Email Rcvd 10/5/2016
2016-17 BEQ response DHHS

PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

2016-17 BUDGET ESTIMATES QUESTIONNAIRE

1. Strategic priorities

Question 1

Regarding the machinery-of-government changes that occurred during 2014-15, please:

(a) provide a revised estimate of the costs of carrying out the changes for 2015-16 and any estimated costs anticipated during 2016-17. Please include all costs of the changes, such as IT-related costs or relocation costs, excluding staff costs.

Year	Costs related to machinery-of-government changes	
2015-16	**Type of change**	**Cost $**
	Relocation	6,331
	IT and Records Management	28,816
	Total	**35,147**
2016-17	**Estimated future cost items**	**Cost $**
	IT and Records Management	200,000
	Total	**200.000**
	Total – revised (2015-16 + 2015-17)	**235.147**

(b) provide a revised estimate for 2015-16 and estimate for 2016-17 for anticipated staff impacts of the machinery-of-government changes, quantifying expected redeployments, redundancies (including targeted redundancies), non-renewal of contracts and any other means of reducing staff numbers. Please identify estimated staff costs and savings arising from each means. Please also identify the areas within the Department where staff reductions are anticipated.

	Number (FTE)	Resulting costs ($ million)	Resulting savings ($ million)
2015-16			
Redeployment	Please refer to text box below for response.		
Redundancies			
Non-renewal of contracts			
Staff reductions through other means			
Areas where reductions are anticipated			
	Number (FTE)	**Resulting costs ($ million)**	**Resulting savings ($ million)**
2016-17			
Redeployment	Please refer to text box below for response.		
Redundancies			
Non-renewal of contracts			
Staff reductions through other means			
Areas where reductions are anticipated			

There is no change to the estimated impacts for 2015-16.

There are not expected to be redeployments, contract non-renewals or other means of reducing staff numbers relied upon as a result of machinery of government changes.

(c) detail any expected closures of offices, depots or other public service points as a result of the machinery-of-government changes, quantifying the number of each type of location to be closed.

There have been no closures of offices, depots or other public service points as a result of machinery-of-government changes.

Question 2

(a) What are the Department's key strategic priorities underpinning its budget for 2016-17 and over the forward estimates to 2019-20?

The Department of Health and Human Services delivers services and programs to improve the health and wellbeing of all Victorians. These services are designed to:

- help Victorians to be as healthy as they can
- assist people to access opportunities that lead to positive, fulfilling lives
- build people's capacity to participate in social, economic and community life
- contribute to a society that is inclusive, provides fair access to opportunity for all, and in which health and social inequality is minimised
- provide services, and protection for the most vulnerable members of society, and build resilience to overcome the challenges that communities and individuals face
- provide integrated care that is responsive to the needs of individuals, families and local communities.

The strategic priorities underpinning the department's budget for 2016-17 and over the forward estimates include:

- provision of person-centred services and care across all our services
- development and delivery of local solutions
- provision of earlier and more connected support
- quality, safety and innovation.

These priorities are shaping service improvement and reform across the breadth of the department's services, as well as our response to the recommendations of the Royal Commission into Family Violence.

(b) If applicable, how do these priorities differ from the previous year?

The department's strategic priorities in 2016-17 are consistent with, and build on, the 2015-16 priorities, responding to emerging environmental pressures and government policy.

(c) What are the impacts of any differences in the Department's strategic priorities between 2015-16 and 2016-17 on funding and resource allocation in the 2016-17 Budget?

The impact of adjustments to priorities will be to support a greater focus on achieving optimal outcomes for the Victorian community and people in our care, as well as enabling a coherent and effective response to the Royal Commission into Family Violence.

(d) Please identify any programs or initiatives (asset or output) over $2.0 million relevant to the Department that have been curtailed, deferred, discontinued or completed as a result of changes in strategic priorities between 2015-16 and 2016-17. In describing the programs or initiatives, please use the same names as are used in the budget papers where applicable.

No programs or initiatives have been discontinued as a result of adjustments to strategic priorities.

Question 3

Please identify any programs or initiatives (including asset or output initiatives) that have lapsed in 2015-16 (that is, they will not be continued in 2016-17). For each program or initiative, please indicate the expenditure on this program/initiative in 2015-16. If the program or initiative is to be extended, please identify whether the Department's own sources will be used or name any initiatives in the 2016-17 Budget that replace the lapsing initiative. Please also identify the impact on the community of the lapsing (including rescheduling of service provision or commencement of service provision). If there is no impact, please detail the actions undertaken by the Department to ensure this. In describing the programs or initiatives, please use the same names as are used in the budget papers where applicable.

Program or initiative	Expenditure in 2015-16 ($ million)	If it is to be extended into 2016-17, how is the program or initiative to be funded?	Impact on the community of lapsing or actions taken by the Department to ensure there is no impact
Opening Doors – Co-ordinating services for people experiencing or at risk of homelessness	1.8	Funding for Opening Doors will be provided from appropriations through Victoria's contribution to the National Partnership Agreement on Homelessness.	Not Applicable
Support for high risk tenancies program	1.2	Funding for the Support for high risk tenancies program will be provided from appropriations through Victoria's contribution to the National Partnership Agreement on Homelessness.	Not Applicable
Real Time Prescription Monitoring	0.3	Not Applicable	One-off funding was provided for planning works and does not impact on service delivery.
Proton Beam	2.0	Not Applicable	One-off funding was provided for planning works and does not impact on service delivery. The 2016-17 Budget provides funding to progress the National Proton Beam Therapy Centre.
Victorian Innovation, e-Health and Communications Technology Fund	25.0	Not Applicable	There will be no impact on service delivery. This initiative provided funding for information and communication technology projects in Victorian Public Health Service providers.

Program or initiative	Expenditure in 2015-16 ($ million)	If it is to be extended into 2016-17, how is the program or initiative to be funded?	Impact on the community of lapsing or actions taken by the Department to ensure there is no impact
National Disability Insurance Scheme launch site	13.3	Not Applicable	Transition to full scheme rollout commences in 2016-17. As existing clients in the Barwon trial site will be supported through the Scheme and transition arrangements there will be no impact on service delivery.
National Disability Insurance Scheme - Barwon trial support	4.2	Not Applicable	Transition to full scheme rollout commences in 2016-17. As existing clients in the Barwon trial site will be supported through the Scheme and transition arrangements there will be no impact on service delivery.
National Disability Insurance Scheme Headquarters	13.5	Not Applicable	These were one-off establishment costs and the non-continuation of funding will have no impact on the provision of programs or services.
Bendigo social housing project	2.0	Not Applicable	This funding was for a one-off contribution to the construction costs of a medium-density social housing project and as such there will be no impact on future service delivery.
Removing barriers to permanency	3.4	Not Applicable	The permanency team was established as a time-limited fixed project team to assist in implementing changes to the permanency provisions of the *Children, Youth and Families Act 2005*.. As such the completion of the fixed-term funding will have no negative impact on ongoing service delivery.

Program or initiative	Expenditure in 2015-16 ($ million)	If it is to be extended into 2016-17, how is the program or initiative to be funded?	Impact on the community of lapsing or actions taken by the Department to ensure there is no impact
Improving support for vulnerable Aboriginal children and families	1.8	Not Applicable	There will be no impact on service delivery. One-off funding was provided to undertake a review of placement prevention and reunification programs for Aboriginal children and young people. The review will inform service improvements and assist to direct additional funding in this space. The 2016-17 Budget provided considerable support for vulnerable Aboriginal children and families. It included $16.5 million for cultural support for Aboriginal children in out-of-home care and to recruit Aboriginal kinship and foster carers.
Child First and Family services - performance monitoring and outcomes	0.5	Not Applicable	Funding was provided for a discrete project to implement a performance monitoring and outcomes framework. As such there will be no negative impact on the delivery of programs or services on completion of the project.
Reforming after hours child protection intake and crisis responses - ICT	0.7	Not Applicable	This was a fixed-term IT related project and there will be no negative impact on service delivery as a result of the cessation of this funding.
Community sports facility program	1.0	Not Applicable	State funding continues for a number of grants programs to support the development of local community sport and recreation facilities, including a 2015-16 Budget investment of $100 million over four years for a Community Sports Infrastructure Fund.
Rio Olympics and Paralympics	0.8	Not Applicable	Funding has been provided to support Australian athletes in their preparation for the 2016 Olympic and Paralympic Games. As such, new funding is not required in 2016-17.

Program or initiative	Expenditure in 2015-16 ($ million)	If it is to be extended into 2016-17, how is the program or initiative to be funded?	Impact on the community of lapsing or actions taken by the Department to ensure there is no impact
Best Practice to Quit Smoking	1.0	Not Applicable	The department will identify funding to enable core services to continue for 2016-17.
Services Connect	4.2	Not Applicable	The Royal Commission into Family Violence recommended the development of 17 Support and Safety Hubs to provide wrap-around services for families. It also recommended that Services Connect should not be used as the major service platform to provide a family violence response in Victoria. Clients will continue to receive support from relevant agencies following completion of the trial. The department will work with Partnerships to ensure effective transition plans are in place. In line with the Royal Commission recommendations agencies and service users will be actively involved in the co-design of the Support and Safety Hubs both at a statewide and local level.
Elective Surgery Boost	40.0	Ongoing funding has been provided from appropriations in the 2016-17 Budget (Improving access to elective surgery).	
Meeting Hospital Services demand	10.0	Ongoing funding has been provided from appropriations in the 2016-17 Budget (Meeting hospital services demand).	
Streamlining Clinical Trial Research	1.3	Ongoing funding has been provided from appropriations in the 2016-17 Budget (Victoria's health and medical research strategy).	
Strategic sporting infrastructure sporting program	18.0	Four-year funding for 2016-17 to 2019-20 has been provided from appropriations in the 2016-17 Budget (Community Sports and Events).	

Program or initiative	Expenditure in 2015-16 ($ million)	If it is to be extended into 2016-17, how is the program or initiative to be funded?	Impact on the community of lapsing or actions taken by the Department to ensure there is no impact
Economic and social participation for Victorian Women: Pathways to Exit	0.3	Four-year funding for 2016-17 to 2019-20 has been provided through internal reprioritisation in the 2016-17 Budget (Pathways to Exit).	
Victorian Youth Foyers – achieving sustainable education, employment and housing outcomes for young people (Output component – Youth Foyer One)	1.3	Three-year funding for 2016-17 to 2018-19 has been provided from appropriations in the 2016-17 Budget (Kangan Education First Youth Foyer).	
HACC services indexation	6.8	Ongoing funding has been provided from appropriations in the 2016-17 Budget (2016-17 lapsing indexation for the Home and Community Care services indexation).	
Stop the Aged Care Sell Off – Public Sector Residential Aged Care	25.0	One-year funding for 2016-17 has been provided from appropriations in the 2016-17 Budget (Future public sector residential aged care provision).	
Child Protection - Specialist Intervention Team	2.0	One-year funding for 2016-17 has been provided from appropriations in the 2016-17 Budget (Child Protection Specialist Intervention Unit)	
Out-of-home care – Transitioning residential care packages from intermediate (RP2) to complex (RP3) levels of support	16.0	Two-year funding for 2016-17 and 2017-18 has been provided from appropriations in the 2016-17 Budget (Transitioning residential care targets currently funded at an intermediate level of support to a complex level of support).	

Program or initiative	Expenditure in 2015-16 ($ million)	If it is to be extended into 2016-17, how is the program or initiative to be funded?	Impact on the community of lapsing or actions taken by the Department to ensure there is no impact
Counselling services for women and children	2.5	Funding for two years has been provided from appropriations in the 2016-17 Budget for Therapeutic interventions.	
Men's family violence services	1.0	Funding for one year has been provided from appropriations in the 2016-17 Budget for Changing perpetrator behaviour – men's behaviour change programs.	
Personal safety	0.9	Funding for two years has been provided from appropriations in the 2016-17 Budget.	Funding is provided in the 2016-17 Budget for Flexible support.
Sexual assault services demand	0.3	Funding for two years has been provided from appropriations in the 2016-17 Budget.	Funding is provided in the 2016-17 Budget for Therapeutic interventions.
Crisis support and transport for women and children	2.5	Funding for two years has been provided from appropriations in the 2016-17 Budget.	Funding is provided in the 2016-17 Budget for Flexible support.
Responses for Aboriginal people	0.6	Funding for two years has been provided from appropriations in the 2016-17 Budget.	Funding is provided in the 2016-17 Budget for Therapeutic interventions.
Addressing Violence against Women and Children	0.3	Not applicable	No service impact. Funding was provided to develop protocols and tools at two health services. The department will identify funding to enable further implementation in 2016-17.
Family violence fund – Family violence access workers	2.0	Funding for two years has been provided from appropriations in the 2016-17 Budget.	Funding is provided in the 2016-17 Budget for Flexible support.

Question 4

What are the key Government policies applicable to the Department in 2016-17 and how are these policies addressed in this budget?

Key Government policies applicable to the department include:

- The response to the Royal Commission into Family Violence
- The transition to the National Disability Insurance Scheme
- Health 2040
- Better Care Victoria
- The Roadmap for Reform: Strong Families, Safe Children
- The 10-Year Mental Health Plan
- The response to the Hazelwood Mine Fire Inquiry
- Homelessness and Social Housing

These policies have informed the department's budget initiatives for the 2016-17 Budget.

Question 5

(a) Please provide details of the Department's progress at developing corporate plans and long-term plans as detailed in BFMG-03 and the Department of Treasury and Finance's *A Guide to Corporate and Long-Term Planning* (April 2014).

The department is developing a 2016-20 Corporate Plan.

Long-term plans are currently not required by government.

(b) If the Department's corporate plan is online, please provide the address below.

The Department of Health and Human Services Corporate Plan 2015-19 has been released internally to staff, but has not been published.

(c) If it is not online, please explain why it is not online and advise whether it is intended to be made publicly available in the future.

The 2015-16 Corporate Plan is an interim document developed following the machinery-of-government change.

The 2016-20 Corporate Plan will be published subject to Ministerial approval.

2. Budget preparation

Question 6

In relation to the Department's budget across the forward estimates period, please indicate:

(a) major areas of risk identified by the Department for its income estimates

The principal item of non-Victorian Government revenue received by the department is Commonwealth funding under the National Health Reform Agreement, estimated to be worth $4,385.9 million in 2016-17. This funding is subject to annual price changes determined by the Independent Hospital Pricing Authority (IHPA) and the actual volume of services delivered by hospitals.

In addition, the department receives funding from the Commonwealth through a number of National Partnership Agreements. Some of these expire on 30 June 2016 and negotiations for new agreements had not been concluded at the time the 2016-17 State Budget was finalised.

The department also receives income on a fee-for-service basis, from entities such as the Department of Veterans' Affairs and the Transport Accident Commission. This income is subject to reaching agreement with those entities on annual price changes and the actual volume of services provided.

(b) major areas of risk identified by the Department for its expenses estimates

The portfolio expenses for 2016-17 include estimated employee costs of $10,305 million. The renewal of Enterprise Bargaining Agreements across the sector over the next four years presents a risk over the forward estimates period, as it will inherently at any point in time, because the nature of negotiated outcomes may significantly impact employee costs.

The introduction of the National Disability Insurance Scheme (NDIS) and the transition of Home and Community Care (HACC) services for people aged 65 and over to the Commonwealth will affect the residual programs provided by the department. The policy parameters for the residual programs have not been finalised, and the speed with which clients' transition to the NDIS may change, so costs may vary from those incorporated in the forward estimates.

(c) what measures have been put in place to manage these risks.

Conservative price (based on information provided by national bodies, such as the IHPA, where relevant) and volume assumptions have been used to ameliorate risks associated with National Health Reform and other fee for service revenue. Commonwealth funding arising from National Partnership Agreements has only been included in budget papers where negotiations with the Commonwealth have concluded.

Question 7

Please describe any expected sources of income or expenses where the Department has made a conservative estimate in the budget year or any year over the forward estimates, and as a result anticipates that the actual amount is likely to be more than 10 per cent greater than what has been estimated in the budget papers (for example, where the amount is difficult to predict so the budget paper estimates are zero or a low amount). Please also identify any items for which the budget estimates are zero but income or expenses are expected. Examples might include: 'fair value of assets and services received free of charge or for nominal consideration', grants from new national partnerships that the Commonwealth might announce at some point during the forward estimates period, or donations to community appeals.

Source of income/expenses	Affected line item	Details
Land and Buildings Received Free of charge	Fair value of assets and services received free of charge or for nominal consideration	Income is expected in respect of the transfer of the Simonds stadium Geelong (Kardinia Park) from Geelong City Council to the State. Geelong City Council is expected to transfer the asset free of charge to the Department for subsequent transfer to the Kardinia Park Trust which is to be set up by the Department and will own and operate the asset going forward. The transfer is expected to occur in 2016-17 but the value of the asset is still unknown.

3. Spending

Question 8

Please explain any variations of more than ±10 per cent (or greater than $100 million) between the revised estimate for 2015-16 and the budget for 2016-17 for the following line items in the Department's operating statement in the Statement of Finances budget paper:

(a) 'employee benefits'

(b) 'grants and other transfers'

(c) 'other operating expenses' in aggregate

(d) the major components of 'other operating expenses' for your department (please supply categories as appropriate).

	2015-16 (revised estimate)	2016-17 (Budget)	Explanation for any variances greater than ±10% (or greater than $100 million)
	($ million)	($ million)	
Employee benefits	9,896.1	10,305.3	The variance is primarily due to: • increases in salaries and salary on-costs of Health portfolio agencies • driven by additional funding for new initiatives provided in the 2016-17 State Budget • continuing implementation of initiatives announced in previous budgets • additional funding for anticipated cost increases in 2016-17.
Grants and other transfers	1,652.3	1,702.6	Not Applicable
Other operating expenses	7,859.3	7,934.6	Not Applicable
Major components of 'other operating expenses' (please supply categories):			
Service Contracts	3,091.4	2,882.3	The variance is due mainly to 2016-17 Budget decisions classified as Employee Benefits rather than Service Contracts. An appropriate adjustment will be made in the 2016-17 Budget Update.
Other Operating Supplies and Consumables	920.0	1,021.1	The variance is primarily driven by: • additional funding for new initiatives provided in the 2016-17 State Budget • continuing implementation of initiatives announced in previous budgets • additional funding for anticipated cost increases in 2016-17.

	2015-16 (revised estimate)	2016-17 (Budget)	Explanation for any variances greater than ±10% (or greater than $100 million)
	($ million)	($ million)	
Major components of 'other operating expenses' (please supply categories):			
Medicinal Drug Pharmacy and Medical Supplies	830.0	889.2	Not Applicable
Benefits to Households and Persons in goods and services	659.3	632.5	Not Applicable
Other Services Charges	535.5	615.3	The variance is primarily driven by: • additional funding for new initiatives provided in the 2016-17 State Budget • continuing implementation of initiatives announced in previous budgets • additional funding for anticipated cost increases in 2016-17.
Medical and Client Care Services	345.0	353.3	Not Applicable
Accommodation / Occupancy	270.0	276.5	Not Applicable
Intra government supplies and consumables	239.8	259.3	Not Applicable
Maintenance	235.3	256.1	Not Applicable
Insurance Expenses	150.3	145.5	Not Applicable
Staff Related Expenses (Non Labour Related)	90.0	92.2	Not Applicable
Operating Leases	87.0	87.7	Not Applicable
Information Communication Technology Supplies and Consumables	55.0	59.3	Not Applicable

	2015-16 (revised estimate)	2016-17 (Budget)	Explanation for any variances greater than ±10% (or greater than $100 million)
	($ million)	($ million)	
Major components of 'other operating expenses' (please supply categories):			
Information Communication Technology - Purchase of Services	55.0	56.3	Not Applicable
Specialised Operational Supplies and Consumables	50.0	51.2	Not Applicable
Office Supplies and Consumables	46.0	49.6	Not Applicable
Business Operating Expenses (Services Purchased)	42.0	43.0	Not Applicable
Labour Contractors (excluding consultants)	36.6	38.0	Not Applicable
Professional Services	36.0	36.9	Not Applicable
Client Related Food and Accommodation Supplies	29.0	31.3	Not Applicable
Consultancy Services	26.0	27.9	Not Applicable
Marketing and Media	18.0	18.0	Not Applicable
Travel and Related Expenses	12.0	12.3	Not Applicable

If the Department is unable to provide estimates for the components of 'other operating expenses' in 2016-17, please explain how the amount of 'other operating expenses' listed for 2016-17 in the budget papers was calculated.

Not Applicable

For the line item 'payments for non-financial assets' for 2016-17 in the departmental cash flow statement in the Statement of Finances budget paper, please identify the amount that is expected to be funded using funds carried over from 2015-16.

$29.4 million.

Question 10

In relation to the break-down of expenses from transactions disaggregated by government purpose classification in the budget papers, please provide details of the Department's component of the expenses in each category for 2015-16 and 2016-17. Please explain any variations between the years that are greater than ±10 per cent (or greater than $100 million) between 2015-16 and 2016-17 estimates.

For reference, the relevant information was in Note 12(a) to the general government sector consolidated operating statement the 2015-16 Statement of Finances budget paper, p.34.

Government purpose classification	2014-15 actual ($ million)	2015-16 revised estimate ($ million)	2016-17 Budget ($ million)	Explanation for any variances greater than ±10% (or greater than $100 million) between 2015-16 and 2016-17 estimates
General public services	15.9	28.3	29.5	Not Applicable
Public order and safety	58.3	69.0	70.0	Not Applicable
Health	14,246.0	15,200.6	16,069.9	The variance is primarily driven by: • additional funding for new initiatives provided in the 2016-17 State Budget • continuing implementation of initiatives announced in previous budgets • additional funding for anticipated cost increases in 2016-17.
Social security and welfare	4,139.4	4,296.3	4,023.0	The variance primarily reflects Home and Community Care National Partnership Agreement ceasing in 2015-16.
Housing and community amenities	471.0	487.8	578.1	The variance is primarily driven by: • additional funding for new initiatives provided in the 2016-17 State Budget • continuing implementation of initiatives announced in previous budgets • additional funding for anticipated cost increases in 2016-17.
Recreation and culture	34.3	103.1	100.7	Not Applicable

4. Expenditure reduction measures

Question 11

For each of the savings initiatives detailed in the table below, please detail (on the same basis of consolidation as the budget papers):

(a) what actions the Department will take in 2016-17 to meet the various savings targets

(b) any impact that these actions will have on the delivery of services during 2016-17

(c) the Department's savings target for 2016-17, with an explanation for any variances between the current target and what was originally published in the budget papers when the initiative was released. If the change in Government affected the implementation of these measures, please provide a more detailed explanation.

Initiative	Actions the Department will take in 2016-17	Impact of these actions on service delivery in 2016-17	Savings target for 2016-17 ($ million)	Explanation for variances to the original target
Efficiency and expenditure reduction measures in 2013-14 Budget (2013-14 BP3 pp.62-4)	Savings will be achieved through improved efficiencies and cost containment across all portfolios.	Savings will be targeted at overhead reduction and should not impact on productivity or services delivered to the community	1.8	-
Efficiency measures in 2013-14 Budget Update (2013-14 BU pp.129-30)			Not Applicable	-
Efficiency and expenditure reduction measures in 2014-15 Budget (2014-15 BP3 p.79)			0.0	-

Initiative	Actions the Department will take in 2016-17	Impact of these actions on service delivery in 2016-17	Savings target for 2016-17 ($ million)	Explanation for variances to the original target
Efficiency and expenditure reduction measures in 2015-16 Budget (BP3 pp.105-7)	• Reduce executive officers • Reduce travel costs • Cease production of hard copy reports • Reduce labour hire firms • Implement more efficient departmental fleet arrangements • Implement electronic purchasing	Savings will be targeted at overhead reduction and should not impact on productivity or services delivered to the community	10.4	-

Question 12

In relation to any programs or initiatives that have been reprioritised, curtailed or reduced for 2016-17 (including lapsing programs), please identify:

(a) the amount expected to be spent under the program or initiative during 2016-17 at the time of the 2015-16 Budget

(b) the amount currently expected to be spent under the program or initiative during 2016-17

(c) the use to which the reprioritised funds will be put. Please include the name(s) of any program or initiative that will be funded or partially funded through the reprioritisation.

Program/initiative that has been reprioritised, curtailed or reduced	the amount expected to be spent under the program or initiative during 2016-17:		The use to which the reprioritised funds will be put
	at the time of the 2015-16 Budget	at the time of the 2016-17 Budget	
Programs where funding is lapsing in 2015-16 are identified in Question 3 above. No specific initiatives or programs have been identified for reprioritisation to other initiatives as part of the 2016-17 Budget.			Not Applicable

Question 13

In relation to any funding from reprioritisation of existing resources in the 2016-17 Budget for your department, please provide the following information in relation to each initiative, program or project from which $1.0 million or more of funding has been reprioritised. In describing initiatives, please use the same names as are used in the budget papers.

For reference, the aggregated information was in Table 4.4 (net impact of the *2015-16 Budget* new output initiatives) in 2015-16 Budget Paper No.2.

Initiative, program or project for which funding was initially provided	Amount reprioritised for 2016-17 ($ million)	Amount reprioritised for 2017-18 ($ million)	Amount reprioritised for 2018-19 ($ million)	Amount reprioritised for 2019-20 ($ million)
Departments are funded on a global basis in the annual appropriation act and ministers have the ability to reprioritise funding within their portfolio department. Reprioritisation decisions are funded through the department's internal budget allocation process. Where departmental initiatives are funded through reprioritisation, the funding is sourced from broader efficiencies within the affected portfolio or across the department.	6.816	5.431	0.450	0.350

5. Output and asset initiative funding

Question 14

Please list the factors that contributed to changes in total income from transactions reported in departmental operating statements in the budget papers between 2015-16 and 2016-17, as in the following table:

	Amount		Explanation
	(per cent)	($ million)	
Total income from transactions 2015-16	Not Applicable	21,425.1	
New output initiative funding *	4.0	861.0	Government policy decisions
Savings and efficiency measures	-0.7	-148.2	Government policy decisions
Inflation adjustment	1.6	351.4	Government policy decision – Departmental Funding Model
Other – Commonwealth Funding	-1.6	-338.7	Primarily reflects Home and Community Care National Partnership Agreement ceasing in 2015-16
Other – Various (CAC, Depreciation, Carryover, PPP Quarterly Service Payments)	0.7	152.6	Government policy decisions
Total income from transactions 2016-17	**Not Applicable**	**22,303.3**	

* Includes matched funding under National Health Reforms Agreement

Question 15

Please provide the following details of any outputs for which output resources allocation reviews or base reviews (as described in BFMG-05) were completed, or expected to be completed, in 2015-16:

(a) output resources allocation reviews

Output(s)	How the review was initiated	Changes as a result	Reasons for the change
-	-	-	-

(b) base reviews

Output	How the review was initiated	2015-16 base funding ($ million)	2016-17 base funding ($ million)	Reasons for the change
Acute Output Group	By government	10,967	11,875	Review has not been completed. Increase in funding due to government policy commitments.

Question 16

In relation to the asset initiatives released in the 2016-17 Budget for the Department (as detailed in the Service Delivery budget paper), please quantify the amount of funding for those initiatives that is expected to come from the Department's own sources (such as depreciation, applied appropriations which have not been spent or other sources) and the amount of new funding provided specifically for these initiatives in this budget.

For reference, asset initiatives released in the 2015-16 Budget for the Department were detailed in *Budget Paper No.5: 2015-16 Statement of Finances*.

	2015-16 ($ million)	2016-17 ($ million)	2017-18 ($ million)	2018-19 ($ million)	2019-20 ($ million)	TEI ($ million)
Funding from the Department's own sources	0.0	73.1	TBD*	TBD*	TBD*	73.1
New funding specifically for these initiatives in 2016-17 Budget	49.8	181.8	240.0	215.2	113.6	1,049.2
Total asset initiatives (as in Service Delivery budget paper)	49.8	254.9	246.6	233.7	113.6	1,122.3

Notes

Source: 2016-17 BP3

Indicative TEI total is $1.122 billion and includes Whole of Government initiatives

Totals do not add to the indicative TEI total due to cashflows that are still to be finalised

Cashflows include $39.3 million beyond the 2019-20 forward estimate

Totals are subject to change and are not finalised until 2016-17 Budget is released

* The department's total asset investment for a particular year is only known when the budget is finalised for that year. It is only at this point that the department determines the proportion of this total investment that it can fund from the department's own source funding as opposed to new funding

Question 17

(a) Please quantify the Department's balance of applied appropriations unspent as at 30 June 2015 as defined in the notes to note 39(a) of the 2014-15 Financial Report for the State, along with estimates for the equivalent figures as at 30 June 2016 and 2017.

	2015 ($ million)	2016 ($ million)	2017 ($ million)
Applied appropriations unspent as at 30 June	438.3	161.9*	72.1*

* The 2016 and 2017 amounts are estimates

(b) Please indicate the intended use of these amounts.

The department's balance of appropriations unspent as at 30 June 2015 amounts to $438.3 million, comprised of:

- Unapplied output funding of $159 million primarily relates to services and projects that have carried over from 2014-15 to be delivered in 2015-16
- $115.5 million of output funding relating to estimated depreciation revenue not required, and $45 million of output funding not applied in 2014-15
- $73.8 million of unapplied asset funding relating to capital projects that have been re-phased or carried over from 2014-15 to be delivered in 2015-16
- $45.1 million of Additions to Net Assets appropriation not applied in 2014-15, due to availability of depreciation equivalent to fund capital projects.

6. Public private partnership expenditure

Question 18

Please identify the PPP projects that are being managed by the Department or its controlled entities:

(a) Under construction (including in planning)

- Victorian Comprehensive Cancer Centre
- Bendigo Hospital

(b) In operation (commissioned).

- Casey Hospital
- The Royal Women's Hospital
- The Royal Children's Hospital

Question 19

For each line item in the Department's comprehensive operating statement or statement of cash flows which includes expenditure on all PPP projects in 2016-17 or across the forward estimates period, please identify:

(a) the line item

(b) the value of expenditure (**including staff costs**) on PPP projects included within that line item

(c) what the expenditure is for (for example, labour costs, payment of interest, payment of capital, purchases of services, payment of contracted penalties etc.).

For reference, the Department's comprehensive operating statement or statement and cash flows were detailed in *Budget Paper No.5: 2015-16 Statement of Finances*.

Line item	2015-16 revised ($ million)	2016-17 ($ million)	2017-18 ($ million)	2018-19 ($ million)	2019-20 ($ million)	Explanation
PPPs under construction (including in planning)						
Other operating expenses	0.0	111.4	164.7	164.8	162.2	These expenses comprise interest, lifecycle maintenance costs, and other operating costs for the following projects that are still under construction: • Victorian Comprehensive Cancer Centre • Bendigo Hospital

Line item	2015-16 revised ($ million)	2016-17 ($ million)	2017-18 ($ million)	2018-19 ($ million)	2019-20 ($ million)	Explanation
PPPs under construction (including in planning)						
Repayment of finance lease	0	10.8	39.4	50.1	54.3	These comprise repayment of finance leases in respect of the following PPP projects that are still under construction: • Victorian Comprehensive Cancer Centre • Bendigo Hospital
PPPs in operation						
Other operating expenses	133.9	138.1	137.5	143.8	148.7	These expenses comprise interest, lifecycle maintenance costs, service costs, special purpose vehicle costs and other costs for the following commissioned PPP projects: • Casey/Berwick Hospital • Royal Women's Hospital • Royal Children's Hospital
Repayment of finance lease	12.4	12.4	12.4	12.4	12.4	These comprise repayment of finance leases in respect of the following commissioned PPP projects: • Casey/Berwick Hospital • Royal Women's Hospital • Royal Children's Hospital

Note

The estimates in respect of operating expenses and repayment of finance lease for commissioned PPP are updated periodically to reflect changes in discount rates and other assumptions. The repayment of finance lease amounts currently agrees with the amounts reflected in the statement of cash flows, however, the amounts in respect of Casey/RWH/RCH will have to be reviewed and are expected to be revised at 2016-17 budget update

7. Revenue

Question 20

Please disaggregate the Parliamentary Authority for the Department for 2016-17 as in the table below.

	Provision of outputs	Additions to the net asset base	Payments made on behalf of the State	Total
Annual appropriations	(b) 12,848.0	(b) 181.8	(b) -	(a) 13,029.8
Receipts credited to appropriations	(b) 462.0	(b) 7.8	(b) -	(a) 469.8
Unapplied previous years appropriation	(b) 72.1	(b) -	(b) -	(a) 72.1
Accumulated surplus – previously applied appropriation	221.5	4.2	-	(a) 225.7
Gross annual appropriation (sum of previous 4 rows)	**13,603.6**	**193.8**	**-**	**(a) 13,797.3**
Special appropriations	1,403.9	-	-	(a) 1,403.9
Trust funds	4,527.0	-	-	(a) 4,527.0
Total parliamentary authority (sum of previous 3 rows)	**19,534.5**	**193.8**	**-**	**(a) 19,728.2**

(a) available in the 'Parliamentary authority for resources' table for the Department in Budget Paper No.3

(b) available in Appendix A of Budget Paper No.5

Question 21

In relation to 2016-17, please outline any new revenue-raising initiatives released in the 2016-17 Budget. For each initiative, please explain:

(a) the reasons for the initiative

(b) the assumptions underlying the reasons

(c) the impact of any changes on service delivery (that is, please detail all programs/projects that have been revised as a result of changes to existing revenue initiatives)

(d) any performance measures or targets altered as a result of the initiative

(e) the anticipated total value of revenue gained/foregone as a result of the initiative.

In describing initiatives, please use the same names as are used in the budget papers where applicable.

Initiative/change	Reasons for the initiative/change	Underlying assumptions	Impact of changes on service delivery	Performance measures or targets altered	Anticipated total value of revenue gained/foregone
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Question 22

In relation to 2016-17, please outline any other major changes to existing revenue initiatives. For each change, please explain:

(a) the reasons for the change

(b) the assumptions underlying the reasons

(c) the impact of any changes on service delivery (that is, please detail all programs/projects that have been revised as a result of the change)

(d) any performance measures or targets altered as a result of the change

(e) the anticipated total value of revenue gained/foregone as a result of the change.

Where possible, please use names for programs or initiatives as are used in the budget papers.

Change	Reasons for the change	Underlying assumptions	Impact of changes on service delivery	Performance measures or targets altered	Anticipated total value of revenue gained/foregone
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Question 23

In relation to 2016-17, please outline any new tax expenditures or concession/subsidy initiatives and/or major changes to existing tax expenditures or concession/subsidy initiatives. For each initiative/change, please explain:

(a) the reasons for the initiative/change

(b) the assumptions underlying the reasons

(c) the impact of any initiatives/changes on service delivery (that is, please detail all programs/projects that have been revised as a result of changes to existing revenue initiatives)

(d) any performance measures or targets altered as a result of the initiative/change

(e) the anticipated total value of revenue gained/foregone as a result of the initiative/change.

In describing initiatives, please use the same names as are used in the budget papers where applicable.

Initiative/change	Reasons for the initiative/change	Underlying assumptions	Impact of changes on service delivery	Performance measures or targets altered	Anticipated total value of revenue gained/foregone
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Question 24

For the Department's income categories, as per the Department's operating statement in the Statement of Finances budget paper, please provide an explanation for any items that have a variance of greater than ±10 per cent or $100 million between the revised estimate for 2015-16 and the budget for 2016-17.

Income category	Revised estimate for 2015-16 ($ million)	Estimate for 2016-17 ($ million)	Explanation
Output appropriations	12,919.9	13,382.1	The variance is primarily driven by additional funding for new initiatives provided in the 2016-17 State Budget, continuing implementation of initiatives announced in previous budgets, additional funding for anticipated cost increase in 2016-17, and additional revenue collected by Health and Human Services.
Special appropriations	1,364.4	1,403.9	
Interest	67.9	67.9	
Sales of goods and services	1,585.5	1,649.6	
Grants	5,087.2	5,303.9	The increase in grants primarily reflects estimated increases in grants from the Commonwealth under the National Health Reform Agreement and Commonwealth grants paid directly to health agencies.
Other income	483.2	495.9	

Question 25

What impact have developments at the Commonwealth level had on the Department's component of the 2016-17 State Budget?

On 1 April 2016, the Council of Australian Governments signed a Heads of Agreement which substantially rolls over existing National Health Reform Agreement arrangements from 2017-18 to 2019-20, and commits to deliver reforms designed to improve health outcomes for patients and decrease avoidable demand for public hospital services. From 2017-18 to 2019-20, Commonwealth funding growth for public hospitals will be capped at 6.5 per cent annually and the Commonwealth contribution to efficient growth funding will remain at 45 per cent.

Modelling suggests the new agreement will provide substantially more funding for Victorian public hospital services over the life of the agreement (2017-18 to 2019-20) compared to what was published in the 2015-16 MYEFO. However, the new deal does not completely reverse the 2014-15 cuts as the maximum funding Victoria could receive from the Commonwealth is still significantly less than Victoria could have received under the original Health Reform Agreement for the same period.

Developments at the Commonwealth level relevant to the delivery of health and human services in Victoria are considered in developing the department's input into the State Budget.

The 2016-17 Commonwealth Budget to be released on 3 May 2016, is likely to affect the following agreements:

- National Health Reform Agreement (including the funding body/administrator, the Independent Hospital Pricing Authority and the National Health Performance Authority)
- National Partnership on Essential Vaccines
- National Partnership on Adult Public Dental Services
- National Partnership Agreement on expansion of the Breast Screen Australia Program
- National Partnership Agreement on the National Bowel Cancer Screening Program – Participant Follow-up Function
- National Partnership on Aged Care Assessment
- National Partnership on Home and Community Care
- National Partnership on Supporting National Mental Health Reform
- National Affordable Housing Agreement
- National Disability Agreement
- National Partnership Agreement on Homelessness
- National Partnership Agreement on Pay Equity for the Social and Community Services Sector
- National Partnership Agreement on Payments from the DisabilityCare Australia Fund.

8. Performance measures

Question 26

For each initiative (asset or output) in the 2016-17 Budget with a total cost over the forward estimates greater than $20 million (or a TEI over $20 million), please list all new and existing performance measures in the budget papers related to the initiative. In describing initiatives, please use the same names as are used in the budget papers.

Initiative	Type	Related performance measures/Deliverables
Home and Community Care services indexation	Output	This initiative will not change any DHHS performance measures in Budget Paper 3
Access to medicinal cannabis	Output	**Public Health Development, Research and Support** Number of patients accessing medicinal cannabis Compliance with quality assurance testing Proportion of authorisation applications processed within 3 months Proportion of licences reviewed within 60 days as required by legislation
Homes for Homes	Output	**Housing Assistance** Total number of social housing dwellings Total social housing dwellings acquired during the year
Getting Ready for the National Disability Insurance Scheme	Output	**Disability Services** Number of supported accommodation beds Clients in residential institutions
Community Sports and Events	Output	This initiative will not change any DHHS performance measures in Budget Paper 3
Flexible support	Output	**Housing Assistance** Number of clients assisted to address and prevent homelessness
Future public sector residential aged care provision	Output	**Clinical Care** Residential bed days **Residential Aged Care** Available bed days Residential aged care services accredited

Initiative	Type	Related performance measures/Deliverables
Improving access to elective surgery	Output	**Admitted services** Total separations – all hospitals Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services WIES funded emergency separations – all hospitals WIES funded separations – all hospitals except small rural health services Non urgent (Category 3) elective surgery patients admitted within 365 days Semi urgent (Category 2) elective surgery patients admitted within 90 days Urgent (Category 1) elective surgery patients admitted within 30 days
Healthy and strong Latrobe	Output	This initiative will not change any DHHS performance measures in Budget Paper 3
Intensive support early in life	Output	This initiative will not change any DHHS performance measures in Budget Paper 3
More support for young people with a disability before full transition to the National Disability Insurance Scheme	Output	**Disability Services** Clients receiving individualised support
Real-time prescription monitoring	Output	**Admitted Services** Total separations – all hospitals **Emergency Services** Emergency presentations **Drug Treatment and Rehabilitation** Clients on the pharmacotherapy program
Responding to ice – Supporting frontline workers	Output	Maintains performance for: **Drug Treatment and Rehabilitation** Drug and Alcohol Workers Trained
Responding to vulnerable children, families and trauma	Output	**Clinical Care** Community service hours **Mental Health Community Support Services** Client support units
Safe at Home – Flexible Support Packages	Output	This initiative will not change any DHHS performance measures in Budget Paper 3.
Suicide prevention	Output	This initiative will not change any DHHS performance measures in Budget Paper 3.

Initiative	Type	Related performance measures/Deliverables
Sustaining the out-of-home care system - meeting unavoidable placement demand	Output	This initiative will not change any DHHS performance measures in Budget Paper 3.
Therapeutic interventions	Output	This initiative will not change any DHHS performance measures in Budget Paper 3.
Transitioning residential care targets to complex level of support	Output	This initiative will not change any DHHS performance measures in Budget Paper 3.
Expanding ambulance services and availability	Output	**Ambulance Emergency Services** Community Service Obligation emergency road and air transports State-wide emergency air transports State-wide emergency road transports Treatment without transport **Ambulance Non-Emergency Services** Community Service Obligation non-emergency road and air transports State-wide non-emergency air transports State-wide non-emergency road transports
Meeting hospital services demand	Output	**Admitted Services output; Non Admitted Services output; and, Emergency Services output** Sub-acute bed days Total separations - all hospitals Weighted Inlier Equivalent Separations (WIES) – all hospitals except small rural health services WIES funded emergency separations – all hospitals WIES funded separations – all hospitals except small rural health services **Non Admitted Services** Completed post-acute episodes HIP direct contacts Patients treated in specialist outpatient clinics – unweighted **Emergency Services** Emergency presentations
Meeting hospital services demand	Output	**Clinical Care** Clinical inpatient separations Community service hours

Initiative	Type	Related performance measures/Deliverables
New projects		**Estimated completion date**
Ambulance Station Upgrades (statewide)	Asset	Quarter 4, 2019-20
Austin Health Critical infrastructure (Heidelberg)	Asset	Quarter 4, 2017-18
Engineering infrastructure replacement program (statewide)	Asset	Quarter 4, 2016-17
Goulburn Valley Health Redevelopment (Shepparton)	Asset	Quarter 4, 2020-21
Medical Equipment Replacement Program (statewide)	Asset	Quarter 4, 2016-17
Modernisation Melbourne Metropolitan public residential aged care: Stage 1 (Kew)	Asset	Quarter 4, 2018-19
Getting Ready for the National Disability Insurance Scheme (statewide)	Asset	Quarter 4, 2019-20
National Proton Beam Therapy Centre (metro various)	Asset	TBC
Orygen Youth Mental Health (Parkville)	Asset	Quarter 4, 2018-19
Regional Health Infrastructure Fund (non-metro various)	Asset	Quarter 4, 2019-20
Victorian Heart Hospital (Clayton)	Asset	TBC
Western Health Urgent Infrastructure Works (Footscray and Sunshine)	Asset	Quarter 4, 2020-21
Existing projects		**Estimated completion date**
Ambulance station upgrades (statewide)	Asset	Quarter 4, 2017-18
Ambulance Vehicle and Equipment (statewide)	Asset	Quarter 4, 2018-19
Angliss Hospital intensive care unit and short stay unit (Upper Ferntree Gully)	Asset	Quarter 4, 2018-19
Ballarat Hospital – Additional beds, ambulatory care and helipad (Ballarat)	Asset	Quarter 2, 2016-17

Initiative	Type	Related performance measures/Deliverables
New projects		**Estimated completion date**
Barwon Health – North (Geelong)	Asset	Quarter 4, 2018-19
Bendigo Hospital – Redevelopment (Bendigo)	Asset	Quarter 2, 2016-17
Box Hill Hospital - Redevelopment (Box Hill)	Asset	Quarter 4, 2016-17
Casey Hospital Expansion (Berwick)	Asset	Quarter 4, 2019-20
Engineering infrastructure replacement program (statewide)	Asset	Quarter 2, 2016-17
Expanding accommodation with support (statewide)	Asset	Quarter 4, 2016-17
Geelong Hospital – Major upgrade (Geelong)	Asset	Quarter 1, 2018-19
Health Service Violence Prevention Fund (statewide)	Asset	Quarter 4, 2018-19
Joan Kirner Women's and Children's Hospital (St Albans)	Asset	Quarter 4, 2019-20
Latrobe Regional Hospital Redevelopment – stage 2A (Latrobe)	Asset	Quarter 4, 2017-18
Medical equipment replacement program (statewide)	Asset	Quarter 2, 2016-17
Monash Children's Hospital (Clayton)	Asset	Quarter 2, 2016-17
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	Asset	Quarter 2, 2018-19
Rural capital support (non-metro various)	Asset	Quarter 4, 2016-17
Simonds Stadium Redevelopment – Stage 4 (South Geelong)	Asset	Quarter 4, 2016-17
Werribee Mercy Hospital - acute expansion (Werribee)	Asset	Quarter 4, 2018-19
Werribee Mercy Hospital Mental Health Expansion (Werribee)	Asset	Quarter 3, 2016-17

Question 27

For each quality, quantity or timeliness performance measure newly introduced in the 2016-17 Budget, please attach any supporting documentation the Department has produced in developing the measure, such as:

(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed

(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio

(c) how the measure evaluates the performance of the Department or the task faced by the department

(d) the process the Department employed to set a target or anticipated result for this measure

(e) a description of what constitutes good performance and how the performance measure indicates this

(f) any shortcomings of the measure

(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget

(h) how the department intends to evaluate the effectiveness of the measure in the future?

…/cont. overleaf

1. Emergency patients who did not wait for treatment	
Question part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The proportion of patients presenting to a public hospital Emergency Department who left at own risk without treatment. Data source: Victorian Emergency Minimum Dataset (VEMD). The VEMD contains de-identified demographic, administrative and clinical data detailing Emergency Department presentations at 40 Victorian public hospitals. The Data Collections Unit (DCU) of the Health Service Performance and Programs division manages VEMD operations. A patient receives a departure status = 11 (left at own risk, without treatment) if the patient departs the Emergency Department before being seen by a definitive service provider: • without notifying staff, **or** • despite being advised by clinical staff not to leave, **or** • without receiving advice about alternatives to treatment in the Emergency Department. Common descriptions include: Did Not Wait, (DNW) and Failed To Answer (FTA).
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator: The number of patients presenting to a VEMD reporting hospital with a departure status = 11 (left at own risk without treatment) Denominator: The number emergency presentations, excluding patients that are dead on arrival (Category 6).
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies patients leaving before being treated to enable health services to understand the reasons and initiate improvements for people to receive the emergency care they need.
(d) the process the Department employed to set a target or anticipated result for this measure	The Department undertook analysis to review the historical performance of this measure since 2012-13. Data prior to this period was excluded due to the change in admission policy from 1 July 2012 as a result of national hospital funding reforms. Furthermore, performance results reported by other jurisdictions was also considered in establishing the target of <5 per cent.
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance of <5 per cent for each quarter's results reported in 2016-17.

1. Emergency patients who did not wait for treatment	
Question part	**Response**
(f) any shortcomings of the measure	The measure includes all patients that left at own risk as defined in section (a), this will include patients that leave early as they are feeling better, choose to defer treatment or decide to see their General Practitioner.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget	Expected Outcomes are extrapolated from year to date performance weighted by performance in previous years. The result is reviewed by the program area to adjust for any known operational issues.
(h) how the department intends to evaluate the effectiveness of the measure in the future	Review of data to assess improvement and ensure all health services submit action plans to improve Emergency Department waiting room processes.

2. Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	
Question part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The proportion of presentations to public hospital emergency departments that are followed by an unplanned re-presentation to the same emergency department within 48 hours. Data source: Victorian Emergency Minimum Dataset (VEMD). The VEMD contains de-identified demographic, administrative and clinical data detailing Emergency Department presentations at 40 Victorian public hospitals. The Data Collections Unit (DCU) of the Health Service Performance and Programs division manages VEMD operations.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator = number of patients that present to the same Emergency Department with a type of visit = 1 (emergency presentation) within 48 hours of the completion of their previous presentation. Type of visit = 1 (Emergency presentation) includes attendance requiring acute unscheduled care. This includes: • presentation due to an actual or suspected new clinical condition, **or** • an unplanned presentation for a continuing actual or suspected condition, **or** • privately referred or privately treated patient. Denominator = total number of presentations to a Victorian Emergency Minimum Dataset reporting hospital, excluding patients in transit or dead on arrival or if the patient was admitted or transferred to another hospital.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	Identifies the number of patients representing to the same Emergency Department after 48 hours and to initiate improvements to receive the best possible care at each attendance at a health service Emergency Department.
(d) the process the Department employed to set a target or anticipated result for this measure	The Department undertook analysis to review the historical performance of this measure using the last two years of data to devise the target of <6 per cent.
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of performance of <6 per cent for each quarter's results reported in 2016-17.

2. Emergency patients re-presenting to the emergency department within 48 hours of previous presentation	
Question part	**Response**
(f) any shortcomings of the measure	Includes patients who represent to another hospital. Does not distinguish between preventable and non-preventable representations.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget	Expected Outcomes are extrapolated from year to date performance weighted by performance in previous years. The result is reviewed by the program area to adjust for any known operational issues.
(h) how the department intends to evaluate the effectiveness of the measure in the future	Review of data to assess improvement and ensure action plans in place to review health service processes.

3. Patients' experience of emergency department care	
Question part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The Victorian Healthcare Experience Survey – Adult Emergency Department questionnaire seeks to discover the experience of people over 16 who have attended one of Victoria's 36 Emergency Departments but were not admitted to hospital. Respondents are randomly selected from people who were discharged from the Emergency Department in the preceding month Patient experience surveys are one of a suite of methods used in Victoria and throughout Australia to monitor how health services are performing in the eyes of patients and identify opportunities for service improvement. The Victorian Healthcare Experience Survey questions cover the care and treatment provided at health services, as well as hospital infrastructure. Health services receive a quarterly report of performance, reported as a percentage. Health services may receive a 'Not Applicable' report if there are insufficient survey responses received in the quarter to generate a report (<42). Health services with <42 responses will have responses reported with rolled up results (e.g. quarter 1 will combined with quarter 2 to qualify for >42 responses). Results are based on the Victorian Healthcare Experience Survey – Adult Emergency question 68: 'Overall, how would you rate the care you received while in the Emergency Department?'. Results are lagged by one quarter.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Measure unit is percentage. It is a combined result from respondents that rate the experience of their care while in the Emergency Department as 'very good' and 'good'.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The statewide performance is an average that takes into account the individual sample sizes of health services each quarter relative to the whole month so that each individual case has equal baring on the average. The data is also weighted by age and gender.
(d) the process the Department employed to set a target or anticipated result for this measure	Modelling was conducted using 18 months of data to devise the 85 per cent target measure. Sample size 14,613 responses to question 68 across all Victorian health services with an Emergency Department service.

3. Patients' experience of emergency department care	
Question part	**Response**
(e) a description of what constitutes good performance and how the performance measure indicates this	Achievement of a positive response (Very good and good) of 85 per cent or more for each quarter's results reported in 2016-17 to the question: Overall, how would you rate the care you received while in the Emergency Department?
(f) any shortcomings of the measure	2014-15 is the only full set of data across a financial year currently in the Victorian Healthcare Experience Survey.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget	Analysis of all data sets available: 2014-15 and 2015-16.
(h) how the department intends to evaluate the effectiveness of the measure in the future	Comparison across two years of full data. Expansion into other relevant questions on health service experience in an Emergency Department setting.

4. Open Rates for Seniors Card e-Newsletter	
Question part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	Open rates for Seniors Card e-Newsletters – 45 per cent. The distribution of the newsletter is managed by an organisation that is able to identify and report back on the number of emails opened and identify what sections are clicked on in the newsletter for further information. An assumption made is that people will open their email and read the newsletters.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator = number of emails opened. Denominator = number of emails sent.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	It measures the number of people receiving and opening the newsletter.
(d) the process the Department employed to set a target or anticipated result for this measure	Use of industry standards for open rates is used as a benchmark for the department. Reputable industry analysis is used to inform setting of the target, utilising the 'Government/Defence' industry category. This category is selected as it best reflects the nature of Seniors Care program. The average achieved in the 'Government/Defence' industry category is much higher than averages achieved in other industries of between 20-25 per cent.
(e) a description of what constitutes good performance and how the performance measure indicates this	If the industry standard is exceeded, this translates to a good outcome for the department.
(f) any shortcomings of the measure	None.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget	From evidence from previous mail-outs of the newsletter.
(h) how the department intends to evaluate the effectiveness of the measure in the future	Through the continued application of the industry standard.

5. Practitioner medicinal cannabis authorisations processed within prescribed timeframe	
Question part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	The BP3 measure will assess the performance of the Office of Medicinal Cannabis in processing applications made by authorised medical practitioners to enable eligible patients to access medicinal cannabis products. Applications that are not valid under legislation will not be included in the measure.
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	Numerator = number of applications processed within the prescribed timeframe. Denominator = the total number of applications received. The returned value will be multiplied by 100 to give the percentage.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	The BP3 measure will determine the timeliness of processing applications submitted by medical practitioners and scale of uptake.
(d) the process the Department employed to set a target or anticipated result for this measure	The target has been set to reflect processes described in primary legislation and regulations that will be made before access is provided in early 2017. Given that the measure reflects a new program, it is not appropriate to set the target at 100 per cent. Accordingly, the target has been set at 95 per cent.
(e) a description of what constitutes good performance and how the performance measure indicates this	Equal to or greater than 95 per cent will constitute good performance.
(f) any shortcomings of the measure	A limitation of the measure is that the program will not commence until early 2017, therefore data collected will represent less than six months of the financial year.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget	The department will evaluate the outcome of the 2016-17 measure and determine whether it is still appropriate for the target to remain the same or whether an adjustment is required. As this is a new program with no baseline data, it is not possible to anticipate future benchmarks.
(h) how the department intends to evaluate the effectiveness of the measure in the future	An independent evaluation of the program will be conducted within the first four years as required by legislation. However the department will consider whether this measure is the most appropriate way of evaluating the access to medicinal cannabis program after 12 months.

6. National Disability Insurance Scheme participants	
Question part	**Response**
(a) a description of the measure, including the data that support it, assumptions made, and how the data are collected and transformed	**Description of measure** Count of actual number of Victorian participants with an approved plan. This is a count of eligible participants in Victoria for whom the National Disability Insurance Agency (NDIA) has developed and approved a plan of funded supports. **Supporting data** The supporting data will be disaggregated by total number of: • existing State funded clients with an approved plan • existing Commonwealth funded clients with an approved plan • new and other clients with an approved plan. The count will be sourced from monthly extracts that the National Disability Insurance Agency is required to submit to Victoria. This data will provide a cumulative and monthly unique count of participants with an approved plan. It will also be used to calculate Victoria's actual monthly payments to the National Disability Insurance Scheme (NDIS). Analysis of the number of State funded clients transferring to the NDIS will be undertaken by comparing client level data transmitted to the NDIA with the actual number of participants with an approved plan. This will be undertaken in accordance with the data transmission protocols negotiated between Victoria and the NDIA. **Assumptions** The count will include eligible participants who currently receive funded supports through the department's Disability; Mental Health Community Support Services; and, Home and Community Care program output groups. It does not include financial contributions from the Department of Education and Training, or the Department of Economic Development, Jobs, Transport and Regulation; however, the target is inclusive of eligible clients from these departments. Adjustment to performance targets in the above output groups will be reflected by notation for 2016-17 and numerically adjusted from 2017-18. It is not possible to directly compare increases in the number of people entering the NDIS with a corresponding reduction in output groups. This is because many of the current measures are based on instances of support rather than a unique count of clients.

6. National Disability Insurance Scheme participants	
Question part	**Response**
(b) if the measure is a ratio (including a percentage), please include a description of the numerator and denominator series that provide the ratio	The measure is not a ratio.
(c) how the measure evaluates the performance of the Department or the task faced by the Department	This measure will contribute to identifying the number of existing State funded clients who transfer to the NDIS, including the number of unique clients who currently are supported through funded activity under the Disability; Mental Health Community Support Services; and, Home and Community Care program output groups. This measure will also enable Victoria to accurately assess the performance of the NDIA, and inform consequential amendments to performance measures for the Disability; Mental Health Community Support Services; and, Home and Community Care program output groups in 2017-18. The target for 2016-17 is 20, 205 is the estimated agreed count of participants as set out in the Bilateral Agreement for Transition to the NDIS.
(d) the process the Department employed to set a target or anticipated result for this measure	The target for 2016-17 of 20,205 is the estimated agreed count of participants as set out in the *Bilateral Agreement for Transition to the NDIS*.
(e) a description of what constitutes good performance and how the performance measure indicates this	Estimated agreed intake of clients to the NDIS as set out in the *Bilateral Agreement for Transition to the NDIS* is met. The measure will provide an accurate count of the actual number of participants entering the NDIS. It should be noted that the department does not control the number of clients that will enter the NDIS. While the Commonwealth will have 100 per cent responsibility for meeting cost overruns, Victoria and the Commonwealth will share the risk of higher than expected clients transitioning from state funded disability services.
(f) any shortcomings of the measure	There are no shortcomings as the measure reflects agreements already made between the Commonwealth and Victoria.
(g) how the department intends to estimate the 'expected outcome' of the measure at the time of the 2017-18 Budget	The expected outcome for 2017-18 will be informed by ongoing bilateral reviews on the performance and accountability of the NDIA during 2016-17.

6. National Disability Insurance Scheme participants	
Question part	**Response**
(h) how the department intends to evaluate the effectiveness of the measure in the future	The measure is expected to remain in place for the next three years however as it is a baseline measure to track the performance of the NDIA during transition. Additional measures may be introduced in future years where this is considered necessary.

9. Staffing matters

Question 28

Please fully complete the table below, providing actual FTE staff numbers at 30 June 2015 and estimates of FTE staff numbers (broken down by the categories listed below) at 30 June 2016 and 30 June 2017 for the Department. Please provide figures consolidated on the same basis as the expenditure for the Department in the budget papers.

Grade	30 June 2015 (Actual FTE number)	30 June 2016* (Expected FTE number)	30 June 2017** (Forecast FTE number)
Secretary	1	1	
EO-1	5	2	
EO-2	55	52	
EO-3	63	69	
VPS Grade 7 (STS)	17	15	
VPS Grade 6	820	823	
VPS Grade 5	1,275	1,313	
VPS Grade 4	741	764	
VPS Grade 3	527	550	
VPS Grade 2	338	334	
VPS Grade 1	8	8	
Housing Services Officers	458	460	
Allied health professionals	242	249	
Child protection	1,764	1,841	
Disability development and support	4,332	4,378	
Custodial officers	370	358	
Other (Please specify)- Senior Medical Advisors, Solicitors, Scientists, Trade Assistants, Auditors)	169	180	
Total	**11,185**	**11,397**	

* 31 March 2016 FTE actual levels used in lieu of June 2016 FTE forecast

** No FTE forecasts are available for June 2017

Source: Department of Health and Human Services Annual Report 2014-15 and People and Culture Dataset 31 March 2016

Notes

1. FTE levels have been rounded to whole numbers
2. Executive Officer numbers reflects the number of employees at point in time. It is not reflective of the total executive officer envelope

Question 29

Please break down the actual staff numbers in your department as at 30 June 2015 and the estimates as at 30 June 2016 and 2017 according to the number of staff that are ongoing, fixed-term or casual.

	30 June 2015	30 June 2016	30 June 2017
	(Actual FTE number)	(Expected FTE number)	(Forecast FTE number)
Ongoing	9,599	9,674	
Fixed-term	823	1,002	
Casual	763	721	
Total	11,185	11,397	

* 31 March 2016 FTE actual levels used in lieu of June 2016 FTE forecast

** No FTE forecasts are available for June 2017

Source: Department of Health and Human Services Annual Report 2014-15 and People and Culture Dataset 31 March 2016

Notes

1. FTE levels have been rounded to whole numbers

Question 30

Please detail numbers (FTE) and the actual amount that the Department spent on contractors and consultants in 2014-15 and the estimated numbers and expenditure in 2015-16 and 2016-17. A definition of the difference between consultants and contractors is contained in FRD 22G – Standard Disclosures in the Report of Operations. Please provide figures on the same basis of consolidation for the Department as used in the budget papers.

	2014-15 Actual		2015-16 Expected		2016-17 Forecast	
	($ million)	FTE	($ million)	FTE	($ million)	FTE
Consultants	11.1	Not Applicable	6.7	Not Applicable	Not Applicable	Not Applicable
Contractors	560.8	Not Applicable	563.5	Not Applicable	Not Applicable	Not Applicable

Notes

1. The above figures reflect expenditure as reported or expected to be reported via the department's annual reporting processes for each year.
2. FTE numbers for 'consultant' and 'contractor' engagements are unavailable as department systems are currently unable to capture and record such information. In addition, the FRD 22G consultant and contractor definitions do not require recordkeeping of such information.
3. 2015-16 'consultant' and 'contractor' expected expenditure is an estimate only, based on an extrapolation of related year-to-date expenditure in 2015-16.
4. 2016-17 forecasts for both 'consultants' and 'contractors' are at present indeterminate, as such, engagements generally are *ad hoc*, short term, made on an as-required basis at the time, and vary between years.