*, we have been reporting how well hospitals have detected fetal growth restriction – or when a baby does not grow as expected during pregnancy. Safer Care Victoria then follows up with hospitals whose detection rates are poorer than expected. This year, we were able to show detection has improved, and the rate of stillbirth has fallen by 30 per cent in these very high-risk pregnancies.

Severe fetal growth restriction

The detection and care of severe fetal growth restricted (FGR) babies continues to improve statewide, year by year. In 2017, the proportion of severe FGR babies undelivered by 40 weeks gestation, 28.1 per cent, is the lowest yet reported for the state, falling from more than 40 per cent in 2011.

Underpinning these improvements, in the past year we ran 23 workshops for more than 700 clinicians to help improve antenatal detection and management of fetal growth restriction. Their confidence in managing fetal growth restriction rose from 37 to 88 per cent. And 92 per cent of clinicians said they would change their clinical practice.

The program was delivered with the National Health and Medical Research Council Centre of Research Excellence in Stillbirth and the Perinatal Society of Australia and New Zealand.

Smoking cessation in pregnancy data

The *Perinatal services performance indicators report 2017–18*, released in February 2019, states that the statewide rate of smoking cessation in pregnancy increased from 26.1 per cent in 2016 to 27.1 per cent in 2017. This increase is attributed to an improvement in smoking cessation across public hospitals, where rates increased from 24.4 per cent in 2016 to 25.5 per cent in 2017.

Key result 4: Reduce infant mortality

Reducing stillbirths

Launched in October 2018, Safer Care Victoria's Movements Matter campaign encouraged expectant mothers to get to know their baby's movements, and to immediately speak up if they noticed any change. Educational messages about the importance of a baby's movements reached more than 620,000 people through a social media campaign to reduce stillbirths. Working with the National Health and Medical Research Council Centre of Research Excellence in Stillbirth, we also provided resources and education to general practitioners, midwives and obstetricians to ensure best practice in managing women with decreased fetal movements, a potential risk factor for stillbirth.

Building on this work, we launched the Safer Baby Collaborative in April 2019, which comprises 20 health services aiming to reduce stillbirths by 20 per cent.

With support from the Institute for Healthcare Improvement to implement improvement initiatives, partnering sites will receive support and resources around five key aspects of care:

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

Key result 5: Reduce inequalities in premature death

Improving immunisation rates for Aboriginal and Torres Strait Islander children

Aboriginal and Torres Strait Islander people suffer disproportionately from communicable diseases, with higher rates of hospitalisation and illness due to these conditions. According to Australian Institute of Health and Welfare data, immunisation coverage rates for Aboriginal and Torres Strait Islander children have historically been much lower than for non-Aboriginal children.

However, in Victoria an increased emphasis on immunisation rates, and changes to the law, have improved overall immunisation rates and those of Aboriginal children.

These surpass the 95 per cent immunisation rate that is accepted as the rate required to achieve 'herd immunity'.

In the quarter from April to June 2019, 96.4 per cent of Aboriginal and Torres Strait Islander children five and younger were fully immunised. The rate over the same quarter for all Victorian children five and under was 95.7 per cent.

These rates pertain to vaccinations on Australia's National Immunisation Program Schedule, which include diphtheria, tetanus, polio, measles and pneumococcal.

Cutting-edge cancer treatments

Chimeric antigen receptor T-cell (CAR-T) therapy is a new treatment for some blood cancers. The treatment has been effective in treating patients for whom all other treatments have failed, and who would otherwise be offered palliative care.

The Royal Children's Hospital and Peter MacCallum Cancer Centre are currently the only public hospitals approved nationally to provide CAR-T therapy to treat children and young adult patients with acute lymphoblastic leukemia. The Peter MacCallum Cancer Centre and the department have worked hard to expedite patient access to CAR-T therapy, with the first children and young people patients having their T-cells collected in May 2019.

Outcome 1.2: Victorians have good mental health

Almost half the Victorian population will directly experience a mental illness or disorder in their lifetime. The rest of us will have friends, family and work colleagues who have experienced a mental illness or mental health issue.

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

Progress against outcomes

Royal Commission into Victoria's Mental Health System

The establishment of the Royal Commission is a clear acknowledgement that our mental health system needs to improve to meet the expectations of the Victorian community.

More than 8,000 submissions were received to inform the terms of reference, most commonly from people with lived experience or working in the sector.

In the lead up to the Royal Commission, the government held 23 roundtable discussions including in Shepparton; Ballarat; Mildura; Geelong; Bendigo; and Melbourne, seeking input from healthcare and community leaders, mental health consumers, carers and family members.

Psychiatric intensive care for male prisoner patients

The new eight-bed secure psychiatric intensive care unit (SPICU) and four in-fill beds opened in 2018–19 are providing much-needed additional capacity at the Thomas Embling Hospital, Fairfield.

SPICU, opened in March 2019, is a state-of-the-art, short-term unit providing a calming space to assist male prisoner patients with their mental health recovery. The stand-alone unit features contemporary designs, providing patients with a recovery-focused, highly secure therapeutic environment. SPICU patients are treated by an experienced team of specialist multidisciplinary clinicians, using positive behaviour treatment programs.

Expanded alcohol and other drug services in the Grampians region

The rise in harm from alcohol and other drugs (AOD), particularly ice, over the past five years has prompted an increase in demand for appropriate AOD residential rehabilitation services across the state, especially in regional and outer metropolitan regions. This has led to a comprehensive and staged approach to investment.

The Grampians region has exhibited increasing levels of ice use and associated complications over the past three years, as well as incidence of alcohol and other substance problems. Twenty additional beds have been established so that approximately 80 more local people recovering from AOD issues can receive appropriate and timely residential rehabilitation care.

Supporting the mental health of vulnerable young Victorians

The upgraded facility for the Orygen Youth Mental Health program facility was completed in November 2018 and officially opened on 30 July 2019.

The Poplar Road facility is home to the National Centre of Excellence in Youth Mental Health and specialist mental health service Orygen Youth Health, a program provided by Melbourne Health. It replaces old facilities, some dating back to 1906, that were not conducive to contemporary mental healthcare practice. It will support 5,000 vulnerable young Victorians annually, with a focus on prevention and early intervention.

Its innovative features reflect the principles of inclusiveness and universal design, following a long and productive consultation process with 12- to 25-year-olds to learn about what they want in the places they seek treatment and support.

The three-storey building has impressed design professionals internationally, and it recently earned top honours for Best Mental Health Design at the 2019 European Healthcare Design awards.

Supporting Melbourne's fast-growing western suburbs

A rapidly growing population in Melbourne's north-west and the ongoing implementation of Victoria's Mental Health Plan drove the expansion of mental health services at Werribee Mercy Hospital. The new Clare Moore Building officially opened in October 2018.

The Clare Moore Building replaces the previous mental health facility with a 54-bed capability including a:

- > 4-bed psychiatric assessment and planning unit
- > 10-bed high dependency unit
- > 40-bed low dependency unit.

The new facility delivers an extra 25 inpatient beds, for the Mercy mental health catchment which includes Wyndham, Hobsons Bay and Maribyrnong.

Key result 6: Reduce the suicide rate

Place-based suicide prevention trials

The department and public health services are continuing to work with Primary Health Networks and Aboriginal community-controlled organisations to support local communities to develop and implement coordinated place-based approaches to suicide prevention.

The trials are being implemented in 12 locations: Mornington Peninsula/Frankston; Dandenong; Latrobe Valley; Bass Coast; Brimbank/Melton; Macedon Ranges; Whittlesea; Maroondah; Mildura; Benalla; Ballarat; and the Great South Coast.

In many of the projects, there has been a focus on how to encourage and help men to seek support. In Gippsland this has involved engaging closely with the dairy farming industry.

In each of the sites, partnerships have been developed with Aboriginal community-controlled organisations and communities, and lesbian, gay, bisexual, trans, intersex and queer and/or questioning (LGBTIQ) organisations and people with lived experience to develop tools and resources and initiate community conversations about seeking help.

The department has also worked closely with South Sudanese Community Support Groups (CSG) in Dandenong Casey, Brimbank Melton and Wyndham to involve these communities in trial related activities. The CSG teams were trained and supported to enable South Sudanese CSG staff and community leaders to better provide support to community members and link them to local services.

Key result 7: Improve rates of self-reported health and wellbeing

Adding community voice to health and wellbeing in the Latrobe Valley

The Latrobe Health Innovation Zone aims to improve health and wellbeing with initiatives and programs that give voice to community aspirations in planning. It is delivering better health and wellbeing outcomes, and actively encouraging a process of co-design with communities and organisations.

Appointed in May 2018 and reporting to the Minister for Health, the Latrobe Health Advocate, Jane Anderson provides independent advice to the Victorian Government on behalf of Latrobe Valley communities about system and policy issues affecting their health and wellbeing.

Programs and initiatives underway are achieving positive health outcomes for the Latrobe Valley community, including:

- > increased smoking cessation support and initiatives, increased mental health awareness, expanded chronic disease services, increased specialist services, and expanded telehealth services
- > dental health initiatives addressing extensive wait lists in Latrobe Valley, including a voucher scheme that has seen a more than 50 per cent uptake
- > expanded respiratory and allied health services that include the co-location of respiratory nurses in clinics, monthly respiratory clinics, and expanded diabetes services and education programs
- > increased support for Aboriginal health, wellbeing and connectedness through culturally appropriate organisations and facilities.

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

More Victorians have better access to assisted reproductive treatment

In April 2018, the Victorian Government commissioned a landmark, independent 12-month review of assisted reproductive treatment in Victoria. Mr Michael Gorton AM led the review.

The report was commissioned as part of a major push to make sure more Victorians have better access to safer, higher-quality treatment and are free from discrimination.

On 3 July 2019, the Victorian Government released the *Final report of the Independent Review of Assisted Reproductive Treatment*, which makes 80 wide-ranging recommendations. The report was informed by an extensive consultation process, including 40 written submissions and 191 survey responses. The government is considering the recommendations in detail.

On 4 June 2019, legislation to address discrimination issues associated with married but separated women who wish to seek treatment was introduced in the Victorian Parliament and was subsequently passed in August 2019.

Crack down on cosmetic treatment and AOD providers

In response to the 2016 Targeting Zero report, the legislation that governs the private health sector was amended on 1 July 2018. These amendments require that all surgery be undertaken in registered premises, regardless of frequency. In addition, liposuction, anaesthesia and alcohol and other drug (AOD) withdrawal treatments must be provided in registered facilities.

The department has commenced enforcement and compliance activity to support these changes. In 2019, the department began investigating unregistered clinics that may have been performing procedures that should be undertaken in a registered facility.

The quality of AOD withdrawal facilities is also a key focus. Work to ensure providers better meet the needs of clients includes:

- > developing and publishing a suite of resources to promote informed decision making in the selection of AOD services, and providing information about what to do when services do not meet expectations

- > working with the Health Complaints Commissioner to ensure it is well positioned to undertake its duties in relation to AOD services under the *Health Complaints Act 2016*
- > participating in the development of a National Quality Framework for AOD services.

Key result 8: Reduce deaths resulting from misuse of prescription medicines

SafeScript reduces high-risk medicine usage

The SafeScript real-time prescription monitoring system seeks to reduce the risks associated with the harmful use of prescription medicines. The system gives doctors and pharmacists access to information about a patient's prescription history for high-risk medicines such as opioids and benzodiazepines.

Following a successful six-month pilot in western Victoria, SafeScript was rolled out statewide in April 2019. In three months, more than 13,000 Victorian health professionals registered for SafeScript, including more than 50 per cent of the state's general practitioners and 60 per cent of pharmacists. This is a record uptake for this kind of system anywhere in the world.

Every month, the system alerts clinicians to around 27,000 Victorians who may be at risk of harm because they are visiting multiple providers, obtaining excessive doses or taking risky combinations of monitored medicines.

This knowledge allows clinicians to improve practice for patients who are potentially at risk. To support this, the General Practitioner Clinical Advisors Service has recruited 12 experienced general practitioners, who assist their colleagues to work with patients with complex needs.

Another 2,500 clinicians across Victoria participated in online and face-to-face SafeScript training.

Patients with concerns about their use of prescription medicines are calling the SafeScript Pharmaceutical Helpline to access counselling and referrals. It will become mandatory for doctors and pharmacists from April 2020.

SafeScript has earned several awards including:

- > 2019 Evidence-Based Policy Award from the Institute of Public Administration Victoria
- > two merit awards at the recent Victorian iAwards hosted by the Australian Information Industry Association. The awards were for digital innovation in the public sector, and infrastructure and platform innovation.

SafeScript will now go into the running for the national iAwards, Australia's longest-running innovation recognition program.

Key result 9: Increase immunisation coverage rates at two years of age and at school entry

Protecting Victorians through flu vaccinations

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. Victoria, like the rest of Australia, experienced an unusually early start to the 2019 flu season, with more than 22,300 cases of laboratory-confirmed influenza notified to the department between 1 January and 30 June 2019.

For the second year running, a \$5.4 million program made sure Victorian children were protected from the flu, with Victorian children aged from six months to under five-years-old able to receive a free flu shot. Additionally, a major public health campaign encouraged more people to get their flu shot and demonstrated how to reduce the spread of the flu.

Objective 1: Indicator results

	2015–16	2016–17	2017–18	2018–19
Victorians have good physical health				
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	5,486	5,199	5,513	5,782
Unplanned/unexpected readmission for acute myocardial infarction	1.7	1.7	1.6	1.5
Unplanned/unexpected readmission for heart failure	9.4	9.4	9.0	8.9
Unplanned/unexpected readmission for hip replacement	3.1	2.5	3.4	3.4
Unplanned/unexpected readmission for knee replacement	5.0	5.0	6.3	5.2
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	2.3	2.2	2.5	2.5
Source: Internal departmental data				
Proportion of adults who are overweight (self-reported)	30.1%	30.6%	31.5%	Available March 2020
Proportion of adults who are obese (self-reported)	19.1%	19.1%	19.3%	Available March 2020
Proportion of adults who were current smokers	18.5%	16.7%	16.7%	Available March 2020
Proportion of adults who smoked daily	13.3	12.3	12.4%	Available March 2020
Proportion of adults with doctor-diagnosed high blood pressure	25.6%	25.5%	25.4%	Available March 2020
Proportion of adults diagnosed with type 2 diabetes	6.0%	5.9%	5.5%	Available March 2020
Proportion of adults who are sufficiently physically active	47.0%	49.9%	50.9%	Available March 2020
Source: Victorian Population Health Survey (VPHS)				
Victorians have good mental health				
Proportion of adults who had been diagnosed with anxiety or depression	24.2%	24.5%	27.4%	Available March 2020
Proportion of adults with high/very high psychological distress	17.3%	14.8%	15.4%	Available March 2020
Standardised rate of death from suicide (per 100,000 people)	10.9	9.9	9.6	9.0
Sources: VPHS; Australian Bureau of Statistics (ABS)				
Victorians act to protect and promote health				
Immunisation coverage: At school entry	93.0%	93.0%	95.3%	95.7%
Immunisation coverage: At two years of age	91.0%	92.0%	91.0%	92.0%
Percentage of Aboriginal children fully immunised at 60 months	91.0%	92.0%	91.0%	96.5%
Eligible newborns screened for hearing deficit before one month of age	98.5%	98.5%	98.6%	98.7%
Rate of <i>Staphylococcus aureus</i> bacteraemias (SAB) infections per 10,000 patient days	0.7	0.7	0.8	0.9

	2015–16	2016–17	2017–18	2018–19
Healthcare worker immunisation – influenza	79.0%	75.0%	80.0%	83.0%
Hospitals participating in Victorian Hospital Acquired Infection Surveillance System (VICNISS)	100%	100%	100%	100%
Rate of intensive care unit central line associated blood stream infections (CLABSI) per 1,000 device days	0.7	1.0	0.8	0.9
Hand hygiene compliance	84.0	85.0	85.0%	85.0%
Patient reported hospital cleanliness	New measure	New measure	70.0%	69.4%
Perinatal and child mortality reports received, reviewed and classified	New measure	New measure	100%	100%
Perinatal mortality rate per 1,000 of babies of Aboriginal mothers using rolling three-year average	New measure	New measure	9.0	10.0
Smoking cessation of Aboriginal mothers	New measure	25.0%	23.7%	23.5%

Source: Internal departmental data

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Candidate indicators and measures have been identified and provisionally mapped to this outcome, however, 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 2: Victorians are safe and secure

The department, its agencies and administrative offices are collaborating to change attitudes and behaviours that perpetuate violence and abuse. We want to stop cycles of family violence, child abuse and neglect, and help children and adult victim survivors recover.

Like freedom from abuse, access to suitable and stable housing is an essential determinant of good health and wellbeing. It is a foundation from which to attend to other risk factors, such as unemployment or substance abuse.

Earlier support is key to vulnerable children having the same health, early development and educational opportunities and status as the broader child population. The department is leading work to embed this shared responsibility and to break intergenerational cycles of disadvantage.

As we implement the recommendations of the Royal Commission into Family Violence, victim survivors and specialist family violence services have provided deep insights into the dynamics of family violence – and how to strengthen prevention and service responses. We are placing a much stronger emphasis on system-wide approaches to assessing and managing family violence risk, and on making it easier to access help.

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

Outcome 2.1: Victorians live free from abuse and violence

The department is continuing to work with the child and family sector and Aboriginal community-controlled sector to build family capabilities to prevent child abuse and neglect, support children and young people to recover from trauma in their childhood, and break intergenerational cycles of statutory intervention into families' lives.

Strong recognition of cultural connection as a protective factor, the importance of cultural safety in all of our services, and Aboriginal self-determination underpins our efforts to advance this outcome.

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

Legal guardianship by the Secretary of the department or an authorised head of an Aboriginal organisation ends when their order expires or when a child turns 18. In recognition that this is a critical stage of a young person's development, and their vulnerability to social and economic exclusion, a key priority over the past 12 months has been to enhance supports for young people as they transition to adulthood and independent living.

Progress against outcomes

Greater support for young people

Young people who have been under state guardianship have told us they value having a voice in transition planning, and identifying their goals for independence. They also highly value the opportunity to build a relationship with a practitioner who will be there for them during this transition – before they move out of home.

To this end, the department, child and family services and Aboriginal community-controlled organisations are working together to better link up planning and the range of supports for young people under state guardianship as they turn 18.

In 2018–19, more than 150 young people leaving out-of-home care received individualised support to assist their transition to independent living.

Additionally, Victorian young people transitioning from state care are now supported until 21-years-of-age, improving their housing, employment and education opportunities and outcomes.

Through the Home Stretch program, up to 250 young people who would have previously been required to leave care at 18 years will now be supported to remain in their home-based care placements until they turn 21 or are provided an accommodation allowance. In both instances, they are supported to enhance their education or employment and planning for independence.

Key result 10: Reduce the abuse and neglect of children and young people

Improving access to early help through statewide roll-out of supported playgroups

Supported playgroups provide extra support to families with children from birth to school age. Up to 10,000 families benefit from a supported playgroup or in-home coaching each year.

Supported playgroups are led by qualified and trained facilitators using an evidence-based curriculum (smalltalk) delivered at a playgroup or within the home. Supported playgroups improve the skills and confidence of parents to provide a supportive and stimulating home environment for their children. Smalltalk was developed through a randomised controlled trial, and it has been shown to improve the quality of parent–child interactions and children’s wellbeing and development.

Emerging evidence shows that the benefits continue well into primary school.

Improving the allocation rate of child protection clients to a case practitioner

For children, consistent relationships with a trusted adult are critical to healthy development. The statewide allocation rate of child protection clients to a case practitioner has improved with 88.7 per cent of clients allocated in 2018–19, when compared to an average of 80.3 per cent of clients allocated in 2017–18. This improved allocation rate has occurred despite demand for child protection services increasing by 7,322 reports. The improved allocation rate aligns with increased investment in the number of child protection practitioners.

Protecting Victorian children by expanding mandatory reporting

As of 1 March 2019, early childhood, youth justice, out-of-home care workers and registered psychologists are mandated to report physical and child abuse to child protection services. This will improve the protection of many Victorian children, as well as respond to recommendation 7.3 of the Royal Commission into Institutional Responses to Child Sexual Abuse. The Victorian Government committed to introduce into legislation people in religious ministry as mandated reporters in 2019.

Child Information Sharing Scheme – assisting professionals and organisations to protect children

The Child Information Sharing Scheme assists professionals and organisations to better perform their roles and responsibilities by expanding the circumstances in which they can share information to promote the wellbeing and safety of children.

The scheme is intended to facilitate services working together to identify needs and risks, promote earlier and more effective intervention and integrated service provision, and improve outcomes for children and families.

In recognition of the need for services to provide a holistic response to the range of needs and risks experienced by children and families, this scheme complements the Family Violence Information Sharing Scheme authorised by Part 5A of the *Family Violence Protection Act 2008*. To share information to identify, assess and manage the risk of family violence to children or adults, while promoting children’s wellbeing and safety, the two schemes must be used together in conjunction with the Multi-Agency Risk Assessment and Management Framework (MARAM Framework).

The Child Information Sharing Scheme also complements and supports child and family service reforms, The Orange Door and other child safety legislation, including the Child Safe Standards and Reportable Conduct Scheme. These reforms share a common purpose to:

- > drive cultural and practice change to place the wellbeing and safety of children at the centre of service delivery
- > focus on prevention and earlier intervention to protect children and assist them to thrive and develop.

Key result 11: Reduce the rate of growth in out-of-home care – especially for Aboriginal children

The department is trialling innovative ways to support vulnerable families at risk of involvement with child protection or out-of-home care through several evidenced-based program trials. Two of the evidence-based programs in family services currently being trialled are better treatment and 24/7 crisis response for at-risk children and strengthening our approach to better support families and children.

Better treatment and 24/7 crisis response for at-risk children

Multisystemic Therapy with Psychiatric Supports (MST-Psych) provides intensive at-home treatment and 24/7 crisis response targeting children aged nine to 15 years who are at risk of removal, or are in care, due to dysfunction, trauma or other issues.

Specifically, it addresses young people who are at risk of an out-of-home placement due to serious behavioural problems and co-occurring mental health symptoms such as thought disorder, depression, anxiety and impulsivity.

It involves adding a child psychiatrist to an MST treatment team, who supports the delivery of the model through expert advice.

MacKillop Family Services is the first international agency to trial this model outside of the USA. MacKillop Family Services is delivering MST-Psych in the Western Metro and Barwon regions, in partnership with the Victorian Aboriginal Child Care Agency and the Wathaurong Aboriginal Cooperative.

Strengthening our approach to better support families and children

Rapid Response™ is an intensive, short-term placement prevention model that is being trialled by Anglicare Victoria in five areas across the state. This provides an alternative intervention where a decision to remove a child from the home is imminent.

Rapid Response™ works with families at imminent risk of having their child removed. The Rapid Response™ team develops a safety-focused plan with child protection and the family and provides targeted in-home support to improve safety. These evidence-based program trials are helping deliver the *Roadmap for Reform* by testing new or strengthened approaches to better support families, children and young people.

Key result 12: Reduce the number of children in out-of-home care who live in residential care

Attracting more foster carers

Recruiting more carers remains a priority through the Fostering Connections campaign.

The campaign works to increase community awareness of foster care, and to attract a greater number and diversity of carers.

Since launching in January 2016 more than 1,400 carers have welcomed their first child into their home. The program will continue in 2019–20.

Testing alternatives to residential care placements

Therapeutic Foster Care (TFCO®) is an alternative to residential care placements being tested in Victoria to reunify young people with their biological family or kinship carers or place them in lower-intensity long-term care.

Ozchild delivers a TFCO-C (child) program for children aged 7- to 11-years-of-age in residential care or at risk of entering residential care because of very serious emotional or behavioural difficulties. The program aims to assist and modify children's challenging behaviours through a structured treatment approach enabling them to be reunified with their biological family or kinship carers. Family are also supported to develop their parenting skills by TFCO-C team. Children are supported in the TFCO-C placement for nine to 12 months.

This year, work was undertaken jointly between the department and providers to identify aftercare placements, intake processes for referral and matching, and better analysing client profiles to understand who will be more likely to succeed in the program. The program is funded to support seven children. During 2018–19, TFCO-C has supported eight children.

The TFCO-A (adolescent) program (for 12- to 17-year-old adolescents) delivered by Anglicare has now become a bespoke model known as Enhanced Care Opportunities (ECO). The model has taken the learnings and successful elements of the TFCO-A model to develop a therapeutic foster care model, offering an alternative to residential care placements. It aims to assist young people to recover from trauma, develop strong relationships and secure attachments and build life skills for the future. Currently four young people are supported by the service. The ECO model is a transitional program. Young people can transition to family, to kinship care, to mainstream long-term home-based care (with either new or existing carer), or to semi-independent living.

Residential and outreach support for vulnerable young people

KEYS is a new live-in and live-out service that takes a trauma-informed treatment and care approach to working with highly vulnerable 12- to 17-year-old young people who exhibit complex, risky and challenging behaviours. Working closely with Monash Health, the program has a strong focus on providing opportunities for young people to better understand and address mental health and build emotional resilience.

KEYS is a live-in residential and outreach support service that takes a therapeutic approach and integrates a mental health service into the delivery of service, as well as support from a family worker, community engagement worker and a teacher. There is also a partnership with police to provide a care rather than custody approach. Young people are supported in the placement component and then support is continued into their next-less intensive placement (outreach).

Young people in the program are achieving better outcomes than they had in previous residential placements. Success includes reductions in absconding, sexual exploitation, criminal activity and drug use, as well as increased engagement with employment, education and family.

Informing the future of home-based care

Victoria's first strategy for home-based carers is being developed, signifying commitment to kinship, foster and permanent carers. It sets out our strategy to transform kinship, foster and permanent carers' experience to achieve improved outcomes for children and young people in care. The strategy has been developed in close consultation with key stakeholders.

It will guide and inform the future direction of home-based care, consistent with a reformed children and family services system detailed under the *Roadmap for Reform*.

The development of the strategy has sought to:

- > maintain children and young people's connection to family where possible, and find appropriate care arrangements
- > ensure carers are adequately prepared to support the children they care for
- > ensure carers are well informed, valued and empowered

- > provide relevant and timely training to enable carers to provide safe, stable, quality and culturally-connected care
- > enhance and improve the supports and systems available to carers
- > facilitate long-term stability for children and young people in care.

The strategy 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. It will be implemented over the next five years through a series of action plans, developed in consultation with the sector.

Key result 13: Prevent family violence and reduce the continuing risk of harm associated with family violence

Working to prevent family violence

The department and Family Safety Victoria continued to support implementation of new and enhanced service responses for victim survivors and perpetrators of family violence, consistent with the recommendations of the Royal Commission into Family Violence. Some of the key achievements during 2018–19 are outlined below.

Specialist family violence service responses

In 2018–19, more than 6,500 flexible support packages were funded and delivered to victim survivors of family violence. These packages provided personalised and holistic responses to assist adult and child victim survivors. The packages have supported victim survivors to access counselling; cover education; employment and transport expenses; secure housing stability; and fund other practical or material needs.

The Orange Door support and safety hubs

Following the establishment of The Orange Door support and safety hubs in five areas in 2018, it is estimated that more than 50,000 people were referred to The Orange Door for support in 2018–19, including 20,000 children and 3,500 people who identified as Aboriginal or Torres Strait Islander.

The Orange Door brings together workers from specialist family violence services; child and family services; Aboriginal services; and men's services. It provides a welcoming environment for Victorians to connect to a wide range of supports through

coordinated and integrated service responses drawing on specialist expertise within The Orange Door and the broader service network.

The Orange Door provides a first point of access to services for adults, children and young people who are experiencing or have experienced family violence, and families who need extra support with the care of children. People can walk in or phone The Orange Door, or could also be introduced by relevant people or professionals in their lives.

The Orange Door builds on the current Child FIRST and Family Alliances. The service model will continue to evolve so that people can seamlessly and quickly receive the help they need. This work will be informed by the *Roadmap for Reform – a strategy for reform of the children, youth and families services system*.

Framework to identify to better identify, assess and manage family violence

More than 1,300 stakeholders across government and non-government organisations contributed to the development of the new Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM).

The framework, which commenced under legislation in September 2018, aims to ensure services are effectively identifying, assessing and managing family violence risk. Services that were prescribed in 2018 included maternal and child health services, alcohol and drug services, mental health services, homelessness services.

The MARAM provides guidance to organisations (prescribed under regulation) that have responsibilities to assess and manage family violence risk, equipping them to recognise a wide range of risk indicators for children, older people and diverse communities.

It also supports organisations to keep perpetrators in view and to hold them accountable for their actions and behaviours.

The MARAM covers all aspects of service delivery, from early identification, screening, risk assessment and management, to safety planning, collaborative practice, stabilisation and recovery. It responds to issues and gaps identified by Victoria's Royal Commission into Family Violence.

More than 855 organisations and 37,500 professionals are now prescribed to align their policies, procedures, practice guidance and tools with the MARAM, and further organisations will be prescribed from 2020.

The Family Violence Information Sharing Scheme that commenced in February 2018 is a core element of the new MARAM, enabling prescribed entities to share information to assess and manage family violence risk.

Evaluations of the information sharing scheme and the MARAM have commenced, in line with requirements under the legislation.

Tailored one-on-one service response to address men's behaviour change

In 2018–19, 5,400 men received a Men's Behaviour Change Program (MBCP) service. MBCP services hold men to account for their violence, challenge their use of violence and maintain a focus on victim survivors' safety. In addition, over 900 perpetrators of family violence received case management services in 2018–19. These services provided a tailored one-on-one service response that enhances the safety of victim survivors by keeping perpetrators in view of services and sharing information for the purposes of risk assessment and management.

Preventing the cycle of violence

To provide earlier support for Aboriginal Victorians, the Preventing the Cycle of Violence Aboriginal Fund has allocated \$2.7 million over two years to 11 Aboriginal-led family violence primary prevention and early intervention projects.

In addition, the Aboriginal Community Initiatives Fund delivered \$1.1 million of annual grant funding in 2018–19, to support 46 Aboriginal-led projects across the state.

Aboriginal-led family violence support

Aboriginal and Torres Strait Islander people living in eastern metropolitan Melbourne can now receive support from an independent, Aboriginal-led service when healing from the impact of family violence. In the words of Aunty Janet, an Elder and chair of the Boordawan Willam Healing Service, 'We can be an Aboriginal organisation doing, being and sharing our way.'

Boorndawan Willam, which translates as 'safe house', signed a service agreement with the department in April 2019, signalling a significant step forward for self-determination. Auspiced by mainstream provider EACH since 2006, its new independence is the result of hard work and respectful collaboration between the two providers and the department.

Boorndawan Willam works within a non-judgmental Aboriginal cultural framework to support victims and perpetrators. It seeks to reduce and ultimately eliminate the impacts of transgenerational and historical abuse associated with family violence.

Community-led Aboriginal agreement to address family violence

Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families is the new Aboriginal 10-year family violence agreement for 2018–2028. It is a community-led agreement built on Aboriginal self-determination that was formally launched in Mildura in October 2018.

Dhelk Dja recognises the urgent need to reduce the disproportionate impact of family violence on Aboriginal people, particularly women and children, and ensure there is a strengths-based and gender-informed approach for people who experience and use violence.

Dhelk Dja also recognises that family violence is not part of Aboriginal culture and that family violence against Aboriginal people is perpetrated by both non-Aboriginal and Aboriginal people. *Dhelk Dja* acknowledges the importance of whole-of-family and whole-of-community approaches that are inclusive of the diversity of Aboriginal people and communities. It values the strength, knowledge and rich diversity of Aboriginal people, families and communities.

Everybody matters – responding to the Royal Commission into Family Violence

Everybody matters: inclusion and equity statement, the 10-year commitment to building an inclusive, safe, responsive, accessible and accountable family violence system, was launched on 5 April 2019.

The world-first statement was a key response to the Royal Commission into Family Violence, which found that people from diverse communities can be at greater risk of family violence and face extra barriers to getting help.

Everybody matters will guide a more inclusive, safe and responsive system for more people, regardless of gender, ability, sexual orientation, sex, ethnicity, religion, age or mental health.

Other key initiatives towards building a more inclusive system include W/Respect, a new specialist family violence service for lesbian, gay, bisexual, trans, intersex and queer and/or questioning (LGBTIQ) people launched in September 2018. The service aims to address barriers and service gaps for LGBTIQ people.

In 2018–19, W/Respect provided 441 responses to people from LGBTIQ communities across early intervention, crisis recovery and perpetrator responses, with 1,350 prevention responses delivered. The service received 654 calls through the statewide after-hours telephone service, which provides family violence intake and tele-counselling.

In addition, 26 family violence service providers (including six Aboriginal organisations) were funded to undertake the Rainbow Tick Accreditation initiative, a national accreditation program recognising organisations that deliver safe and inclusive practice for LGBTIQ people.

In addition, pilot funding was provided in 2018–19 for a statewide LGBTIQ inclusion advisor based at Domestic Violence Victoria.

Key result 14: Reduce the occurrence of occupational violence, bullying, assault and inappropriate behaviour in departmental and public health services

Improving the prevention and management of occupational violence

The department has worked collaboratively with health services, sector representatives and other key stakeholders such as workers, unions, professional associations and WorkSafe Victoria to implement initiatives to improve the prevention and management of occupational violence and aggression across Victorian health services.

Phase 3 of the It's Never OK campaign, a partnership with WorkSafe Victoria, ran from February to May 2019 and further highlighted the impact of aggressive behaviours against healthcare workers, building on the improved attitudes and beliefs that violence and aggression against healthcare workers is never OK. It included

television commercials, radio and social media, as well as new sponsorships and partnerships.

In November 2018, we launched an online occupational violence and aggression prevention training program to assist Victorian healthcare workers to prevent and de-escalate violent and aggressive situations. This training allows every healthcare worker across Victoria's hospitals to access specific occupational violence and aggression prevention training.

Additional information resources include a website, guides and a self-assessment tool. These resources provide links and guidance to assist staff and managers to seek and provide support after aggressive and violent incidents.

All Victorian health services are applying a consistent approach to security by implementing the minimum standards for occupational violence and aggression prevention and response. As part of the \$40 million Health Service Violence Prevention Fund, this has been further supported by infrastructure improvements with the implementation of round four of the fund in 2018–19, providing \$3 million to support 37 projects across 25 health services to improve their safety and security.

These actions are improving the attitudes of both the community and the healthcare sector to not accept violence and aggression, building the capability of our healthcare workers to prevent and de-escalate violence and aggressive situations, and improving the safety and security of our healthcare facilities and incident response.

Outcome: 2.2 Victorians have suitable and stable housing

Every Victorian deserves the safety and security of a home, which is why the department continues to provide a range of initiatives addressing both housing and homelessness. A key focus has been on improving the safety and amenity of public housing estates through the redevelopment of ageing estates. Additionally, work continues to provide support for those Victorians who are at risk of homelessness; supporting the community housing sector, not-for-profit sector, financial institutions and government bodies to develop more social housing; and provide more housing for Victorians escaping family violence.

Progress against outcomes

Redeveloping ageing public housing estates

Ageing public housing estates across metropolitan Melbourne are being transformed into vibrant, well-connected neighbourhoods with homes that are comfortable, modern and energy efficient.

Development partners have been selected to redevelop ageing public housing estates in Northcote, North Melbourne, Preston and Brunswick West. These redevelopments will deliver at least 457 new social housing homes, in partnership with the private sector and not-for-profits housing agencies. These homes will be part of integrated mixed tenure communities, with proceeds of private sales going back into the social housing system.

The new public housing being delivered is sustainable and designed to a 5-star Green Star rating and an average 7-star Nationwide House Energy Rating Scheme (NatHERS) rating – making them cooler in summer and warmer in winter. Demolition works began at walk-up public housing estates in Flemington, Heidelberg West and North Melbourne.

Community consultative committees have been set up for all redevelopment sites and additional community consultation events were held with residents, neighbours and stakeholders for Hawthorn, and Ascot Vale sites. Understanding community needs allowed us to refine the design for both sites. A planning permit for 200 dwellings on the Dunlop Avenue, Ascot Vale site was lodged with the council in May 2019.

Community consultation at the Ascot Vale estate informed a set of principles for a shared community vision and masterplan for the wider estate.

More than 800 households have been relocated to new homes while the redevelopment takes place, and all tenants have the right to return to the redeveloped estates if they wish to do so. Each household has met with the client engagement team to determine their housing needs and find the best fit for their new property. Including environmentally sustainable design features in disability support houses.

In 2018–19, the department included a range of environmentally sustainable design features in the construction of 15 newly built disability support houses in various regions around the state.

The all-electric designs feature a combination of roof-top solar photovoltaic (PV) and back-up battery storage to reduce energy costs throughout the year and ensure maximum tenant comfort. Previously, disability support houses relied on diesel generators to provide back-up supply in the event of an outage.

These sustainable design principles enabled the builds to achieve a 6-star NatHERS rating. Rainwater is also collected on-site for re-use in gardens.

Environmentally sustainable design inclusions:

- > 2 to 4 kW solar PV per dwelling
- > efficient heat-pump hot water systems
- > LED lighting
- > high-performance insulation
- > double glazing
- > water-saving showerheads and toilets
- > rainwater tanks
- > site orientation to incorporate optimum natural light
- > external block-out blinds.

Key result 15: Reduce the proportion of the population experiencing homelessness – especially victims of family violence and young people

Investing in family violence crisis accommodation

In 2018–19, 14 sites were acquired for new core and cluster family violence refuges. Four of these new facilities have been constructed and are planned to open by the end of 2019. This model will replace the traditional communal facility where multiple households shared amenities in the one residential home. The new model allows for greater privacy and independence for women and children who will be accommodated in individual units (the clusters) and on-site support provided with staff operating out of a central administration building (the core) on a 24/7 basis. The new facilities allow for visiting services to provide outreach to clients during their refuge stay to ensure their needs are met while safety and security is prioritised.

Supporting a positive transition to independence through COMPASS

COMPASS is the largest social impact bond in Australia, and will provide 202 young people leaving out-of-home care with a key worker and housing to assist their positive transition

to independence. COMPASS commenced operation in Western Melbourne and Brimbank Melton in October 2018 and expanded into Greater Bendigo and North East Melbourne in April 2019. The partnership between the department and COMPASS is resulting in innovative person-centred approaches to support young people leaving care, including the provision of appropriate housing sourced by VincentCare. More than 75 young people have been referred to the COMPASS program since the program began, and 20 are now active participants.

Tailored intensive support and stable housing

The Journey to Social Inclusion social impact investment provides 180 people experiencing chronic homelessness with tailored intensive support and stable housing. The first intake for the program commenced successfully in August 2018, with the second intake now underway. Sixty people who have experienced chronic homelessness are supported by the program, with 98 per cent now in stable housing.

A further 60 people will join the program by September 2019.

Homelessness and rough sleeping initiatives to support people accessing crisis accommodation

The *Victorian homelessness and rough sleeping action plan* aims to reduce the impact and incidence of rough sleeping by assisting people into suitable and permanent housing and providing tailored support services, with assertive outreach teams and supported housing options rolling out in 2018–19.

The Towards Home initiatives provided 78 people with transitional housing and supported them to end their homelessness experience through integrated, flexible and multidisciplinary services. Breaking the cycle and giving people a sense of belonging starts them on a new journey away from homelessness.

In addition, in 2018–19 congregate crisis accommodation for people experiencing homelessness was re-designed to provide an enhanced service model at three facilities managed by Launch Housing, The Salvation Army and VincentCare Victoria.

This evidence-based and therapeutic approach delivers improved client health, wellbeing and housing outcomes to people accessing crisis accommodation.

In 2018–19, the congregate crisis accommodation re-design project provided:

- > enhanced mental health and drug and alcohol services at the three crisis accommodation facilities
- > accommodation for 175 homeless adults every night who have the highest support needs
- > relevant support services and crisis accommodation to more than 900 people.

Improving people's participation in health services and strengthening their pathway to long-term housing benefits the whole community.

VincentCare operates this model at the newly redeveloped Ozanam House in North Melbourne. The redeveloped centre, opened this year, provides crisis facilities combined with apartment accommodation and a full range of wrap-around support services, with a focus on engagement, reconnection and recovery.

The first CBD refuge for young people opened this year, providing therapeutic refuge accommodation for 18 young people at Frontyard Youth Services. This innovative model combines accommodation with services for mental health, drug and alcohol, disability, health, family violence, legal needs and counselling, all under the one roof for homeless people aged under 25.

Accommodation for the homeless initiative making a difference

In 2018–19, the Accommodation for the Homeless initiative delivered:

- > the construction of five two-bedroom townhouses in Mt Pleasant, Ballarat, for crisis accommodation with intensive support for homeless 16- to 23-year old young people. Uniting Housing Victoria has partnered with Salvo Connect Western; Berry Street Western; Ballarat Community Health; Child and Family Services; and Uniting Care Ballarat
- > the purchase of 11 two- and three-bedroom units in North Bendigo, Epson and Hamlyn Heights for multiple vulnerable groups, led by Haven Home Safe
- > accommodation for eight young people with a 24-hour lead tenant support worker (supporting a total of 20 young people a year).

The initiative was developed in response to a shortage of crisis accommodation across Ballarat and Bendigo. It provides an initial response to young people with significant risk factors presenting to homelessness service providers.

Objective 2: Indicator results

	2015–16	2016–17	2017–18	2018–19
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	16.5%	17.1%	17.9%	18.2%
Number of Child FIRST assessments and interventions ¹	15,190	20,016	22,310	17,582
Reports to child protection services about the wellbeing and safety of children	106,909	110,987	115,641	122,963
Number of family violence victims who receive a refuge response	New measure	New measure	823	897
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)	91.0%	91.2%	91.3%	90.6%
Daily average number of children in out-of-home care placements	8,752	9,446	10,305	11,363
Reduce the proportion of children in out-of-home care who live in residential care (daily average)	5.2%	4.6%	4.1%	4.0%
Proportion of Aboriginal children place with relatives/kin, other Aboriginal carers or in Aboriginal residential care	72.0%	76.0%	77.6%	78.8
Source (for all above): Internal departmental data				
Percentage of departmental workforce who have experienced bullying in the past 12 months	22%	24%	22%	20%
Source: internal People Matters Survey				

Victorians have suitable and stable housing

Number of clients assisted to address and prevent homelessness	105,287	108,574	118,141	112,054
Number of clients provided with accommodation	New measure	New Measure	New Measure	27,845
Number of clients assisted to address and prevent homelessness due to family violence	New measure	New measure	57,136	50,375
Percentage of clients with case plans in homelessness support programs with some, most or all of their case plan goals achieved	92.0%	90.0%	91.8%	89.8%
Average waiting time for public rental housing for those clients who have received priority access housing allocation	10 months	10.4 months	10.5 months	11.6 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	New measure	8.8	10.3

Source: Internal government sources

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Candidate indicators and measures have been identified and provisionally mapped to this outcome, however, 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.

¹ 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 will continue.

Objective 3: Victorians have the capabilities to participate

Every individual, regardless of their circumstances, has abilities, skills and qualities that – if encouraged, supported and resourced – can position them as custodians of their future.

The department recognises the reciprocal relationship between education and economic participation. The converse is also true, in that people who cannot fully participate in the labour market often suffer from varying degrees of poverty.

This understanding drives our focus on improving quality of life for Victorians through increased participation in learning, education, volunteering and employment. Success demands the right foundations being laid in early childhood, giving children opportunities to achieve in education, and supporting people to access meaningful employment.

The department plays a key role in unlocking the social, educational and economic potential of all Victorians, including those facing barriers to participation.

We also make a significant contribution to Victoria's economic growth through the jobs our services and capital investments create, especially in the construction sector, and the industries and workforces that we support.

Outcome 3.1: Victorians participate in learning, education and employment

A focus for the department over the past year has been supporting the transition of people with a disability to the National Disability Insurance Scheme (NDIS). This will give them greater choice and control over services and give them more capacity to fully participate socially and economically in their local community.

In 2018–19, the department also made important progress towards universal early childhood services and took on new responsibilities which are reflected in the new key results in the 2019–20 strategic plan.

Key result 16: 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

The out-of-home care education commitment includes agreed actions to actively support the educational achievement of every child and young person in out-of-home care.

Through the agreement, schools, child protection practitioners and case workers understand each other's roles and responsibilities and work cooperatively. The agreement includes strategies to improve outcomes related to student enrolment, attendance, achievement, case planning, retention and school completion.

Weekly notifications to local governments and schools advise when a child enters care, moves placements or exits care. This ensures that the school and local government services have the information they need to provide educational supports for the child or young person living in out-of-home care.

The notifications process also allows local councils to put in place additional supports through early childhood services. These support arrangements are described in the Early Childhood Agreement for Children in Out-of-Home Care.

Key result 17: Increase participation in three- and four-year-old kindergarten by children known to child protection

Early start – giving three-year-olds access to kindergarten

Early Start Kindergarten (ESK) provides eligible three-year-old children with access to up to 15 hours of kindergarten per week (or 600 hours per year) for free. This grant is available in all settings where the kindergarten program is delivered by a qualified teacher, including in a three-year-old kindergarten program, a mixed age program or where Early Start enrolments are incorporated into a four-year-old program. Since 2017, rates of enrolment of out-of-home care children aged three years and over in the ESK program have increased from 18 per cent to 36 per cent.

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

In 2018–19 the department continued to support our medical research institutes and public health services to advance the commercialisation and export of medical research in areas such as precision medicine, health services research and big data.

Health and social services are growth industries in Victoria's economy. The department also works closely with Victoria's TAFEs, registered training organisations and universities to create pathways into employment.

Key result 18: Increase the satisfaction of those who care voluntarily for people with a disability, people with mental illness and children in out-of-home care

Recognising and supporting Victorian carers

The *Victorian carer strategy 2018–22* was launched in July 2018 to recognise and support the role of Victorian carers.

Developed with input from carers and peak bodies, actions focus on providing greater access to support groups, financial services, transport and improved identification and help for young carers.

\$1.2 million was provided to deliver a range of new actions in the strategy, including support for young carers and carers of people with mental illness.

This is in addition to the \$19.3 million provided each year to the Support for Carers Program, which provides a range of respite and other support for carers.

Improving health, wellbeing and safety of Victorians with disability

The *Victorian disability advocacy futures plan* and associated fixed-term funding of \$5.6 million over 2018–19 and 2019–20 has delivered a 25 per cent core funding boost to the 24 agencies included in the plan. This has helped advocates to manage waiting lists and tackle complex cases, providing greater access to advocacy to improve the health, wellbeing and safety of Victorians with disability.

This work also supports advocates to engage with the Commonwealth Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

In 2018–19, 2,187 people accessed disability advocacy services in Victoria, which exceeds the 2018–19 and 2019–20 *Budget Paper 3* target of 2,000 clients a year. This result shows that access to advocacy is increasing, although it is also a sign of increasing demand, as people with disability and their families access and navigate the National Disability Insurance Scheme.

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

Improving the economic wellbeing of our clients, patients and victim survivors is a priority for the department. Economic wellbeing requires access to predictable and adequate income and an ability to access and manage finances effectively.

The department works to advance this outcome by providing opportunities for economic participation through the goods and services we commission, as well as by working across government and the community to actively address barriers to participation faced by our clients, patients and victim survivors.

Key result 19: Increase labour market participation by women, people with a disability, people with mental illness and people living in specified locations and communities

Sustainable employment for public housing tenants

The department developed the Public Tenant Employment Program in 2005 to create pathways for public housing tenants who want to gain secure and sustainable employment. Jobs are delivered by leveraging the department's public housing contracts to create employment opportunities for public tenants and by providing accredited training in skills-shortage areas through partnerships with TAFEs and registered training organisations.

The number of tenants a contractor is required to employ is specified by the type and size of the contract. The areas in which tenants can be employed include cleaning, maintenance, gardening and security, new construction, upgrades and major developments. As at June 2019, more than 90 public housing tenants were employed in these areas.

The department also funds employment and training services through Hope for the Future, which runs employment, training and life-skills development programs for public housing tenants on the Richmond, Fitzroy and Collingwood housing estates. At 30 June this year, more than 55 tenants were undertaking employment, education or life skills programs to improve their opportunities to gain employment.

In Ascot Vale, 10 public housing tenants from the Ascot Vale, Flemington and North Melbourne public housing estates completed RMIT's 10-week interpreting course and can now be employed as nationally accredited interpreters. Five of the graduates have already been employed in interpreting roles.

The Community Safety and Information Service is a social procurement program, funded by the department and delivered by the Brotherhood of St Laurence in the inner north of Melbourne. The program assists departmental clients to transition to employment. They are initially employed as trainees and run the concierge services located on the ground floor of the high-rise towers on the Collingwood, Richmond and Fitzroy estates. Trainees complete a Certificate II in Security Operations as part of this program and the Brotherhood of St Laurence works closely with the department's security contractor to provide an employment pathway for participants.

Economic participation for people with disability

Getting to Work was launched by the Victorian Public Sector Commission on 1 October 2018. It is driving a coordinated approach to improving the recruitment, retention and career development of people with disability across the public service. In 2018, seven projects were funded through the Jobs Victoria Innovation Fund that are supporting people with disability to participate in employment. People with disability were also supported to participate as entrepreneurs through a workshop held as part of the Victorian Small Business Festival Victoria on 22 August 2018. Emerging entrepreneurs with disability had the opportunity to hear from established business leaders with disability and to workshop and pitch their own ideas.

In addition, as part of *Every opportunity: Victorian economic participation plan for people with disability 2018–2020*, we partnered across government to plan how we will achieve the Victorian public service employment targets of 6 per cent of employees to be people with disability by 2020 and 12 per cent by 2025 (*Getting to work: Victorian public sector disability employment action plan 2018–2025*). The department delivered six projects funded through Jobs Victoria Innovation Fund initiatives to support people with disability into employment and a workshop for entrepreneurs with disability delivered as part of the Small Business Victoria festival.

Helping people affected by bushfires

During 2018–19, the department, together with key stakeholders, reviewed the Personal Hardship Assistance Program (PHAP). PHAP is for people who have been affected by a significant incident in Victoria, such as flood, bushfire or house fire, and it provides financial security during these distressing periods. It is also a vital tool for staff who assist Victorians experiencing financial difficulties.

Through the review process, the department developed a much-improved system that enables emergency staff to better assess claims, determine payment entitlement, allocate and track payments and provide funds securely and efficiently through streamlined application and payment processes and information security.

Staff can now manage all hardship assistance requests and eligibility assessments online and from mobile devices. It also supports issuing debit cards at relief centres to enable immediate access to funds to purchase essential health, safety and wellbeing needs. The reporting functionality of the system provides real-time reporting of information, including the number of people seeking financial assistance and the amount of assistance provided.

Objective 3: indicator results

	2015–16	2016–17	2017–18	2018–19
Victorians participate in learning and education				
Clinical placement student days (medicine)	New measure	New measure	393,807	395,349
Clinical placements student days (nursing and midwifery)	New measure	New measure	406,330	428,864
Clinical placement student days (allied health)	New measure	New measure	158,461	159,709
Number of people trained in emergency response	2,028	2,000	2,783	2,982

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	832	865
Total funded FTE (early graduate) allied health positions in public system	622	670	700	745
Total funded FTE (early graduate) medical positions in public system	1,476	1,525	1,525	1,525
Total funded FTE (early graduate) nursing and midwifery positions in public system	1,591	1,591	1,591	1,618
Number of bonds issued to low income Victorians to assist access to the private rental market	11,761	11,584	9,321	8,754

Source: Internal departmental data

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Candidate indicators and measures have been identified and provisionally mapped to this outcome, however, 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 4: Victorians are connected to culture and community

This outcome focuses on building strong, resilient communities that feel safe and connected to culture and identity.

Positive and supportive relationships within communities affirm identity and connection, which can counter the health and wellbeing risks associated with social and cultural isolation.

By linking individuals and families to a community's resources – not just services, but also the resources that exist within every community and neighbourhood – we are assisting people to feel safe and more resilient.

Place-based and community-centred approaches are essential to advance health and wellbeing. This approach recognises that people's health and wellbeing improve when they can access culturally responsive services closer to home and have better connections to their communities.

For Aboriginal Victorians, achieving better outcomes for individuals, families and communities requires a strong commitment to advancing Aboriginal self-determination.

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

By promoting inclusiveness and diversity, our society can be stronger, healthier, happier and safer. We want all Victorians to have the same rights and opportunities, and to celebrate and connect with their culture and identity.

Key result 20: Increase rates of community engagement, including through participation in sport and recreation, especially for Aboriginal children and young people

Increasing physical activity for healthier Victorians

Across Victoria, the potential benefits of sport and active recreation go beyond physical wellbeing. A range of initiatives, such as Proud2Play, make active recreation more inclusive, and we have worked with state sporting organisations to actively promote lesbian, gay, bisexual, trans, intersex and queer and/or questioning people.

Reclink Australia's delivery of both 'pop up' and formal sport and recreation activities targets low socioeconomic communities, participants at risk of mental illness, substance use or homelessness and acts as early intervention for people interacting with the criminal justice system.

The department led the development of Say No to Racism resources, which assist state associations and clubs to address racism at all levels. We conducted six camps for young Aboriginal people to strengthen their connection to Aboriginal culture. And we have provided increased opportunities for people with a disability to participate in sport and recreation through 300 projects involving 59 clubs and organisations across Victoria.

Research and strategies to reduce barriers to participation

A national workshop on community attitudes to disability hosted by the Victorian Government on 28 June 2019 focused on research and strategies for tackling attitudinal barriers to participation for people with disability. The 85 attendees included representatives from peak disability bodies; disability advocates and self-advocates; Commonwealth and most state and territory governments; higher education; and local government. The workshop was delivered in collaboration with the University of Melbourne Centre for Research Excellence in Disability and Health and the Victorian Disability Advisory Council.

The workshop highlighted the need for coordinated action to address community attitudes, including informing discussions around areas of focus for the next state disability plan and the post-2020 national disability framework after the expiry of the current National Disability Strategy.

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

Cultural identity and connection is a critical protective factor for health and wellbeing.

Community-controlled organisations play a critical role in embedding cultural content into service delivery and creating opportunities for cultural activities and events.

In 2018–19, the department continued to support community-led initiatives to promote cultural connections; resource community-controlled organisations to deliver services to their communities; and embed cultural safety and attention to diversity in the design and delivery of mainstream services.

Improving outcomes for the West Heidelberg Australian-Somali community

The department continued to support Himilo Community Connect to improve education, employment, health and social cohesion outcomes for the Australian-Somali community of West Heidelberg.

Current projects include a supported play group, homework club, job club, leadership programs for 18- to 25-year-old young people and women's physical and mental health and wellbeing workshops.

The partnership between the department and Himilo has also created stronger pathways into employment with the department and other parts of the Victorian public sector.

Localised support connecting communities with services

In 2018–20, the department continued to provide localised support to the Office for Youth-funded South Sudanese Community Support Groups (CSGs). In Melbourne's west, this has involved a project-specific senior adviser working across the Brimbank Melton and Western Melbourne areas. The senior adviser supports two CSGs based in Werribee and Melton to connect with local service providers, develop clear referral pathways and encourage culturally appropriate services within mainstream providers.

Key CSG achievements in 2018–19 included:

- > provision of culturally appropriate case management support to 444 South Sudanese young people and their families in Brimbank Melton and 366 young people and their families in Wyndham
- > establishment of working partnerships with seven primary and secondary schools in Brimbank Melton and 11 in Wyndham
- > establishment of 13 close working partnerships between CSGs and local providers in Brimbank Melton and 13 in Wyndham
- > delivery of school holiday program activities to 1,804 South Sudanese young people across Wyndham, Brimbank Melton and Dandenong/Casey.

The Somali CSG, led by the Huddle (North Melbourne Football Club), has delivered 10 programs across North Melbourne and Wyndham, engaged 2,403 young people and worked with approximately 200 families.

Key result 21: Increase cultural connection for children in out-of-home care – especially Aboriginal children

Wungurilwil Gaggapduir: Aboriginal children and families agreement strategic action plan

At the June 2019 Aboriginal Children's forum, the 2018–19 *Wungurilwil Gaggapduir strategic action plan* was reviewed. Key success enablers were identified, along with priorities and actions for the 2019–2020 *Wungurilwil Gaggapduir strategic action plan*.

Wungurilwil Gaggapduir has five central objectives:

- > encourage Aboriginal children and families to be strong in culture and proud of their unique identity
- > resource and support Aboriginal organisations to care for Aboriginal children, families and communities
- > commit to culturally competent and culturally safe services for staff, children and families
- > capture, build and share Aboriginal knowledge, learning and evidence to inform practice
- > prioritise Aboriginal workforce capability.

Re-uniting Aboriginal children with kin under expanded program

The Aboriginal Children in Aboriginal Care Program (ACAC) continues to expand. It transfers the responsibility for case management and care planning for Aboriginal children who are subject to a Children's Court protection order to Aboriginal community-controlled organisations (ACCOs). Many children subject to Children's Court protection orders are now under the responsibility of ACCOs and are receiving culturally attuned and responsive care and case management.

As at June 2019, approximately 72 Aboriginal children had been authorised under ACAC to an ACCO. Early evaluation indicates that reunification with family or kin is more likely under ACAC. In addition, children involved with ACAC are more culturally attuned, and high-risk families have remained engaged and willing to work towards and, in some cases, achieve family reunification.

Launch of Mutjang Bupuwingarrack Mukman

Bendigo and District Aboriginal Cooperative (BDAC) launched the *Mutjang Bupuwingarrack Mukman* program (meaning 'keeping our kids safe') in January 2019, becoming the second Aboriginal organisation authorised to be legally responsible for the welfare of Aboriginal children on Children's Court protection orders.

This significant milestone builds on years of work to set the legislative and program foundations so that BDAC can provide statutory care for Aboriginal children on Dja Dja Wurrung Country. BDAC is now authorised to take full responsibility for the case management of Aboriginal children and young people once a protection order has been made, and to make independent case-planning decisions.

Placing Aboriginal children into Aboriginal care is occurring in a way that is culturally sensitive, safe and in the best interests of the child. Importantly, the principle of Aboriginal self-determination is being put into practice in central Victoria, with Aboriginal communities having a say in the future of some of their most vulnerable members.

Mutjang Bupuwingarrack Mukman allows Aboriginal children and young people to remain on Country and keep their familial and cultural connections during a time of significant stress and change. It also offers at-risk children and their families a holistic cultural approach to their safety, healing and connection.

In the 2018 Protecting Children Awards, BDAC earned the Robin Clark Making a Difference Award for exceptional contributions to improving the lives of Aboriginal children via their pilot Section 18 program. The first authorisations to BDAC under Mutjang Bupuwingarrack Mukman took effect in January 2019, with 36 children authorised and transferred by the end of March 2019. An additional 36 children will transition from 1 July 2019, allowing the BDAC program to expand to two teams.

By promoting cultural consistency and being more inclusive of Aboriginal families, the program brings a greater level of cultural understanding to the decision-making process. Families report that the involvement of Aboriginal case managers or community members makes a big difference in building trust and maintaining cultural connections. BDAC chief executive Raylene Harradine said, 'We know that when Aboriginal children remain in Aboriginal care, it ensures connection to Country, to culture, to family and community. It reinforces a sense of identity, builds resilience and provides an opportunity to heal.'

Transitioning case management to Aboriginal community-controlled organisations

In addition to the Aboriginal Children in Aboriginal Care Program, in 2019, funding supported an additional 200 Aboriginal children to have their case management transferred from a non-Aboriginal organisation or child protection to an Aboriginal community-controlled organisation (ACCO). Since 2017, there has been a 250 per cent increase in the number of Aboriginal children and young people receiving case management from an ACCO.

Connecting Aboriginal children and young people with local leaders and family

Return to Country enables local leaders and family members to connect Aboriginal children and young people in care services to their Country of origin, promoting a positive sense of belonging.

A new model of kinship care recognises the vital role that kinship carers play in caring for some of Victoria's most vulnerable children. This includes the launch of the Aboriginal Kinship Finding Service, a statewide service to support the early identification of kinship carers for Aboriginal children subject to child protection involvement.

This service enables connections to family, community and culture, and includes the provision of specialised Aboriginal kinship-finding expertise including genealogy research and the development of a secure database.

The service is being run by the Victorian Aboriginal Child Care Agency (VACCA), which will work in partnership with the First Nations Legal and Research Services, consulting with Koorie Heritage Trust.

Cultural plans – supporting self determination

The department supports Aboriginal children in out-of-home care to be connected with their kinship network, culture, community and Country through the Aboriginal cultural support planning program. The department funds 18 senior advisers in Aboriginal community-controlled organisations (ACCOs), a statewide coordinator at the Victorian Aboriginal Child Care Agency (VACCA) and a cultural website to help develop cultural plans for every Aboriginal child and young person in out-of-home care.

In line with self-determination, it was agreed that ACCOs manage and prioritise cultural plan brokerage funds, which can be used to fund local initiatives that bring Aboriginal children in out-of-home care together, such as cultural camps or community events. For instance, VACCA has held cultural camps where young people have participated in art, music and dance. Hearing from Elders and sharing cultural experiences helps young people see and value their cultural heritage.

Developing an Aboriginal housing and homelessness framework

Aboriginal Housing Victoria has been funded to lead the development of an Aboriginal housing and homelessness framework.

A steering committee to oversee the development of the framework is being chaired by Professor Kerry Arabena, the Chair of Indigenous Health Equity at the University of Melbourne.

A Victorian Aboriginal Housing and Homelessness Summit was held in April 2019 to inform the framework.

The summit brought together a range of organisations and practitioners. It acknowledged the importance of the transfer of public housing properties to Aboriginal Housing Victoria as part of the self-determination agenda and the need to increase the range of affordable housing options for Aboriginal Victorians. Underpinned by a rights-based approach to break the cycles of housing disadvantage, the framework will encompass:

- > people's housing needs across their life course
- > the program and supports necessary to improve housing outcomes
- > innovative models that secure housing for Aboriginal Victorians, including pathways to private ownership
- > actions required to build the capacity of Aboriginal organisations to own, manage and grow rental stock.

Objective 4: indicator results

	2015–16	2016–17	2017–18	2018–19
Victorians are socially engaged and live in inclusive communities				
Hours of coordination funding provided to Neighbourhood Houses	480,000	480,000	480,000	560,586
Reported children/young people in out-of-home care that had a strong relationship with someone in their care setting	97%	-	-	97%
Aboriginal children/young people in out-of-home care that have some contact with other Aboriginal children/young people outside their care setting	86%	-	-	88%
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	72.0%	76.0%	77.6%	78.8%
Source: Internal departmental data				

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Candidate indicators and measures have been identified and provisionally mapped to this outcome, however, 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

By definition, our services aim to improve the lives of people – meaning their safety, quality, efficiency and sustainability is paramount.

To achieve this, we must understand and respond to the diverse and evolving needs of patients, clients and victim survivors, supporting them to be partners in their care.

Across the department, we put clients, patients, carers and families at the centre of the way we design and deliver our services. We are embracing person-centred solutions to healthcare issues, acknowledging the value of lived experience.

We are also embracing digital technologies to improve the way we measure performance. This is a game changer in our ability to support our delivery partners to continuously lift performance for the benefit of patients and clients.

Advances in how we link and analyse data are providing insights into population and behavioural trends, better positioning us to predict and plan for future demand. They also equip us to provide better information to clients and patients so they can make more informed choices about their care.

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

Statewide service and infrastructure planning focuses on improving access to services when and where they are needed. Access is enabled by health and human services that respond in a timely way and are convenient, easy to navigate, culturally safe and responsive to diversity.

Victoria's first culturally safe Aboriginal maternal and child health services

The Aboriginal Maternal and Child Health Initiative (AMCHI) was trialled successfully at nine sites and was expanded in 2018. The trial resulted in Aboriginal families re-engaging with the Maternal and Child Health (MCH) service. An evaluation of the trial found that the flexibility of the AMCHI service model allowed place-based approaches for service delivery, was tailored to the needs of the local Aboriginal community and built relationships to promote greater coordination across services.

The involvement of Aboriginal staff in the delivery of services was crucial to providing families with a choice and acting as cultural mentors for non-Aboriginal staff. This promoted stronger relationships between the MCH provider and the local Aboriginal community.

Feedback also indicates that other success factors included maternal and child health nurses meeting families in the antenatal period at the Koori Maternity Service, developing resources that

included local families, and delivering consultations in non-traditional settings such as playgroups and shopping centres.

Implementing recommendations from the palliative care funding model review

November 2018 saw the start of the implementation of the expert panel's recommendations from the Palliative Care Funding Model Review (2018). Investment in improving access to home-based palliative care resulted in a three per cent growth in referrals to community palliative care providers. Additional palliative care beds were introduced in February 2019, which enabled more people to receive acute-based palliative care. The department also introduced a specified grant to support metropolitan health services to develop a community outreach component of their hospital palliative care consultancy service.

Record ambulance response times

During the year, ambulance response measures reached a historic peak, building on improving performance measures recorded over the past several years.

The most urgent situations, classified as Code 1 emergencies, receive the greatest focus – and in 2018–19, 83.9 per cent of Code 1 emergency patients were seen within 15 minutes. This represents a response improvement of 2.1 per cent since 2017–18.

Patients suffering time-critical conditions are experiencing improved outcomes:

- > 97.1 per cent of adults experiencing stroke in 2018–19 were transported to appropriate care within 60 minutes
- > 50.7 per cent of adults experiencing cardiac arrest survived to hospital in 2018–19.

These improvements have been achieved despite significant increases in demand. In 2018–19, Ambulance Victoria experienced its busiest year ever, with a record 732,714 Triple Zero calls – an increase of 5.3 per cent on the previous year.

Reduced elective surgery waiting times

Victoria's elective surgery patients are now getting seen sooner than ever before. The median time to treatment for all elective surgery patients has improved, reducing to 28 days, this means patients are waiting less time to be treated despite significant population growth.

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

Through this report, we describe many examples of how we have embedded the department's diversity by design framework in policy and service development; new approaches to maximising consumer engagement and participation; and commitments to support cultural connections and advance self-determination.

Specific priorities for the past 12 months have included implementation of the new voluntary assisted dying model, increasing client voice in policy and service development, and supporting participants, families and our disability workforce through the transition to the National Disability Insurance Scheme.

Voluntary assisted dying laws giving choice to Victorians

The passage of the historic *Voluntary Assisted Dying Act 2017* made way for the implementation of the state's model for voluntary assisted dying, which commenced on 19 June 2019.

For the small number of Victorians who are facing the end of their life, the model provides a genuine and compassionate additional choice about the manner and timing of their death.

The Victorian model for voluntary assisted dying is working – we know that patients are talking to their doctors about voluntary assisted dying and doctors are carrying out assessments.

We have established two support services, the Statewide Pharmacy Service and the Care Navigator Service. Both are assisting individuals, their carers, their families and their medical treating teams by providing information about, or access to, voluntary assisted dying.

Improving health outcomes by involving patients, families and carers

More Victorians are able to participate in and engage with their care following the release of the new *Partnering in healthcare framework* in February 2019.

The framework provides practical strategies on partnering with patients and their families and carers. It responds to evidence that patients have better health outcomes when they play an active role in their care.

The framework is the result of two years of research and consultation that reached more than 180,000 people. Implementation is underway in Victorian public health services, and reach and application of the framework has extended into other areas of healthcare and community services reform, including aged care, family safety initiatives and human services.

Safer Care Victoria is also progressing other consumer participation initiatives that have been recognised by Consumers Health Forum Australia.

Safer Care Victoria has recruited more than 50 consumer representatives as employees, consultants, and members of councils, committees and working groups, and sponsored 125 consumers to attend conferences to provide patients' perspectives.

Enhancing the client voice through consultation

During the year, a client voice framework for community services was developed with input from Family Safety Victoria, Safer Care Victoria, funded community service organisations, internal stakeholders and clients.

This process established links with a broader range of sector groups, including the Quality Learning Circle (Centre for Excellence in Child and Family Welfare) and the Consumer Participation Practice Network.

More than 600 representatives of funded community organisations viewed the Engage Victoria client voice framework site, and more than 150 completed the engagement questionnaire.

During 2018–19, the Victim Survivors' Advisory Council informed the development of the Multi-Agency Risk Assessment and Management (MARAM) practice guidance, The Orange Door Client Partnership Strategy and the Victoria Police Family Violence Prevention Strategy, among other initiatives.

Successful transition to the National Disability Insurance Scheme

A key focus of 2018–19 was the transition to the National Disability Insurance Scheme (NDIS). As at 30 June 2019, there were more than 77,000 Victorians with an NDIS plan, including more than 52,000 former state clients.

To support people to determine their eligibility for the NDIS, the department allocated additional resources to connect with up to 40,000 state clients whom the National Disability Insurance Agency (NDIA) had been unable to contact, and where possible facilitate their access.

Many people with complex needs have become participants of the NDIS but have encountered difficulties in navigating the scheme or challenges with their planning. The department's Intensive Support Team (IST) provided pivotal support for more than 700 people to achieve a positive outcome. For example, the team supported a client with complex disability support needs and ongoing contact with the justice system to revisit her inadequate support plan (particularly a lack of behavioural support). Without additional support, there was a high risk she would re-offend and be incarcerated. The IST facilitated a collaborative approach with the client and her care team to provide evidence for a request for additional funding. Consequently, the client's NDIS plan was significantly increased and she gained access to the disability supports she required. This positive outcome substantially reduced her risk of further offending.

The department has invested \$41 million through the Victorian Transition Support Package to prepare the sector and people with disabilities for the NDIS. In 2018–19, this provided support to more than 14,000 people with disability to better understand and navigate the NDIS transition

through access to information, workshops and resources.

The Transition Support Package also provided information and resources for service providers and the disability workforce, reaching more than 10,000 people in organisations across Victoria. Victorian Aboriginal Community Controlled Health Organisation has been funded to support Aboriginal community-controlled organisations (ACCOs) to engage with the transition to the NDIS. ACCOs are not only aware of the NDIS but are now being equipped to become registered NDIS service providers, maximising their capacity to be financially viable in the changing disability services environment. This has resulted in more Aboriginal people with disability in Victoria accessing supports they require from culturally safe organisations.

The department has been implementing projects through Keeping Our Sector Strong workforce plan for the NDIS. Through this work, we are giving disability services staff the knowledge and skills they need to:

- > thrive under the NDIS
- > improve job satisfaction
- > create new, stronger career pathways within the sector
- > increase allied health workforce capacity and sustainability
- > help mainstream and community services to support better outcomes for people with disability.

The department will continue playing its part to ensure the NDIS can be achieved, and we are working with the Commonwealth to address a range of gaps including challenges in rural Victoria and affordable models of care.

Transfer of departmental services to non-government organisations

On 28 August 2018, new not-for-profit providers were selected to deliver disability accommodation and facility-based respite services currently operated by the department. The new providers are: Life Without Barriers; Melba Support Services Australia; Possability; Home@Scope (generally known as Scope); and Aruma (formerly known as House with No Steps).

The staged transfer of services and staff to the non-government providers commenced on 31 March 2019 and is on track to be completed by October 2019. A key part of this approach is the

secondment model as a staged approach for the transition to a direct employment model with the successful providers. The staged approach ensures minimal disruption for residents, continuity of care and maximises support for the workforce through this change.

Despite the complex nature of the approach, the team placed people at the centre of the transfer and assumed a person-centred approach in designing and delivering successful outcomes to minimise impact on people with a disability and their family.

Throughout 2018, the department worked with staff, people with disability and their families to understand what information and support they want from government and providers during the transfer of services.

Forums were held across the state between mid-September and early October for families and staff to meet with their new providers to hear more about them, the values and mission of the organisation, and why they are committed to delivering disability services.

Between October and December 2018, we followed up these forums with visits to more than 500 group homes to meet residents and staff by senior managers of the new providers.

Over 5,500 public service employees will be seconded to the five new non-government providers until 31 December 2020. Employees will then transfer employment to their new provider on 1 January 2021, with staff terms and conditions guaranteed until 31 December 2025. Additionally, more than 2,500 clients from 542 group homes and respite services and 436 vehicles will also transfer to the five providers. These tranches were divided into 21 geographical parcels which spanned across North, East, South and West Divisions.

Staff who transferred have provided positive feedback about the support provided by the new providers.

A new performance and monitoring regime has been established until 2025 to ensure the new providers comply with rigorous obligations relating to safety, service quality and fair workforce conditions.

Transition from Colanda into community settings

The department is on track to finalise the delivery of 15 new homes and improved community opportunities for the residents of Victoria's last disability institution at Colanda. The planned closure of Colanda is on track for late 2019, heralding the end of institutional care for people with a disability, with the National Disability Insurance Scheme (NDIS) the major catalyst for change.

During 2018 and 2019, 20 residents of Colanda moved into their new purpose-built homes across Ballarat, Geelong and Colac. In many cases, they are closer to their families, and they have improved opportunities for community life and skill development. A further five new homes are under construction in the Colac and Geelong areas, providing new living arrangements for the remaining 24 residents of Colanda who will move into these homes during the remaining months of 2019.

The residents of Colanda are highly vulnerable members of our community, and they are now receiving care in state-of-the-art homes in a community setting that is closer to family and friends. These purpose-built homes offer 24-hour support, personal space and privacy, and have been built in close consultation with residents, families and guardians to ensure their needs and preferences are met.

As the remaining residents move into their new homes between now and the end of 2019, institutionalised care in Victoria will end. Building on the dedication and care of Colanda staff in supporting residents over many years, the redevelopment of Colanda has empowered residents and their families to support the transition of their loved ones into community life where they have choice and control over their future.

We have received feedback from many families and friends that their family members have improved since moving into their new home. The assessments completed to assist in tailoring the homes to suit the residents' needs show that some residents have gained skills and have further potential to expand these skills. Direct care staff in the new homes report increased engagement between families and residents, including regular visits and family outings.

Outcome 5.3: Services are efficient and sustainable

The department works closely with internal and funded services to enable efficiencies in resource allocation and management of complex and chronic conditions and needs.

Integrated and coordinated service delivery models advance efficiency, and a well-trained and well-supported workforce ensure the system is sustainable.

Reducing bottlenecks and improving health care through partnerships

More people were seen quickly at Victorian emergency departments, thanks to Safer Care Victoria's Patient Flow Partnership aimed at reducing bottlenecks and improving care.

Funded by the Better Care Victoria innovation fund, the partnership engaged 15 Victorian public health services to work collaboratively to improve their patient flow. Each participating organisation was given \$100,000 to design and support local improvements.

Over 12 months, participating health services treated almost 27,000 more patients within four hours than during the previous 12 months.

All Victorian health services are applying a consistent approach to security by implementing the minimum standards for occupational violence and aggression prevention and response. As part of the \$40 million Health Service Violence Prevention Fund, this has been further supported by infrastructure improvements with the implementation of round four of the fund in 2018–19, providing \$3 million to support 37 projects across 25 health services to improve their safety and security.

Supporting the growth of community services and organisations

The department worked closely with the Victorian Council for Social Services to support the development of a community services industry plan, which was released in October 2018.

Developed by industry, for industry, the plan sets out actions to support community services sectors and organisations to grow and continue to build the capabilities, competencies and infrastructure required to deliver improved outcomes for vulnerable Victorians and Victorian communities.

Outcome 5.4: Services are safe, high quality and provide a positive experience

The expectation of every Victorian experiencing healthcare and human services is that they will get the safe, high-quality care they need, when they need it. But we also want people accessing those services to have a positive experience. The department has introduced a raft of initiatives and programs in the past year to ensure our health and wellbeing services keep getting better, and we have focused on ensuring we build the capability and capacity of community services and the child protection workforce, while using data and best practice to improve the health services system.

Using data for better decision making

With the aim of enhancing quality and safety in Victorian private hospitals, the Victorian Agency for Health Information has commenced releasing its bi-annual *Quality and safety in Victorian private hospitals* reports (November 2018 and May 2019).

The first of their kind in Australia, the reports aim to improve the quality and safety of care in private hospitals by improving access to high-quality information, including the ability to compare performance with peers. The reports also include a new method that uses linked data to capture unplanned readmissions to any Victorian hospital, giving a more accurate picture of readmissions.

Reporting on private hospitals is consistent with recommendations in *Targeting zero: the report of the review of hospital safety and quality assurance in Victoria*, published in 2016.

Clinical leaders from private hospitals gave positive feedback on the first report, indicating that it prompted them to take a closer look at the data from their own hospitals.

Health data to deliver better cardiac outcomes

Delivering better cardiac outcomes in Victoria is an initiative of the National Data Linkage Demonstration Project.

The initiative's report links patients' hospital data with the Pharmaceutical Benefits Scheme. It shows low use of clinically recommended medications to reduce the risk of complications, including stroke and death, following atrial fibrillation or acute myocardial infarction. It also shows variation in rates of dispensing for these medications between Victorian public hospitals.

These findings provide actionable information that will drive improvements in practice, leading to better cardiac health outcomes.

Working in partnership to build capability and capacity

The department delivered 12 quality governance workshops for governing bodies of community services attended by more than 300 board directors. The aim of the workshops was to enhance capability and promote strong system leadership. Participants reported increased confidence in driving improvements to their organisations' governance systems.

We also delivered a Driving Improvement in Community Services forum in June 2019 with more than 300 participants including practitioners and executives of community service organisations. The forum aimed to promote participants' understanding of their responsibilities in achieving safe, effective, person-centred community services for everybody, every time. It also highlighted the importance of the client voice, and the culture change required to achieve best outcomes for service users.

New approaches to monitoring service agreement compliance

In response to a 2018 audit of contract management capability by the Victorian Auditor-General's Office, the department has adopted a new approach to how it monitors agencies funded through a service agreement.

The Agency Monitoring Framework (AMF) formally commenced on 1 July 2019 and introduced a risk-based approach.

It consists of policies, procedures and tools designed to streamline and standardise the monitoring of service agreement compliance across the state. It fosters early identification of issues and provides support for agencies to meet their contractual requirements and improve performance. The framework standardises contract management processes across the state and guides the monitoring of staff activity.

This new approach to agency monitoring reduces the administrative burden for funded agencies and allows for better services for vulnerable Victorians. A cornerstone of the AMF is a set of risk-tiering principles that assess agency risk based on the scale, complexity and scope of activities. The level of contact the department has with an agency is guided by the corresponding level of risk assigned to each agency's services. The AMF is being progressively rolled out from 1 July 2019.

Shifting to a governance continuous improvement mindset

The Community Services Quality Governance Framework's goals are for safe, effective, connected, person-centred community services for everybody, every time. It has changed the way the community services sector thinks, shifting from a compliance mindset to one of continuous improvement. In addition, the framework has strengthened the role of boards and a focus on client voice.

More than 400 people across the department, sector and oversight bodies engaged with the process to develop and agree on the framework's goals and areas of focus. This engagement has continued, and sector demand for the framework is so high that multiple reprints and more than 2,000 hard copies have been distributed with regular requests for additional copies from services and resources to support and drive implementation.

Objective 5: indicator results

	2015–16	2016–17	2017–18	2018–19
Services are appropriate and accessible in the right place, at the right time				
Non-urgent (Category 3) elective surgery patients admitted within 365 days	94.0%	95.0%	95.7%	96.2%
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	77.0%	81.0%	80.6%	82.0%
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	74.3%	73.4%	72.3%	71.5%

Source: Internal departmental data

Services are inclusive and respond to choice, culture, identity, circumstances and goals				
Health Independence Program direct contacts	1,498	1,511	1,474	1,591
Patients treated in specialist outpatient clinics – unweighted	1,729	1,718	1,786	1,812
Post-acute clients not readmitted to acute hospital	93.0	93.0	93.6	93.9
Health Independence Program clients contacted within three days of referral	90.0	89.0	89.8	88.7

Source: Internal departmental data

Services are efficient and sustainable				
Major trauma patients transferred to a major trauma service	91.0%	85.0%	90.0%	91.9%

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	New measure	70.0%	69.4%
Source: Internal departmental data				
Positive patient experience	91.4%	92.0%	91.5%	92.4%
Discharge Experience Index	74.3%	75.6%	75.3%	75.7%

Source: Victorian Health Experience Survey

The department is committed to measuring outcomes for all indicators set out in the Victorian budget papers. Candidate indicators and measures have been identified and provisionally mapped to this outcome, however, 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.

Our stories



Case study – Transitioning to the NDIS

About 105,000 Victorians will get access to disability services under the National Disability Insurance Scheme (NDIS).

The staged roll-out of the scheme began in Victoria in 2016 and is progressing through 2019, with the full scheme agreement between the Commonwealth and Victoria taking effect on 1 July 2019.

Charlie is one participant, who says the NDIS transition has been overwhelmingly positive.

Charlie has worked at the Darebin Resource Recovery Centre three days a week for 15 years, and since the introduction of the NDIS, he has also been able to improve his quality of life.

This includes sustaining his passion for drawing, and he regularly spends time at the Northcote Support Services where he can access an art studio.

Charlie's NDIS package also enables him to do physio every week.

He couldn't walk very well before, but lately his balance, walking ability and health in general is improving.

For Charlie, the NDIS supports his quality of life, helping him to grow stronger both mentally and physically.



Case study – The Royal Commission into Victoria's Mental Health System

The importance of the Royal Commission into Victoria's Mental Health System is being highlighted by the personal experiences of so many people across the state.

During December and January, Victorians were invited to provide input on the terms of reference for the Royal Commission to help inform the focus areas for the inquiry.

More than 8,000 community contributions were received, and more than 80 per cent of people who contributed said they, or someone close to them, had accessed mental health services in Victoria in the past five years.

When the terms of reference were launched in February, Julie, 46, was one of the thousands who shared their powerful experiences.

Her partner Steve took his own life seven years ago after a long battle with mental health issues. The pair had been together for 15 years.

Steve, who was only 44, had been struggling with his physical and mental health after a workplace accident left him with chronic back problems. They were so severe, he couldn't walk, work or drive.

Julie said Steve's death was 'like a bomb going off' in her life.

'We need to understand what's not working and fix it, so people get the help they need, when they need it,' she said.

Public hearings were held in Victoria between 2 July and 26 July 2019.

The Royal Commission, led by Chair, Penny Armytage and Commissioners Dr Alex Cockram, Professor Allan Fels AO and Professor Bernadette McSherry, will provide a final report to the Victorian Government by October 2020.



Case study – Orygen Youth Health and the National Centre of Excellence in Youth Mental Health

Mental health is a key issue facing young people, with young Victorians experiencing mental illness among those who have told their stories through the Royal Commission into Victoria's Mental Health System.

The new \$60 million Poplar Road facility is home to Orygen, the National Centre of Excellence in Youth Mental Health and the Orygen Youth Health program. It is a hub of research and training for health professionals in search of better treatments for young people living with mental illness.

Orygen's Director of Strategy and Development, Kerryn Pennell says a critical decision was to ensure young people were active contributors in the planning process.

More than 140 young people were involved in long and productive consultations, including current and ex-clients as well as youth from the wider community.

'They weighed in on what furniture we should have, what kind of furnishings, the design of consulting rooms – everything! And they certainly defied some stereotypes along the way,' Kerryn said.

The world-class design of the three-storey building impressed design professionals beyond Australia's borders, winning top honours for Best Mental Health Design at the European Healthcare Design awards against competitors from the Netherlands and Denmark.

Kerryn says the building reflects the drive and ambition of the entire organisation.

'Orygen is about change, renewal and opportunity. This building represents true passion. It lets people see who we are – that we are what it says on the tin,' she said.

The facility will support about 5,000 young Victorians each year, with a focus on prevention and early intervention.



Case study – Establishing voluntary assisted dying in Victoria

Victoria's ground-breaking Voluntary Assisted Dying legislation commenced in June 2019.

The *Voluntary Assisted Dying Act 2017* is the first of its kind in Australia, and it provides a safe, legal framework for people who are terminally ill to be able to choose the manner and timing of their death.

Margaret explains why she plans to apply for a permit under the legislation.

'It was a Saturday morning and the covering gastroenterologist came into my room and asked about my family,' Margaret said.

'She said I'm very sorry, but you will have time to get your affairs in order.'

Scans revealed Margaret's cancer had spread.

'I think it was worse in a way because I know from my nursing career that death is often the end stage of a period of pain and distress for the patient and their family,' she said.

Until recently, voluntary assisted dying was just a concept for people like Margaret.

'Just as recently as five years ago, I don't think people really believed that it was eventually going to become law,' she said.

'It's just remarkable that Victoria has been able to step up and achieve the legislation.'

With comprehensive safeguards, the process for accessing voluntary assisted dying is among the safest and most conservative in the world.



Case study – Aboriginal Children in Aboriginal Care

Aboriginal Children in Aboriginal Care is a program for Aboriginal children and young people who are subject to a Children’s Court protection order.

This means that an approved Aboriginal community-controlled organisation (ACCO) may be authorised to take on responsibility for a child’s case management and case plan.

One such ACCO is the Victorian Aboriginal Child Care Agency (VACCA).

VACCA understands that a strong sense of identity and belonging is critical for Aboriginal people’s wellbeing – and they work to connect Aboriginal children with their culture.

Sophie* is an Aboriginal woman who had been in out-of-home care since she was three years old. She was far from Country and family.

With the support of VACCA, Sophie was able to leave out-of-home care and be reunited with her mother. Her sister Merinda* says the difference in Sophie was noticeable.

Things just kept getting better for Sophie.

‘Watching her living with mum and watching her evolve as a teenager ... I can see what a great opportunity it was for her to be able to build that relationship with our mum that we didn’t have growing up,’ her sister said.

The department is trying to ensure as many Aboriginal children and young people as possible are case managed by ACCOs. Today, almost 50 per cent of Aboriginal children in care are now case managed by ACCOs, a 250 per cent improvement in two years.

By placing more children like Sophie with ACCOs, Aboriginal children and young people are growing up more strongly connected to their community and culture.

(*Not their real names)



Case study – Matching public housing to tenants

The department is working to realise the Victorian Government’s goal of providing better homes and stronger communities for all Victorians.

This includes redevelopments of old public housing estates.

Client engagement teams are working one-on-one with each resident to support their move to a suitable location, while their estate is being redeveloped.

After 30 years in a three-bedroom apartment in Preston, Mary relocated to a two-bedroom unit in Reservoir.

She was initially hesitant at the idea of moving, in part because she had raised her three children in the Preston apartment.

But a smaller unit was a better fit for Mary – and in much better condition.

‘I was overwhelmed the first time I saw it. It’s so clean and neat. The place didn’t even need to be painted when I moved in, that’s how good it was,’ she said.

The move went smoothly.

Mary is close to Preston Market and the aged care facility where she works several days a week as a carer. She’s only a short drive from Fairfield, where she’s a member of the bowls club.

‘I thought I’d never move from Preston. I thought I’d go out feet first,’ she said.

‘But the kids said, maybe this is a new adventure, mum, and it is.’



Case study – The Healthy Workplaces Achievement Program

The Healthy Workplaces Achievement Program is a Victorian best practice framework that supports early childhood services, schools and workplaces to become healthy settings.

And it is making a difference in organisations such as Capel Sounds Educational Child Care Centre and Kindergarten in Tootgarook and Gippsland Lakes Community Health.

Both organisations wanted to promote healthy eating as part of a healthy workplace – and have developed their own initiatives to improve the health of children, staff and families.

Capel Sounds has focused on combining the children’s love of the kitchen garden with preparing delicious meals with the food they have harvested.

‘I like tasting new things from our garden,’ said Oliver, of his experience with the initiative.

The centre was recognised by the Achievement Program for its successes in the health priority areas: Healthy Eating and Oral Health, and Physical Activity and Movement.

The Gippsland Lakes project sought to establish a healthier food culture across the organisation’s five different locations.

Working together with local cafes and caterers, project workers used Achievement Program tools to increase awareness of ‘red’ foods in the traffic light model.

They then provided healthier food options for board members, staff and clients in meetings and during programs.

‘We spend a great deal of our time advising clients how to be healthier, and this made us look at our own behaviours around catering and access to healthy food in the workplace,’ said Health Promotion Worker Kerrilee.



Case study – The Orange Door

A woman and her four children were referred to The Orange Door by a psychologist.

Using the Multi-Agency Risk Assessment and Management (MARAM) framework and the Central Information Point (CIP), practitioners in The Orange Door completed a risk assessment for each family member.

The risk assessment revealed controlling behaviour and verbal abuse directed at the woman and her children, from the children’s father.

The perpetrator, having used a mobile phone app to track the woman, arrived at The Orange Door demanding to speak with her.

The strong security and safety features meant that a practitioner with specialist skills in working with perpetrators could complete a risk assessment with him while maintaining the safety of the family, clients and staff.

The team of practitioners coordinated their efforts to address the family violence and keep the family safe.

The woman decided she did not want the perpetrator to return home – so The Orange Door worked with him to secure interim accommodation.

The Orange Door assisted her to apply for an intervention order.

Brokerage was used to support the safety plan, including changing the locks on the family home and purchasing food and other essentials.

The Orange Door also worked with the children’s school, who agreed to contact The Orange Door if the perpetrator attempted to collect the children from school.

This coordinated response enabled the woman and her children to remain safely at home, reducing the disruption to their lives, including to the children’s schooling.



Case study – The new Joan Kirner Women’s and Children’s Hospital

The landmark Joan Kirner Women’s and Children’s Hospital is now delivering the highest standard of health care for families in Melbourne’s rapidly growing region.

And it is giving more local women the chance to give birth closer to home.

Nurses and midwives from the adjacent Sunshine Hospital were invited to tour the new \$200 million facility a few months before it opened in May 2019.

‘I’m just so excited for the women and families of the west to have access to spaces like this,’ said one midwife.

‘I feel like the standard of midwifery, paediatric, obstetric care is so high at Sunshine Hospital, and now we have a facility that meets that.’

Named in honour of Victoria’s first and only female Premier, Joan Kirner, it is forecast that up to 7,000 babies will be delivered at the hospital by 2026.

The state-of-the-art facilities include the western suburbs’ first ever neonatal intensive care unit, 20 maternity delivery rooms, 237 beds, 39 special care nursery cots, four theatres and additional clinics.

‘We’re going to be able to have the parents at their babies’ cot-side more often now,’ said another midwife. ‘It’s just going to be a lovely experience, like a home away from home.’



Case study – Aboriginal Children’s Forum

The Aboriginal Children’s Forum is a group of people dedicated to improving the safety and wellbeing of Aboriginal children in, or at risk of entering, out-of-home care.

It brings together Aboriginal community-controlled organisations (ACCOs), the community sector and government on a quarterly basis, with a shared purpose.

It gives practical effect to the *Wungurilwil Gaggapduir: Aboriginal Children and Families Agreement*. The agreement promotes the safety, health and resilience of vulnerable Aboriginal children and young people, so they thrive and live in culturally rich and strong Aboriginal families and communities.

Participants say the forums have brought an improved understanding of the ACCO perspective and the meaning and impact of culture.

And this has had a flow-on effect, with the goal of self-determination being realised more fully as ACCOs lead decision making for children.

‘It has created a new-found belief that with strong shared purpose, barriers can be swept away and unimagined change is possible,’ said one member.

Another participant said that for them, the best moments were the ‘tricky’ ones.

‘Where disagreements are made, tricky conversations are had, all parties are being informed by the other, and outcomes eventually arise,’ they said.

‘This is what the Aboriginal Children’s Forum is all about, working together for a better future for Aboriginal children.’

The Aboriginal Children’s Forum is co-chaired by a nominated chief executive officer from an ACCO together with the Minister for Child Protection and the Secretary of the department.

It was established in 2015, following the Aboriginal Children’s Summit, which was convened by the then Minister for Families and Children.



Performance reporting



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

An update 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	2018–19 target	2018–19 actual	Variation (%)	Result
Admitted Services					
Quantity					
Palliative separations	number	7,670	7,992	4.2	✓
Sub-acute care separations	number	38,396	39,734	3.5	✓
Total separations – all hospitals	number (thousand)	1,956	1,948	-0.4	○
Perinatal mortality rate per 1,000 of babies of Aboriginal mothers, using rolling three year average	rate per 1,000	13.6	10	-26.5	✓
Preliminary result. This data is lagged by 12 months and the results are reported annually for the rolling three-year period. Actual end-of-year results for 2018 will be available late 2019, after receipt of Consultative Council on Obstetric and Paediatric Mortality and Morbidity report. This is a positive result.					
Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services	number (thousand)	1,400	1,407	0.5	✓
WIES funded emergency separations – all hospitals	number (thousand)	716	680	-5.0	○
WIES funded separations – all hospitals except small rural health services	number (thousand)	1,773	1,762	-0.6	○
Quality					
Public hospitals accredited	per cent	100	100	0.0	✓
Eligible newborns screened for hearing deficit before one month of age	per cent	97	98.7	1.8	✓
Preliminary result. Actual end-of-year results will be available late 2019. This is a positive result.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Hand hygiene compliance	per cent	85	85	0.0	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year data submissions.					
Healthcare worker immunisation – influenza	per cent	80	83	3.8	✓
Hospitals participating in Victorian Hospital Acquired Infection Surveillance System (VICNISS)	per cent	100	100	0.0	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year data submissions.					
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1,000 device days	rate	1	0.9	-10.0	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year submissions. This is a positive result.					
Major trauma patients transferred to a major trauma service	per cent	85	91.9	8.1	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Perinatal and child mortality reports received, reviewed and classified	per cent	95	100	5.3	✓
Preliminary result. The data is lagged by 12 months and results are reported annually for the calendar year. Actual end-of-year results for 2018 will be available late 2019, after receipt of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity report.					
Patient reported hospital cleanliness	per cent	70	69.4	-0.9	○
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year data submissions.					
Staphylococcus aureus bacteraemias (SAB) infections per 10000 patient days	rate	1	0.9	-10.0	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year data submissions. This is a positive result.					
Unplanned/unexpected readmission for acute myocardial infarction	per cent	2.5	1.5	-40.0	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year submissions. The result is lower than the target due to effective discharge plans that ensure appropriate physical and social supports are available to the patients. This is a positive result.					
Unplanned/unexpected readmission for heart failure	per cent	10.3	8.9	-13.6	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year submissions. The result is lower than the target due to effective discharge plans that ensure appropriate physical and social supports are available to the patients. This is a positive result.					
Unplanned/unexpected readmission for hip replacement	per cent	2.5	3.4	36.0	■
Preliminary result. Actual end-of-year results will be available late 2019. Safer Care Victoria is working with health services to identify the causes of unplanned readmissions of these patients.					
Unplanned/unexpected readmission for knee replacement	per cent	6	5.2	-13.3	✓
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year submissions. The result is lower than the target due to effective discharge plans that ensure appropriate physical and social supports are available to the patients. This is a positive result.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Unplanned/unexpected readmission for paediatric tonsillectomy and adenoidectomy	per cent	2.2	2.5	13.6	■
<p>Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year submissions. In 2018–19 Safer Care Victoria commenced a statewide improvement program, led by the Victorian Paediatric Clinical Network, to reduce variation in tonsillitis care overall and unplanned readmissions. This is expected to see an improvement in readmission rates over time.</p>					
Timeliness					
Non-urgent (Category 3) elective surgery patients admitted within 365 days	per cent	95	96.1	1.2	✓
Semi-urgent (Category 2) elective surgery patients admitted within 90 days	per cent	83	82	-1.2	○
Urgent (Category 1) elective surgery patients admitted within 30 days	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	11,225.1	11,261	0.3	
Non-Admitted Services					
Quantity					
Completed post-acute episodes	number	44,700	51,997	16.3	✓
Health Independence Program direct contacts	number (thousand)	1,582	1,577	-0.3	✓
Patients treated in Specialist Outpatient Clinics – unweighted	number (thousand)	1,831	1,823	-1.0	○
Quality					
Post-acute clients not readmitted to acute hospital	per cent	90	93.9	4.3	✓
Timeliness					
Health Independence Program clients contacted within three days of referral	per cent	85	88.7	4.4	✓
Cost					
Total output cost	\$ million	1,870.7	1,771.4	-5.3	
<p>The 2018–19 actual outcome primarily reflects: lower than expected Commonwealth revenue for Highly Specialised Drugs; realignment of output budget related to National Health Reform funding; partially offset by additional Victorian Government policy initiatives.</p>					
Emergency Services					
Quantity					
Emergency presentations	number (thousand)	1,841	1,860	1.0	✓
Emergency patients that did not wait for treatment	per cent	<5	4.4	-12.0	✓
Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	per cent	<6	6	0.0	✓

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Quality					
Patients' experience of emergency department care	per cent	85	83.3	-2.0	○
Preliminary result. Actual end-of-year results will be available late 2019 after receipt of health service end-of-year data submissions.					
Timeliness					
Emergency Category 1 treated immediately	per cent	100	100	0.0	✓
Preliminary result. Actual end-of-year results will be available late 2019. This indicator shows that Victoria's most urgent patients continue to be cared for immediately within emergency departments. This is a positive result.					
Emergency patients treated within clinically recommended 'time to treatment'	per cent	80	71.5	-10.6	■
Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target due to increasing demand for emergency department services across the Victorian hospital system. The Timely Care Partnership has been initiated by Safer Care Victoria to improve sector performance.					
Emergency patients with a length of stay of less than four hours	per cent	75	67.5	-10.0	■
Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target due to higher number of emergency presentations and stable number of patients presenting for less urgent conditions (categories 4 and 5).					
Proportion of ambulance patient transfers within 40 minutes	per cent	90	81.6	-9.3	■
Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target due to increasing demand for emergency department services across the Victorian hospital system which impacts on performance. The department has established the Ambulance Taskforce with key stakeholders across the sector to identify and improve performance.					
Cost					
Total output cost	\$ million	725.1	693.2	-4.4	
The 2018–19 actual outcome primarily reflects output realignment related to the National Health Reform Agreement.					
Acute Training and Development					
Quantity					
Clinical placement student days (medicine)	number	385,000	395,349	2.7	✓
Clinical placement student days (nursing and midwifery)	number	385,000	428,864	11.4	✓
Demand for clinical placements is influenced by student numbers, which has grown for nursing and midwifery since this measure was established in 2015–16 due to deregulation of the university sector and implementation of legislated nurse/patient ratios.					
Clinical placement student days (allied health)	number	160,000	159,709	-0.2	○
Number of filled rural generalist GP procedural positions	number	15	15	0.0	✓
Funded postgraduate nursing and midwifery places at Diploma and Certificate level	number	832	865	4.0	✓
Total funded FTE (early graduate) allied health positions in public system	number	700	745	6.4	✓
The expected decreases in intern allied health early graduate positions due to change in the training pathway (moving from intern year to undergraduate placements). This is a positive result.					
Total funded FTE (early graduate) medical positions in public system	number	1,525	1,525	0.0	✓

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Total funded FTE (early graduate) nursing and midwifery positions in public system	number	1,591	1,618	1.7	✓
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	285.7	276.3	-3.3	
The 2018–19 actual outcome primarily reflects output realignment related to the National Health Reform Agreement. Output from training and development was transferred from Acute Training and Development to Small Rural Services – Acute Health.					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Seniors Programs and Participation					
Quantity					
New University of the Third Age (U3A) programs funded	number	45–60	59	0.0	✓
This is a positive result.					
Seniors funded activities and programs: number approved	number	156–176	133	0.0	■
The result is lower than the target due to a strategic review undertaken of the grants program. The grants round for 2018–19 funded grants of a higher value which resulted in a lower number of grants offered.					
Open Rates for Seniors Card e-Newsletters	per cent	45	50	11.1	✓
The result is higher than the target due to topics and offers featured in the newsletter being of high interest to Seniors Card holders. This is a positive result.					
Quality					
Eligible seniors in the Seniors Card Program	per cent	90	88	-2.2	○
Senior satisfaction with Victorian Seniors Festival events	per cent	90	90	0.0	✓
Cost					
Total output cost	\$ million	9.5	11.1	17.2	
Residential Aged Care					
Quantity					
Available bed days	days	1,152,417	1,143,371	-0.8	○
Quality					
Residential care services accredited	per cent	100	100	0.0	✓

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Cost					
Total output cost	\$ million	427.8	401.8	-6.1	
The result primarily reflects realignment across outputs.					
Aged Care Assessment					
Quantity					
Aged care assessments	number	59,000	56,600	-4.1	○
Timeliness					
Percentage of high priority clients assessed within the appropriate time in all settings	per cent	90	95	5.6	✓
The result is higher than the target. This is a positive result.					
Percentage of low priority clients assessed within the appropriate time in all settings	per cent	90	89	-1.1	○
Percentage of medium priority clients assessed within the appropriate time in all settings	per cent	90	98	8.9	✓
Average waiting time (calendar days) from referral to assessment	days	16	18	12.5	■
Under-performance specifically relates to lower-acuity community assessments. High-priority and medium-priority assessments are meeting key performance indicators.					
Cost					
Total output cost	\$ million	31.5	62.8	99.4	
The result reflects Commonwealth funding relating to the Aged Care Assessment Program, which was finalised with the Commonwealth after the budget was published.					
Aged Support Services					
Quantity					
Individuals provided with respite and support services	number	8,254	8,788	6.5	✓
Agencies have the opportunity to resubmit data for all quarters. The final measure may change due to strategies undertaken to improve quality of reporting by agencies. Finalised measure will be available late 2019.					
Number of hours of respite and support services	number	161,250	238,286	47.8	✓
Agencies have the opportunity to resubmit data for all quarters. The final measure may change due to strategies undertaken to improve quality of reporting by agencies. Finalised measure will be available late 2019.					
Pension-level beds available in assisted Supported Residential Services facilities	number	1,876	1,816	-3.2	○
Victorian Eye Care Service (occasions of service)	number	75,800	73,924	-2.5	○
Pension-level Supported Residential Services residents provided with service coordination and support/brokerage services	number	775	769	-0.8	○
Preliminary result. Actual end-of-year results will be available late 2019.					
Personal alert units allocated	number	29,121	29,121	0.0	✓

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Quality					
Funded research and service development projects for which satisfactory reports have been received	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	106.7	105.1	-1.5	

The result primarily reflects lower than estimated Commonwealth revenue for Department of Veterans' Affairs hospital services.

Home and Community Care Program for Younger People

Quantity					
Home and Community Care for Younger People – number of clients receiving a service	number	63,000	72,561	15.2	✓
Preliminary result. Actual end-of-year results will be available late 2019. The over-performance is largely due to Travellers Aid Australia providing services to 6,465 clients aged 65 years and over (which was not factored into the target), a higher client turnover for Nursing and Allied health services, and delays in the transition to the National Disability Insurance Scheme (NDIS). This is a positive result.					
Home and Community Care for Younger People – hours of service delivery	number (000)	2,117	1,408	-33.5	■
Preliminary result. Actual end-of-year results will be available late 2019. Outcomes in 2018–19 reflect the impact of transformation on the sector in particular the transition of hours of service delivery to the NDIS. The drop reflects the effect of full phase into nine NDIS areas.					
Cost					
Total output cost	\$ million	229.4	232.6	1.4	

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	2018–19 target	2018–19 actual	Variation (%)	Result
Ambulance Emergency Services					
Quantity					
Community Service Obligation emergency road and air transports	number	240,011	268,702	12.0	✓
Activity is higher due to increased winter demand. The department will continue to monitor performance of this measure over the coming quarter. This is a positive result.					
Statewide emergency air transports	number	4,484	4,822	7.5	✓
Air activity is entirely demand driven. Activity above target represents higher demand for air services. This is a positive result.					
Statewide emergency road transports	number	427,738	481,436	12.6	✓
Activity is higher due to increased winter demand. The department will continue to monitor performance of this measure over the coming quarter. This is a positive result.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Treatment without transport	number	103,332	86,707	-16.1	■
Ambulance Victoria's implementation of its revised clinical response model is ensuring that patients are receiving care appropriate to their needs through Ambulance Victoria's secondary triage service, resulting in fewer patients needing transport to hospital. This is a positive result.					
Quality					
Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards	per cent	90	100	11.1	✓
This is a positive result.					
Audited cases statewide meeting clinical practice standards	per cent	95	99.9	5.2	✓
This 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	97.1	7.8	✓
This is a positive result.					
Proportion of adult VF/VT cardiac arrest patients with vital signs at hospital	per cent	50	52	4.0	✓
Preliminary result. Actual end-of-year results will be available late 2019. This is a positive result.					
Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly	per cent	90	91.7	1.9	✓
Proportion of patients very satisfied or satisfied with overall services delivered by paramedics	per cent	95	97.9	3.1	✓
Timeliness					
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	per cent	85	83.9	-1.3	○
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	per cent	90	89.3	-0.8	○
Cost					
Total output cost	\$ million	946.3	940	-0.7	
The result 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	192,275	217,828	13.3	✓
Activity is higher due to increased winter demand. The department will continue to monitor performance of this measure.					
Statewide non-emergency air transports	number	2,342	2,189	-6.5	■
Air activity is entirely demand driven. Activity below target represents lower demand for air services.					
Statewide non-emergency road transports	number	265,859	287,724	8.2	✓
Activity is higher due to increased winter demand. The department will continue to monitor performance of this measure.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Quality					
Audited cases statewide meeting clinical practice standards	per cent	95	99.9	5.3	✓
This is a positive result.					
Cost					
Total output cost	\$ million	138	146.4	6.1	
The result 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	2018–19 target	2018–19 actual	Variation (%)	Result
Drug Prevention and Control					
Quantity					
Number of phone contacts from family members seeking support	number	14,300	10,005	-30.0	■
Preliminary result. Actual end-of-year results will be available late 2019. The result is lower than the target, due to a decline in contacts from family members in 2018–19. In response, the department is working with service providers to raise awareness of their service.					
Needles and syringes provided through the Needle and Syringe Program	number (thousand)	8,800	11,055.3	25.6	✓
Preliminary result. Actual end-of-year results will be available late 2019. The result is higher than the target, which is due to ongoing strong engagement with the program by clients. This is a positive result.					
Number of telephone, email, website contacts and requests for information on alcohol and other drugs	number (thousand)	2,000	4,272	113.6	✓
The result is higher than the target which reflects the redevelopment of the primary service provider's website and improvements in how the department derives website visit data. This is a positive result.					
Quality					
Pharmacotherapy permits processed within designated timeframe	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 improvements in processing treatment permits. This is a positive result.					
Cost					
Total output cost	\$ million	39.1	37.6	-3.9	
The result primarily reflects output realignment across outputs to better reflect the mix of services funded.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Drug Treatment and Rehabilitation					
Quantity					
Clients on the pharmacotherapy program	number	14,000	14,063	0.5	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Commenced courses of treatment: community-based drug treatment services	number	7,669	9,704	26.5	✓
Preliminary result. The preliminary result is higher than the target due to an ongoing increase in the delivery of a range of treatment types. This is a positive result.					
Commenced courses of treatment: residential-based drug treatment services	number	6,606	5,681	-14.0	■
Preliminary result. The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection.					
Number of Drug Treatment Activity Units (DTAUs)	number	90,325	80,666	-10.7	■
Preliminary result. The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection.					
Number of new residential withdrawal clients	number	2,309	1,767	-23.5	■
Preliminary result. The preliminary result is 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 long lengths of stay.					
Residential bed days	number	135,671	175,334	29.2	✓
Preliminary result. The preliminary result is higher than the target, which is due to an improvement in the way the department derives data for this measure. This is a positive result.					
Workers complying with Alcohol and Other Drug Minimum Qualification Strategy requirements	per cent	85	72	-27.8	■
Preliminary result. The result is estimated based on the 2016–17 workforce survey. The actual result for 2018–19 will be available late 2019. The preliminary result is lower than the target. The 2018–19 result is expected to be higher than the preliminary result, reflecting the department's investment in workforce training. The measure was updated in 2018–19 to include workers that have a health, social or behavioural science tertiary qualification from a non-alcohol and other drugs (AOD) course as well as those that are currently completing or have completed the units of competency of the minimum qualification requirement for the funded AOD sector.					
Quality					
Percentage of new clients to existing clients	per cent	50	37.7	-24.6	■
Preliminary result. The preliminary result is lower than the target due to the continuation of a long-term trend of increasing client complexity. This is due to more clients receiving multiple courses of treatment and having longer lengths of stay. In response, the department is delivering innovative models of care (for example, the dual diagnosis service) to respond to clients with complex needs and to increase capacity for new clients in the system.					
Percentage of residential rehabilitation courses of treatment greater than 65 days	per cent	50	33.5	-33.0	■
Preliminary result. The preliminary result is lower than the target due to several service providers operating delivery models with shorter courses of treatment. This is a positive result.					
Successful courses of treatment (episodes of care): community-based drug treatment services	number	6,665	7,774	16.6	✓
Preliminary result. The preliminary result is higher than the target, which reflects investment into community-based drug treatment services in recent years, particularly into youth services. This result is consistent with the Commenced courses of treatment: community-based drug treatment services measure. This is a positive result.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Successful courses of treatment (episodes of care): residential-based drug treatment services	number	6,133	4,536	-26.0	■
The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection.					
Timeliness					
Average working days between screening of client and commencement of community-based drug treatment	days	3	0.06	-98.0	✓
Preliminary result. The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection. This is a positive result.					
Average working days between screening of client and commencement of residential-based drug treatment	days	6	5.95	-0.8	✓
Preliminary result. The preliminary result is lower than the target but is expected to lift in 2019–20 as providers fully transition to the new Victorian Alcohol and Drug Collection. This is a positive result.					
Cost					
Total output cost	\$ million	220.8	230.2	4.3	
The 2018–19 actual outcome primarily reflects increases in Victorian Government policy initiatives.					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Clinical Care					
Quantity					
Clinical inpatient separations	number	23,300	27,652	18.7	✓
Results for this measure continue to reflect ongoing demand for inpatient mental health treatment, resulting in decreased length of stay.					
Total community service hours	number (thousand)	1,333	1,371.9	2.9	✓
New case index	per cent	50	54	8.0	✓
This increase is indicative of reaching new clients and also new cases being opened for current clients, where their previous case was closed prematurely. This is a positive result.					
Registered community clients	number	67,000	73,548	9.8	✓
The recent increase in investment has assisted the sector in reaching new clients. This is a positive result.					
Occupied residential bed days	number	153,574	154,706	0.7	✓
Occupied sub-acute bed days	number	191,724	202,459	5.6	✓
This result demonstrates high ongoing utilisation of sub-acute services, as the target is calculated at 85 per cent of the funded bed days. This is a positive result.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Quality					
Clients readmitted (unplanned) within 28 days	per cent	14	13.2	-5.7	✓
This is a positive result, below the maximum acceptable readmission rate.					
New client index	per cent	45	45.2	0.4	✓
The recent increase in investment has assisted the sector in reaching new clients. This is a positive result.					
Number of designated mental health services achieving or maintaining accreditation under the National Standards for Mental Health Services	number	18	16	-11.1	■
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 – 16 services were accredited under the National Mental Health Services and two under the new National Safety and Quality in Health Services Standards (second edition).					
Post-discharge community care	per cent	80	88	10.0	✓
The result is higher than the target, reflecting the follow-up by health services of consumers within the community. This is a positive result.					
Pre-admission community care	per cent	61	59	-3.3	○
Seclusions per 1,000 occupied bed days	number	15	8.16	-45.6	✓
15 events per 1,000 bed days is the maximum accepted level for restrictive intervention of seclusion. This is a positive result. The 2019–20 target will be lower to reflect the 2018–19 result.					
Timeliness					
Emergency patients admitted to a mental health bed within eight hours	per cent	80	53	-33.8	■
The result is lower than the target 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, yet results for metropolitan services impact negatively on the statewide results. The department is addressing demand via the development of Mental Health and Alcohol and Other Drug Emergency Department hubs, clinical uplift of Prevention and Recovery Care Units and Intensive Community Mental Health Packages.					
Cost					
Total output cost	\$ million	1,506.8	1,542.1	2.3	
Mental Health Community Support Services (MHCSS)					
Quantity					
Bed days	number	47,940	62,417	30.2	✓
The result is higher than the target, due to a slower than anticipated number of clients of defined bed-based services that have transitioned to the National Disability Insurance Scheme (NDIS). The 2019–20 target has been increased to reflect continued funding of a Supported Accommodation Service which is no longer in scope for transition to the NDIS.					
Client Support Units	number	317,600	338,835	6.7	✓
Clients receiving community mental health support services	number	6,440	5,732	-11.0	■
The result is lower than the target, due to a greater than anticipated number of clients of Mental Health Community Support Services defined programs that transitioned to the NDIS in 2018–19. The target for 2019–20 has been reduced to reflect the transfer of Individualised Client Support Package clients to the National Disability Insurance Scheme (NDIS).					
Quality					
Proportion of major agencies accredited	per cent	100	100	0.0	✓

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Cost					
Total output cost	\$ million	98.9	118.5	19.8	
The result primarily reflects increases in Victorian Government policy initiatives and lower than estimated contribution to the NDIS.					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Community Health Care					
Quantity					
Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians	rate per 1,000	14.4	25	73.6	✓
Aboriginal Victorians continue to have higher rates of admission for ambulatory care sensitive chronic conditions against target. This is driven by the ongoing health burden of preventable disease including higher rates of chronic disease risks factors and barriers to accessing primary care and prevention services as well as the ongoing impact of recalculating the estimated Aboriginal population. To improve performance, the department is investing in a range of prevention and early intervention services within a self-determination framework.					
Better Health Channel visits	number (thousand)	40,000	54,840	37.1	✓
During quarter 1 and quarter 2 content and technology improvements along with changes to the Google search algorithm resulted in increased visitation. This is a positive result.					
Number of referrals made using secure electronic referral systems	number	75,000	75,000	0.0	✓
Preliminary result. Actual end-of-year results will be available late 2019. Additional referral portals associated with Commonwealth initiatives, My Aged Care and the National Disability Insurance Scheme (NDIS), have reduced the number of eReferrals made through the state system. These referrals are instead flowing through the Commonwealth systems. This is a positive result.					
Primary Care Partnerships with reviewed and updated strategic plans	per cent	100	100	0.0	✓
Preliminary result. Actual end-of-year results will be available at late 2019.					
Service delivery hours in community health care	number ('000)	1,015	1,125	10.8	✓
Preliminary result. Actual end-of-year results will be available late 2019. There is consistent overperformance on this measure, which is a positive 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	292.3	282.8	-3.2	
The 2018–19 actual outcome primarily reflects realignment across output groups to support service delivery needs, including funding provided to the Mental Health Community Support Services output for the Aboriginal Health, Wellbeing and Safety Initiative.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Dental Services					
Quantity					
Priority and emergency clients treated	number	249,100	302,624	21.5	✓
Performance above target reflects additional activity being delivered. This is a positive result.					
Persons treated	number	365,000	380,190	4.2	✓
Performance above target reflects additional activity being delivered. This is a positive result.					
Quality					
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	per cent	85	93	9.4	✓
Performance above target is a positive result. This shows a higher percentage of people requiring emergency care are treated within the appropriate time period.					
Waiting time for dentures	months	22	19	-13.6	✓
Performance below target reflects additional activity being delivered. This is a positive result.					
Waiting time for general dental care	months	23	20	-13.0	✓
Performance below target reflects additional activity being delivered. This is a positive result.					
Cost					
Total output cost	\$ million	267.4	234.2	-12.4	
The 2018–19 actual outcome reflects lower actual carryover from 2017–18 than estimated in the 2018–19 target; the late finalisation of the National Partnership Agreement for 2018–19 with the Commonwealth leading to carry over of funding into 2019–20; and a lower than estimated Own Source revenue for Dental Health Services Victoria.					
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. Consistent with policy, the outcome measured reflects service provided to families with children aged 0 to 2 years old in 2018–19. Actual end-of-year results will be available late 2019.					
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 results will be available late 2019.					
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 results will be available late 2019.					
Cost					
Total output cost	\$ million	95.5	89.2	-6.6	
The 2018–19 actual outcome reflects lower than expected expenditure due to timing in project implementation within the financial year. This did not impact on the delivery of Maternal and Child Health Service services to families.					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Health Protection					
Quantity					
Calls to food safety hotlines	number	4,500	4,221	-6.2	■
The result is lower than the target. The 4,221 calls received to the hotline in 2018–19 is 6 per cent less than the estimated target, but comparable with the number of phone calls received in 2017–18 (4,152). This lower level of calls reflects the use of alternative approaches for the public and local government to receive information. For example, the food safety website guides food complaints directly to local councils for investigation.					
Inspections of cooling towers	number	1,250	1,160	-7.2	■
The result is lower than the target due to a decrease in cases of Legionnaires disease reported to the department. This resulted in a decrease in the number of inspections of cooling towers that were required. This is a positive result.					
Inspections of radiation safety management licences	number	480	490	2.1	✓
Number of available HIV rapid test trial appointments used	number	2,688	2,946	9.6	✓
The result is higher than the target due to continued community acceptability, service growth and increased service uptake. The target has been increased to 2,875 in 2019–20 to reflect the sustained service uptake. This is a positive result.					
Women screened for breast cancer by BreastScreen Victoria	number	260,000	267,589	2.9	✓
Women screened for cervical cancer	number	570,000	504,050	-11.6	■
The result is lower than target due to implementation of the renewed National Cervical Screening Program and transition to a new National Cancer Screening Register. During the transition, some records were provided directly to the National Cancer Screening Register as opposed to the Victorian register so this figure is not a complete picture of cervical screening participation in Victoria. There is a participation report due from the Australian Institute of Health and Wellbeing by the end of the year.					
Number of persons participating in newborn bloodspot or maternal serum screening	number	80,000	78,577	-1.8	○
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	number	2,000	1,908	-4.6	○
Percentage of Aboriginal children fully immunised at 60 months	per cent	95	96.5	1.6	✓
Smoking cessation of Aboriginal mothers	per cent	21.4	23.5	9.8	✓
Preliminary result. The data are lagged by 12 months and results are reported annually for the calendar year. Actual end-of-year results for 2018 will be available late 2019, after receipt of the Consultative Council on Obstetric and Paediatric Mortality and Morbidity report.					
Quality					
Calls to food safety hotlines that are answered	per cent	97	99	2.1	✓
Immunisation coverage: adolescent (Year 7) students fully immunised for DTPa (diphtheria, tetanus and pertussis)	per cent	90	81.2	-9.8	■
This measurement is data for school 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 vaccination elsewhere. These vaccinations are not measurable from the Australian Immunisation Register with no indicated School Year level being indicated on individuals' records.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Immunisation coverage: At school entry	per cent	95	95.7	0.7	✓
Immunisation coverage: At two years of age	per cent	95	92	-3.2	○
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	✓
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	53.7	-0.6	○
Participation rate of women in target age range screened for cervical cancer	per cent	62	N/A	N/A	N/A
<p>The participation rate of women in the target age range screened for cervical cancer is unable to be measured due to changes to the National Cervical Screening Program which took effect on 1 December 2017 and data is not yet available. The Australian Institute of Health and Welfare is yet to publish participation data for the new program – this is expected to be available late 2019.</p>					
Cost					
Total output cost	\$ million	224.2	233.4	4.1	
<p>The result reflects higher than estimated Commonwealth revenue for National Partnership Agreements.</p>					
Health Advancement					
Quantity					
Number of training courses for health professionals on sexual and reproductive health	number	50	51	2.0	✓
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	number	5,616	5,782	3.0	✓
<p>Preliminary result. Actual end-of-year results will be available late 2019.</p>					
Workplaces and pubs and clubs complying with smoke free environment laws	per cent	99	99	0.0	✓
<p>Preliminary result. Actual end-of-year results will be available late 2019.</p>					
Quality					
Local Government Authorities with Municipal Public Health and Wellbeing Plans	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	79.7	77.8	-2.4	
<p>The 2018–19 actual outcome primarily reflects output realignment across outputs.</p>					
Public Health Development, Research and Support					
Quantity					
Number of people trained in emergency response	number	2,000	2,982	49.1	✓
<p>The department broadened the scope of its performance measure to include training for emergency preparedness, planning, response, relief and recovery across all its operations divisions. This led to a higher full-year result than the target and is illustrative of the department's investment in building emergency management capability and capacity. This is a positive result.</p>					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Operational infrastructure support grants under management	number	12	12	0.0	✓
Cost					
Total output cost	\$ million	65.1	69.9	7.3	
The 2018–19 actual outcome primarily reflects output realignment across outputs and increased expenditure for the Victorian Medical Research Strategy.					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Small Rural Services – Acute Health					
Quantity					
Separations	number (thousand)	35.8	33.8	-5.6	■
Small rural weighted activity unit	number (thousand)	350,000	350,000	0.0	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Quality					
Percentage of Health Services accredited	per cent	100	100	0.0	✓
Cost					
Total output cost	\$ million	369.5	375.2	1.6	
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	✓
Cost					
Total output cost	\$ million	189.8	191	0.6	
Small Rural Services – Home and Community Care Services					
Quantity					
Home and Community Care for Younger People – hours of service delivery	hours	88,919	75,376	-15.2	■
Preliminary result. Actual end-of-year results will be available late 2019. This measure is being impacted by the National Disability Insurance Scheme (NDIS) transition. The 2019–20 target has been lowered to reflect the effect of Victorian clients transitioning to the NDIS.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Cost					
Total output cost	\$ million	12.1	5.3	-56.5	
The 2018–19 actual outcome reflects higher than expected contribution to the Commonwealth for the NDIS and lower than estimated third-party revenue.					

Small Rural Services – Primary Health

Quantity					
Service delivery hours in community health care	number	99,000	105,375	6.4	✓
Preliminary result. Actual end-of-year results will be available at late 2019. There is consistent over performance on this measure which is a positive result. Additional service delivery hours are due to the permissible use of funding from other Small Rural Services outputs to provide primary health services according to local needs.					

Cost					
Total output cost	\$ million	20.6	19	-7.7	
The result reflects an output realignment in line with the transfer of service delivery hours from Small Rural Services – Primary Care output to the Community Health Care output as a result of the voluntary amalgamation of Macedon Ranges Health and Benetas.					

Child Protection and Family Services

The Child Protection and Family Services output, through the funding and 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	2018–19 target	2018–19 actual	Variation (%)	Result
Child Protection and Family Services					
Quantity					
Number of investigations from reports to child protection services about the wellbeing and safety of children	number	38,111	37,774	-0.9	○
Daily average number of children in out-of-home care placements	number	10,390	11,363.3	9.4	✓
This result is higher than the target, which reflects the ongoing growth in demand for care placements.					
Number of Child FIRST assessments and interventions	number	10,333	17,582	70.2	✓
The result is higher than the target due to high demand for assistance from Child FIRST and indicates over performance against the target. This is a positive result. The reduced target for Child FIRST assessments and interventions in 2018–19 reflects clients transferring into the Orange Door Support and Safety hubs, where Child FIRST assessments will continue.					
Number of children in kinship care whose placements are managed by community service organisations	number	1,234	1,622	31.4	✓
The result is higher than the target, which reflects the impact of the new Kinship Care Model. This is a positive result.					
Number of children receiving an intensive support service	number	1,400	1,400	0.0	✓
This performance measure has been replaced in 2019–20 with 'Number of families receiving an intensive support service'.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Number of family services cases provided to Aboriginal families The result is lower than the target due to gaps in available data. The department is working with Aboriginal community controlled organisations on options to improve data systems and reporting.	number	3,347	2,760	-17.5	■
Reports to Child Protection Services about the wellbeing and safety of children	Number	128,530	122,963	-4.3	✓
Total number of family services cases provided The result is higher than the target due to continued high demand overall in Child FIRST and Integrated Family Services. This is a positive result.	Number	35,396	39,966	12.9	✓
Number of clients assisted by a Risk Assessment and Management panel Preliminary result. Actual end-of-year results will be available late 2019. This result is lower than the target as it reflects effective service delivery to divert clients from a Risk Assessment and Management response. This is a positive result.	Number	860	602	-30.0	■
Number of children who receive a SABTS response Preliminary result. Actual end-of-year results will be available late 2019.	Number	1,150	1,050	-8.7	■
Number of calls made to the statewide telephone help line for men regarding family violence This result is lower than the target and reflects increased efficiencies in service delivery. This is a positive result.	Number	9,000	7,289	-19.0	■
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	90.0	90.6	0.7	✓
Children and young people who were the subject of a substantiated report within 12 months of the closure of a previous substantiated report	per cent	17.5	18.2	4.0	○
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 This measure is an indicator of effective substantiation decision making. The variation from the target is minimal (3.2 per cent against a target of 3.0 per cent). In some circumstances a subsequent substantiation within three months is valid due to changed circumstances or new information.	per cent	3	3.2	6.7	■
Organisations that have successfully completed a certification review (family and community services) The result is higher than the target due to eligible funded organisations completing a certification review every three years. This is a positive result.	per cent	95	100	5.3	✓
Organisations that have successfully completed a certification review (specialist support and placement services) The result is higher than the target due to eligible funded organisations completing a certification review every three years. This is a positive result.	per cent	95	100	5.3	✓
Proportion of Aboriginal children placed with relatives/kin, other Aboriginal carers or in Aboriginal residential care This outcomes is a result of significant effort to transition Aboriginal children to Aboriginal care where possible and increase placements with kin, in keeping with nationally agreed Aboriginal Child Placement principles. In addition there has been an improvement in the recording of carers' Aboriginal status. This is a positive result.	per cent	70	78.8	12.5	✓

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Proportion of placements that are home-based care	per cent	90	96	6.6	✓
<p>The result is higher than the target, which reflects the continuing preference of placing children and young people in home-based care, and keeping residential care placements to a minimum. The target has been increased for 2019–20. This is a positive result.</p>					
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	96.2	-0.9	○
Sexual assault support services clients receiving an initial response within five working days of referral	per cent	95	98.7	3.9	✓
<p>Preliminary result. Actual end-of-year results will be available late 2019.</p>					
Cost					
Total output cost	\$ million	1,473.5	1,627.7	10.5	
<p>The 2018–19 actual outcome is primarily due to increased demand for statutory Child Protection Services and Care Services and the impact of machinery of government changes.</p>					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Housing Assistance					
Quantity					
Number of clients provided with accommodation	number	25,100	27,845	10.9	✓
<p>The result is higher than the target because accommodation stays are on average slightly shorter than previous years. An increase in clients receiving accommodation is most evident among people sleeping rough, most likely due to the roll out of the Towards Home strategy targeting rough sleepers in the central business district. Additional funding for emergency accommodation was also provided to the After Hours service. This is a positive result.</p>					
Number of bonds issued to low income Victorians to assist access to the private rental market	number	12,000	8,754	-27.1	■
<p>The result is lower than target due to demand. The measure is influenced by market rental conditions. Any eligible person who requests a bond loan is provided with one.</p>					
Households assisted with housing establishment assistance during year	number	36,000	36,000	0.0	✓
<p>Preliminary result. Actual end-of-year results will be available late 2019. This estimate is based on funding and targets for this brokerage fund.</p>					
Number of clients assisted to address and prevent homelessness	number	103,000	112,054	8.8	✓
<p>The result is higher than the target because the target was lowered significantly from 2017–18 based on factors when the target was set, including levelling client numbers and a practice correction in how family violence providers record clients. The 2019–20 target has been increased to reflect improved performance in 2018–19 as well as continued growth in family violence clients.</p>					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Number of calls made to the statewide 24/7 family violence victim/survivor crisis service	number	90,000	86,931	-3.4	○
Number of clients assisted to address and prevent homelessness due to family violence	number	41,000	50,375	22.9	✓
<p>The result is higher than the target because the target was lowered significantly from 2017–18 based on factors when the target was set, including levelling client numbers and a practice correction in how family violence providers record clients. The number has dropped but not as significantly as anticipated. This is a positive result. The 2019–20 target has been increased to reflect improved performance in 2018–19 as well as continued growth in family violence clients.</p>					
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	✓
<p>This is a preliminary result. Actual end-of-year results will be available early 2020.</p>					
Number of public housing dwellings upgraded during year	number	2,134	2,145	0.5	✓
Total number of social housing dwellings	number	86,463	85,626	-1.0	○
Total social housing dwellings acquired during the year	number	870	874	0.5	✓
Number of family violence victims who receive a refuge response	number	900	874	-2.9	○
Number of nights of refuge accommodation provided to victims of family violence	number	48,000	45,304	-5.6	■
<p>Result is lower than the target due to the average length of stay in refuge by victim survivors of family violence being marginally shorter than anticipated.</p>					
Quality					
Social housing tenants satisfied with completed urgent maintenance works	per cent	85	86.9	2.4	✓
<p>This is a positive result.</p>					
Social housing tenants satisfied with completed non-urgent maintenance works	per cent	80	70.8	-11.5	■
<p>This result is lower than the target due to the increased volume of calls requesting gas heater maintenance due to Energy Safety Victoria's public safety campaign aimed at raising the awareness of the harmful effects of carbon dioxide emissions from open flued gas heaters.</p>					
Timeliness					
Average waiting time for public rental housing for those clients who have received priority access housing allocation or a priority transfer	months	10.5	11.6	10.5	■
<p>The result is higher than the target due to the reduction in households moving out of public housing, the number of properties currently awaiting redevelopment and the lack of growth in social housing. In combination these factors are impacting how long people have to wait before they are housed.</p>					
Proportion of clients where support to sustain housing tenure was provided or referred	per cent	85	84.6	-0.5	○
Average waiting time for public rental housing for clients who have received a priority access housing or priority transfer allocation due to family violence	months	10.5	10.3	-1.9	✓
Cost					
Total output cost	\$ million	574.8	618.8	7.7	
<p>The 2018–19 actual outcome primarily reflects additional funding for the gas heater replacement program, and increased Commonwealth funding under the National Housing and Homelessness Agreement subsequent to the published budget.</p>					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Family Violence Service Delivery					
Quantity					
Workers trained in the Family Violence Risk Assessment and Risk Management Framework	number	10,000	11,767	17.7	✓
The number of workers trained in the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework in 2018–19 is higher than the 10,000 target because 2018–19 saw a general increase in the delivery of training related to the MARAM Framework, particularly in quarters 3 and 4. This is a positive result.					
Support and Safety Hubs established	number	8	5	-37.5	■
During 2018–19, three Support and Safety Hubs commenced services during quarters 1 and 2, with a total of five Support and Safety Hubs delivering services statewide, and preparatory work having commenced in three areas. This reflects lessons from the Family Violence Implementation Monitor, and The Orange Door 2018 Evaluation (PWC, December 2018) to allow additional area-based prep work in advance of service commencement. The result is lower than the target due to the decision to sequence implementation of the next three Support and Safety Hubs from early 2019–20.					
Total assessments completed at the Support and Safety Hubs	number	8,750	10,808	23.5	✓
The count is based on the actual number of assessments undertaken as recorded on the client relationship management platform and data reported via manual records between 1 July 2018 and 30 June 2019. The number of assessments undertaken in five The Orange Door areas exceeds the original target for assessments expected in eight The Orange Door areas. While this is a positive result and reflects a greater response rate, there is a change in title from 'assessments completed' to 'assessments undertaken'. This measure has been renamed in 2019–20 to reflect the more appropriate methodology 'assessments undertaken' rather than 'assessments completed', as assessments for clients in the Support and Safety Hubs are ongoing.					
Quality					
Satisfaction by workers with family violence training	per cent	80	94.2	17.8	✓
This is a positive result.					
Satisfaction of clients with Support and Safety Hubs services	per cent	80	80	0.0	✓
Preliminary result. Actual end-of-year results will be available at the end of January 2020.					
Timeliness					
Assessments completed within agreed timeframes	per cent	80	79.4	-0.7	○
Cost					
Total output cost	\$million	192.2	123.2	-35.9	
The 2018–19 actual outcome reflects the adoption of a revised schedule of sequencing for the The Orange Door site roll out; rephrasing of initiatives and carryover of funding into 2019–20.					

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	2018–19 target	2018–19 actual	Variation (%)	Result
Concessions to Pensioners and Beneficiaries					
Quantity					
Households receiving mains electricity concessions	number	915,543	919,313	0.4	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Households receiving mains gas concessions	number	676,222	677,130	0.1	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Households receiving non-mains energy concessions	number	24,295	24,357	0.3	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Households receiving pensioner concessions for municipal rates and charges	number	438,565	435,570	-0.7	○
Preliminary result. Actual end-of-year results will be available late 2019. The preliminary result is lower than the target due to a decrease in eligible households applying for this concession. Eligibility has not changed.					
Households receiving water and sewerage concessions	number	691,077	690,568	-0.1	○
Preliminary result. Actual end-of-year results will be available late 2019. The preliminary result is lower than the target due to a decrease in eligible households applying for this concession. Eligibility has not changed.					
Number of clients receiving trustee services	number	14,600	14,793	1.3	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
Quality					
Percentage of Community Service Agreement performance targets that have been achieved by State Trustees	per cent	90	87	-3.3	○
Preliminary result. Actual end-of-year results will be available late 2019.					
Percentage of customers satisfied with State Trustee Limited services	per cent	75	75	0.0	✓
Preliminary result. Actual end-of-year results will be available late 2019.					
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 results will be available late 2019.					
Cost					
Total output cost	\$ million	574.3	568.4	-1	
The 2018–19 actual outcome is primarily due to lower costs for utility 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	2018–19 target	2018–19 actual	Variation (%)	Result
Disability Services					
Quantity					
Clients accessing aids and equipment	number	18,628	23,469	26.0	✓
The result is higher than the target because more applications were received for low-cost items, more applicants were allocated items from the re-issue equipment pool and additional funding was provided to support clients waiting to transition to the National Disability Insurance Scheme (NDIS). This is a positive result.					
Clients in residential institutions	number	0	24	-	✓
The 2018–19 outcome is higher than the 2018–19 target due to due to delays in residents moving to their new purpose-built community homes. This delay was due to additional time required to consult with residents and their families and to locate suitable community locations					
Clients receiving case management services	number	566	1,213	114.3	✓
The 2018–19 outcome is higher than the 2018–19 target due to the slower than forecast transition of clients into the NDIS by the National Disability Insurance Agency (NDIA).					
Clients receiving individualised support	number	4,626	5,970	29.1	✓
The 2018–19 outcome is higher than the 2018–19 target due to the slower than forecast transition of clients into the NDIS by the NDIA.					
Hours of community-based respite	number	308,130	342,225	11.1	✓
The 2018–19 outcome is higher than the 2018–19 target due to the slower than forecast transition of clients into the NDIS by the NDIA.					
Number of respite days	number	50,000	57,395	14.8	✓
The 2018–19 outcome is higher than the 2018–19 target due to the slower than forecast transition of clients into the NDIS by the NDIA.					
Quality					
Clients who have had a comprehensive health status review	per cent	90	96.4	7.1	✓
The 2018–19 outcome is higher than the 2018–19 target due to the department's work in actively monitoring client health status and conducting timely reviews. The data collection was discontinued from January 2019 as the NDIS transition progressed.					
Clients satisfied with the aids and equipment services system	per cent	85	96	12.9	✓
The 2018–19 outcome is higher than the 2018–19 target due to timely and responsive service to clients. This is a positive result.					
Organisations that have successfully completed a certification review (accommodation supports)	per cent	95	100	5.3	✓
The 2018–19 outcome is higher than the 2018–19 target due to eligible funded organisations completing a certification review every three years. This is a positive result.					
Organisations that have successfully completed a certification review (client services and capacity)	per cent	95	100	5.3	✓
The 2018–19 outcome is higher than the 2018–19 target due to eligible funded organisations completing a certification review every three years. This is a positive result.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Organisations that have successfully completed a certification review (individualised supports) The 2018–19 outcome is higher than the 2018–19 target due to eligible funded organisations completing a certification review every three years. This is a positive result.	per cent	95	100	5.3	✓
Support plans reviewed at least once during each period of three years commencing from when the support plan was first prepared (accommodation supports) This result is based on 6 months of data from June to December 2018. The data collection was discontinued from January 2019 as the NDIS transition progressed.	per cent	100	97.8	-2.2	○
Support plans reviewed at least once during each period of three years commencing from when the support plans was first prepared (individualised supports) The 2018–19 outcome is lower than the 2018–19 target due to clients earmarked for NDIS transition not having their individualised supports reviewed since their NDIS planning is imminent	per cent	100	76.4	-23.6	■
Support plans reviewed every 12 months for persons residing in residential institutions This result is based on 6 months of data from June to December 2018. The data collection was discontinued from January 2019 as the NDIS transition progressed.	per cent	100	100	0.0	✓
Timeliness					
Applications for aids and equipment acknowledged in writing within ten working days The result is higher than the target due to timely and responsive service provision. This is a positive result.	per cent	90	98	8.9	✓
Proportion of clients whose support is commenced within departmental timelines No data available. There are no new clients in 2018–19 due to transition to the NDIS.	per cent	85	No data available	No data available	✓
Support plans prepared within 60 days of the person commencing to regularly access the disability services (accommodation supports) This result is based on 6 months of data from June to December 2018. The data collection was discontinued from January 2019 as the NDIS transition progressed.	per cent	100	100	0.0	✓
Support plans prepared within 60 days of the person commencing to regularly access the disability services (individualised supports) No data available. There are no new clients in 2018–19 due to transition to the NDIS.	per cent	100	No data available	No data available	✓
Percentage of Supported Independent Living (SIL) services vacancies filled within 60 business days	per cent	100	100	0.0	✓
Percentage of Specialist Disability Accommodation (SDA) services vacancies filled within 60 business days Eleven out of twelve vacancies were filled within 60 business days, with the twelfth vacancy has now being filled. This is a positive result.	per cent	100	92.3	-7.7	■
Cost					
Total output cost	\$ million	808	886.7	9.7	
The result is due to the release of additional funding by government to support the transfer and transition of specialist disability services into the National Disability Insurance Scheme and the impact of machinery of government changes.					

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Victorian Contribution to National Disability Insurance Scheme					
Quantity					
National Disability Insurance Scheme participants	number	105,324	71,458	-32.2	■
The result is lower than the target due to the slower than forecast transition of clients to the National Disability Insurance Scheme by the National Disability Insurance Agency (NDIA). Given the NDIA delays, the department has implemented strategies to expedite client transition by increasing the volume of follow-up actions and prioritising clients with complex needs.					
Cost					
Total output cost	\$ million	1,420.4	1,353.6	-4.7	

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 disability that will create an environment that encourages equity and improves all aspects of life.

Performance measures	Unit of measure	2018–19 target	2018–19 actual	Variation (%)	Result
Community Participation					
Quantity					
Hours of coordination funding provided to Neighbourhood Houses	number	556,700	560,586	0.7	✓
Timeliness					
Grants acquitted within the timeframe specified in the terms and conditions of the funding agreement	per cent	90	90	0.0	✓
Cost					
Total Output Cost	\$ million	50.6	51	0.7	
Office for Disability					
Quantity					
Number of Disability Advocacy clients	number	2,000	2,187	9.4	✓
This higher than expected result indicates that more people have received support. This is a positive result.					
Timeliness					
Annual reporting against the State disability plan within agreed timeframes	per cent	100	100	0.0	✓
Preliminary result. This new annual measure commenced reporting from 2018–19. Actual end-of-year results will be available late 2019.					
Cost					
Total output cost	\$ million	9.6	11	14.7	
The 2018–19 actual outcome primarily reflects increase in Victorian Government policy initiatives.					

Finance and budgetary performance



Departmental five-year financial summary

Five-year financial summary (\$ millions)	2019	2018	2017	2016	2015
Income from government	17,696.3	16,373.1	15,089.9	14,242.9	11,240.7
Total income from transactions	19,417.0	17,921.1	16,678.6	15,939.8	12,215.3
Total expenses from transactions	(19,391.5)	(17,742.8)	(16,939.7)	(15,317.8)	(12,180.3)
Net result from transactions	25.5	178.3	(261.2)	622.1	35.0
Net result for the period	(9.0)	181.7	(266.3)	601.5	3.0
Net cash flow from operating activities	325.9	361.9	315.1	255.3	74.4
Total assets	33,372.5	34,380.8	29,831.5	28,163.2	25,138.2
Total liabilities	2,177.4	1,968.3	1,795.5	1,542.3	1,602.0

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 Minister for Finance has granted approval for the Department of Health and Human Services to prepare financial statements incorporating the following entities which form part of the Department of Health and Human Services reporting entity:

- > Respect Victoria
- > Mental Health Tribunal
- > Commission for Children and Young People
- > the 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 2018–19, the department recorded a net gain from transactions of \$25.5 million. This gain primarily relates to \$285 million surplus in the department, partly offset by a \$259.5 million deficit in the Director of Housing entity.

The \$285 million surplus in the department is mainly a 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.

The \$259.5 million deficit in the Director of Housing entity is mainly due to the transfer on 1 July 2018 of the third and final tranche of the staged title transfer of Director of Housing-owned properties to Aboriginal Housing Victoria (AHV). The financial effect of the transfer to AHV is a reduction of the

Director of Housing's net assets in the balance sheet and an expense in the comprehensive operating statement of \$116.2 million. Also contributing to the Director of Housing deficit is an increase in depreciation of \$71.8 million compared with the prior year mainly due to a review of building depreciation in the housing portfolio and a \$46.6 million increase in maintenance expenditure largely due to the gas heater replacement regime in properties owned by the Director of Housing.

Financial position – balance sheet

Total assets have decreased by \$1 billion in 2018–19 compared with the prior year, mostly attributed to 2018–19 scheduled revaluation of the Director of Housing's land and buildings by the Valuer-General Victoria, which resulted in a devaluation within Property, Plant and Equipment.

Cash flows

The overall cash and term deposits position at the end of the 2018–19 financial year is \$899.9 million surplus, which is a decrease of \$18 million compared with the beginning of the year. The overall decrease is mainly due to payments for various Director of Housing projects to support ongoing government -approved initiatives, including homelessness and family violence initiatives and capital programs such as Community-Owned Rooming Houses and Haven Foundation.

Governance



The department's senior executives at 30 June 2019

Kym Peake

Secretary

Kym Peake commenced as Secretary of the Victorian Department of Health and Human Services in November 2015. Kym has extensive experience in both state and Commonwealth Government, including as Deputy Secretary, Higher Education and Skills Group at the Victorian Department of Education and Training, Deputy Secretary Governance Policy and Coordination at the Victorian Department of Premier and Cabinet and Executive Director, Productivity and Inclusion at the Department of Prime Minister and Cabinet.

Kym holds an Executive Master of Public Administration, a Bachelor of Arts (Hons) and a Bachelor of Laws, all from the University of Melbourne.

Kym is also the President of the Institute of Public Administration Australia (Victoria).

Argiri Alisandratos

Deputy Secretary – Children and Families

Argiri Alisandratos is the Deputy Secretary, Children and Families division. Argiri joined the department more than 25 years ago as a child protection practitioner. Having been in charge of service delivery, performance and quality improvements across south-eastern Victoria, Argiri is now leading the design of legislation, policies, programs and practice advice that support the operations of the child protection program,

family services and care services system. This includes supports for foster, kinship and permanent carers to better enable them to respond to the needs of vulnerable families.

Argiri is responsible for monitoring and analysing service-system impact and effectiveness, developing policy options and advice for government, and driving improvement in service delivery and system performance.

Argiri is uniquely placed to drive this agenda, having extensive experience in senior leadership of policy and operations in the children and families portfolio.

Argiri has held a number of senior leadership roles within the department including: Deputy Secretary South Division, Chief Operations Transformation Officer, Director of the Southern Melbourne Area, Director of the Inner Gippsland Area, Assistant Director of Placement and Family Services in the Children, Youth and Families Division, and Manager of Community Services in the Loddon Mallee Region.

Christina Asquini

Deputy Secretary – Community Services Operations

Chris Asquini leads the Community Services Operations division.

The division provides a dedicated focus on children, families, disability, and housing services. Working with four operational deputy secretaries, Chris is responsible for the delivery of services and improved client outcomes across the state. In her

division, policy is translated into operational service delivery, either through directly delivered services or through funded agencies, to enable healthy, safe and strong communities. The division supports the transition and transfer of services to the National Disability Insurance Scheme and works with other divisions within the department to align reform work with policy development, quality improvement and service provision.

Chris was previously the Deputy Secretary of East Division. She has led major social policy and service delivery reform initiatives, including the design and implementation of the Child Protection Operating Model. Chris has held executive positions in a number of portfolios, including roles as the Executive Director of Children, Youth and Families, and Director of Community and Individual Support in Disability Services.

Chris has a longstanding involvement in this portfolio, having started her career in child protection.

Terry Symonds

Deputy Secretary – Health and Wellbeing

Terry Symonds heads the Health and Wellbeing division of the Department of Health and Human Services, Victoria.

The Health and Wellbeing division leads on policy, strategy, 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. The division supports innovation and better care through its lead role in digital health, health and medical research and international engagement. Improving health outcomes for Aboriginal people is a key responsibility for the division.

The division also advances strategies that focus on prevention and population health, including through social and economic participation for older Victorians, asylum seekers, people from culturally and linguistically diverse backgrounds, and lesbian, gay, bisexual, trans, intersex and queer and/or questioning (LGBTIQ) people and communities.

Terry has more than 20 years' experience in the health and disability sectors in Victoria and Queensland, including in community development, hospital management, research and evaluation, strategy and performance monitoring. Terry holds a Master of Health Studies from the University of Queensland and postgraduate qualifications in health promotion and prevention.

Nick Foa

Deputy Secretary – Housing and Infrastructure

Nick Foa heads the Housing and Infrastructure division, which is responsible for the stewardship of the state's health and human services infrastructure and has program responsibilities in housing and homelessness. In addition, the division leads and coordinates the department's engagement on the precincts agenda.

The division leads the department's infrastructure portfolio encompassing approximately \$48 billion in assets under management, through the Victorian Health and Human Services Building Authority and Property and Asset Services branch. Infrastructure services provided include asset management, planning, design, procurement and budgeting in order to deliver world-class health and housing infrastructure to meet today's demand and longer-term growth.

Nick also holds the statutory role of the Director of Housing, which is responsible for the delivery of public housing and funding of housing and homelessness assistance throughout the state.

Nick has held senior positions across local and state government including Visit Victoria, Department of Economic Development, Jobs, Transport and Resources, Places Victoria and Victorian Municipalities Brimbank City Council, Maribyrnong Council and Maroondah Council. Nick has extensive experience in infrastructure delivery and asset management, and has a strong commitment to community engagement, sport and recreation, health and community services infrastructure delivery and homelessness service delivery. He holds a Master of Business Administration from Swinburne University of Technology.

Amity Durham

Deputy Secretary – Strategy and Planning

The division develops and drives cross-portfolio strategies and reforms that integrate approaches to health and human services, support evidence-based decision making on activities to advance government priorities and make progress towards departmental outcomes. The division is also responsible for functions such as cross-portfolio strategy, data analysis and forecasting, evaluation, corporate planning and budget, corporate reporting, intergovernmental relations and communication and media. Since joining the department in October 2016, Amity has been responsible for delivering Victoria's first social impact bonds with Sacred Heart Mission and Anglicare, driving the delivery of policy and service reform across the department and embedding outcomes and evidence into the department's decision making.

Prior to this she was an Executive Director, Family and Community Services and Service Innovation in the New South Wales Department of Premier and Cabinet. In that role, Amity had responsibility for leading reforms across the New South Wales Government's social policy agenda, including in social housing, child protection and out-of-home care. She also had responsibility for the world-leading New South Wales Behavioural Insights Unit and the Office of Social Impact Investment.

Amity has previously held other senior executive roles in the New South Wales Government within central and line agencies. She has also held the role of Director in a top-tier management consulting firm, where she advised a range of social sector government agencies across Australia.

Amity has an academic background in social sciences and law, and holds an Executive Master of Public Administration.

Melissa Skilbeck

Deputy Secretary – Regulation, Health Protection and Emergency Management

The Regulation, Health Protection and Emergency Management division combines professional, technological and epidemiological expertise to protect the Victorian public from avoidable harm.

The division advances public health, including monitoring use of medicines, environmental health and communicable disease through the identification of risks and the use of social regulation. It supports continuous improvement in health and human services regulatory practice and leads the ministry's relationship with our commissioners.

The division also leads the department's responsibilities in emergency management, contributing to whole-of-government actions to build community resilience and support social recovery in disaster-impacted communities, and coordinates business continuity planning for the department.

Melissa Skilbeck was previously Deputy Secretary, Budget and Finance, at the Victorian Department of Treasury and Finance, and head of the Secretariat for the Independent Review of State Finances.

Melissa has consulted to Australian governments, regulators and government businesses on economic and social public policy and public administration as a director of the Allen Consulting Group and a partner in the economics and strategic advisory practice of Deloitte.

Melissa holds a Bachelor of Commerce (Honours) and is a Victorian Fellow with the Institute of Public Administration Australia (IPAA).

Greg Stenton

Deputy Secretary – Corporate Services

The Corporate Services Division provides strategic, specialist advisory and delivery of operational services to support the work of the department and the government in maintaining and improving the health and wellbeing of the Victorian community.

The division is responsible for 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.

Greg Stenton has more than 30 years' experience in public sector administration, including senior roles in finance and human resources, strategic planning and business improvement. Greg holds a Bachelor of Business and is an FCPA.

Nick Chiam

Deputy Secretary – Organisational Transformation

As the Deputy Secretary, Organisational Transformation, Nick Chiam leads the department's broad program of organisational change, which will position the department to achieve its vision and support the government's reforms to health and human services in the most effective and efficient way possible.

The Organisational Transformation division brings together the department's transformation-focused teams to help design and deliver its transformation objectives and aspiration to be a learning organisation.

Under Nick's leadership, the division drives a transformation program that:

- > plans, develops and oversees the implementation of new ways of managing departmental functions
- > embeds ongoing innovation, business process management and change practices to enable staff to work more effectively and efficiently so the department can deliver critical frontline services to the Victorian community.

The division works in collaboration with leadership and staff to build on and implement the organisation's collective skills, experience and creativity, and to give staff the skills and opportunities to innovate and improve what they do and how they do it.

Nick is well placed to drive the department's reform agenda. With extensive experience in the public sector, Nick has worked for over 18 years in the public service in both state and Commonwealth agencies, and holds an ANZOG Master of Public Administration. Prior to joining the Department of Health and Human Services, he held executive roles with the Victorian Department of Education and Training and the National Disability Insurance Agency.

Jacinda de Witts

Deputy Secretary – Legal and Executive Services

Jacinda de Witts is both the department's General Counsel and the Deputy Secretary of the newly formed Legal and Executive Services division.

The Legal and Executive Services division was formed in January 2019 to establish a specialised division with a focus on providing legal, privacy, conduct and complaints advisory services, support to ministers and support to the department to meet critical statutory and integrity obligations. The division delivers essential services that ensure both the department and the government function effectively, and strives to provide high-quality, strategic services in a responsive and agile manner.

The division supports the department to maintain its organisational integrity, which underpins the delivery of important policies and programs for the health, wellbeing and safety of Victorians, and so that they can live a life that they value.

Jacinda has been General Counsel since July 2018. She brings significant experience from senior legal roles in the private sector, as well as from her service on the Board of Cancer Council Victoria and as Director at the Royal Children's Hospital. Jacinda holds a Bachelor of Laws (Honours) and Economics and postgraduate qualifications in corporations and securities law.

Sue Clifford APM

Chief Executive Officer – Family Safety Victoria

Sue Clifford APM was appointed as the first Chief Executive Officer of Family Safety Victoria in July 2017, tasked with driving and delivering the Victorian Government's response to family violence.

Sue has extensive experience working with communities, sectors and government to drive important changes that improve the safety of Victorians. This includes nearly three decades working with Victoria Police, including specialising in the areas of family violence, sexual assault and child abuse.

Sue came to Family Safety Victoria from the role of Commander of the Priority Communities Division at Victoria Police, which was established to engage more effectively and purposefully with diverse communities across Victoria.

Prior to this, she was the General Manager of People and Culture at the Australian Football League (AFL), leading core initiatives to effect change in the culture of those who work, play and support the AFL. Sue was responsible for the development and management of a number of programs that changed how the AFL community perceived respect and responsibility, drugs and anti-doping, gambling and alcohol. She was also Chair of the AFL's Vilification Committee.

She has an Executive Master of Public Administration from the University of Melbourne and has studied at Harvard's Kennedy School of Government. Sue was awarded the Australian Police Medal in the 2017 Australia Day honours list.

Professor Euan M Wallace AM MBChB MD FRCOG FRANZCOG FAHMS

Chief Executive Officer – Safer Care Victoria

Professor Euan Wallace AM is the inaugural Chief Executive Officer of Safer Care Victoria, Victoria's lead agency for quality and safety improvement in health care. He is a senior academic clinician with expertise in patient safety, clinical governance and healthcare improvement.

Euan is also the Carl Wood Professor and Head of Department of Obstetrics and Gynaecology at Monash University where he leads a perinatal medicine research group.

Dr Lance Emerson

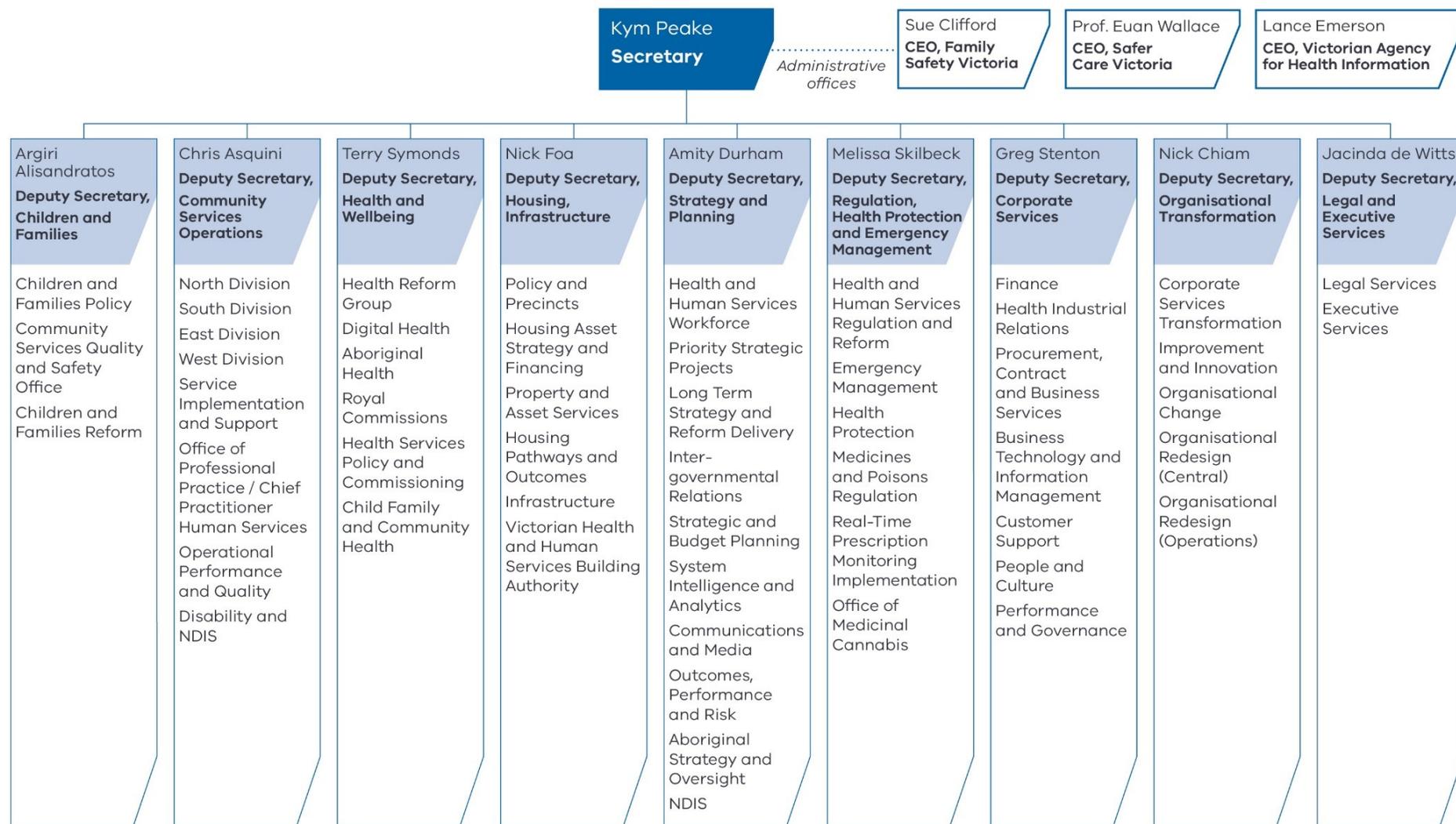
Chief Executive Officer – Victorian Agency for Health Information

Dr Lance Emerson is the Chief Executive Officer of the Victorian Agency for Health Information (VAHI). Lance works with the VAHI team to drive improvements in safety and quality in Victorian health services through the provision of high-quality health service performance information.

Lance has a passion for development and maintenance of information systems to improve consumer care, and has a PhD in the use of clinical indicators to guide better care and improve health outcomes. He has extensive experience in running specialist health organisations, having most recently been CEO of the Pharmaceutical Society of Australia and prior to that, CEO of the Australian Research and Alliance for Children and Youth.

Organisation structure

As at 30 June 2019



Audit and Risk Management Committee membership and roles

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 has the following members:

- > Helen Thornton, Chair (independent appointee)
- > Pam White (independent appointee)
- > Peter Matthey (independent appointee)
- > Deputy Secretary, Housing and Infrastructure
- > Deputy Secretary, West Division
- > Deputy Secretary, Strategy and Planning.

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.

The department has contracted PwC to undertake internal audit services in a co-sourced arrangement with the department's Internal Audit Unit.





People

Public administration and employment principles

The department's values align with public sector values as detailed in the *Public Administration Act 2004*, and it is committed to applying merit and equity principles to all employment policies, programs and resources.

Employment and conduct principles

The department complies with the employment principles of the *Public Administration Act 2004* and continually updates policies and procedures to advance these principles.

The *Public Administration Act 2004* also details a set of values that apply to the broader public sector – the department's values are aligned with the public sector values and implemented throughout the department in many ways, including 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 of Health and Human Services strategic plan sets out the directions and priorities for service delivery.

People strategy 2020

The department's *People strategy 2020* is a key driver to enable the delivery of services we provide to the community. The strategy aims to ensure that the values, culture and people initiatives of the department are clearly articulated and appropriate for the development of our workforce.

The *People strategy* is a three-year commitment to invest in developing and supporting our people. It commenced in July 2017 and outlines five core themes:

- > attract a diverse and high-performing workforce
- > inspire and grow the department's people
- > engage and retain the department's people
- > purposeful leadership
- > create a great people experience.

Highlights from the second year include:

- > developing *Gender equality action plan*
- > launching two diversity and inclusion strategies – *Disability employment strategy* and *Aboriginal and Torres Strait Islander Cultural Safety Framework*
- > developing capability frameworks for child protection, disability and housing staff
- > delivering the Leading with Respect people leader program to enhance leadership capability to create a positive workplace culture. The program has run 357 sessions this year over the five modules
- > piloting a new system, OurPeople, with the first module focused on recruitment and onboarding
- > establishing CareerPlus and Career Mobility Pool

- > expanding the suite of advanced leadership development programs to provide more opportunities for VPS 4 to VPS 6 staff.

Recognising our employees

The department recognised its employees through its annual staff excellence awards, which acknowledged the achievements and significant work undertaken across the department.

There were 213 nominations received and 36 finalists shortlisted across six categories:

- > Collaboration Award
- > Diversity and Inclusion Award
- > Innovation Award
- > People Management Award
- > Risk Management Award
- > Service Excellence Award
- > Young Achiever Award.

Building a stronger leadership culture

The department continued to strengthen its leadership pipeline by:

- > supporting 162 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
- > strengthening peer and experiential learning opportunities through structured mentoring opportunities across all levels of the department
- > supporting VPS 6 employees to identify their career aspirations and opportunities for development through self-assessment and diagnostic feedback
- > selecting 22 executives to participate in cross-department leadership programs provided by the Victorian Leadership Academy. These programs are designed to build consistent leadership capability across the executive cohort

- > delivering a leadership program to support 24 executives who are new to their roles
- > providing networking opportunities for VPS 6 employees through structured meet-ups.

Capability development

Technology continues to shape the department's learning and development approaches, with 18 new online programs added to the Learning Management System. All of these new programs were designed to support compliance and/or client service capability development in staff across the state.

The department's activities to develop and grow capability were focused on:

- > working with child protection, disability, and housing clients
- > compliance and business applications
- > core 'working in government' areas
- > leadership and management
- > diversity, including Aboriginal cultural competence.

The department focused on supporting the learning and development of its frontline workforce. This includes:

- > the implementation work underway for the *Child protection workforce strategy 2017–2020*
- > implementation of the Child Protection Learning and Development Review
- > learning strategies to support transfer of disability accommodation and transition to the National Disability Insurance Scheme
- > development of the *Housing practice capability framework*.

This work has strengthened the department's focus on building capabilities to enable better support for children and families.

These efforts helped staff and leaders to respond to change arising from the National Disability Insurance Scheme recommendations outlined in the Royal Commission into Family Violence, the Royal Commission into Abuse in Institutional Care, the Parliamentary Inquiry into Abuse in Disability Services, and other internal and external enquiries.

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 development our people
- > engaging and retaining our people
- > health, safety and wellbeing.

The strategy provides a consistent vision for the growth and development of the child protection workforce.

Child protection's attraction and recruitment campaign

While our training and support for child protection practitioners is key, we also focused on attraction and recruitment practices. The department is creating new, innovative entry pathways to the profession and delivering more strategic and targeted attraction initiatives in order to undertake more efficient and effective recruitment of child protection practitioners.

The launch of the new Child Protection Jobs website resulted in 87,000 visits to the website, 152,729 website views and the completion of more than 3,230 applications in the first six months of the launch. This enabled us to ensure that the department has achieved its target FTE, including, recruitment of 611 CPP 3 and 600 CPP 4 practitioners.

Turnover rates reduced by 2 percentage points and the median case load for child protection practitioners reduced from 17 in January 2018 to 15 in April 2019.

Importantly, the recruitment initiatives attracted more child protection practitioners who identify as Aboriginal or Torres Strait Islander. As of April 2019, 2.6 per cent of child protection practitioners identify as Aboriginal or Torres

Strait Islander, exceeding the 2 per cent target outlined in the department's Aboriginal employment strategy.

The efficacy of the child protection attraction and recruitment campaign, and associated website also attracted external accolades. The project was awarded both the International Association of Business Communicators (IABC) Gold Quill Excellence Award in the Government Communication Programs category and the Gold Quill Merit Award in the Communication for Web category.

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 better 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 and family responsibilities.

The department continued partnering with CareerSeekers to provide mid-career asylum seekers and refugees with internships over 12 weeks. The experience enables new arrivals to gain a valuable understanding of Australian workplaces and directly contributes to improved employment outcomes.

The *All roles flex* policy continued to be implemented to support positive outcomes for staff wishing to utilise a range of flexible work options.

The department promotes a diverse calendar of events and significant dates to raise awareness of cultural and religious observances, promotes inclusion and recognises diversity.

We also started rolling out face-to-face Aboriginal cultural awareness and cultural safety training programs, as well as self-directed cultural safety online learning.

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 6 per cent employment by 2020 and 12 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 won three #TechDiversity Awards in 2018.

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.

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 department piloted a number of new disability employment initiatives:

- > 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 All Ability Graduate Program to support skills and development graduates with the disability alongside the wider VPS Graduate Recruitment Development program.

The department also continued to work with the Australian Network on Disability on disability roundtable opportunities and to provide employees with disability confidence training.

The department continues to offer Get Skilled Access e-learning, and it commenced providing regular six-week AUSLAN sign language workshops for work groups.

Aboriginal employment strategy

The department continued implementing the *Aboriginal employment strategy 2016–21* towards three outcomes by 2021:

- > a 2 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 1.6 per cent of our workforce identifies as Aboriginal. 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, CareerTrackers' 12-week internships in generalist and child protection program streams, Aboriginal graduate program, mentoring and coaching for employees, and strengthening the Aboriginal Staff Network (ASN). The department is developing our executive leaders to champion and take ownership of cultural safety as part of their responsibility to ensure a culturally safe environment for our Aboriginal workforce and improve policies and services that benefit Aboriginal Victorians.

The Aboriginal and Torres Strait Islander cultural safety framework was developed to help mainstream Victorian health, human and community services and the department to create culturally safe environments, services and workplaces. The framework makes everyone responsible for the cultural safety of Aboriginal people in their organisation. Everyone is responsible for how they work with Aboriginal staff, health consumers and clients of community services.

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 2 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 *Wirrigiri* reconciliation program continues to increase the numbers of allies for Aboriginal inclusion, awareness of Aboriginal significant dates and events and culturally safe workplaces.

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, and its 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 lesbian, gay, bisexual, trans, intersex and queer and/or questioning (LGBTIQ) inclusion plan launched in August 2017, progressing work towards increasing LGBTIQ visibility and inclusion in the workplace. This included a policy to guide trans and gender-diverse transitioning employees.

The department proudly flew the rainbow flag at the VPS Pride Awards in 2018 with the Secretary, Kym Peake, winning Executive Champion. The Aboriginal LGBTIQ retreat *Nanyubak Yapaneyeputi* ('Dreaming together') won the VPS Pride Aware Initiative of the Year.

The Pride Network provides a forum for all departmental 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 and Youth Cadetship Scheme

The Department of Health and Human Services is active in providing job opportunities for disadvantaged job seekers through a variety of proactive employment programs. The Youth Employment Scheme (YES) and Youth Cadetship Scheme (YCS) initiatives strongly promote opportunities for disadvantaged groups targeting long-term unemployed people, Aboriginal young people and people with a disability, particularly in rural and regional Victoria.

The Youth Employment Scheme (YES) is a Victorian Government initiative that enables unemployed or otherwise disadvantaged young people aged 15 to 24 years old to enter the workforce and build sustainable careers through traineeships while attaining a qualification.

The Youth Cadetship Scheme (YCS) was established in 2017 and is a new pathway established for young people to begin a career in the public sector after they have graduated from a YES traineeship. Cadets are recruited on a two-year fixed-term contract at VPS-1 classification.

During 2018–19, the department engaged a total of 67 young people through these two schemes:

- > 47 trainees, including 21 placements in public hospital and nine Aboriginal YES trainees
- > 20 cadets, including three Aboriginal cadets.

During 2018–19, the department transitioned 13 former trainees or cadets into VPS 2 or above roles.

Graduate recruitment

In 2018–19 the department engaged a total of 10 graduates from diverse academic backgrounds through the Victorian Public Service Graduate Recruitment and Development Scheme (GRADS). The department recruited seven Aboriginal graduates in 2018–19 through internal recruitment processes.

Graduates participating in the 12-month GRADS scheme completed three placements in the VPS to develop core skills and gain a broad experience of working in the government sector. They commence 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 2018–19, 356 tertiary student placements were completed across child protection, disability accommodation services, client outcomes and service improvement, disability client services, housing, corporate services, health and secure welfare services. The majority of placements were completed in child protection (265 placements).

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 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 three years, 85 of the 147 students who have completed the VAC program have subsequently been appointed to CPP positions.

Health, safety and wellbeing

The department makes the wellbeing of its staff a priority. Staff have access to the Employee Wellbeing and Support Program, which provides free, confidential counselling and coaching services to support employees and their immediate family members with work and non-work related issues.

In June, we launched our new health, safety and wellbeing (HSW) policy and accountabilities, which will be reflected in all staff's performance and development plans. We have also introduced new HSW training for people managers called Home Safely Every Day – Leading with our values. The 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.

Gender equality

The department is committed to gender equality and worked to develop a gender equality action plan. We know that organisations with an equitable gender balance have improved productivity, better organisational performance, and a greater ability to attract and retain talented people.

The department provides centralised funding for maternity leave to address potential bias and ensure backfilling maternity leave positions does not cause additional cost and workload pressures. We have also piloted a Grace Papers program that supports staff preparing and returning from parental leave.

Staff members who are experiencing violence or abuse in their personal lives can also access paid family violence leave and support through our Employee Wellbeing and Support Program.

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 2015 to 2019 (ongoing and fixed term)

June 2019	June 2018	June 2017	June 2016	June 2015
10,082	12,101	11,249	11,448	11,185

Summary of employment levels in June of 2018 and 2019

	Ongoing employees			Ongoing FTE	Fixed-term and casual employees
	Employees (head count)	Full-time (head count)	Part-time (head count)		FTE
June 2018	13,815	6,864	3,683	9,645.9	2,454.6
June 2019	11,241	6,125	2,550	7,997.4	2085

Department of Health and Human Services employment levels in June of 2018 and 2019

	June 2019						June 2018							
	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	8,075	7,125.3	4,115	2,092	5,624.2	1,868	1,501.1	9,619	8,319	4,520	2,865	6,634.6	2,234	1,684.4
Men	3,166	2,957.2	2,010	458	2,373.2	698	584	4,196	3,781.5	2,344	818	3,011.3	1,034	770.2
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	491	422.2	185	39	214.4	267	207.7	590	466.8	161	50	198.5	379	268.3
25–34	2,234	2,044.3	1,158	329	1,388.3	747	656.1	2,510	2,253.8	1,219	451	1,556	840	697.8
35–44	2,731	2,433.7	1,409	692	1,906.5	630	527.6	3,209	2,753.5	1,505	944	2,180.2	760	573.3
45–54	2,903	2,632.1	1,711	697	2,240.2	495	391.9	3,764	3,357	2,014	1,065	2,838.2	685	518.8
55–64	2,393	2,139.8	1,399	642	1,881.7	352	258.1	3,134	2,770.3	1,673	962	2,425.9	499	344.4
64+	489	410.3	263	151	366.2	75	44	608	499.1	292	211	447.1	105	52
Classification														
VPS 1	24	20.5	0	1	0.2	23	20.3	19	14.6	0	1	0.2	18	14.4
VPS 2	458	389.6	196	100	261.9	162	127.7	444	375	201	107	270	136	105
VPS 3	680	643	431	98	497.5	151	145.5	685	647.8	433	97	498.1	155	149.7
VPS 4	942	897	611	130	702	201	195	967	912.6	611	153	717.3	203	195.3
VPS 5	1,748	1,642.7	1,048	297	1,265.5	403	377.1	1,667	1,561.2	1,016	310	1,240.2	341	321
VPS 6	1,064	1,023.4	734	126	828.1	204	195.3	1,006	967.8	735	131	833	140	134.8

	June 2019						June 2018							
	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
Allied Health	111	100.6	59	32	81.8	20	18.8	187	166.1	100	57	137.3	30	28.8
Child Protection	2,271	2,107.2	1,480	318	1,689.6	473	417.5	2,092	1,932.7	1,381	307	1,585.4	404	347.3
Children, Youth and Families	273	238.5	137	57	176.8	79	61.7	263	233.2	127	61	169.3	75	63.9
Disability Development and Support	2,675	2,119.4	804	1,185	1,736.4	686	383	5,555	4,418.8	1,641	2,307	3,476.9	1,607	941.9
Housing Services	552	503.5	337	132	425.1	83	78.4	549	502.4	342	122	420.9	85	81.5
SNTS	24	23	9	2	10.4	13	12.6	24	22.6	13	1	12.6	10	10
SMA	37	35.3	17	1	17.8	19	17.5	45	44.4	21	1	21.8	23	22.6
Executives	184	183	178	6	183	0	0	163	162.7	161	2	162.7	0	0
Other	198	155.7	84	65	121.1	49	34.6	149	138.6	82	26	100.2	41	38.4
Total employees	11,241	10,082.5	6,125	2,550	7,997.4	2,566	2,085	13,815	12,100.5	6,864	3,683	9,645.9	3,628	2,454.6

Notes:

na = not available

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 3,100 service delivery staff have been seconded to private providers as part of the National Disability Insurance Scheme.

The secondments for this financial year approximate 2,299.4 FTE (based on actual FTE, net FTE difference between these two financial years).

Secondments will continue during this financial year.

'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						
\$160,000–\$179,999	58	5		5		
\$180,000–\$199,999	39	8		9		
\$200,000–\$219,999	41	11		7		
\$220,000–\$239,999	13			13		
\$240,000–\$259,999	7					
\$260,000–\$279,999	5			1		
\$280,000–\$299,999	4			1		
\$300,000–\$319,999	9					
\$320,000–\$339,999	1			1		
\$340,000–\$359,999						
\$360,000–\$379,999	6					
\$380,000–\$399,999						
\$400,000–\$419,999						
\$420,000–\$439,999						
\$440,000–\$459,999						
\$460,000–\$479,999						
\$520,000–\$539,999	1					
Total	184	24		37		

Family Safety Victoria employment levels

Summary of employment levels in June of 2019

	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

Family Safety Victoria employment levels in June of 2018 and 2019

	June 2019						June 2018							
	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	262	243.7	104	45	135.9	113	107.9	186	173.1	77	36	103.9	73	69.2
Men	48	47.1	23	3	25.5	22	21.6	32	30.9	17	3	19.3	12	11.6
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	10	9.4	1	1	1.6	8	7.8	6	6	1	0	1	5	5
25–34	64	62.1	23	4	25.8	37	36.3	60	57.5	24	6	28.5	30	29
35–44	127	115.2	43	29	63.5	55	51.8	86	77.7	34	22	49.8	30	27.9
45–54	78	74.1	43	11	51.2	24	22.9	49	46.3	25	9	32.2	15	14.1
55–64	27	26.1	14	3	16.3	10	9.8	15	14.5	8	2	9.7	5	4.8
64+	4	3.9	3	0	3	1	0.9	2	2	2	0	2	0	0
Classification														
VPS 1	1	1	0	0	0	1	1	0	0	0	0	0	0	0
VPS 2	6	6	4	0	4	2	2	3	3	2	0	2	1	1
VPS 3	31	27.4	10	8	14.7	13	12.7	26	24.2	7	6	11.6	13	12.6
VPS 4	37	35.7	10	3	12.2	24	23.5	27	26.3	11	2	12.4	14	13.9
VPS 5	113	105.8	36	18	49.5	59	56.3	71	64.6	22	14	32.3	35	32.3
VPS 6	82	77.3	38	13	48.3	31	29	50	47.5	24	7	29.5	19	18

	June 2019						June 2018							
	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
Child Protection	14	11.9	9	5	11.9	0	0	16	14.3	11	5	14.3	0	0
SNTS	6	6	2	0	2	4	4	5	5	2	0	2	3	3
SMA	1	1	0	0	0	1	1	0	0	0	0	0	0	0
Executives	19	18.8	18	1	18.8	0	0	19	18.1	14	5	18.1	0	0
Other	0	0	0	0	0	0	0	1	1	1	0	1	0	0
Total employees	310	290.8	127	48	161.4	135	129.5	218	204	94	39	123.2	85	80.8

Notes:

na = not available

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 2019.

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	5	5				
\$180,000–\$199,999	6			1		
\$200,000–\$219,999	3	1				
\$220,000–\$239,999	1					
\$240,000–\$259,999	1					
\$260,000–\$279,999	1					
\$280,000–\$299,999	2					
Total	19	6		1		

Safer Care Victoria employment levels

Summary of employment levels in June of 2019

	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

Safer Care Victoria employment levels in June of 2018 and 2019

	June 2019						June 2018							
	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	113	103.2	58	26	76.2	29	27	84	74.5	43	23	57.4	18	17.1
Men	18	17.1	6	2	7.6	10	9.5	17	15.8	7	2	8.3	8	7.5
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	2	2	2	0	2	0	0	4	4	2	0	2	2	2
25–34	34	33	21	2	22.2	11	10.8	34	32.6	20	3	21.8	11	10.8
35–44	47	42.4	20	12	29.2	15	13.2	29	25.2	14	9	19.5	6	5.7
45–54	32	29.3	16	7	20.8	9	8.5	22	18.6	9	6	12.5	7	6.1
55–64	14	11.9	4	6	7.9	4	4	12	9.9	5	7	9.9	0	0
64+	2	1.7	1	1	1.7	0	0	0	0	0	0	0	0	0
Classification														
VPS 2	1	1	1	0	1	0	0	2	2	1	0	1	1	1
VPS 3	9	8.6	5	1	5.6	3	3	6	5.4	4	1	4.6	1	0.8
VPS 4	24	22.3	12	5	15.5	7	6.8	19	17	10	5	13	4	4
VPS 5	59	53.8	25	16	36.6	18	17.2	45	40.1	18	13	26.5	14	13.6
VPS 6	31	28.8	17	5	20.3	9	8.5	21	18.9	13	4	15.2	4	3.7
SNTS	1	0.5	0	0	0	1	0.5	0	0	0	0	0	0	0

	June 2019						June 2018							
	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
SMA	1	0.5	0	0	0	1	0.5	2	1.5	0	0	0	2	1.5
Executives	5	4.8	4	1	4.8	0	0	5	4.4	3	2	4.4	0	0
Other	0	0	0	0	0	0	0	1	1	1	0	1	0	0
Total employees	131	120.3	64	28	83.8	39	36.5	101	90.3	50	25	65.7	26	24.6

Notes:

na = not available

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.

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	1				
\$180,000–\$199,999	1					
\$200,000–\$219,999	1					
\$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				1		
\$420,000–\$439,999						
\$440,000–\$459,999						
\$460,000–\$479,999						
\$520,000–\$539,999						
\$540,000–\$559,999	1					
Total	5	1		1		

Victorian Agency for Health Information employment levels

Summary of employment levels in June of 2019

	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

Victorian Agency for Health Information employment levels in June of 2018 and 2019

	June 2019							June 2018						
	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	42	40	30	5	33.6	7	6.4	38	35.9	26	5	29.3	7	6.6
Men	33	32.2	27	2	28.2	4	4	26	25.2	20	3	22.2	3	3
Self-described	na	na	na	na	na	na	na	na	na	na	na	na	na	na
Age														
15–24	3	3	2	0	2	1	1	0	0	0	0	0	0	0
25–34	16	15.5	12	2	13.5	2	2	14	13.6	12	1	12.6	1	1
35–44	25	24.8	22	1	22.8	2	2	20	19.3	13	3	15.3	4	4
45–54	17	15.9	13	1	13.5	3	2.4	21	20.4	17	1	17.8	3	2.6
55–64	12	11.4	7	2	8.4	3	3	7	6.2	3	2	4.2	2	2
64+	2	1.6	1	1	1.6	0	0	2	1.6	1	1	1.6	0	0
Classification														
VPS 2	2	2	1	0	1	1	1	1	1	1	0	1	0	0
VPS 3	4	4	2	0	2	2	2	3	3	3	0	3	0	0
VPS 4	8	7.4	6	2	7.4	0	0	5	4.5	4	1	4.5	0	0
VPS 5	30	28.3	23	3	24.9	4	3.4	29	27	18	5	21.4	6	5.6
VPS 6	23	22.5	17	2	18.5	4	4	19	18.6	13	2	14.6	4	4
SNTS	2	2	2	0	2	0	0	1	1	1	0	1	0	0
Executives	6	6	6	0	6	0	0	6	6	6	0	6	0	0
Total employees	75	72.2	57	7	61.8	11	10.4	64	61.1	46	8	51.5	10	9.6

Notes:

na = not available

Rounding errors may be present in FTE tables due to data being formatted to one decimal place.

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	1				
\$180,000–\$199,999		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 2019:

- > 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 of 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	3	(1)	1	(1)	2	0	0	0
EO-2	64	2	36	1	28	1	0	0
EO-3	116	20	77	12	39	8	0	0
Total	184	21	115	12	69	9	0	0

The increase in the number of executives is due to the commencement and departure of executives throughout the reporting cycle and filling of vacant positions. This includes filling of roles in operational Child Protection, Disability Accommodation, Royal Commission into Victoria's Mental Health System, and Organisational Transformation, as well as six executive roles in the Victorian Health and Human Services Building Authority (VHHSBA).

VHHSBA manages a portfolio of over \$23 billion of health and human services assets and a multibillion-dollar program of investment infrastructure, including planning and building of new hospitals, aged care and mental health facilities, upgrading and renewing ambulance branches, replacing or upgrading medical equipment to world-class standards and investing in more public housing.

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

	2019	2018
Executives	216	188
Accountable Officer (Secretary)	1	1
Accountable Officer (Director of Housing)	1	1
Accountable Officer (Chief Executive Officer, Respect Victoria)	1	0
Less separations	(33)	(26)
Leave without pay	(2)	(1)
Total executive numbers at 30 June 2018	184	163

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	6	0	5	0	1	0	0	0
EO-3	13	0	13	0	0	0	0	0
Total	19	0	18		1	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 4: Reconciliation of executive numbers for Family Safety Victoria

	2019	2018
Executives	22	18
Accountable Officer (Chief Executive Officer)	1	1
Less separations	(3)	0
Leave without pay	(1)	0
Total executive numbers at 30 June 2018	19	19

Table 5: 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	1	0	0	0	1	0	0	0
EO-3	4	0	4	0	0	0	0	0
Total	5	0	4	0	1	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 6: Reconciliation of executive numbers for Safer Care Victoria

	2019	2018
Executives	4	5
Accountable Officer (Chief Executive Officer)	1	1
Less separations	0	(1)
Total executive numbers at 30 June 2018	5	5

Table 7: 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	1	2	(1)	0	0
Total	6	0	3	1	3	(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 Victorian Agency for Health Information

	2019	2018
Executives	6	9
Accountable Officer (Chief Executive Officer)	1	1
Less separations	(1)	(4)
Total executive numbers at 30 June 2018	6	6

Table 9: Number of executive officers for the department's portfolio agencies

Organisation	2019				2018				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Albury Wodonga Health	4	2	0	6	3	2	0	5	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	6	15	0	21	4	12	0	16	2	3	0	5
Austin Health	5	2	0	7	5	3	0	8	0	-1	0	-1
Bairnsdale Regional Health Service	2	1	0	3	6	0	0	6	-4	1	0	-3
Ballarat General Cemeteries Trust	1	0	0	1	1	0	0	1	0	0	0	0
Ballarat Health Services	3	4	0	7	4	4	0	8	-1	0	0	-1
Barwon Health	5	5	0	10	6	2	0	8	-1	3	0	2
Bass Coast Health	2	1	0	3	3	3	0	6	-1	-2	0	-3
Beaufort and Skipton Health Service	1	0	0	1	1	0	1	2	0	0	-1	-1
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	4	4	0	8	4	2	0	6	0	2	0	2
Boort District Health	0	1	0	1	0	1	0	1	0	0	0	0
BreastScreen Victoria	2	0	0	2	4	1	0	5	-2	-1	0	-3
Casterton Memorial Hospital	0	1	0	1	0	1	0	1	0	0	0	0
Castlemaine Health	0	1	0	1	1	1	0	2	-1	0	0	-1
Central Gippsland Health Service	2	2	0	4	3	3	0	6	-1	-1	0	-2
Cobram District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Cohuna District Hospital	0	1	0	1	0	0	0	0	0	1	0	1

Organisation	2019				2018				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Colac Area Health	3	2	0	5	3	2	0	5	0	0	0	0
Corryong Health	1	1	0	2	1	0	0	1	0	1	0	1
Dental Health Services Victoria	3	3	0	6	3	3	0	6	0	0	0	0
Djerriwarrh Health Services	1	0	0	1	5	1	0	6	-4	-1	0	-5
East Grampians Health Service	0	1	0	1	0	2	0	2	0	-1	0	-1
East Wimmera Health Service	0	1	0	1	0	1	0	1	0	0	0	0
Eastern Health	5	3	0	8	4	5	0	9	1	-2	0	-1
Echuca Regional Health	1	1	0	2	3	1	0	4	-2	0	0	-2
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	2	0	2	0	-1	0	-1
Goulburn Valley Health Services	2	3	0	5	3	3	0	6	-1	0	0	-1
Greater Metropolitan Cemeteries Trust	3	3	0	6	4	3	0	7	-1	0	0	-1
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	2	0	0	2	-2	0	0	-2
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	2019				2018				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	0	0	0	0	0	1	0	1	0	-1	0	-1
Kyneton District Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Latrobe Regional Hospital	2	5	0	7	2	4	0	6	0	1	0	1
Lorne Community Hospital	1	0	0	1	1	0	0	1	0	0	0	0
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	1	1	0	2	-1	0	0	-1
Melbourne Health	4	3	0	7	4	3	0	7	0	0	0	0
Monash Health	16	18	0	34	4	7	0	11	12	11	0	23
Moyne Health Services	1	1	0	2	4	1	0	5	-3	0	0	-3
Nathalia District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Northeast Health Wangaratta	2	2	0	4	2	2	0	4	0	0	0	0
Northern Health	9	6	0	15	8	8	0	16	1	-2	0	-1
Numurkah District Health Service	1	0	0	1	1	0	0	1	0	0	0	0
Omeo District Health	0	1	0	1	0	1	0	1	0	0	0	0
Orbost Regional Health	1	0	0	1	1	0	0	1	0	0	0	0
Otway Health & Community Services	0	0	0	0	0	0	0	0	0	0	0	0
Peninsula Health	5	4	0	9	3	4	0	7	2	0	0	2

Organisation	2019				2018				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
Peter MacCallum Cancer Centre	7	2	0	9	7	2	0	9	0	0	0	0
Portland District Health	1	1	0	2	2	1	0	3	-1	0	0	-1
Remembrance Parks Central Victoria	0	1	0	1	0	1	0	1	0	0	0	0
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	3	3	0	6	2	0	0	2
Royal Victorian Eye and Ear Hospital	1	4	0	5	3	3	0	6	-2	1	0	-1
Royal Women's Hospital	6	2	0	8	5	2	0	7	1	0	0	1
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	1	0	0	1	1	0	0	1	0	0	0	0
South West Healthcare	0	3	0	3	3	4	0	7	-3	-1	0	-4
Southern Metropolitan Cemeteries Trust	4	2	0	6	4	2	0	6	0	0	0	0
Stawell Regional Health	1	0	0	1	0	0	0	0	1	0	0	1
Swan Hill District Health	1	4	0	5	1	3	0	4	0	1	0	1
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	0	0	0	0	0	1	0	1	0	-1	0	-1

Organisation	2019				2018				Annual change			
	Female	Male	Self-described	Total	Female	Male	Self-described	Total	Female	Male	Self-described	Total
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	1	0	2	4	2	0	6	-3	-1	0	-4
Victorian Institute of Forensic Mental Health	1	3	0	4	0	5	0	5	1	-2	0	-1
Victorian Pharmacy Authority	0	1	0	1	0	1	0	1	0	0	0	0
West Gippsland Healthcare Group	1	2	0	3	1	2	0	3	0	0	0	0
West Wimmera Health Service	1	2	0	3	2	3	0	5	-1	-1	0	-2
Western District Health Service	0	1	0	1	1	2	0	3	-1	-1	0	-2
Western Health	14	9	0	23	16	8	0	24	-2	1	0	-1
Wimmera Health Care Group	2	2	0	4	2	4	0	6	0	-2	0	-2
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	168	161	0	329	182	157	1	340	-14	4	-1	-11

For the purpose of this table, executive officers are defined as employees who have significant management responsibility AND receive a total remuneration package of \$182,070 or more.

All figures reflect employment levels as at last pay in June 2019 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.

Otway Health and Lorne Community Hospital share the same chief executive officer.

Goulburn Valley Health Services executives are shared among Nathalia District Hospital and Yea and District Memorial Hospital.

Kardinia Park Stadium, Melbourne Olympic Parks Trust, State Sports Trust Centre and Victorian Institute of Sport transferred to Department of Jobs, Precincts and Regions during the reporting period.

Queen Victorian Women's Centre Trust transferred to Department of Premier and Cabinet during the reporting period.

Health, safety and wellbeing

The department's commitment to health, safety and wellbeing is reflected in its *Health, safety and wellbeing strategy 2016–2020*. The strategy articulates the vision and plan for progressively improving leadership and management of health, safety and wellbeing in the department.

Improvement measures in 2018–19

In 2018–19, the department implemented and/or developed the following improvement measures:

- > a new health, safety and wellbeing policy and accountabilities which apply to all levels within the department and will be included in performance development plans for VPS and executive employees from 2019–20
- > continued development of the department's health and safety management system including health and safety consultation and communication procedure; health and safety issue resolution guide; manual-handling risk management procedure; health and safety incident reporting and investigation procedure; occupational violence risk management procedure and fatigue management guide
- > deployment of a new electronic employee health and safety incident reporting system, eDINMAR, in all department locations. This system is driving increased reporting, greater accountability and timelier follow-up and resolution of reported hazards and risks
- > 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
- > development and 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
- > growth of the Peer Support Network, increasing access to and availability of support across the state. This includes considering and developing new and innovative ways to support and maintain the network
- > development and implementation of a holistic, proactive employee wellbeing and support program (formerly Employee Assistance Program). The program caters to the needs of the department's diverse workforce by incorporating a range of support services and dedicated specialist helplines. Implementation of this new model has had a positive response, demonstrated by the increased utilisation of all services
- > 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
- > leading the prevention of occupational violence working group under the whole-of-government OHS improvement initiative, which produced the following outputs that were endorsed for implementation in all departments:
 - *Occupational violence and aggression guide for the Victorian public service*
 - *Mitigating occupational violence and aggression through the built environment: a resource guide for architects and designers*
- > delivering mental health and wellbeing training to executives, people managers and disability accommodation services staff as part of our commitment to support implementation of the Victorian public sector *Mental health and wellbeing charter*
- > implementation of recommendations from an audit by the Victorian Auditor-General's office into maintaining the mental health of child protection practitioners. The key actions completed include consolidation of child protection mental health data to better identify trends and issues; the implementation of specialist mental health support for child protection practitioners; and measuring awareness, usage and effectiveness of existing wellbeing support.

The department's performance against occupational health and safety management measures

Measure	KPI	2016–17	2017–18	2018–19
Hazards	No. of hazards ¹	N/A	N/A	786
	Rate per 100 FTE	N/A	N/A	7.40
Incidents	No. of incidents ¹	7,581	6,086	4,271
	Rate per 100 FTE	67.4	48.9	40.02
	No. of incidents requiring first aid ⁸ and/or further medical treatment	N/A	N/A	864
Claims	No. of standard claims ²	273	273 ³	259 ³
	Rate per 100 FTE	2.43	2.19	2.44
	No. of lost time claims	149	157	130
	Rate per 100 FTE	1.32	1.270	1.223
	No. of claims exceeding 13 weeks ⁴	56	85	69
	Rate per 100 FTE	0.497	0.682	0.649
Absenteeism	Total number of days absence due to injury or illness	112,426	114,654	98,835
	Rate per 100 FTE	1,000	920	930
Fatalities	No. of fatalities	0	0	0
Prosecutions	Total number of prosecutions ⁵	0	1	0
Claims costs ⁶	Average cost per standard claim ⁷	\$64,966	\$79,341	\$75,135

FTE: full-time equivalent; OHS: occupational health and safety.

- Figures for 2016–17 and 2017–18 are total number of recorded hazards and incidents as at June 2019 and figures for incidents include incidents and hazards combined.
- Includes accepted, pending and rejected claims that met the standard claims threshold.
- Number and rate per 100 FTE for 2016–17 and 2017–18 excludes Youth Justice claims which were transferred to Department of Justice and Community Safety.
- Data extracted with a six-month lag to allow for claims to reach 13 weeks compensation.
- Refers to all health safety and wellbeing prosecutions.
- Includes payments and estimated future costs.
- 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 2016–17 and 2017–18 are recorded incidents as at June 2019.
- Figures for number of incidents requiring first aid and/or further medical treatment derived from eDINMAR where available.

Measure	KPI	Performance
Management commitment	OHS policy statement and OHS criteria	<p>The department released a new <i>Health safety and wellbeing policy</i> in June 2019 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 will be incorporated into the performance and development plans for all employees from 2019–20.</p> <p>In 2018–19, the department supported and participated 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 leading and providing resources to the working group established under this initiative on prevention of occupational violence in public sector workplaces.</p> <p>The department's OHS Governance and 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>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 498 designated work groups with 404 health and safety representatives and 138 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 implemented a new 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 290 visits to department workplaces and issued 25 improvement notices. There was one provisional improvement notice issued by health and safety representatives.</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 half of all people managers having completed the program.</p> <p>To further support implementation of the Charter, mental health and wellbeing training was delivered to 100 per cent of operational executives and over 90 per cent of executives in central office precinct.</p> <p>Mental health and wellbeing training was made available to disability accommodation services staff prior to their transition to the non-government sector.</p> <p>The department conducted an in-depth review and redesign of the primary prevention and management of occupational violence and aggression training program, Planning for Your Safety.</p> <p>All health and safety representatives elected in 2018–19 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 130 participants at the 2018 forum.</p> <p>There were four Peer Support Network training sessions delivered over the 2018–19 year, training a total of 34 employees to be peers.</p> <p>Psychological first-aid training was delivered centrally and in all operational divisions. A total of 79 sessions were facilitated, training 990 employees.</p> <p>Vicarious trauma workshops, managed by local Learning and Organisational Development, were conducted centrally and in operational divisions as requested or required to support managers and staff to minimise the impact of trauma on their wellbeing.</p> <p>Quarterly forums were conducted for internal health and safety and workers compensation professional staff including health and safety advisors, injury management coordinators and claims administrators.</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

Local Jobs First – Victorian Industry Participation Policy

The *Victorian Industry Participation Policy Act 2003* requires departments and public sector bodies to report on the implementation of the Local Jobs First – Victorian Industry Participation Policy (Local Jobs First – VIPP). Departments and public sector bodies are required to apply the Local Jobs First – VIPP in all procurement activities valued at \$3 million or more in metropolitan Melbourne and for statewide projects, or \$1 million or more for procurement activities in regional Victoria.

During 2018–19, the department commenced 46 Local Jobs First – VIPP applicable procurements totalling \$219.45 million. Of those projects, 12 were located in regional Victoria with a commitment of 91 per cent of local content, 16 in metropolitan Melbourne with an average commitment of 80 per cent local content, and 18 were statewide projects with an average commitment of 94 per cent.

The outcomes expected from the implementation of the Local Jobs First – VIPP in relation to these projects (where information was provided) are as follows:

- > an average of 87 per cent of local content commitment was made
- > a total of 1,045 jobs (annualised employee equivalent (AEE)) were committed, including the creation of 121 new jobs and the retention of 924 existing jobs (AEE)
- > a total of 227 positions for apprentices/trainees were committed, including the creation of 76 new apprenticeships/traineeships, and the retention of the remaining 151 existing apprenticeships/traineeships.

During 2018–19, the department completed 15 Local Jobs First – VIPP applicable projects, collectively valued at about \$223.33 million. Of these projects, six were located in regional Victoria with an average commitment of 90 per cent local content, and seven in metropolitan Melbourne, representing 88 per cent of estimated local content. Two projects occurred statewide with an average commitment of 90 per cent local content.

The outcomes reported from the implementation of the policy (where information was provided) were as follows:

- > an average of 88 per cent of local content outcome was recorded
- > a total of 58 (AEE) positions were created and 1,084 positions were retained.
- > 39 new apprenticeships/traineeships were created, and 93 existing apprenticeships/traineeships retained.

During 2018–19, 19 projects had the minimum formal weighting of 10 per cent applied for local content in the tender evaluation of the VIPP Plan or Local Industry Development Plans (LIDP).

The department commenced nine contracts with a total of 100 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>>.

At the end of 2018–19, the department had more than 1,300 datasets available on the Victorian Government Data Directory. Some of these are new, and others have been amended during the year.

An extract of the department's information asset register is published on the [department's website](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>> and 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 a number of de-identified datasets that researchers can access. These detailed datasets contain a wealth of information to support better understanding of Victorian's health and human services. Extracts can be requested through procedures that ensure that data are shared to the maximum extent while protecting the privacy of individuals.

They include the:

- > Victorian Admitted Episodes Dataset (VAED), which contains information about all patients admitted to Victorian hospitals
- > Victorian Emergency Minimum Dataset (VEMD), which contains information about emergency presentations at Victorian public hospitals
- > Elective Surgery Information System (ESIS), 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 (VINAH) 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 about clients, treatments, referrals, and waiting lists
- > Notifiable Infectious Diseases Data 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>>
- > contacting the key contact or information administrator recorded against the dataset in the Information Asset Register.

Victorian health and human services data is 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>>.

Data Governance and Information Technology subcommittee

(previously known as Business Technology and Information Management Subcommittee)

The Data Governance and Information Technology (DGIT) subcommittee provides stewardship of the department's business technology and information management-related matters, and oversees the coordinated, outcome-focused approach to strategy and policy, prioritisation and assurance across business technology and information management for the department.

The DGIT subcommittee's role includes:

- > overseeing and directing the department's overarching business technology strategy 2018–2020 and information management strategy 2018–2021, and other associated strategies and frameworks, including managing information and data governance, digital, business intelligence, data access and release, data integrity, enterprise architecture, and information/data security

- > authorising operational business technology and information management policies and standards to support the department's policy and program objectives and to ensure compliance, including with:
 - the Victorian Protective Data Security Framework and Secretary attestation under the framework
 - cyber security standards and requirements
- > providing advice and recommendations to the Executive Board regarding prioritisation and authorisation of:
 - business technology and information management investments supporting key functions of health and human services and the department's strategic plan, including investments referred to this committee by the Organisational Transformation Subcommittee of the Executive Board
 - business technology and information management investments that form part of significant capital (infrastructure) projects referred to this committee by the Capital Subcommittee of the Executive Board
 - deviation of the program of work from the endorsed strategies
 - work to mitigate identified emerging key risks and issues related to business technology and information management, including findings and recommendations by internal auditors and the Victorian Auditor-General
- > monitoring the delivery of the strategies and assure continuous improvement in the effectiveness and efficiency.

The subcommittee has 14 members:

- > Deputy Secretary, Regulation, Health Protection and Emergency Management (Chair)
- > Director, Operational Performance and Quality, Community Services Operations
- > Chief Officer, Medicines and Poisons Regulation, Regulation, Health Protection and Emergency Management
- > Executive Director, People, Performance and Systems, Family Safety Victoria
- > Deputy Secretary, Corporate Services
- > Director, Systems Intelligence and Analytics, Strategy and Planning
- > Director, Child Protection, West Division, Community Services Operations

- > Director, Customer Support Branch, Corporate Services
- > Director, Corporate Services, East Division, Community Services Operations
- > Chief Digital Health Officer, Health and Wellbeing
- > Deputy Secretary, Organisational Transformation
- > Deputy Secretary, Housing and Infrastructure
- > Director, Information Infrastructure, Management and Standards, Victorian Agency for Health Information
- > Chief Information Officer, Corporate Services.

Details of information and communication technology (ICT) expenditure

For the 2018–19 reporting period, the department had a total ICT expenditure of \$331,561,025. 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)		
\$186,341	\$145,220	\$107,211	\$38,009

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.

Compliance with the Protected Disclosure Act 2012

The *Protected Disclosure 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:

- > Secretary of the department
- > protected 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 (IBAC):

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:submit@ibac.vic.gov.au) <submit@ibac.vic.gov.au>.

Further information

The protected disclosure 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 [Protected disclosure web page](https://providers.dhhs.vic.gov.au/protected-disclosure) <https://providers.dhhs.vic.gov.au/protected-disclosure>
- > by [emailing the protected disclosure coordinator](mailto:protected.disclosure@dhhs.vic.gov.au) <protected.disclosure@dhhs.vic.gov.au>.

Disclosures under the <i>Protected Disclosure Act 2012</i>	2018–19 number	2017–18 number
The number of disclosures made by an individual to the department and notified to the Independent Broad-based Anti-corruption Commission	1	7

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 on a monthly, quarterly, bi-annual and five-yearly basis 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 and contribute to the progress and outcomes of the Victorian Cladding Taskforce, and the handover of functions to the Victorian Building Authority. Relevant buildings owned by the department have been audited against the risk framework developed by the taskforce, and where non-compliant cladding has been discovered, assessed against that framework to derive 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 379 major works projects in 2018–19, secured 171 building permits and 216 certificates of occupancy.

Compliance with the Carers Recognition Act 2012

The department has taken all practical measures to comply with its obligations under the Act.

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
 - and 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 5: carers are recognised, acknowledged and respected, focuses on:

- acknowledgement and recognition of carers across Victorian communities
- hidden carers better able 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.

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 for technological based businesses against the enhanced principles as required under the Competition Principles Agreement and Competition and Infrastructure Reform Agreement.

Details of consultancies

In 2018–19, there were 139 consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2018–19 in relation to these consultancies is \$34,234,828 (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 2018–19, there were 18 consultancies engaged during the year, where the total fees payable to the individual consultancies were less than \$10,000. The total expenditure incurred during 2018–19 in relation to these consultancies was \$87,795 (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 2019. Details of contracts that have been disclosed in the Victorian Government contracts publishing system can be viewed at [Victorian Government Purchasing Board <www.procurement.vic.gov.au>](http://www.procurement.vic.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 2018–19, the department:

- > established three strategic alliances with five third-party providers across the health, community services and organisational improvement domains. This was intended to leverage strategic consultancy relationships to support capability uplift of our people and transformational change of the department and our services, as well as to improve the quality of the strategic advice we receive
- > established a number of 'free agent' positions that can be deployed to support a range of projects, initiatives or priority programs as needed
- > developed internal capability through 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 are designed to ensure contracted solutions are competitive, use government and department panel contracts where appropriate, and undertake meaningful contract review processes to inform decisions on future engagements.

All of these improvements are driving value for money, with a focus on ensuring the department uses 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 2018–19 excl. GST	Future expenditure excl. GST
Capital, business case and planning	Psych Health Australia Pty Ltd	Program services: multidagnosis disability learning	273,219.00	51,727.00	62,590.00
Capital, business case and planning	Advisian Pty Ltd	Austin Health critical infrastructure works	117,846.00	117,846.00	Nil
Capital, business case and planning	AECOM Australia Pty Ltd	Business case: engineering infrastructure	109,680.00	27,420.00	82,260.00
Capital, business case and planning	Ernst & Young	Alfred Hospital redevelopment project	390,909.00	390,682.00	Nil
Capital, business case and planning	Ernst & Young	Business case: sustainable central information point (CIP)	1,641,100.00	82,055.00	1,559,045.00
Capital, business case and planning	Ernst & Young	Business case: infrastructure renewal programs	135,940.00	27,188.00	108,752.00
Capital, business case and planning	Deloitte Touche Tohmatsu	Business case: Frankston Hospital redevelopment project	171,580.00	171,580.00	Nil
Capital, business case and planning	KPMG	Business case: Footscray Hospital redevelopment project	433,636.00	181,818.00	Nil
Capital, business case and planning	Johnstaff Projects	Clinical services plan: Latrobe Regional Hospital	117,464.00	117,464.00	Nil
Capital, business case and planning	Aspex Consulting Pty Ltd	Health services plan: Heywood Rural Health	71,635.00	71,635.00	Nil
Capital, business case and planning	Deloitte Touche Tohmatsu	Financial and operating models: National Disability Insurance Scheme	4,738,508.00	1,619,325.00	576,528.00
Capital, business case and planning	Deloitte Touche Tohmatsu	Service plan: Victorian early parenting centres	184,828.00	184,828.00	Nil
Capital, business case and planning	Deloitte Touche Tohmatsu	Capital planning: VHHSBA	209,261.00	176,981.00	Nil
Capital, business case and planning	KPMG	Services planning: Disability Forensics Assessment and Treatment Service (DFATS)	296,364.00	296,364.00	Nil
Capital, business case and planning	KPMG	Strategic plan and evaluation framework: cemetery services	563,328.00	126,363.00	133,849.00

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Capital, business case and planning	KPMG	Health services plan: East Wimmera Health Services	122,268.00	122,268.00	Nil
Capital, business case and planning	Illumify Pty Ltd	Housing long-term strategy	26,400.00	26,400.00	Nil
Capital, business case and planning	Advisian Pty Ltd	Renewal strategies for medical equipment assets	118,091.00	11,420.00	106,671.00
Capital, business case and planning	Ernst & Young	Stadium development strategy	496,005.00	496,005.00	Nil
Capital, business case and planning	KPMG	Housing services systems and business strategy	318,000.00	347,167.00	Nil
Capital, business case and planning	Solomon Advisory	Funding reform: <i>Mental health services strategy 2018–23</i>	228,760.00	99,876.00	128,884.00
Information, data and technology	VCS Foundation Ltd	Technical advice: electronic laboratory reporting	100,000.00	60,351.00	25,023.00
Information, data and technology	Ernst & Young	IT resilience: HTS business process review	63,909.00	63,909.00	Nil
Information, data and technology	Cherub Consulting Group Pty Ltd	Transition services: health technology solutions	346,545.00	244,200.00	Nil
Information, data and technology	Security Colony	Support: implementation, protective data security standards	232,300.00	138,308.00	Nil
Information, data and technology	Oakton Services Pty Ltd	Testing services: VIME (VAHI portal functions)	103,636.00	101,920.00	1,716.00
Information, data and technology	Sustainable Health System Solutions Pty Ltd	Low value care data analytics	80,827.00	49,227.00	Nil
Information, data and technology	Nous Group Pty Ltd	Analysis: VAHI portal and VIME projects: best practice functional requirements	66,773.00	62,493.00	Nil
Information, data and technology	Xavier Pacific Health	Develop: data liberalisation strategic approach	145,455.00	19,600.00	Nil
Information, data and technology	Oakton Services Pty Ltd	Software development: UX development services	125,009.00	111,050.00	Nil
Information, data and technology	Nous Group Pty Ltd	Mapping of roles and interdependencies (VAHI)	134,255.00	133,800.00	Nil

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Information, data and technology	Oakton Services Pty Ltd	ICCMS future strategy	266,658.00	160,144.00	Nil
Information, data and technology	Deloitte Consulting Pty Ltd	Strategy: development of ICT asset management strategy and framework	227,193.00	227,192.00	Nil
Policy/program advice and delivery	KPMG	Project: coordination of clinical trial management units	362,132.00	271,599.00	Nil
Policy/program advice and delivery	Eastern Health	Education: family and community ice training	1,354,223.00	368,058.00	18,160.00
Policy/program advice and delivery	Third Horizon Consulting Pty Ltd	Strategic alliance professional services: organisational improvement	9,090,909.00	3,143,621.00	5,947,288.00
Policy/program advice and delivery	Nous Group Pty Ltd	Strategic alliance professional services: community services	2,727,273.00	947,848.00	1,779,424.00
Policy/program advice and delivery	Nous Group Pty Ltd	Marketing and communications: children and families reform	90,909.00	14,114.00	Nil
Policy/program advice and delivery	Ernst & Young	Strategic alliance professional services: community services	8,181,818.00	2,183,666.00	5,998,152.00
Policy/program advice and delivery	Ernst & Young	Advice: development of specialist disability accommodation (SDA) plan	117,714.00	128,411.00	Nil
Policy/program advice and delivery	KPMG	Strategic alliance professional services: health	9,090,909.00	1,276,656.00	7,814,253.00
Policy/program advice and delivery	Boston Consulting Group	Strategic alliance professional services: health	9,090,909.00	2,279,163.00	6,811,746.00
Policy/program advice and delivery	Protiviti Pty Ltd	Advisor: concessions audit program	282,182.00	74,537.00	45,978.00
Policy/program advice and delivery	Christopher William Brook	Advisory services: health systems	160,255.00	38,523.00	93,995.00
Policy/program advice and delivery	LW Corporate Services	Advice: financial management and employment cost-related matters	42,000.00	23,254.00	Nil
Policy/program advice and delivery	Nielsen Sports Pty Ltd	Strategic analysis: Premier's Active April	109,500.00	104,000.00	Nil

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Policy/program advice and delivery	Aspex Consulting Pty Ltd	Gap analysis, end-of-life care	66,896.00	61,316.00	Nil
Policy/program advice and delivery	Price Waterhouse Coopers	Gender impact analysis	412,932.00	412,932.00	Nil
Policy/program advice and delivery	Oakton Services Pty Ltd	VCDC strategy project	90,880.00	90,880.00	Nil
Policy/program advice and delivery	KPMG	Family violence sector reform narrative	136,255.00	34,064.00	102,192.00
Policy/program advice and delivery	Peer Academy	Valuing the lived experience: insights and principles project	104,760.00	104,760.00	Nil
Policy/program advice and delivery	The Australian Centre for Social Innovation	Design: support and safety hubs, client experience	135,966.00	53,816.00	Nil
Policy/program advice and delivery	Nous Group Pty Ltd	Design: improving congregate crisis supported accommodation	119,700.00	104,350.00	Nil
Policy/program advice and delivery	Third Horizon Consulting Pty Ltd	Development: operating model options for Family Safety Victoria	316,627.00	316,218.00	409.00
Policy/program advice and delivery	Third Horizon Consulting Pty Ltd	Development: SAP future directions strategy project	279,024.00	146,730.00	132,294.00
Policy/program advice and delivery	Price Waterhouse Coopers Indigenous Consulting	Development: Aboriginal cultural safety framework	215,796.00	128,848.00	Nil
Policy/program advice and delivery	Australian Institute Of Family Studies	Longitudinal study on leaving care	938,825.00	45,455.00	Nil
Policy/program advice and delivery	Deloitte Access Economics Pty Ltd	Modelling the value of unpaid work	134,402.00	113,015.00	Nil
Policy/program advice and delivery	Landell	Development: go-to-market documentation to support the FSV business case	119,823.00	85,769.00	Nil
Policy/program advice and delivery	Cube Group Management Consulting	Development of Regulation Division's performance framework	44,800.00	30,255.00	Nil
Policy/program advice and delivery	Ernst & Young	Establishment of project management office	4,090,909.00	2,259,290.00	1,831,619.00
Policy/program advice and delivery	Deloitte Touche Tohmatsu	Demand management: support and safety hubs	268,182.00	150,474.00	Nil

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Policy/program advice and delivery	Deloitte Touche Tohmatsu	Develop detail design and roll-out plans: statewide enterprise master-patient index project	905,007.00	90,818.00	Nil
Policy/program advice and delivery	Deloitte Touche Tohmatsu	Development: new funding model for Child and Family Services	130,784.00	51,686.00	79,098.00
Policy/program advice and delivery	Deloitte Touche Tohmatsu	Develop: rental abatement arbitration, Kardinia Park stage 5	72,240.00	42,666.00	Nil
Policy/program advice and delivery	KPMG	Redevelop: family violence risk assessment and management framework	3,531,698.00	1,095,032.00	260,091.00
Policy/program advice and delivery	KPMG	Develop: interfaces, support and safety hubs	153,653.00	67,706.00	Nil
Policy/program advice and delivery	Centre for Evidence and Implementation	Development: technical specifications for the menu of evidence-informed practices and programs	169,075.00	120,114.00	48,960.00
Policy/program advice and delivery	PIRAC Economics	Develop: risk-based audit approach and training	184,373.00	129,819.00	8.00
Policy/program advice and delivery	Centre for Evidence and Implementation	Development: core practice elements in Children and Family Services	938,948.00	758,851.00	180,097.00
Policy/program advice and delivery	SGS Economics & Planning Pty Ltd	Model: long-term housing assistance demand and supply	192,875.00	20,206.00	Nil
Policy/program advice and delivery	The University of Melbourne	Develop practice guidelines: working with suicidal patient	54,489.00	31,875.00	Nil
Policy/program advice and delivery	Total Metrics	Development: framework and modelling process for VAHI VIME	15,915.00	15,915.00	Nil
Policy/program advice and delivery	ORIMA Research	The Orange Door website consumer segmentation and persona surveying	219,059.00	163,738.00	Nil
Policy/program advice and delivery	Nous Group Pty Ltd	Demand forecasting work for ERSC	76,009.00	75,100.00	Nil
Policy/program advice and delivery	The University of Melbourne	Implementation: quality governance framework, Loddon area	29,216.00	19,852.00	Nil

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Policy/program advice and delivery	Jacobs Group Australia Pty Ltd	Planning for asset management accountability framework compliance	133,387.00	55,812.00	77,575.00
Policy/program advice and delivery	Third Horizon Consulting Pty Ltd	Channel strategy	254,545.00	145,827.00	Nil
Policy/program advice and delivery	Anam Cara House Geelong Ltd	Identify options to improve respite services in Barwon South West	109,091.00	18,182.00	Nil
Policy/program advice and delivery	Melbourne East General Practice Network Ltd	Project management services: Victorian eReferral program	660,000.00	15,300.00	Nil
Policy/program advice and delivery	Institute for Healthcare Improvement	Victorian Patient Safety Program	8,393,731.00	3,401,836.00	4,444,856.00
Policy/program advice and delivery	KPMG	Child Protection Decision Support Tool (CPDST)	529,108.00	529,108.00	Nil
Policy/program advice and delivery	Cube Group Management Consulting	Report: program work benefits, Family Safety Victoria	22,600.00	11,300.00	Nil
Probity, data integrity and audit	GWA Consulting Pty Ltd	Audit: Western Health and Melbourne Genomics Health Alliance projects	20,736.00	18,144.00	Nil
Probity, data integrity and audit	KPMG	Data integrity audits: Victorian Admitted Episodes Dataset	2,943,112.00	815,728.00	889,761.00
Probity, data integrity and audit	Due Diligence Consultants Pty Ltd	Due diligence reporting	169,275.00	26,249.00	95,735.00
Probity, data integrity and audit	RSM	Risk review: housing fraud and corruption	163,549.00	175,850.00	Nil
Probity, data integrity and audit	ASPEX Consulting Pty Ltd	Review: Peter MacCallum Cancer Centre	88,483.00	88,333.00	150.00
Probity, data integrity and audit	Ernst & Young	Project assurance review: health service electronic medical records	106,073.00	21,743.00	931.00
Probity, data integrity and audit	Applied Aged Care Solutions Pty Ltd	Review: residential aged care at Ballan District Health & Care	19,500.00	19,500.00	Nil
Probity, data integrity and audit	KPMG	VHIMS Victorian Incident and Feedback Dataset	135,856.00	81,514.00	Nil

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Program assessment and evaluation	CDM Smith Australia Pty Ltd	Assessment: health risk associated with water consumption from public water fountains	27,264.00	27,263.00	Nil
Program assessment and evaluation	MLCOA Victoria	Adoption and permanent care medical advisor	23,400.00	19,602.00	3,798.00
Program assessment and evaluation	SAS Institute Australia Pty Ltd	Assessment: SAS capability	39,000.00	39,000.00	Nil
Program assessment and evaluation	Healthconsult	Evaluate: integrated model of care trial, responding to suspected elder abuse	257,522.00	103,009.00	51,504.00
Program assessment and evaluation	Social Compass	Evaluation: improving mental health treatment outcomes for Aboriginal and Torres Strait Islander People	183,000.00	169,679.00	13,321.00
Program assessment and evaluation	Darcy Associates Consulting Services	Evaluation of rural community intern programs	138,627.00	41,557.00	Nil
Program assessment and evaluation	Kristine Battye Consulting Pty Ltd	Evaluation: community health nurses in sexual assault multidisciplinary centres	83,134.00	15,609.00	Nil
Program assessment and evaluation	Cube Group Management Consulting	Evaluation: Multi-Agency Risk Assessment and Management (MARAM) implementation	426,750.00	135,850.00	290,900.00
Program assessment and evaluation	Ernst & Young	Evaluate: family violence therapeutic interventions	552,750.00	521,523.00	Nil
Program assessment and evaluation	Deloitte Touche Tohmatsu	Evaluate: Latrobe Valley actions framework (Hazelwood)	726,850.00	102,145.00	472,945.00
Program assessment and evaluation	Deloitte Touche Tohmatsu	Evaluation: new community-based perpetrator interventions and case management trials	408,941.00	88,872.00	320,069.00
Program assessment and evaluation	Sax Institute	Evaluate: place-based suicide prevention trials	700,000.00	329,315.00	161,207.00

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Program assessment and evaluation	Centre for Evidence and Implementation	Evaluation: Evidence-based programs in Family Services	353,960.00	358,271.00	Nil
Program assessment and evaluation	CSIRO	Evaluation of HealthLinks – Chronic Care	1,667,387.00	475,331.00	445,067.00
Program assessment and evaluation	Price Waterhouse Coopers Consulting Australia Pty Ltd	Evaluation: support and safety hubs 2018	718,037.00	434,675.00	283,362.00
Program assessment and evaluation	360 Edge	Therapeutic day rehabilitation evaluation	315,100.00	42,400.00	5,000.00
Program assessment and evaluation	Centre for Evidence and Implementation	Evaluate: Family violence child protection partnership	149,850.00	44,955.00	Nil
Program assessment and evaluation	Price Waterhouse Coopers Indigenous Consulting	Review: Indigenous family violence regional action group	255,297.00	111,778.00	Nil
Program assessment and evaluation	Healthconsult	Review: Victorian eyecare service	107,280.00	42,912.00	Nil
Program assessment and evaluation	Healthconsult	Review: field emergency medical officer program	105,953.00	42,381.00	Nil
Program assessment and evaluation	K Murray consulting	Review: administration of the <i>Working with Children Act 2005</i>	68,000.00	23,099.00	44,901.00
Program assessment and evaluation	IPP Consulting Pty Ltd	Security review: support and safety hubs	25,500.00	25,500.00	Nil
Program assessment and evaluation	John Elcock	Review: relationship of general practitioners and Beaufort and Skipton Health Service	10,500.00	10,000.00	Nil
Program assessment and evaluation	FBG Group	Review of occupational violence training	45,454.00	20,699.00	Nil
Program assessment and evaluation	Heather Michaels And Associates	Review: service delivery practice and management at Thornbury out-of-home care residential unit	23,727.00	24,220.00	Nil
Program assessment and evaluation	Xavier Pacific Health	Heart Health Initiatives Project	245,455.00	26,000.00	Nil

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Program assessment and evaluation	Landell	Review: sport and recreation camp leases	89,497.00	89,497.00	Nil
Program assessment and evaluation	Cube Group Management Consulting	Review and map: matrix operating model, property and asset services	45,450.00	11,632.00	Nil
Program assessment and evaluation	Ernst & Young	Review: service provider, family violence services	223,575.00	151,040.00	Nil
Program assessment and evaluation	Deloitte Touche Tohmatsu	Review: health service patient experience program	136,348.00	27,270.00	Nil
Program assessment and evaluation	Deloitte Touche Tohmatsu	Review: rural and regional health service patient experience data needs	136,331.00	27,266.00	Nil
Program assessment and evaluation	KPMG	Review: Aged Care Assessment Service	127,264.00	127,264.00	Nil
Program assessment and evaluation	KPMG	Review: hospital funding model	124,835.00	85,520.00	Nil
Program assessment and evaluation	John Anderson Ward	Review of the Food Standards Code	61,673.00	20,556.00	Nil
Program assessment and evaluation	Urbis Pty Ltd	Review: specialist family violence case management	329,705.00	213,910.00	Nil
Program assessment and evaluation	Monash University	Review: family violence information sharing scheme	421,937.00	185,554.00	168,343.00
Program assessment and evaluation	Siggins Miller Consultants	Development: an evaluation framework for the independent facilitator trial	58,618.00	58,291.00	Nil
Program assessment and evaluation	Victorian Aboriginal Child Care Agency Co-Op Ltd	Development: an Aboriginal health, wellbeing and safety research and evaluation framework	605,905.00	289,809.00	316,097.00
Workforce support	Worklogic	Bullying and harassment independent expert panel	181,818.00	14,006.00	167,812.00
Workforce support	CWH Mediation & Workplace Relations Pty Ltd	Bullying and harassment independent expert panel	181,818.00	12,001.00	169,817.00

Category	Consultant	Purpose of consultancy	Total approved project fee excl. GST	Expenditure 2018–19 excl. GST	Future expenditure excl. GST
Workforce support	The ZALT Group	Footscray Reception Team workforce improvement	14,800.00	11,861.00	Nil
Workforce support	Price Waterhouse Coopers	OHS/WorkCover secondment monitoring reporting protocols	26,120.00	26,349.00	Nil
Workforce support	Veldhoen & Company Pty Ltd	Utilisation study: future workplace enablement project	11,000.00	11,000.00	Nil
Workforce support	KPMG	Analysis: costs impacts of long service benefits portability	274,093.00	274,711.00	Nil
Workforce support	Grosvenor Performance Group	Develop: strategic accommodation master plan	89,650.00	22,337.00	Nil
Workforce support	Raven Consulting Group	Develop: allied health career pathways	148,000.00	10,000.00	Nil
Workforce support	Phoenix Australia Centre for Posttraumatic Mental Health	Develop: occupational violence and aggression post incident guidance material	233,923.00	57,939.00	Nil
Workforce support	Liberate eLearning Pty Ltd	Develop: sexual harassment policy eLearning tutorial	46,172.00	13,338.00	27,103.00

Details of government advertising expenditure for 2018–19 (campaigns with a media spend of \$100,000 or greater)

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 ahead of its statewide roll-out in April 2019.	1 September 2018 to 3 November 2018 and 3 March 2019 to 4 May 2019	\$802,200	\$42,000	N/A	\$45,000	\$18,000	\$907,200
Survive the Heat 2018–19	Ensure the community understands the risks of extreme heat to their health and how to manage these risks appropriately.	10 December 2017 to 31 March 2018	\$530,760	\$16,521	\$26,400	\$12,905	\$5,000	\$591,586
Epidemic Thunderstorm Asthma	This campaign was developed in response to recommendations identified in the Inspector-General of Emergency Management's <i>Review of response to the thunderstorm asthma event of 21–22 November 2016</i> .	15 September 2018 to 31 December 2018	\$196,596	\$49,789	\$32,063	\$35,127	N/A	\$313,575
Supercare	Raise awareness of the scale and scope of services offered by Supercare pharmacies throughout Victoria.	1 July 2017 to 30 June 2018	\$267,544	N/A	N/A	N/A	N/A	\$267,544
Save Lives, Save 000 for Emergencies	To remind Victorians to save Triple Zero for emergencies and promote a range of other health services as options for non-life-threatening situations.	19 August 2018 to 25 October 2018	\$884,215	\$270,500	N/A	N/A	N/A	\$1,154,715
Seasonal Influenza	Prepare Victorians for the 2019 flu season by raising broad awareness of the risks of influenza, particularly among those most at risk of complications, and the protective steps available, including immunisation.	23 April 2019 to 30 June 2019	\$717,154	\$30,872	\$50,000	\$39,250	\$104,537	\$941,813

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
Kilojoules on the Menu	This is the second year this campaign has run, and it supports the implementation of the <i>Food Amendment (Kilojoule Labelling Scheme and Other Matters) Act 2017</i> by raising awareness of kilojoule labelling and encouraging Victorians to make better informed, healthier food choices.	1 May 2019 to 30 June 2019	\$161,641	\$7,815	N/A	N/A	N/A	\$169,456
Our Fair Share	A campaign to build awareness of a significant Commonwealth health funding shortfall and to advocate for Victoria's position for appropriate and equitable health funding.	April to June 2019	\$400,000	\$126,826	N/A	\$4190	\$454	\$531,470

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 2018–19, the department received 2,029 applications. Of these requests, 21 were from Members of Parliament, 28 from the media, and the remainder from the general public.

The department made 1,702 FOI decisions and processed 90 per cent of requests within the statutory time period. Of the requests finalised, 75 per cent were granted in full or in part.

During 2018–19, 59 decisions were subject to review by the Office of the Victorian Information Commissioner and six appeals were made to the Victorian Civil and Administrative Tribunal.

Drugs Poisons and Controlled Substances Act 1981 (s. 60s)

Section 60S of the *Drugs, Poisons and Controlled Substances Act 1981* states that the Chief Commissioner is to report on actions under this Division and must provide to the Minister for inclusion in the annual report of operations under Part 7 of the *Financial Management Act 1994*, a report containing:

(a) Number of searches without warrant under s. 60E conducted during financial year

Persons under 18 years searched	3
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(b) Number of searches of persons irrespective of age without warrant under s. 60F conducted during financial year

Persons searched irrespective of age	4
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(c) Number and type of volatile substances and items used to inhale a volatile substance seized as a result of conducting those searches

Backpack	1
Spray paint	–
Plastic bag (with paint)	1
Socks (used to filter deodorant)	1
Gases (Compressed air / CO ₂)	–
Deodorant (multiple cans)	2

Notes: More than one item can be seized per search. The number and type of volatile substances and related items seized are listed under question c only. This is to avoid duplication and potential for misinterpretation on the number of instances in which multiple items may be involved.

(d) Number and type of volatile substances and items used to inhale a volatile substance received by members of the police force when produced in accordance with a request under s. 60H(1)(b)

Deodorant	1
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(e) Number and type of volatile substances and items used to inhale a volatile substance returned to persons under s. 60N

Number and type	–
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(f) Number and type of volatile substances and items used to inhale a volatile substance disposed of or made safe under s. 60O

Deodorant	1
Plastic bag (with paint)	1

(g) Number and type of volatile substances and items used to inhale a volatile substance forfeited to the Crown under s. 60P

Deodorant	1
Socks (used to filter deodorant)	1

(h) Number of persons apprehended and detained without warrant under section 60L

Persons (under 18 years) apprehended and detained	–
Persons (irrespective of age) apprehended and detained	–
Male	–

Female	–
Indigenous	–
Non-Indigenous	–

Notes: Each contact or occasion may involve multiple items or substances. Figures do not include prescribed or prohibited volatile substances. Incidents may involve persons detained or transported under different legislative provisions resulting from the initial contact, e.g. (mental health).

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 3 per cent, or a rate determined by the Minister for Health up to a maximum of 5 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	2018–19
Metropolitan trusts	\$4,695,000
Rural trusts	\$365,875
Total amount collected	\$5,060,875

Departmental expenditure (category)	2018–19
Sector reform initiatives	\$0
Governance support	\$1,219,087
Sector grants	\$1,638,506
Sector policy, development and coordination	\$406,362
Insurance premiums and claims	\$1,453,323
Total expenditure	\$4,717,278

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 protects public health through the prevention and control of infectious diseases.

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 2018 – 30 June 2019

Section	Order type	Number	Reason
113	Examination and testing order	0	
117	Public health order	2	To eliminate or reduce the risk of a person causing a serious risk to public health

Section	Order type	Number	Reason
118	Extension of public health order	1	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 periods 1 January 2018 to 30 June 2019 and 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>>.

In relation to reporting requirements, 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	20
Organisations required to undertake an independent review	867

Includes organisations registered for National Disability Insurance Agency purposes.

Reviews completed 2018–19

Type	Number
Number of independent reviews successfully completed	348
Number of independent reviews not successfully completed or certification withdrawn	0

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. Year 1 actions are set out in the *Department of Health and Human Services disability action plan 2018–2020: 2018–2019 implementation plan*.

To find out more and access annual implementation plans, visit the [department's website](https://www.dhhs.vic.gov.au/publications/disability-action-plan-2018-2020): <<https://www.dhhs.vic.gov.au/publications/disability-action-plan-2018-2020>>.

Reducing barriers to accessing goods, services and facilities

Key priority 5 of *Absolutely everyone: state disability plan 2017–2020* commits the Victorian Government to taking a sector-wide approach to reinvigorating disability action plans in every public health and community health service.

In 2018–19, the department partnered with the Victorian Healthcare Association to develop a series of interactive e-learning modules to support health services, to prepare and implement a disability action plan. The modules are designed to assist Victorian public hospitals, multipurpose services and community health services to build their capacity to support the needs of people with disability. The modules aim to build opportunities for greater representation on governing bodies, boards and committees, and support the workforce more broadly.

Each module highlights different aspects related to disability action planning, designed to support health services to build their capacity as mainstream service providers and improve the quality of care and employment opportunities for people with disability.

Reducing barriers to persons with a disability obtaining and maintaining employment

Victoria's social procurement framework, launched in April 2018, will embed social procurement within ordinary government processes and make the most of the purchasing power that the Victorian Government has. The department's *Social procurement strategy 2018–19* (the strategy) outlines how the department implements the framework.

A key focus of the strategy is contributing to a strong Victorian economy in our role as an employer by building the capabilities of the workforces that deliver our services, creating jobs through our service delivery and capital works, and through support for research. The strategy identifies several social procurement objectives, including increasing economic opportunities for Victorians with disability.

Promoting inclusion and participation in the community

Action 24 of *Absolutely everyone* is 'Voice and leadership'. This action seeks to provide opportunities for people with disability to lead and contribute to public debate and influence change.

The Victorian Government is committed to increasing the diversity of its boards. We know that there are experienced board members with disability who have much to contribute to policy and decision making through our boards and committees. While one in five Victorians identify as having a disability, it is estimated that less than 1 per cent of people serving on Victorian public sector boards identify as having a disability. The People with Disability on Victorian Public Sector Boards initiative was delivered in partnership with Leadership Victoria, the Disability Leadership Institute and the Self-Advocacy Resource Unit's Voice at the Table initiative.

The initiative offered a range of professional development opportunities for people with disability, to assist in applying for, and sustaining, public sector board appointments. Professional development training workshops were provided for board secretariat staff within departments, and members of Victorian public sector boards and committees, on inclusive recruitment practices and hosting inclusive meetings. Victorian board vacancies were also advertised on the National Register of Disability Leaders, resources were developed and support was provided to departments regarding inclusive recruitment practices.

Achieving tangible changes in attitudes and practices that discriminate against people with a disability

The department funded Positive Powerful Parents, a statewide self-advocacy group for parents with intellectual disability to develop resources for health, government and child protection agencies. Titled *Hand in hand*, the report was developed by parents with intellectual disability to raise awareness about the lives and support needs of families where a parent has an intellectual disability. The project also developed the Parent Voices resource kit identifying supportive ways of working with families that are in the best interests of children.

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 has seen 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 during the launch, until a nationally consistent risk-based quality assurance approach is developed and its application commences. Some organisations providing services for the National Disability Insurance Agency are required to be registered with the department and operate in accordance with the Disability Act. This includes 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.

The register can be found on the [department's website](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](https://providers.dhhs.vic.gov.au/register-community-services) <<https://providers.dhhs.vic.gov.au/register-community-services>>.

Registration activity

During 2018–19, the department refused to register a number of organisations under the Disability Act on the grounds they were unable to meet the Disability Act requirements and/or demonstrate their capacity to meet the Human Services Standards. The department ceased taking applications for National Disability Insurance Agency purposes on 1 March 2019. The following registration activities occurred.

Registration type	New registrations processed 2018–19	Renewals processed 2018–19	Registrations lapsed/revoked 2018–19	Total number registered at 30 June 2019
Registration under the <i>Disability Act 2006</i>	290	192	77	733
Registration under the <i>Children, Youth and Families Act 2005</i>	11	12	10	164

Social procurement framework

Social procurement achievements in 2018–19 include:

- > completion of 2018–19 social procurement strategy, following feedback from the Department of Treasury and Finance
- > completion of 2018–19 social procurement capability assessment
- > completion of 2018–19 social procurement strategy implementation plan
- > two social procurement forums held, each attended by over 100 staff
- > procurement policies, processes, templates and contracts updated to encourage social procurement.

Indirect procurement

There were nil 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.

Social procurement was included as part of the procurement planning process during the 2018–19 year which will see an increase in social procurement commitments from non-social benefit suppliers in 2019–20 reporting period.

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
\$10,390,386.92	148

Reporting against 2018–19 specified metrics

Social procurement framework objective	Outcome	Metric
Opportunities for Victorian Aboriginal people	Purchasing from Victorian Aboriginal businesses	<ul style="list-style-type: none"> • \$3,727,770 spent with Victorian Aboriginal suppliers • 38 Victorian Aboriginal suppliers engaged
Opportunities for Victorians with disability	Purchasing from Victorian social enterprises ¹ and Australian disability enterprises	<ul style="list-style-type: none"> • \$1,157,840 spent with Victorian social enterprises led by a mission for people with disability and Australian Disability Enterprises (ADEs) • 30 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 ² providing job readiness and employment for one of the following: <ul style="list-style-type: none"> • long-term unemployed people • disengaged youth • single parents • migrants • refugees and asylum seekers • workers in transition 	<ul style="list-style-type: none"> • \$1,878,650 spent with Victorian social enterprises led by a mission for the disadvantaged² • 29 Victorian social enterprises led by a mission for the disadvantaged² engaged

Social procurement framework objective	Outcome	Metric
Sustainable Victorian social enterprises and Aboriginal business sectors	Purchasing from Victorian social enterprises and Aboriginal businesses	<ul style="list-style-type: none"> • \$3,727,770 spent with Victorian Aboriginal suppliers • 38 Victorian Aboriginal suppliers engaged • \$6,585,760 spent with Victorian social enterprises³ • 101 Victorian social enterprises³ 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.

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 Housing, Disability, Ageing and Carers on key issues for senior Victorians such as prevention of elder abuse, end-of-life planning, multicultural and emerging communities, volunteering and carer needs.

Mr Mansour was reappointed to the role as Commissioner for a further four years in May 2019.

The Commissioner regularly meets 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 to discuss matters of interest and importance to older people.

The Commissioner has been actively involved in seeking the views of older people, carers and key community advocates to inform his submissions to the Commonwealth Royal Commission into Aged Care and the Victorian Royal Commission into Mental Health. He hosted consumer and carer workshops where participants were able to discuss their concerns and provide suggestions for improving care.

He has continued to advocate for responses that address isolation and loneliness for older people, identified in his report *Ageing is everyone's business: a report on isolation and loneliness among senior Victorians*. The Commissioner contributed to planning for the Strengthening Seniors Inclusion and Participation Communities

of Interest projects and participated in the information session for lesbian, gay, bisexual, transsexual and intersex stakeholders.

He was delighted to be able to attend the 2019 Midsumma Carnival, spending time on the Melbourne Health information booth and visiting other information stands. In response to an invitation from the Commissioner for Sexuality and Gender, Mr Mansour joined with other Victorian commissioners in the annual Pride March. He spoke about elder abuse prevention on JOY Melbourne radio during the lead up to World Elder Abuse Awareness Day.

He met with older people from a range of diverse cultural communities and launched the Australian Unity Community Participation for Seniors from Emerging Communities project.

The Commissioner has actively liaised with many local organisations and has been involved in public and community education activities including more than 40 public forums and speaking engagements across Victoria. Locations included Ararat, Ballarat, Bangholme, Creswick, Dandenong, Deepdene, Eltham, Geelong, Moonee Valley, Mornington, Morwell, Nunawading, Shepparton, Timboon, Torquay and Wangaratta.

Mr Mansour was invited to deliver the 2018 annual oration at St Monica's College Epping. His presentation to a multigenerational audience focused on the theme 'Do not be afraid'. The Commissioner outlined his views about what makes a happy and fulfilling life, the importance of maintaining strong social connections, including with those older people who are an important part of our lives.

The Commissioner speaks regularly on Golden Days Radio and continues to engage with seniors through social media. During 2018–19, his Facebook audience ‘likes’ increased 55 per cent from 498 to 871 likes, with ‘follows’ increasing by 64 per cent from 901 to 1,354 follows.

The Commissioner was a member of the Addressing the Needs of Vulnerable Persons Reference Group. He chairs the End of Life and Palliative Care Framework Implementation Group and is deputy chair of the Elder Abuse and Safeguarding Advisory Group. Other memberships include the Family Safety Victoria Diverse Communities and Intersectionality Working Group, where he contributed to the *Everybody matters: inclusion and equity statement* and the Victoria Police Human Rights Strategic Advisory Committee.

He chaired the selection panel for the 2018 Victorian Senior of the Year Awards and was a member of the selection panel for the 2018 Victorian Volunteer of the Year Awards.

The Commissioner attended regular meetings to discuss matters relevant to the participation of seniors and the rights of older people with Victorian Commissioners including 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 and the Victorian Public Advocate.

He has established key working relationships 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, the Municipal Association of Victoria, Leading Age Services Australia and Aged and Community Services Australia. He also meets regularly with the Mental Health Complaints Commissioner and the Disability Commissioner to Commercial Passenger Vehicles Victoria and is member of the Commercial Passenger Vehicles Victoria Disability and Accessibility Forum 2019.

Ambassador for Elder Abuse Prevention

In his role as Ambassador for Elder Abuse Prevention, the Commissioner has actively educated older people about elder abuse prevention and has promoted *Your voice – Trust your choice: tips for seniors making enduring powers of attorney* to support older people making enduring powers of attorney. The Commissioner was one of the invited speakers for the elder abuse focused plenary session at the 2018 Australian Association of Gerontology Annual Conference and at the 10th birthday celebrations of Seniors Rights Victoria.

Mr Mansour was highly sought after as a presenter at conferences and professional development forums. These included for members of the VCAT Guardianship List and Human Rights list (a special event acknowledging Human Rights Day and the 70th Anniversary of the Declaration of Human Rights and presentations at the County Court Annual Conference and as part of the Judicial College Family Violence Program. Mr Mansour provided information about older people’s experience of elder abuse as part of a panel discussion at the 2018 Australian Association of Gerontology Annual Conference.

The Commissioner has played a significant role supporting the integrated model of care for responding to suspected elder abuse trial and continues to be a requested speaker at meetings of local family violence and elder abuse prevention networks.

Victoria’s first elder abuse prevention campaign Respect Older People: Call it Out was launched at the World Elder Abuse Awareness Day Breakfast in June 2019 hosted by the Commissioner together with the Minister for Disability, Ageing and Carers, the Minister for Prevention of Family Violence and the Parliamentary Secretary for Health / Parliamentary Secretary for Carers and Volunteers.

Department of Health and Human Services Financial Management Compliance Attestation Statement

I, Kym Peake, as the Responsible Body, certify that the Department of Health and Human Services has complied with the applicable Standing Directions made under the *Financial Management Act 1994* and Instructions except for the following material compliance deficiencies:

- > The Victorian Health and Human Services Building Authority is partially compliant with Direction 4.2.3 (Asset Management Accountability Framework) in relation to Operations and Maintenance. Two issues were remediated during 2018–19, a third will be remediated during 2019–20 subject to funding.



Kym Peake
Secretary
Department of Health and Human Services



Environmental sustainability report



Environmental performance and impacts

In 2018–19, the department has continued to improve environmental performance and manage climate change risks across the sector by integrating and improving our environmental sustainability in all our operations.

Highlights

Highlights for the period included:

- > contributing to the whole of Victorian Government TAKE2 emissions reduction target, reducing our greenhouse gas emissions from office-based sources by 7.6 per cent, or 2,269 tonnes from the 2014–15 baseline
- > completing base-building upgrades in high-rise public housing buildings as part of the Greener Government Buildings project. Upgrades included smart LED lighting systems for common areas in nine high-rise estates that will save 75 per cent of the energy used on lighting, and boiler upgrades which replaced 500 kW boilers in five high-rise estates with four 150 kW modular boilers that can more efficiently respond to changes in demand
- > supporting installation of 2.4 MW of solar PV across 21 health facilities in the Barwon South Western region and tendering for a further 4.1 MW across 45 sites in the Hume, Loddon Mallee and Grampians regions
- > reducing public health service reported greenhouse gas emissions by 1.5 per cent, or 13,389 tonnes

- > completing significant upgrades to two heritage rooming houses in Flemington and Ascot Vale resulting in 30 new energy and water-efficient self-contained studio units. The two properties achieved average National House Energy Rating Scheme (NatHERS) ratings of 6.8 stars and 6.4 stars.

Energy

The department is committed to reducing energy consumption across its operations and to assisting our clients to reduce their own energy use.

In 2018–19, the department:

- > upgraded 158 public housing high-rise units. The units upgraded received double-glazed windows, thermally broken window frames, external-wall insulation, weather stripping and self-sealing kitchen exhaust fans. These upgrades increased the average NatHERS performance of the units from 4.9 stars to 5.5 stars
- > delivered 1,149 of the planned 1,500 upgrades to low-rise public housing properties under the EnergySmart Public Housing program. The program aims to reduce energy costs and improve thermal comfort for participating public housing tenants. The remaining upgrades are now expected to be completed in the 2019–20 financial year. Evaluation of the project has been commenced
- > successfully sought an amendment to plumbing regulations from the Victorian Building Authority to facilitate compliance with the department's public-housing sustainability guidelines. The plumbing modification streamlines building approvals for new all-electric housing that is built to exceed regulatory requirements and achieve 7-star NatHERS ratings

- > constructed 31 detached public housing properties with roof-top solar PV to reduce emissions and lessen energy costs for tenants
- > upgraded Peninsula Health facilities through a \$7 million energy performance contract that is estimated to save 5,089 tonnes of carbon emissions per annum, or a 17 per cent reduction
- > funded a lighting upgrade at Colac Hospital that installed 1,093 LED lights, reducing carbon emissions by 387 tonnes or 13 per cent
- > supported a straw–pellet fuelled biomass boiler at Skipton Hospital to replace their liquified petroleum gas heating system
- > worked with the landlord at 50 Lonsdale Street, Melbourne to support building upgrades including the installation of a 50 kW solar PV array for the base building and a new domestic hot water unit. These improvements earned the base building a 5.5-star NABERS Energy rating and a 5-star NABERS Indoor Air Quality rating
- > undertook extensive rectification works on the tenancy C-Bus lighting management system at 50 Lonsdale Street, Melbourne to enable improved scheduling and energy saving
- > entered negotiations with office landlords to determine the feasibility of future solar PV installations on leased offices
- > undertook preliminary analysis for seeking a WELL-certified rating for the fit-out of two levels at 35 Collins Street for the Victorian Health and Human Services Building Authority.

Office-based performance

In 2018–19, the performance trend:

- > indicated a minor increase in office-based energy usage, with improved efficiency at existing office sites being offset by an increase in the total number of sites occupied, and the roll-out of Family Safety Victoria hubs to new sites in the regions.

Targets

The 2019–20 environmental management system targets for energy are to:

- > meet the prescribed TAKE2 five-year emissions reduction target by reducing departmental office-based emissions by 30 per cent as measured against 2014–15 levels

- > complete research into a computer sleep-mode project for office-based computers and laptops
- > continue implementation of the regional health solar program in the Hume, Loddon-Mallee and Grampians regions
- > release new sustainability guidelines for capital works for health
- > deliver the \$5 million energy efficiency and solar program to support health services with their emission reduction pledges
- > exceed an average 7-star NatHERS rating for newly built public housing dwellings and specify with all-electric appliances and solar PV wherever feasible.

Water

The department seeks to better understand water consumption across our facilities and operations and encourages our clients to improve their own water efficiency.

In 2018–19, the department:

- > completed testing and verification of the pulse water meters installed in eight high-rise public housing buildings. These monitors can now be used to identify water-efficiency opportunities and detect leaks and will enable a regular monitoring program to be finalised
- > supported water-efficiency upgrades at 50 Lonsdale Street, Melbourne resulting in a NABERS Water rating of 3.5 stars.

Office-based performance

In 2018–19, the performance trend:

- > indicated a reduction in office-based water use of 4 per cent, and improved water-efficiency per FTE. Water-efficiency upgrades at 50 Lonsdale Street, Melbourne during the year were responsible for a large portion of the reduction.

Targets

The 2019–20 environmental management system target for water is to:

- > develop a monitoring program to analyse pulse water–meter data from eight high-rise public housing buildings to identify efficiency opportunities.

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 2018–19, the department:

- > successfully deployed a ‘follow-me’ printing system to all printers at 50 Lonsdale Street, Melbourne. Follow-me printing only releases documents to be printed when users are physically at the printer, promoting enhanced mobility and security while reducing waste. Preliminary data collected indicates that over a three-month period, the system prevented 26,000 pages of uncollected documents from being printed
- > ensured that 98 per cent of all office-based paper purchased consisted of 100 per cent recycled content
- > continued roll-out of the TRIM electronic document and record management system that is set to remove the need to print and archive hardcopy records. Beyond the direct savings in paper and printing, the system is also intended to reduce the costs and environmental impact from storage, transport and disposal of hardcopy records.

Office-based performance

In 2018–19, the performance trend:

- > indicated a reduction in total paper purchased and associated emissions, attributable in part to improved use of electronic record keeping, implementation of the ‘follow-me’ printing system, and improved communication. The paper usage per FTE indicator increased due to FTE reductions that took effect during the reporting year.

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 2018–19, the department:

- > undertook work with procurement services to change purchasing practices for disposable coffee cups in office buildings. New purchasing practices were implemented from December 2018 and have resulted in an annualised reduction of disposable-cup purchasing by approximately 120,000 units
- > continued the Simply Cups coffee-cup recycling program, diverting more than 150,000 cups from landfill
- > collected over 42,000 kg of decommissioned information technology assets from the department’s offices for secure recycling through a dedicated e-waste provider
- > researched a soft plastics recycling trial for 50 Lonsdale Street, Melbourne. While no commercial arrangement was found to be viable, the department’s sustainability committee is now planning to test collections on a small-scale, voluntary basis
- > undertook several interventions to increase resource recovery and reduce waste generation in the public health sector, resulting in an increase in the amount of recycled materials collected by 534 tonnes, or 6 per cent
- > mandated PVC recycling in the theatre, renal and intensive care departments of all 32 public hospitals in Melbourne, with collections being established in 62 of the 71 targeted departments. In 2018–19, 33.8 tonnes of PVC was collected, a 143 per cent increase compared with 2017–18 and a 449 per cent increase since 2016–17.
- > prepared waste audit guidelines for public hospitals and health services.

Office-based performance

In 2018–19, the performance trend:

- > indicated a reduction in overall office-based waste volumes, largely attributable to an improvement in the accuracy of waste audit data and estimations.

Targets

The 2019–20 environmental management system targets for waste are to:

- > commence development of a NABERS waste tool for hospitals with other states and territories
- > complete the waste education in health care project in conjunction with Sustainability Victoria, including piloting single-use metal recycling at the Alfred Hospital
- > develop a template waste-management plan for health services
- > develop a waste-signage standard for kitchens that can be applied at sites throughout the state
- > commence pilot collections of soft plastics for recycling at 50 Lonsdale Street, Melbourne.

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 2018–19, the department:

- > continued to implement the Efficient Fleet Procurement Policy, giving preference to fuel-efficient and low-emission vehicles
- > continued to manage its fleet composition in anticipation of future changes attributable to the National Disability Insurance Scheme transition. Hybrid vehicles formed only 24 per cent of the fleet due to procurement restrictions
- > promoted the Better Health Channel Cycling team's completion of the annual Murray to Moyne event, raising more than \$10,500 for Syndromes Without a Name
- > encouraged staff to participate in regular Sunday bike rides, offered by the Bicycle Users Group
- > held a cycling seminar for staff at 50 Lonsdale Street, Melbourne on Ride2Work Day to encourage more staff to consider cycling to work or trying other active and sustainable transport options
- > developed a methodology for implementing sustainable travel in hospitals. Opportunities are being evaluated for implementation at two metropolitan health services, and work is ongoing to refine the scope and location of the pilot

- > commenced a project to pilot methodologies to improve sustainable transport to Eastern Health and Peninsula Health facilities
- > expanded public health service reporting to include carbon emissions from metropolitan public health service fleet vehicles and developed resources to assist health services better manage their vehicle fleet.

Office-based performance

In 2018–19, the performance trend:

- > indicated a deterioration in efficiency and total emissions for transport. Specification changes to the department's preferred hybrid sedan resulted in it not meeting minimum requirements and therefore being ineligible for procurement. An increase in total kilometres travelled also contributed to increased emissions from fleet. Air-travel kilometres and resulting emissions increased due to the department's business requirements, while results of the department's commuter travel survey improved.

Targets

The 2018–19 environmental management system targets for sustainable transport are to:

- > complete the sustainable transport pilot at Eastern Health and Peninsula Health
- > expand public health service reporting to include carbon emissions from regional public health service fleet vehicles.

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 2018–19, the department:

- > progressed the development of the pilot climate change adaptation action plan and emissions reduction plan. The adaptation action plan is scheduled for completion by December 2019
- > completed a baseline inventory of health and human services emissions. The inventory forms the first step in determining an emission reduction pathway for the health and human services system

- > completed a climate change risk assessment of public housing and public hospital infrastructure. The assessments improved our understanding of exposure in the public housing and public health systems to climate-induced threats that may have a material impact on infrastructure, assets and services in the future.

Targets

The 2019–20 environmental management system targets for climate change adaptation are to:

- > commence implementation and communication of the department's pilot climate change adaptation action plan.

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 2018–19, the department:

- > released its *Environmental sustainability strategy 2018–19 to 2022–23* for the public health system, focusing on leadership and engagement, improving environmental performance and climate change resilience
- > funded 12 projects across 10 health services through its environmental sustainability innovation grant program. The program supported innovations in recycling, waste avoidance, lifecycle assessments, climate adaptation, energy use of imaging equipment and food services
- > joined the Global Green and Healthy Hospitals network. At the end of 2018–19, 13 public health services were members of the network
- > required health services to nominate environmental sustainability actions as part of their 2019–20 Statement of Priorities
- > recommenced regular meetings of the Future Sustainability Committee staff volunteer group. The committee took part in promoting several environmental events throughout the year, including Earth Hour, Plastic-Free July and National Recycling Week.

Targets

The 2018–19 environmental management system targets for communications and behaviour change are to:

- > publish a 2018–19 performance report and 2019-20 action plan for the *Environmental sustainability strategy 2018–19 to 2022–23*
- > capture knowledge from projects delivered through the environmental sustainability innovation grant program and promote to the sector.

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 2018–19, 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 2019.

At 30 June 2019, the department provided its administrated services from 61 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 87 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 CO₂-e) associated with:	2018–19 estimate	2017–18 estimate	2016–17 estimate
Public hospitals energy use	815,770	830,262	852,529
Housing services energy use	63,133	63,324	68,445
Office-based energy use	16,340	16,235	17,543
Public hospitals nitrous oxide	15,012	16,321	15,496
Vehicle fleet and air travel	10,543	9,605	10,068
Hospital emergency transport	24,043	21,834	20,562
Public hospital waste production	36,315	36,348	N/A
Metropolitan health service vehicle fleet	5,645	5,409	N/A
Office-based paper and waste production	744	835	625
Total	987,545	1,000,173	985,268

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 July 2018 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	856.9	8032.3	8,889.2
Operational FTE	1,676.6		1,676.6
Total FTE			10,565.8
Number of office-based sites	16	45	61
Number high-rise public housing sites	44		44
Office-based area (m ²)	20,327	134,779	155,106

Staff and building reference data includes the roll-out of The Orange Door Family Safety Victoria hubs (seven buildings).

FTE (full-time equivalent staff member as of 30 June 2019)

Energy use

Office based

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
Electricity	51,801,160	\$3.34	50,613,492	\$2.89	56,183,067	\$2.74
Green power	0	\$0.00	0	\$0.00	0	\$0.00
Natural gas	18,303,351	\$0.26	17,654,216	\$0.25	10,321,215	\$0.13
Total	70,104,511	\$3.60	68,267,708	\$3.14	66,504,282	\$2.87

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total greenhouse gas emissions by primary source	Tonnes CO₂-e	Tonnes CO₂-e	Tonnes CO₂-e
Electricity	15,396	15,325	17,011
Natural gas	943	910	532
Total	16,340	16,235	17,543

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Energy used per FTE (megajoules/FTE)	7,886	7,802	8,714
Energy intensity (megajoules/m ²)	452	498	520
Green power purchased	0.0%	0.0%	0.0%

Office-based electricity data represents 99 per cent of office-based FTE and 95 per cent of total office area.

Office-based electricity data includes a 1 per cent estimate and office-based gas data includes a 17 per cent estimate due to some data being unavailable from energy retailers at the time of reporting.

(\$M) Million

Housing services

Electricity

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
High-rise public housing electricity use	50,376,739	\$3.00	53,886,482	\$2.81	56,655,276	\$2.30
Other public housing electricity use	32,351,889	\$2.37	32,824,180	\$2.14	30,669,331	\$2.02
Disability housing electricity use	42,624,078	\$2.12	42,294,070	\$1.87	39,793,532	\$1.71
Youth and family welfare electricity use	1,990,413	\$0.13	1,832,073	\$0.11	1,652,759	\$0.09

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
Youth justice electricity use*	N/A	N/A	N/A	N/A	12,902,049	\$0.48
Total electricity	127,343,119	\$7.61	130,836,805	\$6.94	141,672,947	\$6.60

Gas

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total energy usage segmented by primary source	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)	Megajoules	Cost (\$M)
High-rise public housing natural gas use	299,981,572	\$3.90	292,638,657	\$3.25	317,873,735	\$2.57
Other public housing natural gas use	94,130,381	\$1.37	86,660,748	\$1.15	84,427,531	\$1.00
Disability housing natural gas use	94,056,482	\$1.44	85,694,399	\$1.23	82,789,112	\$1.04
Youth and family welfare natural gas use	2,502,382	\$0.05	2,168,503	\$0.04	2,011,012	\$0.03
Youth justice natural gas use*	N/A	N/A	N/A	N/A	4,673,204	\$0.04
Youth justice liquefied petroleum gas use*	N/A	N/A	N/A	N/A	1,860,742	\$0.02
Total gas	490,670,816	\$6.75	467,162,307	\$5.67	493,635,337	\$4.71

* Youth justice facilities have been transferred to another government department. 2016–17 consumption figures have been reported to 31 March 2017.

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total greenhouse gas emissions	Tonnes CO₂-e	Tonnes CO₂-e	Tonnes CO₂-e
Electricity	37,849	39,251	42,895
Natural gas	25,284	24,073	25,437
Liquefied petroleum gas	N/A	N/A	113
Total greenhouse gas emissions	63,133	63,324	68,445

Housing services energy data represents consumption and cost for common-use areas and base-building services at 2,800 electricity-metered and 835 gas-metered sites.

Housing services electricity data includes a 22 per cent estimate and housing portfolio gas data includes a 39 per cent estimate due to some data being unavailable from energy retailers at the time of reporting.

Public health services

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total energy usage segmented by primary source	Terajoules	Cost (\$M)	Terajoules	Cost (\$M)	Terajoules	Cost (\$M)
Electricity	2,322	\$122.92	2,346	\$120.28	2,400	\$75.46
Natural gas	2,227	\$25.91	2,260	\$21.18	2,195	\$16.96
Co-generation steam	502	\$6.60	496	\$4.97	531	\$4.01
LPG	59	1.50	93	\$2.22	103	\$2.29
Diesel	5	\$0.01	1	\$0.02	1	\$0.03
Total	5,114	\$156.94	5,195	\$148.68	5,230	\$98.75

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total greenhouse gas emissions	Tonnes CO ₂ -e	Tonnes CO ₂ -e	Tonnes CO ₂ -e
Electricity	673,610	685,520	712,502
Natural gas	114,775	116,472	113,100
Co-generation steam	23,478	22,623	20,601
LPG	3,588	5,606	6,242
Diesel	319	42	83
Total greenhouse gas emissions	815,770	830,262	852,529

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Energy used per separation (gigajoules/separation)	2.63	2.74	2.87
Energy used per bed day (gigajoules/bed day)	0.71	0.73	0.70
Energy used per unit of floor space (gigajoules/m ²)	1.48	1.50	1.49
Greenhouse gas emissions per separation (tonnes CO ₂ -e/separation)	0.43	0.45	0.48
Greenhouse gas emissions per bed day (tonnes CO ₂ -e/bed day)	0.12	0.12	0.12
Greenhouse gas emissions per unit of floor space (tonnes CO ₂ -e/m ²)	0.24	0.24	0.25

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.

Reported energy usage includes a 3 per cent estimate due to some data being unavailable from energy retailers at the time of reporting.

Water use

Office based

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total water used (kilolitres)	57,263	66,266	51,698
Total water usage and sewage charge (\$ million)	\$0.16	\$0.15	\$0.13
Water used per FTE – leased offices (litres/FTE)	6,281	8,316	8,395
Water used per FTE – government-owned offices (litres/FTE)	7,947	5,988	6,179
Total water used per FTE (litres/FTE)	6,442	7,574	6,774
Water used per unit of office space (litres/m ²)	369	484	407

Office-based water data represents 90 per cent of office-based FTE and 76 per cent of office-based area.

Office-based water data includes a 20 per cent estimate due to some data being unavailable from water authorities at the time of reporting.

Housing services

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total water usage and charges segmented by source	Kilolitres	Cost (\$M)	Kilolitres	Cost (\$M)	Kilolitres	Cost (\$M)
High-rise public housing water use	1,284,446	\$4.40	1,342,648	\$5.75	1,405,232	\$5.92
Other public housing water use	80,374	\$0.27	79,741	\$0.32	82,031	\$0.33
Disability housing water use	64,007	\$0.21	56,439	\$0.23	56,517	\$0.22
Youth and family welfare water use	2,693	\$0.01	2,505	\$0.01	2,406	\$0.01
Youth justice water use*	N/A	N/A	N/A	N/A	26,413	\$0.08
Total water usage and sewage	1,431,520	\$4.90	1,481,333	\$6.32	1,572,600	\$6.56

Housing services water data represents potable water use at 82 water-metered sites.

* Youth justice facilities have been transferred to another government department. 2016–17 consumption figures have been reported to 31 March 2017.

Housing services water data includes a 12 per cent estimate due to some data being unavailable from water authorities at the time of reporting.

Public health services

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total water used (megalitres)	4,512	4,374	4,307
Total water usage charge (\$ million)	\$18.51	\$18.33	\$17.21
Water used per separation (kilolitres/separation)	2.32	2.31	2.37
Water used per bed day (kilolitres/bed day)	0.63	0.62	0.58
Water used per unit of floor space (kilolitres/m ²)	1.30	1.26	1.23

Public health services are GST-exempt organisations. Reported cost data for public health services is exclusive of GST.

Reported water usage includes a 7 per cent estimate due to some data being unavailable from water authorities at the time of reporting.

Waste production

Office based

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total units of waste disposed of by destination	Kilograms/year	Kilograms/year	Kilograms/year
Landfill	208,888	254,743	199,502
Recycling	261,308	334,833	255,175
Compost	24,594	33,741	29,583
Total	494,790	623,317	484,260

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total units of waste disposed of per FTE by destination	Kilograms/FTE/year	Kilograms/FTE/year	Kilograms/FTE/year
Landfill	23	29	27
Recycling	29	38	34
Compost	3	4	4
Total	56	71	65

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Recycling rate (per cent)	58%	59%	59%
Coffee cups recycled	159,765	191,009	19,794
Greenhouse gas emissions associated with waste to landfill (tonnes of CO ₂ -e)	351	427	243

Public health services

Description	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 estimate
Total units of waste disposed of by stream	Tonnes	Cost (\$M)	Tonnes	Cost (\$M)	Tonnes	Cost (\$M)
Clinical and related waste	4,797	\$8.55	4,739	\$8.29	N/A	N/A
Landfill	25,601	\$5.20	25,704	\$5.43	N/A	N/A
Recycling	9,698	\$1.84	9,164	\$1.83	N/A	N/A
Total	40,096	\$15.60	39,607	\$15.56	N/A	N/A

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Recycling rate (per cent)	27%	26%	N/A
Waste produced per patient treated (kilograms/PPT)	3.65	3.67	N/A
Greenhouse gas emissions associated with waste to landfill (tonnes of CO ₂ -e)	36,315	36,348	N/A

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.

201617 data is excluded as it was reported voluntarily and is not representative of the whole health system.

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	1	0	9	1	0	18
Executive	0	8	0	66	45	20
Passenger bus	0	0	0	356	0	147
Passenger car	0	411	0	278	238	132
Total (1,730 vehicles)	1	419	9	701	283	317

Description	Operational (per cent)	Executive (per cent)
LPG	0.1%	0%
Hybrid	24%	0.5%
1–3 cylinder unleaded petrol	1%	0%
4 cylinder unleaded petrol	37%	4%
6 cylinder unleaded petrol	14%	3%
Diesel	17%	1%
Total	92%	8%

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total energy consumption	Megajoules	Megajoules	Megajoules
LPG	353,621	2,488,685	8,604,814
Hybrid	21,353,557	29,020,551	26,322,030
Unleaded petrol	73,557,086	50,861,143	51,713,923
Diesel	30,363,493	35,125,363	35,718,356
State government vehicle pool	2,090,800	1,816,493	1,831,906
Total	127,718,558	119,312,235	124,191,029

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total vehicle travel	Kilometres	Kilometres	Kilometres
LPG	95,765	683,288	2,473,150
Hybrid	9,995,318	13,362,360	12,607,787
Unleaded petrol	19,433,669	12,035,131	12,574,372
Diesel	7,728,698	9,634,247	9,815,661
State government vehicle pool	830,763	679,268	692,858
Total	38,084,213	36,394,294	38,163,828

Description	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total greenhouse gas emissions	Tonnes CO ₂ -e	Tonnes CO ₂ -e	Tonnes CO ₂ -e
LPG	22	153	529
Hybrid	1,488	2,023	1,835
Unleaded petrol	5,127	3,545	3,604
Diesel	2,141	2,476	2,518
State government vehicle pool	146	127	128
Total	8,923	8,324	8,614

Description	2018–19 estimate	2017–18 estimate	2016–17 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	0.227	0.224	0.214
Hybrid	0.149	0.151	0.146
Unleaded petrol	0.264	0.295	0.287
Diesel	0.277	0.257	0.257
State government vehicle pool	0.175	0.187	0.185
Total	0.234	0.229	0.226

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	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 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	725	1,676	496	1,147	471	1,089
Diesel – road vehicles	4,538	12,352	4,015	10,927	3,763	10,241
LPG – road vehicles	0	0	1	2	5	8
Aviation fuel	4,466	10,014	4,352	9,759	4,113	9,224
Total	9,729	24,043	8,864	21,834	8,352	20,562

Data includes road ambulance, air ambulance, emergency support and administrative vehicles and non-emergency patient transport managed by Ambulance Victoria.

Metropolitan health service vehicle fleet	2018–19 estimate	2018–19 estimate	2017–18 estimate	2017–18 estimate	2016–17 estimate	2016–17 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	1,885	4,360	1,829	4,230	N/A	N/A
E10 – road vehicles	151	1	145	1	N/A	N/A
Diesel – road vehicles	461	1,256	418	1,138	N/A	N/A
LPG – road vehicles	18	28	24	39	N/A	N/A
Total	2,515	5,645	2,417	5,409	N/A	N/A

Data includes corporate fleet vehicles managed by metropolitan health services.

Air travel

Description	2018–19 actual	2017–18 actual	2016–17 actual
Total distance travelled (kilometres)	7,993,873	6,256,040	5,436,783
Base fare cost (\$ million)	\$1.94	\$1.73	\$1.40
Greenhouse gas emissions (tonnes of CO ₂ -e)	1,620	1,281	1,454

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

	2018–19 estimate	2017–18 estimate	2016–17 estimate
Central business district	96%	95%	96%
Metropolitan	67%	48%	55%
Regional/rural	45%	26%	38%
Total	88%	80%	84%

Sustainable transport data was obtained from the department's travel survey conducted in May 2019. 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

	2018–19 actual	2017–18 actual	2016–17 actual
Furniture	32%	1%	2%
Kitchen	19%	16%	17%
Facilities solutions	27%	19%	29%
Office products	14%	14%	12%
Total expenditure	19%	12%	14%

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	2018–19 actual	2017–18 actual	2016–17 actual
Total units of paper used – A4 equivalent (reams)	106,925	110,762	108,012
Units of paper used per FTE (reams/FTE)	10.1	8.9	9.6
Greenhouse gas emissions associated with paper use (tonnes of CO ₂ -e)	393	408	382
Total cost of paper used (\$ million)	\$0.64	\$0.66	\$0.64

Percentage recycled content copy paper purchased	2018–19 actual	2017–18 actual	2016–17 actual
75–100 per cent recycled	98%	98%	91%
50–74 per cent recycled	0%	0%	0%
0–49 per cent recycled	2%	2%	9%
Certified fibre sourcing*	99%	N/A	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 includes 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	2018–19 actual	2017–18 actual	2016–17 actual
Total units of paper used – A4 equivalent (reams)	664,194	658,878	575,729
Units of paper used per FTE (reams/FTE)	7.3	7.7	6.5
Total cost of paper used (\$ million)	\$2.43	\$2.37	\$1.75

Percentage recycled content copy paper purchased	2018–19 actual	2017–18 actual	2016–17 actual
75–100 per cent recycled	3%	1%	1%
50–74 per cent recycled	4%	2%	2%
0–49 per cent recycled	93%	97%	97%
Certified fibre sourcing*	100%	98%	98%

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.

FTE figures for the 2016–17 financial year have been used as an estimate for the 2017–18 financial year as this data was not available at the time of reporting.

*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	2018–19 estimate	2017–18 estimate	2016–17 estimate
Total units of national pollutant inventory substances emitted	Emissions (kilograms)	Emissions (kilograms)	Emissions (kilograms)
Carbon monoxide	Not available	52,232	66,299
Oxides of nitrogen	Not available	115,150	84,308
Particulate matter (2.5 µm and 10 µm)	Not available	12,750	12,227
Total volatile organic compounds	Not available	5,934	4,807
Sulphur dioxide	Not available	915	867
Other substances*	Not available	1,138	11

* In 2018–19, other substances includes 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.

2017–18 is the most recent data available from the National Pollutant Inventory at the date of this printing.



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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 2019 and financial position of the department at 30 June 2019.

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 28 August 2019.



Kym Peake
Secretary
Department of Health and Human Services

Melbourne
28 August 2019



Jenny Zahara
Chief Finance and Accounting Officer
Department of Health and Human Services

Melbourne
28 August 2019

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 2019• 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 2019 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>
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
3 September 2019



Andrew Greaves
Auditor-General

Comprehensive operating statement for the financial year ended 30 June 2019

	Note	2019 \$M	2018 \$M
Income from transactions			
Output appropriations	2.3	16,182.9	15,013.3
Special appropriations	2.3	1,513.4	1,359.8
Interest income	2.4.1	13.2	10.0
Rental income and income from services	2.4.2	491.1	487.0
Grants and other income transfers	2.4.3	1,133.6	991.0
Fair value of assets and services received free of charge or for nominal consideration	2.4.4	10.1	3.5
Other income	2.4.5	72.7	56.5
Total income from transactions		19,417.0	17,921.1
Expenses from transactions			
Employee expenses	3.1.1(a)	1,479.7	1,325.9
Depreciation and amortisation	5.1.1	340.5	265.8
Interest expense	7.1.2	0.6	0.8
Maintenance		231.5	188.2
Grants and other expense transfers	3.1.2	15,131.5	13,905.6
Capital asset charge	3.1.3	1,266.0	1,201.4
Fair value of assets and services provided free of charge or for nominal consideration	3.1.4	121.3	93.7
Other operating expenses	3.1.5	611.3	568.3
Other property management expenses	3.1.6	209.1	193.2
Total expenses from transactions		19,391.5	17,742.8
Net result from transactions (net operating balance)		25.5	178.3
Other economic flows included in net result			
Net gain/(loss) on non-financial assets ⁽ⁱ⁾	9.2(a)	(6.5)	13.6
Net gain/(loss) on financial instruments ⁽ⁱⁱ⁾	9.2(b)	0.2	1.8
Other gains/(losses) from other economic flows	9.2(c)	(28.1)	(12.0)
Total other economic flows included in net result		(34.5)	3.4
Net result		(9.0)	181.7
Other economic flows – other comprehensive income			
Items that will not be reclassified to net result			
Changes in physical asset revaluation surplus	9.4	(1,205.3)	4,059.6
Remeasurement of superannuation defined benefit plans	3.1.1(b)	(2.5)	(0.3)
Total other economic flows – other comprehensive income		(1,207.9)	4,059.3
Comprehensive result		(1,216.8)	4,241.0

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, except when these are taken through the financial assets at fair value through other comprehensive income revaluation surplus.

Balance sheet as at 30 June 2019

	Note	2019 \$M	2018 \$M
Assets			
Financial assets			
Cash and deposits	7.3	799.9	383.2
Receivables	6.1	3,369.8	2,984.5
Loans	6.2	94.9	105.7
Short-term investments – term deposits	5.4	100.0	534.8
Total financial assets		4,364.6	4,008.1
Non-financial assets			
Non-financial physical assets classified as held for sale	9.3	31.2	31.7
Property, plant and equipment	5.1	28,818.2	30,199.3
Intangible assets	5.2	108.4	76.6
Investments accounted for using the equity method	5.3	35.0	35.0
Prepayments	6.3	15.1	30.1
Total non-financial assets		29,007.8	30,372.6
Total assets		33,372.5	34,380.8
Liabilities			
Payables	6.4	1,513.7	1,343.1
Borrowings	7.1	112.8	135.1
Employee related provisions	3.1.1(b)	455.0	402.8
Other provisions	6.5	95.9	87.3
Total liabilities		2,177.4	1,968.3
Net assets		31,195.0	32,412.5
Equity			
Accumulated surplus/(deficit)		1,599.3	1,613.2
Physical asset revaluation surplus	9.4	7,396.4	8,601.7
Contributed capital		22,199.3	22,197.5
Net worth		31,195.0	32,412.5

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 2019

	Note	2019 \$M	2018 \$M
Cash flows from operating activities			
Receipts			
Receipts of output appropriations		16,032.3	14,699.9
Receipts of special appropriations		1,513.4	1,359.8
Receipts of funds from other authorities		1,143.5	1,033.0
Rent received		479.3	473.4
User charges received – rental properties		4.8	4.9
Interest received		13.8	9.5
Other receipts		16.6	47.8
GST recovered from Australian Taxation Office ⁽ⁱ⁾		528.6	518.4
Total receipts		19,732.4	18,146.7
Payments			
Payments of grants and other expense transfers		(15,558.2)	(14,295.2)
Payments for employee benefits		(1,429.4)	(1,298.3)
Payments for supplies and services		(694.1)	(605.6)
Interest and other costs of finance paid		(4.7)	(2.5)
Capital asset charge payments		(1,266.0)	(1,201.4)
Maintenance		(142.0)	(188.7)
Other property management expenses		(312.1)	(192.9)
Total payments		(19,406.5)	(17,784.8)
Net cash flows from/(used in) operating activities	7.3.1	325.9	361.9
Cash flows from investing activities			
Proceeds from the sale of non-financial assets		71.0	113.9
(Purchase)/redemption of short term investments – term deposits		434.8	(116.3)
Client loans repaid		14.7	10.2
Payment for non-financial assets		(460.5)	(496.8)
Client loans granted		(0.7)	(38.6)
Net cash flows from/(used in) investing activities		59.4	(527.6)
Cash flows from financing activities			
Advances received		(3.6)	22.0
Owner contributions by Victorian Government – appropriation for capital expenditure purposes		174.3	274.8
Payments of capital contributions		(120.5)	(138.2)
Repayment of finance leases and borrowings		(18.7)	6.6
Net cash flows from/(used in) financing activities		31.5	165.1
Net increase/(decrease) in cash and cash deposits		416.8	(0.5)
Cash and deposits at beginning of financial year		383.2	383.7
Cash and deposits at the end of the financial year	7.3	799.9	383.2

The cash flow statement should be read in conjunction with the notes to the financial statements.

Note:

(i) Goods and services tax (GST) recovered/paid from the Australian Taxation Office is presented on a net basis.

Statement of changes in equity for the financial year ended 30 June 2019

	Note	Physical asset revaluation surplus \$M	Accumulated surplus/ (deficit) \$M	Contributed capital \$M	Total \$M
Balance at 1 July 2017		4,542.1	1,431.8	22,062.0	28,036.0
Net result for the year		–	181.7	–	181.7
Remeasurement of superannuation defined benefit plans		–	(0.3)	–	(0.3)
Changes in physical asset revaluation surplus		4,059.6	–	–	4,059.6
Administrative restructure – net assets transferred		–	–	5.3	5.3
Capital contribution by Victorian State Government		–	–	269.9	269.9
Capital contributions to agencies		–	–	(137.5)	(137.5)
Net capital contributed from asset transfers		–	–	(2.2)	(2.2)
Balance at 30 June 2018		8,601.7	1,613.2	22,197.5	32,412.5
Change in accounting policy			(2.4)	–	(2.4)
Restated balance 30 June 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

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 2019

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 contributions by, owners. Transfer of net liabilities arising from administrative restructurings are treated as distribution to owners.

Judgements, estimates and assumptions are required to be made about 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:

- > Respect Victoria
- > Mental Health Tribunal
- > Commission for Children and Young People
- > the 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.

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.

AASB 9 *Financial Instruments* replaces the provisions of AASB 139 *Financial Instruments: Recognition and Measurement* that relate to the recognition, classification and measurement of financial assets and financial liabilities, and impairment of financial assets based on expected credit losses. The department has elected to apply the limited exemption in AASB 9 paragraph 7.2.15 relating to transition for classification and measurement and impairment, and accordingly has not restated comparative periods in the year of initial application.

These annual financial statements were authorised for issue by the Secretary of the Department of Health and Human Services on 28 August 2019.

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 reporting by output', it receives income (predominantly accrual based parliamentary appropriations). The department also receives income from the supply of services and tenancy agreements.

Structure

- 2.1 Summary of income that funds the delivery of our services
- 2.2 Appropriations
- 2.3 Summary of compliance with annual parliamentary and special appropriations
- 2.4 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 income that funds the delivery of our services

	Note	2019 \$M	2018 \$M
Output appropriations	2.3	16,182.9	15,013.3
Special appropriations	2.3	1,513.4	1,359.8
Interest income	2.4.1	13.2	10.0
Rental income and income from services	2.4.2	491.1	487.0
Grants and other income transfers	2.4.3	1,133.6	991.0
Fair value of assets and services received free of charge or for nominal consideration	2.4.4	10.1	3.5
Other income	2.4.5	72.7	56.5
Total income from transactions		19,417.0	17,921.1

Income is recognised to the extent it is probable the economic benefits will flow to the department and the income can be reliably measured at fair value. Where applicable, amounts disclosed as income are net of returns, allowances, duties and taxes. All amounts of income over which the department does not have control are disclosed as administered income (see Note 4.2).

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).

	Appropriation Act			Financial Management Act 1994				Total parliamentary authority	Appropriation 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
2019										
Controlled										
Provision of outputs	15,246.7 ⁽ⁱⁱⁱ⁾	491.6	–	1,007.7	30.1	54.4	–	16,830.5	16,182.9	647.6 ^(iv)
Additions to net assets	305.3 ^(v)	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
2018										
Controlled										
Provision of outputs	14,086.5	458.3	–	664.1	36.7	108.8	–	15,354.4	15,013.3	341.1 ^(vii)
Additions to net assets	450.9	19.9	–	8.2	(36.7)	0.6	–	443.0	255.3	187.7 ^(viii)
Administered										
Payments made on behalf of the state	61.0	–	–	–	–	–	–	61.0	60.3	0.7 ^(ix)
Total	14,598.4	478.2	–	672.3	–	109.5	–	15,858.4	15,328.9	529.5

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 of Health and Human Services.
- (iii) Significant annual appropriation was transferred from the Department of Health and Human Services as a result of machinery of government changes effective 1 January 2019.
- (iv) The provision of outputs variance of \$647.6 million comprises \$56.9 million relating to funding for services and projects that will be 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.
- (v) Significant annual appropriation was transferred from the Department of Health and Human Services to the Department of Jobs, Precincts and Regions related to Sports and Recreation Victoria as a result of machinery of government changes effective 1 January 2019.
- (vi) The additions to net assets variance of \$132.5 million comprises \$1 million relating to funding for capital projects that will be delivered 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.
- (vii) The provision of outputs variance of \$341.1 million comprises \$70 million relating to funding for services and projects that were sought in 2018–19, and \$271.1 million relating to output appropriation authority not applied in 2017–18. The unapplied authority primarily reflects the cashflow of Sport and Recreation and Family Violence initiatives from 2017–18 to outyears, whole-of-government savings and efficiencies applied to the department in 2017–18, and Treasurer's Advances not utilised and allowed to lapse.
- (viii) The additions to net assets variance of \$187.7 million comprises \$2.1 million relating to funding for capital projects that were to be delivered in 2018–19 and outyears and \$185.6 million relating to appropriation authority not applied in 2017–18. The unapplied authority primarily reflects utilisation of current year depreciation equivalent instead of additions to net assets.
- (ix) The payments made on behalf of the state variance of \$0.7 million relates to Anzac Day Proceeds Trust fund.

The following table discloses the details of compliance with special appropriations:

Authority	Purpose	Appropriation applied	
		2019 \$M	2018 \$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	68.4	53.6
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	541.9	408.1
Section 114 of the <i>Casino Control Act No. 47 of 1991</i>	Contribution to the Hospitals and Charities Fund	16.5	17.5
Section 3.6.11 of the <i>Gambling Regulation Act No. 114 of 2003</i>	Contribution to the Hospitals and Charities Fund	880.7	871.1
Section 6A.4.4(1) of the <i>Gambling Regulation Act No. 114 of 2003</i>	Contribution to the Hospitals and Charities Fund	5.2	5.6
Section 10 of the <i>Financial Management Act 1994</i>	Access to various Commonwealth grants – provision of outputs	0.7	3.9
Total special appropriations – Provision of outputs		1,513.4	1,359.8
Section 10 of the <i>Financial Management Act 1994</i>	Access to various Commonwealth grants – ATNAB	4.0	14.6
Total special appropriations – Additions to net assets		4.0	14.6
Total special appropriations		1,517.4	1,374.4

2.4 Income from transactions

2.4.1 Interest income

	2019 \$M	2018 \$M
Interest from financial assets		
– Interest on short-term deposits	12.6	9.2
– Interest from loans	0.6	0.8
Total interest	13.2	10.0

Interest income includes interest received on bank, term deposits and other investments. Interest income is recognised using the accruals method which allocates the interest over the relevant period.

2.4.2 Rental income and income from services

	2019 \$M	2018 \$M
Rental income raised	998.8	973.2
Rental rebates	(502.7)	(484.1)
Rental subsidies – welfare organisations	(11.8)	(9.4)
Shared Home Ownership Scheme – rent raised	2.0	2.0
Total net rent receivable	486.3	481.8
Total user charges – rental properties	4.8	4.9
Rendering of services	–	0.4
Total rental income and income from services	491.1	487.0

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 of Health and Human Services 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 117.

Income from the **supply of services** is recognised by reference to the stage of completion basis. The income is recognised when:

- the amount of the income, stage of completion and transaction costs incurred can be reliably measured, and
- it is probable that the economic benefits associated with the transaction will flow to the department.

Under the stage of completion method, income is recognised by reference to labour hours supplied or to labour hours supplied as a percentage of total services to be performed in each annual reporting period.

2.4.3 Grants and other income transfers

	2019 \$M	2018 \$M
Department of Treasury and Finance	90.0	91.0
Department of Education and Training	31.7	19.2
Department of Economic Development, Jobs, Transport and Resources	26.5	28.3
Department of Environment, Land, Water and Planning	6.9	5.1
Department of Justice and Regulation	12.3	17.4
Department of Premier and Cabinet	10.4	27.0
Other state departments	9.9	6.2
Court Services Victoria	3.2	3.0
Commonwealth Government	921.4	785.8
WorkSafe Victoria	20.0	–
Melbourne and Olympic Parks Trust	–	6.1
Other public bodies	1.3	2.0
Total grants and other income transfers	1,133.6	991.0

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 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

	2019 \$M	2018 \$M
Land received at fair value	2.1	–
Buildings received at fair value	0.6	0.2
Plant and equipment received at fair value	0.2	1.2
Other assets received free of charge	2.4	1.0
Resources received free of charge	4.9	1.1
Total fair value of assets and services received free of charge or for nominal consideration	10.1	3.5

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

	2019 \$M	2018 \$M
State trust accounts	8.9	41.5
Interstate patients	57.0	13.9
Other	6.8	1.1
Total other income	72.7	56.5

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 and from services provided to interstate patients. Other income from services provided to interstate patients is recognised as per agreements for cost reimbursements established between the states on a state-by-state basis.

Where payment is received before services are provided, it is recorded as income in advance in the balance sheet and then recognised as revenue when the service is provided.

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:

	2019 \$M	2018 \$M
User charges, or sales of goods and services		
Albury Wodonga Health (Capital)	1.6	1.5
Albury Wodonga Health (Output)	109.8	105.1
Community Residential Units Accommodation charges includes full Board and Lodging Model (Output)	26.8	27.7
Department of Veteran Affairs Hospital Services (Output)	78.2	95.1
Health Technology Services (Output)	4.8	5.6
Revenue for Services Provided for the National Disability Insurance Agency (Output)	35.0	12.9
Seniors Card Directory Advertising (Output)	0.5	0.6
Seniors Festival Advertising and Sponsorship (Output)	0.2	0.2
Transport Accident Commission Agreement (Output)	102.1	90.8
	358.9	339.6
Asset sales		
Proceeds from sale of land and buildings (Capital)	0.1	0.9
	0.1	0.9
Commonwealth Specific Purpose Payments		
National Partnership Agreements		
Adult Public Dental Services (Output)	26.9	33.6
Albury-Wodonga Cardiac Catheterisation Laboratory (Capital)	1.0	0.5
Encouraging More Clinical Trials in Australia (Output)	0.2	0.4
Essential Vaccines (Output)	3.6	12.2
Expansion of the BreastScreen Australia Program (Output)	7.5	–
Health and Hospitals Fund – Albury-Wodonga Regional Cancer Centre (Capital)	–	1.1
Health and Hospitals Fund – Leongatha Integrated Primary Care Centre (Capital)	–	2.3
Health Services – National Bowel Cancer Screening Program (Output)	1.9	1.5
Health Services – OzFoodNet (Output)	0.3	0.5
Health Services – Vaccine-Preventable Diseases Surveillance Program (Output)	0.2	0.2
Health Services – Victorian Cytology Service (Output)	10.3	10.2
Homes for the Homeless – Homelessness (Output)	–	23.2
Improving Local Access to Health Care on Phillip Island (Capital)	–	2.0
National Housing and Homelessness Agreement	395.4	–
Pay Equity for the Social and Community Services Sector (Output)	45.8	92.5
Specialist Disability Services for over 65s (Output)	76.6	74.0
Other		
Aged Care Assessment (Output)	30.9	30.8
Home Support Program (Output)	4.5	0.9
Regional Assessment Services (Output)	33.5	34.0
Human Quarantine Services (Output)	0.1	0.1
Mental Health Professional Online Development	1.2	–
National Reform Agenda for Organ and Tissue Donation (Output)	10.0	9.5
Unattached Refugee Children (Output)	1.4	1.4
Women's Safety Measures – Keeping Women Safe in Their Homes (Output)	–	1.0
Women's Safety Measures – Local Support Coordinator (Output)	0.2	0.2
	651.4	331.8
Total annotated income agreements	1,010.3	672.3

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 cost associated with 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 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 delivery of services

	Note	2019 \$M	2018 \$M
Employee expenses	3.1.1	1,479.7	1,325.9
Grants and other expense transfers	3.1.2	15,131.5	13,905.6
Capital asset charge	3.1.3	1,266.0	1,201.4
Maintenance		231.5	188.2
Fair value of assets and services provided free of charge or for nominal consideration	3.1.4	121.3	93.7
Other operating expenses	3.1.5	611.3	568.3
Other property management expenses	3.1.6	209.1	193.2
Total expenses incurred in delivery of services		19,050.3	17,476.2

3.1.1 Employee benefits

3.1.1(a) Employee benefits – comprehensive operating statement

	2019 \$M	2018 \$M
Defined contribution superannuation expense	98.0	87.9
Defined benefit superannuation expense	11.6	13.1
Termination benefits	2.6	2.4
Salaries and wages, annual leave and long service leave	1,367.5	1,222.6
Total employee expenses	1,479.7	1,325.9

Employee expenses include all costs related to employment including salaries and wages, leave entitlements, fringe benefits tax, redundancy payments, 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. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

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.

	2019 \$M	2018 \$M
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months	78.7	72.7
Unconditional and expected to be settled after 12 months	35.9	33.0
Maternity leave		
Unconditional and expected to be settled within 12 months	6.4	6.2
Long service leave		
Unconditional and expected to be settled within 12 months	20.8	19.3
Unconditional and expected to be settled after 12 months	188.2	162.5
Superannuation		
Unconditional and expected to be settled within 12 months	2.7	2.8
Provisions for on-costs		
Unconditional and expected to be settled within 12 months	17.3	16.0
Unconditional and expected to be settled after 12 months	39.2	34.1
Total current provisions for employee benefits	389.3	346.7
Non-current provisions		
Conditional long service leave entitlements	28.7	21.3
Superannuation	32.0	31.1
Provisions for on-costs	5.0	3.7
Total non-current provisions for employee benefits	65.7	56.2
Total provisions for employee benefits	455.0	402.8

Reconciliation of movement in on-cost provision

	2019 \$M
Opening balance	53.9
Additional provisions recognised	5.3
Unwind of discount and effect of changes in the discount rate	2.4
Reduction due to transfer out	–
Closing balance	61.6
Current	56.6
Non-current	5.0

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 state 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 component 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 2019 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 2019 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.

	2019 \$M	2018 \$M
Reconciliation of the superannuation liability in the balance sheet		
Defined benefit obligation	34.7	33.9
Net liability/(asset)	34.7	33.9
Total obligation and liability in the balance sheet		
Represented by:		
Current liability	2.7	2.8
Non-current liability	32.0	31.1
Total liability	34.7	33.9
Principal actuarial assumptions		
Discount rate	1.6%	2.9%
Expected return on plan assets	6.8%	7.0%
Expected rate of salary increase	2.9%	3.3%
Inflation	1.4%	1.8%

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 obligations in the current period were as follows:

	2019 \$M	2018 \$M
Opening balance of defined benefit obligation	33.9	35.6
Interest cost	0.9	1.0
Actuarial losses/(gains)	2.5	0.3
Benefits paid	(2.8)	(2.9)
Closing balance of defined benefit obligation	34.7	33.9

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:

	2019 \$M	2018 \$M
Contributions from the employer	2.8	2.9
Benefits paid	(2.8)	(2.9)
Closing balance of plan assets	-	-

Superannuation expense recognised in the comprehensive operating statement

	2019 \$M	2018 \$M
Interest cost	0.9	1.0
Actuarial losses/(gains)	2.5	0.3
Total expense recognised in respect of defined benefit plans	3.5	1.2

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	
	2019 \$M	2018 \$M	2019 \$M	2018 \$M
Defined benefit plans				
State superannuation fund	7.4	10.8	2.6	–
Other	0.5	0.6	–	–
Defined contribution plans				
VicSuper	64.9	61.1	–	–
Other	34.0	28.4	–	–
Total	106.8	100.9	2.6	–

3.1.2 Grants and other expense transfers

	2019 \$M	2018 \$M
State contributions to the Administrator of the Victoria Health Funding Pool	5,308.5	4,853.1
Public hospitals		
Monash Health	438.1	295.1
Melbourne Health	335.5	297.5
Peter MacCallum Cancer Centre	235.2	260.2
Western Health	228.1	148.3
Alfred Health	190.1	179.2
The Royal Children's Hospital	187.7	175.9
Eastern Health	186.4	200.6
Barwon Health	176.2	120.3
Austin Health	142.3	149.4
Bendigo Healthcare Group	141.5	131.6
Albury Wodonga Health	139.4	141.0
Peninsula Health	99.6	97.0
Goulburn Valley Health	94.1	71.7
Ballarat Health Services	92.0	102.3
Northern Health	60.8	44.6
Latrobe Regional Hospital	52.1	60.8
The Royal Women's Hospital	48.2	56.4
South West Healthcare	35.3	32.9
The Royal Victorian Eye and Ear Hospital	32.8	46.3
Other public hospitals with payments totalling less than \$30 million	551.8	508.8
	8,775.5	7,972.8
Denominational hospitals		
St Vincent's Hospital (Melbourne) Limited	106.2	104.6
Mercy Hospitals Victoria Limited	58.8	51.2
Other denominational hospitals with payments totalling less than \$30 million	10.6	9.8
	175.6	165.5
Ambulance services		
Ambulance Victoria	821.9	733.8
	821.9	733.8

	2019 \$M	2018 \$M
Other state government agencies		
Dental Health Services Victoria	185.5	193.1
Victorian Institute of Forensic Mental Health	75.3	71.7
Victorian Health Promotion Foundation	40.2	39.4
BreastScreen Victoria Inc	47.5	47.9
Other state government agencies with payments totalling less than \$30 million	90.8	53.1
	439.4	405.2
Local councils		
Casey City Council	7.3	8.2
Moonee Valley City Council	5.5	2.8
City of Greater Geelong	5.3	5.5
City of Kingston	5.2	6.3
City of Greater Dandenong	5.0	4.6
Other local councils with payments totalling less than \$5 million	117.3	133.1
	145.7	160.3
Commonwealth Government		
National Blood Authority	108.5	100.9
Department of Health and Ageing	40.5	63.0
Other Commonwealth Government with payments totalling less than \$30 million	4.1	20.8
	153.1	184.8
Non-government agencies and individuals		
Wesley Mission Victoria	136.2	146.9
Anglicare Victoria	122.1	107.5
Salvation Army Property Trust	84.4	94.1
Berry Street Victoria Incorporated	97.8	90.6
Moira Inc	48.0	69.0
Life Without Barriers	36.0	8.1
Mackillop Family Services Limited	71.3	62.7
Scope Vic Ltd	49.6	56.4
Victorian Aboriginal Child Care Agency	50.3	42.0
Launch Housing Limited	40.0	40.4
Cohealth Ltd	44.4	40.2
Melbourne City Mission Inc	38.2	38.9
Eastern Access Community Health Inc	31.0	38.0
Australian Community Support Organisation	31.8	30.7
Client/Assistance Payments	722.6	708.7
Other non-government agencies with payments totalling less than \$30 million	3,016.5	2,708.9
	4,620.4	4,283.1
Total grants and other expense transfers	15,131.5	13,905.6

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.

3.1.3 Capital asset charge

	2019 \$M	2018 \$M
Capital asset charge	1,266.0	1,201.4

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

	2019 \$M	2018 \$M
Land at fair value ⁽ⁱ⁾	58.6	36.6
Buildings at fair value ⁽ⁱⁱ⁾	57.6	55.8
Resources provided free of charge	5.1	1.3
Total fair value of assets provided free of charge or for nominal consideration	121.3	93.7

Notes:

(i) Figures includes the transfer of Director of Housing owned land of \$58.5 million in 2019 (2018: \$36.6 million) to Aboriginal Housing Victoria.

(ii) Figures includes the transfer of Director of Housing owned buildings of \$57.6 million in 2019 (2018: \$55.7 million) to Aboriginal Housing Victoria.

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 received from another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at its carrying value in the transferring department or agency.

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

	2019 \$M	2018 \$M
Accommodation and property services	87.7	75.9
Administrative costs	270.7	271.8
Information, communications and technology costs	176.6	148.5
Medicines and drugs / pharmacy supplies	10.6	13.8
Direct care operating costs	65.6	58.3
Total other operating expenses	611.3	568.3

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.

3.1.6 Other property management expenses

	2019 \$M	2018 \$M
Rates to local authorities	117.6	116.5
Rental property lease expenses	16.9	11.7
Tenant utilities and other expenses	74.5	65.0
Total other property management expenses	209.1	193.2

Other property management expenses generally includes all costs and incidental expenses associated with the management of properties. The bulk of these expenses are rates and utilities.

Home finance operating costs that 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 of Health and Human Services 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 2019 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 Descriptions and objectives
 - 4.1.2 Controlled income and expenses
- 4.2 Administered (non-controlled) items
 - 4.2.1 Administered income and expenses
 - 4.2.2 Administered assets and liabilities
- 4.3 Restructuring of administrative arrangements

4.1.1 Departmental outputs

4.1.1 Departmental outputs – Descriptions and objectives

Output group 1: Acute Health Services

Acute Health Services outputs include a range of timely and high-quality acute hospital inpatient, ambulatory, emergency, community-based and specialist services.

Output group 2: Ambulance Services

Ambulance Services outputs include emergency and non-emergency ambulance services.

Output group 3: Mental Health

Mental Health outputs include 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 outputs encompass 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 outputs include 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 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 outputs encompass 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 outputs include 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 outputs include 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.

Output group 10: Child Protection and Family Services

Child Protection and Family Services outputs fund statutory child protection services, family support and parenting services, family violence and sexual assault services, adoption and 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 outputs include 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 outputs fund programs that support community participation including Neighbourhood Houses, Men's Sheds, community support projects and community sport and recreation and programs for youth and people with a disability.

Output group 13: Gender Equality and the Prevention of Family Violence

Gender Equality and the Prevention of Family Violence outputs provide initiatives that support women and the prevention of family violence and support the economic, social and civic participation and inclusion of all Victorians.

Output group 14: Family Violence Service Delivery

Family Violence Service Delivery outputs lead and coordinate whole-of-government family violence policy, and implement and deliver the government's family violence reform agenda.

Output group 15: Housing Assistance

Housing Assistance outputs include 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 outputs reflect the range of corporate services that the department provides to the Department of Education and Training.

Further details on 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⁾ 2019	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	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	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	359.8	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)	1,133.6
Other income	63.5	–	–	–	–	0.1	1.5	–	0.5	0.8	–	2.8	–	–	3.5	–	–	72.7
Fair value of assets and services received free of charge or for nominal consideration	2.4	–	–	–	–	–	–	–	0.2	–	–	–	–	–	7.5	–	–	10.1
Total 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 expenses	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	8,772.8	822.6	1,406.4	482.8	543.1	416.7	381.7	266.7	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

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
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.

Output group ⁽ⁱ⁾	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Elimin- ation	Total
2018	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Income from transactions																		
Output appropriations	6,822.6	689.1	833.9	525.8	427.1	328.4	267.0	128.6	2,041.0	1,373.7	717.4	182.0	25.8	70.5	580.5	–	–	15,013.3
Special appropriations	1,078.5	61.9	44.8	26.3	51.5	9.4	14.8	8.2	63.9	–	–	0.5	–	–	–	–	–	1,359.8
Interest income	–	–	–	–	–	–	–	–	–	–	–	–	–	–	10.0	–	–	10.0
Rental income and income from services	–	–	–	–	–	–	–	–	–	–	–	–	–	–	486.3	0.7	–	487.0
Grants and other income transfers	240.7	1.2	371.7	0.7	0.4	87.4	129.0	87.7	4.7	17.6	–	14.3	–	19.2	24.8	2.1	(10.7)	991.0
Other income	33.3	0.3	2.6	2.6	0.9	0.9	1.7	0.5	6.5	2.0	–	0.6	–	–	4.4	–	–	56.5
Fair value of assets and services received free of charge or for nominal consideration	2.1	–	–	–	–	–	–	–	0.3	–	–	–	–	–	1.1	–	–	3.5
Total income from transactions	8,177.1	752.6	1,253.0	555.4	480.0	426.1	412.4	225.1	2,116.5	1,393.3	717.4	197.4	25.8	89.7	1,107.1	2.8	(10.7)	17,921.1
Expenses from transactions																		
Employee expenses	114.0	1.6	31.5	8.2	15.4	6.5	51.1	10.6	578.9	343.4	8.2	18.1	4.0	22.2	110.6	1.7	–	1,325.9
Depreciation and amortisation	10.1	–	9.1	0.7	3.2	(0.1)	1.1	0.2	18.0	12.8	–	1.0	–	0.3	208.8	0.5	–	265.8
Interest expense	0.1	–	–	–	–	–	–	–	0.3	0.5	–	–	–	–	–	–	–	0.8
Maintenance	0.2	–	0.1	–	–	–	–	–	17.3	4.4	–	–	–	0.1	166.1	–	–	188.2
Fair value of assets and services provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	0.4	0.9	–	–	–	–	92.4	–	–	93.7

Output group ⁽ⁱ⁾ 2018	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Elimin- ation	Total
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Other operating expenses	153.8	3.5	15.2	17.3	8.7	3.3	55.8	9.2	107.2	111.5	4.1	8.8	9.1	17.2	42.9	0.8	(0.2)	568.3
Grants and other expense transfers	6,812.2	716.9	1,118.9	413.3	432.1	341.0	269.8	209.6	1,371.4	904.9	705.0	171.0	13.3	36.9	399.9	–	(10.5)	13,905.6
Capital asset charge	926.6	23.8	73.7	53.3	26.4	35.8	2.5	2.6	39.3	14.6	–	1.7	–	1.0	–	–	–	1,201.4
Other property management expenses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	193.2	–	–	193.2
Total expenses from transactions	8,017.0	745.8	1,248.5	492.7	485.8	386.4	380.2	232.4	2,132.7	1,392.9	717.4	200.6	26.5	77.5	1,213.9	3.0	(10.7)	17,742.8
Net result from transactions (net operating balance)	160.2	6.8	4.5	62.7	(5.9)	39.7	32.2	(7.3)	(16.2)	0.3	–	(3.2)	(0.7)	12.2	(106.8)	(0.2)	–	178.3
Other economic flows included in net result																		
Net gain/(loss) on non-financial assets	(0.4)	–	–	–	–	–	–	–	0.8	0.7	–	–	–	–	12.5	–	–	13.6
Net gain/(loss) on financial instruments	1.2	–	0.2	0.2	0.1	0.1	–	–	–	–	–	–	–	–	–	–	–	1.8
Other gains/(losses) from other economic flows	(3.2)	0.1	0.6	0.5	0.2	0.2	0.2	0.1	(1.3)	(2.1)	(0.4)	–	–	–	(7.1)	–	–	(12.0)
Total other economic flows included in net result	(2.4)	0.1	0.8	0.7	0.3	0.3	0.3	0.2	(0.5)	(1.5)	(0.4)	–	–	–	5.4	–	–	3.4
Net result	157.8	6.9	5.3	63.4	(5.6)	40.0	32.5	(7.1)	(16.7)	(1.2)	(0.3)	(3.2)	(0.7)	12.2	(101.4)	(0.2)	–	181.7

Note:

(i) Refer to Note 4.1.1 for output definitions.

4.2 Administered (non-controlled) items

4.2.1 Administered income and expenses

Administered income includes taxes, fees and fines and the proceeds from the sale of administered surplus land and buildings. Administered expenses includes 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.

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 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 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

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾ 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	Total \$M
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 expenses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
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 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)
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 16: Shared Services is not applicable for administered activities.

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾ 2018	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	Total \$M
Administered income from transactions																	
Commonwealth contribution to the national health reform	4,183.8	–	519.5	–	0.6	109.6	99.8	12.3	–	–	–	–	–	–	–	–	4,925.6
State contribution to the national health reform	4,698.3	–	154.7	–	–	–	–	–	–	–	–	–	–	–	–	–	4,853.1
State contribution to the National Disability Insurance Agency	–	–	–	–	–	–	–	–	425.3	–	–	–	–	–	–	–	425.3
Commonwealth grants	9.5	–	–	65.7	–	–	0.2	–	–	2.5	–	–	–	–	–	–	77.9
Sales of goods and services	275.5	–	10.0	1.4	3.6	7.2	–	0.6	41.5	0.1	–	0.1	–	–	–	–	340.1
Appropriations – payments made on behalf of the state	–	–	–	60.2	–	–	–	–	–	–	–	0.1	–	–	–	–	60.3

Output group ⁽ⁱ⁾⁽ⁱⁱ⁾ 2018	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
Interest income	0.8	–	–	–	–	–	–	–	0.2	–	–	–	–	–	–	–	1.0
Fees	–	–	–	–	–	–	10.0	0.6	–	–	–	–	–	–	–	–	10.6
Grants and other income transfers	58.1	–	2.0	–	0.3	–	–	–	58.1	–	0.4	–	–	–	–	–	118.9
Other	0.4	–	0.1	–	–	–	0.2	–	9.4	0.9	0.8	0.3	–	–	–	–	12.2
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered income from transactions	9,226.4	–	686.4	127.3	4.6	116.8	110.2	13.6	534.5	3.5	1.2	0.6	–	–	–	–	10,825.0
Administered expenses from transactions																	
Grants and other expense transfers	8,696.5	–	350.4	60.2	–	–	–	–	447.6	–	0.4	0.4	–	–	–	–	9,555.5
Employee expenses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	0.4	–	0.1	–	–	–	0.2	–	0.3	0.5	–	0.1	–	–	–	–	1.7
Payments into the consolidated fund	301.5	–	12.0	67.1	3.9	7.2	10.2	1.2	46.0	3.9	0.8	0.1	–	–	–	–	453.9
Payment to the departmental controlled entity	239.6	–	323.8	–	0.6	109.6	99.8	12.3	–	–	–	–	–	–	–	–	785.8
Fair value of assets and services provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Total administered expenses from transactions	9,238.0	–	686.4	127.3	4.6	116.8	110.2	13.6	493.9	4.4	1.2	0.5	–	–	–	–	10,796.9
Total administered net result from transactions	(11.6)	–	–	–	–	–	–	–	40.6	(0.9)	–	–	–	–	–	–	28.1
Administered other economic flows included in net result																	
Net gain/(loss) on non-financial assets	(0.2)	–	–	–	–	–	–	–	(0.3)	(0.1)	–	–	–	–	–	–	(0.6)
Other gains/(losses) from other economic flows	–	–	–	–	–	–	–	–	(0.1)	–	–	–	–	–	–	–	(0.2)
Total administered other economic flows	(0.2)	–	–	–	–	–	–	–	(0.4)	(0.1)	–	–	–	–	–	–	(0.7)
Administered net result	(11.7)	–	–	–	–	–	–	–	40.2	(1.0)	–	–	–	–	–	–	27.4

Notes:

(i) Refer to Note 4.1.1 for output group definitions

(ii) Output group 16: Shared Services is not applicable for administered activities.

(b) Grants and other expense transfers	2019	2018
	\$M	\$M
Public hospitals		
Monash Health	1,209.5	1,215.4
Alfred Health	746.4	711.9
Eastern Health	735.7	690.0
Melbourne Health	657.9	632.2
Western Health	605.9	600.8
Austin Health	615.1	578.4
Barwon Health	447.9	434.3
Northern Health	482.3	430.3
St Vincent's Hospital (Melbourne) Limited	433.0	411.7
The Royal Children's Hospital	435.3	410.2
Peninsula Health	437.6	408.0
Mercy Hospitals Victoria Limited	325.7	290.4
Bendigo Healthcare Group	264.2	242.6
Ballarat Health Services	257.8	231.8
The Royal Women's Hospital	209.6	195.5
Latrobe Regional Hospital	179.6	171.9
Goulburn Valley Health	165.9	151.5
Peter MacCallum Cancer Centre	142.9	126.5
South West Healthcare	122.1	111.4
Albury Wodonga Health	123.5	103.0
Northeast Health Wangaratta	102.8	92.9
Ramsay Health Care Limited	97.8	88.5
The Royal Victorian Eye and Ear Hospital	92.0	83.0
West Gippsland Health Care Group	71.7	68.6
Bairnsdale Regional Health Service	60.6	56.9
Central Gippsland Health Service	57.6	53.9
Wimmera Health Care Group	60.2	53.3
Echuca Regional Health	54.2	47.4
Djerriwarrh Health Services	47.7	43.2
Bass Coast Health	46.0	43.1
Western District Health Service	40.4	37.1
Swan Hill District Health	36.7	32.9
Portland District Health	31.8	27.7
Other public hospitals with payment totalling less than \$30 million	174.9	161.0
	9,572.3	9,037.3
Commonwealth Government		
National Disability Insurance Agency	1,164.8	507.8
Other		
Cross Border payment to NSW Health	9.6	9.6
Other organisations with payment totalling less than \$10 million	1.7	0.8
Total grants and other expense transfers	10,748.4	9,555.5

4.2 Administered assets and liabilities

	2019 \$M	2018 \$M
Administered assets		
Financial assets		
Cash and deposits	44.3	–
Trust funds	11.4	11.7
Receivables	129.6	103.4
Loans	3.3	3.3
Total administered assets	188.6	118.5
Administered liabilities		
Financial liabilities		
Amounts payable to the consolidated fund	1.4	40.5
Payables	172.5	62.9
Other	14.7	15.0
Total administered liabilities	188.6	118.5
Total administered net assets	–	–

4.3 Restructuring of administrative arrangements

In December 2018, the Victorian Government issued an administrative order restructuring some of its activities via machinery of government changes, taking effect from 1 January 2019. As part of the machinery of government restructure, the department (as transferee) received the National Disability Insurance Scheme function from the Department of Premier and Cabinet (as transferor), and Maternal and Child Health and Early Parenting function from the Department of Education and Training (as transferor).

In addition, the department (as transferor) provided the Sports and Recreation Victoria function to the Department of Jobs, Precincts and Regions (as transferee) and Office of Women and Office for Youth functions to the Department of Premier and Cabinet (as transferee) and Adoption Services to the Department of Justice and Community Safety (as transferee).

The combined income and expenses for the National Disability Insurance Scheme function and Maternal and Child Health and Early Parenting function are reported for the period 1 January 2019 to 30 June 2019.

The net assets assumed by the department for the National Disability Insurance Scheme function and Maternal and Child Health and Early Parenting function as a result of the administrative restructure are recognised in the balance sheet at the carrying amount of those assets in the transferor's balance sheet immediately before the transfer.

The combined income and expenses for the Sports and Recreation Victoria function and Office of Women and Office for Youth functions are reported for the period 1 July 2018 to 31 December 2018.

The net assets transferred by the department for the Sports and Recreation Victoria function and Office of Women and Office for Youth functions and Adoption Services 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 Jobs, Precincts and Regions, Department of Premier and Cabinet, and Department of Justice and Community Safety) balance sheets immediately after the transfer.

The net asset transfers were treated as a contribution of capital by the state.

	2019 Transfer in: \$M	2019 Transfer out: \$M	2019 Transfer: Total \$M
Assets			
Cash and deposits	5.1	(7.0)	(1.9)
Receivables	8.7	(8.0)	0.7
Loans	–	(1.9)	(1.9)
Property, plant and equipment	–	(34.0)	(34.0)
Liabilities			
Borrowings	–	(2.1)	(2.1)
Payables	0.6	–	0.6
Employee related provisions	2.2	(4.6)	(2.4)
Net assets recognised/(transferred)	11.0	(44.1)	(33.2)
Net capital contribution from the Crown			(33.2)

5. Key assets available to support output delivery

Introduction

The Department of Health and Human Services 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 Property, plant and equipment
 - 5.1.1 Depreciation and amortisation
 - 5.1.2 Carrying values by purpose groups
 - 5.1.3 Reconciliation of movements in carrying values
- 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

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2019 \$M	2018 \$M	2019 \$M	2018 \$M	2019 \$M	2018 \$M
Land at fair value	18,514.9	20,811.1	–	–	18,514.9	20,811.1
Buildings at fair value	9,891.1	9,819.5	(93.5)	(828.5)	9,797.6	8,991.0
Plant, equipment and vehicles at fair value	48.4	48.3	(36.8)	(32.6)	11.6	15.7
Motor vehicles under finance lease	27.4	48.0	8.6	1.0	36.1	49.1
Assets under construction at cost	458.0	332.5	–	–	458.0	332.5
Net carrying amount	28,939.8	31,059.4	(121.6)	(860.1)	28,818.2	30,199.3

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 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. Also noted that certain assets are acquired under finance leases, which may form part of a service concession arrangement (public private partnership).

Subsequent measurement

Property, plant and equipment 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 below by asset category.

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 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 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

Charge for the period

	2019 \$M	2018 \$M
Buildings	303.2	227.6
Health and Welfare	29.8	27.5
Public Administration	0.6	1.0
Housing	272.8	199.1
Plant, equipment and vehicles	5.2	4.9
Health and Welfare	4.6	4.2
Housing	0.6	0.7
Intangible assets	20.3	21.3
Health and Welfare	12.0	10.7
Housing	8.3	10.5
Motor vehicles under finance lease	12.9	13.5
Health and Welfare	12.9	13.5
Aggregate depreciation and amortisation allocated	341.7	267.2
Less depreciation and amortisation capitalised to carrying amount of other assets during the year	(1.2)	(1.5)
Total depreciation and amortisation	340.5	265.8

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 operating leases, assets held for sale and land.

Depreciation is calculated on a straight line basis at rates that allocate the asset's 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 years are included in the table below:

Asset class	2019	2018
Buildings	5 to 85 years	5 to 60 years
Plant, equipment and vehicles	3 to 15 years	3 to 10 years
Intangible assets	4 to 10 years	4 to 8 years

The estimated useful lives was reviewed and adjusted on 1 July 2018 to reflect the expected useful life of each asset class. The previous and revised useful lives are disclosed in the above table. The residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments are made where appropriate. The effect of the adjusted useful lives for the 2018–19 financial year is an increase in depreciation expenditure of 1 million.

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		Public Administration		Total	
	2019 \$M	2018 \$M	2019 \$M	2018 \$M	2019 \$M	2018 \$M	2019 \$M	2018 \$M
Land at fair value								
Rental property	–	–	17,341.5	19,649.3	–	–	17,341.5	19,649.3
Community services	1,177.2	1,156.1	–	–	–	9.5	1,177.2	1,165.5
<i>Less allowance for Shared Home Ownership Scheme equity conversion</i>	–	–	(3.7)	(3.8)	–	–	(3.7)	(3.8)
Total land at fair value	1,177.2	1,156.1	17,337.7	19,645.5	–	9.5	18,514.9	20,811.1
Buildings at fair value								
Rental property	–	–	8,811.2	8,891.3	–	–	8,811.2	8,891.3
Other property – regional offices	–	–	3.5	3.5	–	–	3.5	3.5
Community services	1,078.3	901.9	–	–	–	24.8	1,078.3	926.7
<i>Less accumulated depreciation</i>	(54.7)	(145.3)	(38.7)	(682.3)	–	(1.0)	(93.5)	(828.5)
<i>Less allowance for Shared Home Ownership Scheme equity conversion</i>	–	–	(1.9)	(1.9)	–	–	(1.9)	(1.9)
Total buildings at fair value	1,023.6	756.6	8,774.0	8,210.6	–	23.8	9,797.6	8,991.0
Plant, equipment and vehicles at fair value								
Plant, equipment and vehicles	46.1	46.1	2.3	2.3	–	–	48.4	48.3
<i>Less accumulated depreciation</i>	(34.8)	(31.2)	(2.0)	(1.4)	–	–	(36.8)	(32.6)
	11.3	14.8	0.3	0.9	–	–	11.6	15.7
Motor vehicles under finance lease	27.4	48.0	–	–	–	–	27.4	48.0
<i>Less accumulated depreciation</i>	8.6	1.0	–	–	–	–	8.6	1.0
	36.1	49.1	–	–	–	–	36.1	49.1
Total plant, equipment and vehicles at fair value	47.4	63.9	0.3	0.9	–	–	47.6	64.8
Assets under construction at cost								
Rental property	–	–	376.1	282.1	–	–	376.1	282.1
Other property	81.2	49.5	0.7	0.8	–	–	81.9	50.3
Total assets under construction at cost	81.2	49.5	376.8	282.9	–	–	458.0	332.5
Net carrying amount of property, plant and equipment	2,329.3	2,026.1	26,488.8	28,140.0	–	33.2	28,818.2	30,199.3

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 assets' 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

	Land at fair value \$M	Buildings at fair value \$M	Plant, equipment and vehicles at fair value \$M	Motor vehicles under finance lease \$M	Assets under construc- tion at cost \$M	Total \$M
Balance at 1 July 2017	16,839.6	9,045.2	14.4	43.6	195.9	26,138.7
Capital contributed from asset transfers	–	–	–	–	–	–
Machinery of government transfer in/(out)	(0.7)	(0.4)	(0.3)	0.1	–	(1.3)
Additions	–	6.3	5.5	28.9	425.8	466.5
Disposals	(23.0)	(37.4)	–	(8.7)	–	(69.1)
Net revaluation increments/(decrements)	4,063.7	(4.1)	–	–	–	4,059.6
Depreciation and amortisation	–	(227.6)	(4.9)	(13.5)	–	(246.0)
Fair value of assets received free of charge or for nominal considerations	–	0.2	1.0	0.1	–	1.3
Fair value of assets provided free of charge or for nominal considerations	(36.6)	(55.8)	–	(0.1)	–	(92.5)
Transfers in/(out) of assets under construction	17.2	271.0	–	–	(288.2)	–
Transfers (to)/from assets held for sale	(45.9)	(6.4)	–	–	–	(52.3)
Other changes	(3.3)	–	–	(1.2)	(1.1)	(5.6)
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 30 June 2019	18,514.9	9,797.6	11.6	36.1	458.0	28,818.2

5.2 Intangible assets

	2019 \$M	2018 \$M
Gross carrying amount		
Opening balance	161.3	127.5
Additions from internal development	54.4	33.8
Disposals or classified as held for sale	(2.3)	–
Closing balance	213.4	161.3
Accumulated amortisation and impairment		
Opening balance	(84.7)	(63.4)
Amortisation of intangible produced assets	(20.3)	(21.3)
Closing balance	(104.9)	(84.7)
Net book value at end of financial year	108.4	76.6

Initial recognition

Purchased intangible assets are initially recognised at cost. When the recognition criteria in AASB 138 *Intangible Assets* is met, internally generated intangible assets are recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Depreciation and amortisation begin when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management.

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:

- the technical feasibility of completing the intangible asset so that it will be available for use or sale
- an intention to complete the intangible asset and use or sell it
- the ability to use or sell the intangible asset
- the intangible asset will generate probable future economic benefits
- the availability of adequate technical, financial and other resources to complete the development and to use or sell the intangible asset
- 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.

Impairment of intangible assets

Intangible assets with finite useful lives are tested 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 is accounted at cost.

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 postgraduate training programs.

Name of entity	Country of incorporation	Measurement method	Ownership interest (%)		Published fair value (\$M)	
			2019	2018	2019	2018
Joint venture						
ARMI ⁽ⁱ⁾	Australia	Equity method	20	20	35.0	35.0

Note:

- The interest of the department in the joint venture is 20 per cent in accordance with the agreement. The fair value of the ownership interest held by the department is equal to the value of cash invested in the joint venture.

5.4 Short-term investments – term deposits

Investments consist of term deposits maturing more than 90 days from acquisition dates.

	2019 \$M	2018 \$M
Short-term investments – term deposits	100.0	534.8
Total short-term investments – term deposits	100.0	534.8

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 Prepayments
- 6.4 Payables
 - 6.4.1 Maturity analysis of contractual payables
- 6.5 Other provisions
 - 6.5.1 Reconciliation of movements in other provisions

6.1 Receivables

	2019 \$M	2018 \$M
Current receivables		
<i>Contractual</i>		
Tenants in arrears	15.0	13.4
Other receivables	323.1	83.4
<i>Less allowance for impairment losses of contractual receivables</i>	(13.1)	(8.6)
	325.0	88.3
<i>Statutory</i>		
Amounts owing from Victorian Government	1,133.3	1,063.5
GST input tax credit recoverable	55.8	57.9
	1,189.1	1,121.3
Total current receivables	1,514.1	1,209.6
Non-current receivables		
<i>Statutory</i>		
Amounts owing from Victorian Government	1,855.7	1,774.9
	1,855.7	1,774.9
Total non-current receivables	1,855.7	1,774.9
Total receivables	3,369.8	2,984.5

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 at 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

	2019 \$M	2018 \$M
Current loans		
<i>Contractual</i>		
Fixed interest home loans	0.8	1.0
Indexed interest home loans	8.2	8.4
Variable interest home loans	–	0.1
Other loans	13.6	13.3
Total current loans	22.6	22.8
Non-current loans		
<i>Contractual</i>		
Fixed interest home loans	1.3	1.4
Indexed interest home loans	3.9	5.0
Variable interest home loans	0.1	–
Community housing loans	20.2	20.2
Other loans	47.1	56.5
Total non-current loans	72.6	83.2
Less provision for return of equity	–	(0.1)
Less allowance for impairment losses of contractual loans		
Fixed interest home loans	(0.1)	(0.1)
Indexed interest home loans	(0.2)	(0.2)
Total allowance for impairment losses of contractual loans	(0.3)	(0.3)
Total loans	94.9	105.7

The department has housing-related loans and loans to health agencies. The majority of housing loans are secured by a registered mortgage. However there are 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.

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 and not impaired \$M	Past due but not impaired			
			Less than 1 month \$M	1–3 months \$M	3 months –1 year \$M	1–5 years \$M
2019						
Loans	94.9	94.6	–	–	–	–
Total	94.9	94.6	–	–	–	–
2018						
Loans	105.7	105.4	–	–	–	–
Total	105.7	105.4	–	–	–	–

6.3 Prepayments

	2019 \$M	2018 \$M
Prepayments	15.1	30.1

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

	2019 \$M	2018 \$M
Current payables		
<i>Statutory</i>		
FBT payable	0.2	0.8
<i>Contractual</i>		
Employee benefits payable	53.7	45.5
Supplies and services	92.0	82.9
Amounts payable to government agencies	403.6	405.9
Concession payments to pensioners	126.9	113.6
Tenants in advance	24.2	23.3
Capital works	31.7	44.1
Other	14.0	21.8
Total current payables	746.2	738.0
Non-current payables		
<i>Contractual</i>		
Amounts payable to government agencies	766.8	604.3
Other	0.8	0.8
Total non-current payables	767.5	605.1
Total payables	1,513.7	1,343.1

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
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
2018							
Payables	1,342.3	1,342.3	430.4	154.5	131.6	1.1	604.4
Total	1,342.3	1,342.3	430.4	154.5	131.6	1.1	604.4

Note:

(i) Maturity analysis is presented using the contractual undiscounted cash flows.

6.5 Other provisions

	2019 \$M	2018 \$M
Current provisions		
Insurance claims	33.8	32.1
Make-good provision	0.9	0.2
Total current provisions	34.8	32.3
Non-current provisions		
Insurance claims	59.2	52.5
Make-good provision	1.9	2.6
Total non-current provisions	61.1	55.0
Total other provisions	95.9	87.3

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 of money and risks specific to the provision.

6.5.1 Reconciliation of movements in other provisions

	Make-good 2019 \$M	Insurance claims 2019 \$M	Total 2019 \$M
Opening balance	2.7	84.6	87.3
Additional provisions recognised	0.2	–	0.2
Reductions arising from payments/claims handling expenses/other sacrifices of future economic benefits	–	(31.6)	(31.6)
Actuarial revaluations of insurance claims liability inclusive of risk margin	–	38.7	38.7
Unwind of discount and effect of changes in the discount rate	–	1.3	1.3
Closing balance	2.9	93.0	95.9

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.

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
- 7.2 Leases
 - 7.2.1 Finance lease liabilities
- 7.3 Cash flow information and balances
 - 7.3.1 Reconciliation of net result to cash flow from operating activities
- 7.4 Trust account balances
- 7.5 Commitments for expenditure
 - 7.5.1 Total commitments payable
 - 7.5.2 Commitments other than public private partnerships

7.1 Borrowings

	2019 \$M	2018 \$M
Current borrowings		
Advances from Victorian Government	56.0	53.4
Finance lease liabilities	15.1	25.6
Total current borrowings	71.0	79.0
Non-current borrowings		
Advances from Victorian Government	23.8	30.0
Finance lease liabilities	17.9	26.1
Total non-current borrowings	41.7	56.1
Total borrowings	112.8	135.1

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.

Finance lease liabilities are secured by the assets leased. Finance 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
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
2018							
Advances from Victorian Government	83.4	83.4	53.4	–	–	23.4	6.6
Finance lease liabilities	51.7	53.6	6.1	4.1	16.5	26.9	–
Total	135.1	137.0	59.5	4.1	16.5	50.3	6.6

7.1.2 Interest expense

	2019 \$M	2018 \$M
Finance lease costs	0.6	0.8
Total interest expense	0.6	0.8

'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 Finance lease liabilities (department as lessee)

	Minimum future lease payments ⁽ⁱ⁾		Present value of minimum future lease payments	
	2019 \$M	2018 \$M	2019 \$M	2018 \$M
Finance lease liabilities payable ⁽ⁱⁱ⁾				
Not longer than one year	15.9	26.7	15.1	25.6
Longer than one year but not longer than five years	18.4	26.9	17.9	26.1
Longer than five years	–	–	–	–
Minimum future lease liabilities payable	34.3	53.6	33.0	51.7
Less future finance charges	(1.2)	(1.9)	–	–
Present value of minimum lease payments	33.0	51.7	33.0	51.7
Included in the financial statements as:				
Current borrowings lease liabilities (Note 7.1)	–	–	15.1	25.6
Non-current borrowings lease liabilities (Note 7.1)	–	–	17.9	26.1
Total finance lease liabilities	–	–	33.0	51.7

Notes:

(i) Minimum future lease payments include the aggregate of all base payments and any guaranteed residual.

(ii) Finance lease liabilities include obligations that are recognised in the balance sheet; the future payments related to operating and lease commitments are disclosed in Note 7.5.

At the commencement of the lease term, finance leases are 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 payment, each determined at the inception of the lease. The leased asset is 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 are apportioned between the reduction of the outstanding lease liability and the periodic finance expense which is calculated using the interest rate implicit in the lease and charged directly to the consolidated comprehensive operating statement.

Refer to Note 5.1.2 Motor vehicles under finance lease for assets pledged as security.

Contingent rentals associated with finance leases are recognised as an expense in the period in which they are incurred.

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.

	2019 \$M	2018 \$M
Total cash and deposits disclosed in the balance sheet		
Short-term deposits ⁽ⁱ⁾	448.4	61.4
Cash at bank ⁽ⁱ⁾	13.8	25.4
Funds held in trust	337.5	296.7
Cash advances	0.2	(0.3)
Balance as per cash flow statement	799.9	383.2

Note:

(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 2019–20 (as disclosed in Note 7.5).

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 flows from operating activities

	2019 \$M	2018 \$M
Net result for the period	(9.0)	181.7
Non-cash movements		
(Gain)/loss on sale of non-financial assets	6.5	(13.6)
Depreciation and amortisation	340.5	265.8
Interest on borrowings	–	3.4
Change in net market values of VMIA liability	27.2	37.5
Other income from investing activities	(3.3)	–
Net gain/(loss) on financial assets	(0.2)	(1.8)
Other gains or losses from other economic flows	28.1	12.0
Resources (received)/provided free of charge	111.1	90.1
Movements in assets and liabilities		
(Increase)/decrease in receivables	(387.4)	(181.7)
(Increase)/decrease in prepayments	15.0	(16.0)
Increase/(decrease) in payables	188.7	5.1
Increase/(decrease) in provisions	8.4	(20.5)
Net cash flows from/(used in) operating activities	325.9	361.9

Restructuring of administrative arrangements: The administrative restructuring is not reflected in the cash flow statement.

7.4 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. Anzac Day Proceeds Fund and State Development Special Projects Trust Account trusts were part of the machinery of government transfer to the Department of Jobs, Precincts and Regions effective 1 January 2019. During 2018–19, there were no trust accounts closed.

	2019					2018						
	Opening balance as at 1 July 2018	Machinery of government – transfer in/(out)	Total receipts	Total payments	Non-cash movement	Closing balance as at 30 June 2019	Opening balance as at 1 July 2017	Machinery of government – transfer in/(out)	Total receipts	Total payments	Non-cash movement	Closing balance as at 30 June 2018
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Controlled trusts												
Casey Hospital Escrow Account	2.1	–	–	–	4.7	6.8	1.6	–	–	–	0.6	2.1
The trust was established to manage and control payments to the contractor for the completion of the Casey Hospital refurbishment.												
Health State Managed Fund	2.2	–	1,592.7	1,593.3	0.6	2.2	2.2	–	1,327.8	1,327.6	(0.2)	2.2
The trust was established under the <i>Health (Commonwealth State Funding Arrangements) Act 2012 No. 40 of 2012</i> for the purpose of receiving funding for block grants, teaching, training and research.												
Hospitals and Charities Fund	150.1	–	1,554.1	1,508.6	(39.6)	155.9	195.7	–	1,390.9	1,400.8	(35.6)	150.1
The account was established under the <i>Health Services Act 1988</i> to record funding for health service agencies. Monies are paid into the fund from the <i>Gambling Regulation Act No. 114 of 2003</i> , <i>Casino Control Act No. 47 of 1991</i> and s. 10 of the <i>Financial Management Act 1994</i> .												

	2019						2018					
	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	Opening balance as at 1 July 2017 \$M	Machinery of government – transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non-cash movement \$M	Closing balance as at 30 June 2018 \$M
Intellectually Handicapped Children’s Amenities Fund <i>Intellectually Disabled Persons Act 1986</i> was repealed by the <i>Disability Act 2006</i> . 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.	0.1	–	–	–	–	0.1	0.1	–	–	–	–	0.1
Mental Health Fund <i>Gaming Regulation Act 2003</i> . For the establishment and maintenance of mental health services and residential institutions and facilities; for the administration of the <i>Mental Health Act 1986</i> ; for the administration of the <i>Disability Act 2006</i> .	2.1	–	63.9	63.9	–	2.1	2.1	–	63.9	63.9	–	2.1
Public Health Fund The trust was 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 this funding to deliver public health activities managed by the state.	0.2	–	163.7	162.4	(1.3)	0.2	1.0	–	153.4	155.5	1.2	0.2
State Development Special Projects Trust Account Established under the <i>Financial Management Act 1994</i> to assist in facilitating, encouraging, promoting and carrying out activities leading to a balanced economic development of the state.	5.1	(4.9)	3.0	2.9	(0.3)	–	3.7	–	12.4	11.0	–	5.1

	2019						2018					
	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	Opening balance as at 1 July 2017 \$M	Machinery of government – transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non-cash movement \$M	Closing balance as at 30 June 2018 \$M
Treasury Trust The trust was established to record the receipt and disbursement of unclaimed monies and other funds held in trust.	66.7	(3.7)	54.1	38.1	(4.2)	74.8	61.7	5.0	27.7	26.1	(1.5)	66.7
Inter-Departmental Transfer Trust The trust was established under s. 19 of the <i>Financial Management Act 1994</i> by the Assistant Treasurer to record inter-departmental transfers when no other trust arrangement exists.	43.2	9.2	162.0	137.1	(6.1)	71.2	24.4	–	158.8	139.0	(1.0)	43.2
Vehicle Lease Trust Account The trust was established to record transactions relating to the government's vehicle pool and fleet management business.	27.1	–	2.3	(1.2)	0.3	31.0	23.6	–	1.8	(1.7)	–	27.1
Victorian Health Promotion Fund The trust was established under the <i>Tobacco Act 1987</i> 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).	–	–	40.2	40.2	–	–	–	–	39.1	39.1	–	–
Total controlled trusts	298.9	0.6	3,636.1	3,545.3	(46.0)	344.3	316.1	5.0	3,175.7	3,161.3	(36.5)	298.9

	2019						2018					
	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	Opening balance as at 1 July 2017 \$M	Machinery of government transfer in/(out) \$M	Total receipts \$M	Total payments \$M	Non-cash movement \$M	Closing balance as at 30 June 2018 \$M
Administered trusts												
Anzac Day Proceeds Fund The trust was established under the <i>ANZAC Day Act No. 6198 of 1958</i> s. 4A to receive funds as required to be paid by the <i>ANZAC Day Act 1958</i> and the <i>Racing Act 1958</i> and to be credited to the Victorian Veterans Fund.	0.4	–	–	0.4	–	–	0.4	–	0.4	0.4	–	0.4
National Disability Insurance Scheme Trust Account The trust was 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 National Disability Insurance Agency, as required under the bilateral agreement between the Commonwealth and Victoria that outlines the transition to the National Disability Insurance Scheme.	28.3	–	1,067.2	1,106.8	84.3	73.1	–	–	482.9	447.6	(7.0)	28.3
National Health Funding Pool – Victorian State Pool Fund The trust was established under the <i>Health (Commonwealth State Funding Arrangements) Act 2012 No. 40 of 2012</i> to record funding made available by the Commonwealth and the state under the National Health Reform Agreement.	–	–	10,547.5	10,547.5	–	–	–	–	9,832.7	9,832.7	–	–
Public Service Commuter Club The trust fund was 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.	(1.0)	–	1.8	1.7	–	(1.0)	(0.8)	–	1.5	1.7	–	(1.0)

	2019						2018					
	Opening balance as at 1 July 2018	Machinery of government transfer in/(out)	Total receipts	Total payments	Non-cash movement	Closing balance as at 30 June 2019	Opening balance as at 1 July 2017	Machinery of government transfer in/(out)	Total receipts	Total payments	Non-cash movement	Closing balance as at 30 June 2018
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M
Revenue Suspense Account Short-term clearing account pending correct identification of receipts.	3.0	–	0.4	–	–	3.4	2.5	–	0.4	–	–	3.0
Victorian Natural Disasters Relief Fund The trust was established for the purpose of granting assistance to persons who suffer losses as a result of flood, bushfires and other natural disasters.	–	–	1.6	1.6	–	–	–	–	0.4	0.4	–	–
Total administered trusts	30.7	–	11,618.6	11,658.0	84.3	75.5	2.1	–	10,318.3	10,282.7	(7.0)	30.7

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.

	2019 \$M	2018 \$M
2009 Victorian Bushfire Appeal Trust account		
Cash at bank	0.8	0.9
Receivable	0.1	0.1
Total funds under management	0.9	1.0
Balance of funds brought forward 1 July 2018	1.0	3.0
Interest earned	–	–
Total funds available	1.0	3.0
Payments to individuals and communities	0.1	2.0
Total payments	0.1	2.0
Balance carried forward	0.9	1.0

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⁾

Nominal amounts	2019 \$M	2018 \$M
The following commitments have not been recognised as liabilities in the financial statements.		
(a) Capital expenditure commitments ⁽ⁱⁱ⁾		
Less than 1 year	270.7	276.9
Longer than 1 year and not longer than 5 years	522.1	36.9
Longer than 5 years	0.1	–
Total capital commitments	792.9	313.8
(b) Operating lease commitments ⁽ⁱⁱ⁾		
Less than 1 year	81.3	63.9
Longer than 1 year and not longer than 5 years	217.2	203.6
Longer than 5 years	141.3	145.6
Total operating lease commitments	439.9	413.1
(c) Public Private Partnerships (PPPs) commitments		
(i) The Royal Women's Hospital		
Less than 1 year	49.0	45.8
Longer than 1 year and not longer than 5 years	200.9	201.2
Longer than 5 years	516.3	571.2
Total The Royal Women's Hospital commitments	766.1	818.2
(ii) Monash Health		
Less than 1 year	22.9	22.4
Longer than 1 year and not longer than 5 years	109.5	66.8
Longer than 5 years	169.3	143.6
Total Monash Health commitments	301.7	232.8
(iii) The Royal Children's Hospital		
Less than 1 year	149.5	141.9
Longer than 1 year and not longer than 5 years	650.2	647.2
Longer than 5 years	2,454.4	2,642.5
Total The Royal Children's Hospital commitments	3,254.1	3,431.6
(iv) Peter MacCallum Cancer Centre		
Less than 1 year	169.2	167.9
Longer than 1 year and not longer than 5 years	600.1	644.6
Longer than 5 years	1,836.3	2,024.9
Total Peter MacCallum Cancer Centre commitments	2,605.6	2,837.4
(v) Bendigo Healthcare Group		
Less than 1 year	65.8	65.3
Longer than 1 year and not longer than 5 years	279.6	251.6
Longer than 5 years	1,619.2	1,664.4
Total Bendigo Healthcare Group commitments	1,964.5	1,981.3
Total PPP commitments	8,892.0	9,301.3
(d) Other expenditure commitments ⁽ⁱⁱ⁾		
Less than 1 year	305.9	257.3
Longer than 1 year and not longer than 5 years	168.4	196.7
Longer than 5 years	44.2	46.6
Total other expenditure commitments	518.6	500.6
Total commitments for expenditure (inclusive of GST)	10,643.4	10,528.8
Less GST recoverable from the ATO	942.0	945.4
Total commitments for expenditure (exclusive of GST)	9,701.4	9,583.4

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.

PPP commitments

The Minister for Health has 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) or service concessions arrangements.

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 Commitments other than PPPs

	2019 \$M	2018 \$M
Capital expenditure commitments: Property, plant and equipment and intangibles	792.9	313.9
Operating lease commitments: Properties and equipment	439.9	413.1
Other expenditure commitments: Provision of services ⁽ⁱ⁾	518.6	500.6
Total commitments other than PPPs (inclusive of GST)	1,751.3	1,227.6

Note:

- (i) 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.

8. Risks, contingencies and valuation judgements

Introduction

The Department of Health and Human Services 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.

From 1 July 2018, the department applies AASB 9 and classifies all of its financial assets based on the business model for managing the assets and the asset's contractual terms.

Categories of financial assets under AASB 9

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 assets previously under AASB 139

Loans and receivables and cash are financial instrument assets with fixed and determinable payments that are not quoted on an active market. These assets and liabilities are initially recognised at fair value plus any directly attributable transaction costs. Subsequent to initial measurement, loans and receivables are measured at amortised cost using the effective interest method (and for assets, less any impairment). The department recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)
- term deposits
- loan receivables.

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 initial 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 finance 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 intend 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

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	–	–	62.2	62.2
Total contractual financial liabilities	–	–	1,575.7	1,575.7

2018	Contractual financial assets – loans and receivables \$M	Contractual financial liabilities at amortised cost \$M	Total \$M
Contractual financial assets			
Cash and deposits	383.2	–	383.2
Receivables ⁽ⁱ⁾	88.3	–	88.3
Loans	105.7	–	105.7
Short-term investments – term deposits	534.8	–	534.8
Total contractual financial assets	1,112.0	–	1,112.0
Contractual financial liabilities			
Payables ⁽ⁱ⁾	–	1,342.3	1,342.3
Borrowings	–	81.7	81.7
Total contractual financial liabilities	–	1,424.0	1,424.0

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
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)
2018		
Contractual financial assets		
Cash and deposits	–	–
Receivables ⁽ⁱ⁾	–	–
Loans	0.8	0.8
Short-term investments – term deposits	9.2	9.2
Total contractual financial assets	10.0	10.0
Contractual financial liabilities		
Payables ⁽ⁱ⁾	–	–
Borrowings	(0.8)	(0.8)
Total contractual financial liabilities	(0.8)	(0.8)

Note:

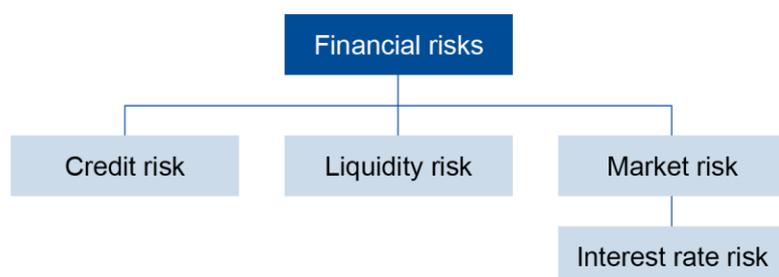
(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credit recoverable and taxes payable.

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

The department is exposed to a number of financial risks, including:



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 8.1.

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 are 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 2018–19.

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
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⁾	–	–	325.0	325.0
Loans ⁽ⁱⁱ⁾	–	–	94.9	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	438.0	419.9	4,364.6
2018				
Cash and deposits	25.1	358.1	–	383.2
Receivables ⁽ⁱ⁾⁽ⁱⁱ⁾	–	–	88.3	88.3
Loans ⁽ⁱⁱ⁾	–	–	105.7	105.7
Short-term investments – term deposits	–	534.8	–	534.8
Total contractual financial assets	25.1	892.9	194.0	1,112.0

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 – applicable from 1 July 2018

From 1 July 2018, the department has been recording the allowance for expected credit loss for the relevant financial instruments, replacing AASB 139's incurred loss approach with AASB 9's Expected Credit Loss approach. Subject to AASB 9 impairment assessment include the department's contractual receivables, statutory receivables and its investment in debt instruments.

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 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 select 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 opening loss allowance on initial application date of AASB 9 and the closing loss allowance at the 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	
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
2018							
Expected loss rate			10%	66%	95%	35%	
Gross carrying amount of contractual receivables	96.9	75.1	6.0	4.1	6.1	5.5	
Loss allowance		–	0.6	2.7	5.8	1.9	11.0

Note:

(i) The amounts disclosed here includes 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:

	2019 \$M	2018 \$M
Balance at beginning of the year	(8.6)	(4.4)
Opening retained earnings adjustment on adoption of AASB 9	(2.4)	–
Opening loss allowance	(11.0)	(4.4)
Increase in provision recognised in the net result	(9.1)	(19.2)
Reversal of provision of receivables written off during the year as uncollectible	7.0	15.0
Balance at the end of the year	(13.1)	(8.6)

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.

In prior years, a provision for doubtful debts is recognised when there is objective evidence that the debts may not be collected and bad debts are written off when identified. A provision is made for estimated irrecoverable amounts from the sale of goods when there is objective evidence that an individual receivable is impaired. Bad debts considered as written off by mutual consent.

Statutory receivables and debts 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 recognised at 30 June 2018 under AASB 139. No additional loss allowance required upon transition into AASB 9 on 1 July 2018.

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% (2018: +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
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	3.2%	62.2	33.0	–	29.2
Total financial liabilities		1,575.7	33.0	–	1,542.7
2018					
Financial assets					
Cash and deposits	0.3%	383.2	–	89.4	293.7
Receivables ⁽ⁱ⁾		88.3	0.8	–	87.5
Loans	4.1%	105.7	2.4	12.9	90.4
Short-term investments – term deposits	2.1%	534.8	534.8	–	–
Total financial assets		1,112.0	537.9	102.3	471.7
Financial liabilities					
Payables ⁽ⁱ⁾		1,342.3	–	–	1,342.4
Borrowings	3.3%	81.7	51.7	–	30.0
Total financial liabilities		1,424.0	51.7	–	1,372.3

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	Interest rate risk		Consumer Price Index (CPI)	
		-0.50% Net result	+0.50% Net result	-0.25% Net result	1.50% Net result
2019	\$M	\$M	\$M	\$M	\$M
Contractual financial assets					
Cash and deposits ⁽ⁱ⁾	799.9	(0.1)	0.1	-	-
Receivables ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	325.0	-	-	-	-
Loans ⁽ⁱⁱⁱ⁾	94.9	(0.1)	0.1	-	0.2
Short-term investments – term deposits	100.0	-	-	-	-
Total impact	1,319.8	(0.1)	0.1	-	0.2
Contractual financial liabilities					
Payables ⁽ⁱⁱⁱ⁾	1,513.5	-	-	-	-
Borrowings ^(iv)	62.2	-	-	-	-
Total impact	1,575.7	-	-	-	-

	Carrying amount	Interest rate risk		Consumer Price Index (CPI)	
		-0.50% Net result	+0.50% Net result	-0.25% Net result	1.50% Net result
2018	\$M	\$M	\$M	\$M	\$M
Contractual financial assets					
Cash and deposits ⁽ⁱ⁾	383.2	(0.4)	0.4	-	-
Receivables ⁽ⁱⁱ⁾⁽ⁱⁱⁱ⁾	88.3	-	-	-	-
Loans ⁽ⁱⁱⁱ⁾	105.7	(0.1)	0.1	-	0.2
Short-term investments – term deposits	534.8	-	-	-	-
Total impact	1,112.0	(0.5)	0.5	-	0.2
Contractual financial liabilities					
Payables ⁽ⁱⁱⁱ⁾	1,342.3	-	-	-	-
Borrowings ^(iv)	81.7	-	-	-	-
Total impact	1,424.0	-	-	-	-

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. \$33.0 million (2018: \$51.7 million) relates to finance lease liabilities associated with motor vehicles. Each contract has interest fixed at the inception of the lease.

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.

	2019 \$M	2018 \$M
Quantifiable contingent assets		
Details and estimates of contingent assets are as follows:		
(a)	Bank guarantee held for:	
	– building contracts	
	17.5	14.2
(b)	Letter of comfort held for Community Chef recallable grant	
	3.1	2.9
(c)	The department provided recallable capital grants to a number of hospitals and these are recallable by way of future cash flow adjustments. The department has not taken any decision in respect of the need for the recipient hospitals to bear those future cash flow adjustments at this time. Decisions about whether recallable grants are to be repaid are solely at the discretion of the department in consideration of the outcomes arising from the expenditure of the grant funds and other policy considerations. As such, hospitals at this time have no obligation to repay the recallable grant unless the department determines at some point in the future that a cash flow adjustment in respect of the recallable grant is warranted.	
	0.2	0.2
(d)	Litigation for the recovery of costs in relation to defective construction work	
	4.1	2.1
Total	24.9	19.4

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.

	2019 \$M	2018 \$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.	
	32.6	4.4
Total	32.6	4.4

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 for a period up to September 2020 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 2019–20.

8.3 Fair value determination

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 2018–19 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

2019	Carrying amount \$M	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$M	Level 2 ⁽ⁱ⁾ \$M	Level 3 ⁽ⁱ⁾ \$M
Land at fair value				
Non-specialised land	17,941.7	–	17,935.4	6.3
Specialised land	573.2	–	77.2	496.0
Total land at fair value	18,514.9	–	18,012.5	502.4
Buildings at fair value				
Non-specialised building	9,033.8	–	9,033.4	0.4
Specialised building	742.3	–	1.0	741.2
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

2018	Carrying amount \$M	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾ \$M	Level 2 ⁽ⁱ⁾ \$M	Level 3 ⁽ⁱ⁾ \$M
Land at fair value				
Non-specialised land	20,159.0	–	20,150.8	8.2
Specialised land	652.1	–	91.6	560.5
Total land at fair value	20,811.1	–	20,242.4	568.7
Buildings at fair value				
Non-specialised building	8,465.8	–	8,465.4	0.4
Specialised building	507.2	–	0.9	506.3
Total buildings at fair value	8,973.0	–	8,466.3	506.7
Plant, equipment and vehicles at fair value				
Plant and equipment	14.3	–	–	14.3
Motor vehicles	1.4	–	–	1.4
Total plant, equipment and vehicles at fair value	15.7	–	–	15.7

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.

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.

An independent valuation was performed by the Valuer-General Victoria to determine fair value using the market approach. Valuation of the assets was determined by analysing comparable sales and allowing for share, size, topography, location and other relevant factors specific to the asset being valued. The effective date of the valuation is 30 June 2019.

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 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 depreciated 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.

An independent valuation of the departments' specialised land and specialised buildings was performed by the Valuer-General Victoria. The effective date of the valuation is 30 June 2019.

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 2019.

For all assets measured at fair value, the current use is considered the highest and best use.

Reconciliation of Level 3 fair value movements

	Non-specialised land \$M	Specialised land \$M	Non-specialised buildings \$M	Specialised buildings \$M	Plant and equipment \$M	Motor vehicles \$M	Total \$M
2019							
Opening balance	8.2	560.5	0.4	506.3	14.3	1.4	1,091.1
Machinery of government transfer in/(out)	–	(9.5)	–	(23.2)	–	–	(32.7)
Additions	–	1.2	–	5.3	1.6	0.5	8.6
Capitalisation of work in progress	–	–	–	12.0	–	–	12.0
Disposals	–	–	–	(0.2)	–	(0.1)	(0.3)
Transfers in/(out) of Level 3	–	–	–	3.4	–	–	3.4
Gains or losses recognised in net result							
Depreciation	–	–	–	(24.1)	(4.9)	(0.3)	(29.3)
Assets given free of charge	–	–	–	–	(0.2)	(0.7)	(0.9)
Subtotal of gains or losses recognised in net result	–	–	–	(24.1)	(5.1)	(1.1)	(30.3)
Gains or losses recognised in other economic flows – other comprehensive income							
Net revaluation increments/(decrements)	(1.8)	(56.2)	–	261.7	–	–	203.7
Subtotal of gains or losses recognised in other economic flows	(1.8)	(56.2)	–	261.7	–	–	203.7
Closing balance	6.3	496.0	0.4	741.2	10.8	0.8	1,255.6
	Non-specialised land \$M	Specialised land \$M	Non-specialised buildings \$M	Specialised buildings \$M	Plant and equipment \$M	Motor vehicles \$M	Total \$M
2018							
Opening balance	5.0	419.9	0.4	427.0	13.1	1.3	866.7
Machinery of government transfer in/(out)	–	–	–	–	–	–	0.1
Additions	–	–	–	0.6	–	0.4	1.0
Capitalisation of work in progress	–	–	–	100.8	6.1	–	106.9
Disposals	–	–	–	–	(0.2)	(0.1)	(0.3)
Transfers in/(out) of Level 3	–	–	–	–	–	–	–
Gains or losses recognised in net result							
Depreciation	–	–	–	(21.4)	(4.6)	(0.3)	(26.3)
Subtotal of gains or losses recognised in net result	–	–	–	(21.4)	(4.6)	(0.3)	(26.3)
Gains or losses recognised in other economic flows – other comprehensive income							
Net revaluation increments/(decrements)	3.1	140.6	–	(0.6)	–	–	143.1
Subtotal of gains or losses recognised in other economic flows	3.1	140.6	–	(0.6)	–	–	143.1
Closing balance	8.2	560.5	0.4	506.3	14.3	1.4	1,091.1

8.3.2 Fair value determination of non-financial physical assets (continued)

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	Depreciated 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 2018.

Non-financial physical assets classified as held for sale

	Carrying amount	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾	Level 2 ⁽ⁱ⁾	Level 3 ⁽ⁱ⁾
	\$M	\$M	\$M	\$M
2019				
Land held for sale				
Specialised land	23.9	–	23.9	–
Total land at fair value held for sale	23.9	–	23.9	–
Buildings held for sale				
Specialised building	4.5	–	4.5	–
Total buildings held for sale	4.5	–	4.5	–

	Carrying amount	Fair value measurement at end of reporting period using:		
		Level 1 ⁽ⁱ⁾	Level 2 ⁽ⁱ⁾	Level 3 ⁽ⁱ⁾
	\$M	\$M	\$M	\$M
2018				
Land held for sale				
Specialised land	26.4	–	26.4	–
Total land at fair value held for sale	26.4	–	26.4	–
Buildings held for sale				
Specialised building	3.2	–	3.2	–
Total buildings held for sale	3.2	–	3.2	–

Note:

(i) Classified in accordance with the fair value hierarchy.

There have been no transfers between levels during 2018–19.

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-current 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 Changes to classification and measurement
 - 9.12.2 Changes to the impairment of financial assets
 - 9.12.3 Transition impact
- 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.

	2019	2018
	\$	\$
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.

	2019 \$M	2018 \$M
(a) Net gain/(loss) on non-financial assets		
Revenue from disposal of non-financial physical assets		
Land	43.8	59.5
Buildings	10.5	38.4
Shared home ownership scheme	1.1	1.8
Miscellaneous assets	14.1	10.5
Total revenue from disposal of non-financial physical assets	69.5	110.1
Costs on disposal of non-financial physical assets		
Land	53.1	49.4
Buildings	9.8	36.2
Shared home ownership scheme	1.0	1.6
Community services properties	0.3	0.6
Miscellaneous assets	11.7	8.7
Total costs on disposal of non-financial physical assets	76.0	96.5
Net gain/(loss) on non-financial assets	(6.5)	13.6
(b) Net gain/(loss) on financial instruments		
Net gain/(loss) on financial instruments and statutory receivables/payables	0.2	1.8
Total net gain/(loss) on financial instruments	0.2	1.8
(c) Other gains/(losses) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability	(19.7)	1.0
Revaluation and adjustments of insurance claims	(0.2)	5.3
Bad debt expenses	(8.2)	(18.3)
Total other gains/(losses) from other economic flows	(28.1)	(12.0)

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:

	2019 \$M	2018 \$M
Non-financial assets classified as held for sale		
Buildings held for sale	4.5	3.2
Land held for sale	23.9	26.4
Plant, equipment and vehicles	2.8	2.1
Total non-financial assets classified as held for sale	31.2	31.7

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

	2019 \$M	2018 \$M
Physical asset revaluation surplus ⁽ⁱ⁾		
Balance at beginning of financial year	8,601.7	4,542.1
Revaluation increments/(decrements) of land and buildings	(1,205.3)	4,059.6
Balance at the end of financial year	7,396.4	8,601.7
Represented by:		
– Land	6,357.4	8,555.2
– Building	1,039.0	46.6
Total physical assets revaluation surplus	7,396.4	8,601.7

Note:

(i) The physical assets revaluation surplus arises on the revaluation of land and buildings.

9.5 Entities consolidated pursuant to s. 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 FMA:

- Respect Victoria
- Mental Health Tribunal
- Commission for Children and Young People
- the 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 s. 53(1)(b) entities				Director of Housing		Eliminations and adjustments		DHHS consolidated group			
	2019		2018		2019		2018		2019		2018	
	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M	\$M		
Total income from transactions	18,280.9	16,824.6	1,145.7	1,107.1	(9.5)	(10.7)	19,417.0	17,921.1				
Total expenses from transactions	17,995.9	16,539.5	1,405.1	1,213.9	(9.5)	(10.7)	19,391.5	17,742.8				
Net result from transactions	285.0	285.1	(259.5)	(106.8)	–	–	25.5	178.3				
Total assets	6,224.5	5,509.3	27,158.7	28,876.5	(10.8)	(5.1)	33,372.5	34,380.8				
Total liabilities	2,014.7	1,783.1	173.5	190.3	(10.8)	(5.1)	2,177.4	1,968.3				

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. Jill Hennessy MP	1 July 2018 to 29 November 2018
Minister for Ambulance Services	The Hon. Jenny Mikakos MLC	29 November 2018 to 30 June 2019
Minister for Health	The Hon. Jill Hennessy MP	1 July 2018 to 29 November 2018
Minister for Health	The Hon. Jenny Mikakos MLC	29 November 2018 to 30 June 2019
Minister for Housing, Disability and Ageing	The Hon. Martin Foley MP	1 July 2018 to 29 November 2018
Minister for Housing	The Hon. Richard Wynne MP	29 November 2018 to 30 June 2019
Minister for Mental Health	The Hon. Martin Foley MP	1 July 2018 to 30 June 2019
Minister for Families and Children	The Hon. Jenny Mikakos MLC	1 July 2018 to 29 November 2018
Minister for Youth Affairs	The Hon. Jenny Mikakos MLC	1 July 2018 to 29 November 2018
Minister for Sport	The Hon. John Eren MP	1 July 2018 to 29 November 2018
Minister for Women	The Hon. Natalie Hutchins MP	1 July 2018 to 29 November 2018
Minister for the Prevention of Family Violence	The Hon. Natalie Hutchins MP	1 July 2018 to 29 November 2018
Minister for the Prevention of Family Violence	Gabrielle Williams MP	29 November 2018 to 30 June 2019
Special Minister of State	Gavin Jennings MLC	1 July 2018 to 29 November 2018
Minister for Child Protection	The Hon. Luke Donnellan MP	29 November 2018 to 30 June 2019
Minister for Disability, Ageing and Carers	The Hon. Luke Donnellan MP	29 November 2018 to 30 June 2019
Secretary, Department of Health and Human Services	Kym Peake	1 July 2018 to 30 June 2019
Acting Secretary, Department of Health and Human Services	Melissa Skilbeck	31 December 2018 to 6 January 2019
Acting Secretary, Department of Health and Human Services	Nick Foa	24 April 2019 to 28 April 2019
Director of Housing under the <i>Housing Act 1983</i>	Nick Foa	1 July 2018 to 30 June 2019
Acting Director of Housing under the <i>Housing Act 1983</i>	Justin Burney	1 July 2018 to 8 July 2018
Acting Director of Housing under the <i>Housing Act 1983</i>	Fiona Williams	22 December 2018 to 7 January 2019
Acting Director of Housing under the <i>Housing Act 1983</i>	Chris Hotham	29 June 2019 to 30 June 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	30 June 2019	30 June 2018
\$370,000 – \$379,999	–	1
\$400,000 – \$409,999	1	–
\$550,000 – \$559,999	–	1
\$560,000 – \$569,999	1	–
Total	2	2

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	
	2019 \$M	2018 \$M
Short-term employee benefits	42.3	34.9
Post-employment benefits	3.7	3.1
Other long-term benefits	1.0	0.9
Termination benefits	0.2	0.2
Share-based payments	–	–
Total remuneration	47.2	39.1
Total number of executives ⁽ⁱ⁾	252	224
Total annualised employee equivalent (AEE) ⁽ⁱⁱ⁾	207.6	170.4

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.

Three Administrative Offices have been consolidated into the department's financial statements under s. 45(4) of the *Financial Management Act 1994* (FMA):

- Victorian Agency for Health Information
- Safer Care Victoria
- Family Safety Victoria.

The following entities have been consolidated into the department's financial statements pursuant to the determination made by the Assistant Treasurer under s. 53(1)(b) of the FMA:

- Mental Health Tribunal
- Commission for Children and Young People
- the Director of Housing
- Respect Victoria.

Related parties of the department, Victorian Agency for Health Information, Safer Care Victoria, Family Safety Victoria, Mental Health Tribunal, the Director of Housing and Commission for Children and Young People and Respect Victoria 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 \$17,696.3 million (2018: \$16,373.1 million) and \$466.2 million (2018: \$453.9 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. Jill Hennessy MP, The Hon. Jenny Mikakos MLC, The Hon. Martin Foley MP, The Hon. Richard Wynne MP, The Hon. John Eren MP, The Hon. Natalie Hutchins MP, Gabrielle Williams MP, Gavin Jennings MLC, The Hon. Luke Donnellan MP, the Secretary, Kym Peake and members of the Senior Executive Team, which includes:

- Former Deputy Secretary, Corporate Services, Carolyn De Gois
- Deputy Secretary, Corporate Services, Greg Stenton
- Deputy Secretary, Housing and Infrastructure, Nick Foa
- 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

Key management personnel of the Administrative Offices consolidated pursuant to s. 45(4) of the FMA into the department's financial statements include:

Entity	Key management personnel	Position title
Victorian Agency for Health Information	Lance Emerson	Chief Executive Officer
Safer Care Victoria	Euan Wallace	Chief Executive Officer
Family Safety Victoria	Sue Clifford	Chief Executive Officer

Key management personnel of the agencies consolidated pursuant to s. 53(1)(b) of the FMA into the department's financial statements include:

Entity	Key management personnel	Position title
Director of Housing	Nick Foa	Director of Housing
Mental Health Tribunal	Matthew Carroll	President
Commission for Children and Young People	Liana Buchanan	Principal Commissioner
Commission for Children and Young People	Justin Mohamed	Commissioner for Aboriginal Children and Young People
Respect Victoria	Tracey Gaudry	Chief Executive Officer
Respect Victoria	Melanie Eagle	Board Chair
Respect Victoria	Andi Diamond	Board Director
Respect Victoria	Kate Fitz-Gibbon	Board Director
Respect Victoria	Rod Jackson	Board Director
Respect Victoria	Emily Maguire	Board Director
Respect Victoria	Julia Mason	Board Director
Respect Victoria	Liana Papoutsis	Board Director
Respect Victoria	Steve Walsh	Board Director

Remuneration of key management personnel

The compensation detailed below excludes the salaries and benefits the Portfolio Minister received. The Minister's remuneration and allowances is set by the *Parliamentary Salaries and Superannuation Act 1968* is reported within the Department of Parliamentary Services' Financial Report.

	Department of Health and Human Services		Administrative Offices ⁽ⁱ⁾		Section 53 ⁽ⁱⁱ⁾	
	2019 \$M	2018 \$M	2019 \$M	2018 \$M	2019 \$M	2018 \$M
Compensation of KMPs						
Short-term employee benefits ⁽ⁱⁱⁱ⁾	3.4	3.3	1.3	1.1	0.8	0.6
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)	3.7	3.6	1.4	1.2	0.9	0.7

Notes:

- (i) This includes remuneration of KMPs for Victorian Agency for Health Information, Safer Care Victoria and Family Safety Victoria.
- (ii) This includes remuneration of KMPs for Mental Health Tribunal, and the Commission for Children and Young People. Remuneration for Director of Housing is included in the Department of Health and Human Services numbers.
- (iii) Total remuneration paid to KMPs employed as a contractor during the reporting period through an external service provider has been reported under short-term employee benefits.
- (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, for example 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

	2019 \$	2018 \$
Victorian Auditor-General's Office – audit of the financial report	546,500	546,500

9.10 Subsequent events

There are no subsequent events for the 2018–19 financial year.

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 Change in accounting policies

The department has elected to apply the limited exemption in AASB 9 paragraph 7.2.15 relating to transition for classification and measurement and impairment, and accordingly has not restated comparative periods in the year of initial application. As a result:

- any adjustments to carrying amounts of financial assets or liabilities are recognised at beginning of the current reporting period with difference recognised in opening retained earnings
- financial assets and provision for impairment have not been reclassified and/or restated in the comparative period.

AASB 9 introduces a major change to hedge accounting. However, it is the department's policy not to apply hedge accounting.

This note explains the impact of the adoption of AASB 9 *Financial Instruments* on the department's financial statements.

9.12.1 Changes to classification and measurement

On initial application of AASB 9 on 1 July 2018, the department's management has assessed for all financial assets based on the department's business models for managing the assets. The following is the change in the classification of the department's financial assets:

- Contractual receivables previously classified as other loans and receivables under AASB 139 are now reclassified as financial assets at amortised cost under AASB 9. An increase of \$2.4 million in loss allowance for these assets was recognised in opening retained earnings for the period.

The accounting for financial liabilities remains largely the same as it was under AASB 139, except for the treatment of gains or losses arising from the department's own credit risk relating to liabilities designated at fair value through net result. Such movements are presented in other comprehensive income with no subsequent recycle through profit or loss.

The department's accounting policies for financial assets and liabilities are set out in note 8.1.1. The following table summarises the required and elected reclassification upon adoption of AASB 9. The main effects resulting from the reclassification are as follows:

	Notes	AASB 139 Measure- ment Categories \$M	AASB 9 Measurement Categories			
			Fair value through net result (desig- nated) \$M	Fair value through net result (manda- tory) \$M	Amortised cost \$M	Fair value through compre- hensive income \$M
As at 30 June 2018						
AASB 139 Measurement Categories						
Cash and deposits	8.1.1	383.2	–	–	383.2	–
Contractual receivables	8.1.1	96.9	–	–	94.5	–
Loans	8.1.1	105.7	–	–	105.7	–
Short-term investments – term deposits	8.1.1	534.8	–	–	534.8	–
As at 1 July 2018		1,120.6	–	–	1,118.2	–

9.12.2 Changes to the impairment of financial assets

Under AASB 9, all loans and receivables as well as other debt instruments not carried at fair value through net result are subject to AASB 9's new expected credit loss (ECL) impairment model, which replaces AASB 139's incurred loss approach.

For other loans and receivables, the department applies the AASB 9 simplified approach to measure expected credit losses based on the change in the ECLs over the life of the asset. Application of the lifetime ECL allowance method results in an increase in the impairment loss allowance of \$2.4 million. Refer to note 8.1.3.1 for details about the calculation of the allowance. The loss allowance increased further by \$2.1 million for these financial assets during the financial year.

For debt instruments at amortised costs, the department considers them to be low risk and therefore determines the loss allowance based on ECLs associated with the probability of default in the next 12 months. Applying the ECL model does not result in recognition of additional loss allowance (previous loss allowance was nil). No further increase in allowance in the current financial year.

9.12.3 Transition impact

The transition impact of first-time adoption of AASB 9 on comprehensive operating statement and balance sheet has been summarised in the following tables.

Impact on comprehensive operating statement as at 1 July 2018 as follows:

Comprehensive operating statement	Notes	30/06/2018 \$M
Impairment of financial assets	8.1.3.1	(2.4)
Other economic flow included in net result		(2.4)
Comprehensive income		(2.4)

Impact on balance sheet is illustrated with the following reconciliation between the carrying amounts under AASB 139 at 30 June 2018 and the balances reported under AASB 9 at 1 July 2018 for each affected balance sheet line item:

Balance sheet	Notes	Amount at 30/6/2018 \$M	Reclassification \$M	Remeasurement (ECL) \$M	Restated amount at 1/7/2018 \$M
Cash and deposits	8.1.1	383.2	(383.2)	–	–
Contractual receivables	8.1.1	96.9	(96.9)	–	–
Loans	8.1.1	105.7	(105.7)	–	–
Short-term investments – term deposits	8.1.1	534.8	(534.8)	–	–
Financial assets at amortised cost		–	1,120.6	–	1,120.6
Impairment loss allowance		(8.6)	–	(2.4)	(11.0)
Other financial assets		2,896.1	–	–	2,896.1
Total financial assets		4,008.1	–	(2.4)	4,005.7
Total liabilities		1,968.3	–	–	1,968.3
Accumulated surplus/(deficit)		1,613.2	–	(2.4)	1,610.8
Other items in equity		30,799.2	–	–	30,799.2
Total equity		32,412.5	–	(2.4)	32,410.1

9.13 Australian Accounting Standards issued that are not yet effective

The following AASs become effective for reporting periods commencing after 1 July 2019:

- AASB 1059 *Service Concession Arrangements: Grantor*
- AASB 16 *Leases*
- AASB 15 *Revenue from Contract with Customers*
- AASB 1058 *Income of Not-for-Profit Entities*.

Service concession arrangements

Prior to the issuance of AASB 1059, there was no definitive accounting guidance in Australia for service concession arrangements, which include a number of public private partnership (PPP) arrangements. The AASB issued the new 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, the public sector grantor will be required to record the asset(s) used in the service concession arrangement at current replacement cost in accordance with cost approach to fair value under AASB 13: *Fair Value Measurement* (AASB 13), 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 AASB recently announced a one-year deferral on the new accounting requirements for public sector grantors in service concession arrangements. As a result, AASB 1059 will apply to annual periods beginning on or after 1 January 2020, rather than 1 January 2019. However, the department intends to early adopt AASB 1059 in line with the original adoption date of 1 January 2019, i.e. the 2019–20 financial year.

The department will apply the standard using a full retrospective approach to prior reporting periods from 1 July 2019 ('transition date'). As a result, all comparative information in the financial statements has been prepared as if AASB 1059 had always been in effect with a cumulative adjustment between the recognition of service concession assets and financial liabilities and/or GORTO liabilities recognised in accumulated surplus as at 1 July 2018.

The department has identified three material service concession arrangements and has performed a detailed impact assessment. The potential impact in the initial year of application has been estimated as follows:

- increase in service concession assets (a subset of property, plant and equipment) (\$399.5 million)
- decrease in property, plant and equipment at fair value (a subset of property, plant and equipment) (\$399.5 million)
- increase in service concession assets (a subset of intangible assets) (\$2.5 million)
- decrease in intangible assets at cost (a subset of intangible assets) (\$2.5 million)

The department will perform further assessment on other potential service concession arrangements during 2019–20.

Leases

AASB 16 *Leases* replaces AASB 117 *Leases*, AASB Interpretation 4 *Determining whether an Arrangement contains a Lease*, AASB Interpretation 115 *Operating Leases-Incentives* and AASB Interpretation 127 *Evaluating the Substance of Transactions Involving the Legal Form of a Lease*.

AASB 16 sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to account for all leases on the balance sheet by recording a Right-Of-Use (RoU) asset and a lease liability except for leases that are shorter than 12 months and leases where the underlying asset is of low value (deemed to be below \$10,000).

AASB 16 also requires the lessees to separately recognise the interest expense on the lease liability and the depreciation expense on the right-of-use asset, and remeasure the lease liability upon the occurrence of certain events (for example a change in the lease term, a change in future lease payments resulting from a change in an index or rate used to determine those payments). The amount of the remeasurement of the lease liability will generally be recognised as an adjustment to the RoU asset.

Lessor accounting under AASB 16 is substantially unchanged from AASB 117. Lessors will continue to classify all leases using the same classification principle as in AASB 117 and distinguish between two types of leases: operating and finance leases.

The effective date is for annual reporting periods beginning on or after 1 January 2019. The department intends to adopt AASB 16 in 2019–20 financial year when it becomes effective.

The department will apply the standard using a modified retrospective approach with the cumulative effect of initial application recognised as an adjustment to the opening balance of accumulated surplus at 1 July 2019, with no restatement of comparative information.

Various practical expedients are available on adoption to account for leases previously classified by a lessee as operating leases under AASB 117. The department will elect to use the exemptions for all short-term leases (lease term less than 12 months) and low value leases (deemed to be below \$10,000).

In addition, AASB 2018-8 *Amendments to Australian Accounting Standards – Right-of-Use Assets (RoU) of Not-for-Profit Entities* allows a temporary option for not-for-profit entities to not measure RoU assets at initial recognition at fair value in respect of leases that have significantly below-market terms, since further guidance is expected to be developed to assist not-for-profit entities in measuring RoU assets at fair value. The Standard requires an entity that elects to apply the option (i.e. measures a class or classes of such RoU assets at cost rather than fair value) to include additional disclosures. The department intends to choose the temporary relief to value the RoU asset at the present value of the payments required (at cost).

The department has performed a detailed impact assessment of AASB 16 and the potential impact in the initial year of application has been estimated as follows:

- increase in RoU (\$588.6 million)
- increase in related depreciation (\$81.9 million)
- increase in lease liability (\$588.6 million)
- increase in related interest (\$15.5 million) calculated using effective interest method
- decrease in rental expense (\$79.8 million).

Revenue and income

AASB 15 supersedes AASB 118 *Revenue*, AASB 111 *Construction Contracts* and related Interpretations and it applies, with limited exceptions, to all revenue arising from contracts with its customers.

AASB 15 establishes a five-step model to account for revenue arising from an enforceable contract that imposes a sufficiently specific performance obligation on an entity to transfer goods or services. AASB 15 requires entities to only recognise revenue upon the fulfilment of the performance obligation. Therefore, entities need to allocate the transaction price to each performance obligation in a contract and recognise the revenue only when the related obligation is satisfied.

To address specific concerns from the 'not-for-profit' sector in Australia, the AASB also released the following standards and guidance:

- AASB 2016-8 *Amendments to Australian Accounting Standards – Australian implementation guidance for NFP entities* (AASB 2016-8), to provide guidance on application of revenue recognition principles under AASB 15 in the not-for-profit sector
- AASB 2018-4 *Amendments to Australian Accounting Standards – Australian Implementation Guidance for Not-for-Profit Public-Sector Licensors* (2018-4), to provide guidance on how to distinguish payments received in connection with the access to an asset (or other resource) or to enable other parties to perform activities as tax and non-IP licence. It also provides guidance on timing of revenue recognition for non-IP licence payments
- AASB 1058 *Income of Not-for-Profit Entities*, to supplement AASB 15 and provide criteria to be applied by not-for-profit entities in establishing the timing of recognising income for government grants and other types of contributions previously contained within AASB 1004 *Contributions*

AASB 15, AASB 1058 and the related guidance will come into effect for not-for-profit entities for annual reporting periods beginning on or after 1 January 2019. The department intends to adopt these standards in 2019–20 financial year when it becomes effective.

The department will apply the standard using a modified retrospective approach with the cumulative effect of initial application recognised as an adjustment to the opening balance of accumulated surplus at 1 July 2019, with no restatement of comparative information.

The department has performed a detailed impact assessment of AASB 15 and AASB 1058. There is no potential impact for each major class of revenue and income in the initial year of application.

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.

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 assets or liabilities that are not contractual (such as statutory receivables or payables that arise as a result of statutory requirements imposed by governments) are not financial instruments.

Financial asset is any asset that is:

- (a) cash
- (b) an equity instrument of another entity
- (c) a contractual or statutory right:
 - to receive cash or another financial asset from another entity, or
 - 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:
 - 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
 - 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 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 to use an asset for an agreed period of time in exchange for payment. Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership. Leases of infrastructure, property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership from the lessor to the lessee. All other leases are classified as operating leases.

Net acquisition of non-financial assets (from transactions) are purchases (and other acquisitions) 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 is 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.

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 2018–19 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 the Budget Paper No. 5 *2018–19 Statement of Finances* (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 2018–19.

The portfolio budget outcomes have been prepared on a consolidated basis for the period 1 July 2018 to 30 June 2019 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:

- > 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
- > Tweddle Child and Family Health Service
- > The Queen Elizabeth Centre
- > Victorian Health Promotion Foundation
- > Victorian Institute of Sport (from 1 July 2018 to 31 December 2018)
- > Melbourne Cricket Ground Trust (from 1 July 2018 to 31 December 2018)
- > Respect Victoria

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 2018–19 administered items statement reflects the funding arrangements under the joint Commonwealth–State National Health Reform Agreement. The arrangement provides for Commonwealth funding to be administered via the National Health Funding Pool (NHFP) State Pool Account, which is reported in the department's administered accounts.

The administered accounts also include the reporting of the state contribution for hospital services funded on an activity basis and the payment of the commonwealth contribution towards services funded through block grants to the department's controlled entity.

Funding arrangements under 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 2018–19, the portfolio recorded an actual net result from transactions of \$191 million surplus compared with a 2018–19 published budgeted surplus of \$220 million.

The variance between the budgeted and actual surplus is mainly related to higher than budgeted other operating expenses across the portfolio including payments to non-government organisations.

Financial position – balance sheet

Total assets are \$3,145 million higher than the published budget. This is mostly attributed to land and buildings revaluations within Property, Plant and Equipment. Total liabilities are \$828 million higher than 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 2018–19 financial year is \$1,969 million, which is \$51 million higher than the published budget for 2018–19.

The variance is mainly driven by term deposits held by health agencies and reported as other financial assets being transferred to the Central Banking System which is at call and reported as cash and deposits.

Detailed financial results for the 2018–19 portfolio budget and actual results are included in the following pages.

Comprehensive operating statement for the financial year ended 30 June 2019

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Net result from continuing operations						
Income from transactions						
Output appropriations	16,183	16,309	(0.8)	16,053	0.8	
Special appropriations	1,513	1,455	4.0	1,355	11.7	
Interest	55	52	4.9	48	13.7	1
Sales of goods and services	1,780	1,792	(0.7)	1,734	2.6	
Grants	6,792	6,672	1.8	6,813	(0.3)	
Fair value of assets and services received free of charge or for nominal consideration	8	–	–	1.0	–	
Other income	776	743	4.4	681	13.9	2
Total income from transactions	27,106	27,024	0.3	26,683	1.6	
Expenses from transactions						
Employee benefits	12,861	12,978	(0.9)	12,806	0.4	
Depreciation	960	977	(1.7)	965	(0.5)	
Interest expense	185	188	(1.4)	187	(0.9)	
Grants and other transfers	3,241	3,153	2.8	3,028	7.0	
Capital asset charge	1,266	1,266	–	1,267	(0.1)	
Other operating expenses	8,402	8,380	0.3	8,211	2.3	
Total expenses from transactions	26,916	26,943	(0.1)	26,464	1.7	
Net result from transactions (net operating balance)	191	82	132.4	220	(13.4)	
Other economic flows included in net result						
Net gain/(loss) on non-financial assets	(53)	18	–	1	(5,370.9)	
Share of net profits/(losses) of associates and joint venture entities, excluding dividends	1	–	–	–	–	
Net gain/(loss) on financial instruments and statutory receivables/payables	(52)	(26)	101.4	(26)	101.4	
Other gains/(losses) from other economic flows	(169)	(7)	2,317.3	(5)	3,284.2	
Total other economic flows included in net result	(274)	(15)	1,724.6	(30)	812.3	
Net result	(83)	66	(226.0)	189	(144.0)	

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Other economic flows – other comprehensive income						
Adjustment to accumulated surplus/(deficit) due to a change in accounting policy	(96)	–	–	–	–	
Changes in non- financial asset revaluation surplus	(2,691)	–	–	–	–	
Financial assets available-for-sale reserve	30	–	–	–	–	
Other	141	–	–	–	–	
Total other economic flows – other comprehensive income	(2,616)	–	–	–	–	
Comprehensive result	(2,699)	66	(4,189.6)	189	(1,528.1)	

1. The variance to published budget is a result of the additional appropriations received from gambling taxation revenue which was conservatively updated in the revised budget.
2. The variance to published budget is mainly driven by increases in health agencies' own-source revenue (such as non-government sourced research revenue) and variations in revenue from other states and jurisdictions for patients treated in Victoria.

Balance sheet as at 30 June 2019

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Assets						
Financial assets						
Cash and deposits	1,969	2,045	(3.7)	1,918	2.7	
Receivables	3,863	3,732	3.5	3,335	15.8	1
Other financial assets	520	510	1.9	765	(32.1)	2
Investments accounted for using equity method	36	37	(1.4)	37	(1.4)	
Total financial assets	6,388	6,324	1.0	6,055	5.5	
Non-financial assets						
Inventories	93	88	5.2	89	4.0	
Non-financial assets classified as held for sale including disposal group assets	6	107	(94.2)	107	(94.2)	3
Property, plant and equipment	20,551	16,998	20.9	17,862	15.1	4
Investment properties	131	42	210.9	42	210.9	5
Intangible assets	349	249	40.3	237	47.4	6
Other	155	135	14.8	135	14.8	7
Total non-financial assets	21,284	17,619	20.8	18,472	15.2	
Total assets	27,672	23,943	15.6	24,527	12.8	
Liabilities						
Payables	2,713	2,394	13.3	2,391	13.5	8
Borrowings	2,890	2,756	4.9	2,772	4.3	
Provisions	3,638	3,249	12.0	3,251	11.9	9
Total liabilities	9,242	8,399	10.0	8,414	9.8	
Net assets	18,430	15,545	18.6	16,113	14.4	
Equity						
Accumulated surplus/(deficit)	1,942	1,983	(2.1)	2,173	(10.6)	
Contributed capital and reserves	16,488	13,562	21.6	13,940	18.3	
Total equity	18,430	15,545	18.6	16,113	14.4	

1. The variance to published budget is mainly due to the timing of collection of debtors and receivables from the non-public sector, as well as receivables from other government departments.
2. The variance to published budget is driven by the movement of term deposits held by hospitals into the Central Banking System (categorised as Cash and deposits). The Central Banking System was introduced subsequent to the published budget and was updated in the revised 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. 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 is mainly due to the scheduled revaluations undertaken across the portfolio as at 30 June 2019 in accordance with FRD103H. Revaluations are not budgeted as they cannot be reliably measured.

5. 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. These were reclassified as investment properties as at 30 June 2019 following an assessment made for 2018–19 year-end reporting purposes.
6. The variance reflects increases in the actual value of software assets recognised during the year.
7. The variance to published budget reflects a higher than budgeted balance of prepayments held by health agencies.
8. The variance is mainly driven by the accounts payable balances recognised by health agencies which fluctuate in the normal course of business.
9. The variance to published budget is mainly due to increases in employee leave provisions for health agencies and the department which are difficult to reliably predict at budget.

Statement of cash flows for the financial year ended 30 June 2019

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Cash flows from operating activities						
Receipts						
Receipts from government	18,820	18,588	1.2	18,642	1.0	
Receipts from other entities	7,057	7,142	(1.2)	7,170	(1.6)	
Interest received	54	47	14.3	48	11.9	
Dividends received	12	–	–	–	–	
Other receipts	559	802	(30.3)	782	(28.5)	1
Total receipts	26,502	26,579	(0.3)	26,641	(0.5)	
Payments						
Payments of grants and other transfers	(3,256)	(3,153)	3.3	(3,028)	7.5	
Payments to suppliers and employees	(20,596)	(21,216)	(2.9)	(20,897)	(1.4)	
Capital asset charge	(1,266)	(1,266)	–	(1,267)	(0.1)	
Interest and other costs of finance paid	(186)	(188)	(1.1)	(187)	(0.5)	
Total payments	(25,304)	(25,823)	(2.0)	(25,379)	(0.3)	
Net cash flows from/(used in) operating activities	1,198	755	58.6	1,262	(5.1)	
Cash flows from investing activities						
Net investment	134	266	(49.6)	5	–	2
Payments for non-financial assets	(1,200)	(819)	46.5	(1,207)	(0.6)	
Proceeds from sale of non-financial assets	29	3	856.8	3	–	
Net loans to other parties	2	1	100.0	1	100.0	
Net (purchase)/disposal of investments – policy purposes	0	–	–	–	–	
Net cash flows from/(used in) investing activities	(1,034)	(550)	88.1	(1,197)	(13.6)	

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Cash flows from financing activities						
Owner contributions by state government	26	166	(84.4)	168	(84.6)	3
Repayment of leases and service concession liabilities	(80)	(105)	(23.6)	(106)	(24.3)	
Net borrowings	64	(17)	(477.2)	(5)	(1,382.6)	
Net cash flows from/(used in) financing activities	10	44	(77.7)	57	(82.8)	
Net increase (decrease) in cash and cash equivalents	173	249	(30.5)	122	41.8	
Cash and cash equivalents at the beginning of the financial year	1,796	1,796	–	1,796	–	
Cash and cash equivalents at the end of the financial year	1,969	2,044	(3.7)	1,918	2.7	

1. The variance relates mainly to the expected timing of collection of receivables from other government departments during 2018–19, where the cash was anticipated to be received during 2018–19 but remains a receivable at balance date.
2. The variance to published budget is mainly driven by the transfer of term deposits held by health agencies which were required to be deposited in the Central Banking System. The Central Banking System was introduced subsequent to the published budget.
3. The variance relates to machinery of government changes for entities that have transferred out of the portfolio which were not reflected in the budgets.

Statement of changes in equity for the financial year ended 30 June 2019

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %
Accumulated funds	2,040	1,988	2.6	1,988	2.6
Adjustment due to change in accounting policy	57	–	–	–	–
Transactions with owners in their capacity as owners	(71)	(71)	0.1	(4)	–
Comprehensive result	(83)	66	(225.8)	189	(143.9)
Accumulated surplus/(deficit)	1,943	1,983	(2.0)	2,173	(10.6)
Net contributions by owners	5,913	5,913	–	5,913	–
Transactions with owners in their capacity as owners	138	136	1.8	168	(100.0)
Contributions by owners	6,052	6,049	–	6,081	(0.5)
Physical asset revaluation reserve	7,271	7,271	–	7,271	–
Transactions with owners in their capacity as owners	–	(346)	–	–	–
Comprehensive result	2,691	–	–	–	–
Physical asset revaluation reserve	9,962	6,925	43.9	7,271	37.0
Financial assets available-for-sale reserve	474	–	–	–	–
Other reserves	–	588	(100.0)	588	(100.0)
Other reserves	474	588	(19.4)	588	(19.4)
Changes in equity	18,430	15,545	18.6	16,113	14.4

Administered items statement for the financial year ended 30 June 2019

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Administered income						
Appropriations – Payments made on behalf of the state	62	62	–	62	–	
Sales of goods and services	370	366	1.1	360	2.8	
Grants	11,660	12,123	(3.8)	11,672	(0.1)	
Interest	2	3	(33.3)	3	(33.3)	
Other income	15	10	50.0	10	50.0	
Total administered income	12,109	12,564	(3.6)	12,108	–	
Administered expenses						
Expenses on behalf of the state	888	892	(0.4)	717	23.8	
Grants and other transfers	10,794	11,213	(3.7)	10,980	(1.7)	
Payments into the Consolidated Fund	466	467	(0.2)	418	11.5	
Total administered expenses	12,148	12,573	(3.4)	12,116	0.3	
Income less expenses	(39.0)	(8)	387.5	(8)	387.5	
Other economic flows included in net result						
Net gain/(loss) on non-financial assets	(8)	8	(200.0)	8	(200.0)	
Net gain/(loss) on financial instruments and statutory receivables/payables	(4)	–	–	–	–	
Total other economic flows included in net result	(12)	8	(250.0)	8	(250.0)	
Net result	(51)	–	–	–	–	
Other economic flows – other comprehensive income						
Other	0.8	–	–	–	–	
Total other economic flows – other comprehensive income	0.8	–	–	–	–	
Comprehensive result	(50)	–	–	–	–	
Administered assets						
Cash and deposits	120	30	299.3	31	286.4	1
Receivables	57	76	(24.4)	76	(24.4)	2
Other financial assets	11	12	(5.4)	12	(5.4)	
Other	–	–	–	–	–	
Total administered assets	189	118	59.8	118	59.8	

	2018–19 actual \$M	2018–19 revised budget \$M	Variation to revised budget %	2018–19 published budget \$M	Variation to published budget %	Notes
Administered liabilities						
Payables	173	63	173.9	63	173.9	3
Provisions	15	15	(2.1)	15	(2.1)	
Total administered liabilities	187	78	140.0	78	140.0	
Net assets	1	40	(96.6)	40	(96.6)	
Equity						
Accumulated surplus/(deficit)	74	–	–	–	–	
Contributed capital	(75)	–	–	–	–	
Total equity	(1)	–	–	–	–	

1. The higher cash and deposits balance relates to cash held in the National Disability Insurance Agency (NDIA) trust fund and the National Health Funding Pool. The variance arises due to different timing for receipts and payments into these trust funds.
2. The variance is mainly due to the receipt of the June contribution into the NDIA trust fund which was budgeted as a receivable at year end.
3. The variance is mainly due to amounts payable to the NDIA relating to clients that have transitioned to the National Disability Insurance Scheme in 2018–19 and amounts expected to be returned to the Commonwealth in 2019–20 in respect of unearned revenue relating to hospital activity.

Director of Housing

Comprehensive operating statement for the financial year ended 30 June 2019

	2019 \$M	2018 \$M
Income from transactions		
Grant from the Department of Health and Human Services	618.8	580.5
Interest income	13.2	10.0
Rental income and income from services	491.1	486.3
Grants and other income transfers	11.4	24.8
Fair value of assets and services received free of charge or for nominal consideration	7.5	1.1
Other income	3.5	4.4
Total income from transactions	1,145.5	1,107.1
Expenses from transactions		
Employee expenses	114.6	110.6
Depreciation and amortisation	280.6	208.8
Maintenance	212.7	166.1
Grants and other expense transfers	426.3	399.9
Fair value of assets and services provided free of charge or for nominal consideration	116.2	92.4
Other operating expenses	45.8	42.9
Other property management expenses	208.9	193.2
Total expenses from transactions	1,405.0	1,213.9
Net result from transactions (net operating balance) ⁽ⁱ⁾	(259.5)	(106.8)
Other economic flows included in net result		
Net gain/(loss) on non-financial assets ⁽ⁱⁱ⁾	(8.6)	12.5
Other gains/(losses) from other economic flows	(5.6)	(7.1)
Total other economic flows included in net result	(14.2)	5.4
Net result	(273.7)	(101.4)
Other economic flows – other comprehensive income		
Items that will not be reclassified to net result		
Changes in physical asset revaluation surplus	(1,286.2)	3,757.3
Remeasurement of superannuation defined benefit plans	(2.5)	(0.3)
Total other economic flows – other comprehensive income	(1,288.7)	3,757.0
Comprehensive result	(1,562.4)	3,655.6

Notes:

(i) The net result from transactions for 2018–19 of \$259.5 million deficit largely resulted from three key drivers: 1) the transfer of Director of Housing owned land of \$58.7 million in 2019 (2018: \$36.6 million) and the transfer of Director of Housing owned buildings of \$57.6 million in 2019 (2018: \$55.7 million) to Aboriginal Housing Victoria; 2) \$71.8 million increased depreciation expense mainly due to accelerated depreciation resulting from the approved Public Housing Renewal Program projects and a review of building depreciation rates; and a \$46.6 million 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 2019

	2019 \$M	2018 \$M
Assets		
Financial assets		
Cash and deposits ⁽ⁱ⁾	457.4	85.5
Receivables	16.3	17.3
Loans	34.2	35.9
Short-term investments – term deposits ⁽ⁱ⁾	100.0	534.8
Total financial assets	607.9	673.5
Non-financial assets		
Non-financial physical assets classified as held for sale	25.8	29.6
Property, plant and equipment	26,488.8	28,140.0
Intangible assets	27.7	28.7
Prepayments	1.5	1.1
Total non-financial assets	26,543.8	28,199.3
Total assets	27,151.7	28,872.8
Liabilities		
Payables	67.7	92.6
Borrowings	13.4	13.4
Employee related provisions	85.4	80.6
Total liabilities	166.5	186.6
Net assets	26,985.3	28,686.2
Equity		
Accumulated surplus/(deficit)	(585.1)	(306.8)
Physical asset revaluation surplus	6,715.3	8,001.5
Contributed capital	20,855.1	20,991.5
Net worth	26,985.3	28,686.2

Note:

- (i) In 2018–19, the Director of Housing transitioned to the Department of Treasury and Finance Central Banking System. This transition required all Treasury Corporate Victoria term deposits maturing in 2018–19 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 2019

	Physical asset revaluation reserve \$M	Accumulated surplus/ (deficit) \$M	Contributed capital \$M	Total \$M
Balance at 1 July 2017	4,244.2	(205.1)	20,860.1	24,899.2
Net result for the year	–	(101.4)	–	(101.4)
Remeasurement of superannuation defined benefit plans	–	(0.3)	–	(0.3)
Changes in physical asset revaluation surplus	3,757.3	–	–	3,757.3
Capital contribution by Victorian State Government	–	–	131.4	131.4
Balance at 30 June 2018	8,001.5	(306.8)	20,991.5	28,686.2
Change in accounting policy	–	(2.1)	–	(2.1)
Restated 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

Cash flow statement for the financial year ended 30 June 2019

	2019 \$M	2018 \$M
Cash flows from operating activities		
Receipts		
Receipts of output appropriations	618.8	569.1
Receipts of funds from other authorities	11.9	36.9
Rent received	479.3	473.4
User charges received – rental properties	4.8	4.9
Interest received	13.8	9.5
Other receipts	3.2	4.9
GST recovered from Australian Taxation Office ⁽ⁱ⁾	41.8	39.8
Total receipts	1,173.6	1,138.5
Payments		
Payments of grants and other expense transfers	(468.7)	(439.2)
Payments for employee benefits	(112.3)	(110.2)
Payments for supplies and services	(38.9)	(33.0)
Interest and other costs of finance paid	(4.1)	(1.7)
Maintenance	(120.5)	(165.8)
Other property management expenses	(311.9)	(192.8)
Other payments	–	(0.2)
Total payments	(1,056.4)	(943.0)
Net cash flows from/(used in) operating activities	117.2	195.6
Cash flows from investing activities		
Proceeds from the sale of non-financial assets	57.0	103.4
Purchase of short term investments – term deposits	434.8	(116.3)
Client loans repaid	1.6	4.1
Payment for non-financial assets	(292.3)	(295.6)
Net cash flows from/(used in) investing activities	201.1	(304.4)
Cash flows from financing activities		
Owner contributions by Victorian Government – appropriation for capital expenditure purposes	53.7	131.4
Net cash flows from/(used in) financing activities	53.7	131.4
Net increase/(decrease) in cash and deposits	371.9	22.6
Cash and deposits at beginning of financial year	85.5	62.9
Cash and deposits at the end of the financial year	457.4	85.5

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 2019

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
Clinical Technology Refresh (statewide)	Jun-19	Jun-19	Jun-19		12.000	12.000	12.000	0.000	
Geelong Hospital – major upgrade (Geelong)	Dec-15	Jun-19	Aug-18	Project in Defects Liability Period	93.270	118.170	112.002	(6.168)	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)	Jun-19	Jun-19	Dec-18		60.000	65.000	59.375	(5.625)	TEI has increased to include funding contribution of \$5 million from The University of Melbourne.
Thomas Embling Hospital expansion (Fairfield)	Apr-18	Jun-19	Jun-19		19.343	23.343	20.675	(2.668)	The current approved TEI of \$23.343 million includes \$4 million for two new additional female bedrooms. Project is in defects liability period.
Rooming House Upgrade (statewide)	Jun-18	Feb-19	Feb-19		10.000	10.000	10.000	0.000	Project complete
Preston redevelopment stage 1	Dec-18	Dec-18	Jun-19		23.500	23.500	23.171	(0.329)	Project in defects liability period
High rise upgrades 2018–19 (metropolitan various)	Jun-18	Jun-18	Jun-18		22.095	22.095	18.419	(3.676)	Scope has been revised due to decanting issues.

Capital projects reaching financial completion during the financial year ended 30 June 2019

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
Angliss Hospital intensive care unit and short stay unit (Upper Ferntree Gully)	May-18	May-19	20.000	20.000	19.532	(0.468)	
New Bendigo Hospital – Stage Two	Jun-18	Jun-19	129.460	129.460	125.334	(4.126)	
Ballarat Health Cardiovascular Services	Oct-17	Oct-18	10.000	10.000	8.642	(1.358)	
Latrobe Regional Hospital redevelopment – Stage 2a	Aug-17	Aug-18	73.000	73.000	72.693	(0.307)	
Victorian Comprehensive Cancer Centre (Melbourne)	Jun-18	Jun-19	11.985	11.985	9.958	(2.027)	
Maroondah Breast Cancer Centre (East Ringwood)	May-18	May-19	10.000	9.687	9.173	(0.514)	TEI lower than 2018–19 published budget papers to reflect actual project expenditure.
Moorabbin Hospital Imaging and Outpatients expansion	Nov-17	Nov-18	16.150	16.150	14.492	(1.658)	
Monash Children’s Hospital (ELMHS)	Dec-17	Dec-18	271.860	271.860	271.268	(0.592)	See note below for Monash Children’s Hospital
Werribee Mercy Hospital Mental Health expansion	Oct-17	Oct-18	34.700	34.700	34.463	(0.237)	
Long-term housing	Jun-18	Jun-19	48.000	48.000	47.945	(0.055)	

Monash Children’s Hospital – including Early in Life Mental Health Service (ELMHS)

- Gross total estimated investment (TEI) includes \$8.5m allocated in 2011–12 budget for land acquisition and planning
- \$7.3m 2012–13 budget for continuation of planning and further development
- 2013–14 budget papers did not disclose TEI
- 2014–15 TEI reported at \$250m, including funds from 2011–12 and 2012–13 for land and planning
- 2015–16 TEI same notes as 2014–15, Monash helipad identified as new project \$3.8m
- 2016–17 TEI \$258.175m includes 2015–16 Monash helipad \$3.8m project; and TEI increase of \$4.375m from Monash University for accommodation space
- 2017–18 TEI \$271.860m includes additional funding \$13.68m for 64 multi-day beds in ELMHS

Note: The 2017–18 annual report for Monash Children’s Hospital (including ELMHS) original approved TEI incorrectly reported a lower TEI than what was currently approved.

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.

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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 Chief Communications Officer](mailto:DHHSCommunications@dhhs.vic.gov.au) <DHHSCommunications@dhhs.vic.gov.au>.