Department of Health

Annual Report 2024–25

VICTORIA State Government | Department of Health

The department acknowledges the strength of Aboriginal and Torres Strait Islander peoples across the country and the power and resilience that is shared as members of the world's oldest living culture.

We acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and recognise the richness and diversity of all Traditional Owners across Victoria.

We recognise that Aboriginal and Torres Strait Islander people in Victoria practice their lore, customs and languages, and nurture Country through their deep spiritual and cultural connections and practices to land and water.

We are committed to a future based on equality, truth and justice. We acknowledge that the entrenched systemic injustices experienced by Aboriginal and Torres Strait Islander people endure, including in our health system, and that Victoria's ongoing treaty and truth-telling processes provide an opportunity to right these wrongs and ensure Aboriginal and Torres Strait Islander people have the freedom and power to make the decisions that affect their communities.

We express our deepest gratitude and pay our deepest respect to ancestors, Elders, and leaders – past and present. They have paved the way, with strength and fortitude, for our future generations.

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Where the term 'Aboriginal' is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous, First Peoples or Koori/Koorie is retained when it is part of the title of a report, program or quotation.

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Secretary's foreword

It is my privilege to present the Department of Health's *Annual report 2024–25*, my first annual report as Secretary.

Since joining the department in March this year, I've been struck not only by the depth of expertise across our organisation, but by the genuine care that drives everything we do. What stands out the most is the difference we are making – in people's lives, in communities and across the health system. Every day our work reaches into homes, hospitals, clinics and communities across Victoria, keeping people well, responding to challenges and making care more equitable, accessible and affordable.

This year we have delivered reforms, programs and initiatives that save lives, strengthen communities and improve the way Victorians experience healthcare. With our vision for Victorians to be the healthiest people in the world, we are focused on the outcomes that matter most – timely access to care, better support for people who need it most, safer and more responsive services, and a health system shaped by the people it serves.

We've made significant progress in ensuring all Victorians can receive the care they need when they need it most. Guided by the *Planned surgery reform blueprint*, Victoria delivered more than 212,000 planned surgeries – the highest annual total in our history. Our emergency care system has also been strengthened through the recruitment of 229 new paramedics and 30 Mobile Intensive Care Ambulance interns, the largest intake ever, ensuring help is there when it matters most.

We have delivered targeted support for communities with specific health needs. The Aboriginal Maternal and Child Health Program provided culturally responsive care through 15 Aboriginal community-controlled health organisations, and we remain committed to Truth and Treaty in response to the Yoorrook Justice Commission. This year also saw the establishment of 20 dedicated women's health clinics, supported by mobile and virtual services that cater to the specific health needs of Victorian women.

Our Inquiry into Women's Pain extends our efforts to improve women's health and ensures women's voices shape future models of care, so they can be confident they have been heard, respected and supported. The Victorian Rural Generalist Program enabled 122 medical trainees to live, work and train in regional communities. This program is supported by the Single Employer Model, which provides job security for trainees while they complete training tailored to the specific healthcare needs of rural and remote communities, encouraging more doctors to settle in the communities that need them most.

We have expanded access to high-quality health services across the state. The Mental Health and Wellbeing Locals program now delivers free, walk-in support for adults at 17 locations. The Care program is making fertility services fairer and more affordable, improving access for people in rural areas, LGBTIQA+ families and those who need donor services. The establishment of 12 local health service networks is now complete, allowing health services to work together more effectively to help patients access the care they need sooner and closer to home.

Major health infrastructure projects progressed across Victoria, including the new Footscray Hospital, which will provide world-class facilities for staff and patients. We also saw significant progress in aged care infrastructure, with Leura Aged Care in Camperdown, replacing the former Merindah Lodge Aged Care Facility and Nursing Home. Opened in August 2025. Leura Aged Care provides 36 beds, ensuring older people can remain in their local community to receive the care they need. In Cheltenham, the newly named Boollam Boollam facility opened in September 2025, providing state-of-the-art design and amenities for 150 older people. This modern facility consolidates Monash Health's Eastwood Hostel, Yarraman Nursing Home, Allambee Nursing Home and Mooraleigh Hostel into a single, contemporary site that enhances comfort, dignity and care.

We have continued to protect and improve the health of Victorians through prevention and harm-reduction initiatives. The Victorian pill testing trial provided free and confidential drug-checking services to more than 1,500 people throughout the festival season. This trial was so successful that it was followed by a fixed-site service trial in Fitzroy, which commenced on 21 August 2025. We released the *Next phase of reform plan for mental health and wellbeing*, supported by the *Statewide mental health and wellbeing service and capital plan 2024–2037*, and established the new Parkville Youth Mental Health and Wellbeing Service, building a stronger foundation for mental health support for future generations.

We are also ensuring that the voices and experiences of the community play a central role in shaping the health system. This year, $10.34 million was invested across 58 initiatives to strengthen Victoria's lived and living experience workforce, supporting training, supervision and career pathways. These efforts are creating a system that is more responsive and respectful – one that is shaped by the perspectives of those who rely on it most.

I am proud of what we have achieved this year. I am grateful to our staff, health services, partners and communities who make these achievements possible. Together, we are creating a system that meets people where they are, responds to their needs and is built to last. As Secretary, I am determined to build on this momentum and ensure we remain focused on delivering better health and wellbeing for all Victorians, wherever they live and whatever their circumstances.

Jenny Atta PSM
Secretary

Vision, mission and values

Vision

Victorians are the healthiest people in the world.

Mission

The department contributes to the government's commitment to a stronger, fairer, better Victoria by developing and delivering policies, programs and services that support, protect and enhance the health, wellbeing and safety of all Victorians.

Values

The department adopts the seven Public Sector Values established under the *Public Administration Act 2004*. These values define what is important to the department and how the department operates, as well as guide employees' interactions with government, community, suppliers and other employees.

Responsiveness

- providing frank, impartial and timely advice to the government
- providing high-quality services to the Victorian community
- identifying and promoting best practice

Integrity

- being honest, open and transparent in dealings
- using powers responsibly
- reporting improper conduct
- avoiding any real or apparent conflicts of interest
- striving to earn and sustain public trust of a high level

Impartiality

- making decisions and providing advice on merit and without bias, caprice, favouritism or self interest
- acting fairly by objectively considering all relevant facts and fair criteria
- implementing government policies and programs equitably

Accountability

- working to clear objectives in a transparent manner
- accepting responsibility for decisions and actions
- seeking to achieve best use of resources
- submitting to appropriate scrutiny

Respect

- treating people fairly and objectively
- ensuring freedom from discrimination, harassment and bullying
- using people's views to improve outcomes on an ongoing basis

Leadership

- actively implementing, promoting and supporting the department's values

Human rights

- making decisions and providing advice consistent with human rights
- actively implementing, promoting and supporting human rights

Purpose and functions

The purpose of the Department of Health is to help Victorians stay safe and healthy and deliver a world-class health system that leads to better health outcomes for all Victorians.

Acute health services

The public health system provides all Victorians with access to high-quality public hospitals, in-person services and virtual care to address their acute health needs. The department contributes to the management of the public health system through leadership, governance responsibility, policy development and the advancement of quality and safety.

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

Aged and home care

Older Victorians should be able to access high- quality and safe services that respond and are appropriate to their needs. Through its acute health, community and aged care services, the department seeks to support older Victorians to maintain their independence and wellbeing.

The department is the system manager for health services through which most of the Victorian public sector residential aged care sector is delivered, the largest public provider in Australia.

Ambulance services

Victorians expect timely access to emergency healthcare that is responsive to their needs. Emergency and non-emergency ambulance services contribute to integrated and accessible health and community services for all Victorians.

The department supports Ambulance Victoria to deliver ambulance services through leadership, governance responsibility, policy development and the advancement of quality and safety.

Drug services

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

Mental Health and Wellbeing

Mental health and wellbeing 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 and services that deliver prevention, early intervention, treatment and support. The department is leading implementation of the recommendations made by the Royal Commission into Victoria's Mental Health System.

Primary, community and dental health

Primary care is often someone's first point of contact with the health system. Victoria's community health services play an important role in the delivery of state-funded, population-focused, and community-based health services. The department is responsible for funding, monitoring and planning the provision of community health care services (including counselling, allied health and nursing), dental services, maternal and child health, and early parenting services.

Public health

The department works to improve health outcomes and prevent harm for all Victorians by protecting the community from communicable diseases, environmental hazards, and other public health risks. It provides statewide stewardship, leadership, and governance of the public health network, supporting local public health units and delivering coordinated programs and initiatives. Drawing on scientific, regulatory, epidemiological, and policy expertise, the department identifies and responds to emerging health threats, manages statewide system risks, and leads public health promotion, prevention, and emergency preparedness in partnership with government service providers and communities.

Women's health

The department leads the planning and development of statewide policies and programs to improve the health and wellbeing of Victorian women, including in relation to maternal and child health, early parenting, and priority women's health initiatives. The department works with communities and partners to deliver culturally safe and responsive services, focusing on prevention, equity, and access. By addressing the unique needs of women, it ensures better health outcomes and supports women across all life stages.

Small rural services

Where someone lives should not affect their access to high-quality healthcare. The department is responsible for planning, funding and monitoring a suite of services (acute health, aged care, home and community care, and primary health) which are delivered by small rural service providers. The funding and service delivery approach focuses on achieving a sustainable, flexible service mix that is responsive to local needs.

Health regulation

Effective regulation helps to ensure our communities stay safe and healthy. The Health Regulator is the department's main regulatory oversight branch.

The Health Regulator regulates thousands of professionals, organisations and businesses across the state to ensure compliance with health laws and regulations, with the objective of preventing serious harm to the health and wellbeing of Victorians.

The department also has other functions that are regulatory in nature, such as those in relation to mental health and community health centres, and cemeteries and crematoria. The department also supports the Victorian Pharmacy Authority as an external regulator.

Changes to the department

In February 2024, the department implemented a new organisational structure to better align with strategic priorities and support long-term financial sustainability. As part of this restructure, Hospitals Victoria was established and became operational on 19 August 2024.

From 1 January 2025, the department assumed responsibility for the regulation of assisted reproductive treatment (ART) and the management of Victoria's donor conception registers. This change followed the enactment of the *Health Legislation Amendment (Regulatory Reform) Act 2024.* ART regulation was integrated into the department's Health Regulator branch. Donor conception registers are managed separately by the department's Organisational Effectiveness branch.

Subsequent events

No events occurred after 30 June 2025 which might significantly affect the department's operations in subsequent reporting periods.

Portfolio performance reporting – non-financial

Victorian Government's Resource management framework

The Department of Treasury and Finance's *Resource management framework* assists Victorian Government departments in understanding the legislative and policy framework for government and public sector planning, budgeting, service delivery, accountability and review in accordance with the *Financial Management Act 1994*.

The department is required to report against its performance statement, as set out in the *2024–25 Budget Paper – Department Performance Statement,* and against its priorities, as published in the department's *Strategic plan 2023–27 (2024 update)*. This requirement includes reporting on progress against the department's strategic directions (objectives).

Our strategic directions set out what we are doing to support Victorians to be the healthiest people in the world. Each strategic direction has priority initiatives for the four years from 2024–28 and priority outcomes to measure our impact.

Together, these can be understood as follows:

- strategic directions – what we want our health, wellbeing and care system to move towards over the next four years
- priority initiatives – what we need to focus on to drive the strategic directions
- outcomes – how we measure our success.

The following graphic outlines our strategic directions, the priority initiatives we committed to for 2024–25 that supported them, and the outcomes.

Strategic Direction	Keeping people healthy and safe in the community	Providing care closer to home	Keep innovating and improving care	Improving Aboriginal health and wellbeing	Moving from competition to collaboration	A stronger and more sustainable health workforce	A safe and sustainable health, wellbeing and care system
Priority initiatives	• Local Public Health Units • Harm reduction initiatives • 10-year eHealth and digital health plan • Strengthening public sector residential aged care services • Victorian Cancer Plan 2024–2028	• Priority infrastructure projects • Virtual care – Victorian Virtual Emergency Department and Hospital Pilot	• Access to planned surgery • Maternal and child health reform • Progressing the mental health and wellbeing reform program	• Delivery of cultural safety priorities	• National Health Reform Agreement (NHRA) • Health Services Plan	• Victorian 10-year Health Workforce Strategy • 8,000 mental health workers by 2030	• Health sector financial sustainability • Departmental financial sustainability • Response to the Victorian Maternity Taskforce • Safer digital healthcare
Outcomes	**Population health** Health and wellbeing across the lifespan: • All Victorians live healthy and meaningful lives across all stages of their lifespan Emerging health issues: • The health system is responsive to local and global emerging issues and regulatory challenges	**Individual experience care** Accessible care: • Victorians can rely on their healthcare system to deliver care when and as they need it Safety and quality: • Victorians have confidence that their healthcare is safe and high quality Experience of care: • Victorians have a positive experience of person-centred care	**Individual experience of care** Accessible care: • Victorians can rely on their healthcare system to deliver care when and as they need it Safety and quality: • Victorians have confidence that their healthcare is safe and high quality Experience of care: • Victorians have a positive experience of person-centred care **Equity** System that addresses disparities: • Services address health inequality and respond to the needs and circumstances of all Victorians • Health and wellbeing of Aboriginal and Torres Strait Islander people living in Victoria: • Aboriginal people living in Victoria experience greater physical, social, emotional, cultural, and spiritual wellbeing	**Equity** System that addresses disparities: • Services address health inequality and respond to • the needs and circumstances of all Victorians Health and wellbeing of Aboriginal and Torres Strait Islander people living in Victoria: • Aboriginal people living in Victoria experience greater physical, social, emotional, cultural and spiritual wellbeing	**Sustainable healthcare** Sustainable system: • Health resources are well managed, maintaining the system into the future Affordable care: • High value care is delivered efficiently and affordably for Victorians	**Healthcare workforce** Healthcare worker wellbeing: • Healthcare workers feel safe, engaged and valued in the workplace Workforce capability and capacity: • Workers are well trained and supported to do their jobs effectively	**Sustainable healthcare** Sustainable system: • Health resources are well managed, maintaining the system into the future Affordable care: • High-value care is delivered efficiently and affordably for Victorians

Strategic direction 1: Keeping people healthy and safe in the community

The status and progress updates of the three priority initiatives associated with this direction are outlined below[1].

Harm-reduction initiatives

Three key harm-reduction initiatives progressed in the reporting period:

Progressing the *Statewide action plan to reduce drug harms*

The *Statewide action plan to reduce drug harms* delivers several health-led initiatives aimed at reducing drug harms over the period 2024–28. In 2024–25, the initiatives delivered under the plan focused on improving access to health and other supports for people who use drugs in Melbourne's central business district (CBD) and surrounding suburbs. In late 2024 we launched an expanded outreach program under which we provided over 8,000 instances of support and made 610 referrals to connect vulnerable Victorians with housing, employment and other services. We also established a new CBD health clinic in December 2024 and delivered over 1,200 primary and mental health appointments to people who face difficulties accessing mainstream care.

Victorian pill testing trial

In December 2024, the department launched the Victorian Pill Testing Service (VPTS). VPTS is a free and confidential service that provides people with information about their drugs and harm reduction advice.

As part of an 18-month implementation trial, VPTS operated at five events during the 2024–25 music festival season, with over 1,500 people accessing the service and more than 1,389 drug samples tested. For 65 per cent of people using the service, it was the first time they had had a conversation with a health professional about their drug use, and more than 30 per cent said they would take a smaller amount of the drug they were using as a result. A fixed-site location for the VPTS opened in August 2025.

Health-based response to public intoxication

On 7 November 2023, the Victorian Government decriminalised public drunkenness and introduced a health-based response. The key components of the health-based response are outreach, transport home or to somewhere safe, and access to sobering centres. Services are funded for Aboriginal Victorians across metropolitan Melbourne and eight regional areas, and for all Victorians in metropolitan Melbourne. A centralised phone line manages intake, referral and dispatch.

In 2024–25, places of safety opened in four regional locations. Regional outreach hours have also expanded. The department is undertaking an evaluation of the health-led services and has appointed an independent implementation monitoring and oversight group to provide advice to ministers on service improvements.

Focusing on women's health and wellbeing

The department undertook a range of initiatives focusing on women's health and wellbeing during 2024–25:

Inquiry into Women's Pain

Between January and October 2024, in partnership with Safer Care Victoria, the department conducted the Inquiry into Women's Pain. The Inquiry heard from over 13,000 women and girls as well as carers and clinicians from across Victoria through an online Engage Victoria survey, written submissions and targeted community focus groups. The report, which is in the process of being finalised for release, will contain a set of recommendations to government to improve current models of care.

The department allocated over $2.2 million in 2024–25 to one-year catalyst grants to advance the understanding of how disease and other health issues affect women. Fifteen successful grant recipients over the next financial year will be conducting research in areas such as sexual and reproductive health, cardiovascular health, oncology, and chronic pain.

1 The *department's Strategic plan 2023-27 (2024 update)* included 'Public health system strategy' as a priority initiative under the strategic direction of 'Keeping people healthy and safe in the community'. This initiative, however, was Discontinued in September 2024.

Women's health clinics

The department is rolling out 20 women's health clinics based within existing health services. We opened five of these clinics in 2024–25, at Central Highlands Rural Health (Kyneton), Goulburn Valley Health (Shepparton), Eastern Health (Blackburn), Western Health (Sunshine) and Monash Health. The clinics offer multidisciplinary women's health specialist services closer to home for various women's health issues. They are staffed by a range of healthcare teams, including gynaecologists, urologists, endocrinologists, specialist nurses, and allied health professionals.

Women's Health Mobile Clinic

The Women's Health Mobile Clinic, named Nina, started in January 2025 and is operated by BreastScreen Victoria. This free outreach service focuses on rural and regional Victoria, providing women's health, sexual and reproductive health services, and health education and support. The mobile clinic is staffed by expert nurses and health professionals and provides free, safe and inclusive women's health services and information. In 2024–25, Nina saw 286 patients, primarily Aboriginal women and girls, and has visited 10 different locations.

Other key achievements aimed at keeping people healthy and safe in the community

Improving cancer treatment and prevention

In September 2024, the Minister for Health tabled the *Victorian cancer plan 2024–28* in parliament, outlining a strategic approach to achieving equitable cancer outcomes. Throughout 2024–25, implementation planning progressed, with a focus on cancer screening, early detection, and improved access to prevention, treatment and supportive care for 12 priority groups, including Aboriginal Victorians, regional communities, culturally diverse populations, young people, and LGBTIQA+ communities.

The department has also been working to support the successful implementation of the National Lung Cancer Screening Program. This Commonwealth-funded initiative, launched on 1 July 2025, supports early detection of lung cancer. In collaboration with the sector, a clinical model and consistent pathway to follow-up care were developed for screening participants identified as high risk. This work is occurring through public hospital specialist clinics ('lung nodule clinics') across Victoria.

As another example of the department's continuing support for cancer research, Cancer Research Fellowships Victoria was launched in April 2025 in partnership with Cancer Council Victoria. The program funds early- and mid-career researchers across biomedical and non-biomedical fields to drive innovation in cancer prevention, detection, treatment and care.

Advanced treatments continued to be developed under the National Health Reform Agreement through the Highly Specialised Therapies (HST) program. In 2024–25, Yescarta®, a CAR-T cell therapy for large B-cell lymphoma, was commissioned at two Victorian health services. The program now includes five therapies across five sites, with over 130 patients enrolled this year – marking a significant increase in demand.

A new project was also funded at Royal Melbourne Hospital to expand advanced genetic testing. This initiative aims to better match patients with suitable therapies and improve access to cutting-edge treatments.

Early parenting centres

Early parenting centres (EPCs) are a free primary health service that provides specialist support for Victorian families with children from birth and up to four years to strengthen parenting skills and capacity and enhance the parent-child relationship.

In 2024–25, two new centres opened to improve access to care closer to home:

- Baluk Balert Barring EPC in Frankston, operated by an Aboriginal community controlled health organisation , which opened in October 2024
- Wayipunga Bendigo EPC, which opened in February 2025.

This brings the total number of centres to 10 statewide, with EPCs also located in Ballarat, Canterbury, Casey, Footscray, Geelong, Noble Park, Whittlesea and Wyndham. Work has continued on establishing new EPCs in Hastings, Shepparton and Northcote.

Legislative reforms to health regulation in Victoria

In 2024–2025, we implemented a major package of reforms under the *Health Legislation Amendment (Regulatory Reform) Act 2024*, which modernise Victoria's health regulatory framework and strengthen public health protections.

The reforms commenced on 1 March 2025, aligning and enhancing regulatory powers across seven key Acts, including the *Drugs, Poisons and Controlled Substances Act 1981, Health Services Act 1988*, and *Public Health and Wellbeing Act 2008*.

Under the reforms, the department gained powers to require the production of information, to assess compliance and manage risk, and to respond in circumstances of non-compliance or risk to public health, by issuing improvement and prohibition notices, accepting enforceable undertakings, or issuing fines. Before these reforms there were gaps and inconsistencies in the compliance actions available. The reforms established a consistent set of powers across multiple regulatory frameworks, from medicines and poisons to health service establishments and non-emergency patient transport.

Strategic direction 2: Providing care closer to home

The status and progress updates of the four priority initiatives associated with this direction are outlined below.

Right care, right time

Launched in August 2024, the right care, right time framework simplifies Victoria's healthcare system by grouping services into three categories: everyday care, urgent care, and emergency care. The introduction of urgent care – designed for non-life-threatening but time-sensitive needs – is a key part of this approach, helping Victorians access appropriate care faster, easing pressure on ambulance and emergency departments and improving patient outcomes.

These services include:

- Victorian Virtual Emergency Department (VVED): Available 24/7, VVED connects patients to emergency doctors or nurses via phone, tablet or computer. In 2024–25 VVED responded to 254,055 presentations and helped reduce demand on emergency departments by preventing 209,900 unnecessary presentations at emergency departments.
- Urgent care clinics: Operating across 29 locations and led by general practitioners, these clinics provide extended-hours care, seven days a week. In 2024–25, on average, more than 7,500 Victorians used these clinics weekly, 40 per cent of whom were young children. Over half of surveyed patients said they would have otherwise attended an emergency department.
- Nurse-On-Call: Operating 24/7, this is a phone service where registered nurses offer immediate health advice. In 2024–25, more than 445,700 Victorians called Nurse-on-Call. The Nurse-On-Call service is helping divert patients from emergency departments by providing pathways to alternative healthcare options, including self-care, VVED, virtual GP and urgent care clinics.

Together, these services help Victorians get free help faster and access the right care at the right time, while emergency departments are reserved for life-threatening conditions.

Community-based care – community pharmacist prescribing

The Community Pharmacist Statewide Pilot ran from October 2023 to the end of June 2025, testing an expanded scope of practice for pharmacists as part of a new primary care model. Following its success, the 2025–26 State Budget provided ongoing funding for the program's continuation and expansion.

The program supports timely access to care for low-risk, common conditions – reducing pressure on general practitioners and improving access to care closer to home. Treatments available through participating pharmacies include:

- resupply of oral contraceptive pills without a general practitioner prescription (for women aged 16-50 years)
- treatment for uncomplicated urinary tract infections in women and gender diverse people (aged 18-65 years)
- travel and other vaccines, including hepatitis A, hepatitis B, poliomyelitis and typhoid
- treatment for shingles (for people aged 18 and over)
- treatment for a flare up of mild plaque psoriasis (for people aged 8 and over).

In 2024–25, the pilot expanded to over 800 pharmacies, up from 760 in the previous financial year, and enabled more than 36,000 consultations, compared to 13,500 the previous year (noting the pilot commenced in October 2023).

Mental health and wellbeing locals

Mental health and wellbeing locals continue to play a vital role in Victoria's mental health and wellbeing system, by providing treatment, care and support to adults (including their families, carers and supporters) who are experiencing mental health challenges and/or psychological distress (including those with co-occurring substance use). Support is free and neither a referral from a general practitioner or a Medicare card is required.

In 2024–25, the existing 15 local services across 17 locations deepened their presence across Victorian communities, embedding their practices and strengthening connections with local networks, services and diverse groups. As of 30 June 2025, these services have supported over 24,600 Victorians since commencement in 2022.

Throughout the year, mental health and wellbeing locals have continued to expand their reach and refine their service models, with a strong focus on community integration, culturally safe care and collaborative partnerships. Continuous improvement remains central, and services actively contribute to system reform through evaluation, co-design and feedback-driven enhancements, enabling Victoria's mental health system to become more responsive, inclusive and person centred.

Virtual care pathways – women's health

The Virtual Women's Health Clinic, delivered by Eastern Access Community Health (EACH), commenced operations on 2 June 2025. The clinic is part of a multimodal statewide approach to improving service accessibility and choice for women across Victoria, particularly those in regional and rural areas. This free telehealth service provides expert care, information and support for women, girls and gender diverse people of all ages in metropolitan and regional Victoria. It offers confidential appointments with clinicians over the phone or online. Throughout 2024–25, the virtual clinic worked in close partnership with the Women's Mobile Health Clinic (Nina), women's health clinics, and sexual and reproductive health hubs to enhance coordination and continuity of care. Through these collaborations, EACH is leveraging existing community and health service partnerships to provide comprehensive service linkages and wrap-around supports for priority populations, including women in regional and rural areas.

Other key achievements providing care closer to home

Public Fertility Care

Public Fertility Care continues to make access to fertility treatment fairer and more affordable for more Victorians, such as those on lower incomes or living in rural and regional areas. The Royal Women's Hospital leads this program in partnership with satellite services, delivering care closer to home across Victoria.

Since launching in late 2022, the program has supported more than 5,000 patients and helped bring over 200 babies into the world. In 2024–25 alone, more than 2,220 patients accessed fertility services through Public Fertility Care.

The Victorian Government invested further funding through the 2024–25 State Budget to extend the operation of Australia's first public egg and sperm bank at the Royal Women's Hospital for an additional two years. The bank continues to provide donor eggs and sperm to help Victorians start or grow their families, with a strong focus on supporting LGBTIQA+ individuals and single people.

Support for people with disability

Victoria's response to the report of the Commonwealth Government's Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability was published in July 2024. The department is working in partnership with the Department of Families, Fairness and Housing to implement reforms that improve access to healthcare for people with disability.

A key focus of these reforms is ensuring care is accessible and close to home. The Disability Liaison Officer program supported around 10,500 people in 2024–25. It prevented about 1,200 unnecessary emergency department visits by connecting people to services such as the Victorian Virtual Emergency Department (VVED), local general practitioners, or urgent care clinics. The VVED now offers on-demand AUSLAN interpreters, improving access for people who are deaf or hard of hearing.

In addition, select community health services deliver allied health assessments to assist people with disability to access supports on the National Disability Insurance Scheme.

Public sector residential aged care services

In 2024–25 we supported further uplift in Victoria's public sector residential aged care services with the redevelopment of Glenview Community Care Nursing Home in Rutherglen, which replaced 40 beds and added 10 new beds at the site from June 2025. Also in June 2025, 31 aged care beds were transferred to Hesse Rural Health Service (Hesse) as a result of the acquisition of Winchelsea Hostel & Nursing Home Society, which is co-located with Hesse's aged care facility. Additionally, further progress was made on the delivery of new aged care facilities at Numurkah, Cohuna, Orbost, Camperdown, Cheltenham and Maffra.

Mental health and wellbeing hubs

Mental health and wellbeing hubs provide free, accessible support to Victorians of all ages, without any eligibility criteria or the need for a referral from a general practitioner. In 2024–25 they provided approximately 31,000 hours of support. The hubs also played a critical role in responding to surge demand during natural disasters and major community incidents, including the 2024 fire and storm events.

The hubs provide face-to-face, telehealth and outreach support for a range of mental health challenges, including anxiety, depression, substance use, and life stressors such as homelessness and financial hardship.

We are progressively replacing the hubs as we establish the network of mental health and wellbeing locals across the state.

Strategic direction 3: Keep innovating and improving care

The status and progress updates of the three priority initiatives associated with this direction are outlined below.

Improving access to planned surgery

The *Planned surgery reform blueprint* <https://www.health.vic.gov.au/planned-surgery-reform-blueprint>, continues to guide improvements in access and efficiency across Victoria's health system. In 2024–25, public health services performed more than 212,000 planned surgeries. This is the highest annual total in Victoria's history.

Timeliness also improved:

- 100 per cent of Category 1 patients (those with highest urgency) were treated within clinically recommended timeframes
- 70.2 per cent of Category 2 and 87 per cent of Category 3 patients received timely care, an increase of 6.1 and 6 percentage points respectively from 2023–24.

To achieve these results, we delivered a comprehensive suite of initiatives to improve system performance, including expanding same-day surgery and high-throughput models, and investing in non-surgical treatment pathways, including optimisation, which aims to enhance patients' function prior to surgery to improve outcomes and reduce hospital stay.

Supporting patients on their surgical journey

In July 2024 we launched the My Surgical Journey website <https://www.safercare.vic.gov.au/consumer-resources/my-surgical-journey>. This website, co-designed with consumers and clinicians, provides Victorians with a centralised source of multilingual information and resources which support people as they prepare for their surgery, both before and after. Information is available in English, Simplified Chinese, Traditional Chinese, Greek, Arabic, Punjabi and Vietnamese.

Supporting younger Victorians to receive the care they need sooner

In October 2024, we launched Better Access for Vic Kids. Through this initiative, targeted funding was provided to health services caring for Victorian children and young people. The aim is to reduce surgery wait-times and deliver immediate benefits for younger patients and their families.

We also led the development of new statewide paediatric referral criteria for specialist clinics such as ear nose and throat, ophthalmology, orthopaedics, and general surgery. The new referral criteria were co-designed with specialists and general practitioners, and are available on the Statewide Referral Criteria website <https://www.health.vic.gov.au/statewide-referral-criteria> ahead of their implementation in 2025–26.

Increasing transparency in Victorian planned surgery reporting

The Elective Surgery Information System (ESIS) is a patient-level dataset introduced in 1997 to provide electronic waiting list data to the department, but it does not currently capture all planned surgery activity. In March 2024, we launched the ESIS Expansion Project to improve the transparency of public planned surgery activity and strengthen local preparation list (waitlist) management. In 2024–25 we worked with the following health services to prepare them to commence ESIS reporting:

- Bass Coast Health
- Central Highlands Rural Health
- Colac Area Health
- Echuca Regional Health
- Grampians Health Stawell
- Grampians Health Horsham (Wimmera Base Hospital)
- Mildura Base Public Hospital
- Northern Health (Kilmore & District Hospital).

In 2024–25, Bass Coast Health became the first new health service to commence live reporting to ESIS in almost a decade. Until now the department has not required small individual health services to report to ESIS due to their low numbers of elective surgery admissions and the resources requirements, noting that comprehensive planned surgery admissions data is captured through the Victorian Admitted Episodes Dataset. Other health services participating in the project are well advanced towards commencing ESIS reporting in 2025–26.

Timely emergency care

We continue to invest in initiatives that improve access to emergency care and ensure patients are connected to the right care at the right time.

The *Standards for safe and timely ambulance and emergency care for Victorians* <https://www.health.vic.gov.au/patient-care/standards-for-safe-and-timely-ambulance-and-emergency-care-for-victorians> were launched by the Minister for Health on 16 February 2025. Between the launch and 30 June 2025, ambulance transfers within 40 minutes improved 14 per cent on last year's performance for the same period. This is the best performance in over four years, despite increased demand and patient acuity.

The Timely Emergency Care 2 (TEC2) program commenced in September 2024. Twenty-seven hospitals across metropolitan and regional Victoria are engaged in the program, which aims to improve patient flow and reduce the average length of stay for patients in hospital. Since the launch, participating sites have achieved:

- a 10 per cent reduction in emergency department short stay unit length of stay, with patients at participating health services discharged an average of 54 minutes earlier compared to the year prior to program commencement
- a five per cent reduction in inpatient length of stay for older patients, with the average time older patients spent on inpatient wards decreasing from 6.3 days in the year prior to the program, to 5.9 days across participating health services. This improvement enabled patients to leave hospital more than seven hours earlier than before the program began.

The program has delivered 10 in-person learning events, attended by over 740 participants, 20 virtual sessions, 30 hospital site visits, and ongoing coaching support.

10-year eHealth and digital health plan

In 2024–25 we commenced the development of a 10-year digital strategy to guide long-term digital transformation across the health sector and ensure future investments deliver meaningful, equitable improvements in care.

We held over 20 workshops with over 100 stakeholders from the department, the health sector and industry bodies to co-design the strategy. These engagements have identified system-wide challenges and opportunities, shaping a shared vision for a digitally enabled, person-centred healthcare system. The strategy remains under development and will establish priorities and measurable outcomes for future digital investment. These outcomes will also inform development of Victoria's next digital health roadmap.

Progressing mental health and wellbeing reform

Next phase of reform

In December 2024, the Minister for Mental Health released *The next phase of reform* plan (the plan). The release of the plan represents the Victorian Government's ongoing commitment to the transformation of Victoria's mental health and wellbeing system, and it serves as the roadmap to deliver a reformed system that reflects the vision laid out by the Royal Commission into Victoria's Mental Health System.

Subsequently, we delivered a series of targeted briefing webinars in February and March 2025 on key reform topics outlined in the plan, including lived experience, promotion and prevention, workforce, system and services, and system improvement and oversight. The webinars were well attended, with over 100 people at each session.

Outcomes and performance framework

In December 2024 we released the new *Mental health and wellbeing outcomes and performance framework* <https://www.health.vic.gov.au/mental-health/research-and-reporting/mental-health-and-wellbeing-outcomes-and-performance-framework>.

This framework responds to recommendations from the Royal Commission into Victoria's Mental Health System, aiming to transform mental health care by focusing on individual and community outcomes.

It moves beyond traditional service metrics to measure the real-world impact of reforms, emphasising lived experience, person-centred care and accountability across the system.

A crucial element in the design of the framework was that it was shaped through broad sector engagement and deep collaboration with people with lived and living experience.

The framework's implementation will be iterative, guiding future mental health reform and ensuring more integrated, responsive and effective support for Victorians.

Statewide mental health and wellbeing service and capital plan

The Victorian Government released the inaugural *Statewide mental health and wellbeing service and capital plan 2024–2037* in October 2024. The department uses the plan to guide and support decisions about mental health and wellbeing services and infrastructure to drive transformation of the mental health system. This new approach to service and capital planning will help build a more equitable and accessible mental health system in Victoria and deliver world-leading mental health outcomes.

Regional plans will be developed in the coming years, with updates to the statewide plan every five years.

Other priorities focused on innovating and improving care

Establishment of Parkville Youth Mental Health and Wellbeing Service

On 2 July 2024, the Victorian Government established Parkville Youth Mental Health and Wellbeing Service (PYMHWS), the state's first public, dedicated youth mental health service. PYMHWS became operational on 1 July 2025.

The service delivers on the recommendations of the Royal Commission into Victoria's Mental Health System for a youth-specific mental health stream and streamlined governance in Melbourne's north-west.

PYMHWS's multidisciplinary teams deliver complex, specialist and individually tailored services. These services include assessment and crisis intervention, case management, medication, psychological interventions, peer and family support, inpatient care, group work, vocational interventions, educational assistance, and intensive outreach.

Strengthening aged care

Public sector residential aged care services (PSRACS) have demonstrated exceptional performance in the National Aged Care Star Ratings system, achieving an average of 4.18 stars in March 2025 – above the national average of 3.79. This result highlights the sector's commitment to delivering high-quality care for older people with complex needs.

The department supports PSRACS through supplementary funding to ensure the provision of safe, quality care.

In 2024–25, residential in-reach activity continued to grow, meaning that a greater number of older Victorians in residential aged care received timely care at home and avoided unnecessary hospital presentations.

- over 22,000 residents accessed in-reach care (up 6.1 per cent from 2023–24), with more than 124,000 contacts delivered (up 5.3 per cent from 2023–24),
- 94.8 per cent of community referrals concluded without hospital presentation, avoiding over 27,800 potential hospitalisations.

The Commonwealth also implemented a new Single Assessment Model on 9 December 2024, replacing the previous Aged Care Assessment Service and Regional Assessment Service. We have supported the transition, ensuring continued access to assessments for aged care support, and provided 63,870 assessments for Commonwealth aged care services in 2024–25.

In addition, the Victorian *Aged Care Restrictive Practices Substitute Decision-maker Act 2024* was passed in 2024–25. This Act establishes a hierarchy of decision-makers for aged care providers to follow when consent is required for restrictive practices, aligning with Commonwealth legislation and ensuring appropriate safeguards for residents unable to consent. We supported the sector to prepare for the commencement of the Act on 1 July 2025 through consultation activities and the development of materials to help providers navigate the hierarchy and requirements in the new legislation.

Improving access to voluntary assisted dying

On 20 February 2025, the *Five-year review of the Voluntary Assisted Dying Act 2017* was tabled in Parliament. The review assessed the first four years of voluntary assisted dying (VAD) in Victoria, examining systems, processes and support programs.

The review involved extensive consultation, receiving 257 written submissions and over 300 survey responses from individuals, families, health practitioners and the public. The review included culturally sensitive research with Aboriginal communities led by an independent Aboriginal-owned consultancy.

The review confirmed that VAD is operating safely and compassionately, with strong oversight and no cases of ineligible access. It identified areas for improvement, including clearer guidance for health professionals and increased public awareness. The Victorian Government accepted all five recommendations to enhance access and the experience of VAD for Victorians.

The government has since committed to amending the *Voluntary Assisted Dying Act 2017* to align the legislation more closely with that of other Australian jurisdictions and further improve the system for Victorians.

In 2024–25, the department assessed 647 voluntary assisted dying permit applications, with 99.37 percent determined within the required time frame of three business days.

Addressing eating disorders

In October 2024, we released the *Victorian eating disorders strategy 2024–31* <https://www.health.vic.gov.au/practice-and-service-quality/victorian-eating-disorders-strategy>. The strategy was developed to respond to the increasing rates and impact of eating disorders on the Victorian community. The strategy has a vision that all Victorians have a safe and empowered relationship with body, food and movement, free of stigma or weight discrimination.

We also released the first *Implementation plan 2024–26* alongside the strategy. It outlines the initiatives and services to be delivered over the 2024–26 period. Under this plan, in 2024–25 we established:

- 10 new early intervention and integration lead positions in public health services of significant need across the state
- a new regional day program to be delivered by Barwon Health
- two new In-Home Intensive Early Engagement and Treatment Programs delivered by Alfred Health and Austin Health for young people and families.

The 2023–24 and 2024–25 State Budgets also provided funding to deliver Victoria's first public residential eating disorder treatment clinic (RED-TC). We commissioned Alfred Health to deliver the service and lead its construction, co-design, naming and branding. The Victorian Government has committed ongoing operational funding for the RED-TC, while the Commonwealth Government provided capital investment to support its establishment.

In consultation with Boonwurrung Elders, the RED-TC was named Ngamai Wilam, meaning 'The Giver of Life (Sunset and Sunrise) House'. Construction was completed in March 2025 and Ngamai Wilam opened for self-referrals in May 2025.

Ngamai Wilam specialises in providing comprehensive, trauma-informed, recovery-focused treatment and care for adults who are experiencing an eating disorder, are medically stable and would like a period of intensive support.

Strategic direction 4: Improving Aboriginal health and wellbeing

The status and progress updates of the priority initiatives associated with this direction are outlined below.

Aboriginal Health and Wellbeing Partnership Forum

The Victorian Aboriginal Health and Wellbeing Partnership Forum remains the central platform to transform our health system, so Aboriginal Victorians have the same health outcomes as anyone else. The forum met in September 2024 and March 2025. The September forum focused on cultural safety across the service system, while the March forum focused on reforms in mental health and alcohol and other drugs, as well as on overall accountability of the partnership.

The Partnership Forum continued to progress the *Aboriginal health and wellbeing partnership agreement and action plan 2023–2025*, with most actions now on track. Seven actions have been accepted as complete focusing on:

- Legislative reform to advance Aboriginal self-determination in health and wellbeing
- The establishment of the Aboriginal Health and Wellbeing Agreement
- Work towards the alignment of state and commonwealth Aboriginal health and wellbeing policies and actions
- Progress towards data sharing agreements, and
- Progression of Aboriginal Research Accord.

The department acknowledges the leadership, commitment and strength of the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as secretariat of the Partnership Forum and all Koori Caucus and health service members who have collaborated to achieve these outcomes.

Funding reform for Aboriginal community controlled organisations

The department recognises the challenges faced by Aboriginal community controlled organisations (ACCOs) continuing to operate with short term funding commitments across government. The department is working with VACCHO to explore how to reform how funding is provided to the ACCO sector. As a first step, the department has been able to transition to four-year funding cycles for ongoing funding commitments giving ACCOs financial certainty and supporting their ability to plan for local communities. However, there is so much more that needs to be done.

Due to the complexity of reforming long established funding practices, the department and VACCHO has made an informed decision to place further work towards funding reform on hold and undertake a reset to ensure future actions meet the needs of ACCOs and uphold commitments to self-determination.

Other key achievements in improving Aboriginal health and wellbeing

Yoorrook Justice Commission

In January 2025, the Yoorrook Justice Commission (the Commission) provided the department, as well as other Victorian Government departments with drafts of its final reports and recommendations for the department to conduct a procedural fairness review. Having received input from across government, the Commission delivered its final reports on 30 June 2025. The Commission's official public record, 'Yoorrook: Truth be Told', and its third interim report, *Yoorrook for transformation*, were both published on 1 July 2025. A key theme throughout the Commission's inquiry into the Victorian health system was the disparity between health outcomes for First Peoples and non-First Peoples due to systemic racism since colonisation, which has affected the quality of care, access to care, and health outcomes for First Peoples. The Commission drew out themes of mental health, family violence and healthcare in the criminal justice system.

It highlighted Aboriginal community control of healthcare as the safest way to ensure holistic and culturally safe care for First Peoples, with its recommendations focusing on funding and self-determination for First Peoples-led health services, and on improving experiences in mainstream services through training, regulation and accountability.

We will be closely involved in the Victorian Government's response to the recommendations, which is expected to be determined by the end of 2025, as part of its commitment to Truth and Treaty.

Strengthening Aboriginal cultural safety in public health services

All Aboriginal people in Victoria have the right to a health system that is free from racism and discrimination, which is why cultural safety is a key priority for the department. Culturally safe care is an important pre-requisite for improved health and wellbeing outcomes for Aboriginal patients. Health services' statements of priorities are aligned to government policy and priorities in this area, and they reflect the importance of delivering a health system grounded in respect and safety, particularly in relation to cultural safety and awareness.

Our strategies in 2024–25 to achieve greater cultural safety in public health services included:

- mandatory cultural safety training for health services
- identifying and closing gaps in access to care
- employment plans to encourage greater representation of Aboriginal people within health service workforces
- streamlining guidelines and reporting for Aboriginal cultural safety fixed grants
- procurement for the development of an Aboriginal cultural safety e-learning package for delivery by public hospitals and health services which is expected to be ready for use in early 2026
- streamlining reporting indicators, which includes monitoring various cultural safety programs
- funding the development of a Cultural Safety Standards and Accreditation Program, which received further funding in the 2024-25 budget
- funding the Improving Care for Aboriginal Patients program, which supports the Aboriginal Health Liaison Network
- continuing support for the Adult Koori Mental Health Liaison Officers (KMHLO) program and Infant, Child and Youth KMHLO program. KMHLOs are important in improving access for Aboriginal people and their families to Victorian mental health services
- distribution of recurrent funding across 13 infant, child and youth mental health and wellbeing services to improve access for Aboriginal people by supporting cultural safety training and associated Aboriginal community engagement activities.

Aboriginal representation on health boards

Significant progress has also been made in increasing Aboriginal representation on health boards. As of July 2025, 18 new Aboriginal directors have been appointed across 20 health boards, raising Aboriginal representation to 2.5 per cent of all health board directors. Notably, 25 per cent of health boards now include Aboriginal directors, marking a meaningful step toward inclusive governance.

Aboriginal Maternal and Child Health program

The Aboriginal Maternal and Child Health (MCH) program supports 15 Aboriginal community controlled organisations across 17 locations in Victoria to deliver culturally responsive MCH services. The program offers families choice and flexibility in how they access MCH services, as well as support for Aboriginal-led partnerships, coordinated care and referral pathways for Aboriginal families and children.

In 2024–25, we continued an Aboriginal-led design and participation process to embed Aboriginal knowledge and expertise to shape holistic health service delivery, spanning across antenatal, MCH and early parenting services.

Through this process, a new Victorian Aboriginal early years framework will be developed that sets out the vision, outcomes, guiding service principles, priority areas, and actions to better support and meet the health needs of Aboriginal communities from pregnancy through to starting school.

Strategic direction 5: Move from competition to collaboration

The status and progress updates of the priority initiatives associated with this direction are outlined below.

Health services plan

In August 2024, the Victorian Government responded to the *Health services plan*, the final report of the expert advisory committee into the design and governance of Victoria's health services system, which contained recommendations for a more connected health system. In line with these recommendations, we have been working with health services to:

- establish 12 groupings of health services, called local health service networks, responsible for supporting collaborative care for their community
- formalise relationships between each network and a women's, a children's and a tertiary hospital to improve access to specialist care and expertise
- develop a role delineation framework to clarify the roles and responsibilities of health service sites and strengthen system collaboration.

These reforms will support delivery of the right care, in the right place, at the right time for all Victorians.

National Health Reform Agreement

The National Health Reform Agreement (NHRA) is the framework for the funding, governance and transparency of Australia's public hospital system.

In February 2025, Victoria signed a one-year NHRA, estimated to provide $7.77 billion to Victoria for 2025–26 (actual amount is determined by activity levels that occur during the year). In May 2025, the Victorian Minister for Health signed a NHRA bilateral agreement with the Commonwealth that secures an additional $402 million in 2025–26 for Victorian hospitals and related health services.

These agreements provide funding certainty for health services in the near term and support our system to meet demand and provide high-quality care. Negotiation for a multi-year NHRA is ongoing.

Other priorities supporting collaboration

Health Technology Services

Health Technology Services (HTS) is the department's shared digital and technology service provider for Victoria's public healthcare sector. It supports more than 80 health services – including hospitals, rural information, communication and technology (ICT) alliances, community health centres and Ambulance Victoria – with critical systems such as patient administration, electronic medical records, financial management, and health information exchange.

In 2024–25, HTS continued its transformation into a collaborative, sector-wide enabler through the development of its 2025–2030 strategic plan. Implementation of the strategic plan will ensure HTS is a key enabler of the *Health services plan*, supporting the shift to geographically defined local health service networks. It will also result in HTS playing a central role in reducing duplication, consolidating back-office functions, and connecting common ICT systems across the sector. This includes onboarding statewide platforms such as CareSync Exchange and the Unique Patient Identifier service and preparing for future systems such as the new Mental Health and Wellbeing Client Management System.

Pathology reform

The Pathology Reform Program is expanding the reach of public pathology services across Victoria's health system. Strengthening public pathology services promotes consistency, collaboration and sustainability in the service model across Victoria.

In 2024–25, expansion of public pathology services into the Loddon Mallee region and communities served by Western Health progressed and is due for completion in 2025–26.

Work commenced on consolidating public pathology services into two networks, each led by an existing health service. This approach builds on established partnerships and aims to improve efficiency and equity in service delivery.

Client system assurance framework and health infrastructure projects

To strengthen health infrastructure delivery, we introduced the system-wide client system assurance framework in early 2025. This framework clarifies roles and responsibilities across the key partners involved – the department, the Victorian Health Building Authority (VHBA), the Victoria Infrastructure Delivery Authority (VIDA), and health services. The framework:

- enables collaborative decision-making
- ensures transparency through structured change control
- identifies risks to the health system and management controls to address them
- supports consistent, system-wide outcomes.

The framework has been piloted on five major projects and is now being rolled out more broadly to assure that projects are delivering on priority health system needs for Victorians.

Strategic direction 6: A stronger and more sustainable workforce

The status and progress updates of the priority initiative associated with this direction are outlined below.

Investing in health workforces

A number of key actions progressed under this overarching priority initiative in the reporting period:

Making it free to study nursing and midwifery

Through the Making it Free initiative, we continued to invest in scholarships and professional development to attract, retain and upskill nurses and midwives across Victoria. In 2024–25, we supported:

- 4,965 undergraduate nursing and midwifery students to obtain scholarships while they study entry-to-practice nursing and midwifery programs
- 232 enrolled nurses to undertake a two-year transition course to become registered nurses
- 203 nurses and midwives to access refresher packages to update their clinical skills
- 25 registered nurses to obtain scholarships to support their re-entry to the nursing workforce
- 130 registered nurses to undertake postgraduate studies in midwifery while being employed by a public health service.

Nurse and Midwife Sign-on Bonus

The Nurse and Midwife Sign-on Bonus provides a total of $5,000 to nursing and midwifery graduates who start their career in a public health service and aims to strengthen the workforces in these two fields.

In 2024–25, we continued to deliver the Sign-on Bonus initiative, with 2,553 eligible graduate nurses and midwives receiving their first bonus instalment of $2,500. In addition, 2,017 registered nurses and midwives were paid the second instalment of $2,500 after successfully completing two consecutive years in the public health service. To date, over 10,000 Sign-on Bonus instalments have been delivered.

Area mental health and wellbeing services graduate and early career programs

In 2024–25, we continued investment in targeted graduate, early career and transition programs. More than 2,500 new workers have been commissioned across the sector since 2020–21, including:

- more than 1,200 mental health nurses, both graduates and transition roles
- over 900 allied health clinicians, both graduates and transition roles
- more than 300 psychology registrars
- over 100 lived experience roles
- more than 90 psychiatry registrars.

Over the same period, there has been a 25 per cent increase in actual full-time equivalent (FTE) workers in the public mental health sector.

Mental health and wellbeing workforce scholarship program

In 2024–25, we awarded 496 scholarships across the following scholarship programs to build mental health and alcohol and other drug workforces:

- postgraduate mental health nurse scholarships
- psychiatric state enrolled nursing grants
- postgraduate scholarships for allied health professionals and alcohol and other drug practitioners
- lived and living experience workforce university scholarships.

These scholarships help support workforce retention and contribute to building mental health and alcohol and other drug workforces that deliver high-quality treatment, care and support for consumers and their families, carers and supporters.

Supporting the next generation of paramedics

In collaboration with Ambulance Victoria, we have provided funding to support the recruitment and deployment of paramedics across the state to areas of need. In 2024–25, 229 new paramedics were recruited, and 30 mobile intensive care ambulance (MICA) interns commenced their on-road training. This cohort is part of the largest MICA intake in Ambulance Victoria's history. MICA paramedics have advanced clinical scope of practice and deliver more complex care and a broader range of treatments.

Together with Ambulance Victoria, we have continued to develop the paramedic practitioner role. A paramedic practitioner is an advanced practice paramedic who has undertaken postgraduate studies to expand their capabilities and who may work autonomously or alongside other health professionals, including in community and primary health settings. The initiative includes scholarships to support paramedics studying to become paramedic practitioners, with the first 25 paramedic practitioner graduates in regional and rural Victoria by the end of 2026. Monash University is delivering the Master of Paramedic Practitioner degree, with the first 30 students having commenced at the start of 2024. A second cohort of 26 paramedics commenced their studies in February 2025. The Victorian Parliament passed amendments to the *Drugs, Poisons and Controlled Substances Act 1981* on 6 February 2025, enabling paramedic practitioners to prescribe and administer scheduled medicines, thus providing faster, on the spot care to Victorians. These amendments will come into effect in November 2025.

Other priorities to support a stronger and more sustainable workforce

Aboriginal cadetships, scholarships and training support

The Aboriginal Cadetship program offers paid work experience for Aboriginal students studying nursing, midwifery and allied health courses, which helps to build a culturally diverse and skilled workforce. In 2024–25, we delivered 21 cadetships across 11 health services. Each service received up to $15,000 per cadet to support participation.

In addition, the Aboriginal Postgraduate Scholarship program provides opportunities for Aboriginal nurses and midwives to gain specialty skills and advance their knowledge while employed within a Victorian public health service. In 2024–25, we awarded seven scholarships totalling $90,000 across rural, regional and metropolitan health services.

Support for rural general practitioners

In 2024–25, Victoria commenced a trial of the Single Employer Model, which allows rural generalist trainees to remain employed by public health services while completing their general practice training. This model provides trainees with income security and the ability to retain entitlements such as leave, even while working in general practice. It also supports retention in rural and regional communities by offering longer contracts that encourage trainees to settle and stay.

The two-year trial supports up to 15 full-time equivalent trainees. Twenty-two trainees (including some part-time) commenced on 3 February 2025, with six starting general practice placements.

Also in 2024–25, the Victorian Rural Generalist Program (VRGP) supported 122 rural generalist trainees across 25 Victorian rural and regional health services to progress in their training pathways. The VRGP is a statewide end-to-end program that supports the future rural generalist medical workforce to train, work and live in rural and regional Victoria. Rural generalists are trained to meet the specific current and future health care needs of rural communities by providing comprehensive general practice, emergency care and the required components of other medical specialist care (for example obstetric, mental health and palliative care) in hospital and community settings. The VRGP funds training positions from internship to fellowship in areas such as emergency medicine, obstetrics, mental health and anaesthetics.

Supporting rural nursing and midwifery

The Rural Urgent Care Nursing Capability Development Program (RUCN) continues to build the capability of the rural workforce by providing education and development opportunities for nurses in rural urgent care centres.

In 2024–25, the RUCN program attracted 349 new online learning participants, which was 149 above target. Other key milestones included 28 workshops, 37 clinical placements in a larger health service, 30 bedside teaching sessions at urgent care centres and two rounds of a clinical support and education program that equips nurse leaders with the skills and confidence to deliver effective clinical support and education.

Also in 2024–25, through the Maternity Connect Program, we supported 68 regional and rural nurses and midwives to participate in clinical placements at a higher-acuity service. The program strengthens local maternity care by expanding skills and improving access to quality care for women and families close to home.

Lived and living experience workforces

During 2024–25, we continued to build partnership structures and support to ensure Victoria has a thriving lived and living experience workforce (LLEW). The LLEW development program invested $10.34 million in 2024–25 across 58 initiatives. Funding supported the development and delivery of training, discipline-specific supervision, practice supports, resources for organisations to embed LLEW and early career pathways, including:

- establishment of statewide support for LLEW early career program through the Lived Experience Career Compass.
- funding of five mental health services to host placements for students of the Certificate IV in Mental Health Peer Work over two years, together with continued roll out of the Peer Cadet Program in nine community mental health services.
- provision of 91 mental health consumer LLEW and 68 mental health family/carer LLEW with free access to discipline-specific supervision
- launch of five LLEW discipline frameworks that articulate values, principles and scope of practice for mental health, alcohol and other drug and harm reduction LLEWs.
- establishment of the Collective, a new consortium led by the Self-Help Addiction Resource Centre in partnership with key lived experience organisations, set to provide workforce development opportunities for Victorian lived and living experience workers.

Strategic direction 7: A safe and sustainable health, wellbeing and care system

The status and progress updates for the priority initiatives associated with this direction are outlined below.

Health sector financial sustainability

In August 2024, the Premier and Minister for Health announced the establishment of Hospitals Victoria, a new division within the department, signalling the government's desire to ensure all parts of the health system are financially high performing and sustainable.

Hospitals Victoria's focus is to ensure all of Victoria's health services are highly efficient in their delivery of care services and back-of-house operations. Hospitals Victoria provides strategic oversight of hospital finances with a more assertive role in the financial sustainability of the system as a whole. Through Hospitals Victoria, our enhanced focus on financial performance complements our ongoing focus on quality of care and innovation led by other parts of the department.

Health systems and asset planning

In 2024–25, we continued our strong collaboration with the Victorian Health Building Authority and health services to deliver vital infrastructure projects across Victoria. Key achievements include:

- an urgent care centre at Phillip Island Community Hospital in Cowes, offering after-hours care for minor, non-emergency injuries and complementing existing services at the Phillip Island Health Hub
- expanded services at Sunbury Community Hospital, with three new chemotherapy chairs, increased diagnostic imaging capacity, and additional endoscopy procedures through extra day surgery sessions
- a new ambulance station in Epping, a modern, two-storey, 24-hour branch with a five-bay garage, rest areas, training facilities and improved amenities to support growing communities such as Donnybrook, Wollert, and Epping North
- a SPECT-CT scanner at Sunshine Hospital, a Victorian first, enabling faster and more detailed diagnostic imaging
- an upgrade to Daylesford Hospital, including refurbishment of the operating theatre to improve surgical capacity and patient care.

Department financial sustainability

In 2024–25 the department continued to work on a range of initiatives aimed at strengthening our financial sustainability and achieving the budget outcomes we targeted. Through our efforts, we have enhanced financial controls to support more effective resource management and accountability. This work includes aligning with whole-of-government initiatives aimed at improving efficiency, while also launching internally led programs. It also reflects a proactive approach, ensuring both compliance and innovation in financial stewardship and in managing departmental resources. Key savings and efficiency projects have included:

- strengthened controls around procurement
- recruitment controls
- Scrutinising of operating costs to identify opportunities for cost reduction and better value.

Other key achievements for a safe and sustainable health, wellbeing and care system

Non-emergency patient transport review

In December 2022, the Victorian Government committed to reviewing non-emergency patient transport (NEPT) services to assess performance, analyse procurement reform options and identify further improvement strategies.

The NEPT review final report was released on 10 January 2025. It found that while the current system has many strengths, changes are required to improve access, create efficiencies and better meet patient needs and workforce expectations.

In 2024–25 we commenced work on a multi-year reform program to deliver the improvements recommended in the final report, including:

- centralised procurement of NEPT services for health services and Ambulance Victoria through HealthShare Victoria
- private provider access to HealthShare Victoria's bulk purchasing power for consumables, linen, laundry and waste disposal
- a dedicated NEPT workforce plan

- introduction of permanent employment targets for private providers
- improvements to quality and safety, governance and oversight.

Tackling climate change impacts on health

In 2024–25 we contributed to Victoria's net zero emissions target by:

- reducing health service greenhouse gas emissions through energy efficiency initiatives such as the Greener Government Building program
- promoting high-value care through sustainable use of diagnostic imaging and pathology testing in emergency departments as part of Safer Care Victoria's Safer Together Program
- continuing to monitor and improve environmental data capture and reporting
- contributing to national efforts to reduce emissions from medical gases such as desflurane and nitrous oxide.

The department has also supported climate risk management by:

- providing guidance to local councils on climate-related health planning, including through the updated *Tackling climate change and its impacts on health through municipal public health and wellbeing planning: guidance for local government 2024* <https://www.health.vic.gov.au/publications/tackling-climate-change-impacts-health-municipal-public-health-wellbeing-planning>
- administering public health legislation and programs which include management of climate-sensitive public health hazards
- implementing the *Health and Human Services Climate change adaptation action plan 2022–26* <https://www.health.vic.gov.au/publications/health-and-human-services-climate-change-adaptation-action-plan-2022-26>
- developing climate risk projects and guidance with health services, Aboriginal community controlled health organisations, and cemeteries, funded by Emergency Management Victoria.

New Footscray Hospital

Over the past year, the New Footscray Hospital remained a key priority. Critical funding was provided to the department to undertake commissioning and readiness activities in preparation for the new hospital opening in February 2026, as well as for cross-divisional coordination and integration support to project stakeholders. This work focused on embedding new information and communication technology systems and supporting teams to feel confident and prepared in their new environment. The new hospital will provide additional beds, reducing pressure on nearby hospitals, and a larger emergency department, with capacity to treat thousands of additional people each year.

Summary of Department Performance Statement and objective indicators 2024–25

The department's objective indicators and output performance measures are set out in the *2024–25 State Budget Paper Departmental Performance Statement,* and the four-year results against these are presented in the tables at *Appendix2 and Appendix 3 respectively*.

Objective indicators

Each departmental objective requires a set of indicators to monitor progress and demonstrate achievement of that objective. Trends in objective indicators help to demonstrate that the department's outputs are contributing to long-term government objectives.

Output performance measures

Output performance measures specify a department's expected service delivery performance each year. Performance measures are the building blocks of the accountability system that drives continuous improvement and are the basis for the certification of departmental revenue.

The measures allow meaningful comparison and benchmarking within the portfolio and provide transparency to the Victorian Parliament and the public.

In 2024–25 the department had 176 output performance measures, divided into Quantity, Quality and Timeliness categories. The majority of these measures (115) achieved target.

While a number of measures did not achieve target, there were some improvements in performance compared to last year. One of these is the 'treatment without transport' measure for ambulance services, which reflects a reduction in the number of unnecessary emergency ambulance transports a result of expanded triage services and the Victorian Virtual Emergency Department initiative. Waiting time for general dental care also showed further improvement in 2024–25 with continued efforts to reduce waitlists and provide additional services.

However, the department is still affected by workforce challenges and staffing issues impacting service delivery.

Summary of output performance measures results

	Quality	Quantity	Timeliness	Overall
Achieved[2]	44	54	16	114
Not achieved	11	32	12	55
Not rated	4	2	1	7
Overall	**59**	**88**	**29**	**176**

See Appendix 3 for a table showing the department's output performance against all measures during the 2024–25 year.

2 Achieved' includes all measures that met or exceeded targets and measures that did not meet target but were within five per cent variance of their target

Portfolio performance reporting – financial

Departmental five-year financial summary

Five-year financial summary ($ millions)	2025	2024	2023	2022	2021
Income from government	20,070.20	17,816.70	17,746.20	17,798.80	22,650.30
Total revenue and income from transactions	21,615.30	19,083.00	20,280.30	21,831.10	25,698.40
Total expenses from transactions	−21,060.00	−18,832.00	−20,695.70	−21,090.60	−25,170.70
Net result from transactions	**555.3**	**250.9**	**−415.5**	**722.6**	**527.7**
Net result for the period	443.1	118.5	−914.1	721.8	513.9
Net cash flow from operating activities	249.40	−66.4	543.2	60.1	989.6
Total assets	10,647.30	8,591.50	8,079.10	7,554.80	40,433.60
Total liabilities	**5,591.00**	**4,108.90**	**4,028.40**	**2,691.60**	**3,157.70**

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 financial 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 entities related to the department, the financial information of the Mental Health Tribunal, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Mental Health and Wellbeing Commission and the Victorian Assisted Reproductive Treatment Authority, which ceased operations on 31 December 2024, are included in the department's 2024–25 financial statements in accordance with determinations made by the Assistant Treasurer under section 53(1)(b) of the *Financial Management Act 1994*.

Part of the function of the Victorian Responsible Gambling Foundation was transferred to the department, effective 1 July 2024.

Financial performance and business review

The following details relate to the department's consolidated financial statements, including those for the Mental Health Tribunal, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Mental Health and Wellbeing Commission and the Victorian Assisted Reproductive Treatment Authority.

In 2024–25, the department recorded a net gain from transactions of $443.1 million. The surplus is mainly due to an increase in annual appropriations from government policy decisions and an increase in funding provided under Treasurer's Advance and supplementation under section 35 of the *Financial Management Act 1994),* as well as to an increase in revenue from the Mental Health Wellbeing Levy and from gaming revenue.

Financial position – balance sheet

Total net assets increased by $573.8 million in 2024–25 compared to the previous financial year, mainly due to an increase in property, plant and equipment held by the department because of the increase in capital works for the New Footscray Hospital, Frankston Hospital Redevelopment and New Melton Hospital public private partnership projects.

Cash flows

The overall cash position at the end of the 2024–25 financial year was $104.6 million, which is a decrease of $15.9 million compared to the beginning of the financial year. The overall decrease is mainly due to an increase in net expense from cross-border payments and receipts.

Capital projects

Capital projects reaching practical completion during the financial year ended 30 June 2025

Project name	Original completion date	Latest approved completion date	Practical completion date	Reason for variance in completion dates	Original approved TEI [a] 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
A proudly multicultural Victoria	Jun. 2021	Dec. 2024	Dec. 2024	The project's cashflow was revised due to COVID-19 impacts.	21.750	21.750	21.60	0.15	Balance of funding is required for financial closeout of the project, expected in the next financial year.
Medical equipment replacement program 2022–23 (statewide)	Jun. 2023	Dec. 2025	Mar. 2025	Delivery is undertaken at the health service level and implementation is dependent on delivering within and around the operational needs of the facility.	35.000	35.000	32.69	2.31	Balance of funding is required to continue to fund medical equipment replacement risk across the health system.
Modernisation of metropolitan Melbourne Public Sector Residential Aged Care Services Strategy: Stage 3 Kingston Project (Cheltenham)	Jun. 2026	Jun. 2026	Jun. 2025	Project was completed ahead of schedule.	134.630	139.630	128.06	11.57	Balance of funding is required for financial closeout of the project, expected in the next financial year.
Providing additional bed capacity through modular facilities (metropolitan various)	Sep. 2023	Dec. 2024	Jun. 2025	Project was delayed while a suitable site to relocate the Casey modular was identified	54.900	44.900	44.67	0.23	Balance of funding is required for financial closeout of the project, expected in the next financial year.

Project name	Original completion date	Latest approved completion date	Practical completion date	Reason for variance in completion dates	Original approved TEI [a] 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
Rural and Regional PSRACS Revitalisation Strategy Stage 1 (regional various)	Jun. 2025	Jun. 2025	Jun. 2025	No variance	65.000	65.000	59.19	5.87	Balance of funding is required for financial closeout of the project, expected in the next financial year.

(a) TEI – Total Estimated Investment

Capital projects reaching financial completion during the financial year ended 30 June 2025

Project name	Practical completion date	Financial completion date	Original approved TEI [a] budget ($M)	Latest approved TEI [a] budget ($M)	Actual TEI [a] cost ($M)	Variation between actual cost and latest approved TEI [a] budget ($M)	Reason for variance from latest approved TEI [a] budget
Engineering infrastructure and medical equipment replacement program 2019–20 (statewide)	Jun. 2024	Jun. 2025	60.000	60.000	57.63	2.37	Project completed under budget.
Reforming Clinical Mental Health Services (Melbourne)	Aug. 2023	Jun. 2025	48.100	34.741	34.19	0.551	Project completed under budget
Royal Victorian Eye and Ear Hospital Redevelopment (Melbourne)	Sep. 2024	Jun. 2025	165.000	319.807	319.807	0.000	Not applicable

(a) TEI – Total Estimated Investment

Section 2: Governance and organisational structure

The department's ministers

As at 30 June 2025

Mary-Anne Thomas MP

Minister for Health
Minister for Ambulance Services
Leader of the House

Mary-Anne Thomas MP was appointed as Minister for Health in December 2022 and Minister for Ambulance Services in October 2023.

Ingrid Stitt MP

Minister for Mental Health
Minister for Ageing
Minister for Multicultural Affairs

Ingrid Stitt MP was appointed Minister for Mental Health, Minister for Ageing and Minister for Multicultural Affairs in October 2023.

Lizzie Blandthorn MP

Minister for Children
Minister for Disability
Deputy Leader of the Government in the Legislative Council

Lizzie Blandthorn MP was appointed as Minister for Children and Minister for Disability in October 2023.

Melissa Horne MP

Minister for Ports and Freight
Minister for Roads and Road Safety
Minister for Health Infrastructure

Melissa Horne MP was appointed as Minister for Health Infrastructure in December 2024

The department's senior executives

As at 30 June 2025

Jenny Atta PSM

Secretary

Jenny Atta PSM was appointed as Secretary of the Department of Health in March 2025.

The Secretary leads the department in its vision for Victorians to be the healthiest people in the world.

Professor Zoe Wainer

Deputy Secretary – Community and Public Health

Professor Zoe Wainer was appointed Deputy Secretary – Community and Public Health in June 2021. Professor Wainer leads the division responsible for improving population health and wellbeing, including public health protection, prevention and promotion, in addition to primary, community and oral health care, women's health, and leading the prevention of and response to health threats, emergencies, and emerging community health needs.

Naomi Bromley

Acting Deputy Secretary – Hospitals and Health Services

Naomi Bromley has been acting Deputy Secretary – Hospitals and Health Services since March 2025. Naomi is responsible for managing health service commissioning and performance, encompassing both metropolitan and regional health services, as well as Ambulance Victoria. She also oversees operational policy relating to health workforce strategy, service delivery, aged care, and integrated cancer services.

Pam Anders

Acting Deputy Secretary – Mental Health and Wellbeing

Pam Anders has been Acting Deputy Secretary – Mental Health and Wellbeing since February 2025. Pam leads the division responsible for the delivery of Victoria's mental health and alcohol and other drugs reforms and the continued stewardship of the mental health and alcohol and other drugs services sectors. The Deputy Secretary – Mental Health and Wellbeing is also Victoria's Chief Officer for Mental Health and Wellbeing, a statutory position under the *Mental Health and Wellbeing Act 2022*.

Nicole McCartney

Chief Aboriginal Health Adviser

Nicole McCartney was appointed as the inaugural Chief Aboriginal Health Adviser in August 2019. Nicole leads the Aboriginal Health and Wellbeing division. In this capacity she is focused on embedding self-determination and cultural safety and combatting racism in the Victorian health system.

Catherine Rooney

Acting Deputy Secretary – Finance and Support

Catherine Rooney has been acting Deputy Secretary – Finance and Support since February 2025. Catherine's division provides specialist financial, budget and procurement expertise across the department and health services to ensure the system investment aligns with strategic priorities. The Finance and Support division, under a shared services agreement, also provides common corporate support to both the Department of Health and the Department of Families, Fairness and Housing.

Doctor Lance Emerson

Deputy Secretary – eHealth

Lance Emerson was appointed as Chief Executive Officer – Victorian Agency for Health Information in January 2018 and then as Deputy Secretary – eHealth in February 2024. Lance led the department's digital and information and communications technology work, including data analytics, cybersecurity and health sector technology.

Nicole Brady

Deputy Secretary – System Planning

Nicole Brady was appointed as Deputy Secretary – System Planning in February 2022. Nicole is responsible for the design and implementation of major reforms within the health system, working with partners across the Victorian and Australian service systems. Her division leads infrastructure investment, asset oversight and clinical service planning. It also has a strategic priority projects function that conducts evaluations for the department.

Ryan Phillips PSM

Deputy Secretary – People, Operations, Legal and Regulation

Ryan Phillips was appointed as Deputy Secretary – People, Operations, Legal and Regulation in June 2025. Ryan oversees the department's health regulatory work as well as its Cabinet services, ministerial services, performance reporting, privacy, freedom of information, integrity, audit, risk and legal functions. He also oversees the department's people, learning and development and industrial relations functions.

Simone Williams

Chief Communications Officer

Simone Williams was appointed as Chief Communications Officer in June 2021. Simone oversees the department's Communications and Engagement branch, which includes the marketing, communications, public affairs and stakeholder engagement functions. She is responsible for driving improved communication and engagement outcomes that meet the needs of the Victorian people and the broader health sector.

Louise McKinlay

Chief Executive Officer – Safer Care Victoria

Louise McKinlay was appointed as Acting Chief Executive Officer of Safer Care Victoria in February 2024. Safer Care Victoria is an administrative office of the department. Louise leads the office in its role as the state's lead healthcare quality and safety improvement agency, ensuring that all care in Victorian health services is safe and high quality.

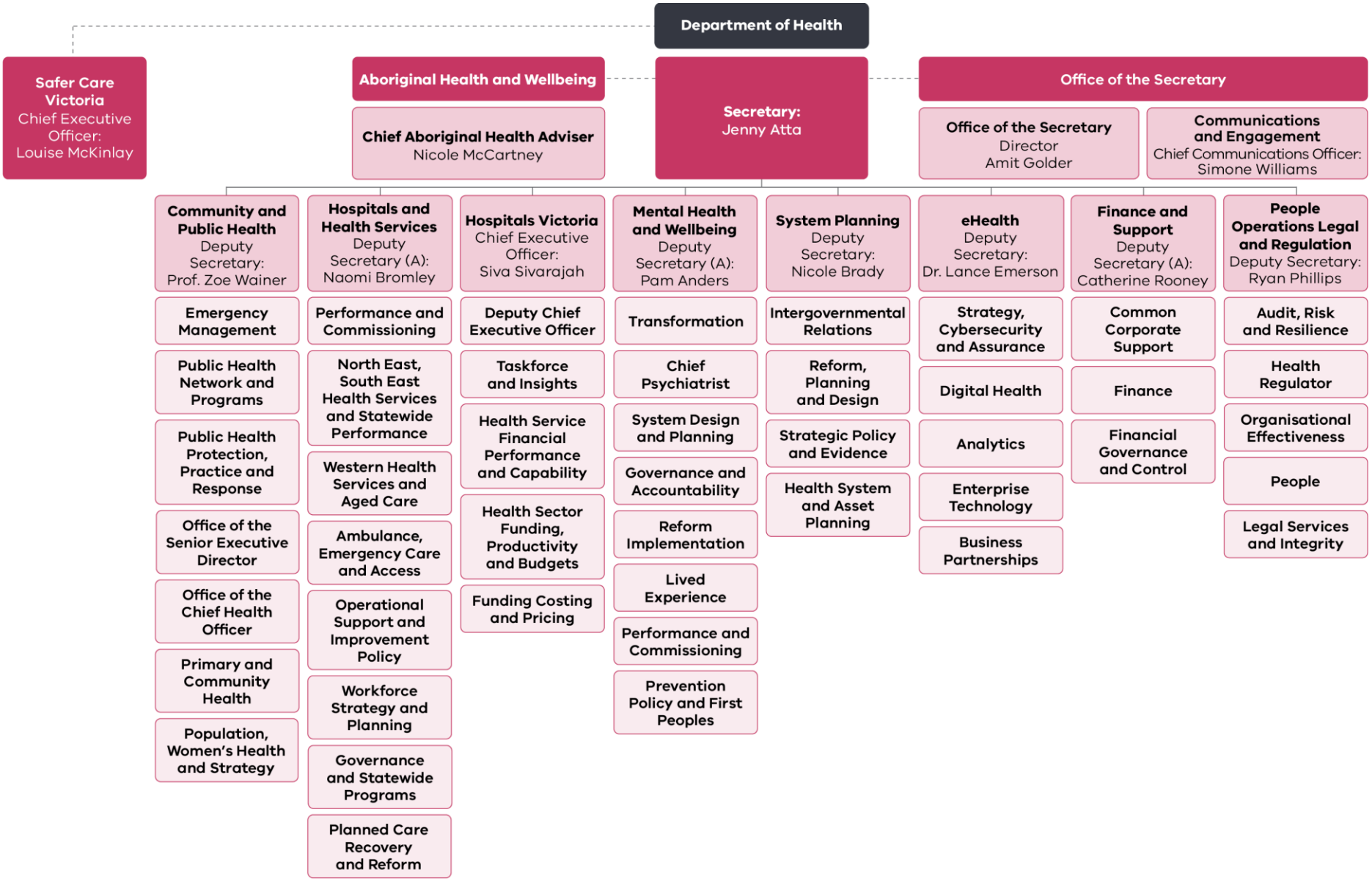
Siva Sivarajah

Chief Executive Officer – Hospitals Victoria

Siva Sivarajah was appointed as the inaugural Chief Executive Officer of Hospitals Victoria by the Premier in August 2024. Hospitals Victoria is the department's newest division, established to have oversight of hospital finances and play a more assertive role in the financial sustainability of the system.

Organisational chart

As at 30 June 2025



Committee structure

Executive board

The executive board assists the Secretary with strategic leadership to meet the department's objectives (including vision, purpose and direction setting); improve performance and outcomes; and implement complex reform priorities.

The executive board operates under terms of reference and comprises the Secretary, all deputy secretaries, the chief executive officers of Safer Care Victoria and Hospitals Victoria, the Chief Communications Officer and the Chief Aboriginal Health Adviser.

Two subcommittees report to the executive board:

- Quality, Safety and Performance Subcommittee
- Budget Committee.

Stand-alone committees

Two stand-alone committees support statutory assurance responsibilities and may include independent or non-executive members who provide expertise and advice.

Audit and Risk Management Committee

The Audit and Risk Management Committee is an independent advisory committee established in accordance with the Standing Directions 2018 under the *Financial Management Act 1994*.

Under its approved charter, the committee must include independent members with no departmental responsibility. At 30 June 2025, these independent members were:

- Kate Hughes, Chair
- Christine Kilpatrick
- Mark Toohey

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:

- internal audit
- annual financial statements
- financial management compliance
- external audit
- recommendations and actions monitoring
- risk management and internal controls
- fraud and corruption control.

Executive Remuneration Committee

The Executive Remuneration Committee supports the attraction and retention of executives to deliver the department's strategic priorities and to ensure that a consistent and rigorous approach is taken to setting and adjusting executive remuneration by the department and Safer Care Victoria.

The committee oversees and manages executive employment and remuneration matters in relation to Senior Executive Service (SES), Senior Medical Adviser (SMA) and Senior Technical Specialist (STS) classified positions.

The committee operates under terms of reference and comprises the Secretary, three executive board members and an independent board member.

Other internal committees

The department also has the following internal committees:

- Procurement Committee
- Pride Network Committee
- Health and Safety Committee.

Section 3: Workforce data

Public sector values and employment principles

The *Public Administration Act 2004 (*PAA) details the values and employment principles that apply to the broader public sector. We adopt the public sector values as set out in the section, Vision, mission and values. We are committed to applying merit and equity principles to all employment policies, programs and resources and ensuring these values are implemented throughout the department, including through performance planning and employee recognition processes.

The PAA also establishes 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. Our policies and practices are consistent with the VPSC's employment standards and provide for fair treatment, career opportunities and the early resolution of workplace issues. We advise our employees on how to avoid conflicts of interest, how to respond to offers of gifts and how to deal with misconduct.

Our people

Our people work across a range of fields, including hospitals and health services, aged care, mental health and wellbeing, public health and prevention, community health and health regulation. Our corporate and executive support functions play an essential enabling role across human resources, communications, information technology, finance, legal and business services. The department's *Strategic plan 2023–27 (2024 update)* sets out the directions and priorities for service delivery that guide our people.

Recognising our people

Our people are central to our success. The 'who' and the 'how' of the department's greatest achievements were the focus of the 2024–25 employee recognition program. Our awards program celebrates and shows gratitude to the people who go above and beyond to be collaborative, innovative and constructive and who act with kindness and integrity.

Culture

The wellbeing, inclusion and satisfaction of our people is an ongoing commitment. A highly engaged and high-performing workforce is a key ingredient for effectively delivering our vision and strategic priorities. For this reason, we will continue to support a culture where staff are supported to work with integrity towards shared goals, in line with our values.

Capability development

In 2024–25, our efforts to develop and enhance workforce capability focused on the priorities outlined in the following sections.

Induction training

The department welcomed 509 new starters who participated in our online induction program. In July 2024, 21 staff attended the first face-to-face induction session held since the COVID-19 pandemic.

Mandatory compliance training

We supported our statutory compliance obligations through the ongoing delivery of our compliance training framework. During 2024–25, 72 per cent of employees completed mandatory compliance training in:

- Aboriginal cultural safety
- the Charter of Human Rights and Responsibilities
- the VPS code of conduct
- cyber and information security
- emergency procedures
- health, safety and wellbeing
- preventing bullying and inappropriate behaviour
- preventing sexual harassment
- privacy awareness
- integrity
- understanding family violence
- workforce diversity, equity and inclusion.

Leadership development

We continue to strengthen leadership capability at all levels by:

- delivering regular, interactive, thought-provoking masterclasses to our executives across topics such as integrity and enhancing the workplace experience. In 2024–25, 174 attendances were recorded.
- launching a pilot group coaching program for executives to strengthen their leadership impact, lead crucial conversations, enhance strategic thinking and decision making, and to allow for a consistent and structured approach to executive development. In 2024–25, 8 executives participated in the program
- facilitating the delivery of the Managers Essentials program, which aims to lift capability and improve behaviours so that our people leaders can be more visible and effective. In 2024–25, 161 staff already in, or new to, leadership roles participated in this program.
- delivering our Elevate Leadership and Leadership Edge courses, which target capability development gaps identified in specific areas. In 2024–25, 60 staff across multiple cohorts participated in these courses.
- providing peer and experiential learning opportunities through structured mentoring and coaching engagements across all employee levels.
- supporting 15 executives to participate in the Executive Essentials Program provided by the VPSC. This program continues to build consistent leadership capability across this cohort.

Professional development

We continue to have a strong focus on all-staff professional development skills training.

In 2024–25 the following courses were completed:

- project management – 19 completions
- writing for government – 171 completions
- performance and development – 187 completions
- procurement – 50 completions
- workforce diversity and inclusion – 1,402 completions
- financial management – 203 completions.

Through our membership with the Institute of Public Administration Australia, 92 employees attended a range of skill development courses across topics such as strategic and systems thinking, writing briefs, understanding modern government and public policy development and implementation.

In addition, departmental staff attended the following developmental opportunities provided by the Institute of Public Administration Australia:

- Gain the Policy Edge program – 11 staff attended
- free public seminars and workshops across a variety of topics, including diversity, equity and inclusion, managing psychosocial risk, leading with integrity, contract management, policy development, creation of budget bids – 513 staff attended.

Comparative workforce data

Department of Health employment levels

The following tables disclose, by head count and full-time staff equivalent (FTE), the number of all active departmental public service employees employed in the last full pay period in June of the current reporting period and in the last full pay period in June of the previous reporting period.

Summary of employment levels in June of 2025 and 2024

	All employees		Ongoing			Fixed-term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
June 2025	2,410	2,279.4	1,737	299	1,937.1	374	342.3
June 2024	2,290	2,171.0	1,559	287	1,756.6	444	414.5

Department of Health employment levels in June 2025

	All employees		Ongoing			Fixed-term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
Gender							
Women	1,583	1,469.7	1,059	269	1,240.8	255	228.9
Men	770	756.2	637	20	648.4	113	107.8
Self-described	57	53.4	41	10	47.8	6	5.6
Age							
15–24	35	33.3	27	1	27.1	7	6.2
25–34	455	439.1	355	35	376.9	65	62.2
35–44	778	734.3	519	124	607.3	135	126.9
45–54	645	620.2	472	74	525.5	99	94.6
55–64	415	385.7	313	46	339.7	56	46.0
65+	82	66.8	51	19	60.5	12	6.3
Classification							
VPS 1	7	5.4	0	0	0	7	5.4
VPS 2	44	40.3	39	4	39.3	1	1.0
VPS 3	179	172.3	153	19	165.3	7	7.0
VPS 4	368	353.1	283	43	312.8	42	40.3
VPS 5	843	805.1	670	110	747.9	63	57.2
VPS 6	706	684.1	556	74	611.9	76	72.1
STS (a)	18	18.0	10	0	10.0	8	8.0
SMA (b)	12	8.8	1	0	1.0	11	7.8
Executives	139	137.5	0	0	0.0	139	137.5
Other (c)	94	54.9	25	49	48.9	20	5.9
Total employees	**2,410**	**2,279.4**	**1,737**	**299**	**1,937.1**	**374**	**342.3**

(a) STS = Senior Technical Specialist

(b) SMA = Senior Medical Adviser

(c) ‘Other’ classification group may include solicitors, nurses, scientists.

Notes:

- Totals may not be exact in FTE tables due to data being rounded to one decimal place

Annualised total salary, by $20,000 bands, for executives and other senior non-executive staff

The following table discloses the annualised total salary for senior employees of the department, categorised by classification. The salary amounts are for the full financial year, at a 1-FTE rate. For non-executive classifications, reported amounts exclude employer superannuation contributions. For executive classifications, total remuneration packages are reported, which include superannuation and any other contracted benefits.

Income band (salary)	Executives	STS [a]	PS [b]	SMA [c]	SRA [d]	Other
< $160,000	0	0	1	0	0	0
$160,000–$179,999	0	0	0	0	0	0
$180,000–$199,999	0	4	0	0	0	0
$200,000–$219,999	0	11	0	2	0	0
$220,000–$239,999	56	1	0	1	0	0
$240,000–$259,999	15	2	0	0	0	0
$260,000–$279,999	17	0	0	1	0	0
$280,000–$299,999	17	0	0	0	0	0
$300,000–$319,999	5	0	0	0	0	0
$320,000–$339,999	9	0	0	1	0	0
$340,000–$359,999	8	0	0	0	0	0
$360,000–$379,999	2	0	0	2	0	0
$380,000–$399,999	3	0	0	4	0	0
$400,000–$419,999	1	0	0	0	0	0
$420,000–$439,999	0	0	0	0	0	0
$440,000–$459,999	1	0	0	0	0	0
$460,000–$479,999	1	0	0	1	0	0
$480,000–$499,999	1	0	0	0	0	0
$500,000–$519,999	1	0	0	0	0	0
$520,000–$539,999	0	0	0	0	0	0
$540,000–$559,999	0	0	0	0	0	0
$560,000–$579,999	0	0	0	0	0	0
$580,000–$599,999	0	0	0	0	0	0
$600,000–$619,999	1	0	0	0	0	0
$620,000–$639,999	0	0	0	0	0	0
$640,000–$659,999	0	0	0	0	0	0
$660,000–$679,999	0	0	0	0	0	0
$680,000–$699,999	1	0	0	0	0	0
Total	**139**	**18**	**1**	**12**	**0**	**0**

(a) STS = Senior Technical Specialist

(b) PS = Principal Scientist

(c) SMA = Senior Medical Advisor

(d) SRA = Senior Regulatory Analyst

Safer Care Victoria employment levels

The following tables disclose, by head count and FTE, the number of all active public service employees of the administrative office, Safer Care Victoria, employed in the last full pay period in June of the current reporting period and in the last full pay period in June of the previous reporting period.

Summary of employment levels in June of 2025 and 2024

	All employees		Ongoing			Fixed-term and casual	
	Number (head count)	FTE	Full-time (head count)	Part-time (head count)	FTE	Number (head count)	FTE
June 2025	181	167.4	110	26	129.9	45	37.5
June 2024	159	152.3	95	21	111.1	43	41.2

Safer Care Victoria employment levels in June of 2025 and 2024

	June 2025							June 2024						
	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	146	135.9	86	26	105.9	34	30.0	136	129.8	76	21	92.1	39	37.7
Men	35	31.5	24	0	24.0	11	7.5	22	21.5	19	0	19.0	3	2.5
Self-described	0	0.0	0	0	0.0	0	0.0	1	1.0	0	0	0.0	1	1.0
Age														
15–24	0	0.0	0	0	0.0	0	0.0	1	1.0	1	0	1.0	0	0.0
25–34	35	33.5	23	3	25.1	9	8.4	33	32.7	21	1	21.9	11	10.8
35–44	71	68.3	46	12	55.9	13	12.4	64	61.2	39	9	45.9	16	15.3
45–54	42	38.6	23	6	27.4	13	11.2	37	35.2	22	4	25.1	11	10.1
55–64	27	22.8	15	5	18.5	7	4.2	19	17.5	10	5	13.5	4	4.0
65+	6	4.3	3	0	3.0	3	1.3	5	4.6	2	2	3.6	1	1.0
Classification														
VPS 2	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0
VPS 3	1	1.0	1	0	1.0	0	0.0	2	2.0	1	0	1.0	1	1.0
VPS 4	27	25.4	18	4	20.8	5	4.6	29	28.4	20	2	21.4	7	7.0
VPS 5	93	88.5	63	17	76.0	13	12.5	81	77.7	51	12	60.2	18	17.5
VPS 6	39	37.8	28	5	32.1	6	5.7	33	31.5	23	7	28.5	3	3.0
STS (a)	5	3.7	0	0	0.0	5	3.7	5	4.2	0	0	0.0	5	4.2
SMA (b)	6	1.5	0	0	0.0	6	1.5	1	1.0	0	0	0.0	1	1.0
Executives	10	9.5	0	0	0.0	10	9.5	8	7.5	0	0	0.0	8	7.5
Others	0	0.0	0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0.0
Total employees	**181**	**167.4**	**110**	**26**	**129.9**	**45**	**37.5**	**159**	**152.3**	**95**	**21**	**111.1**	**43**	**41.2**

(a) STS = Senior Technical Specialist

(b) SMA = Senior Medical Adviser

Note:

- There may be rounding errors 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

The following table discloses the annualised total salary for senior employees of Safer Care Victoria, categorised by classification. The salary amounts are for the full financial year, at a 1-FTE rate. For non-executive classifications, reported amounts exclude employer superannuation contributions. For executive classifications, total remuneration packages are reported, which include superannuation and any other contracted benefits.

Income band (salary)	Executives	STS (a)	PS (b)	SMA (c)	SRA (d)	Other
< $160,000	0	0	0	0	0	0
$160,000–$179,999	0	0	0	0	0	0
$180,000–$199,999	0	2	0	0	0	0
$200,000–$219,999	0	0	0	0	0	0
$220,000–$239,999	4	1	0	0	0	0
$240,000–$259,999	0	2	0	0	0	0
$260,000–$279,999	0	0	0	0	0	0
$280,000–$299,999	3	0	0	0	0	0
$300,000–$319,999	1	0	0	0	0	0
$320,000–$339,999	0	0	0	1	0	0
$340,000–$359,999	0	0	0	5	0	0
$360,000–$379,999	0	0	0	0	0	0
$380,000–$399,999	0	0	0	0	0	0
$400,000–$419,999	0	0	0	0	0	0
$420,000–$439,999	1	0	0	0	0	0
$440,000–$459,999	0	0	0	0	0	0
$460,000–$479,999	0	0	0	0	0	0
$480,000–$499,999	0	0	0	0	0	0
$500,000-$519,999	1	0	0	0	0	0
Total	**10**	**5**	**0**	**6**	**0**	**0**

(a) STS = Senior Technical Specialist

(b) PS = Principal Scientist

(c) SMA = Senior Medical Advisor

(d) SRA = Senior Regulatory Analyst

Executive data

For a department, a member of the Senior Executive Service (SES) is defined as a person employed as an executive under Part 3 of the *Public Administration Act 2004* (PAA). For a public body, an executive is defined as a person employed as an executive under Part 3 of the PAA or a person to whom the Victorian Government's Public Entity Executive Remuneration policy 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 SES does not include a statutory office holder or an accountable officer.

The following tables disclose the SES of the department and its portfolio agencies for June 2025:

- Tables 1 and 3 disclose the total numbers of SES, broken down by gender
- Tables 2 and 4 provide a reconciliation of executive numbers presented between the report of operations and Note 9.5 Remuneration of executives in the financial statements
- Table 5 provides the total executive numbers for all of the department's portfolio agencies
- Tables 1 to 5 also disclose the variations, denoted by 'var', between the current and previous reporting periods. Figures in brackets indicate the decrease in numbers since 2023–24

Table 1: Total number of SES for the department, broken down by gender

	All		Women		Men		Self-described	
Class	**No.**	**Var.**	**No.**	**Var.**	**No.**	**Var.**	**No.**	**Var.**
Secretary	1	0	1	1	0	(1)	0	0
SES-3	5	(2)	3	(2)	2	0	0	0
SES-2	41	3	32	1	8	2	1	0
SES-1	92	(1)	55	1	37	(2)	0	0
Total	**139**	**0**	**91**	**1**	**47**	**(1)**	**1**	**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 9.5 in the financial statements lists the actual number of SES and the total remuneration paid to SES over the course of the reporting period. It 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

	2025	2024
Executives (financial statements Note 9.5)	160	210
Accountable officer (Secretary)	1	1
Less separations	(22)	(72)
Less executives employed by other departments	(0)	(0)
Total executive numbers at 30 June	**139**	**139**

Table 3: Total number of SES for Safer Care Victoria, broken down by gender

	All		Women		Men		Self-described	
Class	**No.**	**Var.**	**No.**	**Var.**	**No.**	**Var.**	**No.**	**Var.**
SES-3	2	1	1	1	1	0	0	0
SES-2	4	1	4	1	0	0	0	0
SES-1	4	0	4	0	0	0	0	0
Total	**10**	**2**	**9**	**2**	**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 9.5 in the financial statements lists the actual number of SES and the total remuneration paid to SES 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 Safer Care Victoria

	2025	**2024**
Executives (financial statement Note 9.5)	11	10
Accountable officer (chief executive officer)	1	1
Less separations	(2)	(3)
Total executive numbers at 30 June	**10**	**8**

Table 5: Number of SES for the department's portfolio agencies

	2025				2024				Variance			
Organisation name	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total
Albury Wodonga Health	3	3	0	6	4	2	0	6	−1	+1	0	0
Alexandra District Health	0	0	0	0	0	0	0	0	0	0	0	0
Alfred Health	6	3	0	9	7	2	0	9	−1	+1	0	0
Alpine Health	0	0	0	0	0	0	0	0	0	0	0	0
Ambulance Victoria	3	3	0	6	3	3	0	6	0	0	0	0
Austin Health	2	2	0	4	2	3	0	5	0	−1	0	−1
Bairnsdale Regional Health Service	3	0	0	3	1	2	0	3	+2	−2	0	0
Ballarat General Cemeteries Trust	0	0	0	0	0	0	0	0	0	0	0	0
Barwon Health	4	3	0	7	4	3	0	7	0	0	0	0
Bass Coast Health	0	0	0	0	1	0	0	1	−1	0	0	−1
Beaufort and Skipton Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Beechworth Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Benalla Health	0	0	0	0	0	0	0	0	0	0	0	0
Bendigo Health Care Group	6	4	0	10	3	4	0	7	+3	0	0	+3
Boort District Health	0	0	0	0	0	0	0	0	0	0	0	0
BreastScreen Victoria	2	1	0	3	2	1	0	3	0	0	0	0
Casterton Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Central Gippsland Health Service	0	1	0	1	1	0	0	1	−1	+1	0	0
Central Highlands Rural Health	0	0	0	0	0	0	0	0	0	0	0	0
Cohuna District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Colac Area Health	0	0	0	0	0	0	0	0	0	0	0	0
Corryong Health	0	0	0	0	0	0	0	0	0	0	0	0
Dental Health Services Victoria	2	2	0	4	2	3	0	5	0	−1	0	−1
Dhelkaya Health	0	1	0	1	0	1	0	1	0	0	0	0
East Grampians Health Service	0	0	0	0	0	0	0	0	0	0	0	0
East Wimmera Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Eastern Health	4	5	0	9	6	5	0	11	−2	0	0	−2

	2025				2024				Variance			
Organisation name	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total
Echuca Regional Health	1	0	0	1	2	0	0	2	−1	0	0	−1
Geelong Cemeteries Trust	0	0	0	0	0	0	0	0	0	0	0	0
Gippsland Southern Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Goulburn Valley Health Services	4	5	0	9	4	5	0	9	0	0	0	0
Grampians Health	7	5	0	12	7	3	0	10	0	+2	0	+2
Great Ocean Road Health	0	0	0	0	0	0	0	0	0	0	0	0
Greater Metropolitan Cemeteries Trust	2	4	0	6	1	4	0	5	+1	0	0	+1
Health Purchasing Victoria	2	3	0	5	2	2	0	4	0	+1	0	+1
Heathcote Health	0	0	0	0	0	0	0	0	0	0	0	0
Hesse Rural Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Heywood Rural Health	0	0	0	0	0	0	0	0	0	0	0	0
Inglewood and Districts Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Kerang District Health	0	0	0	0	0	0	0	0	0	0	0	0
Kilmore and District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Kooweerup Regional Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Kyabram and District Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Latrobe Regional Hospital	2	5	0	7	2	4	0	6	0	+1	0	+1
Mallee Track Health and Community Service	0	0	0	0	0	0	0	0	0	0	0	0
Mansfield District Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Maryborough District Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Melbourne Health	8	3	0	11	8	3	0	11	0	0	0	0
Mental Health and Wellbeing Commission	2	2	0	4	2	2	0	4	0	0	0	0
Mildura Base Public Hospital	0	1	0	1	1	1	0	2	−1	0	0	−1
Monash Health	23	8	0	31	23	6	0	29	0	+2	0	+2
Moyne Health Services	0	0	0	0	0	0	0	0	0	0	0	0
NCN Health	0	0	0	0	0	0	0	0	0	0	0	0
Northeast Health Wangaratta	3	2	0	5	3	2	0	5	0	0	0	0
Northern Health	6	3	0	9	6	3	0	9	0	0	0	0

	2025				2024				Variance			
Organisation name	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total
Omeo District Health	0	0	0	0	0	0	0	0	0	0	0	0
Orbost Regional Health	0	0	0	0	0	0	0	0	0	0	0	0
Peninsula Health	3	2	0	5	3	2	0	5	0	0	0	0
Peter MacCallum Cancer Centre	2	4	0	6	3	3	0	6	−1	+1	0	0
Portland District Health	0	0	0	0	1	0	0	1	−1	0	0	−1
Remembrance Parks Central Victoria	0	0	0	0	0	0	0	0	0	0	0	0
Robinvale District Health Services	0	0	0	0	0	0	0	0	0	0	0	0
Rochester and Elmore District Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Royal Children's Hospital	2	5	0	7	3	4	0	7	−1	+1	0	0
Royal Victorian Eye and Ear Hospital	1	2	0	3	3	1	0	4	−2	+1	0	−1
Royal Women's Hospital	6	3	0	9	6	4	0	10	0	−1	0	−1
Rural Northwest Health	0	0	0	0	0	0	0	0	0	0	0	0
Seymour Health	0	0	0	0	0	0	0	0	0	0	0	0
South Gippsland Hospital	0	0	0	0	0	0	0	0	0	0	0	0
South West Healthcare	3	3	0	6	3	3	0	6	0	0	0	0
Southern Metropolitan Cemeteries Trust	0	5	0	5	1	4	0	5	−1	+1	0	0
Swan Hill District Health	0	1	0	1	0	0	0	0	0	+1	0	+1
Tallangatta Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Terang and Mortlake Health Service	0	0	0	0	0	0	0	0	0	0	0	0
The Queen Elizabeth Centre	0	0	0	0	0	0	0	0	0	0	0	0
Timboon and District Healthcare Service	0	0	0	0	0	0	0	0	0	0	0	0
Tweddle Child and Family Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Victorian Collaborative Centre for Mental Health and Wellbeing	0	1	0	1	0	0	0	0	0	+1	0	+1
Victorian Health Promotion Foundation	4	1	0	5	4	1	0	5	0	0	0	0
Victorian Institute of Forensic Mental Health	4	4	0	8	6	4	0	10	−2	0	0	−2
Victorian Pharmacy Authority	0	0	0	0	0	0	0	0	0	0	0	0
West Gippsland Healthcare Group	0	1	0	1	1	1	0	2	−1	0	0	−1

	2025				2024				Variance			
Organisation name	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total	Women	Men	Prefer not to say	Total
West Wimmera Health Service	3	1	0	4	3	1	0	4	0	0	0	0
Western District Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Western Health	4	3	0	7	18	11	0	29	−14	−8	0	−22
Yarram and District Health Service	0	0	0	0	0	0	0	0	0	0	0	0
Yarrawonga Health	0	0	0	0	0	1	0	1	0	−1	0	−1
Yea and District Memorial Hospital	0	0	0	0	0	0	0	0	0	0	0	0
Total	**127**	**105**	**0**	**232**	**152**	**104**	**0**	**256**	**−25**	**1**	**0**	**−24**

Note:

2024–25 Executive officers by organisation and portfolio (preliminary numbers) – Department of Health

For the purpose of this table, Executive Officers are defined as SES-1, SES-2, SES-3, PESES-1, PESES-2 and PESES-3 employees who have significant management responsibility AND receive a TRP of 225,000 or more.

All figures reflect executive employment levels as at last pay in June 2024.

Excluded are those on leave without pay or absent on secondment, external contractors / consultants and temporary staff employed by employment agencies.

Data is based on the data provided to the department by the VPSC on 4/09/2025.

Validation of this data is still in progress and subject to change.

As per FRD 15 5.3, reporting of Executive officers should exclude Accountable Officers (Department Heads, CEOs or equivalent).

Workforce inclusion – Diversity, equity and inclusion

The department is committed to building a diverse, equitable and inclusive workforce that reflects the Victorian community we serve. We strive to foster a workplace culture that is respectful, inclusive and culturally, physically and psychologically safe for all staff.

Our diversity, equity and inclusion strategies aim to value diversity, remove barriers and ensure equitable opportunities for all to contribute, belong and thrive. These align with our obligations under the *Gender Equality Act 2020, the Charter of Human Rights and Responsibilities Act 2006* and the *Disability Act 2006*, supported by the following inclusion action plans:

- *Gender equality action plan 2022–25*
- *Disability employment implementation plan 2022–25*
- *LGBTIQA+ workplace inclusion action plan 2024–28*

We drive outcomes through a range of initiatives*:*

- staff networks that provide support and social connection for diverse groups and allies, such as the Enablers Network and Community of Practice, Pride Network, Aboriginal Staff Network, Women of Colour Network, VPS Autism Spectrum Network, and VPS ADHD Growth Network
- comprehensive learning and development offerings to build staff awareness and capability in leading and creating a diverse, equitable and inclusive workplace
- whole of Victorian Government employment pathways and initiatives, including:
  - the Victorian Government Graduate Program, through which 13 employees were onboarded
  - the Youth Employment Scheme (YES), through which 15 employees from disadvantaged backgrounds were onboarded
  - the Student Placement Program, which engaged and supported 15 employees.
- advice and support to our diverse employees and managers to build and promote inclusion.

During 2024–25, our achievements and key areas of work included:

- being awarded Australian Workplace Equality Index silver employer status for LGBTIQA+ inclusion
- developing an inclusive recruitment toolkit, which guides more inclusive recruitment processes to support diverse applicants and remove barriers
- improved data collection and development of interactive dashboards to track progress on inclusion goals, including workforce composition, gender segregation, pay gap, negative behaviours, recruitment, promotion, leave and flexibility
- reaching a 9.7 per cent disclosed disability workforce rate, which shows our progress towards the VPS target of 12 per cent, as set out in *Getting to work: Victorian public sector disability employment action plan 2018–2025*
- creating a gender equity pay guide to support fair salary setting practices and decision making to help reduce the gender pay gap
- promoting neurodiversity in the workforce via the Rise Program (which takes an inclusive, non-traditional approach to recruitment and support) and the provision of specialist support for neurodivergent employees (and their managers/colleagues) to foster positive workplace experiences
- continuing the rollout of the inclusive recruitment toolkit
- updating policies and guidance materials to make them more person centred, compliant with legislation and aligned with best practice
- revising mandatory inclusion training to reflect current terminology and standards.

Occupational health and safety and wellbeing

We are committed to safeguarding the health, safety and wellbeing of all our employees and other people when they are conducting work on behalf of the department or in a department workplace. We aspire to create a safe and healthy workplace while also minimising the impact of work-related injury and illness. To achieve this, our primary focus is on the core occupational health and safety principles of prevention, early intervention, response and recovery.

Workplace health and safety

Our Workplace Health and Safety team supports the department to identify, assess and control workplace hazards and incidents to reduce the risk of injury or illness. The team provides specialist knowledge, advice and support to integrate health and safety legislation and standards into operational practice. Key achievements in 2024–25 included:

- implementation of ReportSafe, a new hazard and incident reporting system. ReportSafe provides a user-friendly interface for reporting and managing workplace hazards and incidents. The system incorporates psychosocial hazards to enhance accuracy in health and safety data and reporting.
- publication of psychosocial hazards risk management guides and a psychosocial risk assessment methodology to support implementation of the proposed Occupational Health and Safety (Psychological Health) Regulations, due to commence operation in December 2025.
- establishment of a Safety Champions network comprising staff who, through their role as a peer supporter, health and safety representative, designated management representative, first aid officer or emergency warden, contribute to a safe and healthy working environment in the department.
- events and activities held in October 2024 for Health Safety and Wellbeing Month. The theme, ‘Safety is everyone’s business’ encouraged staff to make health and safety in the workplace a priority, emphasising a safe and healthy working environment as a fundamental principle. Over 28 events were offered with 422 staff participating. Content included risk management fundamentals, psychosocial hazards, psychological safety, hazard and incident reporting, and a range of health and wellbeing topics.

Injury management

The primary focus of our Injury Management team is to minimise the impact and duration of emerging symptoms of ill health and/or actual injury or illness. This is achieved by identifying suitable duties and/or implementing workplace adjustments to enable employees to remain at or return to work. Key achievements in 2024–25 included:

- assisting 428 employees with a work or non-work-related injury or illness, of whom 95.79 per cent returned to work in either a full- or part-time capacity
- engaging MAXHealth, a free 24-hour a day, 365 days a year medical triage service for employees who sustain a work or non-work-related injury or illness. The service is operated by registered nurses who provide referrals to a network of medical practitioners. In 2024–25, 48 consultations – with physiotherapists, psychologists and general practitioners – occurred with each appointment taking place on average within 24 hours of MAXHealth being contacted.
- only 2.2 per cent of early intervention matters being converted to a WorkCover claim.

Employee wellbeing

We offer a range of specialised support services and programs designed to cover all areas of wellbeing to ensure employees have access to the right resources at the right time. Key achievements in 2024–25 included:

- access for employees and their immediate family to free and confidential advice via the department’s Employee Wellbeing and Support Program. There is a high level of uptake and engagement with this program, with an annual utilisation rate of 33.8 per cent.
- the induction, in July 2024, of Mental Health First Aid (MHFA) as a training offering to equip participants with the skills to identify, understand, and respond to signs of poor mental health. The program was delivered to more than three per cent of the department’s workforce and received a satisfaction rating of 4.5 out of 5. The department was recently recognised by MHFA Australia as a ‘skilled workplace” for its achievements in developing MHFA skills in our employees and embedding a sustainable and effective MHFA program.

> the partnership, in November 2024, with Fitness Passport to promote physical health activity. The program offers employees and their family members discounted membership fees and access to fitness and lifestyle facilities across Victoria. Since the launch of this partnership, 232 employees and 202 family members have registered.

Workplace Facilitator

The Workplace Facilitator is a confidential, independent and neutral service that assists employees to develop strategies to manage workplace issues at a local level and think strategically about workplace dynamics.

The role is focused on self-determination and seeks to empower all staff to have the confidence to manage conflict themselves and develop effective communication skills. It provides a variety of supports, including coaching, facilitated conversations and tailored team workshops.

Key achievements in 2024–25 included:

> assisting in 282 cases of work-related issues
> facilitating 24 department-wide training workshops with a total of 614 attendees as part of the Learning and Development program.

Performance against occupational health and safety management measures

Measure	Key Performance Indicator (KPI)	2022–23	2023–24	2024–25
Hazards	No. of hazards	20	42	54
	Rate per 100 FTE (Full Time Equivalent)	0.66	1.93	2.37
Incidents	No. of incidents	137	116	129
	Rate per 100 FTE	4.5	5.34	5.66
	No. of incidents requiring first aid and/or further medical treatment	100	59	18
Claims	No. of standard claims	20	23	19
	Rate per 100 FTE	0.66	1.06	0.83
	No. of lost time claims	11	16	6
	Rate per 100 FTE	0.36	0.74	0.26
	No. of claims exceeding 13 weeks	21	14	5
	Rate per 100 FTE	0.70	0.64	0.22
Fatalities	No. of fatalities	0	0	0
Prosecutions	Total number of prosecutions	0	0	0
Claims costs [(a)]	**Average cost per standard claim**	**$209,183**	**$394,223**	**$110,900**

(a) Includes payments and estimated future costs.

Measure	KPI	Performance
Management commitment	OHS policy statement and OHS criteria	The department has a health, safety and wellbeing (HSW) policy demonstrating its commitment to providing employees with a work environment that supports wellbeing and mitigates risk to physical and psychological safety. Accountability for HSW is built into every stage of the employee lifecycle and forms an inherent part of every department employee's role. Specific accountabilities for all employees and additional accountabilities for managers and leaders are defined and documented in the department's HSW accountabilities framework. The department actively participates in Victorian Public Sector Commission OHS committees, forums and communities of practice, contributing to whole of government and inter-departmental HSW initiatives.
Consultation and participation	Designated work group structures and issue resolution procedures	The department has an extensive network of 25 designated work groups with 34 health and safety representatives (HSRs) and 26 designated management representatives (DMRs). To support DMRs and HSRs in their roles, the department has established a health and safety consultation structure, including a Health and Safety Committee which meets quarterly. The department has a model issue resolution process for managers and employees to resolve health and safety issues arising in department workplaces.
Risk management	Conduct of regular internal audits, identification and actioning of issues	The department has an online employee health and safety incident reporting system (ReportSafe). This system enables timely investigation, follow up and resolution of reported incidents and hazards. Regular performance reporting and internal quality assurance allow for close monitoring of incidents and hazards and identification of emerging themes, trends and risks. The department has a health and safety management system which provides comprehensive procedures, guidance and tools for identifying, assessing and managing key risks, including by conducting regular workplace inspections and assessments of work-related hazards and risks.
Training	Training of managers, health and safety representatives and other staff	In 2024–25, the department delivered a wide range of mandatory and recommended HSW training programs and webinars to people managers and employees, with approximately 10,612 participants. Key areas of focus included training in: • your health, safety and wellbeing, with 1516 participants • leading safely every day – HSW accountabilities for managers, with six participants • return to office working, with 336 participants • prevention of sexual harassment, with 1658 participants • prevention of bullying and inappropriate behaviour, with 2338 participants • emergency procedures, with 2519 participants • foundations of mental health and wellbeing workshop, with 9 participants • foundations of mental health and wellbeing eLearn, with 20 participants • standard mental health first aid, with 108 participants • understanding family violence, with 1616 participants • vicarious trauma awareness and prevention, with five participants • eDINMAR, with 399 participants • ReportSafe, with 82 participants. All newly elected HSRs were encouraged and supported by the department to undertake the initial five-day HSR training program. Existing HSRs were encouraged to complete the annual one-day refresher training.

Section 4: Other disclosures

Local Jobs First

The *Local Jobs First Act 2003,* introduced in August 2018, brings together the Victorian Industry Participation Policy (VIPP) and Major Project Skills Guarantee (MPSG), which were previously administered separately.

Departments and public sector bodies are required to apply the Local Jobs First Policy, created under the Act, in all projects valued at $3 million or more in metropolitan Melbourne or for statewide projects, or $1 million or more for projects in regional Victoria.

MPSG applies to all construction projects valued at $20 million or more.

Under *the Local Jobs First Act 2003*, projects and activities valued at less than $50 million are considered standard projects, while projects or activities valued at over $50 million are considered strategic projects. These are reported on separately below.

The MPSG and VIPP guidelines will continue to apply to MPSG-applicable and VIPP-applicable projects respectively where contracts have been entered into prior to 15 August 2018.

Projects commenced – Local Jobs First standard projects

During 2024–25, the department commenced one Local Jobs First standard project totalling $4.7 million. This project is located in regional Victoria.

The outcomes expected from the implementation of the Local Jobs First Policy to this project, where information was provided, are as follows:

- an average of 97 per cent of local content commitment was made
- a total of 27 jobs (annualised employee equivalent (AEE)) were committed, including:
  - the creation of 21.9 new jobs
  - the retention of 5.1 existing jobs (AEE)
- the number of small to medium-sized enterprises that prepared a local industry development plan (LIDP) was not available in the 2024–25 data set at the time of reporting.

Projects completed – Local Jobs First standard projects

During 2024–25, the department reported five Local Jobs First standard projects as completed, totalling $58.1 million. Three projects were in metropolitan Melbourne, with an average commitment of 94.2 per cent local content. Two projects were in regional Victoria, with an average commitment of 68.5 per cent local content. The MSPG did not apply to any of these projects.

The outcomes from the implementation of the Local Jobs First Policy to these projects, where information was provided, were as follows:

- a total of 42 jobs (AEE) were committed, including:
  - the creation of five new jobs
  - the retention of 37 existing jobs
- 14 small to medium-sized businesses were engaged through the supply chain on completed standard projects
- the number of small to medium-sized enterprises that prepared an LIDP was not available in the 2024–25 data set at the time of reporting.

Projects commenced – Local Jobs First strategic projects

During 2024–25, the department did not commence any Local Jobs First strategic projects. It should be noted that, following the machinery of government change in April 2024, projects commenced by the Victorian Health Building Authority are now reported by the Victorian Infrastructure Delivery Authority and are no longer reported by the Department of Health.

Projects completed – Local Jobs First strategic projects

During 2024–25, the department reported no Local Jobs First strategic projects as completed.

Reporting requirements – all projects

Data included in disclosures is subject to rationalisation and review by the Department of Jobs, Skills, Industry and Regions, and is anticipated to be reflected in that department's Local Jobs First annual report.

Data available to individual departments in 2024– 25 did not include the number of small to medium-sized businesses engaged as the principal contractor that prepared an LIDP, and this information is therefore not available for inclusion in this report.

Reporting requirements – grants

For grants provided during 2024–25, a total of one interaction reference number was required, which entailed a conversation with the Industry Capability Network (Victoria) Ltd.

Social procurement framework

The department leverages its buying power to deliver social, economic and environmental outcomes benefiting the Victorian community, the economy and the environment, and it does this in ways that go beyond the goods, services and construction works procured.

In this process, the department is guided by the Victorian Government's *Social procurement framework* (SPF). The SPF applies to the procurement of all goods, services and construction undertaken by or on behalf of the department. Its social objectives, which were all prioritised by the department in 2024–25, are to provide for and support the following:

- opportunities for Victorian Aboriginal people
- opportunities for Victorians with disability
- women's equality and safety
- opportunities for Victorian priority jobseekers
- supporting safe and fair workplaces
- sustainable Victorian social enterprises and Aboriginal business sectors
- sustainable Victorian regions
- environmentally sustainable outputs
- environmentally sustainable business practices
- implementation of climate change policy objectives.

Social procurement initiatives

During 2024–25, the department undertook several activities to support social procurement, including:

- preparation of social procurement data reporting for 2024–25 and submission to the Department of Government Services
- maintenance of up-to-date information about social procurement and Local Jobs First on the department's intranet
- a continued relationship with Kinaway Chamber of Commerce through regular meetings and other communications
- the maintenance of procurement policies, processes, templates and contracts to continue to support the implementation of social procurement and Local Jobs First
- training on the Industry Capability Network's social procurement reporting platform
- continued maintenance of dedicated guidance materials for tenderers to support improved Local Jobs First and social procurement engagement and outcomes during tender processes.

Reporting requirements

The Victorian Government's Social procurement framework reporting has utilised a new analytics tool to support central reporting.

The department's social procurement disclosures for 2024–25 do not include Victorian Health Building Authority disclosures. Following machinery of government changes that took effect in April 2024, Victorian Health Building Authority disclosures will be managed by the Victorian Infrastructure Delivery Authority.

Social procurement achievements

During 2024–25 the department:

- engaged 31 social benefit suppliers
- spent a total of $715,210 (GST exclusive) with certified social benefit suppliers (direct spend) during the reporting period.

Aboriginal business engagement

During 2024–25 the department:

> engaged 13 Aboriginal businesses and traditional owner corporations
> spent a total of $492,860 (GST exclusive) with Aboriginal businesses and traditional owner corporations.

Competitive neutrality policy

Competitive neutrality requires government businesses to ensure that, 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 set a competitively neutral price, which accounts for any net advantage that comes from public ownership. The 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 ensures Victoria fulfils its requirements on competitive neutrality reporting as required under the Competition Principles Agreement and the Competition and Infrastructure Reform Agreement.

Consultancy expenditure

The department maintained relatively stable demand for high-level independent advice and support during 2024–25. This led to decreases in average individual engagement expenditure but a slight increase in engagement volume, resulting in modest growth in overall consultancy expenditure.

The department's consultancy disclosures for 2024–25 do not include Victorian Health Building Authority disclosures. Following the machinery of government change that took effect in April 2024, Victorian Health Building Authority disclosures are now managed by the Victorian Infrastructure Delivery Authority.

Consultancies (under $10,000)

In 2024–25, there was one consultancy engagement where the total fees payable to the consultant were less than $10,000. The total expenditure incurred during 2024–25 in relation to this engagement was $5,000 (excluding GST).

Consultancies ($10,000 or greater)

In 2024–25, there were 27 consultancy engagements where the total fees payable to the consultants were $10,000 or greater. The total expenditure incurred during 2024–25 in relation to these engagements was $3,423,590 (excluding GST).

Consultancy expenditure

Details of consultancies (valued at $10,000 or greater)

Consultant	Purpose of consultancy	Start Date	End date	Sum of total approved project fee [a] excl. GST	Sum of expenditure 2024–25 excl. GST	Sum of future expenditure [b] excl. GST
ASPEX CONSULTING PTY LTD	Evaluation, Allied health advanced practice	4/06/2024	31/10/2024	$172,081	$172,081	$0
ASPEX CONSULTING PTY LTD	Review, Doctors in training	14/05/2025	31/07/2025	$131,693	$91,407	$40,285
AURECON AUSTRALIA	Assessment, Aboriginal community controlled health organisations project	4/11/2024	27/02/2026	$176,082	$94,856	$81,226
AURECON AUSTRALIA	Assessment, Climate change, cemeteries and health	23/08/2024	25/08/2025	$90,326	$49,679	$40,647
BIRUU PTY LTD	Design, Management framework for health infrastructure	3/06/2025	21/08/2025	$120,904	$9,091	$111,813
DELOITTE	Evaluation, Cardiovascular program	29/08/2023	30/06/2024	$699,054	$207,154	$0
DELOITTE	Advice, Organisational design and affordability	24/02/2025	21/04/2025	$294,282	$294,282	$0
DELOITTE	Review, Peninsula Health	28/01/2025	28/02/2025	$133,555	$133,555	$0
ERNST & YOUNG	Review, Barwon Health community electronic medical record project	9/10/2024	29/11/2024	$78,566	$78,566	$0
FELICITY A TOPP	Support, Advisory committee on rare and highly specialised care	1/04/2025	31/03/2026	$109,091	$750	$108,341
GROSVENOR PERFORMANCE GROUP	Evaluation, Student placement support program	18/03/2024	31/05/2025	$140,796	$45,455	$0
HEALTHCONSULT	Evaluation, Supporting mental health for trans and gender diverse young people	19/07/2024	31/01/2025	$135,367	$135,367	$0
IMPACT CO.	Evaluation, Yarning SafeNStrong' program	2/08/2024	31/10/2024	$85,043	$85,043	$0
KARABENA CONSULTING	Evaluation, Strong Brother Strong Sister program	15/07/2024	6/12/2024	$120,666	$120,666	$0
KORDAMENTHA PTY LTD	Advice, Hospitals Victoria	19/08/2024	6/09/2024	$192,225	$192,225	$0
KORDAMENTHA PTY LTD	Review, Mercy Hospitals Victoria	21/10/2024	1/11/2024	$225,188	$225,188	$0
KORDAMENTHA PTY LTD	Advice, Finance and performance functions	28/04/2025	27/05/2025	$191,850	$136,200	$55,650

Consultant	Purpose of consultancy	Start Date	End date	Sum of total approved project fee [a] excl. GST	Sum of expenditure 2024–25 excl. GST	Sum of future expenditure [b] excl. GST
KORDAMENTHA PTY LTD	Review, Peninsula Home Hospice	3/06/2025	25/06/2025	$128,205	$59,177	$69,027
KPMG	Review, Funding model review agreement	7/02/2024	30/04/2024	$180,000	$45,000	$15,000
KPMG	Review, Health service labour cost analysis	26/05/2025	4/07/2025	$348,452	$8,952	$339,500
KPMG	Support, Mental health and wellbeing local improvement projects	12/05/2025	5/08/2025	$301,056	$179,260	$121,796
KPMG	Evaluation, Metropolitan customer relationship management platform	1/03/2025	9/05/2025	$99,331	$99,331	$0
LA TROBE UNIVERSITY	Evaluation, Sporting club program	1/07/2024	30/09/2024	$10,000	$10,000	$0
NATION PARTNERS PTY LTD	Advice, Health service climate risk	26/08/2024	13/05/2025	$81,818	$81,818	$0
NOUS GROUP PTY LTD	Review, Core training and development arrangements	15/07/2024	30/06/2025	$739,000	$739,000	$0
NOUS GROUP PTY LTD	Strategy, Electronic health record strategy	29/04/2025	31/07/2025	$354,545	$105,000	$249,545
SCYNE ADVISORY PTY LTD	Review, Eastern Health EMR expansion and mobility project	10/03/2025	30/06/2026	$87,399	$24,487	$62,912

(a) The total approved project fee represents the lifecycle contract value (initial term and approved options) and includes expenditure incurred in previous years.

(b) Figures of $0 indicate that the contract expired in the 2024–25 financial year, or is no longer managed by the department, noting instances where expenditure occurred in previous financial years. Non-zero figures where the contract end date has passed indicate the contract has not been acquitted and final payment may be due.

Reviews and studies expenditure

During 2024–25, 33 reviews and studies were completed. Details of individual reviews and studies are outlined below.

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Adolescent and Youth Inpatient Care Service Experience Design Project	To inform policy design and service improvement.	To engage adolescents and young people with lived experience of mental health challenges, and their families/carers, mental health services and other key stakeholders, to gain insights into key principles and service model requirements for the delivery of quality, age-appropriate inpatient mental health care for adolescents and young people.	Final report that outlines key themes and insights from adolescents and young people with lived experience, families and carers and sector stakeholders on key principles and service model requirements for the delivery of quality, age-appropriate inpatient mental health care for adolescents and young people.	$363,515	$363,515	N
Allied Health Advanced Practice evaluation	To inform policy design, service improvement and future government investment decisions for the program.	Assess program effectiveness, cost-effectiveness and appropriateness.	Final evaluation report with recommendations to guide future iterations of the grant, if appropriate, and what actions should be taken to optimise the use of funding, and progress the policy position of advanced practice in allied health.	$172,626	$172,626	N
Common education and employment checks cost benefit analysis	To inform continuous improvement and policy decision making.	An independent analysis of the centralised solutions for both common education and employment checks.	Opportunities to streamline both centralised solutions and employment checks, assessed costs and benefits, and engaged stakeholders to understand barriers and opportunities to scope options for a centralised solution.	$348,000	$348,000	N
Earn and Learn and Alcohol and Other Drugs (AOD) Traineeship joint evaluation	To inform policy design and service improvement.	The evaluation was required to examine program implementation, determine effectiveness in achieving the intended outcomes and stated objectives.	Findings to inform revised program parameters and potential future business cases.	$177,981	$177,981	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Evaluation of Drummond Street Services LGBTIQA+ Mentoring Program, Switchboard Victoria's Suicide Prevention program, and Switchboard's Rainbow Door program	To inform policy design, service improvement and future government investment decisions.	Independent review of two suicide prevention programs, including a desktop review of evidence and past evaluations, and consultations with program and departmental staff.	Findings to support program improvements and inform State Budget decisions for continued funding.	$34,986	$34,986	N
Evaluation of Healthy Equal Youth (HEY) program	To inform policy design and future government investment decisions.	Evaluation to examine the program's continued need, effectiveness, funding, efficiency, risks, outcomes, and alignment with government priorities.	The evaluation assessed the justification, efficiency and effectiveness in delivering the grants program, as well as future opportunities for improving the grants program, including enhanced governance and reporting against agreed targets and key performance indicators (KPIs). Evidence utilised to support a future government investment decision.	$119,974	$119,974	N
Evaluation of the Mental Health and Alcohol and Other Drug (MHAOD) Student Placement Support Program	To inform policy design and service improvement.	Inform government decisions in relation to implementation and delivery, inform potential future refinements of the program, and support the determination for future strategy and priorities.	Evaluation report including recommendations.	$102,438	$154,876	N
Evaluation of the Metropolitan Customer Relationship Management program	To inform future government investment decisions for the program.	Evaluation to examine the effectiveness, efficiency, cost effectiveness and sustainability (statewide model) of the program.	Recommendations to guide future sustainability and scalability of the program with a clear assessment of current program impact for health services and stakeholders.	$99,331	$99,331	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Independent evaluation of the Child and Youth Hospital Outreach Post-Suicidal Engagement (HOPE) program	To guide policy and service system reforms and investment. Acquit recommendations of the Royal Commission into Victoria's Mental Health System.	Evaluation of program implementation, outcomes, access, service design, effectiveness and alignment with Royal Commission recommendations.	Analysis and findings to support program improvement and to inform any decision to expand the program to further locations.	$146,189	$592,694	N
Japanese Encephalitis Virus (JEV) Surveillance – Wild Bird Testing	To inform policy design and future government investment decisions.	To understand JEV prevalence in wild bird populations	Greater understanding of JEV host bird populations	$49,557	$49,557	N
Long-term health study (State Budget 2015–16 output initiative – Hazelwood Mine Fire Inquiry / DHHS Health Protection output)	Recommendation from the Hazelwood Mine Fire Inquiry.	To investigate any potential long-term health effects of exposure to smoke from the 2014 Hazelwood coal mine fire. Specified research questions related to cardiovascular or respiratory conditions, psychological distress, birthweight of babies and the incidence of malignant disease.	To undertake a long-term study into the potential long-term health effects of the Hazelwood coal mine fire.	$872,585	$24,976,043.52	Yes. Hazlewood Health Study <https://hazelwoodhealthstudy.org.au/>
Love the Game Sporting Club Program evaluation 2020–2022	To inform policy design and future government investment decisions.	Survey across all professional and community partnerships addressing attitudes on sports gambling and the impact of the Love the Game program	The evaluation provided recommendations for the future of the program	$44,000	$44,000	Yes. Publicly available Summary Report Love the Game Not the Odds <https://lovethegame.vic.gov.au/join-love-game/>

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Project assurance reviews over the full lifecycle of the Hume Rural Health Alliance Patient Administration System project	To proactively identify project risks and support project delivery performance. Meets requirements of Department of Government Services ICT Project Quality Assurance Framework and supports Victorian Auditor-General's Office recommendations.	Project assurance reviews at specified milestones over the full lifecycle of the Hume Rural Health Alliance Patient Administration System project to proactively identify risks and recommend actions to support improved project delivery performance	Improved project delivery outcomes, supporting realisation of agreed benefits.	$107,108	$497,322	N
Review of core recurrent training and development (T&D) funding arrangements	To inform policy design, service improvement and future government investment decisions.	The scope of the review encompassed the complete T&D program, including the recently merged mental health workforce unit. The review will propose options to improve funding efficiencies with the inclusion of the mental health workforce programs into the broader T&D model for long-term sustainability.	Outcomes include finding on alignment between T&D funding allocations and departmental and sector priorities for internal consideration, evaluations of some existing programs and re-write of T&D guidelines with inclusion of mental health workforce programs.	$739,000	$739,000	N
Single Credentialling Platform cost benefit analysis	To inform continuous improvement and policy decision making.	An independent analysis of the credentialing process and opportunities to streamline into a centralised system for nurses, doctors, allied health professionals and other relevant healthcare workers.	Opportunities to streamline health workforce credentialling and job vacancy process, explored technology solutions, assessed costs and benefits, and engaged stakeholders to support the development of a centralised Health Workforce Portal and statewide credentialing system.	$99,000	$99,000	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Strong Brother Strong Sister – lapsing program evaluation	To inform policy design and future government investment decisions.	Evaluation examined the effectiveness and efficacy of the Strong Brother Strong Sister youth suicide prevention program in the Greater Geelong area.	The evaluation provided recommendations to the department on the effectiveness and efficiency of the Strong Brother, Strong Sister program.	$150,000	$132,733	N
Yarning SafeNStrong – lapsing program evaluation	To inform policy design and future government investment decisions.	Evaluation examined the effectiveness and efficacy of the Yarning SafeNStrong social and emotional wellbeing counselling helpline.	The evaluation provided recommendations to the department on the effectiveness and efficiency of the Yarning SafeNStrong program.	$100,000	$93,547	N
Evaluation of Results-Oriented Projects as part of the Mental Health Improvement Program (MHIP)	Acquit against the Royal Commission recs. on the progress of the implementation of MHIP to Safer Care Victoria (SCV) and the start of the MHIP Royal Commission recs. Ability to demonstrate outcomes of the evaluation through SCV annual report.	MHIP evaluation: evaluate the implementation of MHIP to SCV in line with RCVMHS recommendation and the progress of implementation for the four MHIP reform initiatives (RCVMHS recs)	Evaluation findings which can be used for public reporting. E.g. SCV annual report. Also supports the direction of the reform initiatives	$52,152	$1,247,524	N
Clinicians Health Channel (CHC) User Needs Analysis	The analysis supports the current CHC tender by identifying gaps and duplication, aligning the platform with evolving user needs, and improving usability.	The analysis aimed to identify opportunities to improve the CHC by better aligning its purpose and content with user needs, addressing gaps and overlaps in resources, and enhancing design and functionality to support clinicians' workflows.	The report highlights four improvement areas for the CHC platform: clarify its purpose and scope to guide procurement; use a prioritisation framework to curate relevant content; improve usability for easier navigation and access; and boost awareness, especially where white labelling hides its state-level role.	$150,000	$165,000	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
SafeScript Review	Mid-implementation review of SafeScript proposed in 2018 at program inception.	Assess program effectiveness, identify unintended costs, issues and/or any other consequences that need to be managed, including impacts on health professionals.	Evidence to support service improvements for the program including practical recommendations to the department.	$138,876	$218,234	N
Targeted Review of Barwon Health Community EMR Project; focused on effectiveness of project governance, controls and reporting.	To proactively identify project risks and support project delivery performance. Meets requirements of DGS ICT Project Quality Assurance Framework and supports VAGO recommendation.	Targeted review of Barwon Health Community EMR project's governance, controls and reporting to ensure fit for purpose, identify risk areas and recommend actions to support improved project delivery performance	Improved project delivery outcomes, supporting realisation of agreed benefits.	$78,566	$86,423	N
Partnering in healthcare Framework Refresh	Inform the update of the Partnering in healthcare framework (published in 2019).	Gather insights from both consumers and health service professionals regarding the frameworks use and utilise these perspectives to inform the design of a renewed framework aligned with current needs and system expectations	Final report synthesised the findings of the consultation stages. Outcome supported the integrity of the framework and its value to consumers and health services. A focus on guidance for implementation was suggested. Key findings have been incorporated into the draft refreshed framework.	$99,439	$99,439	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Patient survey to collect data for the Evaluation of the Community Pharmacist Statewide Pilot	Government commitment	Evaluation focused on the ability of the Pilot to meet its intended aims.	To collect relevant data from patients accessing pilot services to inform the evaluation.	$136,364	$99,009	Yes. Victorian Community Pharmacist Statewide Pilot: Summary report	health.vic.gov.au <https://www.health.vic.gov.au/publications/victorian-community-pharmacist-statewide-pilot-summary-report>
LGBTI+ Capability Uplift (Rainbow Health)	Lapsing funding evaluation	Lapsing funding evaluation to consider the efficiency, effectiveness and timeliness of the project, as well as potential benefits and risks if funding was continued.	The How2 program has been redeveloped specifically for the mental health sector, building on its proven effectiveness in driving reform within the Victorian family violence sector. Delivered efficiently and within budget by Rainbow Health, the program supports departmental goals and aligns with Victoria's LGBTIQA+ strategy, with further funding enabling broader implementation and capability development.	N/A (internal evaluation)	N/A	N
Planned Surgery Recovery and Reform	To inform future government investment, policy design and service improvement.	Examine the effectiveness of the program and the effectiveness and efficiency of four key reform activities to support system-wide approaches to address barriers to efficient and effective delivery.	Evaluation report including recommendations.	N/A (internal evaluation)	N/A	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Adult Local Mental Health and Wellbeing (MHW) services Evaluation	To guide policy and service system reforms and investment. Align with recommendations of the Royal Commission into Victoria's Mental Health System.	Evaluation to inform government of program appropriateness, fidelity, barriers, enablers, outcomes and efficiency of the usage of funds.	Assess whether program provided early intervention, fostered collaboration among mental health providers, and achieved other program outcomes.	N/A (internal evaluation)	N/A	N
Local Public Health Unit (LPHU) Lapsing Program Evaluation	To assess the performance of the nine LPHUs against the DTF lapsing program evaluation questions over the period 1 July 2023 to 30 June 2024.	To assess the performance of the nine LPHUs, informed by both qualitative and quantitative data.	The report identified opportunities to improve the efficiency, effectiveness and delivery of the LPHUs.	N/A (internal evaluation)	N/A	N
Review of the Operation of Victoria's Voluntary Assisted Dying Act 2017	Review of the first four years of operation of the Voluntary Assisted Dying Act 2017.	Review of the first four years of operation of the Voluntary Assisted Dying Act 2017 (June 2019 to June 2023). Scope included systems, processes and practices that facilitate the operation of the Act; equity of access; effectiveness of safeguards and protections; agency roles and other services and support programs.	Recommendations to improve operation of the Act, including addressing gaps in community awareness, raising literacy about voluntary assisted dying for people and their families, supporting the workforce, and continuing to build strong leadership and accountability.	N/A (internal evaluation)	N/A	Yes Voluntary assisted dying five-year review <https://www.health.vic.gov.au/voluntary-assisted-dying/five-year-review>
Infant and Child Locals	Program evaluation to determine appropriateness, efficiency and effectiveness and to drive improvements in program delivery.	Phase 1 (2023) was a formative evaluation to consider the appropriateness of the service design, and early implementation challenges. Phase 2 (2024) was a summative evaluation, to understand the extent to which the services are meeting the needs of the target communities.	The report provided recommendations on improving collaboration, strengthening practice, clarification of roles, and shared data management systems.	N/A (internal evaluation)	N/A	N

Name of the review	Reasons for review/study	Terms of reference/scope	Anticipated outcomes	Estimated cost for the year (excl. GST)	Final cost if completed (excl. GST)	Publicly available (Y/N) and URL
Rapid evaluation of the introduction of Mental Health Improvement Program to Safer Care Victoria and the current stages of the MHIP initiatives by University of Melbourne	To demonstrate the efficacy of work to date to acquit against Royal Commission 52.2 and the Royal Commission allocated Mental Health reform initiatives: • Reducing compulsory treatment, Towards elimination of restrictive practice, Implementing the zero suicide frameworks, Improving sexual safety in adult inpatient units, establishment of the MHIP Learning Health Network.	Utilise the MHIP evaluation framework to conduct a rapid evaluation, establishing how the progress on the establishment of MHIP to SCV and the RC MHIP initiatives in their various levels of implementation	Progress of implementation of the MHIP to SCV and various levels of implementation of reform initiatives allocated to the MHIP, in line with Royal Commission recommendation.	$120,172	$120,172	N
Evaluation of the Victorian Virtual Emergency Department (VVED)	To determine the benefits being delivered by the VVED and inform future investment decisions for the program.	Deliver an assessment of the clinical, system and cost-benefit of the VVED. Provide an evaluation framework for use across all domestic virtual models of care.	The project assessed the growth of the VVED and the system benefit with regards to diversion of patients away from physical emergency departments. A series of statistical models were created that were able to demonstrate the impact it has had on the state's emergency department demand, and a health economic analysis was done to quantify the avoided costs to the state through the implementation of the VVED.	N/A (Evaluation provided through the Digital Health Cooperative Research Centre)	N/A	N

Emergency procurement

In 2024–2025, the department activated emergency procurement twice in accordance with the requirements of government policy and accompanying guidelines. One new contract valued at or more than $100,000 (GST inclusive) was awarded in connection with the emergency. A total of $147,216 (GST inclusive) was expended on goods and services in response to the emergencies. Details of the department's emergency procurements are disclosed below.

Nature of emergency	Date of activation	Summary of goods and services procured under new contracts	Total spend on goods and services in response to the emergency [(a)]	Number of new contracts awarded valued at $100,000 (inc. GST) or more
HIV PrEP	25 September 2024	HIV pre-exposure prophylaxis (PrEP) medication	$147,216	1
Early childhood centres	25 June 2025	Public health response including establishment of a phone line to support general intake, triage and medical information[b]	$0	0

(a) This is the total of all expenditure, including contracts under and over $100,000 (GST inclusive).

(b) The emergency procurement plan was activated at the end of 2024–25 financial year. As the associated expenditure falls outside the current reporting period, it will be reported in 2025–26 disclosures.

Disclosure of major contracts

In accordance with the requirements of government policy and accompanying guidelines, the department disclosed all contracts greater than $10 million in value entered into during the year ended 30 June 2025. Details of contracts that have been disclosed in the Victorian Government contracts publishing system can be viewed at the Buying for Victoria Tenders Portal <https://www.tenders.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.

Disclosure of procurement complaints

Under the Governance: Goods and Services Policy of the Victorian Government Purchasing Board, the department must disclose any formal complaints relating to the procurement of goods and services received through its procurement complaints management system.

The department received no formal complaints through its procurement complaints management system in 2024–2025.

Information and communication technology expenditure

For the 2024–25 reporting period, the department incurred total information and communication technology (ICT) expenditure of $421,184,968. The details are shown below.

($'000)

All operational ICT expenditure	**ICT expenditure [i] related to projects to create or enhance ICT capabilities**		
Business as usual (BAU) ICT expenditure [ii]	**Non-BAU ICT expenditure [iii]**	**Operational expenditure**	**Capital expenditure**
(Total)	(Total = operational expenditure and capital expenditure)		
$280,628	$140,557	$67,929	$72,628

(i) ICT expenditure refers to the department's costs in providing business-enabling ICT services within the current reporting period. It comprises BAU ICT expenditure and non-BAU ICT expenditure.

(ii) BAU ICT expenditure is all remaining ICT expenditure, which primarily relates to ongoing activities to operate and maintain the current ICT capability.

(iii) Non-BAU ICT expenditure relates to extending or enhancing the department's current ICT capabilities. It also includes ICT expenditure associated with department-funded health sector projects.

Notes:

For reporting purposes, all ICT expenditure relating to shared services for the Department of Health and the Department of Families, Fairness and Housing is disclosed in the *Department of Health annual report 2024–25*.

There was an error published in *the Department of Health annual report 2023–24* that understated the ICT expenditure reported as $409.5 million for the department by $24.1 million. The correct ICT expenditure amount for 2023–24 is $433.6 million.

Government advertising expenditure

For the 2024–25 reporting period, the department conducted one government advertising campaign with total media spend of $100,000 or greater (exclusive of GST). The details of this campaign are outlined below.

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)	Post-campaign evaluation expenditure (excl. GST)	Print and collateral expenditure (excl. GST)	Other campaign expenditure (excl. GST)	Total
Right Care, Right Time Campaign	Raise awareness of the Urgent Care Services available to Victorians for urgent but non-life-threatening healthcare, including Nurse-on-Call, Virtual Emergency Care and Urgent Care Clinics.	19 January – 30 June 2025	$1,200,000	$217,847.00	$0.00	$121,082.60	$0.00	$7,710.00	$1,546,639.60
Winter Flu Vaccine Campaign	Encourage Victorians to get immunised against the flu to help reduce its spread and decrease hospitalisations, with a focus on educating about the potential seriousness of the flu.	14 April – 30 June 2025	$179,954.18	$139,990.00	$0.00	$27,553.00	$0.00	$11,615.00	$359,112.18
Mental Health and Wellbeing Locals Campaign	Drive localised awareness and uptake of Mental Health and Wellbeing Locals.	26 February – 30 June 2025	$690,043.66	$18,153.11	$7,500.00	$45,450.50	$0.00	$24,300.00	$785,447.27

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)	Post-campaign evaluation expenditure (excl. GST)	Print and collateral expenditure (excl. GST)	Other campaign expenditure (excl. GST)	Total
Public Fertility Care Campaign	Increase awareness of Victoria's Public Fertility Care service and encouraging eligible Victorians to donate eggs or sperm.	1 March to 30 June 2025	$377,745.73	$44,775.00	$0.00	$45,454.50	$0.00	$13,220.00	$481,195.23
Gambling Response: Easier access to support	Encourage Victorians experiencing gambling harm to access support products and Gambler's Help services.	19 May to 25 June 2025	$614,040.00	$26,779.00	$0.00	$50,000	$0.00	$0.00	$690,819.00

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 DataVic <http://www.data.vic.gov.au>.

Summarised data published by the department is available on numerous pages on our website. A significant amount of information is accessible via:

- the Victorian Agency for Health Information <https://vahi.vic.gov.au>
- Centre for Victorian Data Linkage <https://vahi.vic.gov.au/ourwork/data-linkage/apply>
- Victorian public health and wellbeing outcomes dashboard | health.vic.gov.au <https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-outcomes-dashboard>
- Victorian reportable respiratory diseases including COVID-19, influenza and respiratory syncytial virus (RSV) <https://www.coronavirus.vic.gov.au/victorian-coronavirus-covid-19-data>
- Department of Health – Publications <https://www.health.vic.gov.au/about/our-publications>

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 statistics.

As well as summarised data, we maintain several de-identified datasets that researchers can access. These detailed datasets contain a wealth of information to support better understanding of Victoria's health services. Extracts can be requested through procedures that ensure the data is shared to the maximum extent while protecting the privacy of individuals.

The de-identified datasets include the:

- Victorian Admitted Episodes Dataset, which contains information about all patients admitted to Victorian hospitals
- Victorian Emergency Minimum Dataset, which contains information about emergency presentations at Victorian public hospitals
- Elective Surgery Information System, which contains information about planned surgery
- Victorian Perinatal Data Collection, which contains information about mothers and babies born in Victoria
- Victorian Alcohol and Drug Data Collection, which contains information about the clients and activities of government-funded alcohol and drug treatment services
- Victorian Mental Health Data Collection, which contains information about inpatient, residential, and ambulatory community care provided by gazetted mental health facilities, and associated legal, diagnostic and outcome measurement information
- Victorian Integrated Non-Admitted Health Dataset, which contains information about a range of non-admitted services provided by health services, including specialist clinics (outpatients), health independence programs, community palliative care, and others
- Community Health Minimum Dataset, which contains information about clients receiving government-funded community health services
- Notifiable Infectious Diseases Dataset, which contains information on conditions that must be reported to the department under the *Public Health and Wellbeing Act 2008*.

Researchers can request access to data via:

- the Centre for Victorian Data Linkage (linked data only) <https://vahi.vic.gov.au/ourwork/data-linkage>

Victorian health data is also made available by other agencies, such as:

- Cancer Council Victoria <https://www.cancervic.org.au>
- Australian Institute of Health and Welfare <https://www.aihw.gov.au/reports-data>
- Hospitals – AIHW <https://www.aihw.gov.au/hospitals>
- Productivity Commission Report on Government Services (ROGS) <https://www.pc.gov.au/ongoing/report-on-government-services/2025/data-downloads>
- Independent Health and Aged Care Pricing Authority (IHACPA) National Benchmarking Portal <https://www.aihw.gov.au/reports-data>
- National Health Funding Body <https://www.publichospitalfunding.gov.au/public-hospital-funding-reports>
- Victorian Injury Surveillance Unit <https://www.monash.edu/muarc/research/visu
- Public Health Information Development Unit (PHIDU) <https://phidu.torrens.edu.au/>
- Turning Point AODStats <https://aodstats.org.au/>

Freedom of information

The *Freedom of Information Act 1982* (FOI Act) 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 FOI Act.

An applicant has a right to apply for access to documents held by a department. This comprises documents both created by the department or supplied to the department by an external organisation or individual, and may also include maps, films, microfiche, photographs, computer printouts, computer discs, tape recordings and videotapes. Information about the type of material produced by the department is available on our website on the Freedom of Information Part II – Information Statements page <https://www.health.vic.gov.au/freedom-of-information-part-ii-information-statements>.

The FOI Act allows us 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 FOI 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 we make, 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 our FOI Unit, pursuant to section 17 of the FOI Act.

In summary, the requirements for making a request are that it:

- must be in writing
- should provide such information concerning the document as is reasonably necessary to enable identification of the document
- should be accompanied by the application fee of $33.60 (the fee may be waived in certain circumstances).

Access charges may also be payable if the document pool is large and the search for material time consuming.

If at any time an applicant is unsure of the process or how they should request information, we will always respond to questions or queries via the contact details below.

Requests for documents in the possession of the department should be addressed to:

Freedom of Information Unit
Department of Health
GPO Box 4057
Melbourne VIC 3001

Requests and payment of the application fee can also be lodged online at the Victorian Freedom of Information Request Portal <https://online.foi.vic.gov.au/s/login/ >

Enquiries can be made by emailing the Freedom of Information Unit <foi@health.vic.gov.au>, or telephone 1300 020 360.

FOI statistics/timeliness

During 2024–25, we received 631 FOI applications. Of these requests, 43 were from members of parliament, 25 from the media, and the remainder from the general public. Common topics related to health services, public health, COVID-19, consultancies and finance reports, and ministerial briefs.

We commonly receive requests for general medical files. These requests are routinely transferred to the relevant health service authority as each hospital is responsible to a health service under the FOI Act.

We made 575 FOI decisions, 431 of which were finalised within the statutory timeframe. This equates to 75 per cent of our decisions being released to applicants within the statutory timeframe, compared to 90 per cent last year. This is mostly the result of high volumes of requests and a small FOI team.

Of the decisions we finalised, 71 decisions were released in full, 119 were released in part, and six were denied in full. When we applied exemptions to protect information, it mostly relied on the personal privacy provision of the FOI Act (section 33). There were nine requests made to the department that we refused based on size and complexity (section 25A(1) of the FOI Act).

Compliance with the *Public Interest Disclosures Act 2012*

The *Public Interest Disclosures Act 2012* (PID Act) encourages and assists people in making disclosures of improper conduct by public officers and public bodies. The PID Act provides protection to people who make disclosures in accordance with the PID Act and establishes a system for the matters disclosed to be investigated and for rectifying action to be taken.

We do not tolerate improper conduct by employees, nor reprisals against those who come forward to disclose such conduct. We are committed to ensuring transparency and accountability in our administrative and management practices and support 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.

We will take all reasonable steps to protect people who make such disclosures from any detrimental action taken in reprisal for making the disclosure. We will also afford natural justice to the person who is the subject of the disclosure to the extent it is legally possible.

Reporting procedures

Disclosures of improper conduct or detrimental action by the department or any of its employees may be made to any of the following department personnel:

- the Secretary
- public interest disclosure coordinators <publicinterestdisclosure@health.vic.gov.au>
- the manager or supervisor of the discloser
- the manager or supervisor of the person who is the subject of the disclosure.

Alternatively, disclosures may also be made directly to the Independent Broad-based Anti-corruption Commission:

Level 1, North Tower,
459 Collins Street
Melbourne VIC 3000

Phone: 1300 735 135
Internet: Independent Broad-based Anti-corruption Commission <https://www.ibac.vic.gov.au>
Email IBAC <info@ibac.vic.gov.au>.

Further information

The public interest disclosures procedures, which outline the system for reporting disclosures of improper conduct or detrimental action by the department or any of its employees and/or officers, are available:

- on the department's public interest disclosures web page <https://www.health.vic.gov.au/public-interest-disclosure>
- by emailing the public interest disclosure coordinators <publicinterestdisclosure@health.vic.gov.au>
- by phoning a department public interest disclosure coordinator on the department's integrity hotline: 1300 024 324.

Disclosures under the *Public Interest Disclosures Act 2012*	**2023–24**	**2024–25**
The number of disclosures made by an individual to the Department of Health and notified to the Independent Broad-based Anti-corruption Commission	8	10

Compliance with the *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 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* and the relevant regulations.

The department undertook major capital projects in 2024–25 in collaboration with the Victorian Health Building Authority (VHBA). VHBA undertakes project delivery on behalf of the department. VHBA engages qualified contractors and consultants through approved state panels in line with the Victorian Infrastructure Delivery Agency procurement processes.

VHBA ensures work has been undertaken in line with the National Construction Code and relevant Victorian regulations and it provides relevant artefacts, including the certificate of practical completion and the certificate of occupancy as evidence of acceptable work standards.

The work to rectify non-compliant cladding at Hamilton Base Hospital continues in collaboration with Cladding Safety Victoria and Western District Health Service. This project is on track to be completed in 2025–26.

Compliance with the *Carers Recognition Act 2012*

We take all practical measures to comply with our obligations under the *Carers Recognition Act 2012* (CR Act). These include:

- promoting the principles of the CR Act to people in care relationships who receive departmental services and to the wider community
- ensuring staff have an awareness and understanding of the care relationship principles set out in the CR Act
- considering the care relationship principles set out in the CR Act when setting policies and providing services
- implementing priority actions in *Recognising and supporting Victoria's carers: Victorian carer strategy 2018–22*. The strategy, which is coordinated by the Victorian Department of Families, Fairness and Housing (DFFH), has been refreshed in consultation with the sector and takes account of contemporary data. The refreshed strategy is expected to be released towards the end of 2025.

DFFH holds portfolio responsibility for the CR Act and further information on the above may be found in that department's annual report.

Compliance with the *Disability Act 2006*

The *Disability Act 2006* (Disability Act) reaffirms and strengthens the rights of people with a disability and recognises that ensuring these rights requires support across the government sector and within the community.

The department continues to participate in the current review into the Disability Act being led by the Department of Families, Fairness and Housing. The review will ensure all parts of government are held accountable for delivering on commitments and actions which address access and inclusion for both service users and employees.

The department remains committed to the purposes of the Disability Act, including:

- reducing barriers to access goods, services and facilities
- reducing barriers to a person with a disability obtaining and maintaining employment
- promoting inclusion and participation in the community
- achieving tangible changes in attitudes and practices that discriminate against people with a disability.

The department is implementing *Getting to work: Victorian public sector disability employment action plan 2018–2025* through the *Disability employment implementation plan.* Further information on how the action plan is being implemented can be found in the Workforce inclusion section of this report.

The department also supports *Inclusive Victoria: state disability plan (2022–2026)*, which was published in March 2022 and commits all departments to embedding six system reforms in their policies, programs and services. These are:

- co-design with people with disability
- Aboriginal self-determination
- intersectional approaches
- accessible communications and universal design
- disability-confident and inclusive workforces
- effective data and outcomes reporting.

Cemeteries and Crematoria Act 2003

The *Cemeteries and Crematoria Act 2003* (Cemeteries and Crematoria Act) requires Class A cemetery trusts to pay a levy. The levy is set at three per cent of the gross earnings of each Class A cemetery trust from the previous financial year. It may be adjusted to a rate determined by the Minister for Health up to a maximum of five per cent.

The levy is intended to assist in defraying the cost of administering the Cemeteries and Crematoria Act to make improvements to cemetery trust governance and administration, and to provide services to the community. 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	2024–25
Metropolitan trusts	$6,029,000
Regional trusts	$499,965
Total amount collected	**$6,528,965**

Departmental expenditure (category)	2024–25
Governance support	$978,616
Sector grants	$1,463,863
Sector policy, development and coordination – including the cemeteries regulations 2025	$1,018,558
Insurance premiums	$2,733,369
Total expenditure	**$6,194,406**

Drugs, Poisons and Controlled Substances Act 1981

Section 60S of the *Drugs, Poisons and Controlled Substances Act 1981* (DPCS Act) states that the Chief Commissioner of Police is to provide the following report on actions under the DPSC Act to the Minister for Health, for inclusion in the annual report.

(a) the number of searches without warrant under section 60E conducted during the financial year	
Persons under 18 years searched	3

(b) the number of searches without warrant under section 60F conducted during the financial year	
Persons searched irrespective of age	1

(c) information about the number and type of volatile substances and items used to inhale a volatile substance seized as a result of conducting those searches	
Aerosol duster can	1
Deodorant can	6

(d) information about the number and type of volatile substances and items used to inhale a volatile substance received by police officers when produced in accordance with a request under section 60H(1)(b)	
Nil	0

(e) information about the number and type of volatile substances and items used to inhale a volatile substance returned to persons under section 60N	
Nil	0

(f) information about the number and type of volatile substances and items used to inhale a volatile substance disposed of or made safe under section 60O	
Nitrous oxide soda bulbs (Nangs)	0
Aerosol spray cans	0

(g) information about the number and type of volatile substances and items used to inhale a volatile substance forfeited to the Crown under section 60P	
Nil	0

(h) the number of persons apprehended and detained without warrant under section 60L during the financial year	
Persons (under 18 years) apprehended and detained	0
Persons (irrespective of age) apprehended and detained	0
Male	0
Female	0
Indigenous	0
Non-Indigenous	0

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.

Public Health and Wellbeing Act 2008

The *Public Health and Wellbeing Act 2008* (PHW Act) and the Public Health and Wellbeing Regulations 2009 came into effect on 1 January 2010. The Public Health and Wellbeing Regulations 2019 replaced the Public Health and Wellbeing Regulations 2009 on 14 December 2019.

The PHW Act promotes and protects public health and wellbeing in Victoria.

Under section 21 of the PHW Act, the Chief Health Officer has functions and powers, including:

- 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 the PHW Act or any other Act or under any regulations made under the PHW Act or any other Act.

Under the PHW Act, the Chief Health Officer is also empowered to make certain orders that may impact on individuals 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.

Orders made by the Chief Health Officer from 1 July 2024–30 June 2025

Section	Order type	Number	Reason
117 (i)	Public health order	Nil	–

(i) No other orders were made under other sections of the PHW Act.

Environmental reporting

During 2024–25, we continued our work to improve our environmental performance and that of the broader health system by focusing on climate change adaptation and mitigation initiatives.

Among our highlights for 2024–25, we:

- celebrated the winner and finalists of the 2024 ‘Creating a sustainable and climate resilient health system’ award category in the Victorian Public Healthcare Awards. Northern Health was awarded for its innovative virtual healthcare models, which provide community support while reducing environmental impacts and the organisation’s carbon footprint.

  The two other finalists in this category were:
  - the Peter MacCallum Cancer Centre for introducing reusable gowns and drapes in their operating theatre resulting in reduced carbon emissions and clinical waste disposal costs.
  - a collaboration between Peter MacCallum Cancer Centre, Royal Melbourne Hospital, Royal Women’s Hospital and University of Melbourne, which designed and delivered solutions to reduce unnecessary testing, low-quality care, carbon emissions and waste. This project delivered savings of 2.6 million kg of carbon, $800,000, and 3,000 kg of waste, and kept 250,000 single-use items out of landfill.

- completed energy and water ratings for public hospitals using the National Australian Built Environment Rating System (NABERS). As a result, 133 hospitals were rated for their energy performance and 129 hospitals were rated against their water performance. The 2023–24 portfolio average for energy was 4.0 stars, and for water, the average was 3.8 stars.
- commenced the Sustainable and Quality Use of Diagnostics in Emergency Departments project to reduce unnecessary testing in 16 selected Victorian emergency departments. This project is being delivered by Safer Care Victoria, in partnership with the department's Climate Health Victoria. The project aims to reduce low-value pathology, diagnostic imaging, and interventions to enhance care quality for consumers, lower carbon emissions, and deliver financial savings.
- continued to implement the *Health and Human Services climate change adaptation action plan 2022–2026* in partnership with the Department of Families Fairness and Housing and the Victorian Health Building Authority <https://www.health.vic.gov.au/publications/health-and-human-services-climate-change-adaptation-action-plan-2022-26> This included continued engagement on the following projects with funding from Emergency Management Victoria:
  - climate risk toolkit for Victorian health services to identify and assess climate change risks to their operations and infrastructure.
  - climate risk assessment of Aboriginal community controlled orgnisations (ACCO) in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). This project will build sector-wide knowledge on resilience measures and support future infrastructure investments to improve ACCO capacity and health outcomes for Aboriginal communities.
  - climate change assessment of Victorian cemeteries and climate change driven interactions between the health and cemetery sectors. In partnership with Victoria's five Class A cemetery trusts, 11 cemeteries were assessed to identify potential sector-wide threats and opportunities to strengthen the sector's resilience to climate change.
- continued to implement the $40 million energy upgrades initiative across health services. In 2024–25, through the Victorian Health Building Authority, we:
  - approved $9.4 million in funding to deliver solar, lighting, mechanical and building control works across 27 health services in the Barwon Southwest, Grampians and Loddon Mallee regions. When fully operational, the works are expected to reduce annual electricity use by around 2,249 megawatt-hours.
  - approved $1.8 million in funding to install 1,277 kilowatt-peak of solar at Eastern Health, Grampians Health, Monash Health, Northern Health and Western Health. When fully operational, the works are expected to avoid 1,660 megawatt-hours of grid electricity and reduce carbon emissions by 1,489 tonnes.
  - approved $0.6 million in funding to deliver a building control upgrade at the Thomas Embling Hospital. This work is expected to reduce annual electricity use by around 170 megawatt-hours, natural gas use by 689 gigajoules and carbon emissions by 175 tonnes.
  - approved $0.175 million for the VACCHO to support employing a senior project officer to deliver the ACCO energy efficiency program.
  - approved $0.375 million to install solar arrays, batteries and heating, ventilation and air conditioning upgrades at 13 bush nursing centres.
  - completed energy upgrades at Dental Health Services Victoria, including installation of new air conditioning plant, new building controls, window tinting and installation of over 3,000 energy-efficient LED lights. These projects are expected to reduce annual electricity use by around 584 megawatt-hours, natural gas use by 208 gigajoules and carbon emissions by 678 tonnes.

  - installed approximately 600 kilowatt-peak rooftop solar at 58 ambulance stations, completed 24 domestic heat pump upgrades and replaced 117 air conditioners with more efficient systems at metropolitan and regional ambulance stations.
  - continued to implement the Greener Government Building program by progressing detailed facility studies at Barwon Health and Northeast Health Wangaratta and releasing tenders for energy performance contracts at Western District Health Service, Central Gippsland Health Service and Swan Hill District Health.
  - shut down 18 megawatts of cogeneration systems at the Royal Melbourne Hospital and The Alfred after some 30 years of operation. This is expected to reduce annual gas use at these hospitals by around 315,000 gigajoules and associated carbon emissions by 16,200 tonnes.
- continued to manage the environmental data management system (EDMS) to assist health services, statutory authorities and other health sector entities to meet their environmental reporting requirements. During June 2025 we held four training sessions for EDMS users with approximately 100 health sector staff attending.

Climate-related risk disclosure statement

The department has identified the key climate change risks and challenges facing our health system as those related to public health, infrastructure and sector capability. Specific risks include:

- overall warmer temperatures and the increased severity and frequency of climate-related hazardous events, such as heatwaves, bushfires and floods, which have direct and indirect impacts on health and wellbeing. These and other climate-related events or changes can also lead to such risks as:
  - soil contraction, which can cause shifting foundations
  - smoke damage
  - an increase in other pathogens and microbes.
- the ability of the health system to adequately prepare for and respond to more frequent and severe emergencies. which may require increased staffing, infrastructure investment and ongoing supports to understand and respond to risks and build resilience to minimise climate impacts.

As part of the *Health and Human Services climate change adaptation action plan 2022–26* we are undertaking work to:

- improve understanding of the risks and impact of climate change on public health, and on our assets, operations and services
- respond to risks to minimise future impacts and increase the resilience of the Victorian health system.

Governance

Our executive board has incorporated climate change into the department's strategic risk profile. Climate change is also referenced in some divisional risk profiles.

The department's executive-level Climate Change Action Group continues to champion and elevate climate change priorities across the organisation and monitors progress against relevant actions in the *Health and Human Services climate change adaptation action plan 2022–2026*. The group met three times in 2024–25.

Strategy

The department's *Strategic plan 2023–27* <https://www.health.vic.gov.au/our-strategic-plan-2023-27> addresses climate-related risks and recognises sustainability of the health system and guarding against the impacts of climate change as an important key focus area.

The *Victorian public health and wellbeing plan 2023–27* <https://www.health.vic.gov.au/victorian-public-health-and-wellbeing-plan-2023-27>, which provides a comprehensive approach for delivering improved public health and wellbeing outcomes for all Victorians, includes 'tackling climate change and its impacts on health' as a key priority.

Risk management

Our approach to risk management aligns with the risk standard *AS ISO 31000:2018 Risk management – guidelines*, which requires us to consider our operational context in assessing and managing risks.

We identify, assess and manage climate-related risks at strategic, operational and project levels. We draw on the latest information in identifying, assessing and managing risks, with processes in place for reporting and review.

We support entities in the health sector to conduct climate-related risk assessments to help identify key vulnerabilities. With funding from Emergency Management Victoria, we continued the implementation of three health sector climate risk projects during 2024–25. These included:

- a toolkit to support health services assess their own climate risk
- climate risk assessments of six Aboriginal community controlled organisations
- climate risk assessments of 11 cemeteries.

The outcomes of these and other projects will inform the development of the next adaptation action plan, to be released in 2026.

Environmental data and performance

The following information has been prepared in accordance with Financial Reporting Direction (FRD) 24 *Reporting of office-based environmental data by government entities*. FRD 24 specifies a range of environmental indicators that the department and associated agencies must report against. For the purposes of this report the department and its associated agencies are categorised as follows:

- **health services:** this category includes Victoria's public hospitals and health services. Under FRD 24 metropolitan hospitals are classified as Tier 2; other health services and hospitals (including Ambulance Victoria and regional, sub-regional, local, small rural, multipurpose and statewide health services) are classified as Tier 3a.
- **office-based:** this category includes all department offices and offices occupied by statutory and department agencies. Agencies in this reporting category include:
  - Collaborative Centre for Mental Health and Wellbeing
  - Health Complaints Commissioner
  - Mental Health and Wellbeing Commission
  - Mental Health Tribunal
  - National Health Practitioner Ombudsman
  - Safer Care Victoria
  - Victorian Assisted Reproductive Treatment Authority (until it ceased operations on 31 December 2024).

  The department's office-based activities are classified as Tier 1 under FRD 24. Classifications for agencies vary, with many being Tier 4. Data for Tier 4 has been incorporated into the overall Tier 1 reporting for the department.

- **cemeteries:** this category refers to Class A cemeteries only. Class A cemeteries are categorised as Tier 3a under FRD 24. This report captures the environmental data and performance of Ballarat General Cemeteries Trust, Geelong Cemeteries Trust, Southern Metropolitan Cemeteries Trust, Remembrance Parks Central Victoria and Greater Metropolitan Cemeteries Trust.

Tier 1 entities are required to report against the full range of indicators, while Tiers 2, 3a and 4 have reduced reporting requirements.

FRD 24 reporting capability by the department and its entities continues to improve, however, there may be some data gaps. These gaps are unlikely to be significant within the context of the broader portfolio impacts.

The department's environmental data management system is the preferred method for collecting environmental performance data. Most health services, Class A cemeteries and office-based data is collected through this system, however, there are some indicators where collection methods may differ.

Scope 1, 2 and 3 emissions are specified in the Australia National Greenhouse and Energy Reporting Scheme.

Departmental reporting timelines

This report provides environmental data for the fringe benefits tax year from 1 April 2024 to 31 March 2025.

Environmental reporting results

During the 2024–25 reporting period there was a decrease in total greenhouse gas emissions from health services and office-based activities, with a slight increase in greenhouse gas emissions from cemeteries. This increase can, in part, be attributed to improved data collection and reporting. There was a steady decrease in air travel and air travel-related emissions in 2024–25.

Health services

In 2024–25, Scope 1 and Scope 2 emissions in Victorian health services remained steady relative to past years. For Scope 1 emissions, there has been a slight decrease since 2022, mainly in natural gas consumption. Scope 2 emissions saw a minor decrease in 2024–25. This can be attributed to energy efficiency upgrades and increased renewables in the grid.

Total electricity consumption (EL1) has decreased, with on-site generation of electricity from solar and cogeneration (EL2) remaining steady. A total of 18,209 MWh of electricity was generated from on-site solar at 60 health services. In 2024–25, 274 MWh of solar electricity was exported.

The amount of on-site solar capacity (EL3) increased by approximately two megawatt-peak (MWp) to 21 MWp.

Total electricity offsets (EL4) remained relatively steady in 2024–25.

Total proportion of waste sent to landfill from Victorian health services remained steady in 2024–25 at 64 per cent. The recycling rate has remained relatively consistent at 22 per cent. Overall greenhouse gas emissions from waste decreased by nine per cent in 2024–25.

Office-based

For office-based activities, Scope 1, 2 and 3 emissions decreased during this reporting period. This decrease can partly be attributed to consolidation of office floorspace.

In 2024–25 general waste from offices also decreased. Total units of waste disposed, including general waste and recycling, also decreased. Recycling rates increased in 2024–25, with a significant increase reported in paper (confidential) recycling.

The Cercle program was introduced at 50 Lonsdale St and surrounding buildings in April 2024 to combat one of the lead contaminants in mixed recycling, disposable coffee cups. Since its introduction, the program has diverted over 6,500 cups and 130 kg of weight from landfill at 50 Lonsdale Street. This program is supported by retailers in the immediate area.

The container deposit scheme was introduced in two departmental buildings, 50 Lonsdale Street and 2 Lonsdale Street in December 2023. Containers with a 10-cent refund label are collected with financial rebates from the scheme donated to charitable organisations. Over 5,870 containers were collected across both sites from 1 April 2024 to 31 March 2025. This initiative further enhances recycling in department buildings while giving back to the community.

Cemeteries

In 2024–25, cemetery trusts observed an increase in Scope 1 and Scope 3 emissions, while there was little change in Scope 2 emissions. The increases in Scope 1 and Scope 3 emissions can be attributed to improved data collection practices.

Geelong Cemeteries Trust continued to implement its net zero emissions plan, which to date, has seen the installation of over 100 kW of solar power across two main sites. This energy is being used to power electric groundskeeping equipment such as mowers, buggies, line trimmers and chainsaws, replacing older petrol-powered tools as well as providing electricity to the crematorium and administrative facilities. These initiatives are reducing Geelong Cemeteries Trust's carbon footprint and improving the visitor experience by providing a quieter operation.

Remembrance Parks Central Victoria Trust (RPCV) is working towards greener, more sustainable crematoria. RPCV is in the final stages of planning for the replacement of two aging gas crematoria with state-of-the-art electric units. Changing to electrically powered units will ensure RPCV can deliver safe, dependable, and sustainable services, aligning with best practice emissions management and sustainability targets.

The new Northern Memorial Depot, recently completed by Greater Metropolitan Cemeteries Trust, incorporates sustainability, functionality and beauty, using recycled bricks, laminated beams and steel mesh while retaining canopy trees. The project also delivered 94kW of solar electricity and has been awarded numerous design awards in architecture and sustainability.

The proportion of general waste to landfill from cemeteries increased in 2024–25 by 10 per cent, while the recycling rate decreased.

Net greenhouse gas emissions from cemetery operations increased in 2024–25 by 12 per cent. This can be attributed to an increase in Scope 1 emissions.

Summary of greenhouse gas emissions

The following table is a summary of greenhouse gas emissions across the department's portfolio. Additional data explanations are available in the more detailed tables. Estimates have been used where data was not available at the time of reporting or data quality issues were identified. Estimates are calculated in the department's environmental data management system, using data reported from previous years. The environmental data tables below provide data on the fringe benefits tax year from 1 April to 31 March for all reportable years. Please note, data presented in the tables below may change as validations occur in the system over time. The data is as of August 2025.

Total greenhouse gas emissions associated with:	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Scope 1 (direct)			
Health services	210,201	213,417	218,374
Office-based	368	484	509
Cemeteries	4,069	3,232	2,470
Scope 2 (indirect electricity)			
Health services	411,477	426,983	432,103
Office-based	1,942	2,400	1,714
Cemeteries	2,780	2,815	2,710
Scope 3 (other indirect)			
Health services	142, 563	146,639	141,103
Office-based	666	779	690
Cemeteries	1,598	1,280	893
Gross total (G1+G2+G3)			
Health services	764,241	787,039	791,581
Office-based	2,976	3,663	2,912
Cemeteries	8,447	7,327	6,073
Offsets			
Health services	−18,129	−16,508	−4,829
Office-based	−12	−54	−36
Cemeteries	−3,696	−3,095	−1,305
Net emissions			
Health services	746,112	770,531	786,752
Office-based	2,964	3,609	2,876
Cemeteries	4,751	4,232	4,768

Notes:

- CO2-e = carbon dioxide equivalent
- Scope 1, 2 and 3 emissions are specified in the Australian National Greenhouse and Energy Reporting Scheme <https://cer.gov.au/schemes/national-greenhouse-and-energy-reporting-scheme>.
- Health service offsets (reduction measures) which reduce allocated CO_2 are electricity based and include Large-Scale Generation Certificates, purchased GreenPower and electricity for road vehicles.
- Five Class A cemeteries have been included in data from 2023–24 onwards, two more than previously reported.

Health services

EL1 Total electricity consumption

Electricity source	2024–25 MWh	2023–24 MWh	2022–23 MWh
Purchased	624,530	642,377	619,695
Self-generated	48,944	43,883	40,688
EL1 Total electricity consumption	**673,474**	**686,260**	**660,383**

MWh = megawatt-hours

EL2 On-site electricity generated

Electricity generation	2024–25 MWh	2023–24 MWh	2022–23 MWh
Consumption behind-the-meter			
Solar electricity	18,209	15,155	13,654
Cogeneration electricity	30,735	28,728	27,033
Total consumption behind-the-meter	**48,944**	**43,883**	**40,688**
Electricity exported			
Solar electricity	274	250	252
Cogeneration electricity	3,465	5,142	6,822
Total electricity exported	**3,739**	**5,392**	**7,074**
EL2 Total on-site electricity generated	**52,683**	**49,275**	**47,762**

EL3 On-site installed generation capacity

Generation source	2024–25 MWp	2023–24 MWp	2022–23 MWp
Cogeneration plant	36	42	42
Diesel generator	203	203	203
Photovoltaic solar system	21	19	17
EL3 Total on-site installed generation capacity	**260**	**264**	**261**

MWp = megawatt-peak

EL4 Total electricity offsets

Offset type	2024–25 MWh	2023–24 MWh	2022–23 MWh
Large Scale Generation Certificates voluntarily retired on the entity's behalf	11,025	11,012	N/A
GreenPower	8,740	7,037	5,026
RPP (Renewable power percentage in the grid)	115,563	120,767	116,192
EL4 Total electricity offsets	**135,328**	**138,816**	**121,218**

Notes:

- Cogeneration data provided is for cogeneration plants at Bendigo Hospital, University Hospital Geelong, Royal Melbourne Hospital, and the Alfred.
- Solar data is captured from approximately 67 per cent of the solar arrays installed at public hospitals.

Office-based (department and statutory agencies)

EL1 Total electricity consumption

Electricity source	2024–25 MWh	2023–24 MWh	2022–23 MWh
Purchased	2,942	3,602	2,495
Self-generated	0	0	0
EL1 Total electricity consumption	**2,942**	**3,602**	**2,495**

EL2 On-site electricity generated

Nil

EL3 On-site installed generation capacity

Nil

EL4 Total electricity offsets

Offset type	2024–25 MWh	2023–24 MWh	2022–23 MWh
GreenPower	99	58	38
RPP (Renewable power percentage in the grid)	544	677	469
EL4 Total electricity offsets	**643**	**736**	**507**

Cemeteries

EL1 Total electricity consumption

Electricity source	2024–25 MWh	2023–24 MWh	2022–23 MWh
Purchased	4,215	4,232	3,891
Self-generated	94	135	112
EL1 Total electricity consumption	**4,309**	**4,368**	**4,003**

EL2 On-site electricity generated

Electricity destination	2024–25 MWh	2023–24 MWh	2022–23 MWh
Consumption behind-the-meter			
Solar electricity	94	135	112
Total consumption behind-the-meter	**94**	**135**	**112**
Exports			
Solar electricity	85	118	118
Total electricity exported	**85**	**118**	**118**
EL2 Total on-site electricity generated	**179**	**253**	**231**

EL3 On-site installed generation capacity

Generation source	2024–25 MW	2023–24 MW	2022–23 MW
Photovoltaic solar system	0.17	0.17	0.17
EL3 Total on-site installed generation capacity	**0.17**	**0.17**	**0.17**

EL4 Total electricity offsets

Offset type	2024–25 MWh	2023–24 MWh	2022–23 MWh
GreenPower	4,028	3,382	1,356
RPP (Renewable power percentage in the grid)	780	796	730
EL4 Total electricity offsets	**4,216**	**4,232**	**3,891**

Notes:

- Data for solar electricity export captures Geelong Cemeteries Trust and Ballarat Cemeteries Trust data.
- Data for GreenPower captures Greater Metropolitan Cemeteries Trust, Southern Metropolitan Trust and Geelong Cemeteries Trust.

Health Services

F1 Total fuels used in buildings and machinery segmented by fuel type

Fuel type	2024–25 TJ	2023–24 TJ	2022–23 TJ
Natural gas	3,029	3,124	3,334
LPG	71	76	83
Diesel	9	5	5
Petrol	0.02	0.03	0.00
Green and air-dried wood	1.81	1.04	0.13
F1 Total fuels used in buildings	**3,111**	**3,206**	**3,422**

TJ = terajoules

F2 Greenhouse gas emissions from stationary fuel consumption

Fuel type	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Natural gas	156,108	161,003	171,791
LPG	4,329	4,615	5,011
Diesel	650	317	369
Petrol	2	2	0.18
Green and air-dried wood	2	1	0.16
F2 Greenhouse gas emissions from stationary fuel consumption	**161,091**	**165,938**	**177,172**

Notes:

- Diesel data is from emergency diesel generators at public hospital sites where data is available.
- Green and air-dried wood use is associated with the biomass boiler installed at Beaufort and Skipton Hospitals.

Office-based (department and statutory agencies)

F1 Total fuels used in buildings and machinery

Fuel type	2024–25 MJ	2023–24 MJ	2022–23 MJ
Natural gas	2,121,750	4,996,582	4,079,405
F1 Total fuels used in buildings	**2,121,750**	**4,996,582**	**4,079,405**

MJ = megajoules

F2 Greenhouse gas emissions from stationary fuel consumption

Fuel type	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Natural gas	109	257	210
F2 Greenhouse gas emissions from stationary fuel consumption	**109**	**257**	**210**

Note:

- The reduction in natural gas consumption (Office-based natural gas) may be due to a change in government operation and the consolidation of floor space.

Cemeteries

F1 Total fuels used in buildings and machinery

Fuel type	2024–25 MJ	2023–24 MJ	2022–23 MJ
Natural gas	52,207,601	49,841,532	43,332,543
LPG	5,368,851	3,766,610	3,344,750
Diesel	4,967,820	–	–
Petrol	847,014	–	–
F1 Total fuels used in buildings	**63,391,286**	**53,608,142**	**46,677,293**

Note:

- The increase in F1 LPG usage in 2024–25 is due to an increase in cremations at one of the cemetery trusts.

F2 Greenhouse gas emissions from stationary fuel consumption

Fuel type	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Natural gas	2690	2,568	2,233
LPG	325	228	203
Diesel	349	–	–
Petrol	57	–	–
F2 Greenhouse gas emissions from stationary fuel consumption	**3,421**	**2,797**	**2,436**

Transportation

Health services

T1 Total energy used in transportation within the entity

Fuel type and vehicle category	2024–25 MJ	2023–24 MJ	2022–23 MJ
Hospital emergency transport			
Diesel – road vehicles	156,851,475	212,496,868	167,803,850
Gasoline/petrol – road vehicles	4,672,551*	26,297,098	25,508,765
Aviation fuel	167,109,539	163,467,955	173,124,371
Total hospital emergency transport	**328,633,565**	**402,261,921**	**366,436,986**
Health services vehicle fleet			
Diesel – road vehicles	53,874,213	38,605,366	35,111,989
Gasoline/petrol – road vehicles	95,793,456	94,934,491	75,152,045
E10 ethanol blend – road vehicles	7,291,988	3,327,603	6,371,678
LPG – road vehicles	25,351	33,643	36,355
Electricity (transport energy)	408,149	247,407	–
Total health service vehicle fleet	**157,393,157**	**137,148,512**	**116,672,068**
Total energy used in transportation	**486,026,722**	**539,410,433**	**483,109,053**

Notes:

- Hospital emergency transport includes Ambulance Victoria.
- Improvements in data quality have led to the reduction in 2024–25 in gasoline/petrol – road vehicles for hospital emergency transport consumption/emissions data. This was due to a multi-year revision of data provided by Ambulance Victoria. Reductions were also observed in non-published 2023–24 and 2022–23 data.

T2 Number and proportion of vehicles

N/A

T3 Greenhouse gas emissions from vehicle fleet

Fuel type and vehicle category	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Hospital emergency transport			
Diesel – road vehicles	11,044	14,962	11,815
Gasoline/petrol – road vehicles	316	1,778	1,725
Aviation fuel	11,733	11,477	12,155
Total hospital emergency transport	**23,093**	**28,217**	**25,695**
Health services vehicle fleet			
Diesel – road vehicles	3,793	2,719	2,473
Gasoline/petrol – road vehicles	6,478	6,419	5,082
E10 ethanol blend – road vehicles	444	203	388
LPG – road vehicles	2	2	2
Electricity (transport energy)	75	45	–

Fuel type and vehicle category	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Total health services vehicle fleet	**10,792**	**9,388**	**7,945**
Total greenhouse gas emissions in transportation	**33,885**	**37,605**	**33,640**

Notes:

- Improvements in data quality have led to the reduction in 2024–25 data for hospital emergency transport for gasoline/petrol–road vehicles.
- Vehicle fleet data includes data from approximately two-thirds of public hospitals and health services.

T4 Total distance travelled by commercial air travel

Travel type	2024–25 pkm	2023–24 pkm	2022–23 pkm
Commercial air travel for business purposes by entity staff on commercial or charter aircraft	10,107,421	11,269,466	7,416,938

Notes:

- pkm = passenger kilometres
- Air travel data includes data from Melbourne Health, Mercy Public, Monash Health, Royal Women's Hospital, St Vincent's Hospital Melbourne and Ambulance Victoria.

Office-based (department and statutory agencies)

T1 Total energy used in transportation (vehicle fleet) within the entity

Engine/fuel type and vehicle category	2024–25 MJ	2023–24 MJ	2022–23 MJ
Petrol			
Non-executive fleet – gasoline/petrol	667,557	1,170,071	1,776,331
Executive fleet – gasoline/petrol	1,053,606	N/A	N/A
Non-executive fleet – hybrid gasoline/petrol	755,915	769,072	776,337
Non-executive fleet – State Government Vehicle Pool gasoline/petrol	541,085	770,858	1,246,252
Total petrol	**3,018,163**	**2,710,001**	**3,798,920**
Diesel			
Non-executive fleet – diesel	266,857	619,804	590,974
Executive fleet – diesel	446,023	N/A	N/A
Non-executive fleet – State Government Vehicle Pool diesel	68,392	N/A	N/A
Total diesel	**781,272**	**619,804**	**590,974**
Total energy used in transportation (vehicle fleet)	**3,799,435**	**3,329,805**	**4,389,893**

Note:

- Data for office-based executive fleet and non-executive fleet has been disaggregated for 2024–25. This data was aggregated in previous years.

T2 Number and proportion of vehicles

Engine/fuel type and vehicle category	2024–25 No. (%)	2023–24 No (%)	2022–23 No (%)
Road vehicles	83 (100%)	97 (100%)	103 (100%)
Passenger vehicles	83 (100%)	97 (100%)	103 (100%)
Internal combustion engines	83 (100%)	97 (100%)	103 (100%)
Gasoline/petrol	25 (30%)	30 (31%)	42 (41%)
Diesel/biodiesel	13 (16%)	19 (20%)	16 (15%)
Hybrid	29 (35%)	41 (42%)	43 (42%)
Plug-in hybrid electric vehicle (PHEV)	6 (7%)	3 (3%)	N/A
Range-extended electric vehicle	10 (12%)	4 (4%)	2 (2%)

T3 Greenhouse gas emissions from transportation (vehicle fleet)

Engine/fuel type and vehicle category	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Petrol			
Non-executive fleet – gasoline/petrol	45	79	120
Non-executive fleet – hybrid gasoline/petrol	51	52	52
Non-executive fleet – State Government Vehicle Pool gasoline/petrol	37	52	84
Executive fleet – gasoline/petrol	71	N/A	N/A
Total petrol	**204**	**183**	**257**
Diesel			
Non-executive fleet – diesel	19	44	42
Non-executive fleet – State Government Vehicle Pool diesel	5	N/A	N/A
Executive fleet – diesel	31	N/A	N/A
Total diesel	**55**	**44**	**42**
Total greenhouse gas emissions from transportation (vehicle fleet)	**259**	**227**	**298**

T4 Total distance travelled by commercial air travel

Travel type	2024–25 pkm	2023–24 pkm	2022–23 pkm
Commercial air travel for business purposes by entity staff on commercial or charter aircraft	691,627	917,334	880,025

Cemeteries

T1 Total energy used in transportation (vehicle fleet) within the entity

Engine/fuel type and vehicle category	2024–25 MJ	2023–24 MJ	2022–23 MJ
Petrol			
Executive fleet – gasoline	376,026	314,213	–
Non-executive fleet – gasoline	973,684	N/A	N/A
Non-road gasoline in vehicles	126,530	151,171	27,357
Total petrol	**1, 476, 240**	**465,384**	**27,357**
Petrol (E10)			
Executive fleet – E10	–	–	–
Total petrol (E10)	–	–	–
Diesel			
Non-executive fleet – diesel	4,274,981	1,662,896	235,468
Executive fleet – diesel	2,910,151	2,485,161	–
Non-road diesel oil in vehicles	595,227	1,593,408	223,876
Total diesel	**7,780,359**	**5,741,464**	**459,344**
Total energy used in transportation (vehicle fleet)	**9,256,599**	**6,206,848**	**486,701**

Notes:

- T1 2023–24 does not include Greater Metropolitan Cemeteries Trust.
- Total petrol consumption has increased due to the introduction of the new data category: non-executive fleet gasoline.

T3 Greenhouse gas emissions from vehicle fleet

Engine/fuel type and vehicle category	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Petrol			
Executive fleet – gasoline	25	21	N/A
Non-executive fleet – gasoline	66	–	–
Non-road gasoline in vehicles	9	10.22	1.85
Total petrol	**100**	**31.47**	**1.85**
Petrol (E10)			
Executive fleet – E10	N/A	N/A	N/A
Total Petrol (E10)	**N/A**	**N/A**	**N/A**
Diesel			
Executive fleet – diesel	205	175	N/A
Non-executive fleet – Diesel	301	117	17
Non-road diesel oil in vehicles	42	112	16
Total diesel	**548**	**404**	**32**
Total greenhouse gas emissions from vehicle fleet	**648**	**436**	**34**

Notes:

- T3 2023–24 does not include Greater Metropolitan Cemeteries Trust.
- Total petrol consumption has increased due to the introduction of the new data category: non-executive fleet gasoline.

T4 Total distance travelled by commercial air travel

Travel type	2024–25 pkm	2023–24 pkm	2022–23 pkm
Commercial air travel for business purposes by entity staff on commercial or charter aircraft	83,026	137,465	10,024

Total energy use

Health services

E1 Total energy usage from fuels

Fuel type	2024–25 TJ	2023–24 TJ	2022–23 TJ
Total energy usage from stationary fuels (F1)	3,112	3,206	3,422
Total energy usage from transport (T1)	486	539	483
Total energy usage from fuels	**3,598**	**3,746**	**3,905**

E2 Total energy usage from electricity

Energy type	2024–25 TJ	2023–24 TJ	2022–23 TJ
Total energy usage from electricity	2,424	2,471	2,377

E3 Total energy usage by renewable and non-renewable sources

Source	2024–25 TJ	2023–24 TJ	2022–23 TJ
Renewable	555	556	486
Non-renewable	5,467	5,660	5,796

E4 Units of stationary energy used (normalised)

Normalised measure	2024–25	2023–24	2022–23
Energy per unit of bed-day [MJ/OBD]	795	755	809
Energy per unit of floor space [MJ/m^2]	1,530	1,450	1,493

Notes:

- OBD = occupied bed days: are the number of days that a patient is admitted in hospital.
- Floor space (occupied) is used when the department and its agencies share offices with other entities, with data apportioned using estimated occupied floor space.

Office-based (department and statutory agencies)

E1 Total energy usage from fuels

Fuel type	2024–25 MJ	2023–24 MJ	2022–23 MJ
Total energy usage from stationary fuels (F1)	2,121,750	4,996,582	4,079,405
Total energy usage from transport (T1)	3,799,435	3,329,805	4,389,893
Total energy usage from fuels	**5,921,185**	**8,326,387**	**8,469,299**

E2 Total energy usage from electricity

	2024–25 MJ	2023–24 MJ	2022–23 MJ
Total energy usage from electricity	10,590,457	12,967,794	8,980,475

E3 Total energy usage by renewable and non-renewable sources

Source	2024–25 MJ	2023–24 MJ	2022–23 MJ
Renewable	2,005,234	2,648,310	1,824,809
Non-renewable	14,506,408	17,875,012	15,624,966

E4 Units of stationary energy used (normalised)

Normalised measure	2024–25	2023–24	2022–23
Energy per unit of floor space [MJ/m^2]	440	456	174

Cemeteries

E1 Total energy usage from fuels

Fuel type	2024–25 MJ	2023–24 MJ	2022–23 MJ
Total energy usage from stationary fuels (F1)	63,391,286	53,608,142	46,677,293
Total energy usage from transport (T1)	9,256,598	6,206,848	486,701
Total energy usage from fuels	**72, 647,884**	**59,814,990**	**47,163,994**

E2 Total energy usage from electricity

Energy type	2024–25 MJ	2023–24 MJ	2022–23 MJ
Total energy usage from electricity	15,515,756	15,724,112	14,411,743

E3 Total energy usage by renewable and non-renewable sources

Source	2024–25 MJ	2023–24 MJ	2022–23 MJ
Renewable	3,148,648	15,528,652	7,913,653
Non-renewable	85,014,992	60,010,450	53,662,083

E4 Units of stationary energy used (normalised)

Normalised measure	2024–25	2023–24	2022–23
Energy per funeral service [MJ]	3,574	2,800.88	2,209.65
Energy per unit of floor space [MJ/m^2]	1,186	933	822

Notes:

- Normalised measure regarding floor space includes normalisers for Great Metropolitan Cemeteries Trust, Southern Metropolitan Cemeteries Trust, Remembrance Parks Central Victoria, Geelong Cemeteries Trust and Ballarat Cemeteries Trust.
- Funeral services include total burials, cremations and mausoleum interments. Energy per funeral service is the sum of Total E1 and Total E2 divided by total number of funeral services.

Greenhouse gas emissions

Health services

G1 Total Scope 1 (direct) greenhouse gas emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
GHG emissions from stationary fuel (F2)	161,091	165,938	177,172
GHG emissions from vehicle fleet (T3)	33,885	37,560	33,640
F2 and T3 by greenhouse gas			
Carbon dioxide	194,316	202,803	210,110
Methane	324	335	356
Nitrous Oxide	336	360	346
Total F2 and T3	**194,976**	**203,498**	**210,813**
Medical/refrigerant gases			
Desflurane	0.56	0.89	1.11
Isoflurane	0.175	NA	NA
Methoxyflurane whistles	17	18	15
Nitrous oxide	12,580	7,427	5,326
Sevoflurane	8.22	5.16	6.39
Refrigerant gases	2,619	1,351	1,193
Total medical/refrigerant gases	**15,225**	**8,802**	**6,542**
Total Scope 1 (direct) greenhouse gas emissions	**210,201**	**212,300**	**217,354**

Notes:

- Scope 1, 2, 3 emissions are specified in the Australian National Greenhouse and Energy Reporting Scheme <https://cer.gov.au/schemes/national-greenhouse-and-energy-reporting-scheme>.
- To improve data accuracy, 2024–25 nitrous oxide data has been obtained from direct supplier sales reports.
- Figures for medical gases have been adjusted for multiple reporting years to accommodate revised emissions factors. To improve data accuracy, 2022–25 Desflurane, Isoflurane and Sevoflurane aggregated data has been obtained from procurement records from state purchasing agreements.
- Emissions factors used: Desflurane: 2590; Isoflurane: 539; Sevoflurane:195.

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Cogenerated electricity	0	0	0
Electricity	411,457	426,973	432,103
Electricity for road vehicles from public or private chargers	20	10	0
Steam	0	0	0
Total Scope 2 (indirect electricity) greenhouse gas emissions	**411,477**	**426,983**	**432,103**

- Note: Due to changes in the department's cogeneration energy procurement service agreement in October 2021, cogenerated electricity and steam are no longer reported under G2.

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel, waste disposal and other indirect emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Commercial air travel	2,796	2,959	1,942
Waste emissions	42,731	46,812	44,467
Indirect emissions from stationary energy	68,601	67,636	68,475
Indirect emissions from transport energy	20,027	20,823	18,153
Paper emissions	522	471	443
Any other Scope 3 emissions	7,886	7,938	7,622
Total Scope 3 greenhouse gas emissions	**142,563**	**146,639**	**141,103**
Total reported greenhouse gas emissions per bed day (t CO_2-e/bed day)	**0.10**	**0.10**	**0.11**

Notes:

- Any other Scope 3 emissions refer to water emissions.
- Total reported greenhouse gas emissions per bed day is the sum of Total G1, Total G2 and Total G3 divided by the sum of OBD

Office-based (department and statutory agencies)

G1 Total Scope 1 (direct) greenhouse gas emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Scope 1 GHG emissions from stationary fuel (F2)	109	257	210
Scope 1 GHG emissions from vehicle fleet (T3)	259	227	298
F2 and T3 by greenhouse gas			
Carbon dioxide	367	482	507
Methane	0.3	0.56	0.00
Nitrous Oxide	0.7	1	1
Total F2 and T3	**368**	**484**	**509**
Total Scope 1 (direct) greenhouse gas emissions	**368**	**484**	**509**

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Electricity	1,942	2,400	1,714
Total Scope 2 (indirect electricity) greenhouse gas emissions	**1,942**	**2,400**	**1,714**

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel, waste disposal and other indirect emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Commercial air travel	146	169	154
Waste emissions (WR5)	16	47	71
Indirect emissions from stationary energy	266	320	237
Indirect emissions from transport energy	215	227	215
Any other Scope 3 emissions	23	17	13
Total Scope 3 greenhouse gas emissions	**666**	**780**	**690**

Note:

- Any other Scope 3 emissions refer to water emissions.

Cemeteries

G1 Total Scope 1 (direct) greenhouse gas emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Scope 1 GHG emissions from stationary fuel (F2)	3,421	2,797	2,436
Scope 1 GHG emissions from vehicle fleet (T3)	648	436	34
F2 and T3 by greenhouse gas			
Carbon dioxide	4,054	3,221	2,463
Methane	7	6	5
Nitrous oxide	8	5	2
Total F2 and T3	**4,069**	**3,232**	**2,470**
Total Scope 1 (direct) greenhouse gas emissions	**4,069**	**3,232**	**2,470**

G2 Total Scope 2 (indirect electricity) greenhouse gas emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Electricity	2,780	2,815	2,710
Total Scope 2 (indirect electricity) greenhouse gas emissions	**2,780**	**2,815**	**2,710**

G3 Total Scope 3 (other indirect) greenhouse gas emissions associated with commercial air travel, waste disposal and other indirect emissions

Emission source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Commercial air travel	26	43	3
Waste emissions	229	138	30
Indirect emissions from stationary energy	787	627	567
Indirect emissions from transport energy	174	121	6
Any other Scope 3 emissions	382	351	288
Total Scope 3 greenhouse gas emissions	**1,598**	**1,280**	**893**

Notes:

- Commercial air travel for 2023–24 includes Ballarat Cemeteries Trust, Geelong Cemeteries Trust and Greater Metropolitan Cemeteries Trust. Commercial air travel for 2022–23 includes Ballarat Cemeteries Trust.
- Any other Scope 3 emissions refer to water emissions.

Sustainable buildings and infrastructure

Health services

B1 Environmentally sustainable design

The Victorian Health Building Authority administers the *Guidelines for sustainability in health care capital works*. These guidelines:

> set minimum design targets for the department's healthcare capital works
> require a suite of standard practice items
> allocate a dedicated budget to invest in sustainability initiatives and climate adaptation measures.

During 2024–25, the department completed technical sustainability reviews and provided specialist advice to 27 projects to ensure consistent and impactful application of the guidelines. Projects reviewed include the new Melton Hospital, Casey Hospital emergency department expansion, Monash Medical Centre tower expansion, Northern Hospital redevelopment, Warrnambool Base Hospital, and the early parenting centres program. The public sector aged care residential projects at Kingston and Rutherglen were completed and delivered as all-electric facilities.

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

B5 Environmental performance ratings

National Australian Built Environment Rating System (NABERS) public hospitals ratings 2023–24

	NABERS star rating								
	1	2	3	4	5	6	Undisclosed	Exempt	Total
	No.	No.	No.	No.	No.	No.	No.	No.	No.
NABERS public hospitals energy	2	13	33	49	34	2	3	7	143
NABERS public hospitals water	10	13	31	38	29	8	9	5	143

Notes:

- 1 star = making a start, 2 stars = below average, 3 stars = average, 4 stars = good, 5 stars = excellent, 6 stars = market leading.
- Undisclosed indicates hospitals that do not meet the minimum benchmark for their peer group to receive a rating.
- Exempt hospitals include specialist hospitals that are unable to be rated under NABERS, or sites unable to provide the required operational data for the rating period.

Office-based (department and statutory agencies)

B2 New entity leases to preference higher-rated offices

The department continues to consider environmental performance when assessing lease opportunities. Departmental buildings have the following NABERS ratings:

> 35 Collins Place is 3.5 star NABERS energy rating
> 570 Bourke Street is 5.0 star NABERS energy rating.
> 2 Lonsdale Street is 5.0 star NABERS energy rating
> 50 Lonsdale Street is 5.5 star NABERS energy rating

B3 NABERS energy ratings of newly completed/occupied entity-owned office buildings and substantial tenancy fit-outs

Many of the offices leased by the department have been assessed using the NABERS rating systems. This indicator was introduced in 2022–2023.

Sustainable procurement

The Victorian Government's *Social procurement framework* outlines the department's sustainable procurement objective. The framework applies to Victorian Government departments and agencies when they procure goods, services and construction. The department's *Social procurement strategy 2022–23* identifies social and environmental outcomes for both construction and non-construction procurement activities.

See the *Social procurement framework* disclosure elsewhere in Section 4 of this report for more information on this.

The department continues to implement initiatives to comply with the 2022–23 statewide ban on the use of single-use plastics, including drinking straws, cutlery, plates, drink stirrers, cotton bud sticks, and expanded polystyrene food service items and drink containers. The ban covers the supply and distribution of these objects.

Water use

Health services

W1 Total units of metered water consumed

Water source	2024–25 kL	2023–24 kL	2022–23 kL
Potable water	4,802,543	4,730,494	4,403,862
Rainwater, alternate supply and reused water	155,842	136,386	56,966
Total water consumption	**4,958,385**	**4,866,882**	**4,460,828**

kL = kilolitre

W2 Units of metered water consumed (normalised)

Normalised measure	2024–25	2023–24	2022–23
Water per unit OBD [kL/OBD]	0.65	0.65	0.62
Water per unit of floor space [kL/m^2]	1.26	1.24	1.15

Notes:

- Rainwater, alternative supply applicatand reused water includes rainwater, reject dialysis water and Class A recycled water. Data is provided from three health services. Reductions in the volume of non-potable water used are due to a combination of factors, including reduced opportunities to use non-potable water in clinical areas and less source water to capture for reuse. OBD = occupied bed days: the number of days that a patient is admitted in hospital.

Office-based (department and statutory agencies)

W1 Total units of metered water consumed

Water source	2024–25 kL	2023–24 kL	2022–23 kL
Potable water	13,723	9,868	7,588
Total water consumption	**13,723**	**9,868**	**7,588**

W2 Units of metered water consumed (normalised)

Normalised measure	2024–25 kL	2023–24 kL	2022–23 kL
Water per unit of floor space [kL/m^2]	0.37	0.25	0.10

Note:

- Floor space (occupied) is used when the department and its agencies share offices with other entities, with data apportioned using estimated occupied floor space.

Cemeteries

W1 Total units of metered water consumed

Water source	2024–25 kL	2023–24 kL	2022–23 kL
Potable water	224,209	191,169	163,750
Reused water	41,087	41,200	N/A
Total water consumption	**265,296**	**232,369.14**	**163,749.72**

Note:

- Data for reused water 2023–2024 includes Remembrance Parks Central Victoria only.

Waste and recycling

Health services

WR1 Total units of waste disposed

Waste stream and disposal method	2024–25 Tonnes (%)	2023–24 Tonnes (%)	2022–23 Tonnes (%)
Landfill			
General waste	27,402	30,470	27,956
Total landfill	**27,402 (64%)**	**30,470 (65%)**	**27,956 (62%)**
Offsite treatment			
Clinical waste – incinerated	969 (2%)	892 (2%)	803 (2%)
Clinical waste – sharps	470 (1%)	494 (1%)	467 (1%)
Clinical waste – treated	4,338 (10%)	4,442 (10%)	5,239 (11%)
Total offsite treatment	**5,777 (13%)**	**5,828 (13%)**	**6,509 (14%)**
Recycling/recovery (disposal)			
Cardboard	3,514 (8%)	4,049 (9%)	4,035 (9%)
Commingled	2973 (7%)	3,246 (7%)	3,632 (8%)
Paper (confidential and recycling)	1,711 (4%)	1,785 (4%)	1,637 (4%)
Other recycling	1,335 (3%)	1,295 (3%)	984 (2%)
Total recycling/recovery (disposal)	**9,533 (22%)**	**10,374 (22%)**	**10,288 (22%)**
Total units of waste disposed	**42,712**	**46,673**	**44,754**

Note:

- Other recycling includes recycling of batteries, blister packs, e-waste, fluorescent tubes, grease traps, mattresses, metals, mobile phones, organics (food), organics (garden), other recycling, packaging plastics/films, polystyrene foam, PVC, reused beds and furniture, reused medical supplies and equipment, reused textiles, sterilization wraps, toner and print cartridges and wood.

WR2 Percentage of office sites covered by dedicated collection services for each waste stream

N/A

WR3 Total units of waste disposed (normalised)

Normalised measure	2024–25 kg/PPT	2023–24 kg/PPT	2022–23 kg/PPT
Total waste to landfill per patient treated (kg general waste)/PPT	2.29	2.60	2.52
Total waste to offsite treatment per patient treated (kg offsite treatment)/PPT	0.48	0.50	0.59
Total waste recycled and reused per patient treated (kg recycled and reused)/PPT	0.80	0.89	0.93

Kg/PPT = kilograms per patient treated. PPT is an aggregation of occupied bed days, separations and emergency department presentations.

WR4 recycling rate

	2024–25	2023–24	2022–23
Calculation inputs			
Recyclable and organic materials [tonnes]	9,535	10,374	10,288
Total waste [tonnes]	42,719	46,673	44,754
Recycling rate [%]	**22%**	**22%**	**22%**

WR5 Greenhouse gas emissions associated with waste disposal

Emissions source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Waste disposal [Kg/PPT]	**42,731**	**46,812**	**44,467**

Office-based (department and statutory agencies)

WR1 Total units of waste disposed

Waste stream and disposal method	2024–25 kg (%)	2023–24 kg (%)	2022–23 kg (%)
Landfill			
General waste	10,183 (26%)	29,295 (68%)	44,512 (65%)
Total landfill	**10,183 (26%)**	**29,295 (68%)**	**44,512 (65%)**
Recycling/recovery (disposal)			
Commingled	2,865 (7%)	3,836 (9%)	4,590 (7%)
Organics (food)	1870 (5%)	3,408 (8%)	3,688 (5%)
Paper (confidential)	23,801 (60%)	5,789 (13%)	14,135 (21%)
Paper (recycling)	740 (2%)	636 (1%)	1,921 (3%)
Toner and print cartridges	N/A	N/A	25 (<1%)
Total recycling/recovery (disposal)	**29,276**	**13,669**	**24,359**
Total units of waste disposed	**39,459**	**42,964**	**68,871**

WR2 Percentage of office sites covered by dedicated collection services for each waste stream

N/A

WR3 Total units of waste disposed (normalised)

Normalised measure	2024–25 kg/FTE	2023–24 kg/FTE	2022–23 kg/FTE
Total waste general waste per FTE (kg general waste)/FTE	4	11	13
Total waste commingled per FTE (kg commingled)/FTE	1	1	1
Total waste organics (food) per FTE (kg organics (food))/FTE	1	1	1
Total wastepaper (confidential) per FTE (kg paper (confidential))/FTE	9	2	4
Total wastepaper (recycling) per FTE (kg paper (recycling))/FTE	0.3	0	1
Total waste toner and print cartridges per FTE (kg toner and print cartridges)/FTE	N/A	N/A	0.007
Total waste disposed per FTE (kg Total waste disposed)/FTE	**15**	**15**	**21**

kg/FTE = kilograms per full-time equivalent staff

WR4 Recycling rate

	2024–25	2023–24	2022–23
Calculation inputs			
Weight of recyclable and organic materials [kg]	29,276	13,669	24,359
Weight of total waste [kg]	39,459	42,964	68,871
Recycling rate [%]	**74%**	**32%**	**35%**

WR5 Greenhouse gas emissions associated with waste disposal

Emissions source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Waste disposal	16	47	71

Cemeteries

WR1 Total units of waste disposed

Waste stream and disposal method	2024–25 kg (%)	2023–24 kg (%)	2022–23 kg (%)
Landfill			
General waste	179,667(89%)	105,845 (80%)	22,800 (96%)
Total landfill	**179,667 (89%)**	**105,845 (80%)**	**22,800 (96%)**
Recycling/recovery (disposal)			
Batteries	10 (0.01%)	10 (0.01%)	10
Cardboard	4,162 (2%)	3,441 (2.6%)	800
Commingled	1,362 (1%)	3,960 (3%)	N/A
E-waste	110 (0.1%)	100 (0.08%)	100 (0.42%)
Metals	2,251 (1%)	3,442 (2.6%)	N/A
Organics (garden)	11,837 (6%)	14,560 (11%)	N/A
Paper (confidential)	990 (0.5%)	1,094 (0.8%)	N/A
Toner and print cartridges	28 (0.01%)	50 (0.04%)	20 (0.08%)
Other recycling	248 (0.1%)	–	–
Total recycling/recovery (disposal)	**20,998 (11%)**	**26,657 (20%)**	**930**
Total units of waste disposed	**200,665**	**132503**	**23,730**

WR4 Recycling rate

	2024–25	2023–24	2022–23
Calculation inputs			
Weight of recyclable and organic materials [kg]	20,998	26,658	930
Weight of total waste [kg]	200,665	132,503	23,730
Recycling rate [%]	**10%**	**20%**	**4%**

WR5 Greenhouse gas emissions associated with waste disposal

Emissions source	2024–25 Tonnes CO_2-e	2023–24 Tonnes CO_2-e	2022–23 Tonnes CO_2-e
Waste disposal	229	138	30

Notes:

- General waste data for cemeteries 2023–24 includes data from Ballarat General Cemeteries Trust, Geelong Cemeteries Trust and Remembrance Parks Central Victoria. 2024–25 data includes Ballarat General Cemeteries Trust, Geelong Cemeteries Trust, Remembrance Parks Central Victoria and Greater Metropolitan Cemeteries Trust.
- Recycling/recovery (disposal) data 2023–24 in this report only includes information from Ballarat General Cemeteries Trust and Geelong Cemeteries Trust. 2024–25 data includes data from Geelong Cemeteries Trust only.
- Data for batteries and e-waste, for both kilograms and percentage rate, captures Ballarat Cemeteries Trust. Data for organics (garden) 2023–24 and 2024–25 captures Geelong Cemeteries Trust only.
- Paper (confidential) data 2023–24 includes data from Geelong Cemeteries Trust only. 2024–25 data includes Geelong Cemeteries Trust and Greater Metropolitan Cemeteries Trust.

For any queries, please email **<corporate.reporting@health.vic.gov.au>**

Additional departmental information available on request

In compliance with Financial Reporting Direction 22 issued under the *Financial Management Act 1994*, information on the items listed below has been retained by the department and is available on request, subject to the provisions of the *Freedom of Information Act 1982*.

- 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 for each engagement.

Requests may be made in writing to:

Chief Communications Officer
GPO Box 4057
Melbourne VIC 3001

Email DH Communications Enquiries
<dhcommunicationsenquiries@health.vic.gov.au>

Ministerial statements of expectations

The department regulates thousands of professionals, organisations and businesses across the state to ensure compliance with health laws and regulations, with the objective of preventing serious harm to the health and wellbeing of Victorians.

Ministers are required to issue statements of expectations to regulators under the Victorian *Statement of expectations framework for regulators*. These aim to establish clear expectations between responsible ministers and regulators in relation to regulator performance and improvement.

Ministerial statements of expectations were issued by the Minister for Health to the following members in the department:

- The Health Regulator, on 1 May 2025.
- The Secretary, Director Communicable Disease, members of the Chief Health Officer and Public Health Protection, Practice and Response branches, on 22 December 2024.

The statement of expectations documents issued to these areas in the department are available at The Department's Ministerial Statements of Expectations webpage <www.health.vic.gov.au/ministerial-statements-of-expectations> and cover the following regulatory functions:

- safe drinking water
- radiation safety
- food safety
- tobacco and e-cigarette use
- legionella
- medicines and poisons
- pesticide safety
- private hospitals and day procedure centres
- non-emergency patient transport and first aid service providers
- child safety in health services organisations
- ethical handling of human tissue
- assisted reproductive treatment
- communicable diseases.

The department also supports the Victorian Pharmacy Authority, which is an external regulator. The Minister has issued the Victorian Pharmacy Authority with its own statement of expectations, which is published on its website.

Financial Management Compliance Attestation Statement

I, Jenny Atta, as the Responsible Body, certify that the Department of Health has no Material Compliance Deficiency with respect to the applicable Standing Directions under the *Financial Management Act 1994* and Instructions.

Jenny Atta
Secretary
Department of Health

08 September 2025

Department of Health: Financial statements for the financial year ended 30 June 2025

Declaration in the financial statements

The attached financial statements for the Department of Health (the department) have been prepared in accordance with Direction 5.2 of the Standing Directions of the Minister for Finance under the *Financial Management Act 1994*, applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

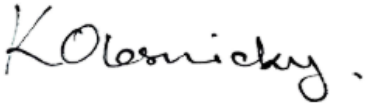
We further state that, in our opinion, the information set out in the Comprehensive operating statement, Balance sheet, Cash flow statement, Statement of changes in equity and accompanying notes, presents fairly the financial transactions during the year ended 30 June 2025 and the financial position of the department as at 30 June 2025.

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 8 September 2025.

Jenny Atta
Secretary
Department of Health

Melbourne
8 September 2025



Karen Olesnicky
Chief Finance Officer
Department of Health

Melbourne
8 September 2025

Independent auditor's report

VAGO
Victorian Auditor-General's Office

Independent Auditor's Report

To the Secretary of the Department of Health

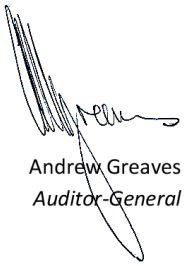
Opinion	I have audited the financial report of the Department of Health (the department) which comprises the: • balance sheet as at 30 June 2025 • comprehensive operating statement for the year then ended • statement of changes in equity for the year then ended • cash flow statement for the year then ended • notes to and forming part of the financial statements • declaration in the financial statements. In my opinion, the financial report presents fairly, in all material respects, the financial position of the department as at 30 June 2025 and its financial performance and cash flows for the year then ended in accordance with the financial reporting requirements of Part 7 of the *Financial Management Act 1994* and applicable Australian Accounting Standards.
Basis for Opinion	I have conducted my audit in accordance with the *Audit Act 1994* which incorporates the Australian Auditing Standards. I further describe my responsibilities under that Act and those standards in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report. My independence is established by the *Constitution Act 1975*. 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 *Code of Ethics for Professional Accountants (including Independence Standards)* (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. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.
Key audit matters	Key audit matters are those matters that, in my professional judgement, were of most significance in my audit of the financial report of the current period. The following matter was addressed in the context of my audit of the financial report as a whole, and in forming my opinion thereon, and I do not provide a separate opinion on this matter.

Level 31 / 35 Collins Street, Melbourne Vic 3000
T 03 8601 7000 enquiries@audit.vic.gov.au www.audit.vic.gov.au

Key audit matter	How I addressed the matter
Recognition and measurement of uncommissioned public private partnerships (PPP's) for the new Footscray and Melton hospitals and the Frankston Hospital Redevelopment Refer to Note 5.1 *Total property, plant and equipment* and Note 7.5.2 *Uncommissioned public private partnership commitments*	
Assets under construction at cost – $3 677.5 million Uncommissioned PPP commitments – $11 778 million. The department has entered into public private partnership (PPP) contracts to deliver 3 hospital projects: the new Footscray Hospital, the redevelopment of the Frankston Hospital, and the new Melton Hospital. Under these arrangements, private operators will finance, design, build or upgrade the facilities and then maintain them for a specified period. • Western Health will operate the new Footscray Hospital, which is expected to be completed in 2025–26. • Peninsula Health will operate the redeveloped Frankston Hospital, also expected to be completed in 2025–26. • Construction of the new Melton Hospital began in 2024–25. Western Health will also operate this hospital. I considered the recognition and measurement of these PPP contracts to be a key audit matter because: • they are financially significant • the audit team spent considerable time reviewing whether the accounting standards used for these arrangements were appropriate • the contractual arrangements and the financial models underpinning the commitment amounts reported are complex • a significant degree of management judgement is required to determine the accounting and key assumptions used in valuing the assets, liabilities and commitments.	My key procedures included: • reviewing all contracts, supporting schedules, financial models and technical accounting papers prepared by the department to support their judgements and conclusions • engaging a subject matter expert to assist in reviewing the department's financial models and judgements to ensure they are consistent with contracts and supporting schedules • evaluating our subject matter expert's findings • assessing whether management's accounting treatment aligned with the requirements of Australian Accounting Standards and evaluating the reasonableness of management's judgements in applying the standards • assessing the adequacy of financial report disclosures against the requirements of applicable Australian Accounting Standards.

The Secretary's responsibilities for the financial report	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 *Financial Management Act 1994,* 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. 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.
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 our 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.

Auditor's responsibilities for the audit of the financial report (continued)	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. From the matters communicated with the Secretary, I determine those matters that were of most significance in the audit of the financial report of the current period and are therefore key audit matters. I describe these matters in the auditor's report unless law or regulation precludes public disclosure about the matter or when, in extremely rare circumstances, I determine that a matter should not be communicated in the auditor's report because the adverse consequences of doing so would reasonably be expected to outweigh the public interest benefits of such communication.



MELBOURNE
10 September 2025

Andrew Greaves
Auditor-General

Comprehensive operating statement for the financial year ended 30 June 2025

	Note	2025 $M	2024 $M
Revenue and income from transactions			
Output appropriations	2.3	16,861.2	14,689.1
Special appropriations	2.3	3,209.0	3,127.6
Grants	2.4.1	1,460.9	1,176.0
Fair value of assets and services received free of charge or for nominal consideration		0.3	0.4
Other income	2.4.2	83.9	89.9
Total revenue and income from transactions		**21,615.3**	**19,083.0**
Expenses from transactions			
Employee benefits	3.1.1(a)	494.5	551.4
Depreciation and amortisation	5.1.1	52.3	42.1
Interest expense	7.1.2	121.8	75.1
Maintenance		0.4	0.8
Grants and other expense transfers	3.1.2	19,753.2	17,719.7
Fair value of assets and services provided free of charge or for nominal consideration	3.1.3	15.3	36.0
Other operating expenses	3.1.4	622.5	406.9
Total expenses from transactions		**21,060.0**	**18,832.0**
Net result from transactions (net operating balance)		**555.3**	**250.9**
Other economic flows included in net result			
Net gain/(loss) on non-financial assets [(i)]	9.2(a)	(113.2)	(134.8)
Net gain/(loss) on financial instruments	9.2(b)	0.8	1.1
Other gains/(losses) from other economic flows	9.2(c)	0.2	1.3
Total other economic flows included in net result		**(112.1)**	**(132.4)**
Net result		**443.1**	**118.5**
Other economic flows – other comprehensive income			
Items that will not be reclassified to net result			
Changes in physical asset revaluation surplus	9.3(b)	120.8	343.6
Total other economic flows–other comprehensive income		120.8	343.6
Comprehensive result		**564.0**	**462.0**

The comprehensive operating statement should be read in conjunction with the notes to the financial statements.

This format is aligned to AASB 1049 *Whole of Government and General Sector Financial Reporting*.

Note:

(i) Includes inventories write off

Balance sheet as at 30 June 2025

	Note	2025 $M	2024 $M
Assets			
Financial assets			
Cash and deposits	7.3	104.6	120.5
Receivables	6.1	5,079.1	4,157.3
Loans		9.5	15.2
Total financial assets		**5,193.2**	**4,293.0**
Non–financial assets			
Inventories	6.5	12.4	166.2
Property, plant and equipment	5.1	5,321.7	4,023.1
Intangible assets	5.2	36.3	37.3
Other non–financial assets	6.2	83.8	71.9
Total non–financial assets		**5,454.2**	**4,298.5**
Total assets		**10,647.3**	**8,591.5**
Liabilities			
Financial liabilities			
Payables	6.3	2,159.8	1,910.5
Borrowings	7.1	3,013.4	1,980.3
Employee–related provisions	3.1.1(b)	123.3	123.8
Other provisions	6.4	235.2	57.1
Other financial liabilities	6.6	59.3	37.3
Total financial liabilities		**5,591.0**	**4,108.9**
Total liabilities		**5,591.0**	**4,108.9**
Net assets		**5,056.4**	**4,482.6**
Equity			
Accumulated surplus/(deficit)		3,915.6	3,472.5
Physical asset revaluation surplus	9.3	1,061.9	941.1
Contributed capital		78.8	69.0
Net worth		**5,056.4**	**4,482.6**

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 2025

	Note	2025 $M	2024 $M
Cash flows from operating activities			
Receipts			
Output appropriations		15,796.1	14,629.6
Special appropriations		3,209.0	3,127.6
Funds from other authorities		1,605.2	1,587.7
Other receipts		87.0	93.5
GST recovered from Australian Taxation Office (i)		482.6	500.7
Total receipts		**21,180.0**	**19,939.1**
Payments			
Grants and other expense transfers		(19,943.6)	(18,980.4)
Employee benefits		(483.7)	(568.2)
Supplies and services		(502.4)	(455.7)
Interest and other costs of finance paid		(0.5)	(0.3)
Maintenance		(0.4)	(1.0)
Total payments		**(20,930.6)**	**(20,005.5)**
Net cashflows from / (used in) operating activities	7.3.1	**249.4**	**(66.4)**
Cash flows from investing activities			
Proceeds from the sale of non-financial assets		1.0	1.1
Client loans repaid		6.3	8.7
Payment for non-financial assets		(249.1)	(358.6)
Net cashflows from / (used in) investing activities		**(241.8)**	**(348.8)**
Cash flows from financing activities			
Net receipts / (payments) for advances		(16.4)	(2.8)
Cash received/(paid) from activities transferred in/(out) – machinery of government changes		(2.0)	2.0
Owner contributions by Victorian Government – appropriation for capital expenditure purposes		59.7	36.4
Payments of capital contributions		(63.1)	(36.2)
Proceeds from borrowings		–	4.8
Repayment of borrowings and principal portion of lease liability (ii)		(1.7)	–
Net cash flows from / (used in) financing activities		**(23.4)**	**4.0**
Net increase/(decrease) in cash and deposits		**(15.9)**	**(411.2)**
Cash and deposits at beginning of financial year		120.5	531.7
Cash and deposits at the end of financial year	7.3	**104.6**	**120.5**

The cash flow statement should be read in conjunction with the notes to the financial statements.

Notes:

(i) Goods and services tax (GST) recovered from the Australian Taxation Office is presented on a net basis.

(ii) The department has recognised cash payments for the principal portion of lease payments as financing activities, and cash payments for the interest portion as operating activities consistent with the presentation of interest payments and short-term lease payments for leases and low-value assets as operating activities.

Statement of changes in equity for the financial year ended 30 June 2025

	Note	Physical asset revaluation surplus $M	Accumulated surplus/ (deficit) $M	Contributed capital $M	Total $M
Balance at 1 July 2023		**597.6**	**3,357.0**	**96.2**	**4,050.7**
Prior period adjustments [(i)]	9.3	–	(3.0)	–	(3.0)
Restated balance at 1 July 2023		**597.6**	**3,354.0**	**96.2**	**4,047.7**
Net result for the year		**–**	118.5	–	118.5
Changes in physical asset revaluation surplus	9.3	343.6	–	–	343.6
Entities consolidated pursuant to section 53(1)(b) of the FMA – net assets received				2.0	2.0
Capital contributions by Victorian State Government		–	–	36.4	36.4
Capital contributions to agencies		–	–	(32.0)	(32.0)
Capital transferred to administered entity		–	–	(33.5)	(33.5)
Balance at 30 June 2024		**941.1**	**3,472.5**	**69.0**	**4,482.6**
Restated balance at 1 July 2024		**941.1**	**3,472.5**	**69.0**	**4,482.6**
Net result for the year		–	443.1	–	443.1
Transfer to accumulated surplus/(deficit) related to machinery of government	9.3	–	–	–	–
Changes in physical asset revaluation surplus	9.3	120.8	–	–	120.8
Administrative restructure – net assets received	4.3	–	–	(0.3)	(0.3)
Capital contributions by Victorian State Government	–	–	–	57.7	57.7
Capital contributions to agencies	–	–	–	(59.3)	(59.3)
Capital transferred to/from administered entity	–	–	–	11.8	11.8
Balance at 30 June 2025		**1,061.9**	**3,915.6**	**78.8**	**5,056.4**

The statement of changes in equity should be read in conjunction with the notes to the financial statements.

Note:

(i) The prior period adjustment in 2024 relates to expensing of capitalised land at 28-34 Lydiard Street South, Ballarat purchased by Grampians Health.

Notes to and forming part of the financial statements for the financial year ended 30 June 2025

1. About this report

The Department of Health (the department) is a government department of the State of Victoria (the state), established pursuant to an order made by the Premier under the *Public Administration Act 2004*. It is an administrative agency acting on behalf of the Crown.

Its principal address is:

Department of Health
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 cover the department as an individual reporting entity and include all the controlled activities of the department.

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.

The following Administrative Office has been consolidated into the department's financial statements under s. 45(4) of the FMA:

- Safer Care Victoria.

Pursuant to a determination made by the Minister for Finance under s. 53(1)(b) of the FMA, the department's financial statements include:

- Mental Health Tribunal
- Victorian Collaborative Centre for Mental Health and Wellbeing
- Victorian Assisted Reproductive Treatment Authority [1]
- Mental Health and Wellbeing Commission

All entities included in the department's financial statements under s. 53(1)(b) of the FMA are reported in aggregate and are not controlled by the department. In preparing financial statements for the department, all material transactions and balances between the entities are eliminated.

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, except for cash flow information, 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. Transfers of net liabilities arising from administrative restructurings are treated as distributions to owners.

Judgements, estimates and assumptions are required to be made about the financial information being presented. The significant judgements made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. All relevant judgements are included in the applicable notes.

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 are disclosed in the notes under the heading ‘Significant judgement’.

The financial statements have been prepared on a going-concern basis.

All amounts in the financial statements have been rounded to the nearest million ($M) 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 FMA and applicable AASs which include Interpretations issued by the Australian Accounting Standards Board (AASB). In particular, they are presented in a manner consistent with the requirements of AASB 1049 *Whole of Government and General Government Sector Financial Reporting*.

Where appropriate, those AAS paragraphs applicable to not-for-profit entities have been applied. Accounting policies selected and applied in these financial statements ensure that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

These annual financial statements were authorised for issue by the Secretary of the Department of Health on 8 September 2025.

Note:

(i) As of 31 December 2024, the Victorian Assisted Reproductive Treatment Authority (VARTA) ceased operation.

2. Funding delivery of our services

Introduction

The department's overall objective is to develop and deliver policies, programs and services to help Victorians stay healthy and safe and to deliver a world-class healthcare system that leads to better health outcomes for all Victorians.

To enable the department to fulfil its objective and provide outputs as described in section 4 'Disaggregated financial information by output', it receives income predominantly from the accrual-based parliamentary appropriations and also from the supply of services.

Structure

2.1 Summary of revenue and income that fund the delivery of our services

	Note	2025 $M	2024 $M
Output appropriations [(i)]	2.2,2.3	16,861.2	14,689.1
Special appropriations	2.2,2.3	3,209.0	3,127.6
Grants and other income transfers	2.4.1	1,460.9	1,176.0
Fair value of assets and services received free of charge or for nominal consideration		0.3	0.4
Other income	2.4.2	83.9	89.9
Total revenue and income from transactions		**21,615.3**	**19,083.0**

Note:

(i) Output appropriations contain only State Pool funding.

Revenue and income that fund delivery of the department's services are accounted for consistent with the requirements of the relevant accounting standards in the following notes.

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 2003* and s. 114 of the *Casino Control Act 1991*, income related to the Hospitals and Charities Fund is recognised when the amounts appropriated for that purpose are due and payable by the department. The department also receives special appropriations to contribute to mental health services under the *Mental Health and Wellbeing Act 2022* and for various purposes approved under s. 10 of the FMA.

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		FMA							
	Annual appropriation $M	Advance from Treasurer $M	Section 29 [(i)] $M	Section 30 [(ii)] $M	Section 32 $M	Section 35 advances $M	Total parliamentary authority $M	Appropriations applied $M	Variance $M	
2025										
Controlled										
Provision of outputs	12,719.0	3,409.3	579.8	103.5	52.6	465.7	17,329.8	16,861.2	468.6	(iii)
Additions to net assets	287.6	–	10.2	(103.5)	–	–	194.3	1.6	192.7	(iv)
Administered										
Payments made on behalf of the state	–	–	–	–	–	–	–	–	–	
Total	**13,006.6**	**3,409.3**	**589.9**	**–**	**52.6**	**465.7**	**17,524.1**	**16,862.7**	**661.3**	
2024										
Controlled										
Provision of outputs	12,539.2	2,104.4	470.2	131.2	24.3	–	15,269.4	14,689.1	580.3	(v)
Additions to net assets	419.1	–	43.1	(131.2)	–	–	331.0	5.6	325.4	(vi)
Administered										
Payments made on behalf of the state	–	–	–	–	–	–	–	–	–	
Total	**12,958.4**	**2,104.4**	**513.3**	**–**	**24.3**	**–**	**15,600.4**	**14,694.7**	**905.7**	

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 design and feasibility studies costs which will not be capitalised and result in output appropriation costs to the department.

(iii) The provision of outputs variance of $468.6 million comprises $190.9 million relating to funding for services and projects that will be sought in 2025–26, and $277.7 million relating to output appropriation authority not applied in 2024–25. The unapplied authority primarily reflects output appropriation authority not drawn due to change of expenditure from operating to capital and funded by depreciation equivalent, and other revenue sources available to use instead of output appropriation.

(iv) The additions to net assets variance of $192.7 million comprises $8.6 million relating to funding for capital projects that will be sought in 2025–26 and outyears, and $184.1 million relating to appropriation authority not applied in 2024–25. The unapplied authority reflects depreciation equivalent funding being utilised as the funding source in accordance with the *Resource management framework*.

(v) The provision of outputs variance of $580.3 million comprises $156.4 million relating to funding for services and projects that will be sought in 2025–26, and $423.8 million relating to output appropriation authority not applied in 2023–24. The unapplied authority primarily reflects Treasurer's Advance funding not required and special appropriations applied instead of output appropriation due to higher mental health and wellbeing levy revenues.

(vi) The additions to net assets variance of $325.4 million comprises $37.5 million relating to funding for capital projects that will be sought in 2025–26 and outyears, and $287.9 million relating to appropriation authority not applied in 2023–24. The unapplied authority reflects depreciation equivalent funding being utilised as the funding source in accordance with the *Resource management framework*.

The following table discloses the details of compliance with special appropriations:

		Appropriation applied	
		2025	2024
Authority	**Purpose**	**$M**	**$M**
Section 35 of the *Gambling Taxation Act 2023*	Contribution to the Hospitals and Charities Fund	188.4	156.6
Section 5.4.6 of the *Gambling Regulation Act 2003*	Contribution to the Hospitals and Charities Fund	597.1	659.1
Section 9 of the *Gambling Taxation Act 2023*	Contribution to the Hospitals and Charities Fund	9.6	8.7
Section 3.6.11 of the *Gambling Regulation Act 2003*	Contribution to the Hospitals and Charities Fund	1,138.5	1,081.3
Section 27 of the *Gambling Taxation Act 2023*	Contribution to the Hospitals and Charities Fund	12.4	12.6
Section 743 of the *Mental Health and Wellbeing Levy Act 2022*	Contribution to mental health services funding	1,259.2	1,200.6
Section 10 of the FMA	Access to various Commonwealth grants – provision of outputs	3.8	8.6
Total special appropriations – Provision of outputs		**3,209.0**	**3,127.6**
Section 10 of the FMA	Access to various Commonwealth grants – additions to net assets	58.2	30.8
Total special appropriations – Additions to net assets		58.2	30.8
Total special appropriations		**3,267.2**	**3,158.4**

2.4 Revenue and income from transactions

2.4.1 Grants

	2025 $M	2024 $M
Income recognised under AASB 1058	1,460.1	1,165.3
Revenue recognised under AASB 15	0.8	10.7
Total grants	**1,460.9**	**1,176.0**

Represented by:		
Victorian Government		
Department of Treasury and Finance	1.7	0.1
Department of Education and Training	–	2.7
Department of Families, Fairness and Housing	7.6	9.2
Department of Energy, Environment and Climate Action	–	8.4
Department of Justice and Community Safety	43.5	13.6
Department of Jobs, Skills, Industry and Regions	2.3	2.5
Department of Premier and Cabinet	0.8	8.3
Department of Transport and Planning	7.1	3.3
Court Services Victoria	1.9	1.1
Commonwealth Government		
Victorian State Pool Account	1,395.2	1,116.1
Other Australian jurisdictions		
Departments and agencies from other Australian jurisdictions	0.8	10.7
Total grants	**1,460.9**	**1,176.0**

Significant judgement: Grants revenue and income

The department has made judgement on the recognition of grants revenue and income as income of not-for-profit entities where they do not contain sufficiently specific performance obligations. Revenue from grants that are enforceable and with sufficiently specific performance obligations is accounted for as revenue from contracts with customers and is recognised when the department satisfies the performance obligation by providing the relevant services to the agencies. Income from grants to construct the capital assets that are controlled by the department is recognised progressively as the asset is constructed. The progressive percentage costs incurred are used to recognise income because these most closely reflect the progress to completion, with costs incurred as the works are done.

Grants recognised under AASB 1058 *Income of Not-for-Profit Entities*

The department has determined that the grant income included in the table above under AASB 1058 has been earned under arrangements that are either not enforceable and/or linked to sufficiently specific performance obligations.

Income from grants without any sufficiently specific performance obligations, or that are not enforceable, is recognised when the department has an unconditional right to receive the cash, which usually coincides with receipt of cash. On initial recognition of the asset, the department recognises any related contributions by owners, increases in liabilities, decreases in assets, and revenue (‘related amounts’) in accordance with other Australian Accounting Standards. Related amounts may take the form of:

(a) contributions by owners, in accordance with AASB 1004 *Contributions*

(b) revenue or a contract liability arising from a contract with a customer, in accordance with AASB 15 *Revenue from Contracts with Customers*.

Grants recognised under AASB 15 *Revenue from Contracts with Customers*

Revenue from grants that are enforceable and with sufficiently specific performance obligations are accounted for as revenue from contracts with customers under AASB 15. Revenue is recognised when the department satisfies the performance obligation by providing the relevant services to the relevant organisations. This is recognised based on the consideration specified in the funding agreement and to the extent that it is highly probable a significant reversal of the revenue will not occur. The funding payments are normally received in advance or shortly after the relevant obligation is satisfied.

2.4.2 Other income

	2025 $M	2024 $M
State trust accounts [(i)]	83.4	88.6
Other miscellaneous income	0.5	1.3
Total other income	**83.9**	**89.9**

Note:

(i) Includes reimbursement for the supply of services to Department of Families Fairness and Housing through a shared service arrangement.

Other income includes income received from department-controlled trust funds and is recognised when the department gains control over the funds. It also includes income received from the Treasury Trust.

2.5 Annotated income agreements

The department is permitted under s. 29 of the FMA 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 FMA approved by the Treasurer:

Program	2025 $M	2024 $M
User charges, or sales of goods and services		
Albury Wodonga Health (Capital)	1.6	1.6
Albury Wodonga Health (Output)	189.0	125.7
Department of Veterans Affairs Hospital Services (Output)	69.1	55.8
Health Technology Services (Output)	2.2	3.1
Transport Accident Commission Agreement (Output)	115.2	109.4
	377.0	**295.5**
Commonwealth specific purpose payments		
National Partnership Agreements		
Expansion of Colonoscopy Triage Services (Output)	1.8	–
Smoking and vaping cessation activities (Output)	1.1	–
Strengthening Medicare Package – Supporting older Australians (Output)	42.6	–
Eliminating Cervical Cancer in Australia (Output)	1.1	–
Adult Public Dental Services (Output)	26.9	26.9
Community Health and Hospitals Program – Goulburn Valley Hospital Cancer Centre (Capital)	5.3	–
Community Health and Hospitals Program – Barwon Women's and Children's Hospital (Capital)	–	20.0
Community Health and Hospitals Program – Regional Cancer Treatment Centres for Radiation Therapy (Capital)	0.3	–
Community Health and Hospitals Program – Paediatric Emergency Facilities (Capital)	3.0	15.0
Community Health and Hospitals Program – Establishment of an Eating Disorders Treatment Centre (Capital)	–	6.5
Encouraging More Clinical Trials in Australia (Output)	0.2	0.2

Program	2025 $M	2024 $M
Essential Vaccines (Output)	6.1	3.6
Health Services – National Bowel Cancer Screening Program (Output)	2.3	2.1
Health Services – OzFoodNet (Output)	0.3	0.3
Health Services – Vaccine-Preventable Diseases Surveillance Program (Output)	0.2	0.2
Lymphoedema Compression Garment Scheme (Output)	0.5	0.5
Comprehensive Palliative Care (Output)	3.1	–
Specialist Dementia Care Program (Output)	1.0	1.1
National Mental Health and Suicide Prevention – Bilateral Schedules (Output)	5.7	5.5
Stillbirth autopsies and investigations (Output)	0.9	1.8
Surge Capacity for BreastScreen Australia (Output)	–	2.4
World-class newborn bloodspot screening program (Output)	1.9	3.0
Expansion of the John Flynn Prevocational Doctor Program (Output)	3.8	3.6
Medicare Urgent Care Clinics (Output)	37.8	15.3
Primary Care Pilots (Output)	–	18.2
Access to HIV Treatment (Output)	4.2	5.1
Other		
Australian Digital Health Agency eHealth projects	0.3	–
Mental Health Professional Online Development	0.5	–
Aged Care Assessment (Output)	41.4	34.1
National Rural Generalist Pathway (Output)	1.5	1.4
Regional Assessment Services (Output)	6.4	37.2
Human Biosecurity Services (formerly Human Quarantine Services) (Output)	0.1	0.1
Australian Teletrials Program (Output)	1.6	2.8
Commonwealth Mental Health Peer Workforce Scholarships (Output)	–	0.2
National Reform Agenda for Organ and Tissue Donation (Output)	10.5	10.6
Commonwealth Take Home Naloxone Program (Output)	0.4	0.1
	212.9	**217.6**
Total annotated income agreements	**589.9**	**513.2**

3. The cost of delivering services

Introduction

This section provides an account of the expenses incurred by the department in delivering services and outputs. In section 2 'Funding delivery of our services', the funds that enable the provision of services were disclosed and in this note the costs associated with the provision of services are recorded. Section 4 'Disaggregated financial information by output' discloses aggregated information in relation to the income and expenses by output.

Structure

3.1 Expenses incurred in delivery of services

	Note	2025 $M	2024 $M
Employee benefits	3.1.1(a)	494.5	551.4
Grants and other expense transfers	3.1.2	19,753.2	17,719.7
Maintenance		0.4	0.8
Fair value of assets provided free of charge or for nominal consideration	3.1.3	15.3	36.0
Other operating expenses	3.1.4	622.5	406.9
Total expenses incurred in delivery of services		**20,885.9**	**18,714.8**

3.1.1 Employee benefits

3.1.1(a) Employee benefits in the comprehensive operating statement

	2025 $M	2024 $M
Defined contribution superannuation expense	37.7	37.9
Defined benefit superannuation expense	0.7	0.9
Termination benefits	4.1	39.8
Salaries and wages, annual leave and long service leave	451.9	472.9
Total employee benefits	**494.5**	**551.4**

Employee benefits include all costs related to employment, including salaries and wages, leave entitlements, fringe benefits tax, termination benefits, payroll tax and WorkCover premiums.

The amount recognised in the comprehensive operating statement in relation to superannuation is employer contributions for members of both defined benefit and defined contribution superannuation plans that are paid or payable during the reporting period. The department does not recognise any defined benefit liabilities because it has no legal or constructive obligation to pay future benefits relating to its employees. Instead, the Department of Treasury and Finance discloses in its annual financial statements the net defined benefit cost related to the members of these plans as an administered liability (on behalf of the state as the sponsoring employer).

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the department is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy.

3.1.1(b) Employee benefits in the balance sheet

Provision is made for benefits accruing to employees in respect of annual leave and long service leave (LSL) for services rendered to the reporting date and recorded as an expense during the period the services are delivered.

	2025 $M	2024 $M
Current provisions		
Annual leave		
Unconditional and expected to be settled within 12 months	28.0	29.3
Unconditional and expected to be settled after 12 months	11.2	12.4
Parental leave		
Unconditional and expected to be settled within 12 months	4.3	5.0
Long service leave		
Unconditional and expected to be settled within 12 months	8.1	6.2
Unconditional and expected to be settled after 12 months	42.2	40.2
Provisions for on-costs		
Unconditional and expected to be settled within 12 months	7.0	6.7
Unconditional and expected to be settled after 12 months	10.9	10.5
Total current provisions for employee benefits	**111.8**	**110.3**
Non-current provisions		
Conditional long service leave entitlements	9.5	11.2
Provisions for on-costs	2.0	2.2
Total non-current provisions for employee benefits	**11.5**	**13.4**
Total provisions for employee benefits	**123.3**	**123.8**

Reconciliation of movement in on–cost provision

	2025 $M	2024 $M
Opening balance	**19.4**	**20.1**
Additional provisions recognised	10.5	9.4
Reductions arising from payments/other sacrifices of future economic benefits	(8.4)	(9.9)
Unwinding of discount and effect of changes in the discount rate	0.4	(0.2)
Reduction due to transfer out	(2.0)	–
Closing balance	**19.9**	**19.4**
Current	17.9	17.2
Non-current	2.0	2.2

Annual leave and sick leave: Liabilities for annual leave and on-costs are recognised as part of the provisions for employee benefits as ‘current liabilities’ because the department does not have an unconditional right to defer settlements of these liabilities.

The annual leave liability is classified as a current liability and measured at the undiscounted amount expected to be paid, as the department does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

No provision has been made for sick leave as all sick leave is non-vesting and it is not considered probable that the average sick leave taken in the future will be greater than the benefits accrued in the future. As sick leave is non-vesting, an expense is recognised in the comprehensive operating statement as it is taken.

Employment on-costs such as payroll tax, workers' compensation and superannuation are not employee benefits. They are disclosed separately as a component of the provision for employee benefits when the employment to which they relate has occurred.

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 where the department does not expect to wholly settle within 12 months. The components of current LSL liability are measured at nominal value where the department expects 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.

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.

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 plans provide benefits based on years of service and final average salary.

As noted in Note 3.1.1(a), 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	
	2025 $M	**2024 $M**
Defined benefit plans		
State superannuation fund	0.7	0.9
Defined contribution plans		
Aware Super	21.4	20.7
Other	16.3	17.2
Total	**38.4**	**38.8**

There are no contributions outstanding for the year ended 2025 (2024: Nil).

3.1.2 Grants and other expense transfers

	2025 $M	**2024 $M**
Public health services and hospitals[(i)]		
State contributions to the Victorian State Pool Account[(ii)]	10,593.8	7,494.5
Other public hospitals with payments totalling less than $30 million	648.5	509.9
Monash Health	628.4	473.4
Melbourne Health	389.3	462.4
Grampians Health	337.7	393.3
Alfred Health	314.7	393.0
Austin Health	313.2	362.2
Peter MacCallum Cancer Centre	295.9	356.2
Western Health	276.2	354.2
Eastern Health	260.2	332.1
Dental Health Services Victoria	245.2	274.7
Albury Wodonga Health	242.0	263.8
The Royal Children's Hospital	202.3	242.2
Barwon Health	192.1	238.3
Bendigo Health	180.0	235.6
Northern Health	145.8	207.4
Peninsula Health	136.6	151.9
Goulburn Valley Health	121.0	115.1

	2025 $M	2024 $M
Latrobe Regional Health	106.1	110.2
South West Healthcare	102.5	100.0
The Royal Women's Hospital	85.2	56.9
Maryborough District Health Service	51.9	55.1
Central Highlands Rural Health	41.6	28.0
Mildura Base Public Hospital	36.9	36.7
NCN Health	36.1	33.6
West Wimmera Health Service	35.4	804.8
	5,424.8	**6,590.9**
Denominational hospitals[iii]		
St Vincent's Hospital (Melbourne) Limited	165.2	203.2
Mercy Health	116.6	157.9
Other denominational hospitals with payments totalling less than $30 million	1.1	4.1
	282.9	**365.1**
Ambulance services		
Ambulance Victoria	1,249.5	1,156.9
	1,249.5	**1,156.9**
Other state government agencies		
Victorian Institute of Forensic Mental Health	324.5	228.7
HealthShare Victoria	56.8	58.9
Victorian Health Promotion Foundation	47.2	45.7
Department of Government Services	30.6	0.8
Other state government agencies with payments totalling less than $30 million	41.5	115.5
	500.5	**449.6**
Local councils		
Wyndham City Council	8.4	9.5
Casey City Council	8.5	8.6
Hume City Council	7.5	7.0
Whittlesea City Council	5.9	6.8
City of Greater Geelong	5.4	6.2
Melton Shire Council	5.7	5.1
Other local councils with payments totalling less than $5 million	84.1	110.7
	125.4	**154.0**
Commonwealth Government		
National Blood Authority	174.2	154.1
Other Commonwealth Government agencies with payments totalling less than $30 million	6.7	3.2
	180.9	**157.2**
Non-government agencies and individuals		
BreastScreen Victoria Inc	61.9	57.7
Cohealth Ltd	64.0	57.7
Mental Illness Fellowship Victoria	45.1	43.1
Wesley Mission Victoria	36.0	37.0
Bolton Clarke	34.7	33.0
Mind Australia	42.5	32.4
Eastern Access Community Health Inc	32.1	31.8
Latrobe Community Health Service	30.9	26.8
BHN Better Health Network Ltd	30.4	27.0
Indigo North Health Inc	32.4	2.6

	2025 $M	2024 $M
Other non-government agencies and individuals with payments totalling less than $30 million	985.5	1,002.6
	1,395.4	**1,351.6**
Total grants and other expense transfers	**19,753.2**	**17,719.7**

Notes:

(i) As defined in schedules 1 and 5 of the *Health Services Act 1988*.

(ii) The department contracts with health services for the delivery of services through an annual statement of priorities. The department contributed $10,593.8 million to the State Pool as the states contribution to funding the activity-based services in the statement of priorities for each health service. Refer to Note 4.2.1 for the actual payment of this money by the State Pool reported in the Administered Note.

(iii) As defined in schedule 2 of the *Health Services Act 1988*.

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 health agencies, public and denominational hospitals, other state government agencies, local councils and non-government agencies and individuals, and the state contribution to the Victorian State Pool Account. The Victorian State Pool Account in the National Health Funding Pool is an administered trust established to record the activity-based funding.

The state contributions to the Victorian State Pool Account represent activity-based funding in scope of the National Health Reform Agreement from Victoria to health agencies through the administered trust. The transactions of this administered trust are disclosed in Note 4.2.

Grants paid directly to health agencies and other entities by the department are disclosed in this Note by recipient. These payments include block-funded services under the National Health Reform Agreement and a range of other grant payments for services that are out of scope of the National Health Reform Agreement. This includes aged care subsidies, home and community care payments and community-based drug and alcohol services.

3.1.3 Fair value of assets provided free of charge or for nominal consideration

	2025 $M	2024 $M
Resources provided free of charge [(i)]	15.3	36.0
Total fair value of assets provided free of charge or for nominal consideration	**15.3**	**36.0**

Note:

(i) Resources provided free of charge represents the cost of inventory distributed to health services, other departments and agencies during the year. The predominant items distributed were personal protective equipment and rapid antigen test kits.

Contributions of resources provided free of charge or for nominal consideration are recognised at their fair value on distribution, irrespective of whether restrictions or conditions are imposed over the use of the resources. The exception to this would be when the resource is provided to another government department (or agency) as a consequence of a restructuring of administrative arrangements, in which case such a transfer will be recognised at its carrying value.

3.1.4 Other operating expenses

	2025 $M	2024 $M
Accommodation and property services [(i)]	33.0	34.6
Administrative costs	215.6	173.4
Legal settlement costs	183.0	–
Variable lease expenses	0.3	0.2
Information, communications and technology costs	157.2	163.9
Medicines and drugs / pharmacy supplies	28.4	26.5
Direct care operating costs	5.1	8.3
Total other operating expenses	**622.5**	**406.9**

Note:

(i) Figures relate to office accommodation and associated costs.

Other operating expenses generally represent the day-to-day running costs incurred in normal operations. They also include bad debts expense from transactions that are mutually agreed.

4. Disaggregated financial information by output

Introduction

The department is predominantly funded by accrual-based parliamentary appropriations for the provision of outputs. This section provides a description of the departmental outputs delivered during the year along with the objectives of those outputs.

This section disaggregates revenue and expenses that enable 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 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. The department has classified transactions and balances of the Victorian State Pool Account in the National Health Funding Pool as administered items because the department transacts these items on behalf of the state under the National Health Reform Agreement between the Commonwealth and the state.

Structure

4.1 Departmental outputs

4.1.1(a) Departmental outputs – Descriptions and objectives (applicable for 2024–25)

Output 1: Admitted Services

Acute and sub-acute patient services (elective and non-elective) provided at Victorian metropolitan and rural public hospitals.

Output 2: Non-Admitted Services

This output provides planned non-admitted services that require an acute setting to ensure the best outcome for a patient. These services provide access to medical, nursing, midwifery and allied health professionals for assessment, diagnosis and treatment; ongoing specialist management of chronic and complex conditions in collaboration with community providers; pre- and post-hospital care; maternity care; and related diagnostic services, such as pathology and imaging.

Output 3: Emergency Services

This output relates to emergency presentations at reporting hospitals with emergency departments. It aims to provide high-quality, accessible health and community services, specifically in improving waiting times for emergency services.

Output 4: Health Workforce Training and Development

This output relates to grants provided to Victorian health services to support the training and development of the health workforce. This output aims to provide career pathways and contribute towards a stable, ongoing accredited workforce in the health sector in Victoria.

Output 5: Aged and Home Care

This output includes delivery of a range of community services that support older Victorians. These services provide access to ongoing care and support in a residential aged care setting; comprehensive assessment of older Victorians' requirements for treatment and residential aged care services, eyecare services, Personal Alert Victora services and pension-level supported residential services.

Output 6: Home and Community Care Program for Younger People

This output includes delivery of a range of community-based nursing, allied health and support services enabling younger people who have difficulties with the activities of daily living to maintain their independence and to participate in the community.

Output 7: Ambulance Services

Emergency and non-emergency road, rotary and fixed-wing aircraft patient treatment and transport services provide access to timely and high-quality ambulance services. Timely and high-quality emergency and non-emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians.

Output 8: Drug Services

Encourages all Victorians to minimise the harmful effects of alcohol and other drugs by providing a comprehensive range of strategies which focus on enhanced community and professional education, targeted prevention and early intervention programs, community-based non-residential and residential treatment services, and effective regulation.

Output 9: Mental Health Clinical Care

Provides a range of inpatient residential and community-based clinical services to people with mental illness and their families so that those experiencing mental health problems can access timely, high-quality care and support to recover and live successfully in the community. This output also includes training and development of the mental health and wellbeing workforce.

Output 10: Mental Health Community Support Services

A range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problem can access timely, high-quality care and support to recover and reintegrate into the community.

Output 11: Community Health Care

This output includes delivery of a range of community care and support services, including counselling, allied health and nursing, which enable people to continue to live independently in the community.

Output 12: Dental Services

This output includes delivery of a range of dental health services to support health and wellbeing in the community.

Output 13: Maternal and Child Health and Early Parenting Services

This output involves the provision of community-based maternal and child health services available to all families with children.

Output 14: Public Health

This output includes delivery of services that improve and protect the health of Victorians. These services include a range of prevention programs, including regulation, surveillance and the provision of statutory services; the provision of community information and the fostering of healthy behaviours; and training in emergency management preparedness, planning, response, relief and recovery.

Output 15: Small Rural Services

This output includes delivery of a range of community services that support Victorians in rural areas. These services provide access to admitted and non-admitted services, including elective and non-elective surgical and medical care, urgent care services, and maternity services; in-home, community-based and residential care services for older people; community-based nursing, allied health and support services for younger people who have difficulty with the activities of daily living; and in-home, community-based and primary health services designed to promote health and wellbeing and prevent the onset of more serious illness.

Output 16: Shared Services

Shared Services output reflects the range of corporate services that the department provides to other Victorian Government departments.

Further details on the objectives of each output can be found in the *2024–25 State Budget Paper No. 3 – Service Delivery*.

4.1.1(b) Departmental outputs – Descriptions and objectives (applicable for 2023–24)

Output 1: Admitted Services

Acute and sub-acute patient services (elective and non-elective) provided at Victorian metropolitan and rural public hospitals.

Output 2: Non-Admitted Services

This output provides planned non-admitted services that require an acute setting to ensure the best outcome for a patient. These services provide access to medical, nursing, midwifery and allied health professionals for assessment, diagnosis and treatment; ongoing specialist management of chronic and complex conditions in collaboration with community providers; pre- and post-hospital care; maternity care; and related diagnostic services, such as pathology and imaging.

Output 3: Emergency Services

This output relates to emergency presentations at reporting hospitals with emergency departments. It aims to provide high-quality, accessible health and community services, specifically in improving waiting times for emergency services.

Output 4: Health Workforce Training and Development

This output relates to grants provided to Victorian health services to support the training and development of the health workforce. This output aims to provide career pathways and contribute towards a stable, ongoing accredited workforce in the health sector in Victoria.

Output 5: Residential Aged Care

This output includes delivery of services for older Victorians requiring ongoing care and support in a residential aged care setting.

Output 6: Aged Care Assessment

This output includes delivery of comprehensive assessment of older Victorians' requirements for treatment and residential aged care services.

Output 7: Aged Support Services

This output includes delivery of a range of community services that support older Victorians, such as eye care services, Personal Alert Victoria services, and pension-level supported residential services.

Output 8: Home and Community Care Program for Younger People

This output includes delivery of a range of community-based nursing, allied health and support services enabling younger people, who have difficulties with the activities of daily living, to maintain their independence and to participate in the community.

Output 9: Ambulance Emergency Services

Emergency road, rotary and fixed air wing patient treatment and transport services provide timely and high-quality emergency ambulance services. Timely and high-quality emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians.

Output 10: Ambulance Non-Emergency Services

Non-emergency road, rotary and fixed air wing patient treatment and transport services provide access to timely, high-quality non-emergency ambulance services. High-quality non-emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians. The output supports departmental priorities through provision of patient transport officers to service non-emergency, pre- and post-hospital patients.

Output 11: Drug Prevention and Control

Encourages all Victorians to minimise the harmful effects of alcohol and other drugs by providing a comprehensive range of strategies which focus on enhanced community and professional education, targeted prevention and early intervention programs, community and residential treatment services, and the use of effective regulation.

Output 12: Drug Treatment and Rehabilitation

Assists the community and individuals to control and reduce the harmful effects of illicit and licit drugs, including alcohol, in Victoria through the provision of community-based non-residential and residential treatment services, education and training, and support services.

Output 13: Mental Health Clinical Care

This output provides a range of inpatient residential and community-based clinical services to people with mental illness and their families, so that those experiencing mental health problems can access timely, high-quality care and support to recover and live successfully in the community.

Output 14: Mental Health Community Support Services

A range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high-quality care and support to recover and reintegrate into the community.

Output 15: Community Health Care

This output includes delivery of a range of community care and support services, including counselling, allied health and nursing, that enable people to continue to live independently in the community.

Output 16: Dental Services

This output includes delivery of a range of dental health services to support health and wellbeing in the community.

Output 17: Maternal and Child Health and Early Parenting Services

This output involves the provision of community-based maternal and child health services available to all families with children.

Output 18: Medical Research

This output supports maintaining Victoria's position as a leader in health and medical research and supports health services, academic partners and research institutes to undertake research through investment, facilitating access to data and systems, and creating links to policy and program areas. This is focused on reducing health inequities and translating research into policy and practice, enabling more Victorians to lead healthier lives, while strengthening commercialisation opportunities. Medical Research output was transferred to the Department of Jobs, Skills, Industry and Regions as part of the machinery government change effective 1 February 2024.

Output 19: Health Protection

Protects the health of Victorians through a range of prevention programs, including regulation, surveillance and the provision of statutory services.

Output 20: Health Advancement

Improves the general health and wellbeing of Victorians through the provision of community information and the fostering of healthy behaviours.

Output 21: Emergency Management

Training in emergency management preparedness, planning, response, relief and recovery.

Output 22: Small Rural Services – Acute Health

Admitted and non-admitted services delivered by small rural services, including elective and non-elective surgical and medical care, urgent care services, and maternity services.

Output 23: Small Rural Services – Aged Care

This output includes delivery of in-home, community-based and residential care services for older people, delivered in small rural towns.

Output 24: Small Rural Services – Home and Community Care Services

This output includes delivery of community-based nursing, allied health and support services for younger people who have difficulty with the activities of daily living, delivered by small rural services to support them to be more independent and to participate in the community.

Output 25: Small Rural Services – Primary Health

This output includes delivery of in-home, community-based and primary health services delivered by small rural services and designed to promote health and wellbeing and prevent the onset of more serious illness.

Output 26: Shared Services

Shared Services output reflects the range of corporate services that the department provides to other Victorian Government departments.

Further details on the objectives of each output can be found in the *2023–24 State Budget Paper No. 3 – Service Delivery*.

4.1.2 Departmental outputs – Controlled income and expenses

A. 2025 – Outputs 1–8

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Aged and Home Care	Community Care for Younger People	Ambulance Services	Drug Services
Year ended 30 June 2025	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Revenue and income from transactions								
Output appropriations	11,108.9	1,149.2	391.5	235.0	342.0	171.0	988.1	303.3
Special appropriations	1,311.8	61.8	7.6	14.8	45.9	10.4	316.7	8.9
Grants	150.7	99.0	26.0	132.4	–	–	8.8	23.2
Fair value of assets and services received free of charge or for nominal consideration	0.3	–	–	–	–	–	–	–
Other income	10.4	–	–	0.5	–	–	–	–
Total revenue and income from transactions	**12,582.1**	**1,310.0**	**425.1**	**382.8**	**387.8**	**181.5**	**1,313.5**	**335.4**
Expenses from transactions								
Employee benefits	238.4	4.1	1.5	6.6	12.9	2.1	4.8	13.4
Depreciation and amortisation	19.3	–	–	–	1.7	–	1.3	0.3
Interest expense	121.6	–	–	–	–	–	–	–
Maintenance	0.4	–	–	–	–	–	–	–
Grants and other expense transfers	11,561.2	1,196.6	383.3	352.8	332.6	148.8	1,228.6	366.1
Fair value of assets provided free of charge or for nominal consideration	15.3	–	–	–	–	–	–	–
Other operating expenses	436.2	2.6	1.0	2.1	23.3	1.3	1.8	13.2
Total expenses from transactions	**12,392.5**	**1,203.2**	**385.8**	**361.4**	**370.5**	**152.2**	**1,236.6**	**393.0**
Net result from transactions (net operating balance)	**189.7**	**106.8**	**39.3**	**21.3**	**17.3**	**29.3**	**77.0**	**(57.5)**
Other economic flows included in net result								
Net gain/(loss) on non-financial assets	(102.7)	–	–	–	0.1	–	–	–
Net gain/(loss) on financial instruments	0.7	–	–	–	–	–	–	–
Other gains/(losses) from other economic flows	0.2	–	–	–	–	–	–	–
Total other economic flows included in net result	**(101.8)**	**–**	**–**	**–**	**0.1**	**–**	**–**	**–**
Net result	**87.9**	**106.8**	**39.3**	**21.3**	**17.4**	**29.3**	**77.0**	**(57.5)**

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

B. 2025 (continued) – Outputs 9–16 and total of outputs 1–16

	Mental Health Clinical Care	Mental Health Community Support	Community Health Care	Dental Services	Maternal & Child Health	Public Health	Small Rural Services	Shared Services	
Year ended 30 June 2025	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**Total**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Revenue and income from transactions									
Output appropriations	622.3	152.0	341.4	199.9	174.3	315.5	366.7	–	16,861.2
Special appropriations	1,274.8	1.7	24.0	73.9	7.4	27.4	21.9	–	3,209.0
Grants	668.8	35.5	1.7	–	–	143.0	171.9	–	1,460.9
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	0.3
Other income	–	–	–	–	–	4.3	0.2	68.5	83.9
Total revenue and income from transactions	**2,565.9**	**189.2**	**367.1**	**273.8**	**181.7**	**490.2**	**560.7**	**68.5**	**21,615.3**
Expenses from transactions									
Employee benefits	70.8	5.6	11.8	4.5	10.2	68.6	4.3	34.9	494.5
Depreciation and amortisation	21.5	–	6.5	–	–	1.1	0.5	–	52.3
Interest expense	0.1	–	–	–	–	0.1	–	–	121.8
Maintenance	–	–	–	–	–	–	–	–	0.4
Grants and other expense transfers	2,429.3	170.8	349.0	245.5	164.6	292.9	531.2	–	19,753.2
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	–	–	–	15.3
Other operating expenses	43.2	5.7	4.3	2.5	2.5	50.0	2.9	30.0	622.5
Total expenses from transactions	**2,564.8**	**182.0**	**371.6**	**252.5**	**177.2**	**412.8**	**538.9**	**64.9**	**21,060.0**
Net result from transactions (net operating balance)	**1.1**	**7.2**	**(4.5)**	**21.3**	**4.5**	**77.4**	**21.8**	**3.6**	**555.3**
Other economic flows included in net result									
Net gain/(loss) on non-financial assets	–	–	–	–	–	(10.7)	–	–	(113.2)
Net gain/(loss) on financial instruments	–	–	–	–	–	–	0.1	–	0.8
Other gains/(losses) from other economic flows	–	–	–	–	–	(0.1)	0.1	–	0.2
Total other economic flows included in net result	**–**	**–**	**–**	**–**	**–**	**(10.8)**	**0.2**	**–**	**(112.2)**
Net result	**1.1**	**7.2**	**(4.5)**	**21.3**	**4.5**	**66.6**	**21.9**	**3.6**	**443.1**

Note:

(i) Refer to Note 4.1.1(a) for output descriptions.

C. 2024 – Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessm't	Aged Support Services	Home & Com-munity	Ambulance Emer-gency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Revenue and income from transactions													
Output appropriations	8,818.9	1,127.7	577.7	264.2	129.1	53.8	77.1	209.2	946.0	141.6	29.6	236.9	438.0
Special appropriations	1,490.2	112.7	53.7	0.2	13.3	6.7	11.6	–	64.8	12.1	0.8	9.4	1,235.6
Grants	119.4	96.6	19.0	110.8	–	–	–	–	–	–	–	18.5	557.0
Fair value of assets and services received free of charge or for nominal consideration	0.4	–	–	–	–	–	–	–	–	–	–	–	–
Other income	8.9	–	–	–	–	–	–	–	–	–	–	–	0.5
Total revenue and income from transactions	**10,437.8**	**1,337.1**	**650.4**	**375.2**	**142.4**	**60.5**	**88.6**	**209.2**	**1,010.7**	**153.7**	**30.4**	**264.8**	**2,231.2**
Expenses from transactions													
Employee benefits	247.7	5.0	2.3	6.8	10.9	0.7	4.8	1.1	5.9	1.0	7.1	6.4	83.6
Depreciation and amortisation	14.5	–	–	–	3.3	–	0.2	0.1	0.1	–	0.1	0.6	15.2
Interest expense	75.1	–	–	–	–	–	–	–	–	–	–	–	0.1
Maintenance	0.5	–	–	–	0.1	–	–	–	–	–	–	–	0.1
Grants and other expense transfers	9,699.2	1,223.3	607.7	342.9	160.0	49.3	77.0	176.6	927.3	174.8	25.7	301.1	2,245.8
Fair value of assets provided free of charge or for nominal consideration	28.5	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	209.2	2.0	1.2	1.8	2.9	0.3	4.2	2.1	1.6	–	6.2	10.4	27.3
Total expenses from transactions	**10,274.6**	**1,230.4**	**611.1**	**351.4**	**177.2**	**50.3**	**86.2**	**179.9**	**934.9**	**175.8**	**39.1**	**318.4**	**2,372.0**
Net result from transactions (net operating balance)	**163.1**	**106.7**	**39.3**	**23.8**	**(34.8)**	**10.3**	**2.5**	**29.3**	**75.8**	**(22.1)**	**(8.7)**	**(53.6)**	**(140.8)**
Other economic flows included in net result													
Net gain/(loss) on non-financial assets	(26.0)	–	–	–	–	–	0.1	–	–	–	–	–	0.1
Net gain/(loss) on financial instruments	1.0	–	–	–	–	–	–	–	–	–	–	–	–
Other gains/(losses) from other economic flows	0.8	–	–	–	–	–	–	–	–	–	–	–	0.1
Total other economic flows included in net result	**(24.2)**	**–**	**–**	**–**	**–**	**–**	**0.1**	**–**	**–**	**–**	**–**	**–**	**0.2**
Net result	**139.0**	**106.7**	**39.3**	**23.8**	**(34.8)**	**10.3**	**2.6**	**29.3**	**75.8**	**(22.1)**	**(8.7)**	**(53.6)**	**(140.6)**

Note:

(i) Refer to Note 4.1.1(b) for output descriptions.

D. 2024 (continued) – Outputs 14–26 and total of outputs 1–26

	Mental Health Com-munity	Com-munity Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protect-ion	Health Advance ment	Emer-gency Mgt	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Shared Services	
Year ended 30 June 2024	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**Total**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Revenue and income from transactions														
Output appropriations	129.0	333.8	241.0	185.2	30.8	274.3	104.9	18.0	245.3	56.2	4.9	15.8	–	14,689.1
Special appropriations	20.8	32.1	31.8	0.1	–	13.9	5.4	0.7	1.9	6.8	–	2.9	–	3,127.6
Grants	3.5	8.7	0.4	0.2	–	81.0	0.9	–	160.0	–	–	–	–	1,176.0
Fair value of assets and services received free of charge or for nominal consideration	–	–	–	–	–	–	–	–	–	–	–	–	–	0.4
Other income	–	2.7	–	–	–	1.1	–	3.0	0.3	–	–	–	73.3	89.9
Total revenue and income from transactions	**153.3**	**377.4**	**273.2**	**185.5**	**30.8**	**370.4**	**111.2**	**21.8**	**407.5**	**63.0**	**4.9**	**18.8**	**73.3**	**19,083.0**
Expenses from transactions														
Employee benefits	4.1	14.1	5.4	10.1	2.6	66.5	10.8	10.0	5.5	0.6	–	(0.2)	38.7	551.4
Depreciation and amortisation	–	5.9	–	0.2	–	1.3	0.1	–	0.3	–	–	0.2	–	42.1
Interest expense	–	0.0	–	–	–	0.0	–	–	–	–	–	–	–	75.1
Maintenance	–	0.1	–	–	–	0.0	–	–	–	–	–	–	–	0.8
Grants and other expense transfers	145.0	354.0	242.9	161.4	27.9	210.5	96.7	7.5	391.5	48.2	4.9	18.6	–	17,719.7
Fair value of assets provided free of charge or for nominal consideration	–	–	–	–	–	7.5	–	–	–	–	–	–	–	36.0
Other operating expenses	1.0	5.3	3.5	12.7	0.4	62.9	2.8	4.2	0.9	0.3	–	0.1	43.9	406.9
Total expenses from transactions	**150.1**	**379.3**	**251.7**	**184.3**	**30.8**	**348.7**	**110.5**	**21.7**	**398.1**	**49.1**	**4.9**	**18.8**	**82.7**	**18,832.0**
Net result from transactions (net operating balance)	**3.3**	**(1.9)**	**21.5**	**1.2**	**–**	**21.7**	**0.6**	**–**	**9.4**	**13.9**	**–**	**–**	**(9.3)**	**250.9**
Other economic flows included in net result														
Net gain/(loss) on non-financial assets	–	–	–	–	–	(109.0)	–	–	–	–	–	–	–	(134.8)
Net gain/(loss) on financial instruments	–	–	–	–	–	–	–	–	0.1	–	–	–	–	1.1
Other gains/(losses) from other economic flows	–	–	–	–	–	0.3	–	–	–	–	–	–	–	1.3
Total other economic flows included in net result	**–**	**–**	**–**	**–**	**–**	**(108.7)**	**–**	**–**	**0.1**	**–**	**–**	**–**	**–**	**(132.4)**
Net result	**3.3**	**(1.9)**	**21.5**	**1.2**	**–**	**(87.0)**	**0.6**	**–**	**9.5**	**13.9**	**–**	**–**	**(9.3)**	**118.5**

Note:

(i) Refer to Note 4.1.1(b) for output descriptions.

4.1.3 Departmental outputs – Controlled assets and liabilities

A. 2025 – Outputs 1–8

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Aged and Home Care	Community Care for Younger People	Ambulance Services	Drug Services
Year ended 30 June 2025	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Assets								
Financial assets	3,845.8	324.1	239.5	86.9	49.4	(1.3)	245.6	40.7
Non-financial assets	4,100.1	3.7	2.1	0.1	140.6	7.7	96.8	14.1
Total assets	**7,945.9**	**327.8**	**246.1**	**87.0**	**190.0**	**6.4**	**342.4**	**54.8**
Liabilities								
Financial liabilities	4,921.9	108.4	51.5	17.3	43.8	7.6	119.3	12.8
Total liabilities	**4,921.9**	**108.4**	**51.5**	**17.3**	**43.8**	**7.6**	**119.3**	**12.8**
Net assets	**3,023.9**	**219.4**	**190.1**	**69.7**	**146.2**	**(1.2)**	**223.0**	**41.9**

Note:

(i) Refer to Note 4.1.1(a) for output definitions.

B. 2025 (continued) – Outputs 9–16 and total of outputs 1–16

	Mental Health Clinical Care	Mental Health Community Support	Community Health Care	Dental Services	Maternal & Child Health	Public Health	Small Rural Services	Shared Services	
Year ended 30 June 2025	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**Total**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Assets									
Financial assets	107.8	57.5	48.3	48.0	48.4	(55.0)	92.2	15.3	5,193.2
Non-financial assets	640.4	0.1	331.7	2.0	1.5	33.9	79.5	–	5,454.2
Total assets	**748.2**	**57.6**	**380.0**	**50.0**	**49.9**	**(21.1)**	**171.7**	**15.3**	**10,647.4**
Liabilities									
Financial liabilities	191.9	5.5	16.2	8.9	3.0	53.7	31.9	(2.8)	5,591.0
Total liabilities	**191.9**	**5.5**	**16.2**	**8.9**	**3.0**	**53.7**	**31.9**	**(2.8)**	**5,591.0**
Net assets	**556.3**	**52.1**	**363.8**	**41.1**	**47.0**	**(74.9)**	**139.8**	**18.1**	**5,056.4**

Note:

(i) Refer to Note 4.1.1(a) for output definitions.

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C. 2024 – Outputs 1–13

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Residential Aged Care	Aged Care Assessm't	Aged Support Services	Home & Community	Ambulance Emergency	Ambulance Non-Emergency	Drug Prevention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Assets													
Financial assets	3,095.0	209.4	165.6	90.9	56.9	(0.3)	6.8	8.3	222.6	28.9	(0.4)	57.7	79.7
Non-financial assets	2,919.9	1.8	0.7	–	193.6	0.1	5.6	4.6	3.2	1.3	0.3	144.9	561.3
Total assets	**6,014.9**	**211.2**	**166.3**	**90.9**	**250.5**	**(0.2)**	**12.4**	**12.9**	**225.8**	**30.2**	**(0.1)**	**202.6**	**641.0**
Liabilities													
Financial liabilities	3,609.6	82.4	40.1	23.3	11.7	2.0	8.1	7.4	73.6	11.9	4.2	10.9	105.4
Total liabilities	**3,609.6**	**82.4**	**40.1**	**23.3**	**11.7**	**2.0**	**8.1**	**7.4**	**73.6**	**11.9**	**4.2**	**10.9**	**105.4**
Net assets	**2,405.3**	**128.8**	**126.2**	**67.6**	**238.8**	**(2.2)**	**4.3**	**5.5**	**152.2**	**18.3**	**(4.3)**	**191.8**	**535.7**

Note:

(i) Refer to Note 4.1.1(b) for output definitions.

D. 2024 (continued) – Outputs 14–26 and total of outputs 1–26

	Mental Health Comm-unity	Comm-unity Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advance-ment	Emer-gency Mgt	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	Shared Services	
Year ended 30 June 2024	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**Total**
Output [(i)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Assets														
Financial assets	45.9	54.1	34.4	47.7	27.8	(36.4)	18.8	(2.5)	36.7	25.2	5.2	2.5	12.5	4,293.0
Non-financial assets	–	362.6	1.3	7.4	0.1	45.3	2.3	1.5	24.6	–	–	16.0	–	4,298.5
Total assets	**45.9**	**416.7**	**35.7**	**55.1**	**27.9**	**8.9**	**21.1**	**(1.0)**	**61.3**	**25.2**	**5.2**	**18.5**	**12.5**	**8,591.5**
Liabilities														
Financial liabilities	1.8	16.4	8.3	1.5	0.2	53.9	4.5	4.7	22.4	4.3	1.1	1.0	(1.5)	4,108.9
Total liabilities	**1.8**	**16.4**	**8.3**	**1.5**	**0.2**	**53.9**	**4.5**	**4.7**	**22.4**	**4.3**	**1.1**	**1.0**	**(1.5)**	**4,108.9**
Net assets	**44.1**	**400.3**	**27.4**	**53.6**	**27.7**	**(45.0)**	**16.6**	**(5.7)**	**39.0**	**20.9**	**4.1**	**17.5**	**14.0**	**4,482.6**

Note:

(i) Refer to Note 4.1.1(b) for output definitions.

4.2 Administered (non-controlled) items

Administered income includes Commonwealth and state contributions to the Victorian State Pool Account, taxes, fees and fines and the proceeds from the sale of administered surplus land and buildings. Administered expenses include payments made on behalf of the state and payments into the consolidated fund. Administered assets include government income earned but yet to be collected. Administered liabilities include government expenses incurred but yet to be paid. Except as otherwise disclosed, administered resources are accounted for on an accrual basis using the same accounting policies adopted for recognition of the department-controlled items in the financial statements. Both the department-controlled items and these administered items are consolidated into the financial statements of the state.

The department does not gain control over assets arising from taxes, fines and regulatory fees, consequently no income is recognised in the department's financial statements. The department collects these amounts on behalf of the state. Accordingly, the amounts are disclosed as income in the schedule of Administered Items.

4.2.1 Administered income and expenses

A. 2025 – Outputs 1–8

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Aged and Home Care	Community Care for Younger People	Ambulance Services	Drug Services
Year ended 30 June 2025	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Output [i][ii]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Administered revenue and income from transactions								
Commonwealth contribution to the Victorian State Pool Account	4,215.5	759.4	920.3	132.7	–	–	–	18.4
State contribution to the Victorian State Pool Account [iii]	9,051.9	838.6	288.3	–	–	–	0.7	–
Commonwealth grants	10.8	–	–	1.5	41.4	6.4	–	0.4
Sales of goods and services	319.3	8.0	18.9	0.2	2.2	–	–	0.6
Appropriations – payments made on behalf of the state	–	–	–	–	–	–	–	–
Interest income	4.7	–	–	–	–	–	–	–
Fees	–	–	–	–	–	–	–	1.3
Grants	98.2	–	–	–	–	–	–	–
Other	3.0	–	–	–	–	–	–	–
Total administered revenue and income from transactions	**13,703.4**	**1,606.1**	**1,227.5**	**134.4**	**43.6**	**6.4**	**0.7**	**20.8**
Administered expenses from transactions								
Grants and other expense transfers	12,607.6	1,301.2	829.5	–	–	–	–	–
Other operating expenses	995.8	111.9	55.8	–	–	–	–	–
Payments into the consolidated fund	353.4	0.7	16.4	(0.1)	43.6	6.4	1.4	2.4
Payment from the Victorian State Pool Account to the department-controlled entity	148.7	99.0	26.0	132.7	–	–	–	18.4
Total administered expenses from transactions	**14,105.5**	**1,512.8**	**927.7**	**132.6**	**43.6**	**6.4**	**1.4**	**20.8**

	Admitted Services	Non-Admitted Services	Emergency Services	Health Workforce Training	Aged and Home Care	Community Care for Younger People	Ambulance Services	Drug Services
Year ended 30 June 2025	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
Output [i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Total administered net result from transactions	**(402.1)**	**93.2**	**299.8**	**1.7**	**–**	**–**	**(0.7)**	**–**
Administered net result	**(402.1)**	**93.2**	**299.8**	**1.7**	**–**	**–**	**(0.7)**	**–**

Notes:

(i) Refer to Note 4.1.1(a) for output descriptions.

(ii) Output 16 Shared Services is not applicable for administered entity.

(iii) The department contracts with health services for the delivery of services through an annual statement of priorities. The department contributed $10,593.8 million to the State Pool as the state's contribution to funding the activity-based services in the statement of priorities for each health service. The Administrator of the National Health Funding Pool calculates contracted prospective funding and adjusts for reconciled actual hospital activity in line with the National Health Reform Agreement and then makes payments to health services from the State Pool Account

B. 2025 (continued) – Outputs 9–15 and total of outputs 1–15

	Mental Health Clinical Care	Mental Health Community Support	Community Health Care	Dental Services	Maternal & Child Health	Public Health	Small Rural Services	
Year ended 30 June 2025	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**Total**
Output [i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Administered revenue and income from transactions								
Commonwealth contribution to the Victorian State Pool Account	945.8	0.2	0.4	–	–	142.4	171.7	7,306.8
State contribution to the Victorian State Pool Account [iii]	417.1	–	0.1	–	–	–	–	10,596.7
Commonwealth grants	0.5	–	–	–	–	1.7	–	62.7
Sales of goods and services	19.7	0.2	4.8	–	–	2.2	2.5	378.5
Interest income	–	–	–	–	–	–	–	4.7
Fees	–	–	–	–	–	13.8	–	15.1
Grants	–	–	–	–	–	–	–	98.2
Other	–	–	–	–	–	–	–	3.0
Total administered revenue and income from transactions	**1,383.1**	**0.4**	**5.2**	**–**	**–**	**160.1**	**174.2**	**18,465.7**
Administered expenses from transactions								
Grants and other expense transfers	641.5	–	–	–	–	–	–	16,601.7
Other operating expenses	58.4	–	–	–	–	–	–	0.1
Payments into the consolidated fund	19.5	0.3	5.5	–	–	19.9	2.5	471.7
Payment from the Victorian State Pool Account to the department-controlled entity	655.7	0.2	0.4	–	–	142.4	171.7	1,395.2

	Mental Health Clinical Care	Mental Health Community Support	Community Health Care	Dental Services	Maternal & Child Health	Public Health	Small Rural Services	
Year ended 30 June 2025	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**Total**
Output [(i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Total administered expenses from transactions	**1,375.0**	**0.6**	**5.9**	**–**	**–**	**162.3**	**174.2**	**18,468.7**
Total administered net result from transactions	**8.1**	**(0.1)**	**(0.7)**	**–**	**–**	**(2.2)**	**–**	**(3.0)**
Administered net result	**8.1**	**(0.1)**	**(0.7)**	**–**	**–**	**(2.2)**	**–**	**(3.0)**

Notes:

(i) Refer to Note 4.1.1(a) for output descriptions.

(ii) Output 16 Shared Services is not applicable for administered entity

(iii) The department contracts with health services for the delivery of services through an annual statement of priorities. The department contributed $10,593.8 million to the state pool as the states contribution to funding the activity-based services in the statement of priorities for each health service. The Administrator of the National Health Funding Pool calculates contracted prospective funding and adjusts for reconciled actual hospital activity in line with the National Health Reform Agreement and then makes payments to health services from the State Pool Account.

C. 2024 – Outputs 1–13

	Admitted Services	Non-Admitted Services	Emer-gency Services	Health Workforce Training	Resi-dential Aged Care	Aged Care Assessm't	Aged Support Services	Home & Com-munity	Ambu-lance Emergency	Ambu-lance Non-Emergency	Drug Pre-vention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Output [(i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Administered revenue and income from transactions													
Commonwealth contribution to the Victorian State Pool Account	4,785.6	607.6	395.8	108.0	–	–	–	–	–	–	–	14.5	785.4
State contribution to the Victorian State Pool Account	5,729.5	871.6	540.4	–	–	–	–	–	–	–	–	–	372.2
Commonwealth grants	10.6	–	–	1.4	–	34.1	–	37.2	–	–	–	0.1	–
Sales of goods and services	249.9	4.9	17.8	–	0.3	–	–	–	–	–	–	0.7	13.9
Appropriations – payments made on behalf of the state	–	–	–	–	–	–	–	–	–	–	–	–	–
Interest income	4.6	–	–	–	–	–	–	–	–	–	–	–	–
Fees	–	–	–	–	–	–	–	–	–	–	1.2	–	–
Grants	46.4	–	–	–	–	–	–	–	–	–	–	–	–
Other	3.1	–	–	–	–	–	–	–	–	–	–	–	–
Total administered revenue and income from transactions	**10,829.6**	**1,484.1**	**954.0**	**109.3**	**0.3**	**34.1**	**–**	**37.2**	**–**	**–**	**1.2**	**15.3**	**1,171.5**

	Admitted Services	Non-Admitted Services	Emer-gency Services	Health Workforce Training	Resi-dential Aged Care	Aged Care Assessm't	Aged Support Services	Home & Com-munity	Ambu-lance Emergency	Ambu-lance Non-Emergency	Drug Pre-vention	Drug Treatment	Mental Health Clinical Care
Year ended 30 June 2024	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
Output [(i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Administered expenses from transactions													
Grants and other expense transfers	10,520.9	1,368.1	884.2	–	–	–	–	–	–	–	–	–	596.9
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	–	–	–	0.1	–	–	–	–	–	–	–	–	–
Payments into the consolidated fund	273.2	4.9	17.8	1.4	4.1	34.1	–	37.2	–	–	1.2	1.3	15.6
Payment from the Victorian State Pool Account to the department-controlled entity	92.9	94.5	18.9	108.0	–	–	–	–	–	–	–	14.5	537.4
Total administered expenses from transactions	**10,887.0**	**1,467.6**	**920.9**	**109.4**	**4.1**	**34.1**	**–**	**37.2**	**–**	**–**	**1.2**	**15.8**	**1,149.9**
Total administered net result from transactions	**(57.4)**	**16.5**	**33.0**	**(0.1)**	**(3.8)**	**–**	**–**	**–**	**–**	**–**	**–**	**(0.5)**	**21.6**
Administered other economic flows included in net result													
Net gain/(loss) on non-financial assets	–	–	–	–	(1.2)	–	–	–	–	–	–	0.1	(11.2)
Other gains/(losses) from other economic flows	0.3	–	–	–	–	–	–	–	–	–	–	–	–
Total administered other economic flows	**0.3**	**–**	**–**	**–**	**(1.2)**	**–**	**–**	**–**	**–**	**–**	**–**	**0.1**	**(11.2)**
Administered net result	**(57.1)**	**16.5**	**33.0**	**(0.1)**	**(5.0)**	**–**	**–**	**–**	**–**	**–**	**–**	**(0.4)**	**10.4**

Notes:

(i) Refer to Note 4.1.1(b) for output descriptions.

(ii) Output 26 Shared Services is not applicable for administered entity.

D. 2024 (continued) – Outputs 14–25 and total of outputs 1–25

	Mental Health Com-munity	Com-munity Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advance ment	Emer-gency Mgt	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	
Year ended 30 June 2024	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**Total**
Output [(i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Administered revenue and income from transactions													
Commonwealth contribution to the Victorian State Pool Account	–	0.4	–	–	–	100.8	–	–	148.8	–	–	–	6,946.7
State contribution to the Victorian State Pool Account	–	–	–	–	–	–	–	–	–	–	–	–	7,513.7
Commonwealth grants	0.2	–	–	–	2.8	0.1	–	–	–	–	–	–	86.3
Sales of goods and services	–	4.7	–	–	–	–	–	–	3.0	–	–	–	295.1
Appropriations – payments made on behalf of the state	–	–	–	–	–	–	–	–	–	–	–	–	–
Interest income	–	–	–	–	–	–	–	–	–	–	–	–	4.6
Fees	–	–	–	–	–	12.3	–	–	–	–	–	–	13.6
Grants	–	–	–	–	–	–	–	–	–	–	–	–	46.4
Other	–	–	–	–	–	–	–	–	–	–	–	–	3.1
Total administered revenue and income from transactions	**0.2**	**5.1**	**–**	**–**	**2.8**	**113.2**	**–**	**–**	**151.7**	**–**	**–**	**–**	**14,909.5**
Administered expenses from transactions													
Grants and other expense transfers	–	–	–	–	–	–	–	–	–	–	–	–	13,370.1
Employee benefits	–	–	–	–	–	–	–	–	–	–	–	–	–
Other operating expenses	–	–	–	–	–	–	–	–	–	–	–	–	0.1
Payments into the consolidated fund	0.2	4.7	–	–	2.8	12.4	–	–	3.0	–	–	–	413.9
Payment from the Victorian State Pool Account to the department-controlled entity	–	0.4	–	–	–	100.8	–	–	148.8	–	–	–	1,116.1
Total administered expenses from transactions	**0.2**	**5.1**	**–**	**–**	**2.8**	**113.2**	**–**	**–**	**151.7**	**–**	**–**	**–**	**14,900.2**
Total administered net result from transactions	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**9.3**

	Mental Health Com-munity	Com-munity Health Care	Dental Services	Maternal & Child Health	Medical Research	Health Protection	Health Advance ment	Emer-gency Mgt	Small Rural-Acute	Small Rural-Aged Care	Small Rural-Home	Small Rural-Primary	
Year ended 30 June 2024	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**Total**
Output [(i)(ii)]	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**	**$M**
Administered other economic flows included in net result													
Net gain/(loss) on non-financial assets	–	(2.0)	–	–	–	–	–	–	–	–	–	–	(14.2)
Other gains/(losses) from other economic flows	–	–	–	–	–	–	–	–	–	–	–	–	0.3
Total administered other economic flows	**–**	**(2.0)**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**(13.9)**
	–	**(2.0)**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**–**	**(4.6)**

Notes:

(i) Refer to Note 4.1.1(b) for output descriptions.

(ii) Output 26 Shared Services is not applicable for administered entity.

4.2.2 Administered assets and liabilities

	2025 $M	2024 $M
Administered assets		
Financial assets		
Receivables	400.2	509.6
Total administered assets	**400.2**	**509.6**
Administered liabilities		
Financial liabilities		
Amounts payable to the consolidated fund	20.6	21.7
Payables	379.6	487.9
Total administered liabilities	**400.2**	**509.6**
Total administered net assets	**–**	**–**

4.2.3 Administered grants and other expense transfers

	2025 $M	2024 $M
Public health services, public and denominational hospitals[(i)(ii)]		
Monash Health	2,234.6	1,910.6
Alfred Health	1,266.8	985.6
Western Health	1,263.1	1,058.9
Eastern Health	1,211.5	978.4
Melbourne Health	1,052.2	868.7
Northern Health	1,035.0	704.7
Austin Health	997.4	813.4
Barwon Health	802.1	673.8
Peninsula Health	764.4	580.1
St Vincents Hospital Melbourne Limited	684.4	585.9
The Royal Children's Hospital	674.2	592.0
Mercy Hospitals Victoria Limited	508.5	424.8
Grampians Health	502.2	436.8
Bendigo Health	478.2	370.9
Latrobe Regional Health	288.4	231.8
The Royal Women's Hospital	284.5	235.5
Peter MacCallum Cancer Institute	275.6	187.7
Goulburn Valley Health	270.5	269.4
Other public health services, public and denominational hospitals with payments totalling less than $30 million	258.6	202.2
Albury Wodonga Health	223.7	175.4
South West Healthcare	207.1	158.3
Northeast Health Wangaratta	195.6	153.5
Mildura Base Public Hospital	185.6	125.3
West Gippsland Healthcare Group	142.7	98.9
Royal Victorian Eye & Ear Hospital	130.6	117.7
Echuca Regional Health	124.5	74.7
Bass Coast Health	124.4	89.2
Bairnsdale Regional Health Service	117.4	83.3
Central Gippsland Health Service	85.4	71.1
Western District Health Service	67.8	50.6

	2025 $M	2024 $M
Swan Hill District Health	62.7	48.7
Colac Area Health	44.2	34.9
	16,564.0	**13,392.9**
Other		
Cross Border with other jurisdictions	38.0	(23.1)
Other accrual adjustments	(0.3)	0.3
	37.7	**(22.8)**
Total grants and other expense transfers	**16,601.7**	**13,370.1**

Notes:

(i) As defined in schedules 1, 2 and 5 of the *Health Services Act 1988*.

(ii) Funds are contributed into the Victorian State Pool Account by the Commonwealth and the state in accordance with the National Health Reform Agreement (refer to Note 3.1.2).

4.3 Restructuring of administrative arrangements

The Victorian Government issued an administrative order on 26 March 2024 restructuring some of its activities via machinery of government change. As part of the machinery of government restructure:

The Department of Health (as transferor) transferred the Victorian Health Building Authority (VHBA) to the Department of Transport and Planning (as transferee) consulta. The Department of Transport and Planning has been engaged by the Department of Health to deliver health infrastructure projects.

As part of the machinery of government transfer, it was agreed that VHBA staff would be transferred to Department of Transport and Planning (DTP) effective 1 July 2024. The net assets transferred to DTP are at the carrying amount of those assets in the department's balance sheet immediately after the transfer.

On 30 April 2025, seven contract administrator staff and two finance staff were transferred back to the Department of Health from the Department of Transport and Planning. Their annual leave and long service leave balances were reinstated by the Department of Health.

The Department of Justice and Community Safety (as transferor) transferred part of the Victorian Responsible Gambling Foundation function to the Department of Health (as transferee) effective from 1 July 2024. The net assets transferred to the department are at the carrying amount of those assets in the department's balance sheet immediately after the transfer.

Function	Transferor	Transferee	$M
Victorian Health Building Authority	Department of Health	Department of Transport and Planning	–
Victorian Health Building Authority	Department of Transport and Planning	Department of Health	–
Victorian Responsible Gambling Foundation	Department of Justice and Community Safety	Department of Health	–

The net asset transfer was treated as a contribution of capital by the state.

	2025 Transfer in $M	2025 Transfer out $M	2025 Net $M
Assets			
Receivables	11.7	–	11.7
Property, plant and equipment	0.3	–	0.3
Liabilities			
Employee-related provisions	(11.7)	–	(11.7)
Other liabilities	(0.3)		(0.3)
Net assets recognised/(transferred)	–	–	–
Net capital contribution from the Crown	**–**	**–**	**–**

5. Key assets available to support output delivery

Introduction

The department controls infrastructure and other investments that are utilised in fulfilling its objectives and conducting its activities. They represent the key resources that have been entrusted to the department to be utilised for delivery of its outputs.

Fair value measurement

Where the assets included in this section are carried at fair value, additional information is disclosed in Note 8.3 in connection with how those fair values were determined.

Structure

5.1 Total property, plant and equipment

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $M	2024 $M	2025 $M	2024 $M	2025 $M	2024 $M
Land at fair value	799.6	781.5	–	–	799.6	781.5
Buildings at fair value	911.0	896.8	(74.2)	(29.0)	836.8	867.9
Plant, equipment and vehicles at fair value	41.6	39.8	(37.0)	(34.0)	4.6	5.8
Motor vehicles at fair value	4.5	4.1	(1.3)	(1.3)	3.2	2.8
Assets under construction at cost	3,677.5	2,365.1	–	–	3,677.5	2,365.1
Net carrying amount	**5,434.1**	**4,087.3**	**(112.4)**	**(64.2)**	**5,321.7**	**4,023.1**

5.1(a) Total right-of-use assets

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $M	2024 $M	2025 $M	2024 $M	2025 $M	2024 $M
Buildings at fair value	18.1	17.5	(10.8)	(8.6)	7.3	8.9
Plant and equipment at fair value	13.4	11.7	(11.0)	(8.9)	2.4	2.7
Motor vehicles at fair value	4.5	4.1	(1.3)	(1.3)	3.2	2.8
Net carrying amount	**36.0**	**33.3**	**(23.1)**	**(18.8)**	**12.9**	**14.4**

5.1(a) Total right-of-use assets (continued)

	Buildings $M	Plant and equipment $M	Motor vehicles $M	Total $M
Opening balance – 1 July 2024	8.9	2.7	2.8	14.5
Additions	0.6	–	–	0.6
Lease modifications	–	1.7	1.0	2.7
Depreciation	(2.2)	(2.0)	(0.6)	(4.8)
Closing balance – 30 June 2025	**7.3**	**2.4**	**3.2**	**12.9**
Opening balance – 1 July 2023	4.9	2.2	1.9	9.0
Additions	1.7	1.8	–	3.5
Lease modifications	4.5	0.3	1.4	6.2
Depreciation	(2.1)	(1.6)	(0.5)	(4.2)
Closing balance – 30 June 2024	**8.9**	**2.7**	**2.8**	**14.5**

5.1(b) Total service concession assets

	Gross carrying amount		Accumulated depreciation		Net carrying amount	
	2025 $M	2024 $M	2025 $M	2024 $M	2025 $M	2024 $M
Land at fair value	521.8	515.9	–	–	521.8	515.9
Buildings at fair value	872.6	859.3	(43.6)	(1.1)	829.0	858.2
Net carrying amount	**1,394.4**	**1,375.2**	**(43.6)**	**(1.1)**	**1,350.8**	**1,374.1**

The department has arrangements in place with two private hospitals and other non-public entities, where the private hospitals and non-public entities operate the department-owned assets to deliver health services to the general public under the direction of the Health Services Agreement. The department maintains the ownership and control of the assets throughout the arrangements and does not incur any related liability.

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 leasehold improvements is capitalised and depreciated over the shorter of the remaining term of the leases or their estimated useful lives.

Right-of-use asset acquired by lessees – Initial measurement

The department recognises a right-of-use asset and a lease liability at the lease commencement date. The right-of-use asset is initially measured at cost, which comprises the initial amount of the lease liability adjusted for:

- any lease payments made at or before the commencement date, plus
- any initial direct costs incurred, and
- an estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located.

Service concession assets (under AASB 1059 *Service Concession Arrangements: Grantors*) – Initial measurement

The department initially recognises service concession assets and service concession assets under construction, including land, buildings, equipment and intangible assets, at current replacement cost in accordance with the cost approach to fair value in AASB 13 *Fair Value Measurement*. Where existing assets and assets under construction, including land, buildings, equipment and intangible assets, meet the definition of service concession assets under AASB 1059 *Service Concession Arrangements: Grantors*, the department reclassifies the existing assets as service concession assets and measures the assets at current replacement cost in accordance with the cost approach to fair value in AASB 13 as at the date of reclassification.

Subsequent measurement

Property, plant and equipment, as well as right-of-use assets under leases and service concession assets, are subsequently measured at fair value less accumulated depreciation and impairment. Fair value is determined with regard to the asset's highest and best use (considering legal or physical restrictions imposed on the asset, public announcements or commitments made in relation to the intended use of the asset) and is summarised below by asset category.

Right-of-use asset – Subsequent measurement

The department depreciates the right-of-use assets on a straight-line basis from the lease commencement date to the earlier of the end of the useful life of the right-of-use asset or the end of the lease term. The right-of-use assets are also subject to revaluation.

In addition, the right-of-use asset is periodically reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

Service concession assets – Subsequent measurement

Service concession assets are subject to revaluation as required by Financial Reporting Direction (FRD) 103 *Non-financial physical assets*. The FRD requires a managerial revaluation to be performed in the non-scheduled revaluation years, where the cumulative movement in indexed valuations is material (greater than 10 per cent but not greater than 40 per cent). Where the cumulative movement is greater than 40 per cent and exceptionally material, an interim valuation would be required. As at 30 June 2025, the cumulative movement based on assessment performed with the Valuer-General Victoria (VGV) issued indices, the department's buildings asset class, which includes service concession building assets, increased by 2.49 per cent since the last scheduled revaluation, and was therefore not subject to a managerial revaluation.

When revalued, the fair value of service concession assets will be determined as follows:

Non-specialised land and non-specialised buildings are valued using the market approach, whereby assets are compared to recent comparable sales or sales of comparable assets that are considered to have nominal value.

Specialised land and specialised buildings: The market approach is used for specialised land, although is adjusted for the community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer’s assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants.

For the majority of the department's specialised buildings, the current replacement cost method is used, adjusting for the associated depreciation.

Vehicles are valued using the current replacement cost method. The department acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the department who set the relevant depreciation rates during use to reflect the utilisation of the vehicles.

Fair value for **plant and equipment** is determined using the current replacement cost method.

Refer to Note 8.3.2 for additional information on fair value determination of property, plant and equipment.

Fair value for **assets under construction** for uncommissioned public private partnerships (PPPs) is determined using the effective interest rate calculated on the financial liability as a proxy for the fair value uplift. In adopting this methodology, the amount of asset recognised for the PPPs at initial recognition will equal the sum of the related financial liability. This approach enables the continual measurement of these assets under construction at current replacement cost over the extended construction period. This is a more accurate indication of the commercial nature of these arrangements.

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 *Impairment of Assets* does not apply to such assets that are regularly revalued.

5.1.1 Depreciation and amortisation

Charge for the period

	2025 $M	2024 $M
Buildings	**0.5**	**0.6**
Health and welfare	0.5	0.6
Plant, equipment and vehicles	**1.0**	**0.7**
Health and welfare	1.0	0.7
Intangible assets	**3.5**	**4.7**
Health and welfare	3.5	4.7
Right-of-use assets	**4.8**	**4.2**
Buildings	2.2	2.1
Plant and equipment	2.0	1.6
Motor vehicles	0.6	0.5
Service concession assets	**42.5**	**32.0**
Buildings	42.5	32.0
Aggregate depreciation and amortisation allocated	**52.3**	**42.1**
Total depreciation and amortisation	**52.3**	**42.1**

All buildings, plant, equipment, vehicles and other non-current physical assets that have finite useful lives are depreciated. The exceptions to this rule include items under assets held for sale and land.

Depreciation is calculated on a straight-line basis at rates that allocate the asset value over its estimated useful life.

Typical estimated useful lives for the different asset classes for the current and prior year are included in the table below:

Asset class	2025	2024
Buildings	5 to 55 years	5 to 55 years
Plant, equipment and vehicles	3 to 15 years	3 to 15 years
Intangible assets	3 to 20 years	3 to 20 years

The estimated useful lives were reviewed and adjusted on 1 July 2024 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.

Right-of-use assets are generally depreciated over the shorter of the asset's useful life or the lease term. Where the department obtains ownership of the underlying leased asset or if the cost of the right-of-use asset reflects that the entity will exercise a purchase option, the entity depreciates the right-of-use asset over its useful life.

Leasehold improvements are depreciated over the shorter of the lease term or their useful lives.

5.1.2 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 at fair value $M	Assets under construc-tion at cost $M	Total $M
Balance at 1 July 2024	**781.5**	**867.9**	**5.8**	**2.8**	**2,365.1**	**4,023.1**
Capital contributed from asset transfers	10.8	0.6	–	–	–	11.4
Machinery of government transfer in/(out)	–	–	–	(0.4)	–	(0.4)
Additions	7.5	0.4	–	1.8	1,203.9	1,213.6
Disposals	–	1.5	–	(0.6)	–	0.8
Net revaluation increments/(decrements)	(0.3)	–	–	–	119.6	119.4
Depreciation and amortisation	–	(45.2)	(3.0)	(0.6)	–	(48.8)
Fair value of assets received free of charge or for nominal consideration	–	–	–	0.3	–	0.3
Transfers in/(out) of assets under construction	–	11.1	–	–	(11.1)	–
Other changes	–	0.6	1.7	–	–	2.3
Balance at 30 June 2025	**799.6**	**836.8**	**4.6**	**3.2**	**3,677.5**	**5,321.7**
Balance at 1 July 2023	**671.1**	**625.2**	**4.0**	**1.9**	**1,168.4**	**2,470.7**
Additions	95.1	5.6	3.8	1.9	1,172.2	1,278.6
Disposals	(31.5)	(5.1)	–	(0.6)	–	(37.1)
Net revaluation increments/(decrements)	46.8	223.2	–	–	73.6	343.6
Depreciation and amortisation	–	(34.6)	(2.3)	(0.5)	–	(37.5)
Fair value of assets received free of charge or for nominal consideration	–	–	–	0.3	–	0.3
Fair value of assets provided free of charge or for nominal consideration	–	–	–	(0.2)	–	(0.2)
Transfers in/(out) of assets under construction	–	49.0	–	–	(49.0)	–
Other changes	–	4.5	0.3	–	–	4.7
Balance at 30 June 2024	**781.5**	**867.9**	**5.8**	**2.8**	**2,365.1**	**4,023.1**

5.2 Intangible assets

	2025 $M	2024 $M
Gross carrying amount		
Opening balance	**125.5**	**119.4**
Additions from internal development	2.5	6.0
Closing balance	**128.0**	**125.5**
Accumulated amortisation and impairment		
Opening balance	**(88.2)**	**(83.5)**
Amortisation of intangible assets	(3.5)	(4.7)
Closing balance	**(91.7)**	**(88.2)**
Net book value at end of financial year	**36.3**	**37.3**

Initial recognition

An internally generated intangible asset arising from development (or from the development phase of an internal project) is recognised if, and only if, all of the following are demonstrated:

- 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. Produced intangible assets have useful lives of between 3 and 20 years.

Service concession intangible assets recognised by applying AASB 1059 *Service Concession Arrangements: Grantors* are subsequently measured at fair value (current replacement cost).

Impairment of intangible assets

Intangible assets with finite useful lives are tested annually for impairment whenever an indication of impairment is identified.

6. Other assets and liabilities

Introduction

This section sets out those assets and liabilities that arose from department-controlled operations.

Structure

6.1 Receivables

	2025 $M	2024 $M
Current receivables		
Contractual		
Other receivables	307.9	448.7
Less allowance for impairment losses of contractual receivables	(2.5)	(2.4)
	305.3	**446.3**
Statutory		
Amounts owing from Victorian Government	2,094.8	893.2
Goods and services tax (GST) input tax credit recoverable	–	13.1
	2,094.8	**906.4**
Total current receivables	**2,400.1**	**1,352.7**
Non-current receivables		
Statutory		
Amounts owing from Victorian Government	2,679.0	2,804.7
	2,679.0	**2,804.7**
Total non-current receivables	**2,679.0**	**2,804.7**
Total receivables	**5,079.1**	**4,157.3**

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 *Financial Instruments* for initial measurement of the statutory receivables and, as a result, statutory receivables are initially recognised at fair value plus any directly attributable transaction costs. Amounts recognised from the Victorian Government represent funding for all commitments incurred and are drawn from the consolidated fund as the commitments fall due.

Details about the department's impairment policies, the department's exposure to credit risks and the calculation of the loss allowance are set out in Note 8.1.3.

6.2 Other non-financial assets

	2025 $M	2024 $M
Prepayments	83.8	71.9
Total other non-financial assets	**83.8**	**71.9**

Other non-financial assets include pre-payments, which represent payments in advance of receipt of goods or services or the payments made for services covering a term extending beyond that financial accounting period.

6.3 Payables

	2025 $M	2024 $M
Current payables		
Statutory		
Fringe benefits tax payable	(0.4)	(0.4)
Contractual		
Employee benefits payable	5.5	4.2
Supplies and services	14.2	28.2
Amounts payable to government agencies	502.2	500.3
Capital works	7.1	0.5
Other	20.2	0.2
Total current payables	**548.9**	**533.0**
Non-current payables		
Contractual		
Amounts payable to government agencies	1,599.8	1,377.5
Goods and services tax (GST) input tax credit recoverable	11.1	–
Total non-current payables	**1,610.9**	**1,377.5**
Total payables	**2,159.8**	**1,910.5**

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**, recognised and measured similarly to contractual payables, but not classified as financial instruments and not included in financial liabilities at amortised cost because they do not arise from contracts.

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 in contingent liabilities.

6.3.1 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
2025							
Payables	2,160.2	2,160.2	268.0	3.3	11.8	262.6	1,614.5
Total	**2,160.2**	**2,160.2**	**268.0**	**3.3**	**11.8**	**262.6**	**1,614.5**
2024							
Payables	1,910.9	1,910.9	128.8	97.6	307.0	–	1,377.5
Total	**1,910.9**	**1,910.9**	**128.8**	**97.6**	**307.0**	**–**	**1,377.5**

Note:

(i) Maturity analysis is presented using the contractual undiscounted cash flows.

6.4 Other provisions

	2025 $M	2024 $M
Current provisions		
Make-good provision	2.2	–
Insurance claims	3.3	5.5
Onerous contracts	38.8	38.8
Other provisions	108.8	–
Total current provisions	**153.1**	**44.4**
Non-current provisions		
Make-good provision	1.4	3.0
Insurance claims	6.8	9.8
Other provisions	73.9	–
Total non-current provisions	**82.1**	**12.7**
Total other provisions	**235.2**	**57.1**

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.

6.4.1 Reconciliation of movements in other provisions

	Make-good 2025 $M	Insurance claims 2025 $M	Onerous contracts 2025 $M	Other provision 2025 $M	Total 2025 $M
Opening balance	**3.0**	**15.3**	**38.8**	**–**	**57.1**
Additional/(reduced) provisions recognised	0.6	–	–	182.7	183.3
Reductions arising from payments/claims handling expenses/other sacrifices of future economic benefits	–	(5.1)	–	–	(5.1)
Actuarial revaluations of insurance claims liability inclusive of risk margin	–	(0.6)	–	–	(0.6)
Unwinding of discount and effect of changes in the discount rate	–	0.5	–	–	0.5
Closing balance	**3.5**	**10.1**	**38.8**	**182.7**	**235.2**

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.

Onerous contracts: Present obligations arising under onerous contracts are recognised as a provision to the extent that the present obligation exceeds the estimated economic benefits to be received. The provision has been measured based on the unavoidable costs of meeting the contractual obligations. The unavoidable costs are the lower of the costs of fulfilling the contract and any compensation or penalties from the failure to fulfill the contract.

Other provisions: The department has a present obligation arising from class action proceedings. In the period from March 2021, a number of class action proceedings were commenced in the Federal Court of Australia relating to alleged unpaid, unrostered overtime worked by doctors in training employed in Victoria. With the benefit of a mediation the parties reached an in-principle agreement to resolve the proceedings for $175 million (inclusive of costs). The agreement was reached on a whole-of-sector basis and captures all existing and potential historical claims against one or more of the 36 Victorian public health services covered by the Doctors in Training Enterprise Agreement. The department has also recognised a provision for past events that create an obligation relating to historical forced adoptions. The provision has been measured on a provisional basis.

6.5 Inventories

	2025 $M	2024 $M
Inventories held for distribution:		
Opening balance – at cost	166.2	336.6
Additions	–	0.7
Distributed as resources given free of charge	(15.0)	(35.8)
Inventories sold at auction or returned to supplier	(25.3)	–
Write off due to loss of service potential	(113.5)	(135.3)
Total inventories [(i)]	**12.4**	**166.2**

Note:

(i) Reduction in COVID-19 inventories impairment due to expiration, obsolescence and adjustments to current replacement cost under AASB 102 *Inventories*.

Inventories held for distribution to public health agencies, other state government departments and not-for-profit organisations include personal protective equipment and rapid antigen test kits to assist in response to the COVID-19 pandemic.

The inventories are initially recognised at purchase cost, distributed as resources given free of charge using the weighted average cost formula, and adjusted for any loss of service potential due to expired stock.

The bases used in assessing loss of service potential for inventories held for distribution include technical or functional obsolescence and are measured at current replacement cost. Technical obsolescence occurs when an item still functions for some or all of the tasks it was originally acquired to do, but no longer matches existing technologies. Functional obsolescence occurs when an item no longer functions in the same way as when it was first acquired, becomes obsolete or unfit for purpose, loses the ability to be used, loses the ability to be distributed, or is only able to provide less than its full usefulness to the receiving party.

6.6 Other financial liabilities

	2025 $M	2024 $M
Public private partnership-related financial liabilities	59.3	37.3
Total other financial liabilities	**59.3**	**37.3**

The financial liabilities relate to Victoria University's contribution towards the footbridge in the New Footscray Hospital Project.

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

	2025 $M	2024 $M
Current borrowings		
Advances from Victorian Government	–	13.6
Lease liabilities	3.8	4.3
Total current borrowings	**3.7**	**17.8**
Non-current borrowings		
Advances from Victorian Government	11.1	4.2
PPP-related financial liabilities	2,992.8	1,950.9
Lease liabilities	5.9	7.4
Total non-current borrowings	**3,009.7**	**1,962.5**
Total borrowings	**3,013.4**	**1,980.3**

Borrowings are classified as financial instruments. All interest-bearing liabilities are initially recognised at the fair value of the consideration received, less directly attributable transaction costs. The measurement basis subsequent to initial recognition depends on whether the department has categorised its interest-bearing liabilities as either 'financial liabilities designated at fair value through profit or loss', or financial liabilities at 'amortised cost'. The classification depends on the nature and purpose of the interest-bearing liabilities. The department determines the classification of interest-bearing liabilities at initial recognition.

Defaults and breaches: During the current and previous financial year, there were no defaults or breaches of required conditions in relation to any of the borrowings.

Advances from Victorian Government are advances from the Department of Treasury and Finance. These advances are non-interest bearing.

Lease liabilities are secured by the assets leased. Leases are effectively secured as the rights to the leased assets revert to the lessor in the event of default.

PPP-related financial liabilities arise on uncommissioned public private partnerships (PPPs) where either a service concession asset or an item of property, plant and equipment is in construction.

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
2025							
Advances from Victorian Government	11.1	11.1	–	–	–	8.1	3.0
PPP-related financial liabilities	2,992.8	5,081.2	–	(8.5)	636.8	782.6	3,670.3
Lease liabilities	9.6	9.6	0.6	1.0	2.5	5.5	–
Total	**3,013.4**	**5,101.9**	**0.6**	**(7.5)**	**639.3**	**796.2**	**3,673.3**
2024							
Advances from Victorian Government	17.8	17.8	13.1	–	0.4	4.2	–
PPP-related financial liabilities	1,950.9	3,025.4	0.2	3.1	–	908.7	2,113.4
Lease liabilities	11.6	11.6	0.6	0.8	2.8	7.4	–
Total	**1,980.3**	**3,054.8**	**13.9**	**3.9**	**3.2**	**920.3**	**2,113.4**

7.1.2 Interest expense

	2025 $M	2024 $M
Interest on lease liabilities	0.5	0.3
Interest on PPP-related financial liabilities [(i)]	121.3	74.9
Total interest expense	**121.8**	**75.1**

Note:

(i) Interest is recognised in relation to capital payments for the Frankston Hospital Redevelopment and the New Footscray Hospital Project. As the financial liability builds up during the construction period, the interest accrued on the liability will increase accordingly.

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 components of finance lease repayments.

Interest expense is recognised in the period in which it is incurred.

The department recognises borrowing costs immediately as an expense, even where they are directly attributable to the acquisition, construction or production of a qualifying asset.

7.2 Leases

7.2.1 Leases

Information about leases for which the department is a lessee is presented below.

The department's leasing activities

The department leases various IT data centres, property, equipment and motor vehicles. The lease contracts are typically made for fixed periods of 1 to 5 years. The department leases some office accommodation which are short-term leases of 12 months or less. The department has elected not to recognise right-of-use assets and lease liabilities for these leases.

The department entered into various printing contracts. The payments are based on consumption. The department considers these printing payments as variable lease payments.

Leases at significantly below-market terms and conditions

The department entered into a number of land leases with lease terms ranging from 5 years to indefinite. These lease contracts specified lease payments of $1 per annum. In accordance with FRD 103 *Non-financial physical assets*, the below-market leases were recognised at cost.

7.2.1(a) Right-of-use assets

Right-of-use assets are presented in Note 5.1(a).

7.2.1(b) Amounts recognised in the comprehensive operating statement

The following amounts relating to leases are recognised in the comprehensive operating statement:

	2025 $M	2024 $M
Amounts recognised in the comprehensive operating statement		
Interest expense on lease liabilities	0.5	0.3
Variable lease payments, not included in the measurement of lease liabilities	0.3	0.2
Total amount recognised in the comprehensive operating statement	**0.8**	**0.5**

7.2.1(c) Amounts recognised in the cash flow statement:

The following amounts relating to leases are recognised in the cash flow statement:

	2025 $M	2024 $M
Total cash outflow for leases	**1.2**	**4.6**

For any new contracts entered into, the department considers whether a contract is or contains a lease. A lease is defined as ‘a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration’. To apply this definition, the department assesses whether the contract meets three key evaluations:

- whether the contract contains an identified asset, which is either explicitly identified in the contract or implicitly specified by being identified at the time the asset is made available to the department and for which the supplier does not have substantive substitution rights
- whether the department has the right to obtain substantially all of the economic benefits from use of the identified asset throughout the period of use, considering its rights within the defined scope of the contract, and the department has the right to direct the use of the identified asset throughout the period of use, and
- whether the department has the right to make decisions in respect of ‘how and for what purpose’ the asset is used throughout the period of use.

This policy is applied to contracts entered into, or changed, on or after 1 July 2019.

Separation of lease and non-lease components

At inception or on reassessment of a contract that contains a lease component, the lessee is required to separate out and account separately for non-lease components within a lease contract and exclude these amounts when determining the lease liability and right-of-use asset amount.

Recognition and measurement of leases as a lessee

Lease liability – initial measurement

Lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease if that rate is readily determinable or the department's incremental borrowing rate.

Lease payments included in the measurement of the lease liability comprise the following:

- fixed payments (including in-substance fixed payments)
- variable payments based on an index or rate, initially measured using the index or rate as at the commencement date
- amounts expected to be payable under a residual value guarantee, and
- payments arising from purchase and termination options reasonably certain to be exercised.

Lease liability – subsequent measurement

Subsequent to initial measurement, the lease liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification, or if there are changes in in-substance fixed payments. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset, or profit and loss if the right-of-use asset is already reduced to zero.

Short-term leases and leases of low-value assets

The department has elected to account for short-term leases and leases of low-value assets using practical expedients. Instead of recognising a right-of-use asset and lease liability, the payments in relation to these types of leases are recognised as an expense in the comprehensive operating statement on a straight-line basis over the lease term.

Below-market/peppercorn leases

Right-of-use assets under leases at significantly below-market terms and conditions that are entered into principally to enable the department to further its objectives, are initially and subsequently measured at cost. These right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term or the estimated useful lives of the assets.

Presentation of right-of-use assets and lease liabilities

The department presents right-of-use assets as ‘property, plant and equipment’ unless they meet the definition of investment property, in which case they are disclosed as ‘investment property’ in the balance sheet. Lease liabilities are presented as ‘borrowings’ in the balance sheet.

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 those 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.

Total cash and deposits disclosed in the balance sheet	**2025 $M**	**2024 $M**
Cash at bank (i)	18.5	16.9
Funds held in trust (ii)	86.1	103.6
Balance as per cash flow statement	**104.6**	**120.5**

Notes:

(i) Cash balance includes the Casey Hospital Escrow Account of $15.3 million (2024: $13.8 million) which is used to facilitate state government funding and payments to the project company for the Casey Hospital Project and Expansion Project, and the timing of payments.

(ii) Refer to Note 7.4.1 for the trust account balances.

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, payments made to suppliers and creditors are made via the public account.

7.3.1 Reconciliation of net result for the period to net cash flow from operating activities

	2025 $M	2024 $M
Net result for the period	443.1	118.5
Non-cash movements		
(Gain)/loss on sale of non-financial assets	(0.3)	(0.5)
Inventory write off	113.5	135.3
Depreciation and amortisation	52.3	42.1
Interest expense	121.3	74.9
Loss on revaluation of outstanding insurance claims liabilities	8.6	0.8
Other income from investing activities	(0.5)	(0.9)
Net gain/(loss) on financial instruments	(0.8)	(1.1)
Other gains or losses from other economic flows	(0.2)	(1.3)
Resources (received)/provided free of charge	15.0	35.6
Movements in assets and liabilities		
(Increase)/decrease in receivables	(885.5)	382.7
(Increase)/decrease in prepayments	(11.9)	7.1
Increase/(decrease) in payables	187.0	(840.0)
Increase/(decrease) in provisions	182.5	(19.1)
(Increase)/decrease in inventories	25.3	(0.5)
Net cash flows from/(used in) operating activities	**249.4**	**(66.4)**

7.4 Trust account

7.4.1 Trust account balances

The department has responsibility for transactions and balances relating to trust funds held on behalf of third parties external to the department. Funds managed on behalf of third parties are not recognised in these financial statements as they are managed on a fiduciary and custodial basis, and therefore are not controlled by the department.

Any earnings on the funds held pending distribution are also applied to the trust funds under management as appropriate.

The following is a listing of trust account balances relating to trust accounts controlled and administered by the department. No trust accounts were closed during 2024–25.

	2025						2024					
	Opening balance as at 1 July 2024 $M	Machinery of government – transfer in/(out) $M	Total receipts $M	Total payments $M	Non-cash movement $M	Closing balance as at 30 June 2025 $M	Opening balance as at 1 July 2023 $M	Machinery of government – transfer in/(out) $M	Total receipts $M	Total payments $M	Non-cash movement $M	Closing balance as at 30 June 2024 $M
Controlled trusts												
Casey Hospital Escrow Account [(i)]	13.8	–	–	–	1.5	15.3	3.1	–	–	–	10.7	13.8
Health State Managed Fund	2.2	–	2,327.3	2,333.6	6.3	2.2	2.2	–	2,099.0	2,127.7	28.7	2.2
Hospitals and Charities Fund	30.8	–	2,042.6	2,064.5	6.5	15.4	25.9	–	1,963.1	1,939.7	(18.5)	30.8
Public Health Fund	–	–	215.9	383.2	168.1	0.8	383.4	–	353.6	408.5	(328.4)	–
Mental Health Capital Fund	–	–	3.1	3.1	–	–	–	–	5.5	5.5	–	–
Treasury Trust	66.7	–	14.5	20.1	2.8	63.8	78.6	–	36.2	56.6	8.4	66.7
Inter-Departmental Transfer Trust	2.1	–	133.6	130.1	(3.8)	1.8	30.3	–	112.8	131.5	(9.6)	2.1
Vehicle Lease Trust Account	1.8	–	0.4	0.1	–	2.1	1.4	–	0.5	0.1	–	1.8
Victorian Health Promotion Fund	–	–	47.2	47.2	–	–	–	–	45.7	45.7	–	–
Total controlled trusts	**117.4**	**–**	**4,784.6**	**4,981.9**	**181.4**	**101.4**	**525.0**	**–**	**4,616.4**	**4,715.3**	**(308.7)**	**117.4**

Note:

(i) Casey Hospital Escrow Account balances are included in the 'Cash at bank'. Refer to Note 7.3.

	2025						2024					
	Opening balance as at 1 July 2024 $M	Machinery of government – transfer in/(out) $M	Total receipts $M	Total payments $M	Non-cash movement $M	Closing balance as at 30 June 2025 $M	Opening balance as at 1 July 2023 $M	Machinery of government – transfer in/(out) $M	Total receipts $M	Total payments $M	Non-cash movement $M	Closing balance as at 30 June 2024 $M
Administered trusts												
National Health Funding Pool – Victorian State Pool Account	–	–	17,997.2	17,996.9	(0.3)	–	–	–	14,485.9	14,486.2	0.3	–
Public Service Commuter Club	(0.1)	–	0.1	0.1	–	(0.1)	(0.1)	–	0.1	0.1	–	(0.1)
Revenue Suspense Account	4.9	1.8	0.1	–	0.1	6.9	4.8	–	0.1	–	–	4.9
Total administered trusts	**4.8**	**1.8**	**17,997.4**	**17,997.0**	**(0.2)**	**6.8**	**4.7**	**–**	**14,486.1**	**14,486.3**	**0.3**	**4.8**

7.4.2 Trust account – Legislative references and nature

Controlled trusts

Casey Hospital Escrow Account

Established to manage and control payments to the contractor for the completion of the Casey Hospital refurbishment.

Health State Managed Fund

Established under the *Health (Commonwealth State Funding Arrangements) Act 2012* for the purpose of receiving funding for block grants, teaching, training and research.

Hospitals and Charities Fund

Established under the *Health Services Act 1988* to record funding for health service agencies. Monies are paid into the fund from the *Gambling Regulation Act 2003*, *Casino Control Act 1991* and s. 10 of the FMA.

Public Health Fund

Established by the Assistant Treasurer in accordance with the National Health Reform Agreement to allow the department to access public health funding contributions paid by the Commonwealth through the Victorian State Pool Account and to apply the funding to deliver public health activities managed by the state.

Mental Health Capital Fund

Established under s. 19 of the FMA for stage 3 of the redevelopment of Thomas Embling Hospital, and to provide funding to the Mental Health Capital Renewal Fund to improve the quality and amenity of mental health and alcohol and other drugs facilities across Victoria.

Treasury Trust

Established to record the receipt and disbursement of unclaimed monies and other funds held in trust. Utilisation of the trust balance or any material variations to budgeted expenditure in subsequent years requires formal approval from the relevant Cabinet committee or the Treasurer.

Inter-Departmental Transfer Trust

Established under s. 19 of the FMA by the Assistant Treasurer to record inter-departmental transfers when no other trust arrangement exists. Utilisation of the trust balance or any material variations to budgeted expenditure in subsequent years requires formal approval from the relevant Cabinet committee or the Treasurer.

Vehicle Lease Trust Account

Established to record transactions relating to the government’s vehicle pool and fleet management business.

Victorian Health Promotion Fund

Established under s. 32 of the *Tobacco Act 1987*, 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).

Departmental Suspense Account

Short-term clearing account pending correct identification of payments.

Administered trusts

National Health Funding Pool – Victorian State Pool Account

Established under the *Health (Commonwealth State Funding Arrangements) Act 2012* to record funding made available by the Commonwealth and the state under the National Health Reform Agreement.

Public Service Commuter Club

Established to record the receipt of amounts associated with the Public Service Commuter Club Scheme and deductions from club members' salaries as well as to record payment to the Public Transport Corporation.

Revenue Suspense Account

Short-term clearing account pending correct identification of receipts.

7.5 Commitments for future 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. The following commitments have not been recognised as liabilities in the financial statements.

7.5.1 Total commitments payable [(i)]

	2025 $M	2024 $M
(a) Capital expenditure commitments [(ii)]		
Less than 1 year	832.1	1,319.5
Longer than 1 year and not longer than 5 years	465.8	890.2
Longer than 5 years	–	–
Total capital commitments	**1,297.9**	**2,209.7**
(b) Accommodation expenses payable [(ii)(iii)]		
Less than 1 year	–	32.0
Total accommodation expenses payable	**–**	**32.0**
(c) Other expenditure commitments [(ii)]		
Less than 1 year	322.7	231.6
Longer than 1 year and not longer than 5 years	137.1	106.1
Longer than 5 years	67.9	31.2
Total other expenditure commitments	**527.8**	**369.0**
Total commitments other than PPP	**1,825.7**	**2,610.7**
(d) Funding commitments – Commissioned PPP		
1. The Royal Women's Hospital		
Less than 1 year	64.0	56.9
Longer than 1 year and not longer than 5 years	254.3	251.5
Longer than 5 years	176.6	235.7
Total The Royal Women's Hospital commitments	**494.8**	**544.2**
2. Monash Health		
Less than 1 year	33.8	38.6
Longer than 1 year and not longer than 5 years	119.4	132.8
Longer than 5 years	–	15.3
Total Monash Health commitments	**153.2**	**186.8**
3. The Royal Children's Hospital		
Less than 1 year	185.4	175.8
Longer than 1 year and not longer than 5 years	789.7	775.0
Longer than 5 years	1,479.6	1,697.8
Total The Royal Children's Hospital commitments	**2,454.7**	**2,648.5**
4. Peter MacCallum Cancer Centre		
Less than 1 year	188.4	169.4
Longer than 1 year and not longer than 5 years	486.7	578.2
Longer than 5 years	1,250.9	1,336.7
Total Peter MacCallum Cancer Centre commitments	**1,925.9**	**2,084.3**
5. Bendigo Health		
Less than 1 year	96.5	87.8
Longer than 1 year and not longer than 5 years	390.9	392.0
Longer than 5 years	1,326.6	1,442.4
Total Bendigo Health commitments	**1,813.9**	**1,922.1**

	2025 $M	2024 $M
Total commissioned PPP funding commitments	**6,842.5**	**7,385.9**
(e) Uncommissioned PPP commitments		
1. New Footscray Hospital		
Less than 1 year	75.1	–
Longer than 1 year and not longer than 5 years	367.2	560.9
Longer than 5 years	3,071.7	3,694.4
Total New Footscray Hospital commitments	**3,514.1**	**4,255.3**
2. Frankston Hospital Redevelopment		
Less than 1 year	19.9	–
Longer than 1 year and not longer than 5 years	249.5	202.9
Longer than 5 years	2,652.9	3,814.8
Total Frankston Hospital Redevelopment commitments	**2,922.3**	**4,017.7**
3. New Melton Hospital		
Less than 1 year	2.0	–
Longer than 1 year and not longer than 5 years	465.3	–
Longer than 5 years	4,874.3	–
Total New Melton Hospital commitments	**5,341.6**	**–**
Total uncommissioned PPP commitments	**11,778.0**	**8,273.0**
Total commitments for expenditure (inclusive of GST)	**20,446.2**	**18,269.6**
Less GST recoverable from the ATO	1,858.2	1,588.4
Total commitments for expenditure (exclusive of GST)	**18,588.0**	**16,681.2**

Notes:

(i) For future finance lease and non-cancellable operating lease payments that are recognised on the balance sheet, refer to Note 7.2.

(ii) GST is not included in some of the above commitments as they relate to either input taxed or exempt goods and services.

(iii) The department's occupancy agreement with the Department of Government Services (DGS) for office accommodation at various locations across Victoria and other related services, including management fee, repairs and maintenance, cleaning, security, utilities etc ended in June 2025. Effective from 1 July 2025, the accommodation and other related services will be managed centrally by DGS.

Funding commitments – Commissioned public private partnerships

The Minister for Health entered into six long-term contracts with various private sector consortiums for the design, construction, maintenance and financing of hospital infrastructure assets, one for the Royal Women's Hospital, the Royal Children's Hospital, the Victorian Comprehensive Cancer Centre (Peter MacCallum Cancer Centre), and Bendigo Hospital (Bendigo Health), and two for Casey Hospital (Monash Health). These arrangements are referred to as public private partnerships (PPPs).

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.

Note 7.5.2 Uncommissioned public private partnership commitments

Uncommissioned public private partnership commitments include operating and capital commitments arising from contracts.

The department sometimes enters into arrangements with private sector participants to design and construct or upgrade assets used to provide public services. These arrangements usually include the provision of operational and maintenance services for a specified period of time. These arrangements are often referred to as public private partnerships (PPP).

A PPP usually takes one of two main forms. In the more common form, the department pays the operator over the arrangement period, subject to specified performance criteria being met. At the date of commitment to the principal provisions of the arrangement, these estimated periodic payments are allocated between a component related to the design and construction or upgrading of the asset and components related to the ongoing operation and maintenance of the asset. The former component is accounted for as either a lease, a service concession arrangement or construction of an item of property, plant and equipment. The remaining components are accounted for as commitments for operating costs, which are expensed in the comprehensive operating statement as they are incurred. The other, less common form of PPP is one in which the department grants to an operator, for a specified period of time, the right to collect fees from users of the PPP asset, in return for which the operator constructs the asset and has the obligation to supply agreed-upon services, including maintenance of the asset for the period of the concession. These private sector entities typically lease land, and sometimes state works, from the department and construct infrastructure. At the end of the concession period, the land and state works, together with the constructed facilities, will be returned to the department.

The State Government of Victoria entered into a PPP contract with Plenary Health and Exemplar Health to deliver the New Footscray Hospital, Frankston Hospital Redevelopment and New Melton Hospital projects. The department will build up the hospital projects as assets under construction at cost as they are progressively constructed. During the construction period, these assets under construction will be fair valued (refer to Note 5.1(b)). A corresponding liability will be recognised by the department, which represents both a financial and non-financial liability to the hospital projects. The liability will be progressively recognised by the department in line with the recognition of the hospital project assets. Upon completion of these projects, assets under construction as well as the corresponding liability will enter into a contract with the hospital around the use of the facility and the corresponding liability.

The department is obliged to make payments as consideration for financing, designing, constructing, maintaining and delivering specified services, including a state contribution, upon completion of construction and service payments throughout the operational phase of the contract. These payments are disclosed as commitments as per the table below.

Note 7.5.2 Uncommissioned public private partnership commitments

Uncommissioned public private partnership commitments:

	2025						2024					
	Liability	Other commitments	Capital contribution	Capital payments (excl Capital contribution)	Other commitments	Total commitments	Liability	Other commitments	Capital contribution	Capital payments (excl Capital contribution)	Other commitments	Total commitments
	Discounted value $M	Present value $M	Nominal value $M	Nominal value $M	Nominal value $M	Nominal value $M	Discounted value $M	Present value $M	Nominal value $M	Nominal value $M	Nominal value $M	Nominal value $M
Uncommissioned PPPs [i][ii][iii]												
New Footscray Hospital [iv][v]	64.1	1,174.7	22.9	110.6	3,380.6	3,514.1	504.6	1,054.1	150.0	724.7	3,380.6	4,255.3
Frankston Hospital Redevelopment [vi]	112.6	1,123.3	–	404.4	2,517.8	2,922.3	626.8	1,057.6	–	1,499.9	2,517.8	4,017.7
New Melton Hospital [vii]	1,052.2	592.1	311.5	2,497.0	2,533.1	5,341.6	–	–	–	–	–	–
Total Uncommissioned PPP commitments	**1,228.9**	**2,890.1**	**334.4**	**3,012.1**	**8,431.5**	**11,778.0**	**1,131.4**	**2,111.7**	**150.0**	**2,224.6**	**5,898.4**	**8,273.0**

Notes:

(i) The discounted values of the future capital payments for uncommissioned PPPs and the present values of other commitments have been discounted to 30 June of the respective financial years using the project rate of 8.47% which is calculated using the ten-year bond rate published by Treasury Corporation of Victoria adjusted with project risk premium.

(ii) The total commitments will not equal the sum of the capital commitments and other commitments because the capital commitments (excluding capital contributions) and other commitments are discounted, whereas total commitments are at nominal value.

(iii) For uncommissioned PPPs relating to service concessions or recognised as assets under construction under AASB 116 *Property, Plant and Equipment*, the asset and liability are recognised progressively during the construction term and therefore not recognised in the table above.

(iv) On 10 March 2021, the State Government of Victoria entered into a PPP contract with Plenary Health to deliver the New Footscray Hospital Project. The contract expires on 9 September 2050. The department will be reimbursed by Victoria University for the state contribution relating to the construction of the Victoria University project components. The management has made a judgement that this arrangement represents the construction of an item of property, plant and equipment in the scope of AASB 116 because the services to be provided by Plenary Health are deemed to be supportive or administrative in nature and insignificant to the delivery of the health services provided by the assets. The hospital will be operated by Western Health.

(v) The liability discounted value is the total discounted capital commitments (excluding the state capital contributions) in relation to hospital assets, less amounts recorded in the balance sheet as liability. The nominal value of the state capital contribution commitment is disclosed separately in the table as 'capital contribution'.

(vi) On 13 April 2022, the State Government of Victoria entered into a PPP contract with Exemplar Health to deliver the Frankston Hospital Redevelopment Project. The contract expires on 16 January 2051. The management has made a judgement that this arrangement represents the construction of an item of property, plant and equipment in the scope of AASB 116 because the services to be provided by Exemplar Health are deemed to be supportive or administrative in nature and insignificant to the delivery of the health services provided by the assets. The hospital will be operated by Peninsula Health.

(vii) On 29 October 2024, the State Government of Victoria entered into a PPP contract with Exemplar Health to deliver the New Melton Hospital project. The contract expires on 29 July 2055. The management has made a judgement that this arrangement represents the construction of an item of property, plant and equipment in the scope of AASB 116 because the services to be provided by Exemplar Health are deemed to be supportive or administrative in nature and insignificant to the delivery of the health services provided by the assets. The hospital will be operated by Western Health.

8. Risks, contingencies and valuation judgements

Introduction

The department is exposed to risk from its activities and outside factors. In addition, it is often necessary to make judgements and estimates associated with recognition and measurement of items in the financial statements. This section sets out financial instrument specific information (including exposures to financial risks), as well as those items that are contingent in nature or require a higher level of judgement to be applied, which for the department relates mainly to fair value determination.

Structure

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 a financial instrument in AASB 132 *Financial Instruments: Presentation*.

Guarantees issued on behalf of the department are financial instruments because, although authorised under statute, terms and conditions for each financial guarantee may vary and are subject to an agreement.

Categories of financial assets

Financial assets at amortised cost are recognised 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 interest.

These assets are initially recognised at fair value plus any directly attributable transaction costs and subsequently measured at amortised cost using the effective interest method less any impairment.

The department recognises the following assets in this category:

- cash and deposits
- receivables (excluding statutory receivables)
- term deposits
- loan receivables.

Categories of financial liabilities

Financial liabilities at amortised cost are initially recognised on the date they are originated. They are initially measured at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, these financial instruments are measured at amortised cost with any difference between the initially recognised amount and the redemption value being recognised in profit and loss over the period of the interest-bearing liability, using the effective interest rate method. The department recognises the following liabilities in this category:

- payables (excluding statutory payables)
- borrowings (including lease liabilities).

Offsetting financial instruments: Financial instrument assets and liabilities are offset and the net amount presented in the balance sheet when, and only when, the department has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

Some master netting arrangements do not result in an offset of balance sheet assets and liabilities. Where the department does not have a legally enforceable right to offset recognised amounts, because the right to offset is enforceable only on the occurrence of future events such as default, insolvency or bankruptcy, they are reported on a gross basis.

Derecognition of financial assets: A financial asset (or, where applicable, a part of a financial asset or part of a group of similar financial assets) is derecognised when:

- the right to receive cash flows from the asset has 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 right 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 expired.

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

2025	Cash and deposits $M	Financial assets at amortised cost $M	Financial liabilities at amortised cost $M	Total $M
Contractual financial assets				
Cash and deposits	104.6	–	–	104.6
Receivables [(i)]	–	305.3	–	305.3
Loans	–	9.5	–	9.5
Total contractual financial assets	**104.6**	**314.8**	**–**	**419.4**
Contractual financial liabilities				
Payables [(i)]	–	–	2,160.2	2,160.2
Borrowings [(i)]	–	–	3,013.4	3,013.5
Total contractual financial liabilities	**–**	**–**	**5,173.6**	**5,173.7**

Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable. Refer to Note 6.1 for the breakdown of contractual and statutory receivables, Note 6.3 for the breakdown of contractual and statutory payables, and Note 7.1 for the breakdown of borrowings.

2024	Cash and deposits $M	Financial assets at amortised cost $M	Financial liabilities at amortised cost $M	Total $M
Contractual financial assets				
Cash and deposits	120.5	–	–	120.5
Receivables [(i)]	–	446.3	–	446.3
Loans	–	15.2	–	15.2
	120.5	**461.5**	**–**	**582.0**
Contractual financial liabilities				
Payables [(i)]	–	–	1,910.9	1,910.9
Borrowings [(i)]	–	–	1,967.1	1,967.1
Total contractual financial liabilities	**–**	**–**	**3,878.0**	**3,878.0**

Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable. Refer to Note 6.1 for the breakdown of contractual and statutory receivables, Note 6.3 for the breakdown of contractual and statutory payables, and Note 7.1 for the breakdown of borrowings.

8.1.2 Financial instruments: Net holding gain/(loss) on financial instruments by category

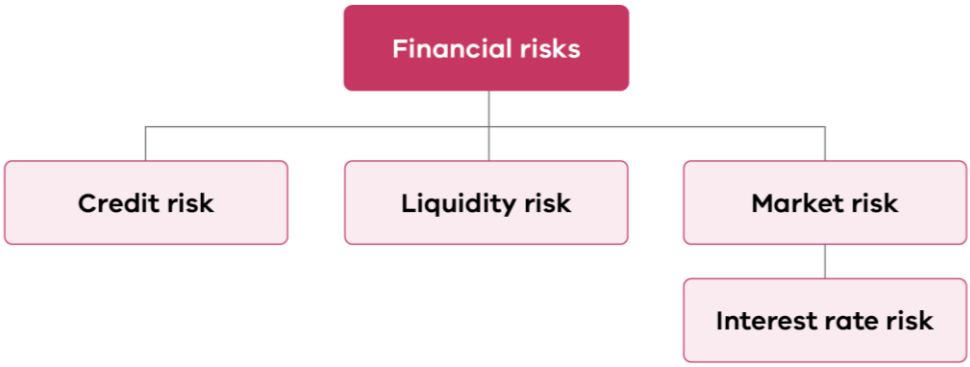
	Total interest income/ (expense) $M	Total $M
2025		
Contractual financial assets	–	–
Cash and deposits	–	–
Receivables [(i)]	–	–
Loans	–	–
Total contractual financial assets	–	–
Contractual financial liabilities		
Payables [(i)]	–	–
Borrowings	(121.8)	(121.8)
Total contractual financial liabilities	**(121.8)**	**(121.8)**
2024		
Contractual financial assets		
Cash and deposits	–	–
Receivables [(i)]	**–**	**–**
Loans	–	–
Total contractual financial assets	**–**	**–**
Contractual financial liabilities		
Payables [(i)]	**–**	**–**
Borrowings	(75.1)	(75.2)
Total contractual financial liabilities	**(75.1)**	**(75.2)**

Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from the Victorian Government and GST input tax credits recoverable and taxes payable.

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 8.3.1.

The main purpose in holding financial instruments is to prudentially manage the department's financial risks within the government policy parameters.

The department's main financial risks include credit risk, liquidity risk and interest rate risk. The department manages these financial risks in accordance with its 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 their 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, 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.

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 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 2024–25.

Credit quality of contractual financial assets

	Financial institutions double-A credit rating $M	Government agencies double-A credit rating $M	Credit ratings not disclosed $M	Total $M
2025				
Cash and deposits (not assessed for impairment due to materiality)	18.5	86.1	–	104.6
Contractual receivables applying the simplified approach for impairment (i)	–	269.5	35.8	305.3
Loans	–	9.5	–	9.5
Statutory receivables (with no impairment loss recognised)	–	4,773.8	–	4,773.8
Total financial assets	**18.5**	**5,138.9**	**35.8**	**5,193.2**
2024				
Cash and deposits (not assessed for impairment due to materiality)	16.9	103.6	–	120.5
Contractual receivables applying the simplified approach for impairment (i)	–	402.3	44.0	446.3
Loans	–	15.2	–	15.2
Statutory receivables (with no impairment loss recognised)	13.1	3,697.9	–	3,711.0
Total financial assets	**30.0**	**4,219.0**	**44.0**	**4,293.0**

Note:

(i) The total amounts disclosed here exclude statutory amounts, for example, amounts owing from Victorian Government, GST input tax credits recoverable and other taxes payable.

8.1.3.1 Financial instruments: credit risk (continued)

Impairment of financial assets under AASB 9 *Financial Instruments*

The department records the allowance for expected credit loss for the relevant financial instruments by applying the AASB 9 *Expected Credit Loss* approach. Subject to AASB 9, impairment assessment includes the department's contractual receivables and statutory receivables.

Contractual receivables at amortised cost

The department applies the AASB 9 simplified approach for all contractual receivables to measure expected credit losses using a lifetime expected loss allowance based on the assumptions about risk of default and expected loss rates. The department has grouped contractual receivables on shared credit risk characteristics and days past due and selected the expected credit loss rate based on the department's past history and existing market conditions, as well as forward-looking estimates at the end of financial year.

On this basis, the department determines the loss allowance at the end of the 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	
2025							
Expected loss rate		0%	0%	2%	1%	27%	
Gross carrying amount of contractual receivables	307.9	273.4	0.3	10.1	16.0	8.2	
Loss allowance		**–**	**–**	**0.2**	**0.1**	**2.2**	**2.5**
2024							
Expected loss rate		0%	3%	3%	3%	57%	
Gross carrying amount of contractual receivables	448.7	424.4	7.5	6.0	7.6	3.2	
Loss allowance		**–**	**0.2**	**0.2**	**0.2**	**1.8**	**2.4**

Note:

(i) The amounts disclosed here include repayments of borrowings that are not scheduled to be repaid in the next 12 months.

The average credit period for receivables is 30 days.

Reconciliation of movement in the loss allowance for contractual receivables is shown as follows:

	2025 $M	2024 $M
Balance at beginning of the year	**(2.4)**	**(5.0)**
Increase in provision recognised in the net result	(0.2)	0.8
Reversal of provision of receivables written off during the year as uncollectible	0.1	1.8
Balance at the end of the year	**(2.5)**	**(2.4)**

Credit loss allowance is classified as other economic flows in the net result. Contractual receivables are written off when there is no reasonable expectation of recovery and impairment losses are classified as a transaction expense. Subsequent recoveries of amounts previously written off are credited against the same line item.

Statutory receivables 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 counter party's credit rating, risk of default and capacity to meet contractual cash flow obligations in the near term. As a result, the loss allowance recognised for these financial assets during the period was limited to 12 months expected losses. No loss allowance has been recognised.

8.1.3.2 Financial instruments: liquidity risk

Liquidity risk arises from being unable to meet financial obligations as they fall due. The department operates under the government's fair payments policy of settling financial obligations within 30 days and, in the event of a dispute, of making 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 double-A, which assists in accessing the 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 exposure 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 +1% and -1% (2024: +1% and -1%) in market interest rates (AUD) from year-end cash deposits.

The loans include loans and advances provided to the health services. These loans are not subject to the consumer price index (CPI), therefore, CPI sensitivity analysis is not required.

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
2025					
Financial assets					
Cash and deposits	4.4%	104.6	–	15.3	89.3
Receivables [(i)]		305.3	–	–	305.3
Loans	0.0%	9.5	–	–	9.5
Total financial assets		**419.4**	**–**	**15.3**	**404.1**
Financial liabilities					
Payables [(i)]		2,160.2	–	–	2,160.2
Borrowings [(i)]	4.1%	3,013.5	2,043.9	958.5	11.1
Total financial liabilities		**5,173.7**	**2,043.9**	**958.5**	**2,171.3**
2024					
Financial assets					
Cash and deposits	2.3%	120.5	–	13.8	106.7
Receivables [(i)]		446.3	–	–	446.3
Loans	0.0%	15.2	–	–	15.2
Total financial assets		**582.0**	**–**	**13.8**	**568.2**
Financial liabilities					
Payables [(i)]		1,910.9	–	–	1,910.9
Borrowings [(i)]	3.8%	1,967.1	1,438.0	524.5	4.6
Total financial liabilities		**3,878.0**	**1,438.0**	**524.5**	**1,915.5**

Note:

(i) The carrying amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable.

Interest rate risk sensitivity analysis

	Carrying amount $M	Interest rate risk −1% Net result $M	Interest rate risk +1% Net result $M
2025			
Contractual financial assets			
Cash and deposits [(i)(ii)]	104.6	(0.3)	0.3
Receivables [(iii)(iv)]	305.3	–	–
Loans [(iv)]	9.5	–	–
Total impact	**419.4**	**(0.3)**	**0.3**
Contractual financial liabilities			
Payables [(iv)]	2,160.2	–	–
Borrowings [(iv)(v)]	3,013.5	(5.2)	5.2
Total impact	**5,173.7**	**(5.2)**	**5.2**

	Carrying amount $M	Interest rate risk −1% Net result $M	Interest rate risk +1% Net result $M
2024			
Contractual financial assets			
Cash and deposits [(i)(ii)]	120.5	(0.3)	0.3
Receivables [(iii)(iv)]	446.3	–	–
Loans	15.2	–	–
Total impact	**582.0**	**(0.3)**	**0.3**
Contractual financial liabilities			
Payables [(iv)]	1,910.9	–	–
Borrowings [(iv)(v)]	1,967.1	(5.2)	5.2
Total impact	**3,878.0**	**(5.2)**	**5.2**

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) Majority of cash and deposits are funds held in trust, which are not subject to the interest rate risk.

(iii) The carrying amount is denominated in Australian dollars and is non-interest bearing. This item is not subject to the identified risk sensitivities.

(iv) The total amounts disclosed here exclude statutory amounts, for example, amounts owing to/from Victorian Government and GST input tax credits recoverable and taxes payable.

(v) Borrowings are denominated in Australian dollars.

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. There were no contingent assets as at 30 June 2025.

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.

	2025 $M	2024 $M
Quantifiable contingent liabilities The department 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.	23.6	0.1
Total	**23.6**	**0.1**

Non-quantifiable contingent liabilities

In response to the concerns of some health services, the department has undertaken to provide certain health services adequate cash flow support to enable these health services to meet their current and future obligations as and when they fall due in the 2025–26 financial year, should this be required. In line with processes already established by the department, it is expected that each health service that has been pledged this support will:

- continue to provide monthly advice on its financial position, including the likelihood of any short-term liquidity issues
- commit to achieve the agreed budget targets, and all other requirements of their service agreements or statement of priorities in 2025–26.

The department has other potential obligations which arise from legal actions and that are non-quantifiable at this time.

8.3 Fair value determination

Significant judgement: Fair value measurements of assets and liabilities

Fair value determination requires judgement and the use of assumptions. This section discloses the most significant assumptions used in determining fair values. Changes to assumptions could have a material impact on the results and financial position of the department.

This section sets out information on how the department determined fair value for financial reporting purposes. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following assets and liabilities are carried at fair value:

- financial assets and liabilities at fair value through 'other comprehensive income'
- land, buildings, plant and equipment.

In addition, the fair values of other assets and liabilities which are carried at amortised cost, also need to be determined for disclosure purposes.

The department determines the policies and procedures for determining fair values for both financial and non-financial assets and liabilities as required.

Fair value hierarchy

In determining fair values, a number of inputs are used. To increase consistency and comparability in the financial statements, these inputs are categorised into three levels, also known as the fair value hierarchy. The levels are as follows:

- Level 1 – Quoted (unadjusted) market prices in active markets for identical assets or liabilities
- Level 2 – Valuation techniques for which the lowest-level input that is significant to the fair value measurement is directly or indirectly observable
- Level 3 – Valuation techniques for which the lowest-level input that is significant to the fair value measurement is unobservable

The department determines whether transfers have occurred between levels in the hierarchy by reassessing categorisation (based on the lowest-level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

The Valuer-General Victoria (VGV) is the department's independent valuation agency. The department, in conjunction with VGV, monitors changes in the fair value of each asset and liability through relevant data sources to determine whether revaluation is required.

How this section is structured

For those assets and liabilities for which fair values are determined, the following disclosures are provided:

- carrying amount and the fair value (which would be the same for those assets measured at fair value)
- which level of the fair value hierarchy was used to determine the fair value
  - in respect of those assets and liabilities subject to fair value determination using Level 3 inputs:
  - a reconciliation of the movements in fair values from the beginning of the year to the end
  - details of significant unobservable inputs used in the fair value determination.

This section is divided between disclosures in connection with fair value determination for financial instruments (refer to Note 8.3.1) and non-financial physical assets (refer to 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, due to their short-term nature or with the expectation that they would be paid in full by the end of the 2024–25 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

2025	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	93.8	–	93.8	–
Specialised land	705.8	–	90.7	615.0
Total land at fair value	**799.6**	**–**	**184.5**	**615.0**
Buildings at fair value				
Non-specialised buildings	14.2	–	6.9	7.3
Specialised buildings	822.4	–	1.2	821.3
Total buildings at fair value	**836.6**	**–**	**8.1**	**828.6**
Plant, equipment and vehicles at fair value				
Plant and equipment	4.6	–	–	4.6
Total plant, equipment and vehicles at fair value	**4.6**	**–**	**–**	**4.6**

2024	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	132.4	–	132.4	–
Specialised land	649.1	–	52.1	596.9
Total land at fair value	**781.5**	**–**	**184.6**	**596.9**
Buildings at fair value				
Non-specialised buildings	16.3	–	7.3	8.9
Specialised buildings	850.8	–	1.4	849.5
Total buildings at fair value	**867.1**	**–**	**8.7**	**858.4**
Plant, equipment and vehicles at fair value				
Plant and equipment	5.8	–	–	5.8
Total plant, equipment and vehicles at fair value	**5.8**	**–**	**–**	**5.8**

Note:

(i) Classified in accordance with the fair value hierarchy. The department, in conjunction with the VGV, 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.

The non-specialised land and non-specialised buildings do not contain significant, unobservable adjustments; these assets are classified as Level 2 under the market approach.

Specialised land and specialised buildings: The market approach is used for specialised land, although this may be adjusted for a community service obligation (CSO) to reflect the specialised nature of the land being valued.

The CSO adjustment is a reflection of the valuer's assessment of the impact of restrictions associated with an asset to the extent that is also equally applicable to market participants. This approach is in light of the highest and best use consideration required for fair value measurement and takes into account the use of the asset that is physically possible, legally permissible and financially feasible. As adjustments of CSO are considered as significant unobservable inputs, specialised land with a CSO adjustment would primarily be classified as Level 3 assets.

For the majority of the department's specialised buildings, the current replacement cost method is used, adjusting for the associated depreciations. As depreciation adjustments are considered as significant, unobservable inputs in nature, specialised buildings are primarily classified as Level 3 fair value measurements.

A managerial revaluation of the department's buildings asset class was undertaken in 2024–25 in accordance with FRD103 *Non-financial physical assets*, which specifies that a managerial revaluation will be performed in non-scheduled years, where the cumulative movement in indexed valuations is material (greater than 10 per cent but not greater than 40 per cent). The cumulative movement for the department's buildings asset class since the last scheduled revaluation was a decrease of 0.4 per cent. The revaluation was performed using the VGV-issued indices. The effective date of the valuation was 30 June 2025. The cumulative movement in the department's land asset class since the last revaluation in 2023–24 was under 10 per cent, therefore a managerial revaluation was not required.

Vehicles are valued using the current replacement cost method. The department acquires new vehicles and at times disposes of them before the end of their economic life. The process of acquisition, use and disposal in the market is managed by experienced fleet managers in the department who set relevant depreciation rates during use to reflect the utilisation of the vehicles.

Plant and equipment is held at fair value. When plant and equipment is specialised in use, such that it is rarely sold other than as part of a going concern, fair value is determined using the current replacement cost method.

There were no changes in valuation techniques throughout the period to 30 June 2025.

For all assets measured at fair value, the current use is considered the highest and best use.

Reconciliation of Level 3 fair value movements

2025	Specialised land $M	Non-specialised buildings $M	Specialised buildings $M	Plant and equipment $M	Motor vehicles $M	Total $M
Opening balance	**596.9**	**8.9**	**849.5**	**5.8**	**–**	**1,461.1**
Adjusted balance at 1 July 2024	**596.9**	**8.9**	**849.5**	**5.8**	**–**	**1,461.1**
Machinery of government transfer in/(out)	10.8	–	–	–	–	10.8
Additions	7.3	0.6	1.0	1.8	–	10.7
Capitalisation of work in progress	–	–	11.1	–	–	11.1
Gains or losses recognised in net result						
Depreciation	–	(2.2)	(41.9)	(3.0)	–	(47.1)
Subtotal of gains or losses recognised in net result	**–**	**(2.2)**	**(41.9)**	**(3.0)**	**–**	**(47.1)**
Gains or losses recognised in other economic flows – other comprehensive income						
Net revaluation increments/(decrements)	–	–	1.6	–	–	1.6
Subtotal of gains or losses recognised in other economic flows	**–**	**–**	**1.6**	**–**	**–**	**1.6**
Closing balance	**615.0**	**7.3**	**821.3**	**4.6**	**–**	**1,448.2**

2024	Specialised land $M	Non-specialised buildings $M	Specialised buildings $M	Plant and equipment $M	Motor vehicles $M	Total $M
Opening balance	**561.0**	**4.9**	**610.0**	**4.0**	**–**	**1,179.9**
Additions	9.9	6.1	4.0	4.1	–	24.1
Capitalisation of work in progress	–	–	–	–	–	–
Disposals	(16.6)	–	(4.5)	(2.3)	–	(23.4)
Gains or losses recognised in net result						
Depreciation	–	(2.1)	(31.1)	–	–	(33.2)
Subtotal of gains or losses recognised in net result	**–**	**(2.1)**	**(31.1)**	**–**	**–**	**(33.2)**
Gains or losses recognised in other economic flows – other comprehensive income						
Net revaluation increments/(decrements)	42.6	–	222.1	–	–	264.7
Subtotal of gains or losses recognised in other economic flows	**42.6**	**–**	**222.1**	**–**	**–**	**264.7**
Closing balance	**596.9**	**8.9**	**849.5**	**5.8**	**–**	**1,461.1**

Description of significant unobservable inputs to Level 3 valuations

	Valuation technique	Significant unobservable inputs
Non-specialised land	Market approach	Not applicable
Specialised land	Market approach	Community Service Obligation (CSO) adjustment (rate 10–40%)
Non-specialised buildings	Market approach	Not applicable
Specialised buildings	Current replacement cost	Direct cost per square metre
		Useful life of specialised buildings
Plant and equipment	Current replacement cost	Useful life of equipment
Vehicles	Current replacement cost	Useful life of vehicles

Significant unobservable inputs have remained unchanged since June 2024.

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

Ex-gratia expenses are the voluntary payments of money or other non-monetary benefit that are 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.

There were no ex-gratia expense items greater than or equal to $5,000 in the 2024–25 financial year.

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:

- inventories impairment due to expiration, obsolescence and adjustments to current replacement cost under AASB 102 *Inventories*
- the revaluation of the present value of the long service leave liability due to changes in the bond interest rates
- other revaluations on the value of outstanding insurance claims and liabilities and the effects of changes in actuarial assumptions
- bad debt expenses.

	2025 $M	2024 $M
(a) Net gain/(loss) on non-financial assets		
Revenue from disposal of non-financial physical assets		
Motor vehicles	1.0	1.1
Total revenue from disposal of non-financial physical assets	**1.0**	**1.1**
Costs on disposal of non-financial physical assets		
Motor vehicles	0.6	0.6
Total costs on disposal of non-financial physical assets	**0.6**	**0.6**
Write down of inventories	(113.5)	(135.3)
Net gain/(loss) on non-financial assets	**(113.2)**	**(134.8)**
(b) Net gain/(loss) on financial instruments		
Net gain/(loss) on financial instruments and statutory receivables/payables	0.8	1.1
Total net gain/(loss) on financial instruments	**0.8**	**1.1**
(c) Other gains/(losses) from other economic flows		
Net gain/(loss) arising from revaluation of long service leave liability	(0.4)	0.9
Revaluation and adjustments of insurance claims	0.8	(0.5)
Net (increase)/decrease in provision for doubtful debts and bad debts	(0.2)	0.8
Total other gains/(losses) from other economic flows	**0.2**	**1.3**

9.3 Reserves

	2025 $M	2024 $M
(a) Accumulated surplus/(deficit)		
Balance at beginning of financial year	3,472.5	3,357.0
Prior period adjustments [(i)]	–	(3.0)
Restated balance at beginning of financial year	**3,472.5**	**3,354.0**
Net result for the year	443.1	118.5
Balance at the end of financial year	**3,915.6**	**3,472.5**
(b) Physical asset revaluation surplus		
Balance at beginning of financial year	941.1	597.6
Revaluation increments/(decrements) of land and buildings (ii)	120.8	343.6
Balance at the end of financial year	**1,061.9**	**941.1**
(c) Contributed capital		
Balance at beginning of financial year	69.0	96.2
Administrative instrument transfers – net assets received/(transferred)	(0.3)	–
Entities consolidated pursuant to section 53(1)(b) of the FMA – net assets received	–	2.0
Transfer from accumulated surplus/(deficit) related to machinery of government	–	–
Capital contributions to health agencies	(59.3)	(32.0)
Capital contributions by Victorian State Government	57.7	36.4
Capital transferred to/from administered entity	11.8	(33.5)
Balance at the end of financial year	**78.8**	**69.0**
Total equity	**5,056.4**	**4,482.6**
Physical asset revaluation surplus – represented by:		
• Land	313.0	313.3
• Buildings	749.0	627.9
Total physical assets revaluation surplus	**1,061.9**	**941.1**

Notes:

(i) The prior period adjustment in 2024 relates to expensing of capitalised land at 28-34 Lydiard Street South, Ballarat purchased by Grampians Health.

(ii) Movements in the physical asset revaluation reserve arise from the revaluation of land and buildings and the impairment of land and buildings that were previously revalued.

9.4 Responsible persons

In accordance with the Ministerial Directions issued by the Minister for Finance under the *Financial Management Act 1994* (FMA), the following disclosures are made regarding responsible persons for the reporting period.

Names

The persons who held the positions of ministers and accountable officer in the department were as follows:

Relevant office	Officer	From	To
Minister for Health	The Hon Mary-Anne Thomas MP	1 Jul 2024	30 Jun 2025
Minister for Health Infrastructure	The Hon Mary-Anne Thomas MP	1 Jul 2024	19 Dec 2024
	The Hon Melissa Horne MP	19 Dec 2024	30 Jun 2025
Minister for Ambulance Services	The Hon Mary-Anne Thomas MP	1 Jul 2024	30 Jun 2025
Minister for Mental Health	Ingrid Stitt MP	1 Jul 2024	30 Jun 2025
Minister for Ageing	Ingrid Stitt MP	1 Jul 2024	30 Jun 2025
Minister for Children	The Hon Lizzie Blandthorn MP	1 Jul 2024	30 Jun 2025
Secretary, Department of Health	Euan Wallace	1 Jul 2024	28 Feb 2025
	Jenny Atta	1 Mar 2025	30 Jun 2025

The persons who acted in the positions of ministers and of accountable officer in the department were as follows:

Relevant office	Acting minister or accountable officer	From	To
Minister for Health	Ingrid Stitt MP	3 Jul 2024	14 Jul 2024
	Ingrid Stitt MP	4 Nov 2024	8 Nov 2024
	Ingrid Stitt MP	13 Jan 2025	26 Jan 2025
	Ingrid Stitt MP	7 Apr 2025	11 Apr 2025
	Ingrid Stitt MP	30 Jun 2025	30 Jun 2025
Minister for Health Infrastructure	Ingrid Stitt MP	3 Jul 2024	14 Jul 2024
	Ingrid Stitt MP	4 Nov 2024	8 Nov 2024
	The Hon. Gabrielle Williams MP	29 Dec 2024	5 Jan 2025
Minister for Ambulance Services	Ingrid Stitt MP	3 Jul 2024	14 Jul 2024
	Ingrid Stitt MP	4 Nov 2024	8 Nov 2024
	Ingrid Stitt MP	13 Jan 2025	26 Jan 2025
	Ingrid Stitt MP	7 Apr 2025	11 Apr 2025
	Ingrid Stitt MP	30 Jun 2025	30 Jun 2025
Minister for Mental Health	The Hon. Mary-Anne Thomas MP	15 Jul 2024	24 Jul 2024
	The Hon. Mary-Anne Thomas MP	23 Dec 2024	12 Jan 2025
	The Hon. Mary-Anne Thomas MP	18 Apr 2025	27 Apr 2025
Minister for Ageing	The Hon. Mary-Anne Thomas MP	15 Jul 2024	24 Jul 2024
	The Hon. Mary-Anne Thomas MP	23 Dec 2024	12 Jan 2025
	The Hon. Mary-Anne Thomas MP	18 Apr 2025	27 Apr 2025
Minister for Children	The Hon. Ros Spence MP	1 Jul 2024	4 Jul 2024
	The Hon. Harriet Shing MP	18 Sep 2024	5 Oct 2024
	The Hon. Natalie Hutchins MP	29 Nov 2024	4 Dec 2024
	The Hon. Ben Carroll MP	23 Dec 2024	3 Jan 2025
	The Hon. Ros Spence MP	5 May 2025	12 May 2025
Secretary, Department of Health	Katherine Whetton	1 Jul 2024	23 Jul 2024
	Jacinda De Witts	24 Oct 2024	27 Oct 2024

Remuneration

Remuneration received or receivable by the accountable officer (Secretary) in connection with the management of the department during the reporting period was in the range of $1,220,000 – $1,229,000 (2024: $670,000 – $679,000)(i).

For information regarding remuneration received or receivable by ministers and related party transactions of ministers, please refer to the financial statements of the State of Victoria's *Annual financial report*.

Note:

(i) Total remuneration includes employee benefit entitlements. The 2025 figure includes a termination payment.

9.5 Remuneration of executives

The numbers of executive officers, other than ministers and the accountable officer, 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.

	Total remuneration	
Remuneration of executive officers (including key management personnel disclosed in Note 9.6)	**2025 $M**	**2024 $M**
Short-term employee benefits	39.6	54.3
Post-employment benefits	4.4	5.3
Other long-term benefits	1.0	1.3
Termination benefits	1.0	4.2
Total remuneration (i)(ii)	**45.9**	**65.1**
Total number of executives (ii)	191	300
Total annualised employee equivalent (ii)(iii)	160.0	222.3

Notes:

(i) Remuneration of key management personnel seconded from other departments is not included.

(ii) Total figures include the Chief Finance Officer (CFO), who delivered services as an executive officer to the department but was employed by the Department of Treasury and Finance.

(iii) Annualised employee equivalent is based on the time fraction worked over the reporting period.

9.6 Related parties

The department is a wholly owned and controlled entity of the State of Victoria.

The following Administrative Office has been consolidated into the department's financial statements under s. 45(4) of the FMA:

- Safer Care Victoria.

The following entities have been consolidated into the department's financial statements pursuant to the determination made by the Minister for Finance under s. 53(1)(b) of the FMA:

- Mental Health Tribunal
- Victorian Collaborative Centre for Mental Health and Wellbeing
- Victorian Assisted Reproductive Treatment Authority
- Mental Health and Wellbeing Commission.

Related parties of the department and the abovementioned Administrative Office and entity 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 from and made payments to the consolidated fund of $20,070.2 million (2024: $17,816.7 million) and $471.7 million (2024: $413.9 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 Mary-Anne Thomas MP, The Hon Melissa Horne MP, The Hon Lizzie Blandthorn MP, Ingrid Stitt MP; the Secretary, Euan Wallace and Jenny Atta; and members of the senior executive team, which include:

Entity	Key management personnel	Position title	From	To
Department of Health	Jodie Geissler	Deputy Secretary, Hospitals and Health Services	1 Jul 2024	6 Mar 2025
	Naomi Bromley	Acting Deputy Secretary, Hospitals and Health Services	7 Mar 2025	30 Jun 2025
Department of Health	Katherine Whetton	Deputy Secretary, Mental Health and Wellbeing	1 Jul 2024	18 Feb 2025
	Pam Anders	Acting Deputy Secretary, Mental Health and Wellbeing	19 Feb 2025	30 Jun 2025
Department of Health	Zoe Wainer	Deputy Secretary, Community and Public Health	1 Jul 2024	30 Jun 2025
Department of Health	Nicole Brady	Deputy Secretary, System Planning	1 Jul 2024	30 Jun 2025
Department of Health	Daen Dorazio	Deputy Secretary, Finance and Support (formerly Health Finance Funding and Investment)(i)	1 Jul 2024	7 Feb 2025
	Beth Gubbins	Acting Deputy Secretary, Finance and Support	8 Feb 2025	16 Feb 2025
	Catherine Rooney	Acting Deputy Secretary, Finance and Support	17 Feb 2025	30 Jun 2025
Department of Health	Jacinda de Witts	Deputy Secretary, People Operations Legal and Regulation	1 Jul 2024	4 Apr 2025
	Jennifer DeJong	Acting Deputy Secretary, People Operations Legal and Regulation	5 Apr 2025	29 Jun 2025
	Ryan Phillips	Deputy Secretary, People Operations Legal and Regulation	30 Jun 2025	30 Jun 2025
Department of Health	Lance Emerson	Deputy Secretary, eHealth	1 Jul 2024	30 Jun 2025
Department of Health	Siva Sivarajah	Chief Executive Officer, Hospitals Victoria (ii)	19 Aug 2024	30 Jun 2025
Department of Health	Nicole McCartney	Chief Aboriginal Health Advisor	1 Jul 2024	30 Jun 2025
Department of Health	Simone Williams	Chief Communications and Engagement Officer	1 Jul 2024	30 Jun 2025
Department of Health	Karen Olesnicky	Chief Finance Officer	1 Jul 2024	30 Jun 2025

Notes:

(i) Change in position title effective from 15 October 2024 due to change in departmental structure.

(ii) Hospitals Victoria Division commenced operations from 19 August 2024.

Key management personnel of the Administrative Office consolidated pursuant to s. 45(4) of the FMA into the department's financial statements include:

Entity	Key management personnel	Position title	From	To
Safer Care Victoria	Louise McKinlay	Chief Executive Officer	1 Jul 2024	30 Jun 2025

Key management personnel of the entity consolidated pursuant to s. 53(1)(b) of the FMA into the department's financial statements include:

Entity	Key management personnel	Position title	From	To
Mental Health Tribunal	Matthew Carroll	President	1 Jul 2024	30 Jun 2025
Victorian Collaborative Centre for Mental Health and Wellbeing	Sarah Wilson	Chief Executive Officer (i)	1 Jul 2024	30 Jun 2025
	Carolyn Gillespie	Chief Executive Officer (i)	1 Jul 2024	12 Jun 2025
Victorian Assisted Reproductive Treatment Authority (ii)	James Florent	Chief Executive Officer(ii)	1 Jul 2024	31 Dec 2024
Mental Health and Wellbeing Commission	Simon McKenzie	Chief Executive Officer	1 Jul 2024	30 Jun 2025

Notes:

(i) The role was shared by two executives for the whole of the reporting period.

(ii) From 1 January 2025 the department took over the regulation of assisted reproductive treatment, from within the People Operations Legal and Regulation Division.

Remuneration of key management personnel

The compensation detailed below excludes the salaries and benefits the portfolio ministers received. The ministers' remuneration and allowances are set by the *Parliamentary Salaries and Superannuation Act 1968* and are reported in the State of Victoria's *Annual financial report*.

	Department of Health (i)		Administrative Offices (ii)		Other section 53 (iii)	
	2025	2024	2025	2024	2025	2024
Compensation of KMPs	$M	$M	$M	$M	$M	$M
Short-term employee benefits	4.9	4.6	0.4	0.4	1.3	1.1
Post-employment benefits	0.4	0.3	–	–	0.2	0.1
Other long-term benefits	0.1	0.1	–	–	–	–
Termination benefits	0.5	–	–	–	0.1	–
Total (iv)(v)	**5.9**	**5.0**	**0.4**	**0.4**	**1.6**	**1.2**

Notes:

(i) Remuneration of KMPs seconded from other departments is not included.

(ii) The figures include remuneration of KMPs for Safer Care Victoria.

(iii) The figures include remuneration of KMPs for the Mental Health Tribunal, the Victorian Collaborative Centre for Mental Health and Wellbeing, the Victorian Assisted Reproductive Treatment Authority and the Mental Health and Wellbeing Commission.

(iv) Total figures include the remuneration of the Chief Finance Officer, who delivered services as an executive officer to the department but was employed by the Department of Treasury and Finance.

(v) Note that KMPs are also reported in the disclosure of remuneration of accountable officers (refer to Note 9.5) and in the disclosure of remuneration of executive officers (refer to Note 9.6).

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 in paying stamp duty and other government fees and charges. Further employment of processes within the Victorian public sector occurs 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 Office or the s. 53(1)(b) entities.

No provision has been required, nor any expense recognised, for impairment of receivables from related parties.

Lance Emerson, Deputy Secretary of eHealth, is a board director of Australian Red Cross Lifeblood, a not-for-profit organisation which is funded through the federal, state and territory governments. A total of $15.3 million was paid to Australian Red Cross Lifeblood on terms and conditions equivalent to those that prevail in arm's length transactions under the state's procurement process. The funds provided are to enable Australian Red Cross Lifeblood to supply the community with safe, high-quality blood and blood products, as well as organ and bone marrow services for transplantation.

Jodie Geissler, Deputy Secretary of Hospital and Health Services, is a board member of Australian Digital Health Agency, a corporate Commonwealth entity responsible for the strategic management and governance of the national digital health strategy and the design, delivery and operations of the national digital healthcare system, including the My Health Record system. A total of $8.2 million was paid to Australian Digital Health Agency, which represents the contributions made under Schedule A to the Intergovernmental Agreement on National Digital Health.

All other transactions that have occurred with KMP and their related parties have not been considered material for disclosure. In this context, transactions are only disclosed when they are considered necessary to draw attention to the possibility that the department's financial position and profit or loss may have been affected by the existence of related parties, and by transactions and outstanding balances, including commitments, with such parties.

9.7 Remuneration of auditors

	2025 $	2024 $
Victorian Auditor-General's Office – audit of the financial statements	515,000	483,600
Victorian State Pool Account – audit of the financial statements	14,600	–
Total auditors' remuneration	**529,600**	**483,600**

9.8 Subsequent events

No matters or circumstances have arisen since 30 June 2025 that significantly affect the information disclosed in the 2024–25 financial statements.

9.9 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.

9.10 Australian Accounting Standards issued that are not yet effective

Certain new and revised accounting standards have been issued but are not effective for the 2024–25 reporting period. These accounting standards have not been applied to the financial statements.

AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities

AASB 2022-10 *Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities* amended AASB 13 *Fair Value Measurement* by adding 'Appendix F: Australian implementation guidance for not-for-profit public sector entities'. Appendix F explains and illustrates the application of the principles in AASB 13 on developing unobservable inputs and the application of the cost approach. These clarifications are mandatorily applicable to annual reporting periods beginning on or after 1 January 2024. FRD 103 *Non-financial physical assets* permits Victorian public sector entities to apply Appendix F of AASB 13 in their next scheduled formal asset revaluation or interim revaluation (whichever is earlier).

In accordance with FRD 103, the department will apply Appendix F of AASB 13 in its next scheduled formal revaluation in 2029 or interim revaluation process (whichever is earlier).

AASB 17 Insurance Contracts, AASB 2022-8 Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments, and AASB 2022-9 Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector.

AASB 17 replaces AASB 4 *Insurance Contracts*, AASB 1023 *General Insurance Contracts* and AASB 1038 *Life Insurance Contracts* for not-for-profit public sector entities for annual reporting periods beginning on or after 1 July 2026.

AASB 2022-9 amends AASB 17 to make public sector-related modifications (for example, it specifies the pre-requisites, indicators and other considerations in identifying arrangements that fall within the scope of AASB 17 in a public sector context). This standard applies to annual reporting periods beginning on or after 1 July 2026.

AASB 2022-8 makes consequential amendments to other Australian Accounting Standards so that public sector entities are permitted to continue to apply AASB 4 and AASB 1023 to annual periods before 1 July 2026.

This standard applies to annual reporting periods beginning on or after 1 January 2026.

AASB 2024-2 Amendments to Australian Accounting Standards – Classification and Measurement of Financial Instruments

AASB 2024-2 amends AASB 7 *Financial Instruments: Disclosures* and AASB 9 *Financial Instruments*.

AASB 2024-2 amends requirements relating to:

- settling financial liabilities using an electronic payment system
- assessing contractual cash flow characteristics of financial assets with environmental, social and corporate governance and similar features
- disclosure requirements for investments in equity instruments designated at fair value through other comprehensive income and financial instruments with contingent features that do not relate directly to basic lending risks and costs.

This standard applies to annual periods beginning on or after 1 January 2026.

AASB 18 Presentation and Disclosure in Financial Statements

AASB 18 replaces AASB 101 *Presentation of Financial Statements* to improve the way entities communicate in their financial statements, with a particular focus on information about financial performance in the statement of profit or loss.

The key presentation and disclosure requirements established by AASB 18 is the presentation of newly defined subtotals in the statement of profit or loss.

AASB 18 requires an entity to:

- classify income and expenses into operating, investing, financing, income taxes and discontinued operations categories in the statement of profit or loss and
- present two newly defined subtotals – operating profit and profit before financing and income taxes.

This standard applies to annual periods beginning on or after 1 January 2028.

The department is in the process of assessing the potential impact of these standards and amendments.

In addition to the new standards and amendments above, the AASB has issued a number of other amending standards that are not effective for the 2024–25 reporting period. These standards are not expected to have any significant impact on the financial statements in the period of initial application.

9.11 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.

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.

Ex-gratia expenses mean the voluntary payment of money or other non-monetary benefit (for example a write off) that is not made either to acquire goods, services or other benefits for the entity or to meet a legal liability, or to settle or resolve a possible legal liability or claim against the entity.

Finance lease is a lease that transfers substantially all the risks and rewards incidental to ownership of an underlying asset.

Financial asset is any asset that is:

(a) cash

(b) an equity instrument of another entity

(c) a contractual or statutory right:

- 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 instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

Financial liability is any liability that is:

(a) a contractual or statutory obligation:

- to deliver cash or another financial asset to another entity, or
- 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:

- 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
- 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 borrowings. It includes interest on advances, loans, overdrafts, bonds and bills, deposits, interest components of lease repayments, service concession financial liabilities and amortisation of discounts or premiums in relation to borrowings.

Interest income interest received on bank term deposits and other investments, and includes unwinding over time of discounts on financial assets.

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.

Leases are rights conveyed in a contract, or part of a contract, to use an asset (the underlying asset) for a period of time in exchange for consideration.

Net acquisition of non-financial assets (from transactions) is the purchase (and other acquisition) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. It includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write offs, impairment write downs and revaluations.

Net financial liabilities are calculated as liabilities less financial assets, other than equity in public non-financial corporations (PNFC) and public financial corporations (PFC). This measure is broader than net debt as it includes significant liabilities, other than borrowings (for example accrued employee liabilities such as superannuation and long service leave entitlements). For the PNFC and PFC sectors, it is equal to negative net financial worth.

Net financial worth is equal to financial assets minus liabilities. It is a broader measure than net debt as it incorporates provisions made (such as superannuation, but excluding depreciation and bad debts) as well as holdings of equity. Net financial worth includes all classes of financial assets and liabilities, only some of which are included in net debt.

Net operating balance or **net result from transactions** is a key fiscal aggregate and is revenue from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets. It is the component of the change in net worth that is due to transactions and can be attributed directly to government policies.

Net 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 to '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 the cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the department.

Payables include 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 do not include the start-up costs associated with capital projects).

Public financial corporations 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 by taking deposits, issuing securities or providing insurance services). Estimates are not published for the public financial corporation sector.

Public non-financial corporation sector comprises bodies mainly engaged in the production of goods and services (of a non-financial nature) for sale in the market place at prices that aim to recover most of the costs involved (for example water and port authorities). In general, PNFCs are legally distinguishable from the governments which own them.

Receivables includes amounts owing from government through appropriation receivable, short- and long-term accounts receivable, accrued investment income, grants, taxes and interest receivable.

Rental income and income from services includes rental income under operating leases and income from the provision of services.

Service Concession Arrangement is a contract effective during the reporting period between a grantor and an operator in which:

(a) the operator has the right of access to the service concession asset (or assets) to provide public services on behalf of the grantor for a specified period of time

(b) the operator is responsible for at least some of the management of the public services provided through the asset and does not act merely as an agent on behalf of the grantor, and

(c) the operator is compensated for its services over the period of the service concession arrangement.

Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows within an entity, such as depreciation, where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (for example assets provided/given free of charge or for nominal consideration) or where the final consideration is cash. In simple terms, transactions arise from the policy decisions of the government.

9.12 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 2024–25 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.

Appendices

Appendix 1 Budget portfolio outcomes

The budget portfolio outcomes provide comparisons between the actual financial statements of all general government sector entities in the portfolio and the forecast financial information (initial budget estimates) published in *2024–25 State Budget Paper No. 5 – Statement of Finances* (BP5).

The budget portfolio outcomes comprise the comprehensive operating statement, balance sheet, statement of cash flows, statement of changes in equity, and administered items statement for the financial year 2024–25.

The budget portfolio outcomes have been prepared on a consolidated basis and include all general government sector entities within the portfolio. Financial transactions and balances are classified into either controlled or administered categories consistent with the published statements in BP5.

The budget portfolio outcomes statements are not subject to audit by the Victorian Auditor-General's Office and are not prepared on the same basis as the department's financial statements as they include the consolidated financial information of the following entities:

- the Department of Health
- public hospitals and public health services
- multipurpose services
- Ambulance Victoria
- HealthShare Victoria
- Victorian Institute of Forensic Mental Health
- Mental Health Tribunal
- Tweddle Child and Family Health Service
- The Queen Elizabeth Centre
- Victorian Health Promotion Foundation.

The budget portfolio 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 funding for the National Health Reform Agreement (NHRA), which is reported in the department's administered accounts.

Funding arrangements under the National Health Reform Agreement

The 2024–25 administered items statement reflects the funding contributions from the state and Commonwealth through the Victorian State Pool Account under the arrangements of the NHRA.

NHRA arrangements provide Victorian and Commonwealth activity-based funding directly to health services from the Victorian State Pool Account, which is overseen by the Administrator of the National Health Funding Pool. This is reported in the department's administered accounts.

The administered accounts include the state and Commonwealth contributions to activity-based funding, cross-border contributions, and payment of Commonwealth contributions for block-funded health agencies, as well as NHRA public health funding to the department-controlled entity[3].

Financial performance – operating statement

In 2024–25, the portfolio recorded an actual net result from transactions of $172 million surplus compared with a 2024–25 published budgeted surplus of $244 million.

The variance between the budgeted and actual surplus is mainly due to increased payments to non-government organisations such as denominational hospitals and community health services. In addition, there was an increase in health service costs for outsourced services.

3 Department-controlled entity refers to a health service funded by the department whose financial results are included in the department's accounts.

Financial position – balance sheet

Total assets are $718 million higher than the published budget. This is mostly attributed to the rephasing of capital projects.

Total liabilities are $893 million higher than the published budget as a result of increased provisions for employee costs across health services.

Cash flows

The overall cash position at the end of the 2024–25 financial year is $2,664 million, which is $238 million lower than the published budget for 2024–25.

The variance is mainly driven by lower cash held in portfolio health agencies as at 30 June 2025.

Detailed financial results for the 2024–25 portfolio budget and actual results are included in the following pages.

Comprehensive operating statement for the financial year ended 30 June 2025

	2024–25 Actual $M	2024–25 Revised Budget $M	2024–25 Published Budget $M	Variation to published budget %	Notes
Net result from continuing operations					
Income from transactions					
Output appropriations	16,861	17,102	13,050	29%	(i)
Special appropriations	3,209	3,181	3,217	0%	
Interest	208	158	205	1%	
Sales of goods and services	2,026	1,957	2,072	−2%	
Grants	9,612	9,626	8,734	10%	
Fair value of assets and services received free of charge or for nominal consideration	1	1	0		
Other income	1,121	1,065	843	33%	(ii)
Total income from transactions	**33,037**	**33,088**	**28,120**	**17%**	
Expenses from transactions					
Employee benefits	19,468	19,714	17,645	10%	
Depreciation and amortisation	1,903	1,882	1,586	20%	
Interest expense	297	312	270	10%	
Grants and other transfers	1,868	1,994	1,439	30%	
Other operating expenses	9,329	9,072	6,935	35%	(iii)
Total expenses from transactions	**32,865**	**32,973**	**27,876**	**18%**	
Net result from transactions (net operating balance)	**172**	**115**	**244**	**-30%**	
Other economic flows included in net result					
Net gain/(loss) on non-financial assets	(107)	(100)	(9)	1147%	
Net gain/(loss) on financial instruments and statutory receivables/payables	(35)	(44)	(26)	35%	
Other gains/(losses) from other economic flows	(3)	(31)	(8)	−63%	
Share of net profits/(losses) of associates and joint venture entities, excluding dividends	1.7	0	0	0%	
Total other economic flows included in net result	(142)	(174)	(42)	238%	
Net result	**30**	**(59)**	**202**	**-85%**	
Other economic flows – other comprehensive income					
Adjustment to accumulated surplus/(deficit) due to a change in accounting policy	15	0	0	0%	
Changes in non-financial asset revaluation surplus	423	132	126	237%	(iv)
Financial assets available-for-sale reserve	(3)	0	0	0%	
Other	(41)	0	0	0%	
Total other economic flows – other comprehensive income	**395**	**132**	**126**	**214%**	
Comprehensive result	**424**	**73**	**328**	**29%**	

(i) The actual output appropriation increase from the published budget reflects additional funding for new policy initiatives approved by government and funding released from central contingency.

(ii) Other income was higher than the published budget mainly due to increases in other private activity fees across most health services.

(iii) Other operating expenses were higher due to realignment of funding for health services from grants to public health services to denominational health services, which is categorised as "other operating expenses". In addition, there was an increase in operating costs in health services, including supplies and consumables, medical supplies, nurse agency expenses, outsourced services and external contract staff.

(iv) The changes in revaluation surplus were higher than the published budget due to the finalisation of the revaluation of land and building assets across the portfolio in accordance with Financial Reporting Direction FRD103 *Non-financial physical assets*.

Balance sheet as at 30 June 2025

	2024–25 Actual $M	2024–25 Revised Budget $M	2024–25 Published Budget $M	Variation to published budget %	Notes
Assets					
Financial assets					
Cash and deposits	2,664	2,730	2902	-8%	(i)
Receivables	5,590	5,460	4350	29%	(ii)
Other financial assets	417	495	485	−15%	
Investments accounted for using equity method	0	0	1	−72%	
Total financial assets	**8,671**	**8,685**	**7,747**	**12%**	
Non-financial assets					
Inventories	173	199	286	−39%	
Non-financial assets classified as held for sale	32	2	0	43320%	
Property, plant and equipment	33,407	33,068	33,660	−1%	
Investment properties	118	148	148	−20%	
Intangible assets	181	204	97	86%	
Other	368	293	294	25%	
Total non-financial assets	**34,278**	**33,914**	**34,484**	**−1%**	
Total assets	**42,949**	**42,599**	**42,231**	**2%**	
Liabilities					
Payables	3,537	3,416	3,417	4%	
Borrowings	5,834	5,968	5,585	4%	
Provisions	5,711	5,363	5,187	10%	(iii)
Total liabilities	**15,082**	**14,746**	**14,189**	**6%**	
Net assets	**27,867**	**27,853**	**28,042**	**−1%**	
Equity					
Accumulated surplus/(deficit)	3,115	3,068	3,329	−6%	
Reserves	19,220	18,917	18,910	2%	
Contributed capital	5,532	5,868	5,804	−5%	
Total equity	**27,867**	**27,853**	**28,043**	**−1%**	

(i) Cash and deposits are lower than the published budget due to health services having to draw down on cash balances to meet higher expenditures.

(ii) Receivables are higher than the published budget mainly due to increase in amounts owing from Victorian Government for capital funding and re-cashflows.

(iii) Provisions are higher than the published budget due to increased provisions for employee costs across health services.

Statement of cash flows for the financial year ended 30 June 2025

	2024–25 Actual $M	2024–25 Revised budget $M	2024–25 Published budget $M	Variation to published budget %
Cash flows from operating activities				
Receipts				
Receipts from government	19,447	21,341	17,939	−8%
Receipts from other entities	9,427	9,520	9,261	2%
Goods and Services Tax recovered from the ATO	12	(6)	(6)	−292%
Interest received	207	158	204	2%
Dividends received	6	6	10	−37%
Other receipts	1,370	1,122	904	52%
Total receipts	**30,469**	**32,142**	**28,311**	**8%**
Payments				
Payments of grants and other transfers	(1,859)	(1,994)	(1,439)	29%
Payments to suppliers and employees	(28,020)	(28,513)	(24,446)	15%
Goods and Services Tax paid to the ATO	2	1	1	257%
Interest and other costs of finance	(176)	(178)	(142)	24%
Other payments	0	1	0	0%
Total payments	**(30,053)**	**(30,683)**	**(26,027)**	**15%**
Net cash flows from/(used in) operating activities	**417**	**1,458**	**2,284**	**−82%**
Cash flows from investing activities				
Net investment	77	13	6	1190%
Payments for non-financial assets	(1,895)	(1,644)	(2,253)	−16%
Proceeds from sale of non-financial assets	27	15	3	792%
Net cash flows from/(used in) investing activities	**(1,790)**	**(1,616)**	**(2,244)**	**−20%**
Cash flows from financing activities				
Owner contributions by state government	11	401	337	−97%
Repayment of right of use leases	(326)	(297)	(259)	26%
Net borrowings	1,569	(1)	(1)	−285483%
Net cash flows from/(used in) financing activities	1,254	103	78	1512%
Net increase (decrease) in cash and cash equivalents	**(120)**	**(55)**	**118**	**−202%**
Cash and cash equivalents at the beginning of the financial year	2,784	2,784	2,784	0%
Cash and cash equivalents at the end of the financial year	**2,664**	**2,729**	**2,902**	**−8%**

Statement of changes in equity for the financial year ended 30 June 2025

	2024–25	2024–25	2024–25	Variation to published budget
	Actual $M	Revised budget $M	Published budget $M	%
Accumulated funds	3,127	3,127	3,127	0%
Adjustment due to change in accounting policy	15	–		–
Transactions with owners in their capacity as owners	(57)	–		–
Comprehensive result	30	(59)	202	−85%
Accumulated surplus/(deficit)	**3,115**	**3,068**	**3,329**	**−6%**
Net contributions by owners	5,467	5,467	5,467	0%
Transactions with owners in their capacity as owners	64	401	337	−81%
Contributions by owners	**5,532**	**5,868**	**5,804**	**−5%**
Physical asset revaluation reserve	17,986	17,986	17,986	0%
Transactions with owners in their capacity as owners	423	132	126	236%
Comprehensive result	–	–	–	–
Physical asset revaluation reserve	**18,409**	**18,118**	**18,112**	**2%**
Financial assets available-for-sale reserve	799	799	799	0%
Other reserves	13	–	–	–
Other reserves	812	799	799	2%
Changes in equity	**27,867**	**27,853**	**28,044**	**−1%**

Administered items statement for the financial year ended 30 June 2025

	2024–25 Actual $M	2024–25 Revised Budget $M	2024–25 Published Budget $M	Variation to published budget %	Notes
Administered income					
Interest	5	3	3	58%	
Sales of goods and services	394	297	269	46%	
Grants	18,064	18,050	14,775	22%	(i)
Other income	3	10	10	−69%	
Total administered income	**18,466**	**18,360**	**15,057**	**23%**	
Administered expenses					
Grants and other transfers	16,775	16,569	13,662	23%	(ii)
Payments into consolidated fund	472	382	306	54%	
Expenses on behalf of the state	1,222	1,410	1,091	12%	
Total administered expenses	**18,469**	**18,361**	**15,059**	**23%**	
Income less expenses	**(3)**	**(2)**	**(2)**	**91%**	
Other economic flows included in net result					
Net gain/(loss) on non-financial assets	(0)	2	2	−100%	
Total other economic flows included in net result	**(0)**	**2**	**2**	**−100%**	
Net result	**(3)**	**(0)**	**0**	**0%**	
Total other economic flows – other comprehensive income	**0**	**(0)**	**0**	**0%**	
Comprehensive result	**(3)**	**(0)**	**0**	**0%**	
Administered assets					
Cash and deposits	7	5	5	43%	
Receivables	393	505	550	−29%	(iii)
Other financial assets	0	0	0	0%	
Total administered assets	**400**	**510**	**555**	**−28%**	
Administered liabilities					
Payables	380	488	549	−31%	(iv)
Total administered liabilities	**380**	**488**	**549**	**−31%**	
Net assets	**21**	**22**	**6**	**251%**	

(i) Administered grants income was higher than the published budget primarily due to funding decisions under the health services budget action plan and financial sustainability initiatives, which increased state contributions to the National Health Funding Pool. In addition, an increase in Commonwealth National Health Reform Agreement funding reflects reconciliation payments and prior year adjustments.

(ii) Administered grants expenses were higher than the published budget due to additional grants to health agencies from additional Victorian Government investment in hospital activity following the 2024–25 Budget.

(iii) Administered receivables are lower than the published budget mainly due to the finalisation of outstanding prior year interstate patient reconciliations.

(iv) Administered payables are lower than the published budget mainly due to the finalisation of outstanding prior year interstate patient reconciliations.

Appendix 2: Objective indicators

The department reports its effectiveness in delivering on its objectives by reporting against a number of objective indicators, as set out in its *Strategic plan 2023–27 (2024 update).*

The results in the table below represent the most recent data. This is the second time these objective indicators have been reported against, therefore two years of data is provided. Where results are based on survey data, a 95 per cent confidence interval (CI) has been used. A CI gives the range of values the measure would likely fall between if data was collected from everyone in Victoria. The value used for the measure has been calculated from a subset of people in the Victorian population.

Results

Measure	Unit of measure	Description	2023–24	2024–25
Admitted stay seven days or longer [(i)]	Per cent	Acute admitted patients whose total length of stay in hospital was seven days or more	16.0%	15.6%
Hospital-acquired complications [(i)]	Number per 10,000 separations	Public hospitalisations involving a hospital-acquired complication	164.0	154.2
Hospital patients treated with dignity and respect	Per cent	Patients who report feeling they were treated with dignity and respect in a hospital setting	96.0% 95% CI: 95.9%–96.1%	96.3% 95% CI: 96.2%–96.4%
Excess deaths	Number	Additional deaths occurring beyond what would typically be expected	2,656.2	2,859.8
Heat-related emergency department presentations during heatwaves	Number per 100,000 population	Heat-related emergency department presentations during heatwaves, on days defined as heatwaves by the Bureau of Meteorology	3.5	5.8
SafeScript-monitored prescription drug involved in overdose deaths.	Number per 100,000 population	Overdose deaths involving target drugs monitored by SafeScript	NA	4.9
Babies born with low birth weight [(i)]	Per cent	Babies born less than 2,500 grams. Data includes livebirths following a termination of pregnancy for any indication and livebirths with lethal congenital anomalies. Data also includes very preterm (<32 weeks) and extremely preterm (20-27 weeks) livebirths who are low birth weight because of their premature birth.	5.3%	5.1%
Children aged 0-9 years hospitalised for dental conditions [(i)]	Number per 100,000 population	Children aged 0–9 years hospitalised for dental conditions	254.2	263.6
Aboriginal people who feel connected to culture and community [(ii)]	Per cent	Aboriginal and Torres Strait Islander people living in Victoria who feel strongly or somewhat connected to culture and community	40.5% 95% CI: 34.0%–47.3%	40.5% 95% CI: 34.0%–47.3%
Total carbon dioxide (CO_2) emissions attributed to public health services [(iii)]	Tonnes (CO_2 equivalent)	Total greenhouse gas emissions from the Victorian public health sector	797,941	775,664

Measure	Unit of measure	Description	2023–24	2024–25
Low-value colonoscopies (i)	Per cent	Screening and diagnostic colonoscopy procedures that may not meet clinical guidance for best care	0.9%	1.3%
Potentially preventable hospitalisations (i)	Number per 1,000 population	Public hospitalisations for potentially preventable conditions per 1,000 population	22.2	23.0
Patients hospitalised for selected conditions who did not receive appropriate screening	Per cent	Public hospitalisations for selected conditions where patients did not have a screening event within the condition's recommended timeframe.	NA	NA

(i) Measure is based on data that is subject to continuous change or was incomplete at the time of reporting. Reported results for the current reporting period may change in subsequent years.

(ii) This measure reflects data from the 2023 calendar year. The same data was reported for 2023–24 as it is collected every three years.

(iii) Reporting period is from April 2024 to March 2025.

Appendix 3: Output Performance measures

The department reports output performance using 176 quantity, quality and timeliness performance measures set out in *2024–25 Budget Paper – Department Performance Statement*. Results in the tables below are coded according to:

✓ Performance target achieved or exceeded (97 measures)

○ Performance target not achieved – within five per cent variance (17 measures)

■ Performance target not achieved – exceeds five per cent variance (55 measures)

N/A Performance not rated (seven measures)

Admitted Services

Acute and sub-acute patient services (elective and non-elective) provided at Victorian metropolitan and rural public hospitals.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Palliative separations	number	7,816	9,285	18.8%	✓
The result is higher than the target, which is driven by demand for admitted palliative care. Health services have responded using sub-acute capacity (national weighted activity unit) to support local demand.					
Sub-acute care separations	number	37,900	34,900	−7.9%	■
The result is lower than the target. While admitted sub-acute care separations from hospitals have not met the target, the result shows continued recovery on historic admitted activity. Wider sector review shows growing non-admitted sub-acute activity across community-based programs supporting care closer to home, demonstrating overall growth across total admitted and non-admitted sub-acute activity. *The 2023-24 result of 34,922 published in the 2023-24 Department of Health Annual Report was incorrect. The finalised 2023-24 result was 34,972.*					
Total separations – all hospitals	number (thousand)	2,088	2,181.6	4.5%	✓
NWAU (national weighted activity unit) funded separations – all hospitals except small rural health services	number (thousand)	1,894	2,003.9	5.8%	✓
The result is higher than the target. Mental health admitted activity was brought into scope for national weighted activity unit (NWAU) funding in 2024–25, contributing to an increase in funded separations. Based on the NWAU value of activity funded by the department, the variance is estimated at around 3.5%.					
Perinatal mortality rate per 1 000 of babies of Aboriginal mothers, using rolling 3-year average	rate per 1000	8.7	10.2	17.2%	■
Preliminary result. The result is higher than the target. The perinatal mortality rate for babies of Aboriginal mothers, based on the 2020–22 rolling three-year average, was 10.2 per 1,000 births. While this result did not meet the target of 8.7, it represents an improvement from the previous rolling rate of 11.2 for 2019–21. Due to the relatively small number of Aboriginal women and babies, year-to-year variability remains high. The Victorian Maternity Taskforce, established in October 2024, will focus on ensuring culturally safe maternity and newborn services, guided by Aboriginal communities and grounded in the principles of self-determination.					
Number of patients admitted from the planned surgery waiting list	number	200,000	212,660	6.3%	✓
The result was higher than the target due to additional funding provided within the 2024–25 financial year. *The 2023-24 result of 209,902 published in the 2023-24 Department of Health Annual Report and Department Performance Statement was incorrect. The finalised 2023-24 result was 209,925.*					
NWAU (national weighted activity unit) funded emergency separations – all hospitals	number (thousand)	710	740.4	4.3%	✓

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quality					
Eligible newborns screened for hearing deficit before one month of age	per cent	98	98	0.0%	✓
Hand hygiene compliance	per cent	85	86.4	1.6%	✓
Healthcare worker immunisation – influenza	per cent	92	92	0.0%	✓
Intensive Care Unit central line associated blood stream infections (CLABSI) per 1 000 device days	rate	0.0	0.6	NA	■
Preliminary result. The result was higher than the target. The Victorian Nosocomial Infection Surveillance System (VICNISS) have confidence that these numbers in isolation do not reflect any concerning trends. The rate from each quarter is so low that most variation is considered within expected variation. VICNISS have indicated that the zero target should be reviewed and adjusted to less than one case per 1000 device days. Performance trends in Victoria have shown sustained low rates of CLABSI that benchmark favourably to other jurisdictions but not at a sustained rate of zero.					
Major trauma patients transferred to a major trauma service	per cent	88	90.7	3.1%	✓
Preliminary result.					
Percentage of patients who reported positive experiences of their hospital stay	per cent	95	92.4	−2.7%	○
Preliminary result.					
Public hospitals accredited	per cent	100	100	0.0%	✓
Staphylococcus aureus bacteraemias (SAB) infections per 10 000 patient days	rate	1	0.8	−20.0%	✓
Preliminary result. The target for Staphylococcus aureus bacteraemia (SAB) infections was achieved, with a result of 0.8 per 10,000 patient days: -20% below the target of one. This favourable variance reflects strong performance in infection prevention and control across Victorian health services. The Victorian Nosocomial Infection Surveillance System (VICNISS), on behalf of Safer Care Victoria (SCV), continues to apply a consistent monitoring approach and engages regularly with health services to review infection events and strengthen investigation processes.					
Unplanned readmission after treatment for acute myocardial infarction	per cent	4	4.2	5.0%	○
Preliminary result.					
Unplanned readmission after treatment for heart failure	per cent	11.3	10.8	−4.4%	✓
Preliminary result.					
Unplanned readmission after hip replacement surgery	per cent	6	5.9	−1.7%	✓
Preliminary result.					
Unplanned readmission after paediatric tonsillectomy and adenoidectomy	per cent	3.7	5.4	45.9%	■
Preliminary result. The result is higher than the target. Analysis of the Safety and Quality Dashboard (June 2023–May 2024) indicates that over 80% of readmissions occurred between 48 hours and 28 days post surgery, suggesting delayed haemorrhage rather than early bleeding. This pattern is consistent with known clinical expectations, particularly between five- and ten-days post operation.					
Unplanned readmission after knee replacement surgery	per cent	5.5	5.2	−5.5%	✓
Preliminary result. The result was lower than the target. The fluctuation seen from quarter to quarter appears to be normal variation, driven by a range of issues such as patient mix.					

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Timeliness					
Non-urgent (Category 3) planned surgery patients admitted within 365 days	per cent	95	87	−8.4%	■
Timeliness of planned surgery is still recovering post COVID-19, where category 2 and 3 planned surgeries were paused periodically, resulting in a backlog of patients and extended wait times. Timeliness performance has been progressively improving over the past two years.					
Semi-urgent (Category 2) planned surgery patients admitted within 90 days	per cent	83	70.2	−15.4%	■
Preliminary result. Timeliness of planned surgery is still recovering post COVID-19, where category 2 and 3 planned surgeries were paused periodically, resulting in a backlog of patients and extended wait times. Timeliness performance has been progressively improving over the past two years.					
Urgent (Category 1) planned surgery patients admitted within 30 days	per cent	100	100	0.0%	✓
Cost					
Total Output Cost	**$ million**	**15,845.1**	**18,351.5**	**15.8%**	
The 2024–25 actual outcome reflects additional funding to support the health sector and alignment of service delivery across outputs.					

Non-admitted Services

This output provides planned non-admitted services that require an acute setting to ensure the best outcome for a patient. These services provide access to medical, nursing, midwifery and allied health professionals for assessment, diagnosis and treatment; ongoing specialist management of chronic and complex conditions in collaboration with community providers; pre- and post-hospital care; maternity care; and related diagnostic services, such as pathology and imaging.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Community palliative care episodes	number	15,500	16,336	5.4%	✓
The higher result reflects the demand for service.					
Health Independence program direct contacts	number (thousand)	1,599	1735.2	8.5%	✓
This result exceeded the target, reflecting high demand. This is a favourable result as it shows more people are receiving low-acuity care in the community rather than in hospital.					
Patients treated in Specialist Outpatient Clinics – unweighted	number (thousand)	2,007	2,418	20.5%	✓
The result is higher than the target, which is a positive reflection of performance, with a greater volume of patients treated.					
Quality					
Post-acute clients not readmitted to acute hospital	per cent	90	95.5	6.1%	✓
The result was higher than the target due to fewer patients requiring readmission. This is a positive result.					
Timeliness					
Health Independence program clients contacted within three days of referral	per cent	85	85.6	0.7%	✓
Cost					
Total Output Cost	**$ million**	**2,354.1**	**2,553.3**	**8.5%**	
The 2024–25 actual outcome reflects additional funding to support the health sector and alignment of service delivery across outputs.					

Emergency Services

This output relates to emergency presentations at reporting hospitals with emergency departments. It aims to provide high-quality, accessible health and community services, specifically in improving waiting times for emergency services.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Emergency presentations	number (thousand)	1,948	2017	3.5%	✓
Quality					
Emergency patients that did not wait for treatment	per cent	<5	4.1	−18.0%	✓
The 2024–25 result is a positive outcome, indicating a lower proportion of patients who presented to an emergency department but left before receiving any clinical treatment.					
Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	per cent	<6	6.5	8.3%	■
The result was higher than the target. As this measure includes both planned and unplanned re-presentations, it does not reflect patient outcomes or quality of care.					
Patients' experience of emergency department care	per cent	85	77	−9.4%	■
Preliminary result. The inability to meet target is likely due to ongoing demand on service provision. Safer Care Victoria (SCV) and the department are overseeing multiple projects that will impact patient experience in the emergency department. These include but are not limited to the Safer Together program and the Safer Care for Kids program. According to emergency department presentation complaints received by SCV, delayed access to care (wait times in emergency department and access to specialist care), communication challenges (dismissing patients, disrespect) and premature discharge without a diagnosis (examination and monitoring) were the key areas of concern.					
Timeliness					
Emergency Category 1 treated immediately	per cent	100	100	0.0%	✓
Emergency patients treated within clinically recommended 'time to treatment'	per cent	80	71.6	−10.5%	■
While below target, this result was achieved in the context of 2.5 per cent year-on-year growth in presentations, equivalent to 54,000 additional cases, in conjunction with a rise in high-acuity presentations (categories 1–3), which require more complex care and longer treatment times. The ability of the system to maintain performance consistent to the prior year within this context demonstrates system resilience in treating emergency department patients within clinically recommended timeframes.					
Emergency patients with a length of stay of less than four hours	per cent	75	53.6	−28.5%	■
The result was lower than the target due to emergency departments continuing to face sustained pressure as a result of changes in patient complexity and acuity.					
Proportion of ambulance patient transfers within 40 minutes	per cent	90	67.7	−24.8%	■
The result is lower than the target but marks the strongest winter performance since 2021, reflecting steady progress in ambulance handover times. This improvement highlights the ongoing efforts of Ambulance Victoria and health services to enhance patient flow and timely access to care. System-wide programs such as Timely Emergency Care 2 (TEC2), AV TEC2 and the Standards for Safe and Timely Ambulance and Emergency Care (STAEC) continue to drive performance by addressing critical bottlenecks along the care journey – from ambulance response through to discharge – ensuring more timely, connected emergency care.					
Cost					
Total Output Cost	**$ million**	**1,110.4**	**1,022.1**	**−8.0%**	
The 2024–25 actual outcome reflects alignment of service delivery across outputs.					

Health Workforce Training and Development

This output relates to grants provided to Victorian health services to support the training and development of the health workforce. This output aims to provide career pathways and contribute towards a stable, ongoing accredited workforce in the health sector in Victoria.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Clinical placement student days (medicine)	number	385,000	382,126	−0.7%	○
Clinical placement student days (nursing and midwifery)	number	405,000	480,592	18.7%	✓
The result reflects a demand-driven outcome and is consistent with a historical trend of strong performance.					
Clinical placement student days (allied health)	number	160,000	166,287	3.9%	✓
Number of filled Victorian Rural Generalist Year 3 positions	number	38	26	−31.6%	■
The result is lower than target, reflecting lower than anticipated demand for positions. Mitigation strategies have already been implemented and early activity for 2025–26 is already showing some improvement.					
Funded post graduate nursing and midwifery places at Diploma and Certificate level	number	832	832	0.0%	✓
Number of undergraduate nursing and midwifery scholarships supported	number	5,000	4,705	−5.9%	■
The result is lower than target because this measure is demand driven, based on eligibility criteria. The outcome reflects the number of scholarships approved for eligible individuals.					
Scholarships for refresher programs and re-entry to practice courses for nurses and midwives	number	250	228	−8.8%	■
The result is lower than target because this measure is demand driven.					
Sign-on bonuses for nursing and midwifery graduates	number	2,715	4,631	70.6%	✓
The result is higher than target because this measure is demand driven, reflecting higher levels of attraction and retention of graduate nurses and midwives within the Victorian public health system.					
Funded FTE (full-time equivalent) in formal allied health transition-to-practice programs	number	700	675	−3.6%	○
Funded FTE (full-time equivalent) in formal PGY1 (postgraduate year 1) and PGY2 (postgraduate year 2) transition-to-practice programs	number	1,525	1,525	0.0%	✓
Funded positions in formal nursing and midwifery graduate programs	number	1,590	1,591	0.1%	✓
Quality					
Learner satisfaction about their feeling of safety and wellbeing while undertaking their program of study at health services	per cent	80	97	21.3%	✓
The result was higher than the target because of a commitment to quality experience and continuous improvement.					
Cost					
Total Output Cost	**$ million**	**442.0**	**384.0**	**−13.1%**	
The 2024–25 actual outcome reflects alignment of service delivery across outputs.					

Aged and Home Care

This output includes delivery of a range of community services that support older Victorians. These services provide access to ongoing care and support in a residential aged care setting; comprehensive assessment of older Victorians' requirements for treatment and residential aged care services; eyecare services, Personal Alert Victoria services, and pension-level Supported Residential Services.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Aged care assessments	number	N/A	63,870	–	N/A
No 2024–25 target was set for this measure, and a variance percentage cannot be determined. This is a positive result with more assessments completed in 2024–25 compared to the previous year. Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 have also impacted this result.					
Available bed days	days	1,153,718	1,091,638	−5.4%	■
The result was lower than the target due to the redevelopments currently underway to modernise facilities and meet needs at a local level.					
Personal alert units allocated	number	24,621	24,621	0.0%	✓
Victorian Eyecare Service (occasions of service)	number	75,800	69,986	−7.7%	■
The result is lower than the target partly due to the increasing cost of services delivered in regional locations, and differing data collection methods across metropolitan and regional locations, which does not allow for direct comparison. This measure will be replaced by two new metrics in 2025–26 to more accurately reflect the services provided.					
Clients accessing aids and equipment	number	27,002	22,967	−14.9%	■
The result was lower than the target due to workforce capacity issues. Increasing client need continues to impact organisational ability to meet targets.					
Quality					
Residential care services accredited	per cent	100	100	0.0%	✓
Funded research and service development projects for which satisfactory reports have been received	per cent	100	100	0.0%	✓
Clients satisfied with the aids and equipment services system	per cent	90	94	4.4%	✓
Timeliness					
Applications for aids and equipment acknowledged in writing within 10 working days	per cent	95	99.8	5.0%	✓
Average waiting time (calendar days) from referral to assessment	days	N/A	37	–	N/A
No 2024–25 target was set for the measure, and a variance percentage cannot be determined. Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 have impacted this result.					
Percentage of high-priority clients assessed within the appropriate time in all settings	per cent	90	83.3	−7.4%	■
The result is lower than the target. Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 have impacted this result. This transition impacted all measures for assessment and significantly contributed to the failure to meet performance targets for the average waiting time for an assessment. The department continues to provide additional support but will also continue to be affected by the ongoing impacts of the transition.					

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Percentage of low-priority clients assessed within the appropriate time in all settings	per cent	90	56	−37.8%	■
The result is lower than the target. Changes arising from the transition to the Commonwealth's new Single Assessment System implemented in December 2024 have impacted this result. This transition impacted all measures for assessment and significantly contributed to the failure to meet performance targets for the average waiting time for an assessment as well as for low- and high-priority referrals. The department continues to provide additional support but will also continue to be affected by the ongoing impacts of the transition					
Percentage of medium-priority clients assessed within the appropriate time in all settings	per cent	90	95	5.6%	✓
The result is higher than the target, which is a positive result.					
Cost					
Total Output Cost	**$ million**	**546.1**	**800.9**	**46.7%**	
The 2024–25 actual outcome reflects higher own source revenue; additional Commonwealth funding and additional funding provided for government policy commitments.					

Home and Community Care Program for Younger People

This output includes delivery of a range of community-based nursing, allied health and support services enabling younger people who have difficulties with the activities of daily living to maintain their independence and to participate in the community.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Home and Community Care for Younger People – number of clients receiving a service	number	60,000	62,727	4.5%	✓
Home and Community Care for Younger People – hours of service delivery	hours (thousand)	1,000	1,078	7.8%	✓
The result is higher than the target, which is a positive result demonstrating improvements in HACC-PYP service delivery over the past 12 months, likely due to the re-allocation of funding from underperforming providers to higher-performing existing providers.					
Cost					
Total Output Cost	**$ million**	**154.8**	**181.5**	**17.3%**	
The 2024–25 actual outcome reflects funding provided for government policy commitments and alignment of service delivery across outputs.					

Ambulance Services

Emergency and non-emergency road, rotary and fixed-wing aircraft patient treatment and transport services provide access to timely and high-quality ambulance services. Timely and high-quality emergency and non-emergency ambulance services contribute to high-quality, accessible health and community services for all Victorians.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Community Service Obligation emergency road and air transports	number	283,266	262,375	−7.4%	■
Below-target activity levels reflect the impact of protected industrial action between March and September 2024, reducing reporting, together with Ambulance Victoria's focus on connecting people to care that is responsive to their needs while avoiding an emergency ambulance response. Key initiatives include expansion of Secondary Triage services, the Victorian Virtual Emergency Department and use of other alternate care pathways.					
Community Service Obligation non-emergency road and air transports	number	230,376	184,113	−20.1%	■
Below-target activity levels reflect the impact of protected industrial action between March and September 2024, reducing reporting, together with the impact of Ambulance Victoria's better application of non-emergency patient transport (NEPT) eligibility criteria to ensure NEPT services are available for patients that need clinical monitoring or support.					
Statewide emergency air transports	number	4,030	2,933	−27.2%	■
Reporting of activity against this measure was impacted by protected industrial action between March and September 2024, reducing reporting. Air activity is entirely demand driven, with activity below target representing lower demand for air services.					
Statewide emergency road transports	number	518,329	484,876	−6.5%	■
Below-target activity levels reflect Ambulance Victoria's focus on connecting people to care that is responsive to their needs while avoiding an emergency ambulance response. Key initiatives include the use of Secondary Triage services, the Victorian Virtual Emergency Department and use of other alternate care pathways.					
Statewide non-emergency air transports	number	3,400	2,818	−17.1%	■
Reporting of activity against this measure was impacted by protected industrial action between March and September 2024, reducing reporting. Air activity is entirely demand driven, with activity below target representing lower demand for air services.					
Statewide non-emergency road transports	number	309,922	257,513	−16.9%	■
The below-target result reflects Ambulance Victoria's application of non-emergency patient transport (NEPT) eligibility criteria to ensure NEPT services are available for patients that need clinical monitoring or support. Performance below target is an intended outcome of this work.					
Treatment without transport	number	130,000	140,747	8.3%	✓
Above-target activity reflects Ambulance Victoria's increased focus on demand management strategies to reduce unnecessary transports to emergency departments, including in-field referrals to the Victorian Virtual Emergency Department. Performance above target is a positive outcome for this measure.					
Quality					
Audited cases attended by Community Emergency Response Teams (CERT) meeting clinical practice standards	per cent	95	100	5.3%	✓
Performance exceeded the target. This strong result reflects consistent adherence to care protocols and demonstrates high-quality care.					
Audited cases statewide meeting clinical practice standards	per cent	95	99.8	5.1%	✓
Performance exceeded the target. This indicates reliable and consistent delivery of high-quality care.					
Proportion of adult patients suspected of having a stroke who were transported to a stroke unit with thrombolysis facilities within 60 minutes	per cent	95	97.8	2.9%	✓
Proportion of patients experiencing severe cardiac or traumatic pain whose level of pain is reduced significantly	per cent	90	92.1	2.3%	✓

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Proportion of patients very satisfied or satisfied with overall services delivered by paramedics	per cent	95	98	3.2%	✓
Timeliness					
Proportion of emergency (Code 1) incidents responded to within 15 minutes – statewide	per cent	85	65.3	−23.2%	■
Ongoing elevated demand for Code 1 responses, along with increased patient acuity and system flow constraints, continue to impact resource availability and response times. Targeted initiatives aimed at increasing system flow efficiency and reducing demand for ambulance and emergency department services continue to be implemented, with other leading performance measures such as transfer times showing signs of improvement.					
Proportion of emergency (Code 1) incidents responded to within 15 minutes in centres with more than 7,500 population	per cent	90	69.2	−23.1%	■
Ongoing elevated demand for Code 1 responses, along with increased patient acuity and system flow constraints, continue to impact resource availability and response times. Targeted initiatives aimed at increasing system flow efficiency and reducing demand for ambulance and emergency department services continue to be implemented, with other leading performance measures such as transfer times showing signs of improvement.					
Cost					
Total Output Cost	**$ million**	**1,438.2**	**1,612.5**	**12.1%**	
The 2024–25 actual outcome reflects additional funding to support the health sector and alignment of service delivery across outputs.					

Drug Services

Encourages all Victorians to minimise the harmful effects of alcohol and other drugs by providing a comprehensive range of strategies, which focus on enhanced community and professional education, targeted prevention and early intervention programs, community based non-residential and residential treatment services, and effective regulation.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Number of clients on the Pharmacotherapy program	number	14,630	14,763	0.9%	✓
Preliminary result.					
Number of commenced courses of treatment through community-based drug treatment services	number	9,239	10,953	18.6%	✓
This result was higher than the target due to the consistently high demand for alcohol and other drug support services. This has included strong demand for telehealth supports and services for individuals engaged in the justice system.					
Number of drug treatment activity units provided in residential-based services	number	78,845	67,481	−14.4%	■
This result was lower than the target due to a range of issues, including increasing client complexity.					
Number of drug treatment activity units provided in community-based services	number	97,855	99,200	1.4%	✓
Number of needles and syringes provided through the Needle and Syringe program	number (thousand)	10,960	12,639	15.3%	✓
The result is higher than the target due to a strong demand for needle and syringe services and adequate stock available to meet the high demand. High use of needle and syringe exchange will reduce the incidence of blood-borne virus and other drug use-related harms among those who inject or administer drugs.					
Number of phone contacts from family members seeking support	number	10,682	10,213	−4.4%	○

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Number of telephone, email, website contacts and requests for information on alcohol and other drugs	number (thousand)	6,000	7,368	22.8%	✓
The result was higher than the target due to the increase in demand for information and support through online services.					
Percent of workers complying with Alcohol and Other Drug (AOD) Minimum Qualification Strategy requirements	per cent	85	85	0.0%	✓
Preliminary result.					
Quality					
Percentage of new clients accessing services (with no access in prior five years)	per cent	50	34	−32.0%	■
The result was lower than the target due to high client complexity resulting in the need for longer treatment. This impacts services' capacity to take on new clients.					
Percentage of pharmacotherapy permit applications processed within 24 business hours of receipt	per cent	100	100	0.0%	✓
Percentage of residential rehabilitation clients remaining in treatment for ten days or more	per cent	80	85	6.3%	✓
The result was higher than the target due to improved engagement in services and an increase in required supports to manage complexity of presentations to alcohol and other drug services, thereby creating a greater likelihood of treatment success.					
Percentage of residential withdrawal clients remaining in treatment for two days or more	per cent	80	95	18.8%	✓
The result was higher than the target due to the overall increased demand for residential alcohol and other drug services, and strategies implemented to maintain engagement with clients in residential withdrawal services.					
Percentage of treatment events ending in the reference period where a significant treatment goal is achieved	per cent	50	57	14.0%	✓
The result was higher than the target due to continuous growth in demand for alcohol and other drug services and the significant proportion of people achieving at least one significant treatment goal, thereby improving the chances of positive treatment outcomes.					
Timeliness					
Median wait time between intake and assessment	days	10	18	80.0%	■
The result was higher than the target demonstrating high demand for treatment services.					
Median wait time between assessment and commencement of treatment	days	20	41	105.0%	■
The result was higher than the target due to the continued high demand for alcohol and other drug (AOD) services. Brief interventions and bridging supports are offered by service providers to address client care during prolonged wait times.					
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	98	−2.0%	✓
Percentage of treatment permits for medical practitioners or nurse practitioners to prescribe Schedule 8 drugs assessed within four weeks	per cent	80	99.8	24.8%	✓
The result is higher than the target due to the increase in full-time equivalent staff and the backfill of two regulatory officer positions within the team, the transition to and ongoing enhancement of a more efficient software system, and the extension of turnaround times for other permit/licenses processed by the team.					
Cost					
Total Output Cost	**$ million**	**376.3**	**394.1**	**4.7%**	
The 2024–25 actual outcome reflects funding provided for government policy commitments.					

Mental Health Clinical Care

Provides a range of inpatient residential and community-based clinical services to people with mental illness and their families so that those experiencing mental health problems can access timely, high-quality care and support to recover and live successfully in the community. This output also includes training and development of the mental health and wellbeing workforce.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Clinical inpatient separations	number	31,599	26,977	−14.6%	■
The result was lower than the target due to planned mental health bed closures as a result of Project Intensive Care Area and other capital works, and other operational factors.					
Number of community service hours (child and adolescent)	number (thousand)	355	333	−6.2%	■
The result was lower than the target as data reporting activity from February to June 2025 was impacted by industrial action. Consumers receiving an ambulatory service contact during this time may not have had their contact recorded and so recorded activity will be lower than actual activity delivered.					
Number of community service hours (adult)	number (thousand)	1,318	1,275	−3.3%	○
The result was lower than the target as data reporting from February to June 2025 was impacted by industrial action.					
Number of community service hours (aged)	number (thousand)	199	179	−10.1%	■
The result was lower than the target as data reporting from February to June 2025 was impacted by industrial action. Consumers receiving an ambulatory service contact during this time may not have had their contact recorded and so recorded activity will be lower than actual activity delivered.					
Number of consumers accessing clinical mental health services – adult	number	69,717	67,147	−3.7%	○
Number of consumers accessing clinical mental health services – child and adolescent	number	14,937	14,898	−0.3%	○
Number of consumers accessing clinical mental health services – older persons	number	9,033	12,107	34.0%	✓
The result was higher than the target due to a greater number of older adults being seen by health services in the community. The result highlights the significant work undertaken by health services to improve access to community mental health services over the past two years.					
Percentage of community cases newly opened	per cent	55	76	38.2%	✓
The result was higher than the target due to more Victorians accessing community-based supports and reflects improved access to and investment in community mental health services in recent years.					
Percentage of occupied bed days (residential)	per cent	80	71	−11.3%	■
The result was lower than the target due to residential aged care beds being used for consumers with dementia/behavioural issues rather than mental health concerns.					
Percentage of occupied bed days (sub-acute)	per cent	80	77	−3.8%	○
Quality					
Number of designated mental health services achieving or maintaining accreditation under the National Safety and Quality in Health Service Standards	number	21	21	0.0%	✓
Percentage of admissions with a preadmission contact – inpatient	per cent	63	67	6.3%	✓
The result was higher than the target due to work undertaken by health services during the year to admit consumers in a more responsive and planned manner.					

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Percentage of consumers followed up within 7 days of separation – inpatient (CAMHS) (child and adolescent mental health services)	per cent	88	83	−5.7%	■
The result was lower than the target as data reporting activity from February to June 2025 was impacted by industrial action. Consumers receiving an ambulatory service contact during this time may not have had their contact recorded and so recorded activity will be lower than actual activity delivered					
Percentage of consumers followed up within 7 days of separation – inpatient (adult)	per cent	88	84	−4.5%	○
Percentage of consumers followed up within 7 days of separation – inpatient (older persons)	per cent	88	87	−1.1%	○
Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive	per cent	80	–	–	N/A
The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year, which is expected to provide a more accurate and timelier picture of consumer and carer experience.					
Percentage of families/carers reporting a ‘very good’ or ‘excellent’ overall experience of the service	per cent	80	–	–	N/A
The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year, which is expected to provide a more accurate and timelier picture of consumer and carer experience.					
Percentage of families/carers who report they were ‘always’ or ‘usually’ felt their opinions as a carer were respected	per cent	90	–	–	N/A
The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year, which is expected to provide a more accurate and timelier picture of consumer and carer experience.					
Percentage of mental health consumers reporting they ‘usually’ or ‘always’ felt safe using this service	per cent	90	–	–	N/A
The Your Experience of Service (YES) and Carer Experience Survey (CES) collection processes were delayed in this financial year. An upgrade of the survey collection methodology resulted in a one-off delay to data collection for this cycle. The YES and CES surveys are now being conducted on a continuous basis throughout the year, which is expected to provide a more accurate and timelier picture of consumer and carer experience.					
Percentage of re-admissions within 28 days of separation – inpatient (CAMHS) (child and adolescent mental health services)	per cent	14	18	28.6%	■
This result reflects care needed to support a small cohort of highly complex young consumers.					
Percentage of re-admissions within 28 days of separation – inpatient (adult)	per cent	14	13	−7.1%	✓
This is a positive result and reflects the additional investment in community mental health services to better support consumers upon discharge.					
Percentage of re-admissions within 28 days of separation – inpatient (older persons)	per cent	7	7	0.0%	✓
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	per cent	81	43	−46.9%	■
The result was lower than the target due to multiple systemic and operational factors, including sustained high levels of complex mental health emergency department presentations, and high demand for inpatient care.					
Percentage of new consumers accessing services (with no access in prior five years)	per cent	45	37	−17.8%	■
The result was lower than the target due to an increased number of existing consumers requiring intensive and ongoing care.					

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (CAMHS) (child and adolescent mental health services)	per cent	3	9.3	210.0%	■
The result was higher than the target due to an increase in the number of complex patients and the acuity of their conditions. This has been exacerbated by planned bed closures during 2024–25 to upgrade the safety of intensive care area units.					
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (adult and forensic)	per cent	6	10.7	78.3%	■
The result was higher than the target due to a small cohort of complex consumers. Capacity to support complex consumers has been impacted by bed closures as part of capital works to upgrade the safety of intensive care area units. The rates are significantly higher at Forensicare due to a small number of forensic consumers who have required extensive periods of seclusion.					
Rate of seclusion episodes per 1 000 occupied bed days – inpatient (older persons)	per cent	3	0.4	−86.7%	✓
This is a very positive result. There is a significant decrease in seclusion rates in the older persons mental health program indicating that services are successfully working towards reducing restrictive interventions in the older adult population.					
Timeliness					
Percentage of departures from emergency departments to a mental health bed within 8 hours	per cent	80	46	−42.5%	■
The result was lower than the target due to multiple systemic and operational factors, including sustained high levels of complex mental health emergency department presentations, and high demand for inpatient care. This result is also impacted by planned bed closures as a part of capital works to upgrade the safety of intensive care area units.					
Cost					
Total Output Cost	**$ million**	**2,789.2**	**2,800.4**	**0.4%**	

Mental Health Community Support Services[(a)]

A range of rehabilitation and support services provided to youth and adults with a psychiatric disability, and their families and carers, so that those experiencing mental health problems can access timely, high-quality care and support to recover and reintegrate into the community.

(a) Now includes measures from the Racing, Gambling, Liquor and Casino Regulation output.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Number of occupied bed days in community mental health support services providing residential services	number	62,744	54,318	−13.4%	■
The result was lower than the target. Youth Residential Recovery Program providers are continuing to work with referring services to enhance program awareness.					
Client support units provided by community mental health support services	number	600	785	30.8%	✓
The result was higher than the target due to the Youth Outreach Recovery Service being removed from reporting measures. The target for the remaining program, Continuity of Support, still appears too low and may need further adjustment.					
Clients receiving community mental health support services	number	3,300	4,052	22.8%	✓
The result is higher than the target due to a lower number of clients transitioning to the National Disability Insurance Scheme.					
Website visitation to gambling-related information and Gambler's Help support services	number	687,629	621,392	−9.6%	■
The result was lower than the target due to reduced levels of funding for marketing campaigns and paid advertising from when the target was established two years ago. The measure has been changed for 2025–26 to better reflect activities commensurate with available funding levels and the focus on domestic traffic only.					

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Mainstream Gambler's Help client service hours provided by therapeutic and financial counselling activities (Victorian Responsible Gambling Foundation)	number	75,400	72,997	−3.2%	○
Quality					
Gamblers Help Service clients who receive a service within five days of referral (Victorian Responsible Gambling Foundation)	per cent	96	97.5	1.6%	✓
Cost					
Total Output Cost	**$ million**	**188.5**	**187.2**	**−0.7%**	
The 2024–25 actual outcome reflects budget to be carried over into 2025–26.					

Community Health Care

This output includes delivery of a range of community care and support services, including counselling, allied health and nursing, which enable people to continue to live independently in the community.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Rate of admissions for ambulatory care sensitive chronic conditions for Aboriginal Victorians	rate per 1000	14.4	23.6	63.9%	■
The result is higher than the target. Aboriginal Victorians state that a lack of cultural safety, racism and fear are barriers to them seeking early intervention in the Victorian public health system. The outcome of the Voice Referendum and the Yoorook Justice Hearings proceedings may have further dissuaded Aboriginal Victorians from seeking primary care from mainstream general practitioners, which leads to higher rates of presentations in emergency departments. These factors are coupled with the fact that Aboriginal community controlled health organisations, which provide culturally safe health services to their communities, cannot keep up with the demand. The target for this performance measure was determined over a decade ago when less data was available. The department will request to amend the target in the future.					
Number of ACCOs (Aboriginal community controlled organisations) who have transitioned to self-determined, outcomes-based funding	number	–	–	–	N/A
As the Outcomes-Based Framework project has been reconfigured, the measure is now redundant and could not be reported on for 2024–25. This measure has been discontinued for 2025–26.					
Service delivery hours in community health care	number (thousand)	1,064	1,120	5.3%	✓
The result was higher than the target, likely due to the introduction of a single unit price for nursing and allied health services in community health. This enabled providers to deliver services flexibly across these activities and better meet community demand.					
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**	**368.1**	**387.5**	**5.3%**	
The 2024–25 actual outcome reflects funding provided for government policy commitments.					

Dental Services

This output includes delivery of a range of dental health services to support health and wellbeing in the community.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Persons treated	number	332,150	281,622	−15.2%	■
The result was lower than the target due to increased complexity of treatment (more visits) per client. Increased activity in Smile Squad and public dental workforce challenges have also affected the outcome. The department continues to support Dental Health Services Victoria to implement initiatives that increase the oral health workforce.					
Priority and emergency clients treated	number	249,100	214,498	−13.9%	■
The result was lower than the target due to increased complexity of treatment (more visits) per client. Increased activity in Smile Squad and public dental workforce challenges have also affected the outcome. The department continues to support Dental Health Services Victoria to implement initiatives that increase the oral health workforce.					
Children participating in the Smiles 4 Miles oral health promotion program	number	60,000	54,726	−8.8%	■
The result was lower than the target due to one of the metropolitan agencies reducing their registrations by 50 per cent because of workforce capacity issues and difficulty in engaging with early childhood services.					
Schools visited by Smile Squad	number	575	553	−3.8%	○
Students examined by Smile Squad	number	58,000	62,353	7.5%	✓
Service delivery numbers are higher than the original target and reflect the continued uplift in activity and efficiency improvements in the delivery of the program. The end-of-year target and result relate to the January–December 2024 calendar year to reflect the school year.					
Students receiving treatment by Smile Squad	number	15,500	17,253	11.3%	✓
Service delivery numbers are higher than the original target and reflect the continued uplift in activity and efficiency improvements in the delivery of the program. The end-of-year target and result relate to the January–December 2024 calendar year to reflect the school year. This is a positive result.					
Timeliness					
Waiting time for dentures	months	22	11.4	−48.2%	✓
The result was lower than target due to the ongoing efforts to target waitlists and provide additional services. This is a positive result.					
Percentage of Dental Emergency Triage Category 1 clients treated within 24 hours	per cent	90	93	3.3%	✓
Waiting time for general dental care	months	23	13	−43.5%	✓
The result was lower than target due to the ongoing efforts to target waitlists and provide additional services. This is a positive result.					
Cost					
Total Output Cost	**$ million**	**213.4**	**290.5**	**36.1%**	
The 2024–25 actual outcome reflects funding provided for government policy commitments.					

Maternal and Child Health and Early Parenting Services

This output involves the provision of community-based maternal and child health services available to all families with children.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Hours of additional support delivered through the Enhanced Maternal and Child Health program	number	248,000	182,374	−26.5%	■
The 2024-25 expected outcome is lower than target as the target was estimated based on limited available data at the time. The performance target will be reviewed in future years.					
Total number of Maternal and Child Health Service clients (aged 0 to 1 year)	number	80,000	73,002	−8.7%	■
The result is lower than the target due perhaps to a lower than projected Victorian birthrate. The target of 80,000 clients was established several years ago, based on unreliable data. Work is underway to reestablish an appropriate target for future years, aligned to improvements in data quality.					
Timeliness					
Children aged 0 to 1 month enrolled at maternal and child health services from birth notifications	per cent	99	98	−1.0%	✓
Cost					
Total Output Cost	**$ million**	**189.1**	**194.1**	**2.6%**	

Public Health

This output includes delivery of services that improve and protect the health of Victorians. These services include a range of prevention programs including regulation, surveillance and the provision of statutory services; the provision of community information and the fostering of healthy behaviours; training in emergency management preparedness, planning, response, relief, and recovery.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Inspections of cooling towers	number	1,300	1,148	−11.7%	■
A combination of resource limitations, competing priorities, and more targeted regulatory activity has led to the result being below the target.					
Inspections of radiation safety management licences	number	480	432	−10.0%	■
A combination of resource limitations, competing priorities, and more targeted regulatory activity has led to the result being below the target.					
Number of HIV and sexually transmissible infections tests conducted at PRONTO!	number	12,500	26,046	108.4%	✓
Testing rates fluctuate through the year. The end-of-year result was higher than expected and the increased testing is due to mpox risks in priority populations.					
Number of education or monitoring visits of smoke-free areas	number	3,500	4,913	40.4%	✓
Preliminary result. The department funds local councils via the Municipal Association of Victoria to provide education and enforcement of the *Tobacco Act 1987*. The variance between the target and result is partially due to misalignment of the target, which was estimated based on previously reported activity in the 2023–24 financial year, together with councils adjusting their activity in this area due to changes in the environment related to concerns about the infiltration of organised crime groups in the sale of illicit tobacco. This has led to councils adjusting their compliance activity to manage perceived risks to safety, increasing activity in this area.					

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Persons completing the Life! – Diabetes and Cardiovascular Disease Prevention program	number	5,616	6,045	7.6%	✓
Life! participant numbers exceeded the target due to the successful promotion of the program.					
Number of education or monitoring visits of tobacco or e-cigarette retailers	number	1,500	2,983	98.9%	✓
Preliminary result. The 79 Victorian local councils are funded by the department to conduct education and monitoring visits under the *Tobacco Act 1987*. However, the councils are free to do as many as they see as appropriate within their individual compliance and enforcement activity planning. The over performance against the target is likely due to an increase in education activity rather than other tobacco-related activity in view of safety concerns and perceived or actual risks regarding the infiltration of organised crime groups in the sale of illicit tobacco and vaping products.					
Number of sales to minors test purchases undertaken	number	3,000	1,136	−62.1%	■
Preliminary result. The 79 Victorian local councils can choose to opt in to the sales to minors test purchase program – it is not compulsory for councils to participate. The underperformance against the target is likely due to safety considerations in carrying out this activity related to concerns about the infiltration of organised crime groups in the sale of illicit tobacco and vaping products.					
Number of people trained in emergency management	number	2,000	5,115	155.8%	✓
Since the machinery of government changes in February 2021, the department has had joint ownership of this *Department Performance Statement* measure with the Department of Families, Fairness and Housing (DFFH), which contributes to the annual target of 2,000 (by agreement with DFFH). The end-of-year target and data-to-date is based on this combined result. Increased training needs in preparedness for the higher-risk weather season has seen a greater uptake in training offerings and attendance in both departments.					
Percentage of Aboriginal children fully immunised at 60 months	per cent	97	95.6	−1.4%	○
Percentage of Aboriginal mothers that smoked during pregnancy	per cent	39.3	30.9	−21.4%	✓
Preliminary result. This positive outcome continues a downward trend observed over the past 12 months. The improvement may reflect the impact of targeted public health initiatives such as iSISTAQUIT and Stronger Bubba Born, which promote smoking cessation among pregnant Aboriginal women. It is important to note that this measure reports only on cigarette smoking; data on vaping during pregnancy is currently unavailable.					
Percentage of newborns having a newborn bloodspot screening test	per cent	98	91	−7.1%	■
The result is lower than the target due to variations in data capture and definitions. Based on birth trend averages, the true participation rate is likely to be higher.					
Persons screened for prevention and early detection of health conditions – pulmonary tuberculosis screening	number	2,000	1,822	−8.9%	■
The result is lower than the target. Victoria maintains an active tuberculosis (TB) monitoring, case detection, and case management program. TB screening is undertaken only when contact tracing identifies that an individual has spent a defined period in a high-risk setting – such as a school or workplace – during their infectious period. The annual reported figure is within the expected range and reflects effective program performance and successful containment of TB transmission in Victoria.					
Women screened for breast cancer by BreastScreen Victoria	number	282,000	292,053	3.6%	✓
Quality					
Calls to food safety hotlines that are answered	per cent	97	98	1.0%	✓
Immunisation coverage – at five years of age	per cent	95	94.5	−0.5%	○
Immunisation coverage – at two years of age	per cent	95	90.8	−4.4%	○
Local Government Authorities with Municipal Public Health and Wellbeing Plans	per cent	100	100	0.0%	✓
Local Public Health Units with local population health plans reflecting statewide public health and wellbeing priorities	per cent	100	100	0.0%	✓
Percentage of adolescents (aged 15) fully immunised for HPV	per cent	80	81.9	2.4%	✓

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Public health emergency response calls dealt with within designated plans and procedure timelines	per cent	100	100	0.0%	✓
Timeliness					
Anaphylaxis notifications attributed to food in people with a known allergy are acted upon within one day of notification	per cent	97	97.8	0.8%	✓
Comments on proposals and applications to amend the ANZ Food Standards Code are provided within timeframes specified by Food Standards Australia New Zealand (FSANZ)	per cent	100	100	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	−1.9%	○
Percentage of food recalls acted upon within 24 hours of notification	per cent	97	100	3.1%	✓
Cost					
Total Output Cost	**$ million**	**403.9**	**421.5**	**4.4%**	
The 2024–25 actual outcome reflects funding provided for government policy commitments.					

Small Rural Services

This output includes delivery of a range of community services that support Victorians in rural areas. These services provide access to admitted and non-admitted services, including elective and non-elective surgical and medical care, urgent care services, and maternity services; in home, community-based and residential care services for older people; community-based nursing, allied health and support services for younger people who have difficulty with the activities of daily living; in home, community-based and primary health services designed to promote health and wellbeing and prevent the onset of more serious illness.

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quantity					
Home and Community Care for Younger People – hours of service delivery	hours	51,000	52,907	3.7%	✓
Preliminary result.					
NWAU (national weighted activity unit) Eligible Separations	number (thousand)	30	33.1	10.3%	✓
The result exceeded the target. There has been an increase in activity compared to 2023–24, notably in renal dialysis and scopes.					
Service delivery hours in community health care	number	87,400	98,888	13.1%	✓
The result is higher than the target due to small rural health services' flexible funding model that supports them to flexibly meet the needs of their community for primary care.					
Small Rural Urgent Care Presentations	number (thousand)	93	98.4	5.8%	✓
The result is higher than the target. The data shows an increase in presentations to urgent care centres in popular tourist areas such as Daylesford, and along the Great Ocean Road and the Murray River. There was also growth in presentations to urgent care centres in peri-urban areas experiencing population growth.					
Small rural available bed days	number	701,143	704,271	0.4%	✓

Performance measures	Unit of measure	2024–25 target	2024–25 actual	Variation (%)	Result
Quality					
Percentage of health services accredited	per cent	100	100	0.0%	✓
Residential care services accredited	per cent	100	100	0.0%	✓
Cost					
Total Output Cost	**$ million**	**792.2**	**874.8**	**10.4%**	

The 2024–25 actual outcome reflects higher own source revenue and alignment of service delivery across outputs.

Appendix 4 Disclosure index

This annual report is prepared in accordance with all relevant Victorian legislation and pronouncements. This index facilitates identification of the department's compliance with statutory disclosure requirements.

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