



PUBLIC ACCOUNTS AND ESTIMATES COMMITTEE

**2016-17 FINANCIAL AND PERFORMANCE OUTCOMES
GENERAL QUESTIONNAIRE**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Your responses should be filled in the tables/text boxes under each question in the MS Word document only.

Additional responses to questions can be provided in MS Word or MS Excel documents if required.

The completed MS Word document, including any additional documents, should be emailed to paec@parliament.vic.gov.au

SECTION A: Output variances and program outcomes

Question 1 (all departments) Completed initiatives from past budgets

For the following initiatives that were due to be completed in 2016-17, please provide details of the outcomes expected to be achieved in the community¹ and the outcomes actually achieved to date. Please quantify outcomes where possible.

Initiative	Source	Actual date of completion (month and year)	Expected outcomes	Actual outcomes
Individualised support for people with a disability, their families and carers	2013-14 BP3 p.25	June 2014	Increase of up to 720 over four years, of the number of people with a disability who were supported to live as independently as possible in the community.	In 2013-14 and 2014-15, 902 new people were provided with an Individual Support Package to support them in living as independently as possible.
Demand and reform for out-of-home care services	2013-14 BP3 p.25	Ongoing	Additional placements for residential care and home-based care, as well as financial assistance for carers through educational and medical assistance and client expenses.	Between 30 June 2013 and 30 June 2016, the number of children and young people in out-of-home care increased by 3,163. All children in home-based care are eligible for client expenses and receive education and medical assistance as part of the carer allowance.
Improved disability accommodation support	2013-14 BP3 p.25	June 2014	Additional funding to maintain the delivery of high quality supported accommodation services operated by the department.	All funds were allocated in 2013-14, which enables the department to provide intensive support for clients with complex needs and deliver high quality supported accommodation services.

¹ 'Outcomes' are the impact of service delivery on the community rather than a description of the services delivered.

Initiative	Source	Actual date of completion (month and year)	Expected outcomes	Actual outcomes
Concessions to pensioners and beneficiaries	2013-14 BP3 p.25	30 June 2017	This initiative supports the growth in eligible concession card holders, and enables the Victorian Government's concessions program to continue to assist low income households to meet utility costs, including electricity, gas, water and property rates.	The initiative achieved its planned outcome – all eligible people who applied for Victorian energy, water and rates concessions received their respective entitlements. In 2016-17, 912,364 Victorian households received concessions.
Securing Victoria's health system — treating more patients	2013-14 BP3 p.16	June 2014	Enhance capacity of health services to meet and manage demand for essential hospital services.	Funding contributed to the treatment of 1,559,000 separations and 1,571,000 emergency presentations in 2013-14, compared to 1,477,000 separations and 1,527,000 emergency presentations' treatments in 2012-13.
Securing Victoria's health system — elective surgery	2013-14 BP3 p.16	June 2014	Meet increasing levels of demand and treat more elective surgery patients.	This has helped health services increase surgical capacity and treat over 17,000 additional elective surgery patients between July 2013 and June 2014. Further, this enabled health services to reduce significantly the overall statewide elective surgery waiting list by approximately 11,000 from 49,262 people in June 2013 to June 30 2014.

Initiative	Source	Actual date of completion (month and year)	Expected outcomes	Actual outcomes
Training the future health workforce — undergraduate	2013-14 BP3 p.16	Ongoing	Support an increase of more than 20 per cent in clinical placement days over the next four years (2013-14 BP3 p. 19) for undergraduate students.	<p>The 2014-15 target (and subsequent year targets) set to achieve this 20 per cent increase was 993,960 clinical placement days (BP3 2014-15 p148) . In 2014-15 (the first year of BP3 reporting of clinical placement student days) 949,647 places were reported (BP3 2016-17 p225), followed by 945,019 in 2015-16 and 946,035 in 2016-17 .</p> <p>The outputs that were projected in 2013 were not met due to health services and universities historically over-reporting placement days based on planned days that were not actually filled.</p> <p>In order to prevent over-reporting the department has introduced the Placeright system. Placement days are now only reported and paid when placements are completed.</p>
Home and Community Care	2013-14 BP3 p.16	Ongoing	<p>A total of 178,000 hours of service in 2013-14, and 336,000 hours of service in 2014-15 and beyond, were to be delivered per annum through this funding.</p> <p>From 1 July 2016, the HACC program concluded and the Commonwealth assumed responsibility for all related services for people aged 65+ years.</p>	<p>178,000 hours of service in 2013-14, and 356,000 hours of service in 2014-15 and 2015-16, were delivered.</p> <p>From July 2016 this service has been provided by the Commonwealth.</p>

Initiative	Source	Actual date of completion (month and year)	Expected outcomes	Actual outcomes
Improving health outcomes for Aboriginal Victorians	2013-14 BP3 p.16	Ongoing	The Koolin Balit funding initiative of \$61.7 million over four years was invested in a range of local, regional and statewide projects aimed at improving health outcomes for Aboriginal Victorians. This funding is ongoing.	<p>Outcomes have been documented through comprehensive evaluations of the Koolin Balit initiatives. Refer to: <https://www2.health.vic.gov.au/about/health-strategies/aboriginal-health/koolin-balit/evaluations></p> <p>The evaluations have informed the development of Korin Korin Balit-Djak: the Aboriginal health wellbeing and safety strategic plan which was released on 5 October 2017. The plan focuses on self-determination as the vehicle for improved health, wellbeing and safety outcomes.</p>

Question 2 (departments only) Treasurer’s advances and other budget supplementation

Please identify all outputs (and relate them to departmental programs) for which the department received additional funding after the initial budget (as described in *BFMG-42: Budget Supplementation*) in 2016-17. For each output, please quantify the additional funding, indicate the source of the additional funding (e.g. ‘Treasurer’s Advance’, ‘appropriations that would otherwise be unapplied’, ‘accumulated surplus’) and explain why additional funding was required:

Output	Program	Additional funding (\$ million)	Source of funding	Reasons why additional funding was required
Acute Training and Development	Additional resources for health services	1.7	Treasurer's Advance	Additional funding for increased operating and wage costs.
Admitted Services	Additional resources for health services	60.7	Treasurer's Advance	Additional funding for increased operating and wage costs.
Admitted Services	Supplementation for the Hospital and Charities Fund	70.7	Treasurer's Advance	Additional funding to cover lower than budgeted gaming revenue received under special appropriations.

Output	Program	Additional funding (\$ million)	Source of funding	Reasons why additional funding was required
Admitted Services	Improving ambulance response times	31.0	Treasurer's Advance	Additional funding provided to improve ambulance response times by employing more paramedics, building or upgrading ambulance stations and purchasing new vehicles and equipment.
Admitted Services	Albury Brain and Mind Centre	3.0	Treasurer's Advance	Funding paid to New South Wales Health in relation to the Albury Brain and Mind Centre capital project, as per the funding agreement.
Admitted Services	Victorian Comprehensive Cancer Centre lease and quarterly service payment supplementation	3.2	Treasurer's Advance	Additional funding required primarily due to changes in the timing of cashflows in the quarterly service payment model prepared by Treasury Corporation Victoria in relation to the occupancy of the Victorian Comprehensive Cancer Centre.
Admitted Services	Clinical Services Technology Refresh Program 2016-17	0.7	Section 30	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.
Admitted Services	Engineering infrastructure replacement program 2016-17	1.2	Section 30	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.
Admitted Services	Medical Equipment Replacement Program 2016-17	1.5	Section 30	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.
Admitted Services	Parkville Biomedical Precinct - planning and development	1.0	Section 30	An approved capital initiative with additions to the net asset base funding for the provision of planning works, which will not result in the recognition of an asset but constitutes operating expenditure of the department.
Admitted Services	Medical equipment replacement program 2015-16	0.5	Section 30	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.

Output	Program	Additional funding (\$ million)	Source of funding	Reasons why additional funding was required
Admitted Services	Rural Health Infrastructure Fund 2016-17	7.0	Section 30	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.
Ambulance Emergency Services	Additional resources for ambulance services	111.2	Treasurer's Advance	Additional funding for increased operating and wage costs.
Ambulance Emergency Services	Improving ambulance response times	25.9	Treasurer's Advance	Additional funding provided to improve ambulance response times by employing more paramedics, building or upgrading ambulance stations and purchasing new vehicles and equipment.
Ambulance Non-Emergency Services	Additional resources for ambulance services	17.3	Treasurer's Advance	Additional funding for increased operating and wage costs.
Child Protection and Family Services	Civil claims for historical institutional child abuse	10.8	Treasurer's Advance	Supplementary funding provided to settle claims related to historical institutional child abuse.
Community Health Care	Supercare Pharmacies additional supplementation	2.0	Treasurer's Advance	Additional funding provided to support the next phase of the roll out of Supercare Pharmacies. Additional funding of \$25.7 million announced in the 2017-18 budget, of this \$2.0 million was provided in 2016-17 through the mechanism of a Treasurer's Advance.
Community Participation	Good Money Store Morwell	0.5	Treasurer's Advance	New initiative announced as part of the Whole of Government – Latrobe Valley Assistance Package.
Concessions to Pensioners and Beneficiaries	Concessions to pensioners and beneficiaries	8.2	Treasurer's Advance	Additional funding provided to eligible pensioners affected by the changes to pension eligibility criteria by the Commonwealth, to ensure these Victorians continue to be able to access concessions for utility costs.
Disability Services	National Partnership on Pay Equity for the Social and Community Services sector	28.8	Appropriations that would otherwise be unapplied	The National Partnership agreement between the State and Commonwealth was not finalised by 30 June 2017. State appropriation was applied to cover this.
Drug Treatment and Rehabilitation	Mental health and alcohol and other drug facilities renewal 2016-17	3.0	Section 30 Appropriation transfer	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.

Output	Program	Additional funding (\$ million)	Source of funding	Reasons why additional funding was required
Emergency Services	Additional resources for health services	3.9	Treasurer's Advance	Additional funding for increased operating and wage costs.
Emergency Services	Improving ambulance response times	9.5	Treasurer's Advance	Additional funding provided to improve ambulance response times by employing more paramedics, building or upgrading ambulance stations and purchasing new vehicles and equipment.
Emergency Services	Meeting Ambulance Response Targets	0.7	Section 30 Appropriation transfer	An approved capital initiative with additions to the net asset base funding that was paid to non-government health services, a portion of which will not result in the recognition of assets, but was instead capital grant payments.
HACC Primary Health, Community Care and Support	National Partnership on Pay Equity for the Social and Community Services sector	6.2	Appropriations that would otherwise be unapplied	The National Partnership agreement between the State and Commonwealth was not finalised by 30 June 2017. State appropriation was applied to cover this.
Health Advancement	Delivering on Victoria's cancer plan	1.2	Treasurer's Advance	New funding initiative for additional cancer screening measures to increase the detection of preventable cancers and the reduction of the number of late-stage cancer diagnoses.
Health Protection	Hazelwood – Healthy and Strong Latrobe	0.1	Treasurer's Advance	Funding to respond to the Hazelwood Mine Fire Inquiry report was not accessed in 2015-16 as approved originally, and was accessed in 2016-17 under Treasurer's Advance.
Health Protection	SunSmart	1.1	Treasurer's Advance	Funding initially approved in the 2015-16 Budget and brought forward to deliver skin cancer prevention programs and grants to increase shading in public areas.
Housing Assistance	Redevelopment of Public Housing Estate Program supplementation	16.3	Treasurer's Advance	New initiative to establish a project planning and delivery program to redevelop existing public housing estates.
Housing Assistance	Responses to homelessness	1.7	Treasurer's Advance	New initiative announced by the Government to help people at risk of experiencing homelessness.

Output	Program	Additional funding (\$ million)	Source of funding	Reasons why additional funding was required
Housing Assistance	Social Housing Management – Establishment Costs	3.0	Treasurer's Advance	New funding initiative to support the management transfer of public housing properties to the community housing sector.
Housing Assistance	National Partnership on Pay Equity for the Social and Community Services sector	9.2	Appropriations that would otherwise be unapplied	The National Partnership agreement between the State and Commonwealth was not finalised by 30 June 2017. State appropriation was applied to cover this..
Non-Admitted Services	Additional resources for health services	10.5	Treasurer's Advance	Additional funding for increased operating and wage costs.
Sport and Recreation	State Sport Centres Trust supplementation	4.8	Treasurer's Advance	Additional funding provided to the State Sport Centres Trust for the ongoing operation of the facilities.
Youth Justice Custodial Services	Strengthening workforce response and supplementation for youth justice precincts	4.9	Treasurer's Advance	Additional funding to address safety concerns at Malmsbury and Parkville Youth Justice Precincts. This funding reflects the part year impact as the Youth Justice output group was transferred to the Department of Justice and Regulation during 2016-17.

Question 3 (DTF only) Revenue certification

This question does not apply to your agency.

SECTION B: Asset investment

Question 4 (all departments) Details of actual investment and variance against budget – current projects

Please provide the following details about each of the selected asset investment projects:

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Ambulance station upgrades (statewide)	10.9	1.650	Cashflow revised during the year to reflect estimated expenditure. Eleven stations to be built under this program. Works are staggered. Delays in procuring land at two sites delayed the commencement for the two stations. The project remains on schedule for construction completion within those existing approved timeframe. Funding was revised to \$6.775 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2017-18	qtr 4 2017-18	Not required	20.0	20.0	Not required
Ambulance Vehicle and Equipment (statewide)	5.0	11.141	Vehicle stretchers installation completed. Project cashflow accelerated ahead of revised cashflow.	qtr 4 2018-19	qtr 4 2019-20	No change Completion date in 2017-18 BP4 p. 56 is qtr 4 2018-19	20.0	20.0	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Ambulance Victoria Station Upgrades (statewide)	2.0	1.855	Not required	qtr 4 2019-20	qtr 4 2018-19	No change Completion date is 2017-18 BP4 p. 56 is qtr 4 2018-19	20.0	20.0	Not required
Angliss Hospital intensive care unit and short stay unit (Upper Ferntree Gully)	2.8	11.002	Project progressing to schedule. Cashflow was revised during the year to reflect accelerated expenditure. Funding was revised to \$7.000 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2018-19	qtr 4 2018-19	Not required	20.0	20.0	Not required
Austin Hospital Critical Infrastructure Works (Heidelberg)	21.9	9.740	Project is progressing to schedule. Variance reflects overstated cashflow in early years of project, rather than project delays. Funding was revised to \$15.915 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2017-18	qtr 4 2017-18	Not required	40.8	40.8	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Ballarat Health Cardiovascular Services (Ballarat)	8.5	4.558	Schedule revised at the request of the health service to better accommodate service provisions around construction. Actual expenditure was slightly ahead of the revised schedule. Funding was revised to \$4.066 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2016-17	qtr 2 2018-19	Project estimated to be completed late 2017. Qtr 2 2018-19 refers to project's financial completion date.	10.0	10.0	Not required
Barwon Health – North (Geelong)	10.7	2.433	Cashflow revised due to planning and site issues. This resulted in a slight variance for the project.	qtr 4 2018-19	qtr 4 2018-19	Not required	33.1	33.1	Not required
Broadmeadows Surgery Centre (Jacana)	1.2	17.015	Cashflow revised to reflect accelerated expenditure.	qtr 1 2019-20	qtr 1 2019-20	Actual completion date June 2017. Project is now competed.	17.3	17.3	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Casey Hospital Expansion (Berwick)	2.0	5.172	Revised cashflow includes funding contribution from Monash University. Project development is on track. Cashflow accelerated ahead of revised cashflow. Funding was revised to \$2.504 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2019-20	qtr 4 2019-20	Not required	106.3	139.9	Increased by \$28.610 million to provide an additional 64 multi-day beds and includes funding contribution of \$5 million from Monash University for accommodation space.
Clinical Services Technology Refresh Program (statewide)	10.0	9.998	Not required	qtr 4 2016-17	qtr 4 2017-18	Incorrect date in 2017-18 BP4 p. 56. Estimated completion date is qtr 4 2016-17	10.0	10.0	Not required
Engineering infrastructure replacement program (statewide)	25.0	19.872	Program is fully allocated. Health services are paid 80 per cent of grant funds up front, with the balance of funding paid on receipt of invoices. Funding was revised to \$22.750 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2016-17	qtr 3 2017-18	Outstanding invoices expected to be paid in 2017-18	25.0	25.0	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Geelong Hospital – Major upgrade (Geelong)	9.9	11.368	Major upgrade works and helipad project now completed. Variance relates to timing of invoices rather than project delays. Funding was revised to \$19.801 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 1 2018-19	qtr 1 2018-19	Not required	118.2	118.2	Not required
Getting Ready for the National Disability Insurance Scheme (statewide)	4.6	1.6	Cashflow has been rephased to reflect delays in acquiring suitable sites for development. Project remains on track to be completed within original timeframe.	qtr 4 2019-20	qtr 4 2019-20	Not required	25.4	25.4	Not required
Goulburn Valley Health redevelopment (Shepparton)	5.0	3.329	Project is progressing to schedule. Variance reflects overstated cashflow in early years of project, rather than project delays.	qtr 4 2020-21	qtr 4 2020-21	Not required	168.5	170.5	TEI is \$169.525 million. Planning funding of \$1 million announced in 2015-16. Project approved in 2016-17 budget (TEI \$168.525 million TEI). Total TEI \$169.525 million

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Health and Medical Precinct and Community-based Ambulatory Care Centre (metro various)	8.6	4.235	Pakenham site completed and operational. Variance is due to construction delayed at the Melton site, while project partners were confirmed.	qtr 2 2017-18	qtr 2 2017-18	Not required	18.2	18.2	Not required
Health Service Violence Prevention Fund (statewide)	7.0	5.924	Grant program. Variance relates to the delays in the Round 2 submissions being assessed currently, will be paid in 2017-18.	qtr 4 2018-19	qtr 4 2018-19	Not required	20.0	20.0	Not required
Joan Kirner Women's and Children's Hospital (St Albans)	29.2	19.328	The revised cashflow is the result of delays in signing-off the structural documentation, rather than delay to the project. Funding was revised to \$26.433 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2019-20	qtr 4 2019-20	Not required	200.0	200.0	Not required
Latrobe Regional Hospital Redevelopment – Stage 2A (Latrobe)	43.0	43.605	Not required	qtr 4 2017-18	qtr 4 2017-18	Not required	73.0	73.0	Not required
Maroondah Breast Cancer Centre (East Ringwood)	1.0	3.640	Project progressing to schedule. Cashflow accelerated ahead of revised cashflow. Funding was revised to \$1.5 as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2018-19	qtr 4 2018-19	Not required	10.0	10.0	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Medical equipment replacement program (statewide)	35.0	32.035	Not required Funding was revised to \$31.850 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2016-17	qtr 3 2017-18	Grant program. All funds committed fully. Health services are paid 80% of grant funds up front with the balance of funding paid on receipt of invoices and supporting documentation	35.0	35.0	Not required
Mental health and alcohol and other drugs facilities renewal (statewide)	10.0	8.495	Grant program. Variance relates to remaining funding submissions being assessed currently, will be finalised in 2017-18.	qtr 1 2017-18	qtr 1 2017-18	Not required	10.0	10.0	Not required
Modernisation of metropolitan Melbourne public sector residential aged care (Kew)	3.6	1.943	Variance relates to timing of invoices rather than project delays.	qtr 4 2018-19	qtr 4 2018-19	Not required	57.6	57.6	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Monash Children's Hospital (Clayton)	94.6	70.421	Variance relates to the timing of invoices, rather than delays to the project. Funding was revised to \$86.497 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 2 2016-17	qtr 4 2017-18	The main project reached practical completion late in December 2016. The 2017-18 date relates to delivery of the Early in Life Mental Health facility which is estimated to be completed in late 2017.	258.2	271.9	The 2016-17 Budget provided \$13.680 million for the Early in Life Mental Health facility, which has been combined with this project.
Moorabbin Hospital medical imaging and outpatients expansion (Bentleigh)	5.6	10.587	Project progressing to schedule. Cashflow was revised during the year to reflect accelerated expenditure. Funding was revised to \$10.000 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2017-18	qtr 4 2017-18	Not required	16.2	16.2	Not required

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National Proton Beam Therapy Centre (metro various)	0.0	1.073	Cashflow revised to reflect business case development costs only (no early works). Cashflow will be reviewed subject to the release of approved project funding. Funding was revised to \$1.682 million as part of the mid-cycle review of the 2016-17 State Budget.		Tbc (2016-17 BP4 page 56)	Not required	50.0	50.0	Not required
Orygen Youth Mental Health (Parkville)	7.0	2.566	Variance relates to timing of invoices rather than project delays.	qtr 4 2018-19	qtr 4 2018-19	Not required	59.0	59.0	Not required
Regional Health Infrastructure Fund (non-metro various)	50.0	36.291	Variance relates to timing of invoices as payments are based on milestones and dependent on receipt of supporting documentation.	qtr 4 2019-20	qtr 4 2019-20	Not required	200.0	200.0	Not required
Royal Victorian Eye and Ear Hospital redevelopment (Melbourne)	60.1	27.622	Variance reflects timing of invoices rather than delay to project. Funding was revised to \$33.550 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 2 2018-19	qtr 2 2018-19	Not required	201.0	201.0	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Rural capital support (non-metro various)	6.3	3.812	Grant program. Funding is fully committed. Payment is based on milestones and invoices received by health agencies. Funding was revised to \$6.601 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2016-17	qtr 4 2017-18	Timing delay due to finalisation of procurement processes and submission of relevant substantiating documentation by health agencies.	56.0	56.0	Not required
Victorian Heart Hospital – planning and early works (Clayton)	12.0	1.192	Cashflow revised during the year to reflect business case development costs only (no early works). Cashflow will be reviewed subject to the release of approved project funding. Funding was revised to \$1.413 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2019-20	qtr 4 2019-20	Not required	15.0	15.0	Not required

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Werribee Mercy Hospital – acute expansion (Werribee)	33.2	19.985	Cashflow revised during the year to reflect estimated expenditure. The project remains on schedule for construction completion within the existing approved timeframe. Funding was revised to \$18.2 million as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2018-19	qtr 4 2018-19	Not required	85.0	85.0	Not required
Western Health urgent infrastructure works (Footscray and Sunshine)	11.5	2.766	Cashflow revised during the year to reflect estimated expenditure. Works at Sunshine Hospital are dependent on Joan Kirner Women’s and Children’s project timelines. Funding was revised to \$2.550 as part of the mid-cycle review of the 2016-17 State Budget.	qtr 4 2020-21	qtr 4 2020-21	Not required	61.3	61.3	Not required
Ongoing asset investment projects (TEI >= \$10m) for Director of Housing (include with DHHS)									
Acquisition (statewide)	20.0	0.2	Expenditure delayed due to planning approval being referred to VCAT.	qtr 4 2016-17	qtr 4 2018-19	Revised delivery estimate due to planning approval being referred to VCAT.	20.0	21.5	Change to program scope

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Carlton redevelopment – 246 units/sites (North-West metro)	2.2	0.94	Timing of Statutory Planning has impacted expenditure.	qtr 4 2018-19	qtr 4 2018-19	Not required	146.4	146.4	Not required
Communal Family Violence Refuges – Replacement and Growth Program (statewide)	9.5	0.3	Construction commencement subject to location of suitable sites.	qtr 4 2017-18	qtr 4 2017-18	Not required	15.0	15.0	Not required
Efficient Government Building (statewide)	5.9	1.6	Further scoping work requirements have delayed expenditure.	qtr 4 2018-19	qtr 4 2018-19	Not required	13.4	13.4	Not required
Heidelberg redevelopment – 600 units/sites (Heidelberg)	16.0	13.7	Timing of planning has impacted expenditure.	qtr 4 2022-23	qtr 4 2022-23	Not required	160.0	160.0	Not required
Norlane redevelopment – 164 units/sites (Norlane)	3.0	2.8	Not required	qtr 4 2016-17	qtr 4 2017-18	Project completion is reliant upon the sale of remaining dwellings by the developer.	43.2	43.2	Not required
Rooming Houses Upgrade Program (metro various)	1.5	3	Program accelerated.	qtr 4 2018-19	qtr 4 2017-18	Program accelerated.	10.0	12.3	Publishing error. Project remains at \$10 million. Variance relates to contingency across whole program.

Project	Estimated expenditure in 2016-17 (2016-17 budget papers) (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million between estimated and actual expenditure	Estimated practical completion date in 2016-17 budget papers	Estimated practical completion date in 2017-18 budget papers	Explanation for any changes to the estimated practical completion date	Estimated TEI in 2016-17 budget papers (\$ million)	Estimated TEI in 2017-18 budget papers (\$ million)	Explanation for any changes to the TEI
Westmeadows redevelopment – 144 units/sites (Westmeadows)	9.4	7.9	Timing of Building Permits has impacted expenditure	qtr 4 2018-19	qtr 4 2019-20	Revised delivery estimate due to timing of building permit.	71.8	71.8	Not required

Question 5 (all departments) Details of actual investment and variance against budget – projects completed (or expected to be completed)

Please provide the following details for all of the asset projects listed below, which were reported as ‘completed or expected to be completed’ prior to 30 June 2017 in the 2017-18 budget papers:

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date
Werribee Mercy Hospital Mental Health Expansion (Werribee)	34.7	34.7	12.6	11.920	Funding was revised to \$12.505 million as part of the mid-cycle review of the 2016-17 State Budget.	Not required	qtr 3 2016-17	qtr 3 2016-17	Not required
Services Connect (statewide)	3	3.0	0.4	0.3	Variance for 2016-17 expenditure is due to project completion with funds carrying forward to enable contract finalisation.	Not required	qtr 4 2016-17	qtr 4 2016-17	Not required
Radiotherapy Services in South West Victoria - Stage 2 (Warrnambool)	15	15	5.2	0.773	Funding was revised to \$0.909 million as part of the mid-cycle review of the 2016-17 State Budget.	Not required	qtr 4 2016-17	qtr 4 2016-17	Not required
Ballarat Hospital – Additional beds, ambulatory care and helipad (Ballarat)	47.063	47.063	11.2	5.541	Funding was revised to \$6.474 million as part of the mid-cycle review of the 2016-17 State Budget.	Not required	qtr 2 2016-17	qtr 2 2016-17	Not required

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date
Expanding accommodation with support (statewide)	11.079	11.079	1.3	1.194	Variance for 2016-17 expenditure is due to project completion. Funds carrying forward to enable contract finalisation.	Nil	qtr 4 2016-17	qtr 4 2016-17	Not required
Box Hill Hospital – Redevelopment (Box Hill)	447.5	447.5	8.6	16.735	Cashflow accelerated in 2016-17 as commitment to the final implementation of the electronic record was delayed until 2016-17. Variance relates to the payment made to Eastern Health for the Cerner Electronic Medical Records Extensions.	Not required	qtr 4 2016-17	qtr 4 2016-17	Not required

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date	
Orygen Youth Mental Health – planning and development (Parkville)	1	1	0.8	0.75	Not required	Funding of \$1 million provided in 2015-16 for planning and development has been rolled into the Orygen Youth Mental Health project; approved and funded in the 2016-17 budget bringing the combined TEI to \$60 million.	qtr 4 2016-17	qtr 4 2016-17	Not required	
Medical equipment replacement program (statewide)	35	35	6.8	1.843	Funding was revised to \$1.843 million as part of the mid-cycle review of the 2016-17 State Budget.	Cashflow revised to reflect accelerated expenditure in 2015-16.	Not Required.	qtr 2 2016-17	qtr 2 2016-17	Not required

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date
Goulburn Valley Health redevelopment – planning and development (Shepparton)	1	1	0.7	0.680	Not required	The Goulburn Valley Health (Shepparton) Redevelopment was approved and funded in the 2016-17 Budget. Includes funding of \$1 million provided in 2015-16 for planning and development.	qtr 4 2016-17	qtr 4 2016-17	Not required
Engineering infrastructure replacement program (statewide)	25	25	3.0	3.877	Not required	Not required	qtr 2 2016-17	qtr 2 2016-17	Not required
Bendigo Hospital - Redevelopment (Bendigo)	129.46	129.46	15.3	15.633	Not required	Not required	qtr 2 2016-17	qtr 2 2016-17	Not required

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date
Transitional Mental Health Service (Secure Step-Down Care) (statewide)	14.9	14.9	5.5	3.785	Funding was revised to \$5.449 million as part of the mid-cycle review of the 2016-17 State Budget.	Not required	qtr 4 2016-17	qtr 4 2016-17	Not required
Simonds Stadium Redevelopment – Stage 4 (South Geelong)	75	75	35	35	Not required	Not required	qtr 4 2016-17	qtr 4 2016-17	Not required
Monash Medical Centre – Early In Life Mental Health (Clayton)	13.68	13.68	11.1	11.057	Not required	Not required	qtr 4 2017-18	qtr 4 2017-18	The Early in Life Mental Health facility (funded in the 2016-17 Budget) has been rolled into the Monash Children's Hospital project (opened April 2017.)

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date
Victorian Heart Hospital (Clayton)	135	135	0	0	Not required	Additional funding of \$15 million was provided in 2015-16 for planning and development, bringing government's contribution to \$150 million.	tbc	tbc	Final project TEI and completion date will be determined following completion of business case planning and development, and confirmation of funding contributions from project partners.
Boort Hospital Redevelopment (Boort)	14	14	4.3	2.403	Project completed. Variance relates to timing of invoices.	Not required	qtr 4 2016-17	qtr 3 2016-17	Work completed ahead of schedule.
Completed asset investment projects (TEI >= \$10m, plus selected others) for Director of Housing (include with DHHS)									
Accommodation for the Homeless (statewide)	21.91	21.91	4.03	8.74	Variance for 2016-17 expenditure is due to milestone payment being brought forward.	Nil	qtr 4 2017-18	Project completion due qtr 4 2017-18	Not required

Project	TEI in the 2016-17 budget papers (\$ million)	Total actual investment (\$ million)	Expected expenditure during 2016-17 in the 2016-17 budget papers (\$ million)	Actual expenditure in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent or \$100 million	Impact of any variances (TEI or investment during 2016-17)	Estimated practical completion date	Actual practical completion date	Explanation for any variance in completion date
Rapid Housing Fund (statewide)	48.75	48.75	0	48.4	Variance for 2016-17 expenditure was due to the late provision of funding in 2015-16 with funding carrying over into 2016-17.	Nil	qtr 4 2015-16	Project estimated completion qtr 2 2017-18	Project was delivered within scope i.e. 184 of the 184 dwellings; however, an additional dwelling was procured through the program and is currently under construction to be completed December 2017 now 185 of 184 dwellings.

Question 6 (all departments) Major Projects Victoria / Development Victoria

Please list all projects included in the 2016-17 budget papers that were allocated to your department, and had an involvement from Development Victoria (or, prior to 3 April 2017, Major Projects Victoria). Please give a brief description of the involvement that Development Victoria had in the project.

Project	Involvement of Major Projects Victoria / Development Victoria
Melbourne Park Redevelopment –Stage 2	Project delivery

Question 7 (all departments) High-value high-risk projects and gateway reviews

Please list all projects included in the 2016-17 budget papers that were allocated to your department, and were classified as high-value and high-risk. Please also specify which gateway reviews, if any, were completed during 2016-17. Please use projects names as specified in *Budget Paper No.4: State Capital Program*.

Project	Gateway review name	Date review competed
Goulburn Valley Health (Shepparton) Redevelopment	Gate 3 Readiness for Market	March 2017
Casey Hospital expansion	Nil	Nil
The Joan Kirner Women's and Children's Hospital	Nil	Nil
Bendigo Hospital	Gate 5 Readiness for Service	December 2016
Monash Children's Hospital	Gate 5 Readiness for Service	March 2017
Royal Victorian Eye and Ear Hospital Redevelopment	Nil	Nil
Melbourne Park Redevelopment – Stage 2	Nil	Nil

Question 8 (all departments PPP) expenditure and line items

Please indicate the amount included in the following line items in your department's financial statements for 2016-17 (using the budget portfolio outcomes for departments) which related to payments for commissioned (that is, operating) public private partnerships (PPPs).

Line item	Description of what the payment relates to	Amount within this line item reflecting payments for PPPs (\$ million) 2016-17
<i>Operating statement</i>		
Interest expense	Interest paid on the residual amount of the finance lease each quarter	177.1
'Other operating expenses'	Includes payments for services transferred to the PPP consortia, these include security, cleaning, portering, traffic management and grounds maintenance	88.1
Other line items within expenses from transactions	Includes payments for insurance, minor works and depreciation	19.01
<i>Cash flow statement</i>		
Payments to suppliers and employees	Includes payments for services transferred to the PPP consortia, these include security, cleaning, portering, traffic management and grounds maintenance	58.7
Interest and other costs of finance paid	Interest paid on the residual amount of the finance lease each quarter	177.0
Repayment of finance leases	The reduction in the outstanding finance lease.	47.9
Other line items in the cash flow statement	Management fees and facility fees	7.3
<i>Administered items statement</i>		
Expenses on behalf of the State		
Interest and depreciation expense		
Other line items within 'administered expenses'		

Question 9 (all departments) PPP projects in procurement

Please provide a brief description of scope changes made to PPP projects that, at 30 June 2017, were still under procurement (that is, where contracts have yet to be signed) that are being managed by your department. Please include reasons for these changes. Please also provide changes and reasons for changes in the public sector comparator for projects.

Project in procurement	Changes and reasons for changes in scope	Changes and reasons for changes in public sector comparator
Nil		

Question 10 (all departments) PPP projects under construction

For all Partnership Victoria projects under construction (that is, those for which contracts had been signed as at 30 June 2017) that are managed by your department:

- (a) please advise the project’s cash flow contribution to the ‘estimated cash outflows for Partnership Victoria projects’ component of government infrastructure investment reported in the AFR.
- (b) detail and provide reasons for any changes made during 2016-17 to modelled cash flows for Partnership Victoria projects under construction.
- (c) Please also include the current expected date of commissioning of the project and the anticipated amount that the commissioning of the project will add to net debt on that date.

Project under construction	Contribution by this project to estimated cash outflows for Partnership Victoria projects for 2016-17	Changes and reasons for changes in modelled cash flow for the project for 2016-17	Expected date of commissioning	Anticipated increase in net debt on commissioning
New Bendigo Hospital (Stage 2)	\$15.633 million	No change	June 2018	\$15.654 million

Question 11 (all departments) PPP projects commissioned during 2016-17

For each PPP project managed by or through your department that was commissioned during the year, please provide the following information:

- (a) the date of commissioning
- (b) the amount the project's commissioning added to borrowings (to both GGS and PNFC sectors as applicable)
- (c) the amount the project's commissioning added to net debt (to both GGS and PNFC sectors as applicable)

PPP project commissioned during 2016-17	Date of project commissioning	Project's contribution to borrowings	Project's contribution to net debt
New Bendigo Hospital (Stage 1)	January 2017	\$249.349 million	\$249.349 million

Question 12 (DTF only) Net cash flows from investments in financial assets for policy purposes – GGS

This question does not apply to your agency.

Question 13 (DTF only) Purchases of non-financial assets – government purpose classification

This question does not apply to your agency.

SECTION C: Revenue and appropriations

Question 14 (all departments and entities) Changes from previous year by revenue/income category

Please explain any changes greater than ± 10 per cent or \$100 million between the actual result for 2015-16 and the actual result for 2016-17 for each revenue/income category detailed in your operating statement. Please also indicate what any additional revenue was used for or how any reduced amounts of revenue affected service delivery.

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

If there were no revenue/income categories for your department/agency for which the 2016-17 expenditure changed from the prior year's expenditure by more than ± 10 per cent or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

Revenue category	2015-16 actual (\$ million)	2016-17 actual (\$ million)	Explanations for changes greater than ± 10 per cent or \$100 million	How the additional revenue was used/the impact of reduced revenue
Output appropriations	12,901.7	13,755.3	The increase in output appropriation from 2015-16 to 2016-17 is due primarily to new policy initiatives approved by government and funding indexation.	The additional revenue was used primarily to fund new policy initiatives approved by government and increases in costs of ongoing initiatives.
Grants	5508.8	6189.5	The increase is due mainly to additional Commonwealth contributions under the National Health Reform Agreement.	The additional funding was used to fund additional Health Service activity.
Fair value of assets and services received free of charge or for nominal consideration	20.5	154.6	The increase is due primarily to land and buildings received and then transferred to Kardinia Park Stadium Trust.	The revenues are book entries and the assets were transferred subsequently to Kardinia Park Stadium Trust.

Question 15 (all departments and entities) Variances from budget/target by revenue/income category

Please explain any variances greater than ±10 per cent or \$100 million between the initial budget estimate (**not** the revised estimate) and the actual result for 2016-17 for each revenue/income category detailed in your operating statement. Please also identify any actions taken in response to the variations, either to mitigate or take advantage of the impact.

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

If there were no revenue/income categories for your department/agency for which the 2016-17 expenditure varied from the initial budget estimate by more than ±10 per cent or \$100 million, you do not need to answer this question. If this is the case, please indicate ‘no relevant line items’ in the table(s) below.

Revenue category	2016-17 budget estimate (\$ million)	2016-17 actual (\$ million)	Explanations for variances greater than ±10 per cent or \$100 million	Actions taken in response
Output appropriations	13,382.1	13,755.3	The variance is due to additional funding received for initiatives and cost increases during 2016-17. This funding was reflected in the Revised Budget.	Details of use of additional funds are outlined in Question 2 of the questionnaire.
Grants	5,309.9	6,189.5	The variance is mainly due to additional Commonwealth funding paid directly to health services.	The additional funding was used to fund additional health service activity.
Fair value of assets and services received free of charge or for nominal consideration		154.6	The variance relates to the recognition of land and buildings received and then transferred to Kardinia Park Stadium Trust.	The land and buildings were transferred to Kardinia Park Stadium Trust.
Other income	495.9	666.3	The variance is primarily due to higher than expected health services' own source revenue from miscellaneous non-operating activities, which has been subsequently updated in the Revised Budget.	The additional revenue is invested back into the activities of health services, allowing for acquisition of new equipment, investing in new technologies, progressing minor upgrades and improving facilities.

Question 16 (DTF only) Revenue initiatives

This question does not apply to your agency.

SECTION D: Expenses

Question 17 (all departments and entities) Expenses changed from previous year

Please explain any changes greater than ± 10 per cent or \$100 million between the prior year's actual result and the actual result for 2016-17 for each category of expenses detailed in your operating statement. Please also detail the outcomes in the community² achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

If there were no categories of expenses for your department/agency for which the 2015-16 expenditure differed from the prior year's expenditure by more than ± 10 per cent or \$100 million, you do not need to answer this question. If this is the case, please indicate 'no relevant line items' in the table(s) below.

Expenses category	2015-16 actual (\$ million)	2016-17 actual (\$ million)	Explanations for variances greater than ± 10 per cent or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses
Employee Benefits	10,084	10,905	The increase is driven primarily by greater activity in health services requiring additional staff and annual cost increases.	Increase to departmental output service delivery
Interest expense	90	187	The interest expense has increased during 2016-17 due to Public Private Partnership (PPP) finance leases being recognised. The PPPs are The Victorian Comprehensive Cancer Centre (VCCC), which opened in June 2016, and the New Bendigo Hospital which opened in January 2017.	No impact on outcomes
Grants and other expense transfers	1,938	2,090	The increase in 2016-17 is driven primarily by higher payments to the Commonwealth, including to the National Disability Insurance Agency (NDIA), and to the Director of Housing.	Increase to departmental output service delivery
Capital asset	1,017	1,117	The increase is primarily due to an increase in the asset base from the previous year.	No impact on outcomes

² That is, the impact of service delivery on the community rather than a description of the services delivered.

Question 18 (all departments and entities) Expenses varying from budget

Please explain any variances greater than ±10 per cent or \$100 million between the initial budget estimate (**not** the revised budget) and the actual result for 2016-17 for each category of expenses detailed in your operating statement. Please also detail the outcomes in the community³ achieved by any additional expenses or the impact on the community of reduced expenses (if there was no impact, please explain how that was achieved).

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

If there were no categories of expenses for your department/agency for which the 2016-17 expenditure varied from the initial budget estimate by more than ±10 per cent or \$100 million, you do not need to answer this question. If this is the case, please indicate ‘no relevant line items’ in the table(s) below.

Expenses category	2016-17 budget estimate (\$ million)	2016-17 actual (\$ million)	Explanations for variances greater than ±10 per cent or \$100 million	Outcomes achieved by additional expenses/impact of reduced expenses
Employee benefits	10,305	10,905	The increase is driven primarily by greater activity in health services requiring additional staff and annual cost increases.	Increase to departmental output service delivery
Grants and other expense transfers	1,703	2,090	The variance is due mainly to the transition to the National Disability Insurance Scheme (NDIS) which was not reflected in the published State Budget. As a result of this transition, expenses relating to the disability output that were paid previously to service providers and accounted for as other operating expenses are now paid to the NDIA and accounted for as grants and other expense transfers.	Increase to departmental output service delivery

³ That is, the impact of service delivery on the community rather than a description of the services delivered.

Question 19 (departments only) Expenditure reduction targets

Please provide the following details about the realisation of expenditure reduction targets in 2016-17. In providing targets, please provide the cumulative target rather than the change in savings from one year to the next (i.e. provide the target on the same basis as the budget papers). Please provide figures for the Department including its controlled entities.⁴

Initiative	Total value of efficiencies/savings expected to be realised from that initiative in 2016-17 (\$ million)	Explanation for any variances greater than ±10 per cent between estimated and actual expenditure reductions	How the efficiencies/savings have been achieved (i.e. what measures or changes have been introduced)
Efficiency and expenditure reduction measures (2013-14 BP3 p.62)	69.5	N/A	Savings were achieved through improved efficiencies and cost containment across the Department's portfolios, including a focus on improved purchasing practices through enhanced contract management, improvements in patient flow, both within hospitals and community health services, and reduction of administrative overheads.
Efficiency measures (2013-14 Budget Update p.129)	159.0	N/A	
Application of an efficiency dividend to non-frontline departmental expenditure (2014-15 BP3 p.79)	0.7	N/A	
Efficiency and expenditure reduction measures (2015-16 BP3 p.105)	20.7	N/A	
Savings and efficiencies (2016-17 BP3 p.118)	0	N/A	N/A
Other	0	N/A	N/A

⁴ That is, please provide this information for the Department on the same basis of consolidation as is used in the budget papers.

Question 20 (all departments and entities) Changes to service delivery from expenditure reduction initiatives

- (a) Please detail any changes to your department's/agency's service delivery as a result of expenditure reduction initiatives, e.g. changes to the timing and scope of specific programs or discontinued programs in 2016-17.

There were no changes to service delivery as a result of expenditure reduction initiatives.

- (b) As a result of the expenditure reduction initiative 'Reduce the use of labour hire firms' for 2016-17 (2015-16 BP3 p.105), please detail any changes to your department's/agency's service delivery.

There was no impact on services delivered by the department as a result of the 'Reduce the use of labour hire firms' efficiency and expenditure reduction measure.

- (c) Please indicate how much the Department spent on 'on hire' arrangements with labour recruitment firms during 2015-16 and 2016-17. On hire arrangements includes the cost of engaging the labour recruiting firm, plus additional costs paid to the labour recruiting firm for the provision of the services of the contractor. Please also indicate reasons for and difference greater than 10 per cent between the two years.

Expenditure on hire arrangements (\$ million)		Explanation for change greater than ±10 per cent
2015-16	2016-17	
40.1	43.9	The increase in labour hire costs relates primarily to the use of contract staff as part of the transition to the National Disability Insurance Scheme

- (d) Please indicate how much the Department spent on job search assignments where the department has engaged a labour recruitment firm to hire an employee for the department.

Expenditure on job search assignments (\$ million)		Explanation for change greater than ±10 per cent
2015-16	2016-17	
		This information is not centrally collected and is not available at this time. This will be provided by 13 November 2017.

Question 21 (departments only) Achievement of reprioritisation of existing resources

The 2016-17 budget papers include targets for ‘funding from reprioritisation of existing resources’ to fund new initiatives (2016-17 Budget Paper No.2, p.51). This is in addition to any savings or efficiencies resulting from expenditure reduction measures. For your department (including all controlled entities),⁵ please indicate:

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

Area of expenditure originally funded	Area of expenditure eventually funded	Value of funding reprioritised in 2016-17 (\$ million)	Impact of reprioritisation of funding
The reprioritisation of resources was achieved through improved efficiencies and cost containment across the department’s portfolios, including a focus on improved purchasing practices through enhanced contract management, improvements in patient flow, both within hospitals and community health services; and reduction of administrative overheads.	Getting Ready for the National Disability Insurance Scheme	5.7	Reprioritisation of resources was achieved through improved efficiencies and cost containment. There is no direct impact on any specific area.
	Leukaemia Foundation Patient Accommodation	0.5	
	Pathways to Exit	0.4	
	Perinatal Depression Funding	1.6	
	Improving the sexual health of children in out-of-home care	1.0	

Question 22 (DTF only) Expenses by government purpose classifications

This question does not apply to your agency.

⁵ That is, please provide this information for the Department on the same basis of consolidation as is used in the budget papers.

Question 23 (PNFC and PFC entities only) Dividends and other amounts paid to the general government sector

Please detail the value of dividends, non-dividend grants,⁶ and capital repatriations paid by your agency to the general government sector over the last three years, explaining the reasons for any significant changes over that period and the impact of any changes on the agency. Please also explain the basis on which these figures were set.

	Total amount paid in 2014-15 (\$ million)	Total amount paid in 2015-16 (\$ million)	Total amount paid in 2016-17 (\$ million)	Explanation for any variance greater than ±10 per cent or \$100 million	Impact of changes to dividends on the agency	Basis on which the figure was set
Dividends						
Non-dividend grants						
Capital repatriation payments						

⁶ This is an amount paid to the general government sector which is unable to be paid as a dividend due to AASB 1023 or FRD 119A.

SECTION E: Public sector workforce

Question 24 (all departments and entities) Full-time equivalent staff by level

Please fully complete the table below, providing actual FTE staff numbers at 30 June 2015, at 30 June 2016 and 30 June 2017 (broken down by the categories listed below) 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 (Actual FTE number)	30 June 2017 (Actual FTE number)
Secretary	1	1	1
EO-1	5	3	4.8
EO-2	55	53	59.5
EO-3	62.7	62.9	76.2
VPS Grade 7 (STS)	17	18.4	21.6
VPS Grade 6	819.7	827.4	912.8
VPS Grade 5	1274.8	1321.8	1445.7
VPS Grade 4	741.8	766.8	826.7
VPS Grade 3	527.3	568.3	613.4
VPS Grade 2	338.2	348.8	351.1
VPS Grade 1	8.1	8.7	4.3
Senior Medical Advisor ⁷	.	.	51.7

⁷ In years 2015 and 2016 the Senior Medical Advisor classification was reported as part of the "Other" classification. This has been separated out in the 2016-2017 reporting period to align with the 2016-2017 DHHS Annual Report format.

Housing Services	457.8	466.2	471.4
Allied health professionals	241.5	239	200.8
Child protection ⁸	1763.5	1870.4	.
Child protection practitioner	.		1575.8
Children, youth and families	.		185.6
Disability development and support	4332.5	4348.4	4312.5
Youth Justice	370.1	365.1	.
Other	169	178.8	133.6
Total	11,185	11,448	11,248.5

Table b) Safer Care Victoria

Grade	30 June 2015 (Actual FTE number)	30 June 2016 (Actual FTE number)	30 June 2017 (Actual FTE number)
EO-1	0	0	1
Total	0	0	1

⁸ In years 2015 and 2016 the Child Protection classification, included the Child Youth and Families classification. Child Protection and Children, Youth and Families classifications have been reported separately in the 2016-2017 reporting period. This change in reporting also occurred as a result of the Youth Justice Machinery of Government Change.

Question 25 (all departments and entities) FTE staff numbers by employment type

In the table below, please detail the salary costs for 2014-15, 2015-16 and 2016-17, broken down by ongoing, fixed-term and casual, and explain any variances greater than ±10 per cent or \$100 million between the years for each category.

Employment category	Gross salary 2014-15 (\$ million)	Gross salary 2015-16 (\$ million)	Gross salary 2016-17 (\$ million)	Explanation for any year-on-year variances greater than ±10 per cent or \$100 million
Ongoing	830	872	918	
Fixed-term	58	66	86	Increases in time limited fixed-time positions greater than 10 per cent to support reform initiatives and Ministerial commitments or announcements.
Casual	66	68	73	
Total	954	1006	1077	

Question 26 (all departments and entities) Executive salary increases and other *bonuses*

Please detail the number of executives who received increases in their base remuneration in 2016-17, breaking that information down according to what proportion of their salary the increase was, and explaining the reasons for executives' salaries increasing in each bracket.

Increase in base remuneration	Number of executives receiving increases in their base rate of remuneration of this amount in 2016-17, apart from normal increases due to employment agreements	Reasons for these increases
0-3 per cent	0	
3-5 per cent	123	EO bonus removal uplift VPS increase to EO-3 minimum Work value increase
5-10 per cent	9	Promotion Work value increase Review on reappointment
10-15 per cent	5	Promotion Work value increase Review on reappointment
greater than 15 per cent	3	Promotion Work value increase

Note: In 2016-17, Victorian Public Service executives received a one-off, uniform increase to their total remuneration packages of four per cent for the removal of bonus provisions from their contracts. Some executives also received an increase following a decision to lift the minimum remuneration payable at the lowest (EO-3) remuneration band. These changes were made in response to the findings of the Victorian Public Sector Commission's Review of Victoria's Executive Officer Employment and Remuneration Framework.

Question 27 Enterprise bargain agreements (EBA)(Department of Treasury and Finance only)

This question does not apply to your agency.

SECTION F: Government decisions impacting on the finances

Question 28 (all departments and entities) Commonwealth Government decisions

Please identify any Commonwealth Government decisions during 2016-17 which had not been anticipated in the State budget but which impacted on your entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to funding levels). Please quantify the impact on income and expenses where possible.

Commonwealth Government decision	Impact in 2016-17	
	on income (\$ million)	on expenses (\$ million)
<u>National Partnership Agreements</u>		
National Bowel Cancer Screening Program	1.1	1.1
Essential Vaccines	-1.5	-1.5
Adult Public Dental Services	19.2	19.2
Specialist Disability Services for over 65s	71.5	71.5
Pay Equity for Social and Community Services	-37.9	-37.9
Barwon Integrated Regional Cancer Service (capital funding)	4.7	No impact on operating expenses
Kerang District Hospital Redevelopment (capital funding)	4.4	No impact on operating expenses
Albury-Wodonga Cardiac Catheterisation Laboratory (capital funding)	3.0	No impact on operating expenses
<u>National Health Reform Agreement</u>		
Hospital Services	334.4	334.4
Public Health	1.8	1.8

Question 29 (all departments and entities) COAG decisions

Please identify any COAG decisions during 2016-17 which had not been anticipated in the State budget but which impacted on your entity's finances or activities during those years (including new funding agreements, discontinued agreements and changes to agreements). Please quantify the impact on income and expenses where possible.

COAG decision	Impact in 2016-17	
	on income (\$ million)	on expenses (\$ million)
There were no COAG decisions during 2016-17 which had not been anticipated. The COAG Heads of Agreement covered off everything that was in the Addendum to the National Health Reform Agreement, and was known before the State Budget.	0	0

SECTION G: Economic environment

Question 30 (DTF only) Economic variables

This question does not apply to your agency.

Question 31 (DTF only) Actual impact on GGS of variances in economic variables

This question does not apply to your agency.

Question 32 (DTF only) Impact on PFC net result of variances in economic variables

This question does not apply to your agency.

Question 33 (DTF only) Impact on PNFC net result of variances in economic variables

This question does not apply to your agency.

Question 34 (all departments and entities) Effects of variances in economic variables

Please identify any key economic variables for which there were variances in 2016-17 between what was estimated in the initial budget for each year (**not** the revised estimate) and what actually occurred which had a significant impact on your department's/agency's finances, service delivery or asset investment. For each variance, please indicate:

- (a) what had been expected at budget time
- (b) what actually occurred
- (c) how the variance impacted on the budget outcomes (quantifying the impact where possible)
- (d) what decisions were made in response (including changes to service delivery, asset investment, borrowings etc.).

Expected economic result in 2016-17	Actual result in 2016-17	Impact of the variance on budget outcomes	Impact of the variance on service delivery
N/A			

SECTION H: DataVic Access (All departments and agencies)

Question 35 Department/agency data and research strategy

a) How is 'big data' and/or the digital research component incorporated within the Department/Agency's Strategic/Corporate Plan?

The Department's Strategic Plan identifies a number of enabling actions which relate to information, data and digital, with a specific emphasis on information and systems, and data and evidence. In support of this, the Corporate Services redesign (in train) will:

- include the recruitment of a Chief Data Officer to progress the desire to manage a single source of truth
- undertake a digital refresh of digital health
- focus on improving core systems

b) Does the Department/Agency have a dedicated digital research strategy? If yes, please provide a copy of this to the Committee.

The Department does not currently have such a dedicated strategy.

Question 36 Department/Agency use of the DataVic Access

a) What have been the challenges the Department/Agency has found in implementing the DataVic Access?

The challenges the Department has in relation to information management more broadly, equally apply to implementation of the DataVic Access Policy:

- The volume and breadth of information assets held by the department.
- A wide range of legislative requirements apply to a significant amount of the data held by the department, including program-specific, and some are national legislation. National legislative requirements for some requests to be considered by a Human Research and Ethics Committee add to the complexity to the release of data. The DataVic Access Policy asks that additional resources be expended to prepare data sets for use in an unspecified context. There are serious challenges to adequately de-identifying much of our data; and risks of re-identification.

b) What have been the key risks the Department/Agency has identified in relation to DataVic Access and how have these been managed?

The Department considers the reasons for not making data available, as listed in the policy ('reasons of privacy, public safety, security, law enforcement, public health and compliance with the law'), to be a good summary of the key risks the Department is required to manage.

The Department manages these risks by making conservative decisions regarding the release of data within the constraints of its ability to undertake risk assessments

c) Who are the major beneficiaries of the data the Department/Agency has made available as a result of the DataVic Access policy?

The Department has no formal processes and systems in place to track and report the beneficiaries of data made available on DataVic.

d) The guidelines currently state that the benefits of the policy include:

- stimulating economic activity and driving innovation and new services to the community and business;
- increasing productivity and improving personal and business decision making based on improved access to data;
- improving research outcomes by enabling access to primary data to researchers in a range of disciplines; and
- improving the efficiency and effectiveness of government by encouraging better management practices and use of the data.⁹

Please provide three examples of how the Department/Agency have seen the benefits materialised.

Recognising the response to 2c) above, anecdotal examples where data from DataVic was used are:

1. A number of health services and local governments have used the local government area profiles to inform their strategy development and planning processes.
2. Publically available geospatial data on the location of Victorian Emergency Departments informed a pilot research project run by the Department of General Practice at University of Melbourne. This project examined service delivery in primary care as one potential method for reducing non urgent presentations to EDs.

The 'improving research outcomes by enabling access to primary data to researchers in a range of disciplines' benefit is largely not applicable to DHHS's data holdings. While the Department does provide access to 'primary data' for research purposes, this is facilitated through various contact points within the Department, and for many involves following guidelines set by the National Health and Medical Research Council (NHMRC) and the *National Health and Medical Research Council Act 1992* (Cth).

e) What are the main future opportunities regarding the Department/Agency's data that have not been realised to date?

The creation of a Chief Data Officer function within the Corporate Services division will increase the resourcing dedicated to the management of the Department's data assets. Over time, this will increase the number of data assets included in the Department's Information Asset Register and made available via data release arrangements to DataVic. In addition, a number of other new data analysis and reporting functions have been established within the Department's portfolio, including the Victorian Agency for Health Information (VAHI) and the Victorian Centre for Data Insights (VCDI). It is expected that these functions will publish information to the public and make data assets available to DataVic

⁹ Department of Treasury and Finance, *DataVic Access Policy Guidelines for the Victorian Public Sector* (2015), p.1

Question 37 Department/Agency arrangements for data access

a) What accountability arrangements are in place within the Department/Agency for implementing DataVic Access?

Within the Department's Information Asset Governance Policy, the obligations (and outcomes) listed include:

- ensure that the data is discoverable (outcome: that it is registered on the DHHS Information Asset Register)
- ensure that information is shared to the maximum extent possible within privacy and security constraints (outcome: sharing is facilitated and actively promoted; consideration should be given as to what data can be made available via data.vic.gov.au)

b) Has the Department/Agency established an Information Management Governance Committee (IMGC)?

Yes, the functions of the Information Management Governance Committee (IMGC) are incorporated in the Business Technology and Information Management Executive Subcommittee (which reports to the Executive Board).

c) Does the Department/Agency have an information asset register?

Yes (this commenced within the first weeks of the establishment of the Department of Health and Human Services, utilising the registers of former departments). This is now inclusive of content pertaining to the Victorian Agency for Health Information, Safer Care Victoria and Family Safety Victoria.

d) How regularly is the information asset register reviewed and updated?

This is an ongoing activity, in part based on the impact of organisational restructures (including re-confirming governance roles). The Information Asset Register is re-published on a weekly basis for internal use.

e) Please describe the main types of information assets that are logged on the Department/Agency's register.

The main information types populated in the Information Asset Register include:

- Information collected and/or managed in our role as service providers, service managers, and through our statutory functions, inclusive of the protected information.
- Registers, reports/publications, digital and social media assets, and information required for business continuity, internal reporting, and reporting and funding purposes; consistent with the Victorian Protective Data Security Standards and Victorian Government Information Management Guidelines.
- Data that we hold for (mostly for analytical purposes), but are not the owning agency for, including data from Commonwealth agencies and other Victorian agencies. This data is not included on our public extract of the information asset register, as we do not have the authority to release this.

The Department was the first Victorian Government Department to publicly publish a subset of the information asset register. This has been accessed on average nearly 40 times per month, and is available at <https://dhhs.vic.gov.au/department-health-and-human-services-information-asset-register-public>

Question 38 Use of DataVic website

a) How many and which data sets did the Department/Agency make available on the DataVic website in 2015-16 and 2016-17?

2015-16: there were 1379 data sets available from the Department of Health and Human Services.

2016-17: there were 1382 data sets available from the Department of Health and Human Services.

The majority of available data sets comprise individual 'town and community profiles' for suburbs and catchment areas. The remainder are a mix of Health data, such as hospital locations and aggregate notified cases of infectious disease; Human Services data, including rental market reports and Disability Services Providers; and Sport and Recreation data, such as facility locations, AFL clubs and programs. The most downloaded data sets over both years were hospital locations, sport and recreation facilities, aggregate LGA profiles, rental reports followed by a mix of town and community profiles.

b) To what extent does the Department/Agency comply with the format guidelines set out in DataVic Access?

As required in the DataVic Access Policy, data released is machine readable, inclusive of CSV, Excel, API files.

c) Please list the datasets held by the Department/Agency that have been given approved commercialisation authorisation by the Minister for Finance. Please explain why they have been approved for commercialisation. What are the typical costs associated with accessing these datasets?

Nil.

d) How many requests has the Department/Agency received via the 'suggest a dataset' function on the DataVic website in 2015-16 and 2017-18?

In 2015-16, four requests were made, in 2016-17, two requests, and in 2017-18 two requests to date.

e) How many of these requests were successfully actioned in 2015-16 and 2016-17?

All of these requests have been actioned successfully, in that for each request, one of the following applies. It was determined that the:

- requested data is not collected (either at all, or specifically by the department)
- legislative requirements preclude that particular data being released
- data exists, is held by the department, and is able to be released, therefore it was released.

- f) How many datasets that were compiled by the Department/Agency as a result of a successful FOI application were subsequently made available on the DataVic website in 2015-16 and 2016-17?

Nil

- g) How many datasets that were compiled by the Department/Agency as a result of a successful FOI application were not made available on the DataVic website in 2015-16 and 2016-17 and what were the reasons for this?

In 2015-16, approximately 20 datasets; and, in 2016-17, approximately 25 datasets

The datasets compiled contained information not suitable for release, such as personal information and commercial/cabinet in confidence information, which was redacted as appropriate for release under Freedom of Information. The datasets were converted to PDF format to facilitate redaction, and presented to the applicant as documents.

The redactions mean the data cannot be provided in full and is in an unsuitable format. Wider release therefore risks misinterpretation and limits the anticipated benefits of release under the policy in improving decision-making and research outcomes, or improving efficiency and effectiveness of government and management practices.

However, if there are Freedom of Information requests that result in meaningful datasets that can be made available in the required formats, the department will make these available on the DataVic website as appropriate.

SECTION I: Treasury Corporation of Victoria only

Question 39 Dividends

This question does not apply to your agency.

Question 40 Commodity risk management

This question does not apply to your agency.

Question 41 Foreign exchange risk management

This question does not apply to your agency.

Question 42 Public Private Partnership (PPP) projects

This question does not apply to your agency.

Question 43 Green Bonds

This question does not apply to your agency.