


# VAGO

Victorian Auditor-General's Office



## Responses to Performance Audit Recommendations 2015–16 to 2017–18

June 2020



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**Independent assurance report to Parliament**

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# VAGO

Victorian Auditor-General's Office


The Hon Shaun Leane MLC  
President  
Legislative Council  
Parliament House  
Melbourne

The Hon Colin Brooks MP  
Speaker  
Legislative Assembly  
Parliament House  
Melbourne

Dear Presiding Officers

Under the provisions of the *Audit Act 1994*, I transmit my report *Responses to Performance Audit Recommendations 2015–16 to 2017–18*.

Yours faithfully



Andrew Greaves  
*Auditor-General*

17 June 2020



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## Acronyms

DEDJTR	Department of Economic Development, Jobs, Transport and Resources
DELWP	Department of Environment, Land, Water and Planning
DET	Department of Education and Training
DHHS	Department of Health and Human Services
DJCS	Department of Justice and Community Safety
DJPR	Department of Jobs, Precincts and Regions
DPC	Department of Premier and Cabinet
DoT	Department of Transport
DTF	Department of Treasury and Finance
PSP	Precinct Structure Plan
VAGO	Victorian Auditor-General's Office
VPA	Victorian Planning Authority



# Overview

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## Context

Through our performance audits, we identify opportunities for public agencies to improve how they work. We do this by uncovering risks, weaknesses and poor performance, as well as by sharing examples of better practice. We then make recommendations to agencies to address areas for improvement.

There is no legislative requirement for agencies to accept or implement our recommendations, or publicly report on actions they have taken. This means the Victorian public and parliamentarians often do not know what actions, if any, agencies have taken following an audit.

This assurance review provides insights into how agencies have addressed our audit findings.

We examined how public entities monitored and responded to our performance audit recommendations between 2015–16 and 2017–18. We focused on whether agencies:

- are implementing recommendations in a timely way
- have governance arrangements that enable their senior management and audit committees to monitor progress in implementing accepted recommendations.

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## Conclusion

Nothing has come to our attention to indicate that overall, agencies are not effectively implementing past performance audit recommendations. Most agencies report having governance arrangements that allow their senior management and audit committees to monitor progress in implementing our audit recommendations.

The effectiveness of these governance arrangements has enabled agencies to report that most of our recommendations are complete. However, they do not always complete recommendations as quickly as intended or needed. All agencies can work to improve this.

A minority of agencies do not provide necessary progress reports on audit recommendations to their audit committees or give their audit committees a role in assessing when recommendations are satisfactorily addressed. This prevents those committees from fulfilling their legislated oversight function.

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## Findings Agency responses to recommendations

Of the 465 recommendations we made that are the subject of this report, 455 (or 98 per cent) were agreed to. As at December 2019, the status of the agreed recommendations was as follows:

- 60 per cent were complete
- 13 per cent were almost complete

- 25 per cent were in progress or had just begun
- 2 per cent were yet to begin.

On average, agencies took 15 months to complete a recommendation. The longest implementation time for a single recommendation was just over four years.

By comparison, when we surveyed agencies at the end of 2018, those that responded advised us they took on average only seven months to complete a recommendation.

Agencies initially set time frames for implementation for just over half of the accepted recommendations. Of these, they later revised and extended time frames in 42 per cent of cases.

Agencies were unable to fully realise the value of audit recommendations in about a quarter of all cases due to constraints or challenges. Examples included:

- securing funds and resources to operationalise recommendations
- the need to replace or update ICT systems
- an increased demand for frontline services that diverted attention from implementing recommendations.

The actions proposed by agencies in response to recommendations were adequate in 80 per cent of cases. Where we considered proposed actions were inadequate, it is because agencies need more detail to clarify the steps they intend to take.

Progress made on proposed actions is adequate in 75 per cent of cases. Where progress was considered inadequate, delays in commencing and completing implementation was the main factor.

## Monitoring and oversight arrangements

All but one of the 64 agencies assigned responsibility for implementing recommendations to an accountable individual or business unit.

Eighty-nine per cent of agencies reported that they set time frames to complete recommendations, which supports accountability. However, many agencies did not provide time frames for inclusion in the tabled audit report. Just over half of the recommendations in the survey had implementation time frames set at the time of the audit.

Ninety-two per cent of agencies reported monitoring progress on implementing all recommendations, while eight per cent monitor some based on risk assessments and consideration of relevance. Once an agency accepts a recommendation, failing to oversee its implementation creates a risk it will not be completed.

Ninety-five per cent of agencies reported that an accountable individual or business unit monitors progress on actions taken in response to audit recommendations. Eighty per cent of agencies advised that audit committees also play a role.

## Portfolio monitoring

We also expected departments to oversee their portfolio agencies' progress on performance audit recommendations. Under the *Standing Directions 2018*, issued as part of the *Financial Management Act 1994*, departments are responsible for supporting the relevant Minister in the oversight of portfolio agencies, including providing information on financial management and performance.

Only the Department of Treasury and Finance (DTF) reported that it monitors recommendation implementation for entities within its portfolio. The Department of Education and Training (DET), Department of Environment, Land, Water and Planning (DELWP) and the Department of Health and Human Services (DHHS) reported that they monitor progress for some but not all entities.

The remaining four departments, (Department of Jobs, Precincts and Regions (DJPR), Department of Justice and Community Safety (DJCS), Department of Premier and Cabinet (DPC) and Department of Transport (DoT)) reported that they do not monitor the progress of portfolio agencies' on VAGO audit recommendations. These departments reported that individual entities monitor many of their own audit recommendations and have their own audit committees. The risk of this approach is that the department may not be in a position to fully acquit their function to support the relevant Minister(s) in overseeing the performance of all portfolio agencies.

## Reporting on progress

Agencies report on the progress of actions to a variety of individuals and business areas. Eighty-four per cent report progress to executive management, while 69 per cent of agencies provide progress updates to the Secretary or Chief Executive Officer.

Fifty-four agencies (84 per cent) provide regular progress reports to their audit committees, including all eight departments. Audit committees at the remaining agencies do not receive progress reports and/or do not play a role in monitoring actions taken to respond to recommendations. However, the *Standing Directions 2018* require audit committees to consider the actions taken to resolve issues raised in external audits.

Just over half of agencies advised that their audit committees have final authorisation to close off actions as complete. Many agencies require approval from more than one committee or individual, such as the board and audit committee at health service providers, or executive management and the Chief Audit Executive at a department.

For 25 of the remaining 30 agencies, this authorisation sat with one or more senior leadership positions. The other five agencies identified the relevant business unit as having final authority to close off recommendations.



# 1

## Context

We published 71 performance audits between 2015–16 and 2017–18.

In this review, we examined progress made by agencies on recommendations from 44 of those audits—including the 17 performance audit reports we published in 2017–18, for which we assessed the status of recommendations for the first time. The other 27 are audits from earlier years that had recommendations outstanding.

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### 1.1 VAGO's role and audit activities

The Auditor-General provides independent assurance to the Parliament of Victoria and the Victorian community on the financial integrity and performance of the state. To provide assurance, the Auditor-General conducts three key activities:

- Performance audits—these focus on the efficiency, effectiveness and economy of government agencies and whether they comply with legislation.
- Financial audits—these examine the financial statements of an agency, providing assurance that the statements present fairly the financial position, cashflows and results of operations for the year.
- Assurance reviews—these may focus on either financial issues or matters of performance.

The difference between a review and an audit is the degree of assurance provided. An audit is designed to provide reasonable assurance; a review provides limited, but still meaningful, assurance.

The level of assurance is based on the extent and type of audit evidence obtained. To this extent, the two are sometimes distinguished between those that provide 'positive' assurance (audits) and 'negative' assurance (reviews).

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### 1.2 Why this review is important

This assurance review is important because it:

- provides greater transparency on the actions agencies take in response to audit findings and recommendations. This makes them more accountable for how they respond to our audits.

- gives agencies the opportunity to compare and learn from each other and so determine whether their actions, and the time taken to implement them, are reasonable and appropriate.

### 1.3 Performance audits

Each year, we undertake a range of performance audits covering seven portfolio areas, as shown in Figure 1A.

**Figure 1A**  
**VAGO portfolio teams**



Source: VAGO.

### Audit purpose and outputs

Our performance audits assess whether government agencies have effective programs and services and whether they are using resources economically and efficiently. We also identify activities that work well and reflect better practice.

Our reports contain recommendations for audited agencies to address deficiencies and improve key aspects of their operations. Under the *Audit Act 1994*, the Auditor-General must ask audited agencies for comments or submissions on proposed reports. As part of this submission, we request agencies respond to our audit recommendations by stating:

- whether they accept them
- what action they will take
- anticipated time frames for implementation.

We publish these responses in the final report tabled in Parliament.

The *Standing Directions 2018* require each agency's audit committee to review implementation of actions to address our recommendations.

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## 1.4 Assurance reviews

Under amendments to the *Audit Act 1994*, effective from 1 July 2019, VAGO has the power to conduct assurance reviews. We have the discretion to determine when an assurance review should occur, and what form it will take.

We use our assurance review powers to examine more targeted, limited scope, and time-sensitive issues that do not warrant a full performance audit. We may conduct assurance reviews on the basis of:

- issues we identify when carrying out our other audit activities
- information provided by to us other integrity offices, parliamentarians or members of the community.

### Tracking agency responses and progress

VAGO has tracked agency responses to our audit recommendations since 2015 through a follow-up survey.

We use this survey to determine which past audits we should follow up on.

We also use the results of the survey to report to Parliament in our Budget Papers and our Annual Report the percentage of accepted performance audit recommendations that audited agencies report as implemented across a two-year period. Our 2019–20 target for this performance measure is 80 per cent, which we expect to achieve.

This year we have taken the further step of publicly reporting on each agency's progress through this assurance review.

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## 1.5 Oversight of agency responses to audits

All public sector agencies are responsible for monitoring their progress in implementing the audit recommendations we make to them, and that they agree with.

### Audit committees

Agencies subject to the *Financial Management Act 1994* are, under the *Standing Directions 2018*, required to establish an audit committee. Their role with regard to external audits is to:

- maintain effective communication with external auditors
- consider recommendations made by external auditors and the actions to be taken to resolve issues raised
- review actions taken in response to external audits, including actions to rectify poor performance.

External audits include those undertaken by VAGO.

## Agency reporting

Agencies may choose to report publicly on the extent to which they implement and oversee audit recommendations. They are not required to do so, but public reporting promotes transparency and encourages greater accountability across the public sector.

### 1.6 What the review examined and how

#### Objective

Our review objective was to assess whether agencies have effectively addressed our past performance audit recommendations. The review examined whether agencies:

- can demonstrate they are implementing recommendations in a timely way
- have governance arrangements that enable senior management and audit committees to monitor progress in implementing accepted performance audit recommendations.

#### Review scope and methods used

The review included all public sector agencies that received recommendations through VAGO performance audits:

- tabled in Parliament in 2017–18
- tabled in 2016–17 or 2015–16 and had outstanding recommendations from audits as of November 2018.

In total, the review examined 44 audits, 64 agencies and 465 recommendations, as set out in Figure 1B.

**Figure 1B**  
**Audits and recommendations included in assurance review**

	2017–18	2016–17	2015–16	Total
<b>Audits</b>	17	15	12	<b>44</b>
<b>Recommendations</b>	284	149	32	<b>465</b>
<b>Agencies*</b>				<b>64</b>

Note: \*Data not shown by year as agencies can be included in multiple audits in multiple years.

Source: VAGO.

We asked agencies to complete an online survey comprising three parts:

- Part 1—monitoring and oversight arrangements at agencies to track implementation of audit recommendations, including audit committee processes
- Part 2—perceived value of the audit to the agency or sector
- Part 3—detailed information about agency responses to each audit recommendation, including the level of acceptance, actions taken, current status, and the timing of implementation.



Agencies self-attested to the accuracy and completeness of their survey responses when submitting them.

We then assessed agency submissions against criteria to determine whether in our view:

- actions taken by agencies directly address the recommendation and are being implemented in a timely way
- governance arrangements are adequate to ensure senior management can monitor progress in implementing accepted performance audit recommendations.

We list audits and agencies included in this review in Appendix B.

The review was conducted in accordance with the relevant Australian Standard on Assurance Engagements ASAE 3000 *Assurance Engagements other than Audits or Reviews of Historical Financial Information*.

VAGO will continue to track agency progress in responding to performance audit recommendations on an annual basis.

### Previous recommendations

For audits that tabled in 2015–16 and 2016–17, this review only included recommendations that were not complete in our previous survey, conducted in November 2018.

This review does not focus on the recommendations from these audits that agencies have already reported as implemented. To provide a complete picture of their performance, we have included the status and response of the agency to all recommendations in each audit in Appendix C. This information is also available in dashboard form at [www.audit.vic.gov.au](http://www.audit.vic.gov.au).

The total cost of the assurance review was \$290 000.

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## 1.7 Submissions

As required by the *Audit Act 1994*, we gave a draft copy of this report to all relevant agencies and asked for their submissions or comments.

DET, DHHS, DJPR, DoT and Victoria Police responded. The following is a summary of those responses. The full responses are included in Appendix A.

- DET welcomed the review and stated that the department also monitors progress on actions that progressively address recommendations.
- DHHS noted additional responsibilities of the Audit Committee.
- DJPR provided detail on arrangements in place to support oversight responsibilities of the Minister.
- DoT welcomed the review.
- Victoria Police welcomed the review and noted its existing governance structures and completion of recommendations.

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## 1.8 Report structure

The remainder of this report is structured as follows:

- Part 2 examines the extent to which agencies have accepted and implemented performance audit recommendations.
- Part 3 examines what arrangements agencies have to monitor and oversee the implementation of audit recommendations.

# 2

## Agency responses to recommendations

This Part provides information on the extent to which agencies accept and implement our performance audit recommendations, including their timeliness.

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### 2.1 Conclusion

Nothing has come to our attention to indicate that, overall, agencies are not effectively implementing past performance audit recommendations.

Most agencies accepted audit recommendations and have taken action to complete or progress their implementation. However, this action is not always timely, which all agencies can work to improve.

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### 2.2 Accepting recommendations

#### Acceptance at time of tabling

Before we table a report, we ask agencies to tell us whether they accept our audit recommendations. Of the 465 recommendations included in this review, the audited agency accepted or supported 407 (88 per cent) at the time of the audit. Two recommendations were not accepted. For the remaining 56 (12 per cent), agencies either did not respond, or did not clearly indicate support for a recommendation.

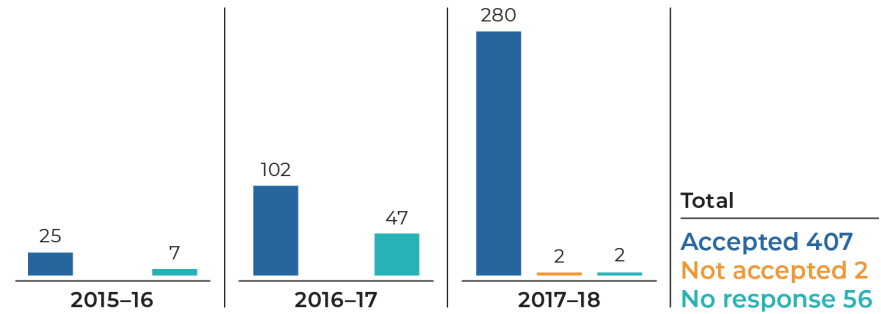
#### Acceptance at the time of this review

At the time of this review, we asked agencies again whether they now accepted or did not accept our audit recommendations. This enabled us to gather new data including from those agencies that did not respond previously.

Agencies accepted 455 of the 465 recommendations (98 per cent) and rejected six. Four recommendations required no further action due to a change in government policy. Acceptance levels were higher for audits tabled in 2017–18 and 2016–17 (98 and 99 per cent respectively) than 2015–16 (87 per cent).

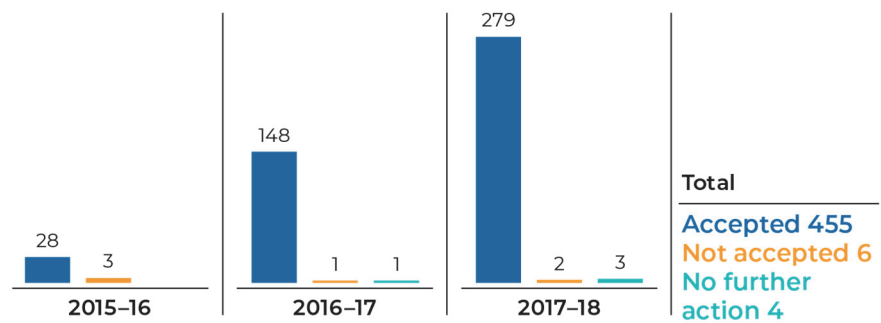
Figures 2A and 2B show agency acceptance at the time of tabling, and at the time for this review.

**Figure 2A**  
**Acceptance of recommendations at time of tabling**



Source: VAGO.

**Figure 2B**  
**Acceptance of recommendations at time of assurance review**



Source: VAGO.

Agencies provided clear reasons when they did not accept recommendations. These included:

- legislative change and the introduction of a broader reform strategy meaning recommendations were no longer relevant (three recommendations)
- the agency saying that the recommendation would duplicate services provided by other agencies (one)
- agency preferring not to go beyond mandatory compliance requirements (two).

The following explanation provided by DTF demonstrates this final point above.

**Figure 2C**  
**Case study: DTF**

**Audit:** *Internal Audit Performance (2017–18)*

**Recommendation 5:** DELWP, DHHS, Department of Justice and Regulation (DJR), DPC and DTF complete a self-assessment of compliance with the *International Standards for the Professional Practice of Internal Auditing* (the IIA Standards), consistent with the adoption of the IIA Standards in their internal audit charters, and report the results and action plans to address gaps to the audit committee, and conduct future assessments annually.

**Does agency currently accept recommendation:** No

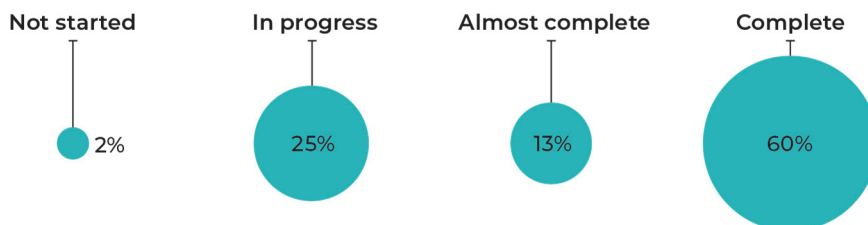
**Explain why:** From a whole of government framework perspective, DTF confirms that application of the *International Standards for the Professional Practice of Internal Auditing* is supplementary to the mandatory requirement of the *Standing Directions* (the Directions). Moreover, the *Financial Management Act 1994* only permits the mandating of Australian accounting standards. The Department does not consider that conducting a complete self-assessment of compliance with the international standards as a necessary part of the internal audit cycle. The appropriateness of such a review for individual agencies may depend on the nature, complexity and scale of their operations.

Source: VAGO.

## 2.3 Completing recommendations

Agencies attested to us that they have completed 60 per cent of the 455 accepted recommendations. Figure 2D shows implementation status by category.

**Figure 2D**  
**Recommendation status 2015–16 to 2017–18**



Source: VAGO.

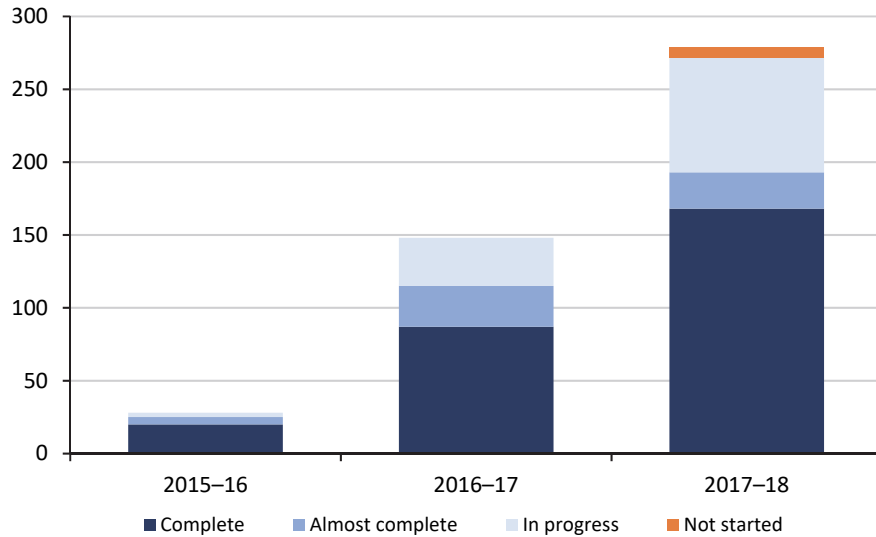
Overall, agencies have taken some form of action towards implementing almost all audit recommendations (98 per cent). This indicates a high level of engagement by agencies to address areas for improvement.

Agencies reported that 13 per cent of accepted recommendations were almost complete, with a further 25 per cent in progress. Implementation had not begun for seven recommendations (2 per cent).

### Implementation by year

Figure 2E shows the status of recommendations by audit year.

**Figure 2E**  
**Recommendation status by year**



Source: VAGO.

### 2017-18 audits

Of audits we tabled in 2017-18, agencies reported that they have completed 168 (60 per cent) of the 279 accepted recommendations. Actions were underway on a further 104 recommendations.

No action had been taken for seven recommendations. Six of these recommendations were directed to DHHS in the performance audit *Victorian Public Hospital Operating Theatre Efficiency*. DHHS advised us that action had not begun because:

- three recommendations were reallocated due to machinery of government changes. Two were transferred to Safer Care Victoria and one to the Victorian Agency for Health Information. We note, however, that these are administrative offices within DHHS.
- two recommendations were dependent on the outcome of a third, which was in progress but was not expected to be completed until June 2020.
- one had not started due to competing priorities. The department advised us the implementation date for the recommendation was July 2020.

DHHS advised us in May 2020 that implementation had commenced for one recommendation that had been reallocated and two recommendations remaining with the department.

### 2016-17 audits

Eighty-seven of the 148 accepted recommendations (59 per cent) from 2016-17 audits are now complete. While actions have begun for most of the outstanding recommendations, it is two and a half years since they were made. This is an excessive delay.

## 2015–16 audits

Recommendations from older audits are more likely to be implemented as agencies have had more time. Despite this, some recommendations still remain outstanding for 2015–16 audits, with eight of the 28 remaining recommendations (29 per cent) in the review unresolved. These recommendations are more than three years old and are directed at eight different agencies across seven different audits.

These agencies should act immediately to resolve these long outstanding recommendations to ensure the risks we identified have been addressed and to make necessary improvements.

## Implementation by agency

### Departments

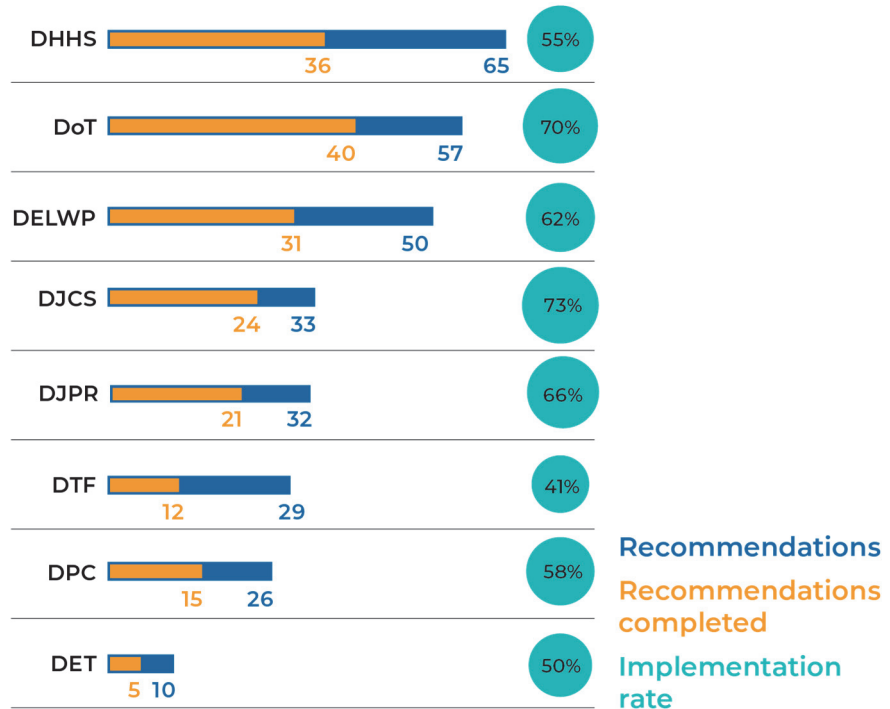
The eight government departments have a greater number of accepted and unfinished recommendations than other types of agencies. This is largely because they are included in more VAGO audits.

DET had the fewest outstanding recommendations at the commencement of the review, with 10. DHHS had the most, with 65 recommendations to address.

DJCS had the highest implementation rate of recommendations in the review, reporting completion of 24 of its 33 recommendations (73 per cent). DoT also reported a high completion rate, reporting that it had implemented 40 of the 57 surveyed recommendations in full (70 per cent).

DTF had lower implementation rates, with just 12 of 29 recommendations completed (41 per cent). Despite having the fewest number of recommendations among departments, DET's implementation rate was also low, having implemented just half of its outstanding recommendations. Figure 2F sets out departmental implementation rates.

**Figure 2F**  
**Departmental implementation rates**



Source: VAGO.

### Agencies other than departments

Twenty of the 56 non-departmental agencies included in this review reported that they had completed all their recommendations. These agencies had four or fewer recommendations.

A full list of agency implementation status is included in Appendix C and on the review dashboard at [www.audit.vic.gov.au](http://www.audit.vic.gov.au).

## 2.4 Timeliness of implementation

### Average implementation times

On average, agencies took 457 calendar days, or 15 months, to implement a recommendation after the audit was tabled in Parliament. This was a significant increase on our 2018 survey results, where the average implementation time was reportedly 205 days, or nearly seven months.

The time to implement recommendations will change due to their wide range and varying complexity. There are also vast differences in agency size and resources.

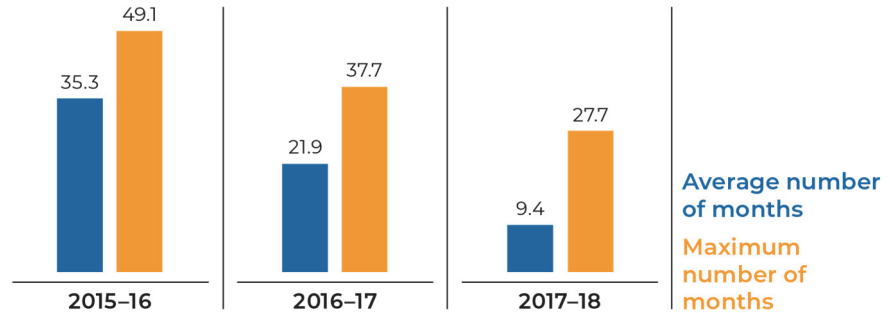
The apparent increase in implementation times this year may in part be due to the higher response rate to the assurance review survey. In previous years participation was voluntary. In our 2018 survey, we received updated information for 78 per cent of recommendations. Our 2019 assurance review survey had a 100 per cent response rate.



Figure 2G shows the average and maximum implementation times by year for recommendations included in this review.

**Figure 2G**

**Average and maximum number of months to implement recommendations**



Source: VAGO.

**2015-16 recommendations**

As expected, outstanding recommendations from 2015-16 audits had the longest implementation times, with an average of 1 060 days (two years, 11 months). Some of these recommendations involved the establishment of monitoring, reporting and evaluation frameworks, the development of performance indicators and the rollout of new training programs to staff.

While many recommendations from 2015-16 audits have been implemented in previous years and are no longer outstanding, eight recommendations still remain open following this review.

**Maximum implementation times**

The maximum implementation time for a single completed recommendation in the survey was just over four years. This case study is set out in Figure 2H.

**Figure 2H**  
**Case Study: DJPR**

**Audit:** *Biosecurity: Livestock (2015–16)*

**Recommendation 4:** That the Department of Economic Development, Jobs, Transport and Resources (DEDJTR) adopts a systematic approach to:

- reviewing and updating its documented livestock biosecurity procedures
- selecting disease simulation exercises based on disease risks and the coverage, content and delivery of past exercises
- evaluating the outcomes of simulated and actual disease responses as part of a continuous improvement program
- assessing the coverage and content of its livestock biosecurity training programs for staff and private veterinary practitioners.

This recommendation was initially made to the former DEDJTR and was accepted. When the audit was tabled in August 2015, DEDJTR provided a detailed agency action plan indicating it would complete recommendation 4 by 30 June 2016.

In our 2017 survey, DEDJTR advised the recommendation was between 51 and 75 per cent complete and the implementation date was revised to July 2019. DEDJTR provided the following reasons for the change:

- *Staff resources were diverted to Biosecurity and Natural Disaster emergencies resulting in delays to delivery.*
- *The initial revision and update of biosecurity procedures took longer than originally anticipated.*
- *A change to the whole of government emergency preparedness and response governance and delivery framework led to some delays in implementing disease simulation exercises.*
- *To inform emergency preparedness training and resourcing needs, findings from the review of exercises and emergencies response events (to June 2017) were incorporated. This resulted in delays to delivery.*

In our 2018 survey, DEDJTR advised us that the recommendation was between 75 and 99 per cent implemented and no further changes had been made to the timeline for completion of July 2019.

DJPR was formed in 2019 and the recommendation was reallocated from DEDJTR. DJPR advised that the recommendation had been fully implemented with completion achieved prior to the timeframe of July 2019. Departmental processes to validate supporting evidence of implementation was finalised in September 2019. The time elapsed from tabling of the report to completion was 1 474 days, or just over four years.

Source: VAGO.

### Revised implementation times

We request that agencies set expected time frames for implementation when an audit is complete. Agencies established initial time frames for completion in just 232 of the 455 accepted recommendations (51 per cent). Of these, they later revised time frames in 98 cases (42 per cent).

### By agency

Some agencies have been slow to implement performance audit recommendations. Implementation times for individual recommendations have extended up to four years after the audit tabling date.

Agencies, audits and recommendations that have taken significant time frames to implement are listed in Figure 2I.

**Figure 2I**  
**Recommendations with extended implementation times**

Audit name	Agency	Rec no.	Months to complete
<i>Biosecurity: Livestock</i>	DJPR (formerly DEDJTR)	4	49
<i>Implementing the Gifts, Benefits and Hospitality Framework</i>	National Gallery of Victoria	6	47
<i>Biosecurity: Livestock</i>	DJPR (formerly DEDJTR)	5	43
<i>Patient Safety in Victorian Public Hospitals</i>	DHHS	13	42
<i>Local Government Service Delivery: Recreational Facilities</i>	City of Greater Bendigo	1	39
<i>Local Government Service Delivery: Recreational Facilities</i>	Moreland City Council	1	39
<i>Public Safety on Victoria's Train System</i>	Victoria Police	3	39

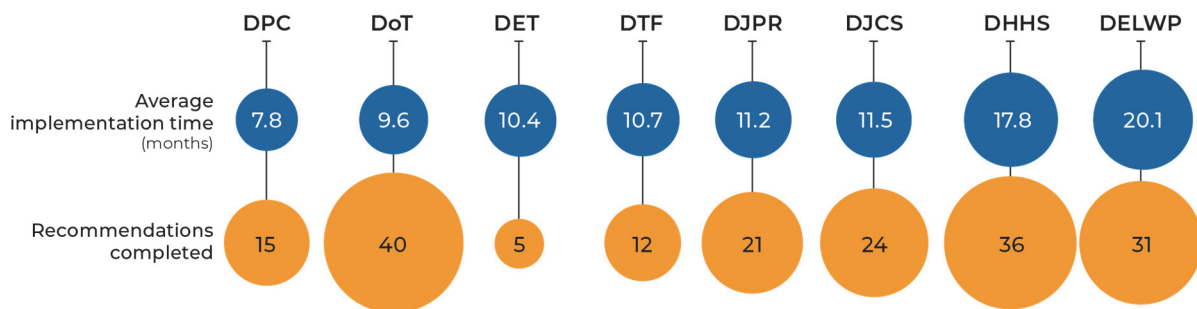
Source: VAGO.

The average time taken for a department to implement an audit recommendation is between eight and 20 months.

DELWP had the longest average implementation times of any department. Its 31 completed recommendations required on average 20 months to implement in full. DHHS followed, at 17.8 months.

All remaining departments had an average implementation time of less than a year. DPC was the most timely, implementing its 15 completed recommendations within eight months on average. Figure 2J shows average departmental implementation times.

**Figure 2J**  
**Average implementation times — departments**



Source: VAGO.

## 2.5 Challenges to implementing recommendations

We asked agencies if there were any constraints or challenges, aside from the time frames required, that would impact on their ability to fully realise the value of the audit recommendation. Agencies advised us of further implementation challenges for 27 per cent of recommendations (122). Common obstacles identified across agency responses included:

- resourcing and the need to take staff away from other responsibilities
- financial/budgetary constraints and impact on other programs areas
- competing priorities
- workforce attraction and retention
- infrastructure challenges and physical constraints
- increase in demand and pressure on frontline services
- outdated and unsupported ICT systems.

Figure 2K and 2L provide specific examples.

### Figure 2K

#### Case study—City of Greater Bendigo

**Audit:** *Local Government Service Delivery: Recreational Facilities (2015–16)*

**Agency:** City of Greater Bendigo

**Recommendation:** Councils should improve aquatic recreation centre monitoring, reporting and evaluation activities so that they can demonstrate the achievement of council objectives and outcomes.

**Internal or external constraints or challenges that will impact on the agency's ability to fully realise the value of this audit recommendation:**

Financial constraints. The cost of providing this service continues to rise significantly as a result of revised *Guidelines for Safe Pool Operations* (Royal Life Saving Society of Australia) and *Health Act*. The revised *Guidelines for Safe Pool Operations* require increased staffing at small rural sites with low attendance numbers and regular independent facility safety audits in addition to Council's. There is also increased regulation as a result of the revised *Health Act* which requires licencing of sites and increased independent water testing of public swimming pools. The cost increases for this service have the potential to reduce operating hours/service levels and may result in programs/activities which deliver benefit to the community ceasing. With increased and changing compliance requirements and limited resources, Council's focus is upon meeting regulatory standards rather than monitoring, evaluating and changing the service to produce the best outcomes for the community.

Source: VAGO.

### Figure 2L

#### Case study—Victorian Planning Authority

**Audit:** *Effectively Planning for Population Growth (2017–18)*

**Agency:** Victorian Planning Authority (VPA)

**Recommendation:** Implement the *Plan Melbourne 2017–2050* action to 'prepare a sequencing strategy for precinct structure plans in growth areas for the orderly and coordinated release of land and the alignment of infrastructure plans to deliver basic community facilities with these staged land-release plans'.

**Internal or external constraints or challenges that will impact on the agency's ability to fully realise the value of this audit recommendation:**

The VPA has implemented a number of sequencing measures in response to this recommendation. The VPA has strengthened the criteria-based prioritisation of its Precinct Structure Plan (PSP) program and is moving to improve guidance on the staging of development within PSPs. In addition, the VPA has instituted a new process for reporting to Government on the infrastructure demands arising from its planning work in order to better inform agency business case and funding decisions.

While the VPA prepares place-based structure plans for designated areas, planning for infrastructure networks and services is the responsibility of infrastructure providers. Each provider operates according to agency priorities and government budgetary constraints, both in relation to the quantum of funds available, and in the four-year horizon imposed by the budget cycle. Delivery of infrastructure is a shared responsibility across multiple government agencies, so ensuring effective coordination is an ongoing challenge.

Given that the VPA has no formal powers to coordinate or direct infrastructure providers in the way they undertake planning or delivery, the VPA's approach is to inform and advocate within government for the timely delivery of infrastructure. This reliance on influencing and advocacy makes it difficult for the VPA to authoritatively promulgate a comprehensive and binding whole-of-government sequencing strategy. Finally, the VPA has limited resources to allocate to progressing further sequencing work.

Source: VAGO.

## 2.6 Adequacy of agency actions

We assessed the adequacy of:

- the proposed agency action in response to a recommendation
- progress made to date on the agency's action.

We judged that the action proposed by an agency in response to an accepted recommendation was adequate in 80 per cent of cases. Two per cent of recommendations were excluded because details provided by agencies on what actions they would take were insufficient to be assessed.

We assessed the remaining 18 per cent of proposed actions as inadequate because:

- the agency response lacked clarity about how it will address the issues raised or agencies were non-committal about what actions they will take
- some aspects of the recommendation have not been addressed
- agencies did not collaborate on responses where they were required.

We judged that progress made against proposed actions was adequate in 75 per cent of cases. Where progress was considered inadequate, delays in commencing and completing implementation was the main factor.



# 3

## Monitoring and oversight of recommendations

We asked the 64 agencies included in this review to provide information on how they monitor the implementation of performance audit recommendations.

This Part provides information on how agencies allocate responsibility for tracking proposed actions. We also considered what arrangements are in place for agencies to review progress and close off recommendations when complete.

---

### 3.1 Conclusion

Based on our work and the information obtained, nothing has come to our attention to indicate that most agencies do not have appropriate governance arrangements in place.

Most agencies (80 per cent) have governance arrangements that enable senior management and their audit committees to monitor progress in implementing our audit recommendations.

However, a minority of agencies do not enable their audit committees to fully acquit their legislative function to oversight the implementation of external audit recommendations.

---

### 3.2 Accountability for action

When an audit is complete, we ask that agencies develop an action plan. This plan should establish what action they intend to take and when by, in response to any recommendation directed to them.

#### Responsibility for actions

Assigning responsibility for actions to an individual or business unit is good practice to ensure recommendations are acted on. It provides a clear line of accountability for timely and comprehensive implementation.

We found 63 of the 64 agencies assign responsibility for actions in response to performance audit recommendations to an accountable individual or business unit.

Only the East Gippsland Shire Council did not take this approach. It explained that specific actions supporting the recommendation were identified and assigned to individuals and business units, but there was no strategic owner of the audit itself or for each recommendation.

### 3.3 Accountability for monitoring

Fifty-nine of the 64 agencies in this review (92 per cent) reported that they monitor the progress of actions taken in response to all VAGO performance audit recommendations.

Five agencies reported they monitor some, but not all, recommendations. Of these, four report that they base their decision about monitoring by assessing risk and relevance. One agency advised us it was establishing a more robust process to monitor and follow up recommendations through a register.

Where agencies accept a recommendation, they have the responsibility to oversee its implementation. Failure to do so creates a risk the recommendation will not be acted on.

#### Setting timelines for implementation

Providing timelines helps agencies to manage work schedules and staff responsibilities, while addressing risks and gaining efficiencies in a timely way.

Most agencies (89 per cent) reported they set indicative time frames for tracking the completion of audit recommendations.

Agencies most often considered resource availability when they set a due date to implement recommendations, with 92 per cent identifying it as a consideration point. This was closely followed by risk level (91 per cent) and recommendation complexity (83 per cent).

#### Frequency of monitoring

Sixty-one agencies (95 per cent) reported that progress on actions taken in response to audit recommendations were monitored by an accountable individual or business unit. Most often, this occurred on a monthly basis.

Eighty per cent of agencies (51 of 64) advised us that audit committees also played a role. How frequently committees monitor progress varies among agencies, with most doing so every quarter (34 agencies).

#### Monitoring the response of portfolio agencies

DTF reported that it monitored progress against VAGO audit recommendations for eight entities within its portfolio. Three departments (DET, DELWP and DHHS) reported that they monitor progress for some but not all entities. DHHS monitor public health services and DELWP reported over 90 agencies subject to monitoring. DET monitors the Adult, Community and Further Education Board.

DJPR, DJCS, DPC and DoT stated that they do not monitor portfolio agencies' progress against VAGO audit recommendations, as these are monitored at the individual entity level. DJPR, DJCS and DPC indicated that portfolio agencies had their own audit committees with oversight responsibilities.



Under the *Standing Directions 2018*, departments are responsible for supporting the relevant Minister in the oversight of portfolio agencies, including providing information on financial management and performance. On this basis we would expect departments to oversee their portfolio agencies' progress against performance audit recommendations.

### Reporting progress

Agencies report on the progress of actions to a variety of individuals and business areas. Eighty-four per cent report progress to executive management, while about two-thirds (69 per cent) of agencies provide progress updates to the Secretary or Chief Executive Officer.

Fifty-four agencies (84 per cent) provide regular progress reports to their audit committees, including all eight departments. However, none of the remaining 10 agencies, half of which are councils, report on progress to their audit committee. Eight of these agencies advised their audit committee had no role in monitoring the actions taken in response to recommendations.

This approach does not meet the requirements of the *Standing Directions 2018*, under which audit committees must consider the actions taken to resolve issues raised in external audits and review the actions taken in response to them.

All agencies with outstanding recommendations had processes to deal with incomplete or late recommendations. Most included escalation to the Chief Executive Officer, audit committee or executive management, a review of actions taken and development of a revised response and timeline to assist completion.

### Closing recommendations

We asked agencies to advise who has final authority for closing off recommendations. Thirty-four of the 64 agencies in the review (53 per cent) reported that their audit committees filled this role. At 16 agencies, the audit committee shared this authority with the Board or Council, Secretary, Chief Executive Officer or Leadership Team.

For 25 of the remaining 30 agencies, this authority sat with one or more senior leadership positions. Five agencies identified the relevant business unit as having final authority to close off recommendations.

Under the *Standing Directions 2018*, audit committees have a role in reviewing the actions taken in response to external audits. Committees are also required to determine whether actions taken resolve the issues raised. Current practices at some agencies do not meet these requirements.



# Appendix A.

## Submissions and comments

We have consulted with the agencies listed in Appendix B, and we considered their views when reaching our review findings. As required the *Audit Act 1994*, we gave a draft copy of this report, or relevant extracts, to those agencies and asked for their submissions and comments.

Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

DET .....	34
DHHS.....	35
DJPR.....	36
DoT .....	38
Victoria Police.....	39

**RESPONSE provided by the Associate Secretary, DET**



**Department of  
Education and Training**

Office of the Secretary

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BRI2050378

Mr Andrew Greaves  
Auditor-General  
Victorian Auditor-General's Office  
Level 31, 35 Collins Street  
MELBOURNE VIC 3000

Dear Mr Greaves

**Proposed report: Limited assurance review: Responses to past audit recommendations 2015–16 to 2017–18**

Thank you for your letter of 22 May 2020, and the opportunity to comment on the proposed report for the *Limited assurance review: Responses to past audit recommendations 2015–16 to 2017–18*.

The Department of Education and Training (the Department) is committed to continuous improvement and welcomes the Victorian Auditor-General's Office audits and reviews. Our process to monitor progress against implementation of VAGO recommendations is comprehensive and rigorous, and it involves both senior management and the Audit and Risk Committee.

The Department has reviewed the report and has given some informal feedback to the VAGO audit team. The remaining feedback relates to the reporting against agencies' completion of recommendations rather than reporting against all of the actions that address the recommendations. This provides a narrow view of the Department's improvement activity and does not reflect the full extent of actions taken to address each recommendation.

Should your staff wish to discuss the Department's response, please ask them to contact Jonathan Kaplan, Executive Director, Integrity, Assurance and Executive Services Division on 7022 0119 or by email: [kaplan.jonathan.e@edumail.vic.gov.au](mailto:kaplan.jonathan.e@edumail.vic.gov.au).

Yours sincerely

**Tony Bates**  
Associate Secretary  
05/06/2020

Your details will be dealt with in accordance with the *Public Records Act 1973* and the *Privacy and Data Protection Act 2014*. Should you have any queries or wish to gain access to your personal information held by this department please contact our Privacy Officer at the above address



**RESPONSE provided by the Associate Secretary, DHHS**



Secretary

Department of Health and Human Services

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BAC-13192  
VAGO Ref: 34244 20

Andrew Greaves  
Auditor-General  
Victorian Auditor-General's Office  
Level 24, 35 Collins Street  
MELBOURNE VIC 3000

Dear Mr Greaves,

**Proposed Limited Assurance Review Report: Responses to past audit recommendations 2015-16 to 2017-18**

Thank you for the opportunity to review and comment on the *Proposed Limited Assurance Review Report: Responses to past audit recommendations 2015-16 to 2017-18*.

I understand that our departmental audit team liaised with your survey team to provide feedback on the content of the report prior to its formal provision to Victorian government agencies. An additional suggestion relates to the reference in section 1.5 of the report (page 12), which focuses solely upon the external reporting function of the department's Audit and Risk Management Committee (ARMC). The ARMC has a broader remit than external audits, including the provision of independent advice to the Secretary on the department's governance, risk, control and compliance frameworks, internal audit activities and its annual financial reporting responsibilities and obligations.

I would also like to suggest a change to the text on page 19 of your report, to reflect that DHHS has completed 36 of 66 outstanding recommendations, which will be in line with the narrative describing other departments progress.

We found the findings of the report to be particularly timely, as the department will shortly be implementing monthly reviews of outstanding audit recommendations to more closely monitor their completion. It is worth acknowledging, however, that next year's survey may identify a continuing delay to the implementation of some performance audit recommendations due to the short-term reassignment of a significant proportion of departmental staff to urgent COVID-19 roles.

Yours sincerely,

**Ben Rimmer**  
Associate Secretary  
5 /6 /2020



**RESPONSE provided by the Associate Secretary, DJPR**



Department of Jobs, Precincts and Regions

Ref: BSEC-2-20-4428

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Mr Andrew Greaves  
Auditor-General of Victoria  
Victorian Auditor-General's Office  
Level 31, 35 Collins Street  
MELBOURNE VIC 3000

Dear Mr Greaves

**VAGO's proposed report on Limited Assurance Review**

Thank you for your letter of 22 May 2020, providing the department with a proposed report on Limited Assurance Review – Responses to Performance Audit Recommendations 2015-16 to 2017-18. We welcome the opportunity to provide our formal feedback.

Your report noted that the department may not be able to fully acquit its function to support the relevant Minister(s) in oversight of the performance of all portfolio agencies because we do not monitor the progress of portfolio agencies in implementing VAGO audit recommendations. The department has other mechanisms to oversee the performance of portfolio agencies through its portfolio governance framework. More details are enclosed. We would appreciate VAGO acknowledging this in the Limited Assurance Review report.

We have also enclosed suggested wording changes to the case study on the Biosecurity audit. We note that VAGO staff have previously agreed to incorporate the changes into the final report.

If you require further information, please contact Sri Indra, Chief Audit Executive on 8392 8865 or [sri.indra@ecodev.vic.gov.au](mailto:sri.indra@ecodev.vic.gov.au).

Yours sincerely

**Penelope McKay**  
Associate Secretary

5 / 06 / 2020



OFFICIAL

**VAGO PROPOSED REPORT: LIMITED ASSURANCE REVIEW – DJPR FEEDBACK**

Ref.	Page	VAGO's statement
1	<p>Page 9 para.3</p> <p>Page 28 para. 1</p>	<p>The risk of this approach is that the department may not be in a position to fully acquit their function to support the relevant Minister(s) in oversighting the performance of all portfolio agencies.</p> <p>Under the Standing Directions, departments are responsible for supporting the relevant Minister in the oversight of portfolio agencies, including providing information on financial management and performance. On this basis we would expect departments oversight their portfolio agencies' progress against performance audit recommendations.</p> <p><b>DJPR Feedback</b></p> <p>There are a number of mechanisms in place to support the relevant Minister(s) in oversighting the performance of portfolio agencies. The department has implemented a portfolio governance framework (the Framework) which sets the governance framework minimum standards for the department and its portfolio agencies. The Framework outlines the support and guidance that the department will provide to agencies towards achieving portfolio objectives and to meet legislative, governance and public administration requirements. Risk and issues management is an essential part of the Framework for DJPR and its agencies. The Framework requires the department to develop agency risk profiles, which inform the level of oversight provided by the department. Thematic and/or sector risks are identified through this mechanism which informs the treatment options. The department's federated agency governance model provides for nominated relationship managers to facilitate engagement between agencies, the department and relevant ministers on key risks and issues. These relationship managers carry ownership of monitoring agency compliance with Statements of Expectation and/or Service Agreements which may include risk management. Key agency risks are discussed during engagement meetings and the department periodically hosts forums for agency Chairs, CEOs and CFOs to facilitate discussions on key priorities and risks.</p> <p>Agencies report on their performance to the department at least annually. Agency corporate plans are reviewed by the department; these are required to include a risk management component. Financial reports (including Annual Report financials) are also provided to the department periodically.</p>

OFFICIAL

**RESPONSE provided by the Associate Secretary, DoT**



Department of Transport

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Ref: BSEC-1-20-2651R

Mr Andrew Greaves  
Auditor-General of Victoria  
Victorian Auditor-General's Office  
Level 31, 35 Collins Street  
MELBOURNE VIC 3000

Dear Mr Greaves

**Victorian Auditor-General's Office – Proposed Limited Assurance Review Report:  
Responses to past audit recommendations 2015-16 to 2017-18**

Thank you for your letter of 22 May 2020 and for providing the Department of Transport with an opportunity to provide feedback and comments on VAGO's proposed limited assurance review report titled *Responses to past audit recommendations 2015-16 to 2017-18*.

We appreciate the opportunity to participate in this audit and acknowledge the importance in providing Parliament and the public with information about the extent to which public entities are responding to and monitoring action against performance audit recommendations.

The Department has reviewed the proposed report and has no specific feedback and comments.

If you require further information, the nominated contact is Paul Santamaria, Executive Director, Governance and Portfolio Services ([paul.santamaria@transport.vic.gov.au](mailto:paul.santamaria@transport.vic.gov.au)).

Yours sincerely

**Nicholas P Foa (DOT)**  
Associate Secretary - Department of Transport

Date: 04/06/2020





**RESPONSE provided by the Chief Commissioner, Victoria Police**



VICTORIA POLICE

020/075995

**Graham Ashton AM**  
**Chief Commissioner of Police**

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Mr Andrew Greaves  
Auditor-General  
Victoria Auditor-General's Office  
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*Andrew*

Dear Mr Greaves

**Proposed Limited Assurance Review Report: Responses to past audit recommendations 2015-16 to 2017-18**

Thank-you for providing the opportunity to respond to the audit findings detailed in the 'Limited Assurance Review report – Responses to past audit recommendations'.

I note your findings that most agencies have governance arrangements that enable senior management and audit committee oversight and believe our structures reflect this finding. We have continued to mature our processes around the management of recommendations and this is having a positive impact on the associated risks.

Victoria Police provided assurance on the following audits:

- Public Safety on Victoria's Train System Audit - 2016
- Regulating Gambling and Liquor - 2017
- ICT Disaster Recovery Planning Audit - 2017
- Managing Community Corrections Orders Audit - 2017

I note Victoria Police had completed all recommendations except one, which has subsequently been acquitted.

Yours sincerely

Graham Ashton AM  
Chief Commissioner

10/6/2020



# Appendix B.

## Audits and agencies

**Figure B1**  
**2017–18 audits and agencies**

Audit	Date tabled	Audited agencies
Assessing Benefits from the Regional Rail Link Project	10-05-2018	Department of Premier and Cabinet, Department of Transport, Department of Treasury and Finance, V/Line
Community Health Program	06-06-2018	Department of Health and Human Services
Effectively Planning for Population Growth	23-08-17	Department of Education and Training, Department of Environment, Land, Water and Planning, Department of Health and Human Services, Department of Jobs, Precincts and Regions, Victoria Planning Authority
Follow-up of selected 2012-13 and 2013-14 Performance Audits: Managing Victoria's Native Forest Timber Resources	20-06-2018	Department of Environment, Land, Water and Planning, Victorian Fisheries Authority
Fraud and Corruption Control	29-03-2018	Department of Jobs, Precincts and Regions, Department of Transport
ICT Disaster Recovery Planning	29-11-2017	Department of Environment, Land, Water and Planning, Department of Health and Human Services, Department of Justice and Community Safety, Department of Jobs, Precincts and Regions
Improving Victoria's Air Quality	08-03-2018	Department of Environment, Land, Water and Planning, Environment Protection Authority Victoria
Internal Audit Performance	09-08-2017	Department of Education and Training, Department of Environment, Land, Water and Planning, Department of Health and Human Services, Department of Jobs, Precincts and Regions, Department of Justice and Community Safety, Department of Transport, Department of Treasury and Finance
Local Government and Economic Development	08-03-2018	Bass Coast Shire Council, Corangamite Shire Council, Department of Environment, Land, Water and Planning, Department of Jobs, Precincts and Regions, Loddon Shire Council, Melton City Council, Southern Grampians Shire Council
Maintaining the Mental Health of Child Protection Practitioners	10-05-2018	Department of Health and Human Services

Audit	Date tabled	Audited agencies
Managing Surplus Government Land	08-03-2018	Department of Education and Training, Department of Environment, Land, Water and Planning, Department of Treasury and Finance
Managing the Level Crossing Removal Program	14-12-2017	Department of Transport, Major Transport Infrastructure Authority
Protecting Victoria's Coastal Assets	29-03-2018	Department of Environment, Land, Water and Planning, Department of Transport, East Gippsland Shire Council, Gippsland Ports, Great Ocean Road Coast Committee, Mornington Peninsula Shire Council, Parks Victoria
Safety and Cost Effectiveness of Private Prisons	29-03-2018	Department of Justice and Community Safety, Department of Treasury and Finance
The Victorian Government ICT Dashboard	20-06-2018	Department of Health and Human Services, Department of Premier and Cabinet, Department of Transport, Department of Treasury and Finance, Melbourne Water
V/Line Passenger Services	09-08-2017	Department of Transport, V/Line
Victorian Public Hospital Operating Theatre Efficiency	18-10-2017	Alfred Health, Austin Health, Department of Health and Human Services, Melbourne Health, St Vincent's Health Melbourne

Source: VAGO.

**Figure B2**  
**2016–17 audits and agencies**

Audit	Date tabled	Audited agencies
Board Performance	11-05-2017	Department of Health and Human Services, Department of Premier and Cabinet, Victorian Public Sector Commission
Effectiveness of the Environmental Effects Statement Process	22-03-2017	Department of Environment, Land, Water and Planning
Effectiveness of the Victorian Public Sector Commission	8-06-2017	Victorian Public Sector Commission
Efficiency and Effectiveness of Hospital Services: Emergency Care	26-10-2016	Albury Wodonga Health, Alfred Health, Austin Health, Bairnsdale Regional Health Service, Ballarat Health Services, Barwon Health, Bendigo Health, Central Gippsland Health Service, Eastern Health, Echuca Regional Health
ICT Strategic Planning in the Health Sector	24-05-2017	Ballarat Health Services, Department of Health and Human Services, Eastern Health, Northern Health
Maintaining State-Controlled Roadways	22-06-2017	Department of Transport,
Managing Community Corrections Orders	08-02-2017	Department of Health and Human Services, Department of Justice and Community Safety, Victoria Police
Managing Public Sector Records	08-03-2017	Department of Education and Training, Department of Health and Human Services, Department of Premier and Cabinet, Public Records Office of Victoria
Managing School Infrastructure	11-05-2017	Department of Education and Training
Managing the Performance of Rail Franchisees	07-12-2016	Department of Transport
Managing Victoria's Planning System for land Use and Development	22-03-2017	Department of Environment, Land, Water and Planning
Managing Victoria's Public Housing	21-06-2017	Department of Health and Human Services, Department of Premier and Cabinet, Department of Treasury and Finance
Public Participation and Community Engagement: Local Government Sector	10-05-2017	Cardinia Shire Council, City of Ballarat, Department of Environment, Land, Water and Planning,

Audit	Date tabled	Audited agencies
		Maribyrnong City Council, Maroondah City Council, Mitchell Shire Council, Murrindindi Shire Council
Public Participation in Government Decision-Making	10-05-2017	Department of Environment, Land, Water and Planning, Department of Health and Human Services, Department of Premier and Cabinet
Regulating Gambling and Liquor	08-02-2017	Victoria Police

Source: VAGO.

**Figure B3**  
**2015–16 audits and agencies**

<b>Audit</b>	<b>Date tabled</b>	<b>Audited agencies</b>
Biosecurity: Livestock	19-08-2015	Department of Jobs, Precincts and Regions,
Bullying and Harassment in the Health Sector	23-03-2016	Department of Health and Human Services
Delivering Services to Citizens and Consumers via Devices of Personal Choice: Phase 2	07-10-2015	State Revenue Office
Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2	09-03-2016	City West Water Corporation, University of Melbourne
Implementing the Gifts, Benefits and Hospitality Framework	10-12-2015	National Gallery of Victoria
Local Government Service Delivery: Recreational Facilities	23-03-2016	City of Greater Bendigo, Department of Jobs, Precincts and Regions, Glen Eira City Council, Moreland City Council, South Gippsland Shire Council
Managing and Reporting on the Performance and Cost of Capital Projects	04-05-2016	Coliban Region Water Corporation, Department of Health and Human Services, Department of Premier and Cabinet, Department of Treasury and Finance, V/Line
Monitoring Victoria's Water Resources	25-05-2016	Department of Environment, Land, Water and Planning, Melbourne Water
Patient Safety in Victorian Public Hospitals	23-03-2016	Department of Health and Human Services
Public Safety on Victoria's Train System	24-02-2016	Victoria Police
Realising the benefit of Smart Meters	16-09-2015	Department of Environment, Land, Water and Planning
Unconventional Gas: Managing Risks and Impacts	19-08-2015	Department of Jobs, Precincts and Regions

Source: VAGO.





# Appendix C.

## Agency responses to Assurance Review

To gather relevant information for this review we conducted a survey for agencies in November 2019. Agencies were required to self-attest to the accuracy and completeness of their survey response.

The survey sought information on agency governance and monitoring arrangements along with information on the status of performance audit recommendations:

- from all VAGO performance audits tabled in Parliament in 2017–18
- that were reported to us in our 2018 survey as outstanding from audits tabled in 2016–17 and 2015–16.

In total, the survey included 465 recommendations from 44 audits involving 64 agencies.

For audits that tabled in 2016–17 and 2015–16, agencies may have already implemented some recommendations. To provide a more complete picture of agency performance, in this Appendix we have included the status and response of the agency to all recommendations in each audit included in the Assurance Review survey. This includes recommendations that have been implemented in previous years. Agency responses have not been edited by VAGO.

This information is also available in dashboard form at [www.audit.vic.gov.au](http://www.audit.vic.gov.au).

## Albury Wodonga Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Streaming low acuity patients Cat 4 and 5 through to a fast track model of care separate from the acute space. This has meant that the more acutely unwell patients are not competing with the lower acuity patients in the one space. The improved capacity within the acute department has assisted with Ambulance off stretcher response times. By staffing to these models of care it has aligned the most appropriate workforce to suit the patients needs. Qualitatively a better patient and staff experience. Quantitatively significant improvement in Cat 3 performance.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Continual monitoring of Length of stay across admitted inpatient units at AWH. Focus on Expected day of discharge dates (EDD) across Medical inpatient units. SCV project on planned early discharges before 11am. Introduction of Patient Journey Boards across both Acute sites in each ward. Identification of Long length of stay patients and escalation of same to Executive level.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Audit the VEMD data we submit Review our current processes Provide governance through a governing body at AWH Align processes across 2 states and multiple different platforms in which we collect and review our data.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (948 days to implement)

## Alfred Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Alfred Health will undertake a review of its current triage process and length of wait for triage category 3 patients. The Chief Operating Officer will be responsible for this and we would expect improvement by the end of this financial year.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-17 (248 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Alfred Health has in place a whole-of-hospital program which demonstrates its whole of hospital commitment. The program, introduced 4 years ago, is known as Timely Quality Care (TQC) and focuses on improving flow in the ED and reducing overall length of stay (LOS) in the hospital.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-16 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
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<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Alfred Health will continue to respond to audit findings of its VEMD in a timely way. Alfred Health submits data for VEMD in compliance with Department of Health and Human Services requirements. Alfred Health has representation on the VEMD reference group and contributes to discussions related to data integrity. As part of the normal VEMD audit process both our Sandringham and Alfred datasets have been validated and recommendations and actions are routinely reported back to our Board Audit Committee.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-16 (0 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #11</b>	Formalise governance policies to guide decision-makers when allocating theatre resources between emergency and elective surgery and between surgical specialities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Alfred Centre model for elective surgery has dedicated theatres for elective surgery patients separate from the Main Ward Block operating theatres. This results in fewer hospital-initiated postponements, reduces waiting list times, standardizes the patient journey and provides timely and efficient care for those having planned admissions and procedures. Governance is provided by the Theatre Reference Group (TRG) attended by the Surgical Heads of Units (HOU) and managed using the following guidelines: * Elective Surgery Access Guideline * Admission Guidelines for Trauma Patients Guideline * Operating Suite Service - Alfred Main and Alfred Centre Guideline * Sandringham Operating Suite guideline		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (44 days to implement)

## Austin Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Whole of hospital flow review and model of care and process changes implemented within the ED		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (948 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	A timely access to care program of works was implemented and is an ongoing review. This includes Surgical access for emergency and elective surgery and reviews of clinical staffing models within the hospital to improve access and timeliness of care. A daily operating system across the hospital has also been implemented to improve accountability, knowledge sharing and issue escalation.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (948 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #11</b>	Formalise governance policies to guide decision-makers when allocating theatre resources between emergency and elective surgery and between surgical specialities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Austin Health surgical program operates across 2 sites - Austin Hospital and Heidelberg Repatriation Hospital. The Austin site supports emergency, complex elective surgery and transplant with the Repatriation site supporting a stand-alone elective surgery centre. The model at the Repatriation site has supported greater efficiency and certainty for Elective surgery with more patients being treated in clinically recommended times and fewer hospital-initiated postponements. This separate site model is a strong contributor to organisational theatre efficiency. Governance and planning for the allocation of theatre resources is undertaken by the Theatre leadership group in collaboration with the relevant Surgical units and Anaesthesia. This is undertaken on weekly basis and supports the allocation of appropriate resources		

	to support theatre activity. Austin Health is undertaking an improvement project focusing on theatre efficiency and utilisation, this will involve the review governance structures and relevant policies to support the efficient allocation of resources to support emergency and elective surgery activity.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

## Bairnsdale Regional Health Service

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	*BRHS now has a revised medical workforce roster in ED with additional senior medical staff to assist with review and decision making and subsequent discharge from the ED within 4hrs *BRHS has a very high number of cases requiring transfer which can be delayed waiting for transport options including AV. Building of a HDU will be completed at the end of this month and medical and nursing staff recruitment is completed we expect this to be fully operational by Feb 2018 decreasing the need to transfer patients out for higher level care *Hourly rounding now occurs with the SMO and ED NUM to assist with flow. *The Clinical Operations Manager and Improvement Advisor are working up a plan to enable early recognition of those that might be delayed in ED *Additional nursing staff have been recruited with the ability to open more cubicles at night if required *Care of the MADU type patients will occur outside of the SSU by early next year to free up SSU beds for ED SSU type patients		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-19 (917 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	*A patient flow and access project is well underway which includes a regular rounding, review of delays to care and progress in the ED, staffing levels, increased capacity for ED and SSU type patients, a patient access and flow board has been mounted in the bed coordinators office to allow a 'pt status at a glance' approach to flow through the ED *Patient Services and ED staff have had additional training in patient flow and improving access to care *New Demand Escalation policy and procedures have been developed and		

	implemented, these have been tested, reviewed and revised with good results *Additional patient services coordinators have been appointed and round the ED frequently		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (1040 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-18 (705 days to implement)

### Ballarat Health Services

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Whole of hospital approach to improving all categories for seen on time performance. A project with support from SCV has delivered earlier discharges from the multiday beds, thereby enabling earlier flow to beds from ED, and therefore earlier access to those waiting. BHS has also implemented a revised transit lounge strategy that has enabled earlier discharge from beds and ED, delivering improved access averages.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-19 (797 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		

<b>Updated action</b>	Implementation of the Daily Operating System (DOS)		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (613 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #17</b>	That the four health services review their ICT strategic plans to ensure they are in line with Digitising Health: How information and communications technology will enable person-centred health and wellbeing within Victoria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	ICT Planning is a priority for Ballarat Health Services and we are in the process of updating our current ICT Strategic Plan and will ensure alignment with 'Digitising Health: How information and communication technology will enable person-centred health and wellbeing within Victoria' published November 2016. The Ballarat Health Services Board and the ICT Governance Committee will continue to have oversight and are committed to our ICT strategic planning processes to ensure the updated strategic plan is delivered in the coming months.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (830 days to implement)

## Barwon Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	



<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	From Feb 2019 we will have some augmentation of staff, and further by Feb 2020. Advanced ED model implemented as ongoing service redesign is occurring.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jul-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Weekly meeting to progress initiative chaired by COO Daily Operating Meeting sets a health service plan for each weekday and raises issues to address. Long stay and bed management meetings. There has been a detailed redesign of the acute bed plan for 2018/19.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	FirstNET - CERNER will be implemented March 2019 which should (as we understand) allow all VEMD requirements to be met.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (856 days to implement)

### Bass Coast Shire Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #6</b>	Regularly review alignment between economic development strategies and council plans to improve the continuity of longer term initiatives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Council already has clear alignment and regular reporting to Council in relation to key strategic documents such as the Phillip Island and San Remo Visitor Economy Strategy 2035, Growing Tourism. Council sets clear Economic Development performance measures through its Council Plan, 2017 - 2021, and will continue to participate in work being undertaken to develop common Economic Development performance indicators. Council will ensure there is clear monitoring and reporting of Council's Economic Development outcomes and that actions are clearly linked to intended outcomes.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #7</b>	Develop comprehensive performance measures for economic development with clearly articulated targets and benchmarks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Council already has clear alignment and regular reporting to Council in relation to key strategic documents such as the Phillip Island and San Remo Visitor Economy Strategy 2035, Growing Tourism. Council sets clear Economic Development performance measures through its Council Plan, 2017 - 2021, and will continue to participate in work being undertaken to develop common Economic Development performance indicators. Council will ensure there is clear monitoring and reporting of Council's Economic Development outcomes and that actions are clearly linked to intended outcomes.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #8</b>	Monitor and report on economic development outcomes and clearly link actions to intended outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Council already has clear alignment and regular reporting to Council in relation to key strategic documents such as the Phillip Island and San Remo Visitor Economy Strategy 2035, Growing Tourism. Council sets clear Economic Development performance measures through its Council Plan, 2017 - 2021, and will continue to participate in work being undertaken to develop common Economic Development performance indicators. Council will ensure there is clear monitoring and reporting of Council's Economic Development outcomes and that actions are clearly linked to intended outcomes.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

## Bendigo Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Recent change to ambulatory care (AC) MOC - 60% of all ED presentations now streamed through this location. Medical and nursing workforce have been increased to deal with this change in model. LOS for total number of non-admitted patient cohort improved since implementation. Front loading of senior medical workforce to waiting room - early senior decision making. Alternative nursing staff allocation model proposed - waiting room nurse to commence in December 2018. Pathology and radiology investigations initiated from waiting room - decreasing LOS as results available for medical review once patients make it to a cubicle. Nurse initiated pathology at triage package developed and launched in July 2018 - Early investigations = early disposition. Telephone handover and un-nursed patient transfer process trialled to medical inpatient units. Process reviewed post 6 month pilot - to be rolled out organisation wide. Focus on Short Stay Unit discharges before 10am		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (1070 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	Health Information Systems & Standards Committee oversees the implementation of action plans, auditing and governance compliance reporting. Clerical Staff have been realigned into one structure under Health Information Services to improve governance and compliance auditing reporting.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (978 days to implement)

## Cardinia Shire Council

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #1</b>	That all councils assess their public participation policies and associated resources against the International Association for Public Participation (IAP2) model, update them as necessary, and promote their use throughout the council		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Based upon the draft report received in March it was decided to review all of our engagement documentation (policy, procedures, handbook etc.) to address some of the areas identified within the audit before the recommendations were publicised.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-19 (601 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #2</b>	That all councils build monitoring, reporting and evaluation activities into their public participation activities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Based upon the draft report received in March it was decided to review all of our engagement documentation (policy, procedures, handbook etc.) to address some of the areas identified within the audit before the recommendations were publicised.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-19 (601 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #3</b>	That all councils develop and document comprehensive public participation plans and their outcomes		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Based upon the draft report received in March it was decided to review all of our engagement documentation (policy, procedures, handbook etc.) to address some of the areas identified within the audit before the recommendations were publicised.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-19 (601 days to implement)

### Central Gippsland Health Service

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	CGH has developed monitoring tools along with patient flow improvement plans to improve length-of-stay times for patients in triage category 3. This has become part of the clinical governance reporting and is reviewed by the senior staff group and ultimately the Board of Management.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	ED review was conducted. Staff capability development has and continues to occur. KPIs embedded into clinical governance reporting framework, including ward level, senior executive and Board of Management. Inclusion into the reporting scorecards.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
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<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Clinical governance and oversight to the key performance indicators in organisational performance scorecards, that are managed and monitored by ED staff, as well as senior staff and Board of Management. This is also reviewed at the daily operating system Tier 3 meetings now instigated at the Health Service.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (1131 days to implement)

### City of Ballarat

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #1</b>	That all councils assess their public participation policies and associated resources against the International Association for Public Participation (IAP2) model, update them as necessary, and promote their use throughout the council		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The plan of action included the development of a new Community Engagement Framework, upgraded staff resources plus new training for staff members.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (660 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #2</b>	That all councils build monitoring, reporting and evaluation activities into their public participation activities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	2. The plan of action included the development of a new Community Engagement Framework, upgraded staff resources plus new training for staff members.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (660 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #3</b>	That all councils develop and document comprehensive public participation plans and their outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The plan of action included the development of a new Community Engagement Framework, upgraded staff resources plus new training for staff members.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (660 days to implement)

### City of Greater Bendigo

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #1</b>	Councils should improve aquatic recreation centre monitoring, reporting and evaluation activities so that they can demonstrate the achievement of council objectives and outcomes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Service planning and monitoring is a requirement of the service contract. This is measured in the City's regular reporting with the contractor including annual customer feedback.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (1195 days to implement)

### City West Water Corporation

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #2</b>	That agencies and entities ensure project status reporting is regular, reliable and easy to follow, making agency decision-makers aware of total project cost to date against planned milestones and forecast cost to completion.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CWW agrees with the recommendation on project status reporting		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-16 (0 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #3</b>	That agencies and entities ensure that they have the appropriate governance arrangements in place throughout the life of their ICT projects.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-16 (0 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #4</b>	That agencies and entities ensure there is sufficient focus on the realisation of expected benefits by: <ul style="list-style-type: none"> <li>· preparing a documented benefits-management plan that is comprehensive, measurable and regularly updated throughout the life of the project</li> <li>· conducting benefits and post-implementation reviews according to planned time frames</li> <li>· incorporating learnings in corporate project planning frameworks and processes and circulating them to key governance bodies.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	The benefits management framework consists of two key deliverables; Benefit Realisations and the Post Implementation Review (PIR). The framework was established in March 2019 and was further refined in Aug 2019 to create a more holistic view of benefits across all ICT-enabled project. Post implementation reviews capture lessons learned and are available on the PMO shared site which allows new project teams to review and tap into past experiences and improve from them. All ICT projects are required to utilise the benefits management framework		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (1087 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #5</b>	That agencies and entities develop or revise guidance documentation in the planning, management and delivery of ICT-enabled projects, taking note of VAGO's July 2008 better practice guide Investing Smarter in Public Sector ICT.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	



<b>Planned action at tabling</b>	CWW agrees that VAGO's July 2008 Investing Smarter in Public Sector ICT better practice guide continues to sound and relevant, and should be utilised by all agencies in the implementation of ICT projects and programs.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

### Coliban Region Water Corporation

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
<b>Recommendation #2</b>	That agencies implement a documented and consistent approach to verify that they have adequately addressed the requirements of the Department of Treasury and Finance's Investment Lifecycle and High Value/High Risk Guidelines for government-funded capital projects.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	An action plan was developed and Coliban Water last reported and attested on the status of this action plan in the VAGO survey that closed on 9 October 2017. The action plan included the development and implementation of a Project Management Framework that was in line with DTF's investment lifecycle.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (727 days to implement)

### Corangamite Shire Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #6</b>	Regularly review alignment between economic development strategies and council plans to improve the continuity of longer term initiatives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Economic Development Strategy is currently reviewed at the time the Council Plan and Annual Action Plan are prepared.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (603 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
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<b>Recommendation #7</b>	Develop comprehensive performance measures for economic development with clearly articulated targets and benchmarks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	It is noted that development of comprehensive performance measures for economic development is a sector wide issue and should be progressed in conjunction with Local Government Victoria and peak local government bodies, including through further refinement of the Local Government Performance Reporting Framework indicators relating to economic development.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #8</b>	Monitor and report on economic development outcomes and clearly link actions to intended outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Economic development outcomes are considered at the time of reporting on progress against Council Plan actions, and in the preparation of Council's Annual Report.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (603 days to implement)

## Department of Education and Training

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #8</b>	That DHHS and DET establish agency-wide internal records management compliance programs that monitor and report to the agency head on compliance with each of the Public Record Office Victoria standards—a risk-based phased approach should be used to manage the programs' size, complexity and cost, and the program should be linked to the agency's continuous improvement activities to drive agency-wide improvement in records management		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1.1 Develop an audit tool and questionnaire that steps through the PROV standards and measures compliance. 1.2 Roll out the compliance measuring tool to create a baseline assessment of each business or regional area in corporate DET. 1.3 Taking a risk-based approach, create (and prioritise) business improvements to address non-compliance with the standards 1.3.1 Develop a records management strategy for DET 1.3.2 Create a new endorsed records management policy for DET including explicit recognition of senior accountability for records management 1.3.3 Establish a digitisation policy and program of work. 1.3.4 Design and implement a digitisation program of work 1.3.5 Design and plan an expanded records management function, provided with the authority and resourcing required to improve compliance. 1.3.6 Review records management training. 1.3.7 Explore and remediate business processes to ensure records management is embedded in the way staff work. 1.3.8 Investigate and review the current		

	state of records management in schools. 1.3.9 Implement a refreshed records management approach for schools. 1.3.10 Review archiving and disposal processes 1.3.11 Modernise the DET mailroom and reform capture processes 1.3.12 Create a communications and change strategy to support selected model and associated initiatives. 1.3.13 Identify capability gaps for current and new records management staff and address these gaps. 1.4 Implement improvements in compliance and a records management compliance program that monitors and reports on compliance with each of the PROV standards.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jul-22

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #9</b>	That DHHS and DET establish processes to ensure that third-party providers are managing their records in compliance with Public Record Office Victoria's standards		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	2.1 Reform contract processes to ensure that contracts contain standard clauses. 2.2 Create compliant non-functional requirements for systems procurement. 2.3 Review significant existing contracts for records management compliance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
<b>Recommendation #1</b>	That DET complete the delivery of funding, capability, accountability and portfolio efficiency reforms currently underway, as detailed in Appendix B		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DET will complete the implementation of suite of reforms currently underway		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
<b>Recommendation #2</b>	That DET clarify governance arrangements by specifying the asset planning and management roles and responsibilities of the Department of Education and Training, school councils and principals, their functions and the performance measures they will be held accountable for, and hold them accountable		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DET will conduct a review of all defined roles and responsibilities of DET, school councils and principals to strengthen the accountability of responsible parties at all stages of the asset lifecycle. These roles and responsibilities will be clearly outlined in the relevant policy and procedural documentation for that issue, and DET will explore options to hold parties to account for these responsibilities. DET will also create an overarching document that summarises all roles and responsibilities of school councils, principals and DET and how parties will be held accountable, with this being published on the Policy Portal and socialised amongst relevant parties.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (843 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
<b>Recommendation #3</b>	That DET establish a monitoring and evaluation framework for the asset strategy based on a complete set of performance measures that are specific, measurable, achievable, relevant and timely, that inform the goal of the asset strategies, and that are routinely monitored and reported on		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As part of the Asset Strategy refresh, DET will strengthen the Asset Strategy and establish measures for all performance indicators identified within it. DET's Asset Strategy Steering Committee will monitor and evaluate these measures		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (386 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
<b>Recommendation #4</b>	That DET test the accuracy of its provision planning forecasting over short-, medium- and long-term projections to understand its reliability over time		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DET will undertake an analysis of the accuracy of its provision planning model over short, medium and long- term projections to understand reliability over time		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (386 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
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<b>Recommendation #5</b>	That DET establish guidelines to inform its decisions for managing changing enrolments in established areas-considering school locations, purchasing of land ahead of when it is required, access issues for students, and size of school land		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DET is already developing guidelines for managing changing enrolments in established areas to more consistently and transparently plan for schools in established areas DET will expand the scope of its existing work to consider the planning challenges and issues identified by VAGO in finalising guidelines for established areas		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (386 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
<b>Recommendation #6</b>	That DET work with local councils and other partners, particularly in growth areas, to strategically plan and design multi-use, shared and co-located facilities before new schools are funded through state budgets		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DET will continue to consult and expand its work with local councils and other relevant partners particularly in growth areas, in exploring opportunities to strategically plan and design multi -use, shared and co-located facilities before new schools are funded through state budgets		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (386 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing School Infrastructure
<b>Recommendation #7</b>	That DET develop an investment strategy for government school assets to optimise maintenance over the entire life of assets, considering the appropriate mix of allocations for proactive and reactive maintenance, and the implications of current maintenance funding on the life cycle of school assets		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DET will develop an investment strategy for government school assets. This will consider optimal levels of maintenance funding, including the mix of preventative and corrective maintenance over the entire life of the asset. DET will use this investment strategy to advise Government on long term investment options for school assets.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #11</b>	Accept responsibility for overseeing the adequacy of statewide kindergarten service delivery by taking a more active role in estimating demand for and supply of services, including the long-term availability of kindergarten infrastructure, to ensure that government objectives are achieved		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The introduction of the new Early Years Compact formalises the partnership with local government and DHHS for a more integrated and strategic planning approach to the delivery of services for children and families. It includes a strategic priority to strengthen place-based governance and planning to respond to the needs of local communities and Victoria's changing population. As part of the implementation of the Early Childhood Reform Plan and the Early Years Compact, DET will take a more active oversight role in estimating demand and supply for state-wide kindergarten service delivery and for the long-term provision of kindergarten infrastructure, including working with local government to better identify local needs. DET will undertake a more active, tailored approach to meeting infrastructure needs in growth areas with acute demand pressures in partnership with local government, other service providers and philanthropic organisations.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (282 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. The Department will assess the performance indicators for the next audit year. A proposal of recommended performance indicators and targets, that reflect a balanced scorecard approach, will be submitted to the Department's Audit and Risk Committee for consideration and endorsement. 2. The performance indicators and measures will be implemented and reported to the Department's Audit and Risk Committee at every scheduled meeting.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #8</b>	DELWP, DET, DHHS and DTF improve assurance mapping to include all sources of assurance and an assessment of the adequacy of risk coverage to provide the audit committee with a comprehensive view of the level of assurance		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will engage with relevant stakeholders to develop an improved assurance map that provides a department wide view of assurance coverage of strategic risks, and includes various sources of assurance. The Department will present the assurance map to the Audit and Risk Committee, and implement mechanisms to keep the assurance map up to date.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #12</b>	Develop a methodology to assess the costs and benefits of the sale of surplus land, including an accurate understanding of recurrent holding costs associated with retaining surplus land and an assessment of the non-financial benefits of sales		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Victorian Government Landholding Policy requires agencies to only hold land where it contributes directly to current or future service delivery outcomes of the agency. As such, once a site is declared surplus (and deemed not required for future service delivery) it should no longer be held. The Department understands that central agencies will develop a common approach in relation to this recommendation to ensure a consistent methodology across all agencies. The Department will work to ensure that it can meet the requirements of any new framework developed. The Department will update internal systems to enable the capture of transactional (e.g. legal, valuation), holding costs (e.g. mowing, security) and non-financial benefits (e.g. community use) on a site-by-site basis to enable such analysis once changes to policy have been actioned.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #13</b>	Ensure that sites are offered to other government agencies through consistent application of the first right of refusal process		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will continue to offer sites, through the First Right of Refusal process, once sites are declared surplus, and will adhere to any future changes to the process as instructed by Land Use Victoria, unless otherwise directed by the responsible minister.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (85 days to implement)

## Department of Environment, Land, Water and Planning

<b>Audit year</b>	2015–16	<b>Audit name</b>	Monitoring Victoria's Water Resources
<b>Recommendation #1</b>	<p>That the Department of Environment, Land, Water and Planning, in conjunction with Melbourne Water and the Environment Protection Authority Victoria, lead action to improve the governance of long-term water quality monitoring programs across the Port Phillip and Western Port catchment region by: - establishing a cross-agency committee to coordinate and oversee long-term water quality monitoring programs for the region - developing an overarching monitoring, evaluation and reporting framework for long-term water quality monitoring in the Port Phillip and Western Port region - developing agreements that facilitate the effective and efficient sharing of data - reviewing the quality assurance processes supporting data collection, collation and analysis to ensure consistency with better practice principles - exploring the feasibility and options of developing a publicly accessible report card system that coordinates the publishing of all relevant physico-chemical, biological and recreational water quality monitoring results and analysis across the region.</p>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	<p>DELWP will implement appropriate systems and processes to improve the coordination, governance and oversight of the network of long-term water quality programs across the Port Phillip and Westernport region. DELWP will: - Clarify roles and responsibilities of each agency. - Implement and track progress on actions arising from this action plan and VAGO audit and any other relevant reviews. - Establish appropriate governance processes and systems to guide and inform program delivery, including the term water quality monitoring in the Port Phillip and Western Port region establishment of a cross agency committee to coordinate and oversee long term water quality monitoring programs for - Develop an appropriate range of reporting tools to support active management, coordination and oversight of water quality monitoring programs in the Port Phillip and Westernport region. DELWP, Melbourne Water and EPA will develop an overarching monitoring and evaluation framework for the Port Phillip Westernport region that: - Sets an explicit purpose and aims for water quality monitoring programs - Highlights the strategic links between long-term water quality monitoring programs in the region and the government's key state policy priorities and objectives. - Clearly maps water quality monitoring programs and use of data for reporting in the region - Clarifies roles and responsibilities for long-term monitoring programs and the reporting of data and outcomes - Incorporates the regular review and evaluation of water quality monitoring programs against overarching purpose and program aims. (June 2017) DELWP, Melbourne Water and EPA will develop an overarching monitoring, evaluation and reporting framework for long term water quality monitoring in the Port Phillip and Westernport region. (Post SEPP Review) DELWP, Melbourne Water and EPA will develop an agreement that supports the formalisation and documentation of data collation, data flow and data use and includes standard protocols regarding data sharing, collection, use and accessibility. DELWP, Melbourne Water and EPA will review the quality systems and quality assurance programs supporting data collection, collation and analysis in order to develop: - a set of core QA/QC principles for all programs - consistent data management protocols that will improve data use, timeliness and accessibility. DELWP, Melbourne Water and EPA, within the broader agency reporting framework, will investigate expanding the Yarra and Bay Report Card, including to the Westernport region, taking into account the current and future work under State of the Bays, Catchment Condition and Management Report and State of the Environment.</p>		
<b>Updated action</b>	<p>The agreement of the Interagency Oversight Committee made up of DELWP, EPA, and Melbourne Water. The Interagency Director level Implementation Oversight Committee with membership from DELWP, the EPA and Melbourne Water agreed the Overarching Framework for Long Term Water Quality Monitoring in Port Phillip and Westernport. The 2016-17 Report Card was expanded to cover Westernport as well as Gippsland Lakes. The 2017-18 report card will be similarly expanded.</p>		



<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun 17 (737 days to implement)
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<b>Audit year</b>	2015–16	<b>Audit name</b>	Monitoring Victoria's Water Resources
<b>Recommendation #2</b>	That the Department of Environment, Land, Water and Planning implements all actions from its internal audit, subsequent 2015 review and the joint agency action plan, where it is identified as the lead agency, and ensures that the relevant recommendations are tracked by and reported to its internal risk and audit committee.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will implement the remaining action from its internal audit, actions from the subsequent 2015 review, and all DELWP led actions in this joint agency action plan. Progress against these actions will be reported to and tracked by the DELWP internal risk and audit committee.		
<b>Updated action</b>	The remaining action was a water quality and quantity performance framework that sets out: government targets / objectives requiring water quality and quantity data to be collected, required data, and responsible organisations. The development of this framework was delayed for the review and development of the new State Environment Protection Policy (Waters) - just released, and the SEPP (Waters) Monitoring and Evaluation Framework. Additionally, it has strong links to the requirement for the hydrometric network set out under the Murray-Darling Basin Compliance Compact.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-19 (982 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #1</b>	That the Department of Economic Development, Jobs, Transport and Resources: develops Budget Paper measures that report performance against the objectives of the Advanced Metering Infrastructure program, and publicly reports annually on costs incurred and benefits achieved		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept, in part. In accordance with this recommendation, the Department has commenced a process to review its departmental budget measures and public reporting.[lb]Subject to Ministerial support, the Department expects to implement revised reporting against budget measures from 2016, noting that the current round of funding lapses on 30 June 2016 and Government is not required to continue to report against the current AMI Program. [lb]The Department does not accept that it should report publicly on costs incurred. A metering cost monitoring function is already the responsibility of the Australian Energy Regulator, and the Department has no specific powers to obtain detailed cost information from the distribution businesses. The Department questions why (and how) it should duplicate this function, particularly given that the rollout is now complete and costs have already been incurred. The Department will:[lb]- develop and agree measures that better report performance against the objectives of the Advanced Metering Infrastructure program in time for the 2016-17 budget papers (May 2016);[lb]- include relevant details in the 2015-16 Departmental Business (September 2015); and[lb]- publicly report on benefits achieved, while noting the limitations in attributing benefits to the Advanced Metering Infrastructure program (August 2015).		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)
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<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #2</b>	That the Department of Economic Development, Jobs, Transport and Resources: improves its consumer education to focus on the opportunities to use smart meters to reduce energy consumption, and to take up flexible retail pricing offers, and use other tools, to reduce bills		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept, subject to Government approval and funding. The Department notes that this recommendation broadly complements and supports actions that are already in progress, or proposed subject to funding.[lb]However, the Department's view is that awareness and educational programs undertaken by government should focus on customer outcomes rather than on the linkage to a particular technology.[lb]Therefore, the Department is continuing to focus on ensuring that its communications help customers identify the best electricity tariff offers available to them. For example, the Department has recently run a six-week advertising campaign promoting Government's energy price comparator tool (My Power Planner), and is considering a further major promotional campaign, subject to funding. Complements and supports actions that are already in that are already in progress		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #3</b>	That the Department of Economic Development, Jobs, Transport and Resources, works with distributors and retailers to identify and implement clear systems and processes for monitoring the changes in energy consumption and peak demand		
<b>Accept recommendation</b>	Not provided	<b>If no, explain</b>	AEMO runs the electricity system on a day to day basis, manages the market for buying and selling energy, and monitors energy flow around the system. AEMO's primary responsibility is to balance the demand and supply of electricity. AEMO also conducts forecasts of expected electricity demand in order to operate the national electricity market, and, as outlined above, communicates findings through numerous reports. The DNSPs are responsible for, among other matters, installing and maintaining electricity meters and collecting meter data, which includes consumption data. DNSPs also monitor changes in energy consumption and peak demand in order to manage the distribution system and regularly report to AEMO. The Victorian Government does not have an active role in monitoring changes in energy consumption and peak demand. The role for DELWP and the Victorian government lies in providing clear policy direction to ensure a safe,

		<p>reliable and affordable energy system for Victorians. There is currently no evidence to support modification to the roles and responsibilities of granular smart meter data collection and monitoring. The current reporting and monitoring of energy consumption and peak demand performed by AEMO and the DNSPs has and will continue to inform DELWP's work program relating to many areas including demand management and DER (including solar). The work program related to this recommendation has continued to shift since 2015, particularly as the use (and ownership) of data and electricity demand (both peak and minimum) has changed over time with an increase in the uptake of DER (i.e. solar, storage and electric vehicles). With the transition of Victoria's energy system to widespread uptake of DER, the roll out of smart meters has positioned Victoria well to manage voltage fluctuations across the distribution network. DELWP has worked closely with key stakeholders, including AEMO and the DNSPs, and will continue to do so as the energy system transitions to ensure the policy settings are effective and deliver benefits to consumers. With the introduction of the Solar Homes program, DELWP's policy capacity in distributed energy resources has been expanded and combined with policy work on metering, including the finalisation of the AMI Benefits Realisation project (by end of 2019). The finalisation of this project is a key milestone in this policy area. As AMI policy becomes more integrated into DER policy development, the focus of this work will significantly diverge from the original intent of this recommendation. While this piece of work will consider matters relating to smart meter data collection along with demand management, it doesn't consider the need for DELWP to play an active role in monitoring this data as outlined in this recommendation as this role is already being performed.</p>
<p><b>Planned action at tabling</b></p>	<p>Accept in principle, subject to consideration of appropriate approaches and consultation with distributors and retailers. The Department notes that monitoring the smart meter benefits realised requires the ability to accurately attribute electricity consumption patterns to the AMI Program. This attribution is complicated by the different influences and factors that impact on network investment, including demand, as well other factors such as technology. It also relies on the ability to distinguish between demand reductions by customers with smart meters (whose energy consumption is less than 160 MWh per annum) and demand reductions by other consumers (larger commercial and industrial customers).[b]Therefore, any approach that the Department can implement is likely to differ markedly from the approach advocated in this recommendation (which suggests highly granular monitoring).</p>	
<p><b>Updated action</b></p>	<p>Not provided</p>	

<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided
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<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #4</b>	That the Department of Economic Development, Jobs, Transport and Resources: works with distributors and retailers to develop and implement systems and processes to more effectively measure and track network benefits to enable these to be passed on to consumers		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept in principle, subject to consideration of appropriate approaches and distributors and retailers to develop consultation with distributors. The Department notes that the monitoring of benefits realised as a consequence of the AMI Program will require an understanding of network operation and changes in efficiency of networks due to the AMI Program, independently of other changes in efficiency attributable to the incentive based regulatory framework and good business practice (amongst other matters).[lb]The revenue determination process undertaken by the Australian Energy Regulator (AER) allows efficiencies in aggregate to be identified through the distributors' audited costs which are a part of their submissions to the AER.[lb]Whilst the Department is able to work with distribution businesses on tracking network benefits, the Department does not accept that it should separately establish its own function for monitoring changes in network efficiency given the role of the AER and the existing well established regulatory framework governing networks. Complements and supports actions that are already in that are already in progress		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #5</b>	That the Department of Economic Development, Jobs, Transport and Resources: effectively influences the Australian Energy Regulator's:[lb]- decisions related to the passing on of network efficiency benefits to consumers in the 2016-2020 distribution price review[lb]- annual process for assessing whether excess costs are efficient and prudent and should be passed on to consumers.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept, noting that progress has been made to achieve this outcome. The Department has already made commitments to these actions, which largely reflect a recommendation made in the 2009 audit.[lb]The Department has made submissions to the Australian Energy Regulator in relation to its consideration of distribution network business expenditure for 2016-20, on 30 August 2014 and 13 July 2015.[lb]It is also noted that the Government has recently made changes to the AMI Order in Council to further strengthen the economic prudence tests applied by the AER in assessing distribution expenditure on smart meters and to improve the process under which the AER reaches determinations on these costs. In addition, a legislative amendment is proposed to allow the Minister and consumer groups the right to intervene in AMI charges appeal proceedings.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)
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<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #6</b>	That the Department of Economic Development, Jobs, Transport and Resources: works with relevant stakeholders to analyse the impact of network tariff reform on consumer groups, particularly vulnerable consumers		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept recommendation, noting that progress has been made to achieve this outcome. The Department has already commissioned and completed independent analysis that assesses potential consumer impacts of new cost-reflective network prices using actual half-hourly household metering data and household survey data.[lb]This analysis indicates that no particular consumer segment, such as vulnerable consumers or households with solar PV and/or air conditioning, would be inappropriately better or worse off as a result of the reform. The Department is undertaking further work to help identify vulnerable customer impacts in regard to tariff reform.[lb]This analysis also suggests that effective introduction of demand based cost reflective tariffs should help to reduce peak usage and avoid the need for expensive peak network investment, consistent with the objective of the AMI Program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #7</b>	That the Department of Economic Development, Jobs, Transport and Resources develops a strong and persistent customer engagement program in relation to network tariff reform that: · enables consumers to make informed decisions to realise the potential benefits of more cost-reflective network tariffs and to assist in reducing the load on electricity infrastructure during peak periods · educates vulnerable sectors of society so that they can minimise any unfair disadvantage		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept recommendation subject to Government approval and funding. The Department considers that an effective and persistent customer engagement program first requires a clear understanding of the roles and responsibilities of all key participants in the reform process including distribution businesses, energy retailers, the Victorian Government and consumer groups. The Department will consult with key stakeholders to develop a communications and customer engagement strategy that outlines the role and responsibility of each stakeholder taking into account actual transition pathways and timelines. The development of this strategy will allow the Victorian Government to focus on the types of information and customer engagement tools that government could use to support Victorian consumers realise potential benefits, including specific support and education for vulnerable Victorians. The Department notes different types of consumer engagement measures might be required beyond the introduction of cost reflective network tariffs in the initial regulatory period of 2016-2020 as messages are likely to change in response to the long term market evolution of cost reflective tariffs and introduction of other customer demand response mechanisms and technologies. These measures are subject to the		

<b>Updated action</b>	Government's decision to implement network tariff reform and to obtain funding to undertake a customer engagement response.		
	Cost-reflective pricing has been introduced in Victoria and a range of programs implemented to support consumers find the best retail offer: - cost reflective pricing for small customers on an opt-in basis from 1/01/17 to 31/12/20 - Opt-out arrangements have also been introduced for medium sized consumers from 1/01/18 to 31/12/20. - Victorian Energy Compare website through the \$11.8m Energy Affordability: Putting Energy Consumers First program, and the \$48m Power Saving Bonus program (1.5m visits, positive user experience in surveys) - comprehensive stakeholder engagement and consumer awareness campaign - the median savings for users who switch to the best offer Victorian Energy Compare website is \$330 in the first year alone. - \$1.32m program for additional communications to support vulnerable consumers that may not be reached by mainstream information campaigns, including frontline delivery services, financial counsellors and emergency relief workers for households undergoing bill stress.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (1354 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #8</b>	That the Department of Economic Development, Jobs, Transport and Resources: identifies and implements actions to protect Victorian consumers from additional costs associated with the pending rollout of new competitive metering processes, and ensures that essential Advanced Metering Infrastructure program benefits are preserved		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	In progress and subject to Government approval and funding		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Realising the benefit of Smart Meters
<b>Recommendation #9</b>	That the Department of Economic Development, Jobs, Transport and Resources: in conjunction with industry and the Essential Services Commission, considers options to improve the information available to consumers on electricity bills.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Recommendation noted. The Department notes that this recommendation is related to customer engagement and could be considered an option to consider within the broader recommendation no. 3 regarding customer engagement.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (259 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
<b>Recommendation #1</b>	That DELWP review its position on whether legislative review of the Environment Effects Act 1978 and further reform of the Environmental Effects Statement process is required to meet the current needs of proponents and stakeholders		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will review whether reform of the Environmental Effects Act 1978 and/or Ministerial Guidelines on the EES process is required to meet the current needs of proponents and stakeholders.		
<b>Updated action</b>	DELWP has been reviewing EES processes and practices continuously (on a project-by-project basis) since the VAGO audit. This has informed an accumulated understanding of how practices need to adapt and/or revision of the Act and Guidelines may be warranted. This helps inform continuous improvement of the EES process. More recently a stakeholder survey was developed and circulated to a range of stakeholders, including proponents. Results of the survey responses were analysed. This helped DELWP form a position that there is a need for revision of the Environment Effects Act 1978 and/or Ministerial Guidelines, in order to meet the current needs of proponents and stakeholders.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-19 (862 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
<b>Recommendation #2</b>	That DELWP systematically review its internal Environmental Effects Statement guidance documents in its quality management system and update them as required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The department has re-established the EES Continuous Improvement Group (CIG) which meets every two months. The CIG has completed an initial review and will update the QMS content (guidance documents and templates) in late 2018. The CIG has developed a review schedule to guide future review and update of QMS documents and templates, which will be done in tranches. The QMS already includes guidance on the required approach to systematic review of its content. The CIG has met four times since March 2018 to review the QMS content/gaps. It has undertaken an initial tranche of reviews of core existing QMS documents and templates. The complete review schedule/ frequency for all of remaining sections of QMS document is still being developed (by end of November 2018). Review of the content of the QMS is an ongoing process/activity.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (831 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
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<b>Recommendation #3</b>	That DELWP develop and implement a risk-based system to monitor and document compliance with conditions imposed in lieu of a full Environmental Effects Statement, to identify circumstances when an Environmental Effects Statement becomes necessary		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will commence implementation of program of monitoring compliance with previous No EES conditions yet to be complied with. (Ongoing) DELWP will develop internal guidance to be incorporated into the QMS on process for consistently monitoring and reporting compliance of conditions set in No EES decisions made under section 8B(3)(b) of the Act. The system for documenting progress and compliance with conditions imposed under each decision would include proponent and/or statutory decision-maker reporting of compliance with conditions.		
<b>Updated action</b>	In 2017/18 a project commenced to develop the on-line Smart Planning System for Impact Assessment. The online system will include functionality to track, document and report on progress and compliance with Minister's 'No EES' conditions. The build of the new system is now scheduled for 2019. Monitoring or audit of all previous 'No EES' conditions will commence in late 2019 once the new on-line system is in place (expected in second half of 2019). However, the department is already tracking compliance with a range of current 'No EES' conditions in preparation for the system.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (984 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
<b>Recommendation #4</b>	That DELWP investigate, identify and implement an appropriate process for statutory decision-makers to report to the department their response to recommendations in the Minister's Assessment in their final decisions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will develop internal guidance to be incorporated into the QMS to improve wording of recommendations in future Minister's Assessments, such that they include clear direction and onus for decision-makers to report to the department on implementation. DELWP will review whether revision of the Ministerial Guidelines is necessary to ensure the decision-makers report to the department on responses to and implementation of recommendations in Minister's Assessments.		
<b>Updated action</b>	The QMS now includes improved wording of recommendations in the template for Minister's Assessments, letters to decision-makers and to proponents, such that they include clear direction and onus to report to the department on implementation. Following analysis of a recent stakeholder survey, including proponents, DELWP formed a position that there is a need for revision of the Environment Effects Act 1978 and/or Ministerial Guidelines, in order to meet the current needs of proponents and stakeholders.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-19 (862 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
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<b>Recommendation #5</b>	That DELWP publish a guide on the inputs and level of detail required from proponents at the scoping stage of the Environmental Effects Statement process		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will prepare and publish an advisory note on the information required from proponent to inform their preparation of inputs to the EES scoping stage.		
<b>Updated action</b>	The department has completed two advisory notes and has already used these to advise proponents for recent EESs (over the course of 2017 and 2018). The advisory notes are now published on planning's EES information web-page.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-17 (40 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
<b>Recommendation #6</b>	That DELWP develop scoping requirements for each Environmental Effects Statement that achieve a balance between: · focusing on key potentially significant environmental effects · providing sufficient information on other environmental issues and effects to inform the efficient coordination of decisions for interfacing statutory processes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will develop scoping requirements for future EESs to achieve a balance between focusing on key potential effects and providing sufficient information on other environmental issues and effects relevant to interfacing statutory decisions/ processes.		
<b>Updated action</b>	While this is an ongoing action (as published in the audit report action plan), it has been completed. The department has developed EES scoping requirements in accordance with this action since the VAGO audit. This is evidenced by a number of scoping requirements approved by the Minister and published on the DELWP website since the audit (e.g. Edithvale Bonbeach EES, Golden Plains EES, Mordialloc Bypass EES, Fingerboards Mine EES and North East Link EES).		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (436 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
<b>Recommendation #7</b>	That DELWP establish a process and seek agreement with relevant agencies participating in technical reference groups for securing individual reference group members with subject matter and procedural expertise, and the appropriate level of delegation to represent their organisation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will develop a process and protocols for agencies participating in TRGs, to facilitate appropriate nominations and level of involvement in the EES process. DELWP will seek agreement on the process and protocols with relevant agencies regularly participating in technical reference groups.		

<b>Updated action</b>	DELWP has developed a process and protocols for agencies participating in TRGs and this agreed action is complete. For EES TRGs established since VAGO audit report, IAU has put in place new TRG protocols. Also, all correspondence seeking nominations from agencies now clearly sets out expectations for TRG members involvement in the EES process. There is also a revision of the TRG guidance/process within QMS being completed to reflect this. The agreed action to seek agreement on the process and protocols with relevant agencies regularly participating in TRGs and new TRG invitation letters and terms of reference are now in use.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-17 (132 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Environmental Effects Statement Process
<b>Recommendation #8</b>	That DELWP outline its reasoning when providing advice to the Minister for Planning on inquiry options for the public review stage of the Environmental Effects Statement process		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will develop internal process guidance for inclusion in the QMS on providing the Minister with reasoning in support of any recommendation on the form/type of Inquiry to use at the public review stage of each EES process. Amend briefing templates in QMS to encompass the reasoning and recommendation on the form of Inquiry for public review stage for each EES process.		
<b>Updated action</b>	During 2017 and 2018 the department has included content in briefings to ensure formal provision of advice to the Minister (together with reasoning) on recommendation for the form/type of Inquiry to use at the public review stage. DELWP developed some new internal guidance in the QMS to ensure good practice is undertaken and documented for the provision of advice to the Minister regarding the form/type of Inquiry to use for each EES process. This has included amending templates in the QMS and using recent experience to ensure formal provision of advice/ recommendation to the Minister is sound and well-reasoned.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (831 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Planning System for land Use and Development
<b>Recommendation #1</b>	That DELWP ensure its Smart Planning Program improves the planning system by: · updating, simplifying and clarifying the content of the Victoria Planning Provisions in line with the weaknesses identified in this audit · developing a business case for Stage Three of the Smart Planning Program, to successfully roll out all reforms and ensure they are adequately resourced		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	...many of the planning system issues identified In the report will be addressed as part of the Victorian Government's Smart Planning Program, which aims to simplify and modernise Victoria's planning system over the next two years. Phase 1 'Improve' and Phase 2 'Reform' of the program is expected to be completed by mid 2018 and will directly deliver a range of outcomes associated with recommendations 1, 3 and 4 of the report. A number of Initiatives are currently underway which include: - Victorian		

<p><b>Updated action</b></p>	<p>Planning Portal- A new portal has recently been delivered (<a href="http://www.planning.vic.gov.au">www.planning.vic.gov.au</a>) providing a gateway to planning information, services and tools. User needs analysis is progressing with additional functionality to be built between mid-2017 and mid-2018. - Interactive Planning Maps - An interactive platform available through the planning portal is being developed to replace static electronic maps by mid-2017. - Permits Online - In October 2016, a pilot online lodgement system was launched for permit applications where the Minister is the responsible authority. This system will be extended to include Environment Effects Statements and heritage permit applications in early 2018. The system provides greater transparency in process, improved efficiencies and the ability to monitor and track quality over time. - Planning Scheme Information Management system (PSIMS) - PSIMS is a digital platform to provide an online, interactive environment for all planning schemes. Migration of existing planning scheme information is planned for mid 2017. The system will be extended to provide local government functionality commencing early 2018. - Updating the State Planning Policy Framework - The first stage will soon be finalised which will include incorporation of updated policies including a refreshed Plan Melbourne. The second stage will focus on development of an integrated framework model which can be tailored to local schemes - this will commence in mid-2017. - Smarter Rules - An initial extension to VicSmart was approved in late March 2017, with additional changes planned for mid-2017. This will allow for additional permit classes to be fast tracked through the permit approvals process providing clearer rules and more efficient processes. - Reforming the Rules - The department will soon commence a review of zones, overlays and other planning controls found within the Victoria Planning Provisions. This review will look to refining content through efficiencies and removing redundant and duplicate content in existing controls. Final advice to the Minister for Planning is proposed in mid-2018.</p>		
<p><b>Recommendation status</b></p>	<p>Complete</p>	<p><b>Date implemented/ due for implementation</b></p>	<p>Jul-18 (466 days to implement)</p>
<p><b>Audit year</b></p>	<p>2016–17</p>		
<p><b>Recommendation #3</b></p>	<p><b>Audit name</b> Managing Victoria's Planning System for land Use and Development</p> <p>That DELWP work with councils to improve the way it and councils apply the requirements of the Victoria Planning Provisions, through:</p> <ul style="list-style-type: none"> <li>· improving the capacity of departmental and council planners to apply the planning scheme and assess planning proposals comprehensively against the requirements of the Planning and Environment Act 1987 and the Victoria Planning Provisions</li> <li>· developing and implementing training materials to educate planners to apply a performance-based approach to the application of the planning system and assessments</li> <li>· requiring assessments to include an overall conclusion that integrates the decision-making considerations, weighing up the positive and negative attributes and the overall acceptability of the proposed land use or development in proportion to its scale, complexity and risk</li> </ul>		
<p><b>Accept recommendation</b></p>	<p>Yes</p>	<p><b>If no, explain</b></p>	

<b>Planned action at tabling</b>	<p>...many of the planning system issues identified in the report will be addressed as part of the Victorian Government's Smart Planning Program, which aims to simplify and modernise Victoria's planning system over the next two years. Phase 1 'Improve' and Phase 2 'Reform' of the program is expected to be completed by mid 2018 and will directly deliver a range of outcomes associated with recommendations 1, 3 and 4 of the report. A number of Initiatives are currently underway which include: - Victorian Planning Portal- A new portal has recently been delivered (<a href="http://www.planning.vic.gov.au">www.planning.vic.gov.au</a>) providing a gateway to planning information, services and tools. User needs analysis is progressing with additional functionality to be built between mid-2017 and mid-2018. - Interactive Planning Maps - An interactive platform available through the planning portal is being developed to replace static electronic maps by mid-2017. - Permits Online - In October 2016, a pilot online lodgement system was launched for permit applications where the Minister is the responsible authority. This system will be extended to include Environment Effects Statements and heritage permit applications in early 2018. The system provides greater transparency In process, improved efficiencies and the ability to monitor and track quality over time. - Planning Scheme Information Management system (PSIMS) - PSIMS is a digital platform to provide an online, interactive environment for all planning schemes. Migration of existing planning scheme information is planned for mid 2017. The system will be extended to provide local government functionality commencing early 2018. - Updating the State Planning Policy Framework - The first stage will soon be finalised which will include incorporation of updated policies including a refreshed Plan Melbourne. The second stage will focus on development of an integrated framework model which can be tailored to local schemes - this will commence in mid-2017. - Smarter Rules - An initial extension to VicSmart was approved in late March 2017, with additional changes planned for mid-2017. This will allow for additional permit classes to be fast tracked through the permit approvals process providing clearer rules and more efficient processes. - Reforming the Rules - The department will soon commence a review of zones, overlays and other planning controls found within the Victoria Planning Provisions. This review will look to refining content through efficiencies and removing redundant and duplicate content in existing controls. Final advice to the Minister for Planning is proposed in mid-2018.</p>			
<b>Updated action</b>	<p>Rec 3a: The department has provided an extensive range of education materials through the new online planning portal (implemented March 2017) including material regarding the operation of the VPPs as a whole and information relating to specific provisions found within it. DELWP has worked and will continue to work with PIA to improve the quality and quantity of PLANET courses delivered through its CPD program to Victorian Planners. Rec 3b: The department continues to provide technical support, information sessions and other forms of assistance associated with the operation of the Victoria Planning Provisions and State planning policy matters. The department from time to time undertakes targeted training and development to build planning practitioners capacity for complex state-wide amendments. The following are the most recent examples (last 12 months): - Implementation of the Bushfire Management Overlay - Smart Planning Program - Apartment Guidelines - Native Vegetation Ad Biodiversity Reforms - Solar Panels / Solar Farms Guidelines - Urban Stormwater Reforms - Infrastructure Contributions Planning Rec 3c: The department undertakes regular reviews of the Victoria Planning Provisions through the Internal Amendment Governance System. Coupled with the new Amendment Tracking System, the new approach to assessing amendments provides for better integration and assessment of a range of material quickly to help assess an amendments policy appropriateness at a state, regional and local level, ensure content is consistent with established statutory rules confirming the appropriateness of the strategic directions and/or conclusions of a given amendment for approval by the Minister or his delegate.</p>			
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (466 days to implement)	
<b>Audit year</b>	2016–17		<b>Audit name</b>	Managing Victoria's Planning System for land Use and Development
<b>Recommendation #4</b>	That DELWP introduce a risk-based approach to development assessment processes and guidance materials, by: <ul style="list-style-type: none"> <li>· developing clear, simple assessment pathways that ensure applications are progressed in a transparent way in proportion to the potential risk, impact and cost, and in accordance with</li> </ul>			

<p><b>Accept recommendation</b></p>	<p>community expectations · reviewing efficiency indicators to support the application of a risk-based approach.</p> <p>Yes</p>	<p><b>If no, explain</b></p>
<p><b>Planned action at tabling</b></p>	<p>...many of the planning system issues identified in the report will be addressed as part of the Victorian Government's Smart Planning Program, which aims to simplify and modernise Victoria's planning system over the next two years. Phase 1 'Improve' and Phase 2 'Reform' of the program is expected to be completed by mid 2018 and will directly deliver a range of outcomes associated with recommendations 1, 3 and 4 of the report. A number of Initiatives are currently underway which include: - Victorian Planning Portal- A new portal has recently been delivered (<a href="http://www.planning.vic.gov.au">www.planning.vic.gov.au</a>) providing a gateway to planning information, services and tools. User needs analysis is progressing with additional functionality to be built between mid-2017 and mid-2018. - Interactive Planning Maps - An interactive platform available through the planning portal is being developed to replace static electronic maps by mid-2017. - Permits Online - In October 2016, a pilot online lodgement system was launched for permit applications where the Minister is the responsible authority. This system will be extended to include Environment Effects Statements and heritage permit applications in early 2018. The system provides greater transparency In process, improved efficiencies and the ability to monitor and track quality over time. - Planning Scheme Information Management system (PSIMS) - PSIMS is a digital platform to provide an online, interactive environment for all planning schemes. Migration of existing planning scheme information is planned for mid 2017. The system will be extended to provide local government functionality commencing early 2018. - Updating the State Planning Policy Framework - The first stage will soon be finalised which will include incorporation of updated policies including a refreshed Plan Melbourne. The second stage will focus on development of an integrated framework model which can be tailored to local schemes - this will commence in mid-2017. - Smarter Rules - An initial extension to VicSmart was approved in late March 2017, with additional changes planned for mid-2017. This will allow for additional permit classes to be fast tracked through the permit approvals process providing clearer rules and more efficient processes. - Reforming the Rules - The department will soon commence a review of zones, overlays and other planning controls found within the Victoria Planning Provisions. This review will look to refining content through efficiencies and removing redundant and duplicate content in existing controls. Final advice to the Minister for Planning is proposed in mid-2018.</p>	
<p><b>Updated action</b></p>	<p>The recommendations have been implemented through: · Smarter Rules - The extension of the VicSmart process for low risk planning permit applications, which increased the proportion of eligible applications from 7% to 15%. · An updated Ministerial Direction on Form and Content and a new Victorian Planning Practitioner's guide, which ensure that changes to Local Planning Policy Frameworks are only done if necessary, are proportional to the intended outcome, apply the VPP in a proper manner and will only be approved if it is clear in achieving the intended land use planning outcome. · Developing code assessment pathways for permit types and decisions through Stage 3 of the Smart Planning Program (Transform). · Development of a new internal Planning Scheme Amendment triage assessment process to deliver a transparent, efficient approach to monitoring and maintaining quality assurance aspects of the planning system. The process applies a triage approach based on a risk assessment of each amendment through a three tiered governance approach. DELWP is monitoring the effectiveness and efficiency of the application of these reforms through several different ways: · All Planning Scheme Amendments are now proceeding via the new digitised Amendment Tracking Systems (ATS) which includes compliance with Ministerial Direction on Form and Content of Planning Schemes. · Monitoring the increased take up of the VicSmart process and increasing quality of submitted amendments through the following Budget Paper 3 measures: · Planning Scheme Amendments that are correct upon submission · Proportion of planning applications that proceed through the VicSmart process within 10 days · Further performance indicators for planning scheme amendments are being developed as part of the assessment pathway process, for completion by June 2019.</p>	
<p><b>Recommendation status</b></p>	<p>Complete</p>	<p><b>Date implemented/ due for implementation</b> Jul-18 (466 days to implement)</p>

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Planning System for land Use and Development
<b>Recommendation #5</b>	That DELWP strengthen accountability requirements for decisions by applying better-practice principles for discretionary decision-making and transparent public reporting, including publishing reasons for all planning decisions, and publishing advisory committee reports within three months of the committee handing its report to the Minister for Planning		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Phase 3 'Transform' of the program will assist with delivering outcomes associated with recommendations 2, 5 and 6 of the report. The department is currently scoping a business case for endorsement by government to be submitted by end of 2017 as part of its 2018-19 budget program. If successful this phase will undertake a review of the following, but not limited to: - the future role, function and operation of the Victoria Planning Provisions and the Planning and Environment Act 1987 to determine how best to adapt the system to a changing urban and geopolitical landscape - options for how continuous improvement of the system can be achieved in the most effective, transparent and cost effective manner possible - opportunities to further streamline existing regulatory processes, improve articulation of roles and responsibilities within the system as they relate to the management of planning schemes; - the ability for, and, capacity and transparency of decision-making by improving processes and addressing inefficiencies - opportunities for more effective monitoring and review framework aimed at measuring the performance of the planning system over time. A collaborative engagement approach is being undertaken to ensure the program delivers solutions that meet the needs and expectations of the community, government and industry. Stakeholders will have the chance to have their say, and help inform decision making throughout the program through online platforms such as Engage Victoria and face-to-face consultations. A high-level advisory group and various reference groups have been established to guide progress of the program.		
<b>Updated action</b>	Whilst the release of reasons for Ministerial decisions and advisory committee reports is a discretionary matter for the Minister for Planning, the department has developed administrative processes that request the appropriate permission to: a) enable the public release of reasons for planning decisions, and b) publish advisory committee reports within three months of it being provided to the Minister.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (254 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Planning System for land Use and Development
<b>Recommendation #6</b>	That DELWP work with councils to complete the performance measurement framework for the planning system so that it provides the relevant information and data at the state and local levels to assess the effectiveness of the planning system, measure the achievement of planning policies and support continuous improvement of the planning system through monitoring the effectiveness of reforms		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Phase 3 'Transform' of the program will assist with delivering outcomes associated with recommendations 2, 5 and 6 of the report. The department is currently scoping a business case for endorsement by government to be submitted by end of 2017 as part of its 2018-19 budget program. If successful this phase will undertake a review of the following, but not limited to: - the future role, function and operation of the Victoria Planning Provisions and the Planning and Environment Act 1987 to determine how best to adapt the system to a changing urban and geopolitical landscape - options for how continuous improvement of the system can be achieved in the most effective, transparent and cost		



<b>Updated action</b>	<p>effective manner possible - opportunities to further streamline existing regulatory processes, improve articulation of roles and responsibilities within the system as they relate to the management of planning schemes; - the ability for, and, capacity and transparency of decision-making by improving processes and addressing inefficiencies - opportunities for more effective monitoring and review framework aimed at measuring the performance of the planning system over time. A collaborative engagement approach is being undertaken to ensure the program delivers solutions that meet the needs and expectations of the community, government and industry. Stakeholders will have the chance to have their say, and help inform decision making throughout the program through online platforms such as Engage Victoria and face-to-face consultations. A high-level advisory group and various reference groups have been established to guide progress of the program.</p> <p>DELWP has investigated options for this agreed action through the implementation of a business case for the Transform stage of Smart Planning Program (SPP) for approval by Minister for Planning and endorsement by government. The agreed management action of considering options as part of SPP Stage Three (Transform) business case has been completed. Included in the Reforming Local Government Planning - Removing the Barriers is a work package to deliver a performance monitoring system enabling government to evaluate the performance of the planning system using accurate data. The business case for the SPP Stage Three was developed and partial funding of the full business case was approved for three years from 2018-19.</p>		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (254 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's planning system for land use and development
<b>Recommendation #2</b>	<p>That DELWP strengthen its approach to overseeing and continuously improving the planning system, by:</p> <ul style="list-style-type: none"> <li>· incorporating a requirement in the revised Victoria Planning Provisions for its regular review</li> <li>· facilitating the development of a technical committee to undertake regular reviews of the Victoria Planning Provisions and its content</li> <li>· reviewing the roles, responsibilities and guidance for undertaking and implementing local planning scheme reviews in a timely manner based on risk</li> <li>· strengthening the planning scheme amendment process by providing a robust check of the strategic justification of amendments and the legal basis for the chosen planning provisions at the authorisation stage</li> <li>· working with councils to ensure that existing planning controls for natural hazards, such as flooding, fire and erosion, are applied in all areas where they need to be to appropriately manage the risks</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	<p>DELWP agreed actions: Rec 2a: · To be considered as part of the 'Reform' phase of the Smart Planning Program to determine options and a preferred approach. · Any changes or establishment of ongoing review will require the Minister for Planning's endorsement and further budget allocation to support implementation. Rec 2b: * The department will continue to monitor, review and update the application of Bushfire Prone Areas and Bushfire Management Overlays maintaining bushfire mapping through both the planning and building systems. Rec 2c: · Subject to the 'Transform' phase of the Smart Planning Program outcomes which requires Minister for Planning endorsement and budget allocation. · Proposed changes may require policy endorsement of the Minister for Planning and may require legislative review process. Rec 2d: · Subject to outputs from the development from the Planning Scheme Information Management System (PSIMS) platform developed through the 'Reform' phase of Smart Planning Program. · Department to investigate opportunities to reprioritise and refine existing processes to provide emphasis at the authorisation stage of the amendment process to improve efficiency. · Implementation may be subject to Minister for Planning endorsement and further budget allocation. Rec</p>		

	2e: · The department will continue to monitor, review and update the application of Bushfire Prone Area and Bushfire Management Overlay maintaining bushfire mapping through both the planning and the building system.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (740 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #4</b>	That DELWP analyse public participation data and promulgate better practice public participation case studies, guidance and training		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	LGV will develop best practice guidance and a web based repository of best practice examples after the completion of the review of the Local Government Act 1989.		
<b>Updated action</b>	In responding to the AG's recommendations, it was anticipated that a new Local Gov Act containing community engagement practice prescriptions would have been passed by Parliament. The new Act would have formed the basis for developing best practice guidance. The Local Gov Bill being considered by Parliament has lapsed. Subject to subsequent gov decisions on reforming the Local Government Act 1989, guidance in line with any future Act will be developed. Should reforms not proceed, best practice guidance to support actions by councils will be developed. 2: Analysis of Community Satisfaction Survey results is completed each year by LGV following the release of the State-wide report. 3: The Local Gov Performance Reporting Framework was reviewed and changes supported by the LGPRF Steering Committee. A LGPRF Strategic Directions Paper which proposes to maintain the existing 'satisfaction with community consultation and engagement' indicator, was subsequently endorsed by the Min for LG.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #3</b>	That DELWP develop a comprehensive public participation policy or framework that establishes: · an operating model for public participation in each agency, including the required resources, governance and oversight arrangements · the mandate, priorities, responsibilities and mechanisms for collaboration for public participation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. Formation of a cross-department working group that will review existing process, policies and documentation to understand the needs to support public participation at DELWP. 2. Research public participation frameworks and policies that represent good practice. 3. Work collaboratively with Department of Premier and Cabinet (DPC) to ensure DELWP's policy direction supports and delivers against the overarching DPC framework. 4. Participatory process across DELWP to develop a public participation framework or policy. 5. Approve and publish the framework or policy.		
<b>Updated action</b>	VAGO Public Participation Working Group (cross-department working group) formed November 2017. The group oversaw two reviews, an Internal Practice Review and a Leading Practice Review. DELWP and DPC have collaborated to ensure DELWP's framework aligns with the Whole of Government Public		



	Engagement Vision. Co-design process was used to develop the Framework including an internal Engage Victoria site on the draft framework. Following the development of the framework a draft operating model was completed. Senior Executive Team Committee Customer and Stakeholder Sub-committee was established in September 2018 to provide governance and oversight. The draft framework and operating model will go to DELWP's Senior Executive Team before 31/12/18.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-19 (632 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #4</b>	That DELWP provide their staff with guidance about governance and oversight of public participation activities, information on capability development, access to public participation expertise and monitoring, and evaluation mechanisms		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. Formation of a cross-department working group that will review existing process, policies and documentation to understand the needs to support public participation at DELWP. 2. Prepare options paper to support guidance in undertaking public participation with community stakeholders, and understand what systems would best support the Department. 3. Develop and implement the preferred option providing the appropriate level of guidance and systems.		
<b>Updated action</b>	Two reviews have been completed, an Internal Practice Review and a Leading Practice Review. During the co-design process of the framework, training, mentoring and networks were identified as a key area of focus as well as guidance and tools to support planning, delivery and evaluation. A Guidance and Options paper have been completed and identify priority areas for implementation. The Senior Executive Team Committee Customer and Stakeholder Sub-committee was established in September 2018 to provide governance and oversight. Community Partnerships and Engagement Support Unit in Forest, Fire and Regions Group have adapted its service model to increase support and advice across the department and work with other engagement experts.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (691 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #5</b>	That DELWP establish a single source of information to allow for monitoring and reporting of public participation activities across the whole agency		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. This recommendation will be undertaken in conjunction with the actions responding to recommendation 4. 2. Undertake needs analysis across the department 3. If an information management system is identified through the needs analysis process it will be operational by December 2018		
<b>Updated action</b>	A single source of information has been delivered with the use of Engage Victoria (EV). EV provides DELWP with a central point to monitor engagement activities and ensure that good engagement process, eg feedback reports, occurs. From Nov 16 – Nov 18, DELWP contributed to approximately one third of all activities across the Victorian Government. EV enables DELWP to monitor and report on activity. The EV reporting includes (figures are from November 2016 – November 2018): * Visitation ie. 17,532		

	<p>contributors and 23,072 unique contributions * Conversion of visitors to active participants i.e. 13.3% 2 actions or more performed * Type of participation i.e. 96.6% contributed through a survey or form process * Total number of projects to date, active projects at the point of time of report i.e. 63 total, 4 open, 45 active and 14 closed * Participation and visitation levels across individual projects. A dashboard has been developed to provide quarterly reporting to the newly-formed Customer &amp; Stakeholder Committee. It incorporates EV data, reporting on the implementation and effectiveness of the Engagement Framework and spatial data. Further actions that DELWP has delivered in support of Recommendation 5 are: * A DELWP-wide review of engagement needs was completed in Jan 18. * In Feb 18, DELWP's Senior Executive approved a pilot to test a Relationship Management System (RMS). The pilot will be completed in Dec 18, with the preferred system operational by June 19. * A desktop analysis and feedback from other government departments on RMSs was completed between Feb – Nov 18. * A Customer and Stakeholder Committee Subcommittee of DELWP's Senior Executive Team was established in September 2018 to drive improvements in our stakeholder engagement. * Development of an online portal, a single source of information for staff, is underway and will include engagement guidance and resources.</p>		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (570 days to implement)
<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #6</b>	That DELWP evaluate and review the effectiveness of their public participation training program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. A cross-department working group supported by workforce capability will review existing and future training needs to understand the capability and capacity requirements of DELWP 2. Develop a capability and capacity framework that explores effective and innovative ways of supporting engagement practice.		
<b>Updated action</b>	A single source of information has been delivered with the use of Engage Victoria (EV). EV provides DELWP with a central point to monitor engagement activities and ensure that good engagement process, eg feedback reports, occurs. From Nov 16 – Nov 18, DELWP contributed to approximately one third of all activities across the Victorian Government. EV enables DELWP to monitor and report on activity. See attachment A for further information on reporting.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (387 days to implement)
<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #7</b>	That DELWP clarify and be consistent in all messaging regarding the purpose of public participation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This recommendation will be undertaken in conjunction with the actions responding to recommendations 3, 4, and 6.		
<b>Updated action</b>	The EV reporting includes (figures are from November 2016 – November 2018):		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-19 (632 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #8</b>	That DELWP provide feedback to stakeholders about how their input has been used		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This recommendation will be undertaken in conjunction with the actions responding to recommendations 3, 4, and 6.		
<b>Updated action</b>	* Visitation ie. 17,532 contributors and 23,072 unique contributions		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-19 (632 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #9</b>	That DELWP where there are externally imposed time constraints, plan realistic public participation activities to suit the time available		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. This recommendation will be undertaken in conjunction with the actions responding to recommendations 3, 4 and 6. 2. Develop a leaders program that promotes understanding of public participation so that leadership can support good practice engagements.		
<b>Updated action</b>	* Conversion of visitors to active participants i.e. 13.3% 2 actions or more performed		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (782 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #1</b>	In collaboration with key state and local government agencies, develop and advise government on mechanisms that will support them to: <ul style="list-style-type: none"> <li>· participate effectively in the precinct structure planning process;</li> <li>· integrate precinct structure planning proposals into their planning and delivery processes</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP In collaboration with key .state and local government agencies will: <ul style="list-style-type: none"> <li>- clarify the roles and responsibilities of agencies during each stage of the PSP process and seek government approval -</li> <li>- develop proposals for integrated Infrastructure and service delivery to support the implementation or PSPs for consideration by government. (see VAGO recommendation 7)</li> </ul>		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #2</b>	Develop guidelines that clarify the concept of 'timely' provision of services and infrastructure for new communities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP, in conjunction with the VPA and councils, will clarify the concept of 'timely' provision of services and infrastructure for new communities and seek government approval of this. This will inform DELWP's review and update to the Precinct Structure Planning guidelines.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #3</b>	That DELWP, in conjunction with the Victorian Planning Authority and Department of Health and Human Services, monitor the effectiveness of the precinct structure planning process for health precincts		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP In conjunction with the VPA and the DHHS will: - review the effectiveness of the structure planning processes for health precincts and update the PSP guidelines to include planning for health precincts - review planning provisions for health precincts to support their continued effective operation and expansion (as outlined in Action 6 of the Plan Melbourne 2017-2050 Implementation Plan). The outcomes of these reviews will be considered as part of Plan Melbourne's overall monitoring and reporting framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-23

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #4</b>	Assess the implementation outcomes of existing precinct structure plans to continuously improve the process		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will work with the VPA, councils, Department of Economic Development, Jobs, Transport and Resources, DHHS and the Department of Education and Training to: - undertake an independent assessment of the outcomes of the existing precinct structure plans in consultation with growth area councils, communities and the development industry. The learnings from this process will inform		

<b>Updated action</b>	updates to the PSP guidelines. - establish an ongoing monitoring, evaluation and reporting framework for PSPs . The outcomes of this work will be considered as part of Plan Melbourne's overall monitoring and reporting framework.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Follow-up of selected 2012-13 and 2013-14 Performance Audits: Managing Victoria's Native Forest Timber Resources
<b>Recommendation #2</b>	Undertake a comprehensive forest management zoning review as a priority action to better inform its sustainable forest planning and management		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The recent agreement between the Victorian and Australian governments to a two-year process to modernise the state's Regional Forest Agreements (RFAs) provides a timely basis to consider the zoning scheme as part of the Comprehensive, Adequate and Representative reserve system which forms a cornerstone of these agreements.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-21

<b>Audit year</b>	2017–18	<b>Audit name</b>	Follow-up of selected 2012-13 and 2013-14 Performance Audits: Managing Victoria's Native Forest Timber Resources
<b>Recommendation #3</b>	Lead the coordination and development of a clear goal for state forest management in collaboration with the Department of Economic Development, Jobs, Transport and Resources		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP also welcome's the report's recommendation that it lead the coordination and development of a clear goal for state forest management in collaboration with DEDJTR. As with the first recommendation, DELWP considers the best way to provide a basis for leading work to set forest management goals is through the RFA modernisation process. This process will include updating scientific assessments of forest values and engaging with the community.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
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<b>Recommendation #1</b>	Appoint a team of suitably qualified and experienced professionals to form a collaborative disaster recovery working group to: · provide advice and technical support; · share lessons learnt based on disaster recovery tests and exercises; · coordinate disaster recovery requirements for resources shared between agencies; · identify, develop, implement and manage initiatives that may impact multiple agencies; · coordinate funding requests to ensure critical investments and requirements are prioritised		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (732 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #2</b>	Perform a gap analysis on their disaster recovery requirements and resource capabilities to determine the extent of the capability investment that will be required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (579 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
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<b>Recommendation #3</b>	Develop disaster recovery plans for the systems that support critical business functions and test these plans according to the disaster recovery test program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #4</b>	Provide advice and training to staff on: · newly developed frameworks, policies, standards and procedures to increase awareness and adoption as needed; · specific disaster recovery systems		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #5</b>	Establish system obsolescence management processes to: · identify and manage systems at risk of becoming obsolete, those that will soon have insufficient support or those that will be difficult to manage when they become obsolete; · enable strategic planning, life-cycle optimisation and the		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	development of long-term business cases for system life-cycle support; · provide executive with information to allow risk-based investment decisions to be made.
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (702 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #7</b>	Update its business impact analysis to identify: · system dependencies for critical business functions; · requirements for the system recovery time objective and recovery point objective		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	A project to review the department's information assets (Information Review Project) has identified and assessed the availability requirements for all its critical assets and recorded those requirements in its Information Asset Register (IAR). It has also assessed and recorded the business impact should an asset not be available using the BIL tool developed under the Victorian Protective Data Security Framework (VPDSF). The project is recording recovery time objectives and recovery point objectives for the department's critical business systems in its IAR. This project is scheduled for completion in June 2020 as part of the department's Protective Data Security Plan (PDSP). The PDSP is a requirement under the VPDSF, which includes the implementation of standards-based controls to ensure system availability. The VAGO findings have been combined with complimentary recommendations from a 2019 internal audit of the department's IT disaster recovery planning. The department has developed a structured program of work under its Cyber Security Program to further strengthen DR. This will ensure DR becomes part of the department's overall ICT risk management strategy.		



<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20
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<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #8</b>	Determine a recovery strategy for systems that support critical business functions.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP has begun an assessment of its ICT assets (including systems) under its ICT Criticality Framework. This framework measures the critical nature of its assets in relation to the risks of them not being available. We believe that this approach will clarify the extent of DELWP's critical ICT assets and how they are being managed. The initial results of the assessment points to approximately 60 critical assets. DELWP would welcome the opportunity to further respond to the audit's findings once we have concluded our own assessment. DELWP accepts those recommendations that relate to it, and notes the issues identified in the report will be addressed by the criticality assessment of our ICT assets and the strategy that will be developed in response to its findings. DELWP expects to complete the assessment and the evaluation of the results by the end of December 2017. Its ICT Committee will oversee the implementation of the resulting strategy during 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Improving Victoria's Air Quality
<b>Recommendation #5</b>	Clarify the roles and responsibilities of relevant Victorian Government agencies with respect to air quality management, and develop protocols to ensure accountabilities are understood and coordination is achieved		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will act as the lead agency to implement this recommendation. DELWP will work with EPA and relevant agencies, including the local government sector, to ensure roles, responsibilities and processes for air quality management are clear and documented, and facilitate effective coordination and consultation.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided (633 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP is currently finalising its tender for the provision of internal audit services. Appropriate performance measures will be adopted for the internal audit provider.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #3</b>	DELWP, DPC and DTF clearly define the role and responsibilities of the CAE in the nominated officer's position description		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The role of the Chief Audit Executive will be defined in the nominated officer's position description.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-18 (235 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #4</b>	DEDJTR, DELWP, DJR and DPC schedule regular meetings, at least quarterly, between the CAE and the Secretary to provide the opportunity to discuss strategic objectives and emerging risks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP supports providing a regular opportunity for the CAE to meet with the Secretary to discuss strategic objectives and emerging risks. Meetings have been scheduled.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #5</b>	DELWP, DHHS, DJR, DPC and DTF complete a self-assessment of compliance with the International Standards for the Professional Practice of Internal Auditing (the IIA Standards), consistent with the adoption of the IIA Standards in their internal audit charters, and report the results and action plans to address gaps to the audit committee, and conduct future assessments annually		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DELWP is currently finalising its tender for the provision of internal audit services. An assessment of compliance with the IIA Standards will be completed upon the appointment of the outsourced provider.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (783 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #6</b>	DELWP, DJR, DPC and DTF conduct an external quality assurance review of internal audit, consistent with the adoption of the IIA Standards in their internal audit charters, report the results to the audit committee and conduct future assessments at least every five years		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP is currently finalising its tender for the provision of internal audit services. As part of the contract negotiations, DELWP will include a requirement for an external quality assurance review of internal audit in accordance with the IIA Standards.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #8</b>	DELWP, DET, DHHS and DTF improve assurance mapping to include all sources of assurance and an assessment of the adequacy of risk coverage to provide the audit committee with a comprehensive view of the level of assurance		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will include assurance mapping as part of the update of the department's internal audit plan for 2018 - 2019.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #9</b>	DEDJTR, DELWP, DHHS, DPC and DTF provide an annual report on internal audit performance to the audit committee detailing internal audit activity, achievements, and opportunities for improvement and performance against agreed measures, as required by the Standing Directions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DELWP currently provides an annual report to its Risk and Audit Committee. This will be reviewed to ensure it aligns with the recommendations from the audit.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will provide an annual report on internal controls to the Risk and Audit Committee.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #4</b>	Identify their economic development guidance and training needs, and then provide or facilitate access to appropriate resources		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will provide support to Regional Development Victoria to identify councils' needs in regard to further economic development guidance and training, and to identify additional resources required.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (389 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #5</b>	Identify and collect relevant information for planning and reporting on economic development-including completion of Local Government Victoria's ongoing work with the Economic Development Australia Victorian State Practitioners Network		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A review of the Local Government Performance Reporting Framework indicators will be undertaken to determine the feasibility and value of including economic development indicators. This review will be reported to the Minister for Local Government for consideration by 30 November 2018.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (389 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #3</b>	Review and update the government's land management policies in light of the introduction of Land Use Victoria's new policy to ensure consistency in how the agencies understand public value in relation to their landholdings		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will examine the Victorian Government Strategic Crown Land Assessment Policy to determine the extent and scope necessary to align with the Victorian Government Land Use Policy and Guidelines. The outcomes of the review will inform updates where appropriate. DELWP will advise DTF on potential areas of refinement within the Victorian Government Landholdings Policy and Guidelines and the Victorian Government Land Sales Financial Framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #4</b>	Introduce a wider range of land utilisation categories to the Victorian Government Landholding Policy and Guidelines and develop guidance to support agencies to accurately and consistently categorise their landholdings		
<b>Accept recommendation</b>	Not provided	<b>If no, explain</b>	Not provided
<b>Planned action at tabling</b>	DELWP will support DTF to review land utilisation categories under the Victorian Government Landholding Policy and Guidelines. DELWP has commenced work with landholding agencies to develop a broader understanding of land use to inform better decision-making processes, guided by the Victorian Government Land Use Policy and Guidelines (refer to recommendation 7)		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #5</b>	Develop a policy to support agencies to identify leasing and other interim land use opportunities for under-utilised land		
<b>Accept recommendation</b>	Not provided	<b>If no, explain</b>	Not provided

<b>Planned action at tabling</b>	DELWP will lead work to explore interim land use opportunities, including leasing, to identify more efficient and effective use of the asset where it is being held for a future service delivery need, is under-utilised, available for shared use or unsaleable. DELWP will engage with DTF throughout this process, and support DTF in their intended guidance on leasing.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #6</b>	Review the first right of refusal process in light of Land Use Victoria's new policy to achieve best value from surplus government land, including revising existing time frames		
<b>Accept recommendation</b>	Not provided	<b>If no, explain</b>	Not provided
<b>Planned action at tabling</b>	DELWP will work with DTF, landholding agencies and Councils to review timeframes and associated guidance for the first right of refusal (FROR) notification and negotiations process. DELWP has already commenced actions to make the FROR process more efficient and increase participation across government.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #7</b>	Develop and incorporate land use datasets into the Government Land Information Service (Govmap)		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will work together with landholding agencies to review the approach to evaluating and determining land use agencies' portfolios to develop a framework to help agencies most efficiently use their land portfolio and maximise whole-of government public value. DELWP will seek to make this data more accessible across government		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (633 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #8</b>	Develop guidance on how to gain the best value from surplus Crown land, including contaminated and low-value sites		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will review its surplus Crown landholdings to better understand the barriers and limitations for alternative use or disposal. This work will inform guidance to unlock public value from these assets.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (633 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #9</b>	Work with the Environment Protection Authority to assess the risks posed by contaminated surplus sites, and remediate these where necessary		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will deliver a staged response. Stage1 - DELWP will review and revise existing frameworks to manage DELWP's contaminated land portfolio to improve and prioritise remediation outcomes based on risk to human health and environment. This work will inform a risk-based strategy and long-term framework to manage DELWP's contaminated land portfolio and increase its public value. Stage 2 - DELWP will assess the highest risk contaminated sites in DELWP's portfolio to better understand and address public health and safety, and environmental concerns. Assessment of high risk sites will be ongoing, subject to available funding.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #10</b>	Address the reasons for the increasing time taken for Strategic Crown Land Assessments		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will review the efficiency of the Strategic Crown Land Assessment (SCLA) process and identify drivers and barriers. The outcomes of this review will inform agreed guidance to mitigate issues that have been identified and address the increasing time taken for SCLAs. DELWP will implement the guidance to complete SCLAs within a 90-day timeframe.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
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<b>Recommendation #11</b>	Develop a strategy for the sale of low-value Crown land sites, to simplify the current process and ensure that these sales are beneficial		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will review the land sales process and associated costs for land it has authority to sell, to identify potential opportunities for efficiencies. This work will inform a strategy to guide management and disposal practices.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (633 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #12</b>	Develop a methodology to assess the costs and benefits of the sale of surplus land, including an accurate understanding of recurrent holding costs associated with retaining surplus land and an assessment of the non-financial benefits of sales		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Given the majority of DELWP's land is Crown land, DELWP's response to recommendation 11 will inform a methodology to assess cost and benefits of the sale of surplus land which it has authority to sell.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (633 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #13</b>	Ensure that sites are offered to other government agencies through consistent application of the First Right of Refusal process		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will continue to administer and participate in the First Right of Refusal process to ensure consistent application.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (633 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #1</b>	Improve its knowledge of coastal hazards and its oversight of coastal asset management across the state by: <ul style="list-style-type: none"> <li>· compiling and maintaining a state-wide inventory of state, regional and locally significant coastal</li> </ul>		



	assets on Crown land and their condition using consistent ratings; · supporting and overseeing committees of management to align their asset management practices with key elements of Victoria's Asset Management Accountability Framework and their risk management practices with AS/NZS ISO 31000:2009 Risk management- Principles and guidelines; · addressing gaps in coastal hazard data and knowledge of risks to coastal assets across the state, and communicating this information and any tools developed to coastal managers to help them guide local risk-based asset management		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP is currently creating a database to collate coastal asset data. DELWP will strengthen its oversight, of coastal asset management and support of coastal land managers to ensure asset management practices align with Victoria's Asset Management Accountability Framework. DELWP has commenced the Victorian Coastal Monitoring Program to improve its knowledge of risks to coastal assets. This information will be shared with coastal land managers.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #2</b>	Strengthen oversight of Victoria's coastal managers, by extending and adequately resourcing its oversight role to cover the management of all public coastal areas and: · clarifying the coastal asset management roles and responsibilities of the Department of Environment, Land, Water and Planning, and committees of management under the Crown Land (Reserves) Act 1978, the functions and the performance measures they will be held accountable for, and holding them accountable; · providing guidance to support coastal managers' decisions about where and when it is appropriate to use different climate change response options-protect, adapt, relocate or decide not to renew assets-and additional support on coastal hazard and risk assessment to those managers with limited capability and/or resources		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will clarify coastal asset management roles and responsibilities of DELWP and coastal land managers including accountabilities and performance measures and articulate this in future marine and coastal policy and strategy. The Great Ocean Road Taskforce has been convened to review the effectiveness of the governance and management arrangements along the Great Ocean Road and make recommendations on governance reforms. DELWP will implement Victoria's Climate Change Adaption Plan 2017-20 and review how land use policies and provisions can be improved to better deal with natural hazards.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #3</b>	Develop a sustainable funding model to guide the effective resourcing of coastal managers, including: · developing a coast-wide understanding of the cost and skills required to manage and maintain significant coastal assets to the levels of service needed to support their function; · appointing the most appropriate		

	skilled and resourced coastal manager under the Crown Land (Reserves) Act 1978 based on this understanding; · implementing the coastal accounting framework once developed and requiring coastal committees of management to adhere to it		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will develop a better understanding of the costs associated with the management and planning of coastal assets and land through the Financing the Coast Project currently underway and a review of fees and charges. DELWP is piloting a project to simplify the management of coastal Crown land and improve the links between capacity, resources and the responsibilities of coastal Crown land managers. Informed by this work DELWP, will explore sustainable funding models to guide the effective resourcing of coastal managers.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-22

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	Address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: · identifying all the assets they are responsible for; · using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP is currently creating a database to collate coastal asset data. DELWP will work with coastal land managers to improve asset management practices and will develop and implement new guidance materials for coastal land managers to assess and manage risk to coastal assets. Guidance material currently being prepared include the adoption and implementation of a coastal infrastructure decision making framework and the Coastal Protection Structures Visual Condition Assessment Manual. DELWP has commenced the Victorian Coastal Monitoring Program to improve its knowledge of risks to coastal assets. The information gathered from these programs will be used to inform asset management priorities and strategically target asset funding. 5. Assess the risks that coastal inundation and erosion hazards DELWP accepts		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (429 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	Assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: · documenting the considerations, assessments, analysis and decisions that their assessments involve; · using available information to regularly review risks and monitor changes in risk ratings over time; · introducing triggers and monitoring information into their asset management and/or climate change activities as		

	appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DELWP will build the capacity and expertise in DELWP and partner agencies to provide ongoing advice to coastal land managers on coastal erosion and flooding hazards. Filling a recognised knowledge gap in Victoria regarding risks from erosion hazards along the coast. This will include strengthening the state wide process to consistently apply AS/NZS ISO 31000:2009 and better document the considerations, assessments, analysis and decisions as part of risk assessment processes in the management of coastal assets and in the implementation of adaptation measures. DELWP will strengthen its guidance and support to Coastal land managers to assess climate change risks from coastal inundation and erosion hazards across their coastal asset portfolios and share findings from the Victorian Coastal Monitoring Program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

## Department of Health and Human Services

<b>Audit year</b>	2015–16	<b>Audit name</b>	Bullying and Harassment in the Health Sector
<b>Recommendation #13</b>	That WorkSafe, the Victorian Public Sector Commission and the Department of Health and Human Services share existing and new data and knowledge to better identify the risk of inappropriate behaviour including bullying and harassment and provide support to health sector agencies with poor safety cultures.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department is currently undertaking work with WorkSafe to share knowledge and data on OHS risks such as bullying and harassment to better identify trends and gaps. The department has also engaged with VPSC to better utilise the resources and value of the People Matter Survey results. The department will continue to work with WorkSafe and VPSC to share data regarding the prevalence and trends related to bullying and harassment risk across Victoria's health system and in particular capitalise on the additional modules that VPSC have developed that will provide further information on wellbeing, diversity and inclusion and sexual harassment and routine indicators of the culture within health services. As part of the department's strategy training for health service managers will be developed to ensure they have the tools to intervene early in appropriate behaviour, build a culture of trust and better manage bullying and harassment by helping staff to raise issues and follow investigations processes.		
<b>Updated action</b>	* A Customer and Stakeholder Committee Subcommittee of DELWP's Senior Executive Team was established in September 2018 to drive improvements in our stakeholder engagement.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (800 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Bullying and Harassment in the Health Sector
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<b>Recommendation #14</b>	That WorkSafe, the Victorian Public Sector Commission and the Department of Health and Human Services develop, in collaboration with health sector agencies and relevant parties such as specialist colleges, an effective sector-wide policy framework, principles and approaches to building positive workplace culture and respectful relationships.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will collaborate with health services, WorkSafe, VPSC, professional colleges, unions and associations to develop a sector wide approach, including a common 'compact' for appropriate behaviour, principles and an organisational framework to guide the consistent prevention and response to bullying and harassment. This will form a key part of the department's work to drive a culture of safety and respect within health services. As part of building positive culture, the department will work with health services to implement improved reporting mechanisms that encourage staff and managers to report inappropriate behaviour, including bullying and harassment and take appropriate action, including the use of an independent complaints process.		
<b>Updated action</b>	* Development of an online portal, a single source of information for staff, is underway and will include engagement guidance and resources.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (1104 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Bullying and Harassment in the Health Sector
<b>Recommendation #15</b>	That WorkSafe, the Victorian Public Sector Commission and the Department of Health and Human Services, support the boards of health sector agencies to understand their responsibilities and requirements for managing inappropriate behaviour including bullying and harassment under the Occupational Health and Safety Act 2004, so that public health sector staff receive the highest practicable level of protection.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will work with WorkSafe and the VPSC to ensure all health service boards receive education regarding their obligations in relation to occupational health and safety risk and managing inappropriate behaviour and bullying and harassment. The department will work with WorkSafe and VPSC to support health service boards to better understand the reported data to identify prevalence and indicators of poor culture and risk of bullying and harassment. As part of the department's strategy, it will continue to hold health service boards to account for applying a risk management approach to reduce the risk of bullying and harassment and take strong action where these expectations are not met. In 2016, the department will require health service management to demonstrate the implementation and evaluation of strategies that promote workplace culture, prevent bullying and harassment and apply mediation strategies where poor workplace culture has been exhibited.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (435 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Bullying and Harassment in the Health Sector
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<b>Recommendation #16</b>	That WorkSafe, the Victorian Public Sector Commission and the Department of Health and Human Services develop and promote a set of indicators that can collectively be used by the boards of health sector agencies to benchmark positive culture and monitor and reduce the risk of inappropriate behaviour, including bullying and harassment.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will work with WorkSafe and the VPSC to develop system wide indicators and an approach for collection and dissemination of information at an organisational and system level.		
<b>Updated action</b>	DHHS has implemented mandatory People Matter Survey modules including core, wellbeing, sexual harassment and diversity and inclusion from 2016. This data is collected by VPSC and shared with the department who benchmark as well as compare to identify health services that require further work within the performance monitoring framework. Indicators being collected by health services through the People Matter Survey and Worksafe claims are being benchmarked and reported back to health services. CEO and Board forum was held in August 2018 to further focus on strategies to address bullying and harassment and included indicators. Draft indicators have been developed in consultation with the Ministerial advisory group and initial consultation has occurred with the sector CEOs. Further consultation will take place early 2019 with the aim to roll out indicators to commence 1 July 2019. The indicators align with those recommended by Worksafe under their Leading the Way report.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (1104 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
<b>Recommendation #2</b>	That agencies implement a documented and consistent approach to verify that they have adequately addressed the requirements of the Department of Treasury and Finance's Investment Lifecycle and High Value/High Risk Guidelines for government-funded capital projects.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will review and improve internal processes as they relate to quality control over the content of documents developed for projects, ensuring the intent of the guidelines.		
<b>Updated action</b>	DHHS has changed processes for High Value High Risk projects to align the project documentation and business case development with the DTF Gateway Process. Each High Value High Risk project is assessed and where it is deemed appropriate the project is put through the DTF Gateway process.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (1123 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #1</b>	That the Department of Health and Human Services, as a matter of priority, reviews, updates and complies with its 2011 Adverse Events Framework, including incorporating a robust data intelligence strategy.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Safer Care Victoria is now leading the development of a broader framework to ensure that a contemporary and best-practice approach to the management of incidents and adverse events. This includes the development of a toolkit for Health Services		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #2</b>	That the Department of Health and Human Services, as a matter of priority: implements an effective statewide clinical incident reporting system.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Further work is underway to establish a next-generation incident reporting system by 1 June 2018. Until this date, interim options will maintain Victorian Agency for Health Information, Safer Care Victoria and the department's system management role. In May 2017, health service CEOs were advised of the decision to cease pilot upgrade of VHIMS2. Advice was provided to CEOs in June 2017 of interim reporting arrangements to come into effect post-September 2017, whilst the long-term solution was being developed, which is expected to come into effect on 1 June 2018.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (892 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #3</b>	That the Department of Health and Human Services, as a matter of priority: aggregates, integrates and systematically analyses the clinical incident data it receives from different sources.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will develop an upgraded data intelligence strategy that will detail sources of data collection, analysis and feedback processes. This work will also include: · developing a comprehensive portfolio of patient safety and quality assurance indicators to be developed and included in the Performance Monitoring Framework. · Expanding data analytic capability for quality and safety reporting quarterly through PRISM.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-17 (374 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
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<b>Recommendation #4</b>	That the Department of Health and Human Services, as a matter of priority: implements a process for health services to report both sentinel events and an absence of sentinel events.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will undertake a review of sentinel events over the past 5 years and will implement a sentinel event process review which delivers a best practice reporting approach for sentinel events.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-17 (527 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #5</b>	That the Department of Health and Human Services, as a matter of priority, promptly disseminates lessons learnt from sentinel events to health services.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Develop a web presence to report sector-wide lessons learnt from reviews of sentinel events in health services.		
<b>Updated action</b>	Three key improvements have been implemented: (i) The Sentinel Event program has been improved to strengthen the quality of the recommendations, to be shared, arising from RCAs (ii) The Safer Care Victoria website has been developed to allow timely 'alerts' to be shared with health services in real time. (iii) The annual Sentinel Event Report for sharing lessons learned has been published and is now up-to-date, see <a href="https://bettersafecare.vic.gov.au/reports-and-publications/scv-annual-report-2017-18">https://bettersafecare.vic.gov.au/reports-and-publications/scv-annual-report-2017-18</a>		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (618 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #6</b>	That the Department of Health and Human Services, as a matter of priority: includes meaningful indicators in its performance assessment score, such as morbidity and mortality rates.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Review and develop a meaningful suite of indicators (see 3, above), with expert input from the Patient Safety Advisory Committee to measure patient		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-17 (465 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
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<b>Recommendation #7</b>	That the Department of Health and Human Services, as a matter of priority, shares patient safety data with other government agencies that have a stake in improving patient safety.	
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>
<b>Planned action at tabling</b>	Develop MOUs and/or protocols with the following agencies regarding the sharing of patient safety data: - Victorian Managed Insurance Agency* - Worksafe - Office of the Health Service Commissioner - Office of the Mental Health Complaints Commissioner - Office of the Chief Psychiatrist - Other relevant research bodies as appropriate, for example the Institute for Safety, Compensation and Recovery Research * MOU with VMIA to enable data linkage regarding sentinel events is currently in development, anticipated to be signed April 2016. Full roll out of new clinical incident reporting system will enable sharing of data with agencies as per agreements.	
<b>Updated action</b>	Agreements have been established with a number of key government & statutory bodies to enable information sharing (e.g. AHPRA) and the Victorian Managed Insurance Agency (VMIA). Work has commenced to develop such an agreement with the Health Complaints Commissioner (HCC). VAHI, SCV and DHHS regularly meet with a range of government agencies to discuss patient safety issues both individually and collectively. These meetings are both formal and informal, the latter sometimes triggered by a patient safety concern requiring multi - agency engagement/ escalation. SCV provides State representation to the Australian Commission Safety and Quality's Inter Jurisdictional Committee (IJC) and is the conduit for elevating and responding to system patient safety issues. VAHI provides the State representation to the Strategic National Health Information Committee. Internally, DHHS has established a board subcommittee to review, monitor and respond to system safety and quality issues (QSES).	
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b> Dec-17 (618 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #12</b>	That the Department of Health and Human Services, as a matter of priority, in collaboration with health services, improves training in incident investigations, including comprehensive root cause analysis, in-depth case review training programs and review of lower severity incidents.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Safer Care Victoria will develop an expanded and more ambitious range of incident analysis options with associated training content and support tools. These options include London Protocol and Accimap.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (1165 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Patient Safety in Victorian Public Hospitals
<b>Recommendation #13</b>	That the Department of Health and Human Services, as a matter of priority, reviews its 2011 Victorian health incident management policy and associated guide, including developing guidance on evaluating the effectiveness of recommended actions from investigations.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	



<b>Planned action at tabling</b>	The Department will develop guidelines for health services regarding the evaluation of actions taken in response to investigations.		
<b>Updated action</b>	The SCV Academy, a multidisciplinary group of experts in incident review, human factors and systems safety has been established. See <a href="https://bettersaferecare.vic.gov.au/news-and-media/meet-the-scv-academy">https://bettersaferecare.vic.gov.au/news-and-media/meet-the-scv-academy</a> SCV has recently launched the Panel of External Expert Reviewers (PEER), see <a href="https://bettersaferecare.vic.gov.au/news-and-media/join-peer-to-help-health-services-learn-from-incident">https://bettersaferecare.vic.gov.au/news-and-media/join-peer-to-help-health-services-learn-from-incident</a> , as a new resource for health services seeking independent, expert reviewers SCV has also revitalised the Sentinel Event Program, see <a href="https://bettersaferecare.vic.gov.au/our-work/incident-response/sentinel-events">https://bettersaferecare.vic.gov.au/our-work/incident-response/sentinel-events</a> National and international bench marking of incident management policies and frameworks is complete. A new overarching incident management policy has been drafted. Recruitment for a full-time senior project officer to complete this work has commenced.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (1287 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Board Performance
<b>Recommendation #3</b>	That DHHS support boards to fulfil, and seek assurance from boards that they are fulfilling, their obligations to: <ul style="list-style-type: none"> <li>· complete regular performance reviews of the whole board and individual directors</li> <li>· declare and record conflicts of interests at every board meeting</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will send letters to all boards requesting assurance that the board is regularly assessing itself, including its skills and/or skills gaps, as well as ensuring that all and possible conflicts of interests are declared at the start of every meeting and the board is adhering to the department's annual Declaration of Private Interest's process.		
<b>Updated action</b>	* In Feb 18, DELWP's Senior Executive approved a pilot to test a Relationship Management System (RMS). The pilot will be completed in Dec 18, with the preferred system operational by June 19.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (21 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Board Performance
<b>Recommendation #4</b>	That DHHS in consultation with boards and ministers, develop guidance for the chair, minister, CEO and portfolio department that outlines how often they should meet, the types of risks and activities that would trigger a meeting, and the level of reporting and documentation required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will communicate with boards and various teams in the Commissioning, Performance and Regulation branch, seeking their comments and feedback with respect to the items raised in the recommendation. The department will then draft a guiding policy/policies to assist boards on these items.		
<b>Updated action</b>	* A desktop analysis and feedback from other government departments on RMSs was completed between Feb – Nov 18.		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (21 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #1</b>	That DHHS develop and implement a framework to evaluate its new health sector committees to ensure that they better engage with and support health services		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #2</b>	That DHHS require a risk assessment for health ICT projects it fully funds or co-funds that are worth less than \$1 million, to determine whether such projects will be subject to the health ICT project assurance framework		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department has commenced a risk assessment of ICT projects less than \$1 million to determine if any of these projects require assurance, and if so, the health ICT project assurance framework will apply. Action 3 will apply for projects deemed low risk and below \$1 million.		
<b>Updated action</b>	Already detailed above - risk assessment process established and in use.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-17 (161 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #3</b>	That DHHS develop and communicate a guidance document on the use of the health ICT project assurance framework, to improve transparency for health services and make more consistent the application of the assurance framework. In particular, the guidance document should articulate how assurance requirements of the framework can be applied to projects considered low cost or low risk		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will: - develop a guidance document on the use of the health ICT project assurance framework for health services - communicate to health services how the assurance framework will be used through the Victorian Health Chief Information Officers Forum - seek formal sign-off from health services to ensure the assurance framework is implemented on projects considered to be low-cost or low-risk by the department		

<b>Updated action</b>	Already detailed above.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (191 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #4</b>	That DHHS complete its assessment of health ICT application and infrastructure capability and maturity at health services		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	There is no current standard to review clinical ICT maturity in Australia; this issue is being discussed at a national level at the National Health Chief Information Officer Forum with considerations as to whether an Australian Standard should be developed. If an endorsed standard is approved, Victoria will review clinical ICT maturity against this standard. In the interim, the department is developing its own health maturity model to assess ICT application, infrastructure capability and maturity at health services. Department will: <ul style="list-style-type: none"> <li>· validate its model with health services and external global experts (such as Gartner) ·</li> <li>· conduct assessments of health ICT application and infrastructure capability and maturity at health services with the validated model</li> </ul>		
<b>Updated action</b>	Already detailed above. Maturity model is finalised. Engaging with successful vendor (EY) to validate the maturity model. Four health services are going to pilot the health maturity model, with all health services anticipated to be completed by April 2019.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (677 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #5</b>	That DHHS prepare a comprehensive inventory of key health ICT hardware and software in the sector		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department is currently consolidating an asset register of key health ICT software across health services. The department will develop an asset register of key health ICT business system level hardware (such as Patient Administration System and Electronic Medical Records).		
<b>Updated action</b>	Already detailed above.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (434 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #6</b>	That DHHS prepare and communicate to health services an options paper to increase engagement with consumers		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The digital health branch will work with the consumer engagement section of the department to develop an options paper with approaches to increase relevant digital health consumer engagement.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (738 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #7</b>	That DHHS assess, in conjunction with health services, the maturity level of the approach to consumer engagement at the health services		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will assess the maturity levels of consumer engagement following the implementation of DHHS Action 6.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (921 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #8</b>	That DHHS ensure that an appropriate governance committee oversee the completion of action items from the State-wide Health ICT Strategic Framework that we have identified as requiring further work		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will determine which committee will oversee completion of action items requiring further work from the 2014 Framework		
<b>Updated action</b>	The Digitising Health Strategic Advisory Committee has been tasked with overseeing the completion of action items from the 2014 framework.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-17 (100 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #9</b>	That DHHS set up an evaluation framework to assess the effectiveness of completed action items under the State-wide Health ICT Strategic Framework		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will engage with an external organisation to undertake an assessment of the effectiveness of completed action items under the 2014 Framework.		

<b>Updated action</b>	The recent departmental realignment of responsibilities with the Digital Health branch transferring to Health and Wellbeing division has impacted the ability to progress the engagement of an external organisation. In the interim, Digital Health continues activity to finalise outstanding action items, socialise them with the health CIOs and utilise them in the branch role as System Manager. A number of the activities/action items are ongoing and will continue as BAU. For example, the standards based ICT capability.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (738 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #10</b>	That DHHS set up an evaluation framework to assess the effectiveness of Digitising Health: How information and communications technology will enable person-centred health and wellbeing within Victoria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will assess the effectiveness of Digitising health on an annual basis, under the governance of the Digital Health Strategic Advisory Committee.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (738 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #11</b>	That DHHS make assessment and reporting of benefit realisation a funding condition for health ICT projects the department fully funds or co-funds		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department has included benefits realisation as a condition of funding in future funding agreements, requiring health services to acquit and report on benefits realised for health ICT projects.		
<b>Updated action</b>	Already detailed above.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-17 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #12</b>	That DHHS prepare and document clear project eligibility and selection criteria for allocating funding under the Health Projects Fund		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The department will enhance the current eligibility and selection criteria for allocating funding under the Health Projects Fund.		
<b>Updated action</b>	Already detailed above.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (130 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #13</b>	That DHHS work with the sector to ensure that knowledge of innovative approaches in health ICT is shared effectively		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department already has an online collaboration portal used by the Victorian Health Chief Information Officers Forum to share learnings and knowledge of innovative approaches in health ICT. Innovation is a topic on the Forum's forward work plan. The department added 'innovation' as a standing agenda item at every quarterly Digital Health Strategic Advisory Committee meeting to highlight progress on innovative approaches in health ICT.		
<b>Updated action</b>	The department also added 'innovation' to the annual work plan of the Digital Health Strategic Advisory Committee.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-17 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #14</b>	That DHHS work with Corrections Victoria to monitor, report on and evaluate the support programs and services for offenders on community correction orders, with a focus on how effectively these programs minimise offenders' risk of reoffending		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department of Health and Human Services and the Department of Justice and Regulation have established a joint project to: - Enhance the forensic focus in community-based drug and alcohol treatment services; - Improve strategic monitoring of drug and alcohol service provision for offenders on community correction orders; - Enhance workforce capability to work with offenders on community correction orders; and - Explore options to improve alcohol and other drug treatment. The Department of Health and Human Services is currently redeveloping the alcohol and other drug data collection system which will improve monitoring and reporting on the effectiveness of alcohol and other drug treatment services, including services for offenders on community corrections orders.		
<b>Updated action</b>	The Forensic AOD Service Delivery Model (the Model) is a joint initiative between the Department of Justice and Regulation and the Department of Health and Human Services. The primary aim of the Model is to enhance the delivery of AOD treatment for community-based offenders under the supervision of Community Correctional Services (CCS). Launched in July 2018.		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (751 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #8</b>	That DHHS and DET establish agency-wide internal records management compliance programs that monitor and report to the agency head on compliance with each of the Public Record Office Victoria standards-a risk-based phased approach should be used to manage the programs' size, complexity and cost, and the program should be linked to the agency's continuous improvement activities to drive agency-wide improvement in records management		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	1. Develop a Records Management Compliance Program Plan to establish a program that monitors and reports on DHHS compliance against each of the eight PROV standards. The Records Management Compliance Program Plan will be approved by the DHHS Records Management Steering Committee. 2. Implement the Records Management Compliance Program Plan using a risk based phased approach to prioritise activities. Provide quarterly reports to the Records Management Steering Committee and the Secretary on performance improvements, issues and risks.		
<b>Updated action</b>	A suite of documents comprising the Framework and Program were submitted in draft to the Records Management Steering Committee in June 2018. It was agreed at the meeting that there is a need for further formal engagement with various areas to agree to the overall approach and specific methods recommended that recognise and support the resource requirements. This may include training and potential recruitment of additional staff. A Project Manager has been appointed (starting 7 Nov 2018) who will be responsible for developing an implementation plan.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (937 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #9</b>	That DHHS and DET establish processes to ensure that third-party providers are managing their records in compliance with Public Record Office Victoria's standards		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Community Sector Organisations (CSOs) funded to provide services on behalf of the department under the Service Agreement Management System (SAMS2) are monitored by DHHS staff under a framework which includes their compliance with the Public Record Act 1973. The department will review the relevant sections of the monitoring framework to incorporate the review of evidence that CSOs are compliant with PROV standards to be operational for the reporting period of 2017/18.		
<b>Updated action</b>	A suite of documents comprising the Framework and Program were submitted in draft to the Records Management Steering Committee in June 2018. It was agreed at the meeting that there is a need for further formal engagement with various areas to agree to the overall approach and specific methods recommended that recognise and support the resource requirements. This may include training and potential recruitment of additional staff. A Project Manager has been appointed (starting 7 Nov 2018) who will be responsible for developing an implementation plan.		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (937 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #1</b>	That the DHHS, DTF and DPC -through the Interdepartmental Housing Project Steering Committee - agree on a long-term strategic direction for public housing that sets targets for growth, sustainability and meeting demand		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Set parameters for growth in the Asset Strategy. Define appropriate performance commitments in relation to demand in the bilateral performance regime with the Commonwealth under the proposed National Affordable Housing and Homelessness Agreement. Identify measures for achieving and demonstrating the financial sustainability of public housing provision in an agreed budget strategy.		
<b>Updated action</b>	The DHHS Executive Board approved a proposal for the scope of an agreed budget strategy in April 2018. A detailed workplan was endorsed by the DHHS Finance and Budget Committee in May 2018 and is now being progressed. In March 2018, the Treasurer wrote to the Minister for Housing, Disability and Ageing requesting a plan for ensuring that the Director of Housing maintains adequate cash reserves. This request extended the scope of the budget strategy to funded services and the capital program. Bilateral performance targets in relation to the National Housing and Homelessness Agreement are also under negotiation.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #2</b>	That DHHS, DTF and DPC monitor, evaluate and report on the delivery of measures related to public housing in Homes for Victorians, including their impacts on social housing growth, sustainability and demand		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Complete a Strategic Outcomes Framework. Implement a reporting framework for Homes for Victorians measures to support regular reporting to the Interdepartmental Committee. Complete an overarching 2019 assessment of delivery of strategic outcomes as at June 2019 for the consideration of the Interdepartmental committee.		
<b>Updated action</b>	A Strategic Outcomes Framework has been developed to support reporting on Homes for Victorians' measures and the completion of the June 2019 assessment of the delivery of strategic outcomes.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
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<b>Recommendation #3</b>	That DHHS, DTF and DPC assess the financial and operational impacts of changes to the community housing sector's role arising from Homes for Victorians, including new housing allocation requirements		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Provide analysis on potential impact of 'Homes for Victorians' on the community housing sector for the consideration of the Interdepartmental committee. Assess impacts on the community sector against Dec 2018 baseline and expectations for the consideration of the Interdepartmental committee.		
<b>Updated action</b>	DHHS has developed an industry compact which has been signed by the majority of housing agencies which establishes a set of principles that will guide interaction. DHHS is currently conducting a procurement process as part of the Homes for Victorians' initiatives to grow the community sector. This work will be discussed by the Interdepartmental Committee in February.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #4</b>	That DHHS, DTF and DPC identify and implement strategies to improve the financial sustainability of the public housing rental operating model over the long term		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Identify measures for achieving and demonstrating the financial sustainability of public housing provision in an agreed budget strategy.		
<b>Updated action</b>	The DHHS Executive Board approved a proposal for the scope of an agreed budget strategy in April 2018. A detailed workplan was endorsed by the DHHS Finance and Budget Committee in May 2018 and is now being progressed. In March 2018, the Treasurer wrote to the Minister for Housing, Disability and Ageing requesting a plan for ensuring that the Director of Housing maintains adequate cash reserves which extended the scope of the budget strategy to funded services and the capital program.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #5</b>	That DHHS develop and implement an asset strategy for public housing that: · reflects a comprehensive understanding of service supply and demand over the short, medium and long term · establishes outcome-focused performance standards for asset management that adhere to the benefit-mapping principles contained in Department of Treasury and Finance's Investment Management Standard · establishes a holistic and transparent life cycle approach to asset planning decisions that captures regional input · establishes governance arrangements that clearly communicate roles and responsibilities and provide for sustained oversight of asset management performance · is reviewed and updated so that it remains current.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Complete the Asset Strategy, noting that the revised asset strategy is well advanced. Develop and implement new governance arrangements. Include explicit processes for regular review and update in the Asset Strategy.		
<b>Updated action</b>	The Asset Strategy was completed in March 2018 and commits to annual updates and a full review every five years. A lifecycle approach to asset planning, governance arrangements and roles and responsibilities has been embodied in the implementation during 2017-18 of the whole-of-Government Asset Management Accountability Framework for the Director of Housing which took place over 2017 and 2018.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (710 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #6</b>	That DHHS through its asset strategy, develop and implement plans to: · overcome identified shortcomings with property condition assessments to support evidence-based asset planning decisions · optimally balance expenditure on all maintenance types.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Complete the Asset Strategy, noting that this work is well advanced. Identify measures for achieving and demonstrating the financial sustainability of public housing provision in an agreed budget strategy.		
<b>Updated action</b>	New contracts for property condition audits have been executed and have commenced. Condition data will be updated in corporate systems to enable more informed decisions to be made based on updated and accurate asset data.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #3</b>	That DHHS develop a comprehensive public participation policy or framework that establishes: · an operating model for public participation in each agency, including the required resources, governance and oversight arrangements · the mandate, priorities, responsibilities and mechanisms for collaboration for public participation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department acknowledges the need to take a more systematic approach to public participation and is working to embed participatory approaches in its service and policy development mechanisms, in line with the recommendations of the Targeting Zero report for example. Public participation is an important component of the department's performance management frameworks for health services and funded agencies. Our existing governance arrangements are being strengthened to ensure more consistent approaches to public participation, and appropriate oversight particularly for matters where ethics approval may be required. The department has developed an overarching strategy for coordination of stakeholder engagement and is developing a centralised function to take forward a more systematic approach to this activity. The approach will be progressively embedded into the daily business of staff through the application of practical tools, guidelines and training. Safer Care Victoria has established a new Patient Partnership and Engagement branch and will finalise a draft framework 'Partnering in		

<b>Updated action</b>	healthcare for better care and outcomes' by October 2017. This will identify key measurables by which public engagement effectiveness can be assessed. A Patient and Family Council will support the framework's implementation.		
	A central Stakeholder Engagement team was established in August 2017 to: lead the development of department-wide stakeholder engagement policies and resources; build staff capability to undertake effective engagement; and to support the coordination, planning and implementation of stakeholder and community engagement activities. The department released its Public Participation Framework and Stakeholder Engagement toolkit in Feb 2018, outlining: definitions and principles of engagement; models and methodologies to support engagement; expectations, roles and responsibilities; and available stakeholder engagement training and engagement support. The Toolkit supports well-planned and best practice engagement across the department. It provides guidance and practical tools to develop and implement a successful engagement plan. From April 2018, a dedicated stakeholder engagement training program has been tested and rolled out across the department, with the enrolments opening from Sep 2018.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (144 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #4</b>	That DHHS provide their staff with guidance about governance and oversight of public participation activities, information on capability development, access to public participation expertise and monitoring, and evaluation mechanisms		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department is conscious of the need to extend the reach of existing training and support mechanisms (e.g. communities of practice) and build the capability of staff in public participation approaches. Similarly, the Centre for Evaluation and Research provides whole of department guidance and expertise on monitoring and evaluation and is working to improve staff capability in these areas. An overarching engagement strategy and toolkit for stakeholder engagement are under development to improve staff awareness of the roles and responsibilities for planning, coordinating, managing and implementing approaches to public participation.		
<b>Updated action</b>	- Formed in August 2017, the Stakeholder Engagement Team guides and supports DHHS staff to effectively plan, implement, monitor and evaluate stakeholder engagement and public participation activities in line with the department's Public Participation Framework and Stakeholder Engagement Toolkit (launched February 2018). - The Stakeholder Engagement team manages the department's stakeholder and community engagement training program and a suite of engagement planning and training resources, which are available to all staff. - In 2019, the Stakeholder Engagement team will launch an 'engagement champions' network recruiting representatives from across the department to help embed better practice within their work area; and deliver engagement 'masterclasses' to showcase contemporary engagement methods (for example, deliberate engagement approaches) and how they can be practically applied within the department.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (144 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
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<b>Recommendation #5</b>	That DHHS establish a single source of information to allow for monitoring and reporting of public participation activities across the whole agency		
<b>Accept recommendation</b>	No	<b>If no, explain</b>	DPC has introduced the Engage Victoria website for public stakeholder consultations. DHHS is a frequent user and financial contributor to this innovative initiative. Engage Victoria has proved efficient for significant public and stakeholder consultation programs DHHS has undertaken. It represents a single point of contact for Victorians to connect with government to undertake meaningful and trackable engagement, and provides efficient and timely interaction compared to many other alternatives. The proposed investment in a standalone CRM system for the management of public interaction is likely to be several orders of magnitude more costly than the current arrangement with Engage Victoria and therefore not a priority in relation to other investments necessary to support frontline service delivery.
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC has introduced the Engage Victoria website for public stakeholder consultations. DHHS is a frequent user and financial contributor to this innovative initiative. Engage Victoria has proved efficient for significant public and stakeholder consultation programs DHHS has undertaken. It represents a single point of contact for Victorians to connect with government to undertake meaningful and trackable engagement, and provides efficient and timely interaction compared to many other alternatives. The proposed investment in a standalone CRM system for the management of public interaction is likely to be several orders of magnitude more costly than the current arrangement with Engage Victoria and therefore not a priority in relation to other investments necessary to support frontline service delivery.		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #6</b>	That DHHS evaluate and review the effectiveness of their public participation training program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Existing training programs will be evaluated and reviewed, with an evaluation requirement incorporated into the operating model for stakeholder engagement.		
<b>Updated action</b>	A review of available stakeholder engagement training was undertaken in late 2017. This included the department's internal training options and those that are externally available. Following this review, the department has now developed and rolled out a tailored stakeholder and engagement training module which is available for all staff to enrol in. The purpose of the training is to: <ul style="list-style-type: none"> <li>· discuss concepts of stakeholder and community engagement and what it means for our employees' work and decision-making</li> <li>· build the capacity of staff to design, plan and evaluate engagement projects and understand all of the steps involved</li> <li>· explore different engagement methods showcasing variations in scale, complexity</li> </ul>		

	and level of engagement · develop an understanding of the department's stakeholder engagement materials and how to apply them in their day-to-day practice.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (144 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #7</b>	That DHHS clarify and be consistent in all messaging regarding the purpose of public participation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	To be addressed in guidance material being developed as part of the stakeholder engagement strategy.		
<b>Updated action</b>	The department has taken a number of step to increase staff understanding of the purpose of public participation, including: - endorsing a shared set of definitions for engagement terminology and a set of engagement principles. - providing detailed information and context on the need for engagement and expectations of staff engaging in the Public Participation Framework. - providing guidance on clarifying the purpose, objectives, and understanding context to choose appropriate engagement methods in the Public Participation Framework and Stakeholder Engagement Toolkit. - as part of the Stakeholder Engagement team's operating model, the team works collaboratively with the department's Portfolio Communications area and other branches to ensure that communications and documentation contain consistent messaging.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (144 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #8</b>	That DHHS provide feedback to stakeholders about how their input has been used		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	To be addressed through the implementation of the department's stakeholder engagement strategy.		
<b>Updated action</b>	- The Stakeholder Engagement Team continues to reinforce the importance of providing feedback to stakeholders about how their input has been used across the department through ensuring all engagement projects can effectively answer: 'We asked'   'You said'   'We did'   ' - The department's Stakeholder Engagement Toolkit provides detailed guidance on the importance, benefits and potential methods for providing feedback to stakeholder about how their input has been used. - The department has endorsed the engagement principle, 'We Communicate: we provide regular updates and value feedback' that includes providing 'timely feedback on how input has been used in policy or service design' . - The department's stakeholder engagement training program also includes providing feedback as an essential element of a best practice engagement process.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (144 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
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<b>Recommendation #9</b>	That DHHS where there are externally imposed time constraints, plan realistic public participation activities to suit the time available		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department employs a range of public participation tools and processes. The engagement toolkit and other guidance materials being developed as part of our stakeholder engagement strategy will give staff clarity about the appropriate process to use in particular circumstances, especially where there are time constraints for the completion of policy or service design processes.		
<b>Updated action</b>	- The Public Participation Framework and Stakeholder Engagement Toolkit provides guidance for planning appropriate stakeholder engagement processes, including scaling and choosing engagement methods to suit the time available. - The department's stakeholder engagement team is available to provide support and guidance to staff, including scaling and sequencing engagement in limited time frames and appropriate engagement methods. - Engagement planning is also covered in detail in the department's stakeholder engagement training modules.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (144 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
<b>Recommendation #1</b>	The Department of Health and Human Services link its key strategic documents-such as Health 2040: Advancing health, access and care and the Victorian public health and wellbeing plan 2015-19-to the Community Health Program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will update key policy documents in relation to the Community Health Program to reference key strategic documents, and identify how the objectives of the program align with longer term strategies of the department. Key policy documents include the Community Health Integrated Program Guidelines and other complementary guidelines. In addition, the department will ensure that relevant references to the Community Health Program are identified in the next iteration of the Public Health and Wellbeing Plan, which is due to be updated by September 2019.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (178 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
<b>Recommendation #2</b>	The Department of Health and Human Services ensure it collects purposeful data to monitor that CHP funded services are provided to the identified priority populations		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	In the short term, the department will commence a planned series of targeted data collections for the identified priority populations to strengthen oversight and understanding of clients accessing the program, and to align with key policy priorities. This will include: - collection of condition-specific and demographic data to inform a more comprehensive understanding of the health needs of priority		

	populations - identification of opportunities to use data to advance secondary prevention and service integration for vulnerable cohorts; - collecting and using data to understand service flows between community health, primary care, social support services and hospitals with a view to reducing avoidable hospital activity. In the longer term, the department will identify modifications to embed the collection of purposeful data that informs understanding of the priority populations in the Community Health Minimum Dataset. This will build on work already underway to streamline data collection.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (360 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
<b>Recommendation #3</b>	The Department of Health and Human Services review its CHP unit pricing to ensure that it meets the cost of providing services to Victoria's priority populations		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will undertake a review of the unit pricing under the Community Health Program. The department will establish a Community Health Taskforce to lead a consultation process with the sector. This will include advising on the appropriateness of the current unit price.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-18 (148 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
<b>Recommendation #4</b>	The Department of Health and Human Services develop a more sophisticated funding model by identifying and understanding the different service needs, demand and priorities for community health service locations across Victoria, to inform the quantum and distribution of funding		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Community Health Taskforce referenced above will also inform the development and testing of a more sophisticated funding model and a more robust demand modelling tool. Combined with the review of the unit price under recommendation 3, this will inform advice to Government on funding settings for the Community Health Program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
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<b>Recommendation #5</b>	The Department of Health and Human Services in conjunction with community health services, regularly review and revise the demand management framework and clinical priority tools to ensure that they reflect optimal practice		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	In consultation with the community health sector, the department will update and regularly review the demand management framework for community health services, and clinical priority tools to support optimal practice. The Community Health Taskforce will also have a role in advising on the demand management framework and associated tools.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
<b>Recommendation #6</b>	The Department of Health and Human Services have internal and publicly available quality performance measures that assess program equity and client satisfaction, while working towards outcome measures for the Community Health Program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will identify and put in place a set of internal and publicly available performance measures for the Community Health Program that assess the quality of services delivered, the profile of clients accessing the program and client satisfaction. This work will draw on consultation with the sector, and will inform the development of a set of outcome measures for the Community Health Program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Community Health Program
<b>Recommendation #7</b>	The Department of Health and Human Services provide divisional offices with guidance that standardises their monitoring of community health services		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will develop: - guidance for operational divisions to ensure consistent performance monitoring of both registered and integrated community health services. This will include ensuring that performance monitoring mechanisms are aligned with the strategic objectives of the program and are informed by enhanced data collection (see response to recommendation 2); and - identify mechanisms to share best practice examples of performance monitoring and management across operational divisions.		
<b>Updated action</b>	Not provided		



<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #8</b>	Apply successful planning lessons learned in the Northern Growth Corridor Service Plan in developing other locality health plans		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	<p>The Department of Health and Human Services accepts this recommendation, noting that the Northern Growth Corridor Service Plan is one of a number of locality, sub-regional and regional planning processes in progress or draft form under a state-wide, system wide planning framework for Victoria's health system. Key elements of the good practice identified by this Performance Audit Report include: - identification of service gaps and impediments to service development; - adoption of integrated land use planning, with the establishment of 'health precincts' that align with maternal and child health services, and schools and kindergarten infrastructure; - consideration of a long-term (20 year) outlook, with a 10 year and 20 year response; - sound stakeholder consultation processes, involving other health providers in the area, local councils, and social service providers; - identification of the scope of health services needed, and when and where they are best located; - identification of opportunities for integration with broader council and state-provided community services. The Department of Health and Human Services will apply these practices to other locality plans in progress or planned, starting immediately with practice embedded by December 2018. The Department of Health and Human Services will actively collaborate with the Department of Environment, Land, Water and Planning (DELWP) and other agencies in the Precinct Structure Planning and suburban development process, as well as other DELWP mechanisms for participation in, and alignment with, Plan Melbourne strategic actions, and Metropolitan and Regional Partnership processes, starting immediately with practice embedded by December 2018.</p>		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #9</b>	In conjunction with local government, improve the completeness and accuracy of MCH and kindergarten participation data. (Note: Rec transferred from DET to DHHS in Jan 2019 due to MoG change)		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	<p>1. The Department will investigate options for collecting regular kindergarten attendance data. 2. The Department will analyse kindergarten participation data from the annual School Entrant Health Questionnaire (SEHQ), as a complementary data set to the existing participation measure, to help better identify areas of lower participation. 3. The Department is investigating the potential for an information technology mechanism for sharing information that would provide access, for key prescribed entities, to information about a child in their care. 4. The Department will continue to work with the Municipal Association of Victoria (MAV) to improve the accuracy of reporting generated by the Child Development Information System (CDIS). 5. The Department will continue to work with the MAV to encourage MCH service providers not yet using the CDIS to migrate to it as soon as possible.</p>		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #10</b>	Undertake systematic analyses of reasons for under-participation in MCH including, from the eight-month visit onwards, and kindergarten services, including the participation of vulnerable children, and use these to evaluate service delivery models. (Note: Rec transferred from DET to DHHS in Jan 2019 due to MoG change)		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	<p>1) The Department will seek opportunities to link the kindergarten data set with other data sets that include vulnerable three and four year old children that may be missing out on kindergarten, e.g. Commonwealth family day care data and child protection data from the Department of Health and Human Services (DHHS). 2) The Department will collate all existing information about under-participation from current initiatives, evaluations and projects (e.g. Best Start, Early Start Kindergarten, Access to Early Learning, the Early Childhood for Children in Out of Home Care Agreement, pre-purchased kindergarten places, the CALO participation project and children and youth area partnerships) as the basis for further analysis. The Department will work with DHHS, local governments, service providers, key stakeholders and through the Early Years Compact to support: - the expansion of central enrolment - the continuation of pre-purchased kindergarten places - the implementation of Marrung Aboriginal Education Plan 2016-2026, including the next stage of Koorie Kids Shine - work with children and youth area partnerships to document and disseminate locally driven, place-based strategies that have been effective in increasing early start kindergarten (ESK) enrolments - implementation of the outcomes of the review of the Early Childhood Agreement for Children in Out-of-Home Care. 3) The Department will continue the rollout of existing ICT projects intended to automate the regular transfer of MCH data from CDIS into a departmental database. This will greatly enhance the Department's capability to undertake detailed analyses, including reasons for under-participation. 4) The Department has completed research to understand reasons for under participation of Aboriginal families in the MCH Service. DET will trial and evaluate a service model that aims to increase access to and participation of Aboriginal families in the universal MCH Service. Model trials will commence in September 2017 and conclude in September 2018. The evaluation of the trials will inform future universal MCH service delivery.</p>		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #1</b>	Appoint a team of suitably qualified and experienced professionals to form a collaborative disaster recovery working group to: · provide advice and technical support; · share lessons learnt based on disaster recovery tests and exercises; · coordinate disaster recovery requirements for resources shared between agencies; · identify, develop, implement and manage initiatives that may impact multiple agencies; · coordinate funding requests to ensure critical investments and requirements are prioritised		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The department established a Disaster Recovery and Business Continuity Planning Reference Group in July 2017 to address the matters identified. The department will review the Terms of Reference, membership and performance of the Reference Group in December 2017 to ensure it is addressing the matters identified.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (276 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #2</b>	Perform a gap analysis on their disaster recovery requirements and resource capabilities to determine the extent of the capability investment that will be required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will complete existing work to perform a gap analysis of the 20 key business systems' disaster recovery capability and requirements.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (214 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #3</b>	Develop disaster recovery plans for the systems that support critical business functions and test these plans according to the disaster recovery test program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Disaster recovery plans currently exist for 11 systems managed by Business Technology and Information Management, and the branch performs annual functional disaster recovery tests on these systems. The gap analysis will assess the disaster recovery capabilities and requirements of each critical business function and determine which system/s require disaster recovery plans and associated testing. As a result, the Disaster Recovery and Business Continuity Planning Reference Group will oversee that the required disaster recovery systems and plans are developed and regular testing is performed.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Oct-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #4</b>	Provide advice and training to staff on: · newly developed frameworks, policies, standards and procedures to increase awareness and adoption as needed; · specific disaster recovery systems		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Training and guidance will be provided to specific business units within the branch and system business owners, once the deliverables from the gap analysis have been implemented.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Oct-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #5</b>	Establish system obsolescence management processes to: · identify and manage systems at risk of becoming obsolete, those that will soon have insufficient support or those that will be difficult to manage when they become obsolete; · enable strategic planning, life-cycle optimisation and the development of long-term business cases for system life-cycle support; · provide executive with information to allow risk-based investment decisions to be made.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will continue to implement proactive and strategic management processes to identify and plan for the management of obsolete systems, through the department's Enterprise Architecture. The department's Enterprise Architecture identifies which systems are obsolete or approaching their end of life and informs the risk-based prioritisation approach for system upgrade or replacement. This is incorporated in the department's ICT investment program as part of the annual ICT planning process. Each investment is assessed and prioritised against competing ICT investment needs. The risk-based view of the department's Enterprise Architecture will inform the prioritisation for the annual ICT investment planning for the 2018-19 financial year.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (245 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #6</b>	Set up disaster recovery frameworks to provide guidelines and minimum standards for ICT disaster recovery planning, including: · developing a strategy to establish the minimum levels of readiness and appropriate governance oversight; · establishing the requirements, frequency and format of disaster recovery tests based on systems' criticality; · establishing policies, standards and procedures for a consistent approach.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Disaster Recovery and Business Continuity Planning Reference Group has been established to develop a disaster recovery framework and strategy, to ensure a well-managed and coordinated approach to disaster recovery requirements. As a result, the department will: · complete existing work to perform a gap analysis to determine the minimum standards for ICT disaster recovery · develop and implement frameworks, policies and standards to support the department's recovery objectives and ensure compliance.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Oct-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #9</b>	Update its Business Continuity Policy to require business units to consult with system owners and the Business Technology and Information Management group as part of the business impact analysis process, to validate the maximum allowable outage and recovery time objectives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Disaster Recovery and Business Continuity Planning Reference Group will oversee that the Business Continuity Policy will be updated, as a result of the outcome of the gap analysis. The Emergency Management branch and Business Technology and Information Management branch will work closely with system business owners to determine their business requirements and validate the maximum allowable outage and recovery time objectives.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Oct-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #10</b>	Update the business impact analysis process to identify system dependencies for critical business functions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department's business impact analysis processes will be updated as a result of the outcome of the gap analysis, which will identify the system dependencies for each critical business function. The Disaster Recovery and Business Continuity Planning Reference Group will manage the implementation of this activity.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Oct-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #11</b>	Determine a recovery strategy for systems that support critical business functions.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The outcome of the gap analysis will determine what is the appropriate recovery strategy of each system that supports critical business functions. The Disaster Recovery and Business Continuity Planning		

<b>Updated action</b>	Reference Group will ensure each system has an acceptable recovery strategy developed and implemented.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Oct-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #1</b>	DHHS and DPC review the position of the chief audit executive (CAE) and ensure the CAE: · is positioned at an appropriate level in the department to participate in executive forums and engage in strategic conversations; · reports administratively to the Secretary or a senior executive delegate who is not the chief financial officer and has no actual or perceived conflict, but does have sufficient authority to promote independence and ensure that internal audit communications and recommendations are adequately considered and acted on		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will review the position of Chief Audit Executive (CAE). In the interim the department will explore opportunities for the CAE to attend relevant executive and strategic forums. As noted in the proposed report, DHHS has recently commenced quarterly meetings between the CAE and the Secretary and the CAE also attends a portion of the meetings held between the Audit and Risk Management Committee chair and the Secretary after each Committee meeting.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (600 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Audit and Risk Management Committee will be provided with a report on internal performance against key performance measures for the year 2016-17 at the October 2017 meeting. The Committee will also review these measures at this meeting to ensure they reflect a balanced scorecard approach and confirm the reporting frequency of these measures.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
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<b>Recommendation #5</b>	DELWP, DHHS, DJR, DPC and DTF complete a self-assessment of compliance with the International Standards for the Professional Practice of Internal Auditing (the IIA Standards), consistent with the adoption of the IIA Standards in their internal audit charters, and report the results and action plans to address gaps to the audit committee, and conduct future assessments annually		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DHHS is one of the three co-sourced internal audit functions that conducted an external quality assessment within the past five years (August 2013) and reported the results to the Audit and Risk Management Committee. The next external quality assessment is due to be conducted during the current year 2017-18. The department will undertake an annual self-assessment of compliance with the IIA Standards in the subsequent four years until the next external quality assessment is undertaken. The Internal Audit Charter will be revised to reflect this commitment.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #8</b>	DELWP, DET, DHHS and DTF improve assurance mapping to include all sources of assurance and an assessment of the adequacy of risk coverage to provide the audit committee with a comprehensive view of the level of assurance		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The approved Internal Audit Plan 2017-18 includes a specific audit project - 'Assurance Map' - that addresses this recommendation. As per the approved scope, this project will map assurance activities against each strategic risk to identify areas for improvement to achieve better alignment of risk, controls and assurance across the department.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-18 (204 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #9</b>	DEDJTR, DELWP, DHHS, DPC and DTF provide an annual report on internal audit performance to the audit committee detailing internal audit activity, achievements, and opportunities for improvement and performance against agreed measures, as required by the Standing Directions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A special report will be provided to the October 2017 Audit and Risk Management Committee meeting (and annually thereafter) comprising: <ul style="list-style-type: none"> <li>· key developments or changes impacting upon internal audit during the previous financial year</li> <li>· internal audit activity for the year</li> <li>· root cause analysis of the underlying issues contributing to internal audit findings</li> <li>· internal audit performance against agreed key</li> </ul>		

<b>Updated action</b>	performance indicators by the in-house team and co-sourced provider · an overall assessment of the Department's internal control environment based on completed audits.		
	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A special report will be provided to the October 2017 Audit and Risk Management Committee meeting (and annually thereafter) comprising: - key developments or changes impacting upon internal audit during the previous financial year - internal audit activity for the year - root cause analysis of the underlying issues contributing to internal audit findings - internal audit performance against agreed key performance indicators by the in-house team and co-sourced provider - an overall assessment of the Department's internal control environment based on completed audits.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
<b>Recommendation #1</b>	The Department of Health and Human Services advise government of: · the current level of risk to the mental health of the CPP workforce due to unreasonable workload and · the resources required to fully address current and future demand, based on accurate time and resource modelling		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department: · will review its current modelling, which assesses the child protection workforce capacity required to meet forecast demand based on case load levels advised by Children, Families, Disability and Operations · will establish a working group including representatives from the Departments of Premier and Cabinet and Treasury and Finance to develop a demand modelling and forecasting approach that quantifies the level and type of resources required to support a reasonable caseload and workload for practitioners, and to meet and reduce demand on the child protection program. This will include advice on earlier intervention supports that may divert demand from statutory child protection over time. Active participation by DTF and DPC will ensure that central agencies contribute to the work and are in a position to inform government of progress and key findings - where appropriate, update the model to reflect resourcing and allocation decisions to meet acceptable risk.		
<b>Updated action</b>	Not provided		



<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (205 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
<b>Recommendation #2</b>	The Department of Health and Human Services develop and implement modelling tools to support demand forecasting		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will: · Undertake scenario analysis within the forecast Child protection workforce model to inform demand forecasting for agreed risk levels.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (205 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
<b>Recommendation #3</b>	The Department of Health and Human Services establish a holistic view of child protection practitioners' mental health through the use of consolidated mental health data sources; and use this view to monitor CPP mental health, and identify trends and areas requiring focus or further investigation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will: · review and improve how information about child protection practitioner mental health data is collected (including trends), managed and communicated to assist in better prevention and management of mental health in accordance with the Victorian Government Mental Health and Wellbeing Charter · Enhance existing health safety and wellbeing reporting by including consolidated mental health data obtained from eDINMAR; worker's compensation data; Employee Assistance Program data; and peer support data, with commentary that enables senior management to more easily determine and address trends; hotspots and areas for further investigation · Monitor and support compliance with time sheet, overtime, time in lieu and leave reporting controls and mechanisms to support practitioners achieve a better work life balance, manage fatigue and reduce risks to health, safety and wellbeing.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (417 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
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<b>Recommendation #4</b>	The Department of Health and Human Services determine the effectiveness of current mental health support tools for child protection practitioners		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will: · Conduct a survey to determine the effectiveness of the following (including but not limited to) mental health support tools for child protection practitioners: - Employee Assistance Program - Peer support network - Critical Incident Response Management Service		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (205 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
<b>Recommendation #5</b>	The Department of Health and Human Services establish and consistently provide specialist mental health support services for child protection practitioners		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Through the Child protection workforce strategy 2017-2020 release on 30 January 2018, the department will: · Facilitate and develop a schedule for access to regular (e.g. monthly) onsite Employee Assistance Program services, whereby Employee Assistance Program clinicians are onsite to provide coaching/training/information sessions on topics including (but not limited) to vicarious trauma, fatigue management, stress management and resilience practice (EAP clinicians remain onsite for individual consults as required) · Develop an orientation module for the Employee Assistance Program provider to ensure that its clinicians understand issues specific to those that may be experienced by child protection workers to enable enhanced service support in response to day-to-day pressures and following critical incidents · Develop managers' skills through training in: - psychological first aid - mental health awareness - how to conduct regular wellbeing check-ins - referral for staff for further wellbeing and/or mental health reviews if any issues are identified.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (295 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
<b>Recommendation #6</b>	The Department of Health and Human Services ensure that child protection practitioners are sufficiently aware of the available mental health support services and the correct processes for raising mental health concerns		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Through the workforce strategy Child protection workforce strategy 2017-2022 released on 30 January 2018, the department will: · Develop a communication plan for the child protection workforce that focuses on psychological support and includes: - key health and safety messaging for leaders, managers		

	and staff - appropriate channels of communication - direction for CCFs on where to access relevant support mechanisms for mental, physical, social and emotional wellbeing. · Effectively disseminate the information about the messaging, services and appropriate channels to child protection practitioners		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (509 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Maintaining the Mental Health of Child Protection Practitioners
<b>Recommendation #7</b>	The Department of Health and Human Services establish and implement a plan to improve CPPs' experiences in the court environment, in consultation with the courts, the Department of Justice and Regulation, and Victoria Legal Aid		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will: · work with Department of Justice and Regulation, the Children's Court and Victorian Legal Aid to develop a plan that: - identifies, responds to and monitors child protection practitioners' experiences within the Children's Court, and - seeks to ensure improvements in the experiences of child protection practitioners in the court environment · establish and maintain a governance structure to oversee the implementation of the plan		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #6</b>	Improve records management practices for ICT projects, giving particular attention to capturing and recording key project documents which show evidence of decisions and approvals		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will develop and communicate guidelines for the storing of key project documentation in alignment with the Department of Premier and Cabinet's Information Communication Technology Reporting Standard. These guidelines will focus on when key project documents need to be produced in the project lifecycle and where they need to be stored, to improve timeliness and reduce inconsistencies in record keeping.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (254 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
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<b>Recommendation #1</b>	Implement an agreed suite of definitions, measures and targets for theatre efficiency that target the underlying causes of inefficiency		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department in collaboration with the Victorian Surgical Services Committee and key staff from health services will update its current Surgical services measures guide (2012) and republish for health services and the public. The department will develop further measures that will identify health services with best practice to enable the sharing of exemplar models across health services.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #2</b>	Issue mandatory data quality standards for operating theatre data to ensure consistency in the data captured by health services		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will seek consensus from the sector on key measures but ultimately will provide definitive guidance based on identified key measures (likely to accord with interjurisdictional measures). The department will consider targets for theatre efficiency based on feedback from health services on the likely flow on effects to other areas of the hospital and likely unintended consequences.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #3</b>	Develop a centralised dataset for operating theatre data, to inform decision-making at the Department of Health and Human Services		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will explore short term alternatives to efficiently address the recommendations. This may include work with third party providers already collecting some of the necessary Information. The department will review over time to assess whether and when to transfer work to department or Victorian Agency for Health Information. The department will maintain constructive dialogue With VAGO on progress.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Jul-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #4</b>	Disseminate operating theatre data to health services in a form that enables them to evaluate and benchmark their performance and identify sector best practice		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department accepts this recommendation.		
<b>Updated action</b>	This work is part of a larger initiative by DHHS, SCV and VAHI which will assist health services better monitor productivity and financial sustainability. VAHI is assisting in this process by scoping development and dissemination of a “sustainability dashboard” for health services on the VAHI portal - which could include a range of budgetary, low value care and other sustainability metrics. Dissemination of the operating theatre efficiency data is dependent on completion of recommendation 1 by DHHS and SCV, which is now scheduled for completion in June 2020. The dashboard will be available within 6 months of this		
<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #5</b>	Establish a regular sector-led, multidisciplinary forum focused on sharing information and practices that improve the efficiency of operating theatres		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will engage health services and encourage regular, clinician and manager forums focused on sharing information and practices that improve the efficiency of operating theatres. The forums will focus on sharing best practice of operating theatre efficiency and effectiveness including: * Treat in turn * Categorisation * Matching capacity to demand * Emergency Surgery * Operating Theatre utilisation (time) * Operating theatre management * Data analysis capability. * Pre and post-surgical systems and management * Surgical safety and quality.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Jul-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #6</b>	Work with the sector to improve productive efficiency at the theatre level, particularly to reduce late starts and underruns		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will work with the sector to improve productive efficiency at the theatre level through identifying best performers and sharing key practice and models that contribute to improved productive efficiency.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #7</b>	Develop and implement emergency surgery access measures		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department is currently working with the sector to improve access to emergency surgery. The key focus in 2017-18 is on access measures that indicate better quality and safety for emergency surgery. This will initially focus on time sensitive emergency surgery conditions such as fractured neck or femur and surgery conducted out of hours (known to increase risks to patients). Subsequently, the department will work with the sector to ensure that better and more efficient models of emergency surgery care (including dedicated emergency surgery resources and consultant led care) are rolled out across health services.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jul-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #8</b>	Analyse and forecast the impact of budget allocations on category 2 and 3 surgery access indicators		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will work with health services in analysing and forecasting category 2 and 3 access Indicators when setting health service priorities and annual budgets		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (744 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #9</b>	Review the current process for setting funding caps, to ensure caps are based on a comprehensive assessment of demand, capacity and performance measures		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will review its current process for setting health service budgets and priorities. The review will focus on identifying the key aspects of demand, capacity and performance that are relevant to improving efficiency and effectiveness of our surgical services.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (744 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #10</b>	Review current operating theatre management guidance provided to health services to incorporate better practice, to drive theatre efficiency		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will review current operating theatre management guidance provided to health services to incorporate better practice to drive theatre efficiency. The department intends to work with health services in developing a guide for health services (highlighting key service models and management practices as well as best practice examples from Victorian and interstate).		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Dec-20

## Department of Jobs, Precincts and Regions

<b>Audit year</b>	2015–16	<b>Audit name</b>	Biosecurity: Livestock
<b>Recommendation #1</b>	That the Department of Economic Development, Jobs, Transport and Resources improves disease surveillance by: <ul style="list-style-type: none"> <li>· focusing its targeted surveillance activities based on a systematic assessment of disease risks</li> <li>· increasing state-wide participation in surveillance programs by private veterinary practitioners so that surveillance records more accurately reflect the geographic distribution of livestock species and numbers, as well as disease threats</li> <li>· establishing arrangements to gain assurance that the industry-led disease surveillance of poultry is effective</li> <li>· enhancing systems and processes to minimise errors in disease surveillance records and improve their timely completion</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Complete validation and stakeholder assessment of the newly developed, but still DRAFT, DEDJTR animal health risk assessment tool. (30 September 2015) Undertake assessment of 20 important animal disease threats. (31 March 2016) Review current targeted surveillance activity in the light of the results of the risk assessment process. (30 June 2016) Undertake a survey of private veterinary practitioners to identify practitioners so that factors that may influence disease notification and participation in the Department's animal disease surveillance programs. (30 June 2016) Implement a communications strategy targeting private veterinarians to particularly promote the significant disease investigation program but also support targeted surveillance programs. (31 December 2016) Undertake a survey of poultry producers and their veterinary advisors to identify factors that may influence disease notification and participation in the Department's animal disease surveillance programs. (31 December 2015) Launch an on-line data submission process for private and DEDJTR veterinarians to improve the timeliness and quality of data entry.		
<b>Updated action</b>	All actions completed except "Launch an on-line data submission process for private and DEDJTR veterinarians to improve the timeliness and quality of data entry." This action has been extended to		

	allow Agriculture Victoria to carry out user development testing so that the web-based platform and associated systems are fit for purpose and meet user expectations prior to full implementation.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2015–16	<b>Audit name</b>	Biosecurity: Livestock
<b>Recommendation #2</b>	That the Department of Economic Development, Jobs, Transport and Resources and the Department of Health and Human Services work together to determine and apply the most effective method for preventing the illegal swill feeding of pigs.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Identify and agree on respective agency roles. (31 July 2015) Develop guidance material for Environmental Health Officers (EHOs). Instruct EHOs to collect food waste data from food outlets and report to DEDJTR for follow up regulatory action. (31 December 2015)		
<b>Updated action</b>	Actions implemented as described above.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-17 (744 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Biosecurity: Livestock
<b>Recommendation #3</b>	That the Department of Economic Development, Jobs, Transport and Resources finalises plans to implement a new electronic traceability system for sheep and goats		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Implement pending a Ministerial decision. A project manager has been appointed. (31 August 2015) Undertake an electronic tag tender process to determine the cost of tags for the industry in Victoria.(31 August 2015)		
<b>Updated action</b>	Actions implemented as described above.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-15 (0 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Biosecurity: Livestock
<b>Recommendation #4</b>	That the Department of Economic Development, Jobs, Transport and Resources adopts a systematic approach to: <ul style="list-style-type: none"> <li>· reviewing and updating its documented livestock biosecurity procedures</li> <li>· selecting disease simulation exercises based on disease risks and the coverage, content and delivery of past exercises</li> <li>· evaluating the outcomes of simulated and actual disease responses as part of a continuous improvement program</li> <li>· assessing the coverage and content of its livestock biosecurity training programs for staff and private veterinary practitioners.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	



<b>Planned action at tabling</b>	Establish and commence a process of annual review of procedures. (Process in place on all procedures reviewed 30 June 2016, with annual review by 30 June each year) Select and develop disease simulation exercises based on Chief Veterinary Officer priorities, outcomes of draft animal health risk assessment tool (see report recommendation and initiative 1), and staff learning and development needs. (Three priorities selected by 31 March 2016) This information will be collected via the Biosecurity Evidence Framework to ensure simulations are properly evaluated and learnings are documented and implemented where appropriate. Review the Department's livestock training program for staff and veterinary practitioners and put into place a new program where required.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (1474 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Biosecurity: Livestock
<b>Recommendation #5</b>	That the Department of Economic Development, Jobs, Transport and Resources develops an overarching strategic approach to engaging non-government stakeholders.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A Biosecurity Engagement Development, Jobs, Transport and Framework is under development to guide and support effective and progressive engagement strategies and practices for working with internal and external collaborators and stakeholders.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (1290 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #2</b>	Sport and Recreation Victoria should improve its monitoring, reporting and evaluation of aquatic recreation centre related grants to provide assurance these are achieving their intended outcomes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Sport and Recreation Victoria will enhance the depth, quality and consistency of information collected through the existing Outcomes Reporting process, currently in place for all projects funded from the Community Sports Infrastructure Fund. This reporting should be consistent with information collected by local councils in reference to Recommendation 1.		
<b>Updated action</b>	An Outcomes report has been developed and will be actioned in future funding rounds.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (1165 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #3</b>	Sport and Recreation Victoria should assist councils to improve regional strategic planning relating to aquatic recreation centres so that developments and refurbishments are well coordinated and regional needs and impacts are appropriately considered.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will promote and stimulate co-operation among local councils to identify strategic regional planning opportunities for aquatic facilities as a priority. Local councils will be encouraged to consider planning for a suite of significant facilities with aquatic facilities being a large consideration. This builds upon the existing regional planning funding provided by Sport and Recreation programs.		
<b>Updated action</b>	Response provided by DHHS in 2017		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (435 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #4</b>	Sport and Recreation Victoria should require councils to demonstrate effective regional planning to be eligible for government grants.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Through the Community Sports Infrastructure Fund, the department will ensure that regional planning considerations are part of all projects being submitted by councils to the Better Pools or Small Aquatic Projects category. This builds upon the existing practice where councils are required to identify inter-municipal links for their projects.		
<b>Updated action</b>	Response provided by DHHS in 2017		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (435 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #5</b>	Sport and Recreation Victoria should, in conjunction with councils, update its recreational facilities database and drive the development of aquatic recreation centre regional plans for all of Victoria—which identify areas requiring refurbishment, replacement, and the development of new aquatic recreation centres.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will ensure that all councils have access to the recreational facilities database to update their list of facilities. This information will provide valuable input into proposed regional aquatic plans across Victoria, which is subject of the above recommendation.		

<b>Updated action</b>	Response provided by DHHS in 2017		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (435 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Unconventional Gas: Managing Risks and Impacts
<b>Recommendation #1</b>	To inform the government's review of the moratorium and subsequent decision about whether or not an unconventional gas industry should proceed in Victoria, that the Department of Economic Development, Jobs, Transport and Resources, in partnership with the Department of Environment, Land, Water and Planning: 1. develops a risk-based strategy which:[lb]- identifies known and potential risks to water, air, land and the community associated with the development of an unconventional gas resource, using available information and data and the input of relevant agencies as needed[lb]- prioritises the actions that would need to be taken for an unconventional gas industry to proceed and identifies roles and responsibilities for these.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR accepts Recommendation 1 of your report to prepare a risk based strategy to inform the government's review of the moratorium and subsequent decision about whether or not an unconventional gas industry should proceed in Victoria. This would build on the work of the onshore natural gas water science studies and the implementation of the Government response to the Hazelwood mine fire inquiry, specifically Recommendation 4 of that report to bring forward the introduction of risk-based work plans.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-16 (348 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Unconventional Gas: Managing Risks and Impacts
<b>Recommendation #3</b>	To improve the regulation of all earth resources, regardless of whether or not the moratorium is lifted and unconventional gas exploration and development allowed to proceed, that the Department of Economic Development, Jobs, Transport and Resources strengthens and clarifies the regulatory system to better manage all earth resources, giving consideration to: <ul style="list-style-type: none"> <li>· consolidating the earth resources Acts into a new single, integrated earth resources management Act that is risk based and addresses environmental, economic and social priorities in decision-making</li> <li>· securing qualified, objective and independent environmental regulation capability and oversight for the licensing and environmental performance of earth resource industries through reviewing models from other jurisdictions</li> <li>· implementing a mandatory risk-based environmental impact assessment process</li> <li>· developing an approvals system that is risk based in proportion to the activities proposed, using risk-based work plans as one of the elements</li> <li>· requiring risk-based environmental management plans for all stages, from exploration to decommissioning and aftercare</li> <li>· requiring licensees to seek third party oversight and auditing for key elements of their environmental performance.</li> </ul>		
<b>Accept recommendation</b>	No	<b>If no, explain</b>	Not applicable. Different action was proposed to implement the recommendation.
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	Victoria's Mineral Resources Strategy 2018-19 'State of Discovery' and the report of the Commissioner for Better Regulation, Getting the Groundwork Right: Better Regulation of Mines and Quarries, flag a major reform of the laws governing mining and quarrying. The strategy addresses recommendations from a range of documents, including this audit, and the Hazelwood Mine Fire Inquiry and sets out priority actions to improve regulatory practice and industry compliance, and deliver modern fit for purpose laws. The Victorian Gas Program is a comprehensive program of scientific research and related activities to assess the potential for further discoveries of onshore conventional gas and offshore gas in Victoria, and whether the State's current underground gas storage capacity could be expanded. Additionally, the VGP will assess the current regulatory framework for underground gas storage and offshore and onshore petroleum to implement the recommendations of this audit		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2015–16	<b>Audit name</b>	Unconventional Gas: Managing Risks and Impacts
<b>Recommendation #4</b>	To improve the regulation of all earth resources, regardless of whether or not the moratorium is lifted and unconventional gas exploration and development allowed to proceed, that the Department of Economic Development, Jobs, Transport and Resources, improves its earth resources compliance approach, by addressing the recommendations of VAGO's 2012 audit Effectiveness of Compliance Activities: Departments of Primary Industries and Sustainability and Environment		
<b>Accept recommendation</b>	No	<b>If no, explain</b>	Not applicable. Different actions was proposed to implement the recommendation.
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The Getting the Groundwork Right: Better Regulation for Mines and Quarries Implementation Plan (Implementation Plan) sets out the Government's commitments to implement the recommendations and actions of the report of the Commissioner for Better Regulation, Getting the Groundwork Right: Better Regulation for Mines and Quarries. The Implementation Plan sets out a phased approach to progressively build a modern, proportionate and robust earth resources regulatory system that reduces time and cost, increases transparency and improves engagement with industry. Three work streams have been committed - transforming Earth Resources Regulation (ERR) to a modern, outcomes-based regulator, enhancing ERR capability and capacity and reforming the regulatory system. DEDJTR's response to the Ministerial Statement of Expectations for Earth Resources Regulation sets out the agreed timeframes and implementation approach.		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2015–16	<b>Audit name</b>	Unconventional Gas: Managing Risks and Impacts
<b>Recommendation #5</b>	To improve the regulation of all earth resources, regardless of whether or not the moratorium is lifted and unconventional gas exploration and development allowed to proceed, that the Department of Economic Development, Jobs, Transport and Resources introduces a reflective, adaptive and systematic approach to the way it administers the regulatory system to enable it to respond appropriately to new earth resources activities and emerging risks, including improved processes to: <ul style="list-style-type: none"> <li>· identify and monitor emerging issues</li> <li>· consistently and comprehensively assess licences, work and operations plans</li> <li>· consider the available evidence and clearly document the rationale of decisions.</li> </ul>		

<b>Accept recommendation</b>	No	<b>If no, explain</b>	Not applicable. Different action was proposed to implement the recommendation.
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The Getting the Groundwork Right: Better Regulation for Mines and Quarries Implementation Plan (Implementation Plan) sets out the Government's commitments to implement the recommendations and actions of the report of the Commissioner for Better Regulation, Getting the Groundwork Right: Better Regulation for Mines and Quarries. The Implementation Plan sets out a phased approach to progressively build a modern, proportionate and robust earth resources regulatory system that reduces time and cost, increases transparency and improves engagement with industry. Three work streams have been committed - transforming Earth Resources Regulation (ERR) to a modern, outcomes-based regulator, enhancing ERR capability and capacity and reforming the regulatory system. DEDJTR's response to the Ministerial Statement of Expectations for Earth Resources Regulation sets out the agreed timeframes and implementation approach.		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #5</b>	Further develop and clarify the governance and oversight arrangements for the Office of Suburban Development, including assigning leadership and accountability arrangements to support its planning and delivery coordination functions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Office of Suburban Development will further develop and clarify its governance and oversight arrangements over the next twelve months as it establishes and beds down operating and support mechanisms for the six Metropolitan Partnerships and delivers the first set of metropolitan regional Five Year Plans for jobs, services, and infrastructure. OSD will document these arrangements, including specific leadership roles and accountability requirements, and submit them to the Suburban Development Inter-Departmental Committee (IDC) for noting and/or endorsement in 2018-19. Depending on the outcomes of DELWP's response to Recommendation 1, any proposed future role for OSD in coordinating infrastructure and service delivery will be included in the submission to the IDC.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (343 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #6</b>	Develop and implement an outcome evaluation framework to periodically review how effectively the Office of Suburban Development is contributing to greater certainty in the timely delivery of services and related infrastructure for local communities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Office of Suburban Development will develop an outcome evaluation framework and implementation timeframe for periodic review of how effectively OSD is contributing to greater certainty in the timely delivery of services and related infrastructure for local communities.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jan-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #1</b>	DEDJTR fully implement its Fraud and Corruption Control Policy and Plan		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As at March 2018, 19 of the major control initiatives outlines in the plans are in place and work is underway to implement the remaining five initiatives by end of 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #2</b>	DEDJTR identify all staff working in areas with the highest risk of fraud and corruption; and · develop and implement a strategy to provide them with integrity training and · track completion of the training to ensure appropriate coverage and awareness		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The training completed in 2016 and 2017 was conducted appropriately and with tracking to identify the business areas and manager/staff groups targeted for training		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (247 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #3</b>	DEDJTR work collaboratively with its agencies to support them in meeting Victorian Public Sector Commission requirements for conflict of interest practices in recruitment panels		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR is actively working with its agencies to provide leadership and support in their meeting of all VPSC principles and guidelines, and the better practice recommendations at 4, 5, 7, 8 and 9 following.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (156 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #4</b>	DEDJTR through its Integrity Services Unit, continue to scrutinise declarations of private interest and related management plans and work collaboratively with its agencies to ensure consistency and active management of declared conflicts		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept, noting oversight of these activities has improved year to year since the department's creation in 2015		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-18 (3 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #5</b>	DEDJTR through its Integrity Services Unit continue to scrutinise agency gifts, benefits and hospitality registers, and work collaboratively with agencies to proactively address noncompliance while working towards having a single register to improve oversight		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR's oversight of these activities has improved year to year since the department's creation in 2015		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (125 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #6</b>	DEDJTR develop and implement appropriate supplier vetting guidelines		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Aspects of this control are being addressed through the development of data analytics tools, and that supplier due diligence systems and guidelines are planned for completion in 2018.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #7</b>	DEDJTR work collaboratively with its agencies to develop appropriate fraud and corruption indicators and procurement reporting processes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This is planned for completion in 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (247 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #8</b>	DEDJTR formalise information sharing processes between its Integrity Services Unit and its agencies to facilitate appropriate feedback on integrity matters that are referred to agencies for action or information		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	These processes are in place through work completed in 2017-18.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (156 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #9</b>	DEDJTR ensure that it documents decision-making regarding efforts to recover losses due to fraud and corruption and collaboratively works with its agencies to support them to do the same		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR has amended its Integrity Incidents Register already to include this data.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (64 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
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<b>Recommendation #10</b>	DEDJTR improve the reporting capacity of its Integrity Services Unit's integrity register to capture whether allegations are substantiated, losses are incurred and action taken, and ensure that the register captures all matters reported to it		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR has amended its Services Unit integrity register to capture Integrity Incidents Register to include this data		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (64 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #11</b>	DEDJTR finalise its review of the treatment of missing assets to ensure that there is consideration of whether losses are caused by fraud and corruption		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR identified the need for this step in late 2017 in a review of its stocktake practices and reporting and will be completed by 30 June 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (156 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #1</b>	Appoint a team of suitably qualified and experienced professionals to form a collaborative disaster recovery working group to: · provide advice and technical support; · share lessons learnt based on disaster recovery tests and exercises; · coordinate disaster recovery requirements for resources shared between agencies; · identify, develop, implement and manage initiatives that may impact multiple agencies; · coordinate funding requests to ensure critical investments and requirements are prioritised		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will participate and contribute in an appropriate state-wide working group for ICT disaster recovery.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
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<b>Recommendation #2</b>	Perform a gap analysis on their disaster recovery requirements and resource capabilities to determine the extent of the capability investment that will be required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will review disaster recovery requirements following completion of its Business Continuity Framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	May-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #3</b>	Develop disaster recovery plans for the systems that support critical business functions and test these plans according to the disaster recovery test program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will use the requirements identified in business continuity plans to develop and test disaster recovery plans of systems that support critical business functions.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (184 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #4</b>	Provide advice and training to staff on: · newly developed frameworks, policies, standards and procedures to increase awareness and adoption as needed; · specific disaster recovery systems		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department is developing an ICT Disaster Recovery Framework, in which training accountabilities and responsibilities will be documented and communicated to relevant parties.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (184 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #5</b>	Establish system obsolescence management processes to: · identify and manage systems at risk of becoming obsolete, those that will soon have insufficient support or those that will be difficult to manage when they become obsolete; · enable strategic planning, life-cycle optimisation and the		

	development of long-term business cases for system life-cycle support; · provide executive with information to allow risk-based investment decisions to be made.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will establish a system obsolescence management process as part of the IT System Governance Framework to enable efficient management of ICT systems' life cycles across the Department.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (184 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #6</b>	Set up disaster recovery frameworks to provide guidelines and minimum standards for ICT disaster recovery planning, including: · developing a strategy to establish the minimum levels of readiness and appropriate governance oversight; · establishing the requirements, frequency and format of disaster recovery tests based on systems' criticality; · establishing policies, standards and procedures for a consistent approach.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Work to establish an ICT Disaster Recovery Framework and guidelines have commenced. These will enable a standardised approach for planning, implementing and managing disaster recovery requirements.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-18 (33 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department has recently reviewed its internal audit performance indicators. These indicators will be reviewed annually to ensure they remain relevant and aligned with better practice.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #4</b>	DEDJTR, DELWP, DJR and DPC schedule regular meetings, at least quarterly, between the CAE and the Secretary to provide the opportunity to discuss strategic objectives and emerging risks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Regular meetings between DEDJTR Chief Audit Executive and the Secretary will be organised.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #9</b>	DEDJTR, DELWP, DHHS, DPC and DTF provide an annual report on internal audit performance to the audit committee detailing internal audit activity, achievements, and opportunities for improvement and performance against agreed measures, as required by the Standing Directions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Some internal audit performance indicators at DEDJTR are assessed on a quarterly basis. The results are reported to the audit committee at a meeting, following the relevant quarter-end. Other performance indicators are assessed annually, and the results will also be reported to the audit committee, as required by the Standing Directions.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	An annual report on internal controls will be prepared and provided to the audit committee in October 2017.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-17 (53 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #1</b>	Improve its existing work with councils to assess the deficiencies in councils' funding grant applications and business cases, and provide support and training to develop the requisite skills		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Regional Development Victoria (RDV) has an extensive regional network established over many years which work with councils on the development of grant applications and business cases. RDV's open 'pipeline' grants model enables RDV staff to work with councils to develop comprehensive and high-quality applications and business cases when applying for grant funding. This approach provides an opportunity to further strengthen the quality of rural and regional council applications and business cases. In line with this recommendation, RDV will explore with rural and regional councils strengthening support through: - Economic development practitioner networks involving all local councils within regional partnership areas; - Economic development forums to review economic development priorities and pipelines at local and state government level; - Increased guidance for individual councils with lower economic development capability.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Feb-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #2</b>	Increase council awareness of the Regional Development Victoria information portal and include further information and guidance to support councils		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Regional Development Victoria (RDV) information portal provides interactive and easy access to data, reports and links that can be used to support economic development activities. RDV is committed to raising the awareness and profile of its information portal with rural and regional councils and will seek to do so through the proposed economic development practitioner networks and other awareness-raising opportunities as they arise.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (572 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #3</b>	Assess the effectiveness of the newly established regional partnerships		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Regional Development Victoria (RDV) will monitor the effectiveness of the regional partnerships in engaging rural and regional councils and the impact of councils on regional priorities and investment. Local government is represented on the Regional Partnerships by the CEOs of each LGA in the region. The		

<b>Updated action</b>	Partnerships provide an opportunity for local government to work collaboratively with a range of partners including State Government to progress a broad range of regional priorities.		
<b>Recommendation status</b>	Not provided		
	Almost complete	<b>Date implemented/ due for implementation</b>	Jul-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #4</b>	Identify their economic development guidance and training needs, and then provide or facilitate access to appropriate resources		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Through the establishment of economic development practitioner networks within regional partnership areas Regional Development Victoria will work with DELWP to facilitate access to appropriate resources around economic development.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Feb-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #5</b>	Identify and collect relevant information for planning and reporting on economic development-including completion of Local Government Victoria's ongoing work with the Economic Development Australia Victorian State Practitioners Network		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Regional Development Victoria (RDV) will work with DELWP to implement this recommendation and support DELWP's broader support to local government's economic development activities.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Feb-20

## Department of Justice and Community Safety

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #1</b>	That Corrections Victoria include community safety as a key strategic principle for managing offenders on community correction orders, in line with the approach used for offenders on parole		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The Ministerial endorsed purpose of CCS is 'Deliver services that contribute to safer communities' and this is reflected in all the Corrections Victoria - Community Correctional services authorising documentation. CV will integrate this purpose into all CCS Reform documents going forward.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-17 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #2</b>	That Corrections Victoria monitor and review the implementation of planned reforms of the community corrections system, to make sure they are achieving their objectives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will monitor the impact of the reforms, commencing in January 2017.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (843 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #3</b>	That Corrections Victoria develop a robust contingency plan for the reforms program, to address all time-critical stages		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A detailed change strategy and contingency options have been developed to ensure that the reforms are implemented as intended, with a commencement date in January 2017.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-17 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #4</b>	That Corrections Victoria monitor and evaluate staff training to make sure it is sufficient and fit for purpose		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will conduct an evaluation of CCS staff training.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (296 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #5</b>	That Corrections Victoria ensure risk assessments are completed within required time frames, and validate the current risk assessment tools to make sure they are effective		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will continue to work to improve the completion rate for risk assessments within timeframes. This will be supported by additional staffing and the new approach to case management under the CCS reforms. CV commenced a validation of the current risk assessment tools in December 2016.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (843 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #6</b>	That Corrections Victoria improve information technology systems to enable case managers to manage offenders on community corrections orders more effectively and to provide a single source of accurate data about offenders		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV is developing a plan for implementation of an integrated offender management system, noting that implementation is dependent on funding availability.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (447 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #7</b>	That Corrections Victoria work with Court Services Victoria and other relevant stakeholders to explore effective and innovative models for managing offenders in the community, including applying elements of the NJC model		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will work with relevant stakeholders to explore innovative approaches to the management of offenders including consideration of elements of the Neighbourhood Justice Centre (NJC) model.		
<b>Updated action</b>	Not provided		



<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (508 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #8</b>	That Corrections Victoria reduce wait times for support programs and services by making sure that enough programs are available to offenders on community correction orders		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will continue to increase provision of support programs and services subject to available funding. DJR will work with the Department of Health and Human Services (DHHS) to increase the provision of alcohol and other drug programs (AOD) subject to available funding.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-19 (692 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #9</b>	That Corrections Victoria review the way it shares information with Victoria Police to make this process more effective and timely		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will continue to build on existing formal information sharing arrangements with Victoria Police and is working to introduce a technology based solution to notify and provide information to CCS in relation to an offender's contact with Victoria Police.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (843 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #10</b>	That Corrections Victoria review the way it manages offenders who breach the conditions of their community correction orders and, where needed, provide advice to government on making the breach process faster and more effective		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV is introducing a range of changes to case management of offenders that will improve responses to the detection and management of non-compliance by offenders. CV will continue to consider ways to improve breach processes.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-18 (327 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #11</b>	That Corrections Victoria regularly evaluate support programs and services for offenders on community correction orders, to make sure they are achieving their objectives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV will evaluate relevant offending behaviour programs (OBP).		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (843 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #12</b>	That Corrections Victoria develop more strategic monitoring and reporting of support programs and services for offenders on community correction orders, to provide better-quality information for decisions about future programs		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	CV is improving the monitoring of OBP delivery for offenders. DJR will work with DHHS to improve strategic monitoring of AOD services for offenders.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (843 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #1</b>	Appoint a team of suitably qualified and experienced professionals to form a collaborative disaster recovery working group to: · provide advice and technical support; · share lessons learnt based on disaster recovery tests and exercises; · coordinate disaster recovery requirements for resources shared between agencies; · identify, develop, implement and manage initiatives that may impact multiple agencies; · coordinate funding requests to ensure critical investments and requirements are prioritised		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Subject to the establishment of a whole-of-Victorian-government disaster recovery working group, the department will commit suitably qualified and experienced professionals to participate In It.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Not started	<b>Date implemented/ due for implementation</b>	Jun-20
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<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #2</b>	Perform a gap analysis on their disaster recovery requirements and resource capabilities to determine the extent of the capability investment that will be required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A current state assessment, including gap analysis on the disaster recovery requirements and resource capabilities, will be undertaken to support the Disaster Recovery Strategy (see Recommendation 6).		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-18 (123 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #3</b>	Develop disaster recovery plans for the systems that support critical business functions and test these plans according to the disaster recovery test program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will implement: 1) a central register to maintain Disaster Recovery (DR) plans for critical systems; 2) a twice-yearly process to monitor the completion and testing of DR plans		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #4</b>	Provide advice and training to staff on: · newly developed frameworks, policies, standards and procedures to increase awareness and adoption as needed; · specific disaster recovery systems		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A communications plan will be developed to ensure that all business areas and key stakeholders are informed of the strategy, policies, standards, procedures and systems.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #5</b>	Establish system obsolescence management processes to: <ul style="list-style-type: none"> <li>· identify and manage systems at risk of becoming obsolete, those that will soon have insufficient support or those that will be difficult to manage when they become obsolete;</li> <li>· enable strategic planning, life-cycle optimisation and the development of long-term business cases for system life-cycle support;</li> <li>· provide executive with information to allow risk-based investment decisions to be made.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will develop a regular report of systems which are obsolete or at risk of becoming obsolete. This information will be provided to system owners and business unit directors to use as part of existing strategic and investment planning processes. The department will also develop guidance, communications and processes to ensure: 1) obsolescence is managed effectively; 2) business cases for new technology includes lifecycle consideration and risk management to inform investment decisions.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #6</b>	Set up disaster recovery frameworks to provide guidelines and minimum standards for ICT disaster recovery planning, including: <ul style="list-style-type: none"> <li>· developing a strategy to establish the minimum levels of readiness and appropriate governance oversight;</li> <li>· establishing the requirements, frequency and format of disaster recovery tests based on systems' criticality;</li> <li>· establishing policies, standards and procedures for a consistent approach.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will develop a Disaster Recovery Strategy which will establish the requirements for disaster recovery planning and recovery testing for critical business systems. This strategy will be supported by standards, guidelines and tools as required.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #12</b>	Update its Crisis and Continuity Policy to require business units to consult with system owners and the Knowledge, Information and Technology Services group as part of the business impact analysis process, to validate the maximum allowable outage and recovery time objectives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The department will update the Crisis and Continuity Policy to include a consultation process to ensure alignment between recovery time objectives and maximum allowable outages for critical services.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (153 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #13</b>	Develop a framework to assist business units to determine the criticality of business functions and identify disaster recovery requirements		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will develop assessment criteria to determine criticality of key services as part of its business impact analysis process. The Disaster Recovery Strategy (as per Recommendation 6) will identify disaster recovery requirements aligned to service criticality.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (153 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #14</b>	Determine a recovery strategy for systems that support critical business functions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will develop a Disaster Recovery Strategy and Disaster Recovery Plans for critical systems.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #15</b>	Update the business impact analysis process to include components that: · evaluate and rank the criticality of business functions; · analyse impacts caused by disruption to critical business functions.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will update its BIA process to include analysis of disruption impacts.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (64 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will review its current indicators to ensure they reflect a balanced scorecard approach, and agree these indicators with the Audit and Risk Management Committee.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-17 (0 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #4</b>	DEDJTR, DELWP, DJR and DPC schedule regular meetings, at least quarterly, between the CAE and the Secretary to provide the opportunity to discuss strategic objectives and emerging risks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will schedule quarterly meetings between the Chief Risk and Audit Officer and the Secretary.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-17 (23 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #5</b>	DELWP, DHHS, DJR, DPC and DTF complete a self-assessment of compliance with the International Standards for the Professional Practice of Internal Auditing (the IIA Standards), consistent with the adoption of the IIA Standards in their internal audit charters, and report the results and action plans to address gaps to the audit committee, and conduct future assessments annually		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will undertake a self assessment of compliance with the IIA standards and report the results to the Audit and Risk Management Committee. It will include the requirement to complete this self-assessment annually in the Internal Audit Charter.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (661 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #6</b>	DELWP, DJR, DPC and DTF conduct an external quality assurance review of internal audit, consistent with the adoption of the IIA Standards in their internal audit charters, report the results to the audit committee and conduct future assessments at least every five years		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will conduct an external review of internal audit and report the results to the Audit and Risk Management Committee. It will include the requirement to complete this self-assessment every five years in the Internal Audit Charter.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The department will complete an annual report that assesses the internal control environment and identifies organisational themes and trends. The results will be reported to the Audit and Risk Management Committee. It will include the requirement to complete this self-assessment annually in the Internal Audit Charter.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #1</b>	Update relevant approval processes for changes to system-wide operational requirements and standards so that contractual implications are adequately identified, considered and addressed before changes are implemented		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DJR will review and update its approval processes for changes to system-wide operational requirements and standards so that contractual implications are adequately identified, considered and addressed before changes are implemented.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (94 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #2</b>	Address known issues with legacy IT and data systems by integrating offender management systems, to improve data management and analytical capability		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DJR is developing a plan to implement an integrated offender management system that will be completed by June 2018. Timing and implementation of a new system is dependent on funding availability.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (33 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #3</b>	Improve the transparency of the prison system by increasing public reporting on the performance of individual prisons and the system as a whole, against applicable service delivery outcomes and key performance indicators		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DJR will examine opportunities to increase public reporting on the performance of individual prisons and the system as a whole.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #4</b>	Monitor and enforce compliance with the contract requirement that serious incident investigations in privately operated prisons follow contemporary root-cause analysis methodology		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DJR will adjust its processes to monitor and enforce compliance with the contract requirement that serious incident investigations follow contemporary root-cause analysis methodology.		
<b>Updated action</b>	Not provided		



<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (33 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #5</b>	Evaluate the effectiveness and impact of violence-reduction efforts across the system, share the findings for continuous improvement and lead the development of a system-wide violence-reduction strategy that includes occupational violence and prisoner-on-prisoner violence		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DJR will develop options to evaluate the effectiveness and impact of violence reduction efforts in prisons, implementing evaluations as appropriate. DJR will use evaluation findings to inform the development of a system-wide violence-reduction strategy.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #6</b>	Resolve system issues so private prisons have access to the corrections intelligence system that is equivalent to public prisons' access		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DJR will implement a technical solution to provide private prisons with access to the corrections intelligence system equivalent to public prisons.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

## Department of Premier and Cabinet

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
<b>Recommendation #1</b>	That the Department of Treasury and Finance and the Department of Premier and Cabinet advise government on how best to establish a public reporting mechanism that provides relevant project status information on capital projects costing \$10 million or more, planned and actual costs, time lines, governance arrangements, and the extent to which benefits are realised.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	DPC sought the Office of Projects Victoria's (OPV's) advice to report back to Government on how best to establish a public reporting mechanism as per the recommendation. OPV have briefed the Treasurer with two proposed options: 1) A basic option which would involve collating already available public information on major projects into a standalone report. 2) A detailed option which would comprise a public online platform similar to that used by the Victorian Government ICT Dashboard. OPV have recommended that a basic public reporting option should be pursued as a first phase as it could be developed and made available much more rapidly compared to the development time required for a detailed option. OPV intend to report back to Government in early 2019 with advice on how to best address the VAGO recommendation. Following Government decisions OPV will finalise the implementation plan and delivery timeline in consultation with DPC and DTF.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (393 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Board Performance
<b>Recommendation #1</b>	That DPC review the risk classification matrix in the Appointment and Remuneration Guidelines to better reflect the risks and challenges facing boards		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC carried out a preliminary internal review of the risk classification framework in 2017. A full review will be carried out by the newly established Office of Public Sector Executive Remuneration, which has been established to commence aspects of the work program of the proposed Independent Remuneration Tribunal. If a Bill to establish an Independent Remuneration Tribunal passes Parliament in 2019, the Tribunal will complete the review.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #1</b>	That DPC as part of its review of the Public Records Act 1973, address the recommendations of the 1996 Public Accounts and Estimates Committee review-in particular, a continuous program of random audits of agencies to ensure that records management practices are compliant with Public Record Office Victoria standards		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC is currently in the early stages of a review of the Public Records Act. The Special Minister of State approved the scope, review process and timelines of the review in September 2018. Consultation has begun, and will continue its next phase in December 2018/January 2019.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #2</b>	That DPC as part of its review of the Public Records Act 1973, address the complexities and risks for records management arising from increased outsourcing arrangements and advances in technology since the Public Records Act 1973 was first drafted		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC is currently in the early stages of a review of the Public Records Act. The Special Minister of State approved the scope, review process and timelines of the review in September 2018. Consultation has begun, and will continue its next phase in December 2018/January 2019.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #3</b>	That DPC as part of its review of the Public Records Act 1973, work to harmonise the Public Records Act 1973 with Victoria's changed information legislation environment-including legislation such as freedom of information, privacy and data protection		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC is currently in the early stages of a review of the Public Records Act. The Special Minister of State approved the scope, review process and timelines of the review in September 2018. Consultation has begun, and will continue its next phase in December 2018/January 2019.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #4</b>	That DPC as part of its review of the Public Records Act 1973, incorporate the improved regulatory measures that are applied in other jurisdictions-including monitoring, reporting and penalties for noncompliance		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC is currently in the early stages of a review of the Public Records Act. The Special Minister of State approved the scope, review process and timelines of the review in September 2018. Consultation has begun, and will continue its next phase in December 2018/January 2019.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #1</b>	That the DHHS, DTF and DPC - through the Interdepartmental Housing Project Steering Committee - agree on a long-term strategic direction for public housing that sets targets for growth, sustainability and meeting demand		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	As a member of the IDC, DPC has supported DHHS to deliver initiatives outlined in Homes for Victorians. DPC will continue to support DHHS to deliver initiatives through membership of the Director of Housing's IDC, and DTF's Housing IDC. DPC has supported the Premier in negotiating the National Affordable Housing and Homelessness Agreement (NHHA) through the Council of Australian Governments. DPC is working with DTF and DHHS to consider future strategic social housing directions.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #2</b>	That DHHS, DTF and DPC monitor, evaluate and report on the delivery of measures related to public housing in Homes for Victorians, including their impacts on social housing growth, sustainability and demand		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	As a member of the Director of Housing's IDC and DTF's Homes for Victorians IDC, DPC has supported the development by DHHS of a reporting framework to facilitate regular reporting to the IDC. DPC will continue to ensure that the reporting framework remains relevant into the future through continued membership of the Director of Housing's IDC.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #3</b>	That DHHS, DTF and DPC assess the financial and operational impacts of changes to the community housing sector's role arising from Homes for Victorians, including new housing allocation requirements		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC continues to provide advice based on information on the financial and operational impacts of Homes for Victorians initiatives to the Premier. DPC supports DHHS and DTF to assess the financial and		

	operating impacts of social housing initiatives through its role on the IDCs, and through committees of Cabinet.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #4</b>	That DHHS, DTF and DPC identify and implement strategies to improve the financial sustainability of the public housing rental operating model over the long term		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	As a member of the IDC, DPC has provided advice and support to DHHS and DTF concerning oversight and policy direction on matters brought to the IDC and committees of Cabinet. DPC will continue to provide advice and support through these avenues.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #1</b>	That DPC collaborate with departments and agencies to develop a whole-of-government framework to provide the Victorian public sector with guidance and parameters for public participation-this framework should: · provide guidance about public participation principles and align with better practice · ensure there are clear definitions of public participation terminology and unambiguous language · provide agencies with guidance about governance and oversight, capability development, access to expertise and monitoring, and evaluation mechanisms		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	DPC has established a project to develop a whole of government approach and guidance for conducting effective citizen engagement in government decision making.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation in Government Decision-Making
<b>Recommendation #2</b>	That DPC develop its own internal framework and guidance for public participation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	DPC will tailor the whole of government approach to citizen engagement for the purposes of DPC.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #1</b>	DPC confirm in their advice to government on major capital projects (including High Value High Risk projects) that: · proposals should not be recommended for funding unless the business case includes an outline benefits plan as well as a service plan for how desired services will be delivered or enabled by the capital investment · proposals and business cases should identify benefits that are robust, measurable, attributable and soundly articulated, irrespective of the source of funding.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC will continue to provide advice to government on whether business cases are appropriately developed prior to recommendation for funding. DPC will continue to work with DTF to amend the business case development guidance material to ensure it remains consistent with best practice.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (0 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #1</b>	DHHS and DPC review the position of the chief audit executive (CAE) and ensure the CAE: · is positioned at an appropriate level in the department to participate in executive forums and engage in strategic conversations; · reports administratively to the Secretary or a senior executive delegate who is not the chief financial officer and has no actual or perceived conflict, but does have sufficient authority to promote independence and ensure that internal audit communications and recommendations are adequately considered and acted on		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC will review the position of the Chief Audit Executive.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DPC will review existing internal audit indicators.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #3</b>	DELWP, DPC and DTF clearly define the role and responsibilities of the CAE in the nominated officer's position description		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC will review the relevant position description.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #4</b>	DEDJTR, DELWP, DJR and DPC schedule regular meetings, at least quarterly, between the CAE and the Secretary to provide the opportunity to discuss strategic objectives and emerging risks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC considers that the current reporting arrangements are effective and there are appropriate opportunities for strategic objectives, emerging risks and any internal audit matters to be raised with the Secretary as required. As noted in the findings, even though regular meetings are not scheduled, there are no restrictions on arranging meetings with the Secretary.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #5</b>	DELWP, DHHS, DJR, DPC and DTF complete a self-assessment of compliance with the International Standards for the Professional Practice of Internal Auditing (the IIA Standards), consistent with the adoption of the IIA Standards in their internal audit charters, and report the results and action plans to address gaps to the audit committee, and conduct future assessments annually		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DPC has a fully outsourced internal audit provider. DPC's Internal Audit Charter requires the internal audit service provider to comply with appropriate standards and codes of conduct issued by the relevant professional bodies, (such as the Institute of Internal Auditors, CPA Australia and The Institute of Chartered Accountants in Australia), in the provision of internal audit services for DPC. DPC will seek advice from the internal audit provider on the reviews undertaken within their organisation to ensure compliance with the relevant audit standards.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #6</b>	DELWP, DJR, DPC and DTF conduct an external quality assurance review of internal audit, consistent with the adoption of the IIA Standards in their internal audit charters, report the results to the audit committee and conduct future assessments at least every five years		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC will seek advice from the internal audit service provider on its external review processes.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #9</b>	DEDJTR, DELWP, DHHS, DPC and DTF provide an annual report on internal audit performance to the audit committee detailing internal audit activity, achievements, and opportunities for improvement and performance against agreed measures, as required by the Standing Directions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The effectiveness and efficiency of DPC's internal audit provider is considered by management and the audit committee on a continuous basis and through the following mechanisms: · regular internal audit provider status updates, which detail internal audit activity and progress · fortnightly contract meetings - discussions at each audit committee meeting about achievements and opportunities for improvements · annual assessments of client service, which report performance against contract K Pies and client satisfaction for individual projects · annual audit committee assessment of the internal audit function. DPC considers that this reporting structure is robust and effective.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
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<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As required by Standing Direction 3.2.2.2 (e), DPC will provide the audit committee with a report summarising the overall findings of the controls reviewed in the internal audit projects undertaken as part of the DPC 2016-17 internal audit program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #1</b>	Amend the ICT Reporting Standard for the Victorian Public Service to: <ul style="list-style-type: none"> <li>· require that agencies provide a more descriptive and standardised narrative about their ICT projects, including: <ul style="list-style-type: none"> <li>- information on the purpose of the project and overall value proposition</li> <li>- a description of the expected impact on the efficiency and effectiveness of service delivery</li> <li>- information on the benefits expected from the project's implementation.</li> </ul> </li> <li>· require the capture and reporting of expected project benefits on the Victorian Government ICT Dashboard, including a capability for reporting agencies to monitor benefits realisation</li> <li>· clarify that any agency-derived red/amber/green statuses used for a quarterly data update must align with the high-level red/amber/green definitions specified by the Department of Premier and Cabinet to ensure a consistent view across the public sector of ICT project status</li> <li>· require that the Chief Information Officer and Chief Financial Officer (or equivalent roles) jointly sign-off the list of ICT projects that underpins the Financial Reporting Direction 22H reporting process and attest that all required projects have been identified and correctly reported.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC accepts the majority of the recommendation except for the inclusion of a capability on the dashboard for reporting agencies to monitor benefit realisation. This is because most projects benefits will not be realised until after the project is completed. DPC can capture and report on expected benefits for projects until the project is completed. Once completed, projects will no longer be required to report to the ICT Dashboard. DPC will complete this recommendation in financial year 2018/19.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (346 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #2</b>	Continue to consult with agencies subject to the Financial Management Act 1994 to determine the most useful data fields to be included in the ICT Reporting Standard for the Victorian Public Service with a key focus on avoiding any unnecessary reporting burden for agencies		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DPC will continue to be collaborative and consultative in the development of whole-of-government policy and standard when a review is required to refresh the ICT Reporting Standard.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (346 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #3</b>	Conduct strategic analysis of ICT project categories and spend to support the intent of the Information Technology Strategy: Victorian Government 2016-2020 for agencies to share existing solutions within the public service or identify services that could be transitioned into a shared services model		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	ICT Reporting Standard has already been updated to include ICT project category reporting in the dashboard, starting from Q2 2017-18. DPC will continue to collect the data and conduct strategic analysis. DPC will complete this recommendation in financial year 2018-19.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (346 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #4</b>	Identify methods to review and confirm the accuracy and completeness of data reported on the Victorian Government ICT Dashboard and communicate the results back to agencies		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DPC will work with relevant departments and agencies to identify appropriate methods for data assurance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (346 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #6</b>	Improve records management practices for ICT projects, giving particular attention to capturing and recording key project documents which show evidence of decisions and approvals		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	In alignment with PRINCE2 methodology, DPC has governance in place already, and will continue to follow the set governance to ensure appropriate documents are captured for decisions and approvals made for projects.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (346 days to implement)

## Department of Transport

<b>Audit year</b>	2016–17	<b>Audit name</b>	Maintaining State-Controlled Roadways
<b>Recommendation #1</b>	That VicRoads develop a road maintenance strategy with clear objectives, outcomes and measures that define both technical and road-user levels of service for each road maintenance category		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	<p>· Publish Pavement Management Strategic Plan · Develop Pavement Modelling to inform the pavement maintenance and rehabilitation requirements in the Pavement Program Business Case · Continue to refine and calibrate the predictive modelling to improve its correlation with field observations to inform future pavement business cases · As part of a whole asset management transformation project, review Pavement Management Strategic Plan to include whole of life asset management, road maintenance work effort capture, demand based forecasting and a road assets performance framework The following key milestones have been developed: Milestone 1.1 - Publish pavement management strategic plan (Completed) Milestone 1.2 - Develop the predictive model (Asset maintenance predictive condition and demand forecast improvement) Milestone 1.3 - Update model to reflect road assets performance framework Milestone 1.4 - Update model to reflect road assets management framework Introduction of Customer Levels of Service and Performance measures Following implementation of previously proposed actions (as mentioned above), DoT recognised actions required changed scope. Initial scoping activities and input from key stakeholders identified the following initiatives that are now in delivery in order to more comprehensively and directly deliver on this recommendation: - Customer Levels of Service (CLoS) project to determine how the asset portfolio is meeting the service needs of the community in the short, medium and long term. This project will provide a clear 'line of sight' from the maintenance activities and interventions performed on the assets, to the service outcomes experienced by the road-users. - Stage 1 of CLoS project was completed in October 2019 delivering framework and proposed KPIs. - Stage 2 of the CLoS project will test and validate the KPIs as well as determine target levels of service for the road maintenance strategy.</p>		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jul-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Maintaining State-Controlled Roadways
<b>Recommendation #2</b>	That VicRoads revise its roads program guidelines so that they clearly describe how pavement condition data is to be used to prioritise pavement maintenance programs, including specifying criteria for both state-wide and regional condition targets for each road maintenance category		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Include pavement condition parameters into the Roads Program guidelines to help validate the nominations of project by Region staff - The following key milestones have been developed: Milestone 2.1 - Revise FY18-19 Roads Program Guideline (Completed) Milestone 2.2 - Develop the predictive model (asset maintenance predictive condition and demand forecast) Milestone 2.3 - Update model to reflect road assets performance framework Milestone 2.4 - Update model to reflect road assets management framework		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	May-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Maintaining State-Controlled Roadways
<b>Recommendation #3</b>	That VicRoads revise road inventory and pavement condition data requirements and document data management protocols, and develop appropriate processes for data validation, storage and dissemination based on sound data collection requirements for recording road inventory and pavement condition		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Continue to update the inventory data and deterioration models in the PMS. Review asset performance parameters · Develop data dictionary through data requirements from the program of work and wider VicRoads requirements for asset demand, work effort capture, asset performance, customer expectations and cost to service. This will serve as a single source of truth for data definitions, quality, and frequency of collection/measurement. · The following key milestones have been developed: Milestone 3.1 - Develop asset data dictionary Milestone 3.2 - Develop asset information management framework Milestone 3.3 - Develop road assets management frameworks		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jan-22

<b>Audit year</b>	2016–17	<b>Audit name</b>	Maintaining State-Controlled Roadways
<b>Recommendation #4</b>	That VicRoads develop state-wide key contract outcomes and relevant and appropriate indicators so that it can consistently measure how contractor performance across the regions contributes to overall network condition		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Complete the formation of the Asset Services Business Area · Asset Transformation Team to mobilise a program of work from DTFs' AMAF Attestation around 2017-18. As part of a wider program of work, capabilities are being built that provide requirements for future procurement and contract management in terms of asset performance, work effort capture, data definitions and reporting The relevant milestones are: Milestone 4.1 - Asset maintenance predictive condition and demand forecast		

	improvement Milestone 4.2 - Develop road assets performance framework (inclusive of contract performance) Milestone 4.3 - Develop road asset management frameworks (include all asset classes) Milestone 4.4 - Align road asset maintenance contracts		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jul-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Maintaining State-Controlled Roadways
<b>Recommendation #5</b>	That VicRoads meaningfully report on road condition and performance against established levels of service so that the public and government are fully informed of the outcomes of the road pavement maintenance program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Develop the VicRoads Transport Analytic Platform · Review asset performance framework to ensure it links with VicRoads 2017-2021 Corporate Plan focus areas · Develop a program to gain insight into community expectations of road maintenance and levels of service · Commence the development of a map based website with road conditions and road pavement maintenance program · Establish Regional Roads Victoria (RRV) The key milestones are: Milestone 5.1 - Develop reporting platform for predictive model (Asset maintenance predictive condition and demand forecast) Milestone 5.2 - Update model to reflect road assets management framework Milestone 5.3 - Populate road asset frameworks (include all asset classes) Milestone 5.4 - Creation of road assets performance dashboard		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jul-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing the Performance of Rail Franchisees
<b>Recommendation #1</b>	That PTV finalise and introduce a contract management framework with appropriate processes and systems to better: · manage knowledge and improve record keeping · define roles and responsibilities and decision-making processes · manage contract risks · track benefits and evaluate performance throughout the life of the contract to identify problems, opportunities and weaknesses.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Following the development of a Better Contract Management (BCM) framework, an implementation strategy and timeframe for BCM is being discussed between Procurement (Corporate Services) and Franchise Operator Management.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (1028 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing the Performance of Rail Franchisees
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<b>Recommendation #2</b>	That PTV improve how it monitors and manages the performance of train and tram franchisees by: · periodically auditing franchisees' performance data and related systems · planning and implementing monitoring systems for the train and tram networks that provide comprehensive real-time journey information · preparing performance benchmarks for future franchise agreements that drive improvement and are periodically reviewed and reset where necessary · clearly explaining performance thresholds and how they relate to incentives and penalties in public reporting on train and tram performance · developing an effective way to monitor customer experience performance, using lessons from the current agreements.	
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>
<b>Planned action at tabling</b>	Not provided	
<b>Updated action</b>	The inclusion of operator performance and systems related audits will continue to be explored as part of the expansion of the existing performance monitoring program. - Funding was approved in 2018-19 for the replacement of the Tram Automatic Vehicle Monitoring (AVM) system. Planning will commence for a new Tram AVM system to manage and monitor metropolitan tram service operations. The new system will provide real time information on tram services, and improve operational reliability and passenger information. The Real Time Positioning of Trains System (RTPOTS) project is in the process of being closed. - New performance targets and thresholds have been included in the Operations Module of the MR4 Franchise Agreements. - PTV will be providing far greater breadth and depth of information into the future, along with a far more detailed glossary on the meaning of the measures and targets. - The new franchise agreements include a comprehensive customer experience regime, which includes abatements for tram and train, should the franchisees fail to meet the customer experience requirements. The SAMP includes a description of each of the major asset classes and explains the purpose of Asset Class Strategies. Development of the Asset Class Strategies is underway and expected to be completed by Jun 19.	
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b> Oct-19 (1028 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing the Performance of Rail Franchisees
<b>Recommendation #3</b>	That PTV before the next franchise agreement starts, work collaboratively with Victorian Rail Track (VicTrack) and the Department of Economic Development, Jobs, Transport & Resources to prepare and introduce a comprehensive framework for managing assets that is consistent with the Department of Treasury & Finance's Asset Management Accountability Framework and includes: - clearly defined roles and responsibilities for all agencies and franchisees, including responsibility for operational control and management system assets - Systems and practices to capture and analyse comprehensive data about the condition of train and tram assets, including a baseline condition survey when the new agreements start and periodic reviews from then on - clearly defined and ranked standards for asset management - strategies for managing each groups of assets.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Agreed, however the introduction of some of these new and/or improved processes will not be fully in place by the start of MR4 should this begin at the end of 2017. Agreed. Currently under development. PTV will develop systems and practices to analyse train and tram asset data and implement these across agencies/operators. Due to the complex nature and the number of parties involved it is anticipated that implementation will be phased with full implementation achieved by June 2018. A high level asset condition assessment has been completed of the rail and tram networks. PTV is currently scoping the next phase to determine next areas require further investment to develop a deeper understanding of, and baseline the condition of these assets. Asset management standards will be defined as part of the		

<b>Updated action</b>	<p>framework currently being developed. Asset management strategies for each group of assets will be defined as part of the framework currently being developed.</p> <p>PTV has developed an asset performance governance framework for the MR4 contracts. PTV holds monthly asset performance meetings for Infrastructure, OCMS and Rolling Stock Assets. These forums are used for the Operators to report on the performance of the network assets, including reporting about their reliability, mean time to failure and to repair. They also report monthly on the completion of maintenance and renewal activities and any incidents, vulnerabilities and risks. Within PTV, the FOM and NIPA Divisions have defined roles and responsibilities with respect to MR4 asset performance management, standards management and contract deliverable review and approval. Under MR4 there is a Standards Governance Group that endorses any changes to operator standards. - PTV worked with DTF and DEDJTR to secure funding in FY18/19 for a consultant for an Asset Condition Assessment Project (ACAP). A cross agency working group (including PTV, DTF, DEDJTR, TfV and VicTrack) has been formed to oversee the ACAP. ACAP will be delivered over 12 months (Jul 18 to Jun 19). ACAP will form the baseline asset condition assessment for the MR4 period. Surveys will also be undertaken in Years 4, 7 and 10 of MR4. The first phase ACAP will have 2 stages; to develop an asset condition assessment framework and associated asset condition metrics, and the physical asset surveys. The asset condition assessment framework will identify metrics and data required for PTV to make an assessment of asset condition. ACAP will review and verify the asset condition data already collected by the Operators and identify gaps in the data. The surveys will collect data to fill gaps, giving PTV a complete understanding of the condition of the network's assets and sub-assets. Within PTV, the FOM and NIPA Divisions have defined roles and responsibilities with respect to MR4 asset performance management, standards management and contract deliverable review and approval. Under MR4 there is a Standards Governance Group that endorses any changes to operator standards. - PTV has established their Asset Management Branch and Asset Management System through the Asset Management Policy, Strategic Asset Management Plan (SAMP) and Asset Management Framework.</p>		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (541 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing the Performance of Rail Franchisees
<b>Recommendation #4</b>	That PTV evaluate the performance-based right to a contract extension under the current franchise agreement, to understand the benefits and weaknesses of this approach for future agreements.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This will be included in scope as part of MR3 close-out however not relevant for MR4 as there are no performance-extension rights for any future agreement.		
<b>Updated action</b>	The MR4 Franchise Agreements for Train and Tram do not contain performance-based rights to contract extensions.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-17 (329 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing the Performance of Rail Franchisees
<b>Recommendation #5</b>	That PTV improve its systems and capability to collect and analyse comprehensive information on franchisee costs throughout the life of franchise agreements		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As part of the MR4 contract requirements, the operators are required to provide increased comprehensive financial information to enable better analysis and understanding of trends. Additionally, internal resourcing and capabilities are being reviewed as part of a wider organisational review.		
<b>Updated action</b>	Actions PTV has taken to implement the recommendation include: - Source and implement the Franchise Business Performance Reporting (BPRT) tool to provide a mechanism for franchisees to submit financial performance data and PTV to perform detailed reporting and analysis. - An internal resourcing review resulted in the contract financial control team being reorganised to have a dedicated manager for each transport mode. This now enables the team to organise finance meetings with operators of each mode to review and maintain the franchisee's financial data and costs.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (421 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #7</b>	DEDJTR improve how it specifies and measures benefits arising from major capital projects to ensure alignment with better practice guidance on benefit management from the Department of Treasury and Finance		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #8</b>	DEDJTR identify any major projects underway that have not yet developed a robust benefit management framework and require these projects to rectify this deficiency		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	TFV is developing a benefits management framework, and will work with OCG to apply it across Major Transport Infrastructure Program (MTIP) programs of work.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
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<b>Recommendation #9</b>	DEDJTR nominate an enduring point of accountability for project post completion assessments that can withstand major organisational restructures and realignments and provide continuity of staff, corporate knowledge and other corporate resources		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	It is noted that Head, TfV has ultimate responsibility as the enduring point of accountability and this recommendation is at a high level complete. Delegation of these responsibilities enables post-completion assessment requirements to withstand organisational change.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-19 (356 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #10</b>	DEDJTR develop a knowledge management strategy and record-keeping action plan that will focus on: · unifying the disparate public records that have been inherited by Transport for Victoria from other agencies to allow for their efficient usage and retrieval, in conformance with best practice guidance issued by the Public Record Office Victoria · ensure continuity of operational and leadership responsibilities for projects and initiatives after major organisational and staffing changes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	TfV has established a network transition function that will specify client requirements for major projects, including project closure. DEDJTR's information management function will support TfV to ensure that knowledge management and record keeping comply with legislation, DEDJTR policy and project requirements.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #11</b>	DEDJTR with support from the Department of Treasury and Finance's Gateway Unit, identify and review any outstanding gateway review recommendations directed to projects managed by Transport for Victoria, including those transferred in from other agencies, and, if necessary, allocate these recommendations to new senior responsible officers for action.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	TfV already tracks the progress of gateway review recommendations through responsible project clients. TfV will work with DoT to identify and review outstanding gateway review recommendations.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-19 (448 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #12</b>	DEDJTR in conjunction with public transport operators ensure that future asset or network improvements are explicitly linked to a service delivery outcome and that other project dependencies - such as staff and rolling stock - are well aligned to any expected service enhancements or project benefits.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	TfV has established a working group to ensure that the infrastructure required to deliver future rail network configurations and service plans is achieved. The working group is supported by a modelling group that provides rail operations advice and involves both metropolitan and regional rail operators.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (52 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #13</b>	DEDJTR in conjunction with V/Line assess growth in patronage and define future service requirements with a particular focus on the capacity challenges that are emerging along the RRL route and at Southern Cross Station.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	It is noted that TfV's public transport planning function assesses current and future services requirements across the entire network. As a matter of routine, TfV will continue to assess capacity challenges along the RRL route and at Southern Cross Station. TfV will work in conjunction with V/Line and other stakeholders to support responding to this recommendation.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (387 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #1</b>	DEDJTR fully implement its Fraud and Corruption Control Policy and Plan		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As at March 2018, 19 of the major control initiatives outlines in the plans are in place and work is underway to implement the remaining five initiatives by end of 2018.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #2</b>	DEDJTR identify all staff working in areas with the highest risk of fraud and corruption; and: · develop and implement a strategy to provide them with integrity training and · track completion of the training to ensure appropriate coverage and awareness		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The training completed in 2016 and 2017 was conducted appropriately and with tracking to identify the business areas and manager/staff groups targeted for training		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (337 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #3</b>	DEDJTR work collaboratively with its agencies to support them in meeting Victorian Public Sector Commission requirements for conflict of interest practices in recruitment panels		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR is actively working with its agencies to provide leadership and support in their meeting of all VPSC principles and guidelines, and the better practice recommendations at 4, 5, 7, 8 and 9 following.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (156 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #4</b>	DEDJTR through its Integrity Services Unit, continue to scrutinise declarations of private interest and related management plans and work collaboratively with its agencies to ensure consistency and active management of declared conflicts		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Finalise review of 2017 Declaration of Private Interest (DOPI).		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (247 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #5</b>	DEDJTR through its Integrity Services Unit continue to scrutinise agency gifts, benefits and hospitality registers, and work collaboratively with agencies to proactively address noncompliance while working towards having a single register to improve oversight		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Finalise review and of current GBH/OBE registers and publish the DEDJTR register. (By 30 May 2018)		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #6</b>	DEDJTR develop and implement appropriate supplier vetting guidelines		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Aspects of this control are being addressed through the development of data analytics tools, and that supplier due diligence systems and guidelines are planned for completion in 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Feb-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #7</b>	DEDJTR work collaboratively with its agencies to develop appropriate fraud and corruption indicators and procurement reporting processes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Develop Fraud and Corruption indicators and procurement reporting processes for DEDJTR.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-19 (398 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
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<b>Recommendation #8</b>	DEDJTR formalise information sharing processes between its Integrity Services Unit and its agencies to facilitate appropriate feedback on integrity matters that are referred to agencies for action or information		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Matter will be logged in Fraud Corruption Integrity (FCI) register and followed as per agreed process.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (337 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #9</b>	DEDJTR ensure that it documents decision-making regarding efforts to recover losses due to fraud and corruption and collaboratively works with its agencies to support them to do the same		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR has amended its Integrity Incidents Register already to include this data.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (125 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #10</b>	DEDJTR improve the reporting capacity of its Integrity Services Unit's integrity register to capture whether allegations are substantiated, losses are incurred and action taken, and ensure that the register captures all matters reported to it		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR has amended its Services Unit integrity register to capture Integrity Incidents Register to include this data		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (125 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #11</b>	DEDJTR finalise its review of the treatment of missing assets to ensure that there is consideration of whether losses are caused by fraud and corruption		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	DEDJTR identified the need for this step in late 2017 in a review of its stocktake practices and reporting and will be completed by 30 June 2018.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (247 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #12</b>	PTV finalise guidance for procurements of less than \$25 000		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV will finalise and implement policies, procedures and guidance for procurements amounting to less than \$25,000.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (64 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #13</b>	PTV finalise and implement supplier vetting guidelines		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV will finalise and implement supplier vetting activities. Responsibility for the performance of supplier vetting activities will be formally assigned.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-19 (368 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #14</b>	PTV improve scrutiny and reporting of procurements of less than \$25 000		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV will develop and implement a process for regular monitoring and reporting of procurements amounting to less than \$25,000.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-18 (186 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #15</b>	PTV perform regular and effective fraud and corruption lead indicator reporting with procurement data		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV will develop and implement regular and effective lead indicator reporting focused on relevant procurement data.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-18 (186 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #16</b>	PTV document decision making regarding efforts to recover losses due to fraud and corruption		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV will develop a process to ensure that all decision making regarding the recovery of losses arising from fraud and corruption are adequately documented.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (33 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Fraud and Corruption Control
<b>Recommendation #17</b>	PTV improve controls to detect and prevent over-expenditure on contracts, including processes to reconcile accounts payable and contract management system expenditure		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV will develop and improve controls to detect and prevent over-expenditure on contracts. The ability to reconcile accounts payable and contract management system expenditure will be reviewed as part of this process.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-19 (309 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #1</b>	Appoint a team of suitably qualified and experienced professionals to form a collaborative disaster recovery working group to: · provide advice and technical support; · share lessons learnt based on disaster recovery tests and exercises; · coordinate disaster recovery requirements for resources shared between agencies; · identify, develop, implement and manage initiatives that may impact multiple agencies; · coordinate funding requests to ensure critical investments and requirements are prioritised		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #2</b>	Perform a gap analysis on their disaster recovery requirements and resource capabilities to determine the extent of the capability investment that will be required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will review disaster recovery requirements following completion of its Business Continuity Framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (245 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #3</b>	Develop disaster recovery plans for the systems that support critical business functions and test these plans according to the disaster recovery test program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will use the requirements identified in business continuity plans to develop and test disaster recovery plans of systems that support critical business functions.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (184 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
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<b>Recommendation #4</b>	Provide advice and training to staff on: · newly developed frameworks, policies, standards and procedures to increase awareness and adoption as needed; · specific disaster recovery systems		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department is developing an ICT Disaster Recovery Framework, in which training accountabilities and responsibilities will be documented and communicated to relevant parties.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-18 (92 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #5</b>	Establish system obsolescence management processes to: · identify and manage systems at risk of becoming obsolete, those that will soon have insufficient support or those that will be difficult to manage when they become obsolete; · enable strategic planning, life-cycle optimisation and the development of long-term business cases for system life-cycle support; · provide executive with information to allow risk-based investment decisions to be made.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department will establish a system obsolescence management process as part of the IT System Governance Framework to enable efficient management of ICT systems' life cycles across the Department.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-19 (518 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #6</b>	Set up disaster recovery frameworks to provide guidelines and minimum standards for ICT disaster recovery planning, including: · developing a strategy to establish the minimum levels of readiness and appropriate governance oversight; · establishing the requirements, frequency and format of disaster recovery tests based on systems' criticality; · establishing policies, standards and procedures for a consistent approach.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Work to establish an ICT Disaster Recovery Framework and guidelines have commenced. These will enable a standardised approach for planning, implementing and managing disaster recovery requirements.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-18 (92 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department has recently reviewed its internal audit performance indicators. These indicators will be reviewed annually to ensure they remain relevant and aligned with better practice.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (357 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #4</b>	DEDJTR, DELWP, DJR and DPC schedule regular meetings, at least quarterly, between the Chief Audit Executive and the Secretary to provide the opportunity to discuss strategic objectives and emerging risks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Regular meetings between DEDJTR Chief Audit Executive and the Secretary will be organised.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #9</b>	DEDJTR, DELWP, DHHS, DPC and DTF provide an annual report on internal audit performance to the audit committee detailing internal audit activity, achievements, and opportunities for improvement and performance against agreed measures, as required by the Standing Directions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Some internal audit performance indicators at DEDJTR are assessed on a quarterly basis. The results are reported to the audit committee at a meeting, following the relevant quarter-end. Other performance indicators are assessed annually, and the results will also be reported to the audit committee, as required by the Standing Directions.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	An annual report on internal controls will be prepared and provided to the audit committee in October 2017.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #1</b>	Follow High Value High Risk guidelines in developing a business case as the basis for government's investment decisions, including timing of approval, presenting a range of project options and updating the business case with any significant changes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR will continue to work with the Department of Treasury and Finance in relation to future investments including the application of HVHR requirements.		
<b>Updated action</b>	DoT (former DEDJTR) will continue to ensure business cases align with the DTF HVHR requirements		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (687 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #2</b>	Develop a transparent selection and prioritisation process for targeted removal of level crossings beyond current commitments made by government		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Accept, noting that there is no financial commitment beyond the LXP2.		
<b>Updated action</b>	DoT (former DEDJTR) / DoT developed a Site Prioritisation Framework for the selection of the additional 25 level crossings (LXP2) that is publically available via the internet - <a href="https://levelcrossings.vic.gov.au/media/news/More-level-crossing-removals-on-the-way">https://levelcrossings.vic.gov.au/media/news/More-level-crossing-removals-on-the-way</a> The framework was used to select sites across the rail network and fed into the Planning Study prepared for LXP2.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #3</b>	Develop comprehensive key performance indicators and targets to meaningfully measure achievement of intended benefits		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This will be implemented by enhancing the analysis and commentary in individual site benefit reports under the Benefits Management Plan in the LXP Business Case.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (442 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #4</b>	Progressively monitor the progress of achievement of Level Crossing Removal Program outcomes to facilitate timely insight into how the program is progressing towards benefits realisation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This is already being implemented, and is required under the HVHR Investment Framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #5</b>	Develop contemporary network rail standards, so that agencies delivering rail projects have an understanding of network requirements and what is required to assure projects meet engineering, network integration and safety requirements		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This is already being implemented by DEDJTR, and is being led by Transport for Victoria with involvement from PTV, Metro Trains for Melbourne (MTM), LXRA and the Melbourne Metro Rail Authority.		
<b>Updated action</b>	(Recommendation reallocated to DoT due to MoG Changes)		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (199 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
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<b>Recommendation #5</b>	Develop contemporary network rail standards, so that agencies delivering rail projects have an understanding of network requirements and what is required to assure projects meet engineering, network integration and safety requirements		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This is already being Implemented by DEDJTR, and is being led by Transport for Victoria with involvement from PTV, Metro Trains for Melbourne (MTM), LXRA and the Melbourne Metro Rail Authority.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (199 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #6</b>	Monitor the effectiveness of Public Transport Victoria's controls to improve its network integrity function		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Transport for Victoria and Public Transport Victoria have completed a review and implemented a revised Network Assurance Governance Framework for the network integrity function.		
<b>Updated action</b>	(Recommendation reallocated from DEDJTR to DoT due to MoG Changes)		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #6</b>	Monitor the effectiveness of Public Transport Victoria's controls to improve its network integrity function		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV in conjunction with DEDJTR, has established a number of arrangements to improve oversight and accountability over its network integrity function. These include a public transport capability definition governance framework and a formalised standards governance process in the new franchise agreement with Metro Trains Melbourne. This includes the planned establishment of a standards governance group by January 2018.		
<b>Updated action</b>	(Recommendation reallocated from PTV to DoT due to MoG Changes)		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-18 (18 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #10</b>	Evaluate its packaging approach and incorporate lessons learned into future level crossing removals		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Lessons learnt from the LXR packaging approach will be incorporated into planning work for potential future level crossing removals.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	That VicRoads address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: <ul style="list-style-type: none"> <li>· identifying all the assets they are responsible for;</li> <li>· using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	VicRoads is at various stages of implementing the following, which will form the active response to this recommendation: <ul style="list-style-type: none"> <li>· Asset Transformation Project - VicRoads is reforming its asset management practices, enabling VicRoads to not only comply with the Department of Treasury and Finance (DTF)'s Asset Management Accountability Framework, but to also work towards a mature asset management approach aligned with ISO55001.</li> <li>· Asset Transformation Project - VicRoads has asset inventory information for built and major assets, the requirements for which are being revised based on an assessment of the criticality, to identify the level of information required to sufficiently manage assets.</li> <li>· Asset Strategic Framework - VicRoads is developing strategic frameworks for each major asset class, which includes resilience criteria enabling consideration of climate change adaptation risks and requirements, emergency management and incident recovery, environmental impact and response to other disruptions. This strategic framework will facilitate improved investment decisions and prioritise available funding.</li> </ul>		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-21

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	That VicRoads assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: <ul style="list-style-type: none"> <li>· documenting the considerations, assessments, analysis and decisions that their assessments involve;</li> <li>· using available information to regularly review risks and monitor changes in risk ratings over time;</li> <li>· introducing triggers and monitoring information into their asset management and/or climate change activities as appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	As acknowledged throughout the report that VicRoads has already used risk assessment practices to prioritise our investment in major works and at state-wide level. This include various documentation, which has been developed to address climate changes including coastal inundation: - A Climate Change Risk Assessment was developed in 2015 to summarise the risk of climate change to the VicRoads road network and identify the risks to different asset types. - The Sustainability and Climate Change Strategy 2015-2020 describes the principles adopted to manage the significant and important risks. This will continue to be reviewed and updated periodically. - Geotechnical Risk Assessment Program, which is adapting to include changes in coastal erosion risk. VicRoads will further incorporate climate change into its asset management practices, predominantly within the Asset Strategic Framework, and look to assess, review and monitor climate related risks including coastal erosion and inundation, based on the findings of VicRoads Climate Change Risk Assessment document, which has been developed in-line with the principles of AS/NZS ISO 31000.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-21

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #6</b>	Improve records management practices for ICT projects, giving particular attention to capturing and recording key project documents which show evidence of decisions and approvals		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PTV accepts the recommendation. PTV will establish processes to improve records management practices for ICT projects to ensure key decision making and approval activity is adequately captured, recorded and supported by key project documents.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (73 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #5</b>	That PTV improve how it monitors and manages V/Line performance by: · documenting the basis and methodology of targets and thresholds in the services agreement and State Budget papers; · assessing the adequacy of existing performance measures and standards to achieve improvements in performance; · preparing performance benchmarks for future services agreements that drive improvement and are periodically reviewed and reset where necessary; · periodically auditing V/Line's performance data and related systems		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This will be completed as part of the current development of a new Services Agreement. PTV will investigate the cost/benefit to determine frequency and scope of audits to be undertaken to ensure the reliability of performance data and related systems.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Feb-20
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<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #6</b>	That PTV work collaboratively with V/Line to: <ul style="list-style-type: none"> <li>· more accurately reflect actual performance and passenger experience by measuring and publicly reporting reliability and punctuality against the master timetable;</li> <li>· develop a more effective way to monitor customer experience performance, using lessons from the current services agreements</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As part of a new Services Agreement, PTV together with V/Line and DEDJTR are considering options to more accurately reflect actual performance and passenger experience. The reporting against the master timetable is being considered along with other transport operator practices. This will be completed as part of the current development of a new Services Agreement.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-18 (418 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #7</b>	That DEDJTR work collaboratively with Public Transport Victoria and V/Line to: <ul style="list-style-type: none"> <li>· better understand the impact of the shared metropolitan and regional network on V/Line's punctuality;</li> <li>· develop evidence-based train-loading standards to determine the level of overcrowding on passenger trains;</li> <li>· develop a more robust indicator of service demand by measuring the average passenger travel distances</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DEDJTR has improved oversight of the metropolitan and regional network, by establishing a Network Operations Working Group to collaborate and better understand the issues and impacts associated with punctuality. This working group includes members from DEDJTR, V/Line, PTV and Metro Trains Melbourne. DEDJTR has developed evidence based train loading standards to determine the level of overcrowding on passenger trains. These load standards, which apply to current metropolitan rolling stock, consider the number of seats available per train together with a maximum standing passenger density of 4 persons per square metre. This number accounts for uneven standing densities on particular trains, and within and between train carriages in a given time period. The evidence based train loading standards approach will be developed for regional trains over the next 24 months. DEDJTR recognises there is a data gap regarding information on average passenger travel distances. DEDJTR will investigate options to address this data gap, including through the use of myki data, over the next 12 - 24 months.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
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<b>Recommendation #8</b>	That DEDJTR review the transport portfolio governance framework with a particular focus on clarifying the roles of key agencies and reporting and information flow		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As noted in your report, in February 2017 the Transport Integration Act 2010 was amended and the Head, Transport For Victoria was established as the lead transport agency, appointed by the DEDJTR Secretary and endorsed by the Minister. In addition and as you have also noted, in February 2016 the Transport Integration Act 2010 was amended and where there were previously two V/Line entities, there will in future exist only the V/Line Corporation. Since this time DEDJTR governance frameworks have matured including establishment of a Transport For Victoria governance framework of which V/line and PTV are part. Roles, relationships, performance monitoring, reporting and information flows are now clearer and will continue to be refined. The establishment of Transport For Victoria is improving relationships between agencies and understanding of agency roles and responsibilities. This has been recently demonstrated through establishment and alignment of a shared Transport For Victoria strategic direction, embedded into the corporate plans of V/Une and PTV, along with VicRoads and VicTrack. DEDJTR has also made significant enhancements in oversight of all of its agencies through our governance frameworks, with the annual review of agencies against legislative obligations and Victorian Government guidelines and standards now in its second year. This recommendation reflects the already embedded commitment Transport For Victoria and DEDJTR have to continue to regularly review their governance frameworks to ensure legislative obligations are met and our overall performance improves.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-17 (0 days to implement)

## Department of Treasury and Finance

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
<b>Recommendation #1</b>	That the Department of Treasury and Finance and the Department of Premier and Cabinet advise government on how best to establish a public reporting mechanism that provides relevant project status information on capital projects costing \$10 million or more, planned and actual costs, time lines, governance arrangements, and the extent to which benefits are realised.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The Office of Projects Victoria has prepared a brief to the Treasurer providing options for public reporting and seeking a direction to take to Cabinet.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (1123 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
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<b>Recommendation #2</b>	That agencies implement a documented and consistent approach to verify that they have adequately addressed the requirements of the Department of Treasury and Finance's Investment Lifecycle and High Value/High Risk Guidelines for government-funded capital projects.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF supports in principle the recommendation, noting this requires action across all agencies. Processes also exist such as Gateway reviews and the deliverability assessment of High Value High Risk business cases that provide assurance in a more targeted manner.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-16 (0 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
<b>Recommendation #3</b>	That the Department of Treasury and Finance periodically reviews agencies' performance in applying the Investment Lifecycle and High Value/High Risk Guidelines for projects costing \$10 million or more and provides feedback to agencies on areas requiring improvement.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF supports in principle the recommendation and will continue to engage with departments with feedback on how to improve preparation of project documentation. Particularly when documentation submitted does not meet expectations.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-16 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #1</b>	That the DHHS, DTF and DPC - through the Interdepartmental Housing Project Steering Committee - agree on a long-term strategic direction for public housing that sets targets for growth, sustainability and meeting demand		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Support DHHS to deliver the social housing initiatives as outlined in 'Homes for Victorians', the Government's end-to-end housing strategy. Support the development of the Commonwealth's National Affordable Housing and Homelessness Agreement's proposed performance commitments by supporting the Treasurer's attendance at the COAG Council on Federal Financial Relations. DTF is working with DPC and DHHS to consider future strategic social housing directions.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #2</b>	That DHHS, DTF and DPC monitor, evaluate and report on the delivery of measures related to public housing in Homes for Victorians, including their impacts on social housing growth, sustainability and demand		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Support DHHS to monitor and evaluate the impact of social housing initiatives as outlined in Homes for Victorians through the collection of data and information, and the verification of data sources.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #3</b>	That DHHS, DTF and DPC assess the financial and operational impacts of changes to the community housing sector's role arising from Homes for Victorians, including new housing allocation requirements		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Support DHHS to assess the financial and operating impacts of social housing initiatives as outlined in 'Homes for Victorians' through the provision of financial guidance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Victoria's Public Housing
<b>Recommendation #4</b>	That DHHS, DTF and DPC identify and implement strategies to improve the financial sustainability of the public housing rental operating model over the long term		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Work with DHHS to ensure the ongoing sustainability of DHHS' financial operations and that of the public housing rental operating model.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #1</b>	DTF confirm in their advice to government on major capital projects (including High Value High Risk projects) that: <ul style="list-style-type: none"> <li>· proposals should not be recommended for funding unless the business case includes an outline benefits plan as well as a service plan for how desired services will be delivered or enabled by the capital investment</li> <li>· proposals and business cases should identify benefits that are robust, measurable, attributable and soundly articulated, irrespective of the source of funding.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will continue to review and update its guidance material to ensure it remains consistent with best practice. DTF notes that all capital initiatives with a Total Estimated Investment (TEI) over \$10 million require a long form business case to be completed. The long form business case template as well as DTF's Investment Lifecycle and High Value/High Risk Guidelines provide guidance on DTF's expectations regarding the documenting of benefits and of how services will be delivered or enabled by the capital investment.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #2</b>	DTF ensure that projects subject to the High Value High Risk process: <ul style="list-style-type: none"> <li>· conform with applicable investment life cycle guidance and undergo the required gateway review process steps, unless explicitly exempted by a government directive</li> <li>· have sufficient allocated funding to conduct post-completion assessments and a senior responsible officer within the agency to ensure these assessments occur after project delivery</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will continue to ensure that its advice to Government notes whether projects subject to the HVHR process conform with applicable guidelines and have completed gateway reviews unless explicitly exempted by a government directive. In November 2017, the Treasurer approved a process to ensure funding sustainability for Gateway reviews of HVHR projects, including Gate 6 reviews. DTF will support DEDJTR where possible in organising post completion Gateway reviews in circumstances where organisational change results in a change in SRO.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #3</b>	DTF track the progress of agency senior responsible officer implementation of gateway review recommendations relating to major capital projects (including High Value High Risk projects) and, if		

	required, reallocate these to a new senior responsible officer or agency for action if significant organisational change has occurred in the period between gateway stages		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Gateway review reports are confidential to a project's SRO, with only red flag (i.e. critical) recommendations contained in Gateway reviews reported to DTF and the Treasurer. SROs are responsible for developing an appropriate Recommendation Action Plan (RAP) detailing the intended mitigation strategies which is assessed by DTF. While DTF can track the progress of agency implementation of red rated recommendations, it cannot do the same for amber recommendations. DTF will support agencies such as DEDJTR where possible in organising post completion Gateway reviews in circumstances where organisational change results in a change in SRO.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #4</b>	DTF use the Office of Projects Victoria, working with the gateway and High Value High Risk functions, to analyse and publicise lessons learnt from previous major projects to promote project success in the wider public sector, with an initial focus on defining problems and developing options in business cases, developing service plans for how desired services will be delivered or enabled by the capital investment, and preparing benefit management frameworks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF agrees that analysing lessons learnt and sharing these within the wider public sector promotes better practice. The Gateway Unit within DTF currently captures lessons learnt from Gateway review reports. DTF will work with the Office of Projects Victoria to analyse and promote these lessons learnt to help drive project success and improve delivery capability in the wider public sector.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #5</b>	DTF conduct a diagnostic analysis of reasons for comparatively low adoption of Gate 6 'Benefits Evaluation' gateway reviews across the public sector		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF actively engages with individual agencies to encourage Gate 6 reviews to be undertaken. DTF will examine the reasons for the low adoption of Gate 6 reviews and investigate ways to increase the number of Gate 6 reviews across the public sector.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided
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<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #6</b>	DTF develop guidance for major infrastructure projects on the optimal timing and number of post-delivery reviews that agencies should conduct throughout a project's useful life to assess any emerging or changing benefits.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF's guidance already includes suggested review timeframes. DTF will review and update this guidance to ensure it remains relevant, particularly for long term program of works.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #11</b>	DEDJTR with the support of DTF's Gateway Unit, identify and review any outstanding gateway review recommendations directed to projects managed by Transport for Victoria, including those transferred in from other agencies, and, if necessary, allocate these recommendations to new senior responsible officers for action.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As noted in DTF's response to Recommendation 3, DTF has visibility of red rated Gateway Review recommendations only. As such, DTF's role is limited to assisting DEDJTR in identifying and reviewing outstanding red rated recommendations. The Gateway Unit in DTF provides an independent administrative function. Its function is not to review the implementation of Gateway review recommendations, nor is it resourced for such a role. The Gateway Unit can, however, support DEDJTR by providing Gateway Report information, including Gateway recommendations, in circumstances where there is organisational change.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #2</b>	All departments review existing internal audit performance indicators to ensure they reflect a balanced scorecard approach and agree on a set of indicators, measures and reporting frequency with the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The Department of Treasury and Finance will consider the appropriateness of reviewing existing performance indicators to ensure they reflect a balanced scorecard approach.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #3</b>	DELWP, DPC and DTF clearly define the role and responsibilities of the CAE in the nominated officer's position description		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department of Treasury and Finance supports the recommendation that the Chief Audit Executive role be further clarified in the nominated officer's position description.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #5</b>	DELWP, DHHS, DJR, DPC and DTF complete a self-assessment of compliance with the International Standards for the Professional Practice of Internal Auditing (the IIA Standards), consistent with the adoption of the IIA Standards in their internal audit charters, and report the results and action plans to address gaps to the audit committee, and conduct future assessments annually		
<b>Accept recommendation</b>	No	<b>If no, explain</b>	From a whole of government framework perspective, the Department of Treasury and Finance confirms that application of the International Standards for the Professional Practice of Internal Auditing is supplementary to the mandatory requirement of the Standing Directions (the Directions). Moreover, the Financial Management Act 1994 only permits the mandating of Australian accounting standards. The Department does not consider that conducting a complete self-assessment of compliance with the international standards as a necessary part of the internal audit cycle. The appropriateness of such a review for individual agencies may depend on the nature, complexity and scale of their operations.
<b>Planned action at tabling</b>	From a whole of government framework perspective, the Department of Treasury and Finance confirms that application of the International Standards for the Professional Practice of Internal Auditing is supplementary to the mandatory requirement of the Standing Directions (the Directions). Moreover, the Financial Management Act 1994 only permits the mandating of Australian accounting standards. The Department does not consider that conducting a complete self-assessment of compliance with the		

<b>Updated action</b>	international standards as a necessary part of the internal audit cycle. The appropriateness of such a review for individual agencies may depend on the nature, complexity and scale of their operations.		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #6</b>	DELWP, DJR, DPC and DTF conduct an external quality assurance review of internal audit, consistent with the adoption of the IIA Standards in their internal audit charters, report the results to the audit committee and conduct future assessments at least every five years		
<b>Accept recommendation</b>	No	<b>If no, explain</b>	From a whole of government frameworks perspective, the Department of Treasury and Finance confirms that application of the International Standards for the Professional Practice of Internal Auditing is supplementary to the mandatory requirement of the Directions. Moreover, the Financial Management Act 1994 only permits the mandating of Australian accounting standards. The Department does not consider conducting an external quality assurance review of internal audit as a necessary part of the internal audit cycle. The appropriateness of such a review for individual agencies may depend on the nature, complexity and scale of their operations.
<b>Planned action at tabling</b>	From a whole of government frameworks perspective, the Department of Treasury and Finance confirms that application of the International Standards for the Professional Practice of Internal Auditing is supplementary to the mandatory requirement of the Directions. Moreover, the Financial Management Act 1994 only permits the mandating of Australian accounting standards. The Department does not consider conducting an external quality assurance review of internal audit as a necessary part of the internal audit cycle. The appropriateness of such a review for individual agencies may depend on the nature, complexity and scale of their operations.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #7</b>	DTF develop a three- to four-year rolling strategic internal audit plan, consistent with the requirements of the Standing Directions of the Minister for Finance 2016 (the Standing Directions), and have the plan approved by the audit committee		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	



<b>Planned action at tabling</b>	While the Department of Treasury and Finance has always included multi-year elements of a rolling plan, the 2017-20 internal audit plan has been presented in a manner that further clarifies the multi-year program of proposed and potential projects.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-17 (84 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #8</b>	DELWP, DET, DHHS and DTF improve assurance mapping to include all sources of assurance and an assessment of the adequacy of risk coverage to provide the audit committee with a comprehensive view of the level of assurance		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department of Treasury and Finance internal audit function engages in many effective processes of assurance. The Department considers that a more formal assurance mapping process is an appropriate improvement and will benefit the internal audit function.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (114 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
<b>Recommendation #9</b>	DEDJTR, DELWP, DHHS, DPC and DTF provide an annual report on internal audit performance to the audit committee detailing internal audit activity, achievements, and opportunities for improvement and performance against agreed measures, as required by the Standing Directions		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department of Treasury and Finance assesses the quality of internal audit on an ongoing basis via regular meetings between the Audit and Risk Committee Chair and the Secretary, customer satisfaction components in each internal audit report, and a semi-annual discussion of the quality of internal audit by the Audit and Risk Committee. Whilst DTF already meets the requirements of the Directions, it will further consider any enhancements that may continuously improve the Department's current practices.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Internal Audit Performance
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<b>Recommendation #10</b>	DEDJTR, DELWP, DHHS, DJR, DPC and DTF provide an annual report on internal controls to the audit committee that provides an overall assessment of the internal control environment, to satisfy Standing Directions requirements, and identifies organisational themes and trends		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Department of Treasury and Finance considers that it is compliant with section 3.2.2.2 of the Standing Directions in the following ways; 1. The annual core financial review - the core financial review on the effectiveness of controls, improvements that have been made and whether the controls are embedded in the work of the Department. 2. The annual risk profile review and quarterly risk reports provide the Committee with an update on the work undertaken around the Department to assess the effectiveness and appropriateness of risk management controls. 3. The Committee regularly considers reports on the effectiveness of ICT and cyber-security controls including the quarterly CenITex assurance reviews. Whilst DTF already meets the requirements of the Directions, it will further consider any enhancements that may continuously improve the Department's current practices.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-18 (176 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #1</b>	Develop advice for government on the long-term sustainability of land sale targets and incentives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will provide advice to the government on options to improve the government's surplus land sales financial framework, including land sales targets and incentives		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (572 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #2</b>	In coordination with relevant stakeholders, explore more effective mechanisms to expedite native title consents to enable the timely sale of Crown land		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will continue to work with the Department of Justice and Regulation to identify potential mechanisms to expedite native title consents		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #3</b>	Review and update the government's land management policies in light of the introduction of Land Use Victoria's new policy to ensure consistency in how the agencies understand public value in relation to their landholdings		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will work collaboratively with the Department of Environment, Land, Water and Planning to review the government's Landholding Policy and Guidelines and Land Use Policy and Guidelines, and propose any modifications necessary to ensure the two policies are complimentary.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #4</b>	Introduce a wider range of land utilisation categories to the Victorian Government Landholding Policy and Guidelines and develop guidance to support agencies to accurately and consistently categorise their landholdings		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will work with the Department of Environment, Land, Water and Planning to review the 6 current land utilisation categories within the Landholding Policy and Guidelines and provide any recommendations on potential improvements to the Minister of Finance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #5</b>	Develop a policy to support agencies to identify leasing and other interim land use opportunities for under-utilised land		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will work with the Department of Environment, Land, Water and Planning to develop a policy that supports departments identifying interim land use opportunities. It is expected that guidance of this nature will be appropriate to include within the government's Landholding Policy and Guidelines		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (572 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #6</b>	Review the first right of refusal process in light of Land Use Victoria's new policy to achieve best value from surplus government land, including revising existing time frames		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will work with the Department of Environment, Land, Water and Planning to review the First Right of Refusal process to identify any possible improvements that will help to achieve the best value from surplus government land.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #12</b>	Develop a methodology to assess the costs and benefits of the sale of surplus land, including an accurate understanding of recurrent holding costs associated with retaining surplus land and an assessment of the non-financial benefits of sales		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF will prepare a set of guidelines, including a methodology to guide the assessment of the costs and benefits of the sale of surplus land.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing Surplus Government Land
<b>Recommendation #13</b>	Ensure that sites are offered to other government agencies through consistent application of the first right of refusal process		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As a landholding agency, DTF will ensure that any land it holds is offered through the First Right of Refusal Process prior to being offered for public sale.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-18 (0 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
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<b>Recommendation #7</b>	Ensure that its advice to government, and associated public information on Partnerships Victoria and other major projects, should wherever practicable present costs and benefits in nominal and present value terms, with the discount rate (nominal and/or real rate) and other key assumptions explicitly stated and justified		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF proposes to remain vigilant when preparing advice to Government to ensure financial information on infrastructure projects appropriately references discount rates and key assumptions. Disclosure of discount rates and other assumptions for commercial transactions will be considered on a case by case basis to protect the government's negotiation position o future projects, along with information provided to government on a commercial-in-confidence basis.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-18 (125 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Safety and Cost Effectiveness of Private Prisons
<b>Recommendation #8</b>	Update relevant guidance to require probity reports and sign-off letters for major procurement transactions to disclose any material probity issues that arose during the relevant project, even where the issues were managed to the satisfaction of the probity practitioner and project governance group		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF proposed to consult probity practitioners currently on the State Purchase Contracts for Professional Advisory Services to communicate the intent of this recommendation without compromising the independent role of the probity advisor. DTF will review relevant procurement and policy guidelines to address the recommendation.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (551 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #5</b>	Implement a common chart of accounts across agencies subject to the Financial Management Act 1994, to consistently capture and code ICT-related expenditure, to allow better assessment and analysis across all these entities, regardless of their size or portfolio		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	DTF and the Department of Premier and Cabinet (DPC) are already engaged in an ongoing program to develop and upgrade data collection to facilitate performance monitoring and analysis, including work on improving the whole of government chart of accounts. Further work will be undertaken to determine the processes and systems that should be implemented throughout the general government sector to optimise data collection and analysis.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-21

### East Gippsland Shire Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	Address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: · identifying all the assets they are responsible for; · using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	East Gippsland has already committed to implementing an improved and more strategic approach to asset and associated risk management processes. This work has been commenced and forms a component of a broader project that is designed to improve and upgrade a number of our existing business systems and processes. Implementation will be programmed over a number of years and will provide a focus on all asset classes including coastal assets.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-21

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	Assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: · documenting the considerations, assessments, analysis and decisions that their assessments involve; · using available information to regularly review risks and monitor changes in risk ratings over time; · introducing triggers and monitoring information into their asset management and/or climate change activities as appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	East Gippsland has already committed to implementing an improved and more strategic approach to asset and associated risk management processes. This work has been commenced and forms a component of a broader project that is designed to improve and upgrade a number of our existing business systems and processes. Implementation will be programmed over a number of years and will provide a focus on all asset classes including coastal assets.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-23

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #6</b>	Assess climate change risks from coastal inundation and erosion hazards across their coastal asset portfolios		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	East Gippsland Shire has commenced the development of the Lakes Entrance Growth and Adaptation Strategy. This is a substantial project that is designed to pilot our approach to supporting an integrated approach to the adaptation of our coastal townships. This project will support our understanding of the most appropriate way to plan for and manage future impacts to infrastructure that supports our townships and will guide the way that adaptive responses to asset management are included in our strategic asset management systems and processes.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-21

## Eastern Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	An improvement project has commenced to reduce the length of stay times for category 3 patients. This is part of the Every Minute Matters strategy (refer below) and is centred on improving admitted and non-admitted four hour performance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-17 (187 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Eastern Health has a long standing commitment to improving patient flow through initiatives such as Getting it Right, Emergency Department Redesign, general Medicine model of care improvements and the Great Care Everywhere program which focuses improvement efforts through a lean approach. Since July 2017, this has been enhanced through the Emergency Access Plan titled Every Minute Matters which		

<b>Updated action</b>	has a whole of health service approach aimed at improving four hour emergency department performance in each of the three hospitals.		
	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-17 (187 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	An action plan has been developed to address the recommendations arising from the VEMD Audit findings. Progress regarding achievement of these actions is routinely monitored.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-17 (157 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #17</b>	That the four health services review their ICT strategic plans to ensure they are in line with Digitising Health: How information and communications technology will enable person-centred health and wellbeing within Victoria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Eastern Health has commenced the mid-term review of its 5 year ICT Strategic Plan (Great Digital Information: Transforming Health care into Great Health and Wellbeing) which coincides with the development of the new Eastern Health Strategic Plan. Eastern Health agrees with Recommendation 17 of the performance audit report which relates to health services and will align its ICT Strategic Plan with 'Digitising Health: How information and communications technology will enable person-centred health and wellbeing.'		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (768 days to implement)

### Echuca Regional Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
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<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Reviewed the reasons for extended LOS. Opened a short stay unit, trying to resolve transportation issues, recruitment of FACEM improving access to Hospital in the Home to keep people out of ED.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (856 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	ERH are continually reviewing our actions and strategies to achieve this outcome.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Project continuing		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (1131 days to implement)

## Environment Protection Authority Victoria

<b>Audit year</b>	2017–18	<b>Audit name</b>	Improving Victoria's Air Quality
<b>Recommendation #1</b>	Expand its air monitoring network by: · reviewing and updating its current Monitoring Plan to reflect its risk-based approach to environmental regulation; · in addition to its ambient air quality monitoring for		

	purposes of the NEPM AAQ, designing and implementing an air monitoring program that better aligns coverage with air pollution risks that Victorian communities are exposed to		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Recommendation 6.3 of the Victorian Government's Response to the Independent Inquiry into the EPA requires EPA to assess the adequacy of its air and water monitoring networks. The Environmental Monitoring Capability Review is well progressed, and once the air quality monitoring network component of this review is complete (action 1.2), EPA will update its ambient air quality monitoring plan. EPA will continue to progress the Environmental Monitoring Capability Review. VAGO's recommendation will be factored into the review of the air monitoring network component of this current work. This review will help determine how EPA will deploy resources. EPA will work with government to determine how best to implement the findings of this review.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (572 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Improving Victoria's Air Quality
<b>Recommendation #2</b>	Improve its reporting on air quality by: · introducing a rigorous quality review process to ensure the accuracy and reliability of the state's air quality data and assessments against NEPM AAQ standards as presented across its various reporting, including on its AirWatch website; · developing readable and easily accessible annual reports on the results collected from all air monitoring across the state, highlighting assessments against standards and recorded exceedances		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	2.1 A) EPA will, with the support of counterpart agencies in other jurisdictions, review its existing quality review process to ensure accuracy of air quality data and assessments against AAQ NEPM standards. This will be reflected in EPA's 2019 AAQ NEPM compliance report. 2.1 B) EPA will also complete the current process of seeking NATA certification for the Beta Attenuation Method (BAM) of monitoring PM2.5. EPA's air monitoring methods used for reporting against the NEPM AAQ standards are NATA accredited except for the BAM method. 2.2 A) EPA will deliver a renewed data storage platform to manage Air Monitoring Data as part of its continued delivery of the Environmental Data Information Systems Online project. This project streamlines data collection, analysis, and storage while simplifying data sharing. 2.2 B) EPA will review its current air quality monitoring and assessment information to maximise access to clear and easily understood information in formats of most use to Victorians. For example, this may include an online portal, smartphone app or other flexible means of meeting diverse user needs.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-19

<b>Audit year</b>	2017–18	<b>Audit name</b>	Improving Victoria's Air Quality
<b>Recommendation #3</b>	Expand and update its knowledge of Victoria's air quality by: · completing a comprehensive Victorian air emissions inventory to identify current major point and diffuse sources of air pollution; · determining and preparing an action plan on how best to (1) oversight the air quality monitoring conducted by high-risk		

	operators to ensure that monitoring plans are in place, and that these plans are appropriately implemented; and (2) understand and effectively respond to air emissions from lower risk sites		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	3.1 EPA is currently developing an updated air emissions inventory for major and diffuse sources. This work will identify current major point sources of air pollution. 3.2 A) EPA will prepare an action plan on how to increase the oversight of air quality monitoring conducted by high-risk operators. EPA will consider relevant recommendations from the Independent Inquiry into the EPA and the Victorian Government's response in the development of the plan. 3.2 B) EPA will complete its current review of brown coal-fired power station licences focusing on improvements in reporting transparency. 3.2 C) EPA's updated air emissions inventory (action 3.1), will allow better understanding of the significance of contributions of air pollutants by source types. Following the air emissions inventory update, EPA will prepare an action plan on how to respond more effectively to cumulative air emissions and impacts from lower risk sites.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Improving Victoria's Air Quality
<b>Recommendation #4</b>	Work with all relevant councils to address air quality issues at the Brooklyn Industrial Precinct by: - reducing exceedance days and achieving NEPM AAQ standards for PM10, and considering the need to monitor other pollutants; - agreeing on the installation and location of additional air monitoring stations to measure the impact of air discharges on nearby residential communities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	4.1 A) EPA, together with Brimbank City Council and Hobsons Bay City Council, are partners in the Officers for the Protection for the Local Environment (OPLE) Pilot Program. This will enhance our collective capability to address air quality issues in the Brooklyn Industrial Precinct. 4.1 B) EPA will continue to work with councils, community and industry through the Brooklyn Community Reference Group to address air quality issues in the Brooklyn Industrial Precinct. 4.1 C) EPA will update its current Brooklyn Industrial Precinct Action Plan in consultation with relevant councils on how best to progress towards achieving compliance with state and national PM10 objectives and goals surrounding the precinct. 4.2 EPA will complete the air monitoring network component of the Environmental Monitoring Capability Review (action 1.1) and then update its ambient air monitoring plan, having consideration for problem sites including Brooklyn Industrial Precinct.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Improving Victoria's Air Quality
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<b>Recommendation #5</b>	Clarify the roles and responsibilities of relevant Victorian Government agencies with respect to air quality management, and develop protocols to ensure accountabilities are understood and coordination is achieved		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	There are clear protocols to manage smoke during emergency incidents, when clarity of role is critical for community safety. Separate to emergency incidents, there are a number of agencies at all levels of government involved in managing air quality. In recognition of this complexity, EPA together with DELWP as lead agency will work to clarify roles, responsibilities and accountabilities, and improve coordination.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

## Gippsland Ports

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	Address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: · identifying all the assets they are responsible for; · using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Gippsland Ports is not subject to the Standing Directions of the Minister for Finance and as such is not an agency required to comply with the Asset Management Accountability Framework (AMAF), however acknowledges the importance of AMAF to coastal assets and will, where practical, follow the requirements and guidelines of AMAF in addressing this recommendation.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	Assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: · documenting the considerations, assessments, analysis and decisions that their assessments involve; · using available information to regularly review risks and monitor changes in risk ratings over time; · introducing triggers and monitoring information into their asset management and/or climate change activities as appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Gippsland Ports will implement this recommendation across its coastal assets, including ongoing review and updating.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-19 (551 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #6</b>	Assess climate change risks from coastal inundation and erosion hazards across their coastal asset portfolios		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Similar to item 2, Gippsland Ports will assess these risks across its coastal assets		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

### Glen Eira City Council

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #1</b>	Councils should improve aquatic recreation centre monitoring, reporting and evaluation activities so that they can demonstrate the achievement of council objectives and outcomes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Council uses modern technologies to improve reporting, evaluation, and monitoring of outcomes. Council has also endorsed the Municipal Public Health and Wellbeing Plan 2017-2021 to comprehensively plan for and assess outcomes of council public health initiatives.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-16 (0 days to implement)

### Goulburn Valley Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	<p>GV Health has introduced streaming at the start of the 2015 calendar year where patients are identified at triage for their care pathway with an admission or non-admission focus. A trial of having senior medical staff at triage for RAPID assessment, has seen positive results in timelines and care outcomes. This will be expanded as recruitment of senior medical staff continues and recruitment is expected to be completed by the beginning of 2017. The triage education and competency package is under review to ensure safe and accurate triage. Expected completion of the review is in December 2016, Feedback from triage staff have indicated fatigue when allocated to triage for an 8 hour shift. It is proposed that this role now be broken into designated time periods across the shift and is currently being worked through with the Emergency Department. Telemedicine to 3 small rural Urgent Care Centres has commenced in July 2016 with an aim to reduce transfers to GV Health and activate care earlier. The short-stay unit admission process is under review, due to the report findings indicating that GV Health has a lower than average admission rate, where there will be an increased use of clinical pathways to guide admission and care.</p>		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	<p>Currently GV Health has a patient flow committee which comprises of staff from all areas. There will be a refocus for this group in response to the whole-of-hospital plan recently developed to support the Emergency Department in providing timely safe patient care. Collaboration with Ambulance Victoria has seen an improvement in ambulance off-loading and transfer of patients out. Ambulance Victoria participates in escalation processes to manage increase prolonged demand across all clinical units. Work has commenced with Murray Primary Health Network around the introduction of care pathways which support GP patient referral and thus timely access to services. In early 2017 work will commence with Murray Primary Health Network on reducing avoidable hospital admissions. GV Health has been selected to participate in Better Care Victoria Emergency Access Collaborative. This will provide collaborative support and resources to improve patient flow and emergency access.</p>		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-18 (736 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	In July 2016 GV Health introduced daily auditing of performance data. The results of this auditing have seen staff education focused on accurate documentation in both written and electronic format to ensure that the commencement and delivery of care is captured. Recent staff surveys and meetings have highlighted areas where team communication and targeted skill development will support earlier patient assessment and care commenced along with accurate data capture and entry.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

## Great Ocean Road Coast Committee

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	Address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: · identifying all the assets they are responsible for; · using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	GORCC has identified long term asset planning as a priority for coastal asset management and shall commence development of a 10 year asset replacement planning tool immediately following the Board's strategic Planning Workshop on 16th March 2017. This issue is one of four priorities being addressed at that workshop. The planning tool shall be completed in time to incorporate into 2019/2020 FY budget cycle, and across the extended ten-year planning horizon. The planning tool shall be developed in accordance with the VAGO recommendations regarding the State's Asset Management Accountability Framework. Undertake a gap analysis of GORCC's current Asset register and incorporate relevant assets to develop a listing to populate the new asset replacement program. Current reports prepared by GORCC on coastal inundation and the asset information contained shall be used to identify and prioritise assets within the program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Apr-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	Assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: · documenting the considerations, assessments, analysis and decisions that their assessments involve; · using available information to regularly review risks and monitor changes in risk ratings over time; · introducing triggers and monitoring information into their asset management and/or climate change activities as appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	1. Review the current Visitor Risk Management Framework to ensure compliance with required Standards (to ensure consistency with new work) 2. Complete a risk analysis, in priority order, of assets in revised Asset register and complete an initial prioritisation to assist with development of the long term asset management plan. 3. As is currently completed under the Visitor Risk Framework, develop and implement an annual asset audit program for review of risk status and provide necessary adjustments to asset management plan.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

### Latrobe Regional Hospital

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	· Review data with Director of Emergency Department and Nurse Unit Manager Emergency Department · Identify barriers to improving length of stay times for Category 3 patients · Identify Strategies and implement action plan - Monitor and evaluate response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (948 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Commenced work in patient flow collaborative (BCV) Developing whole of hospital solutions for patient flow in the ED		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (948 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
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<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	VAED audit findings are monitored and actions closed by the board LRH Audit and Risk Committee.		
<b>Updated action</b>	VAED audit recommendations have been actioned, reported to LRH Audit and Risk Committee and actions closed.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (401 days to implement)

### Loddon Shire Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #6</b>	Regularly review alignment between economic development strategies and council plans to improve the continuity of longer term initiatives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Loddon Shire will consider how to structure and review its next Economic Development Strategy and associated actions so that it not only aligns with the current Council Plan, but sets up a mechanism to re-align priorities and actions with reviews to the Council Plan and other changes, e.g. regional plans and initiatives. Loddon's current Economic Development Strategy extends to 2019, so these considerations are being noted now in preparation for its review. Loddon Shire has recently purchase corporate planning and reporting software which can support the regular review of economic development strategies.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (603 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #7</b>	Develop comprehensive performance measures for economic development with clearly articulated targets and benchmarks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The recommendation for councils to be able to assess whether they are being effective in their efforts is supported, although we note the issue with economic development is that it is difficult to create a nexus between inputs/effort and outcomes as outlined in Recommendation 5 above. We also note that Recommendation 5 refers to identification and collection of relevant information for planning and reporting, which should assist in developing reliable and relevant performance measures. Loddon Shire's existing Economic Development Strategy can be input into the new corporate planning and reporting software immediately to enable monitoring and reporting against performance measures identified in the Strategy.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (603 days to implement)
<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #8</b>	Monitor and report on economic development outcomes and clearly link actions to intended outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This recommendation is supported, noting that there will be some actions that will be difficult to report progress on in the short to mid-term. The new corporate planning and reporting software supports monitoring and reporting. The Strategy can be input immediately for regular monitoring and reporting.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jan-20

### Major Transport Infrastructure Authority

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #2</b>	Develop a transparent selection and prioritisation process for targeted removal of level crossings beyond current commitments made by government		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Noted that there are no financial commitments beyond the LXR.		
<b>Updated action</b>	LXR has developed a transparent selection and prioritisation process as follows: Following a commitment by the government, LXR prepared and undertook the Planning Study for LXR2 to ensure that the selection and prioritisation of recommended future level crossings is robust, objective and transparent. Undertaken in collaboration with TfV, the Planning Study thoroughly investigated which level crossings should be considered for removal as part of a future level crossing removal program. The Planning Study considered sites across Melbourne and selected commuter lines to regional Victoria, using a framework that was underpinned by a transparent and objective assessment, based on readily available data. The Planning Study was noted by the Priority Infrastructure Sub-Committee (PISC) in August 2017 and then again in December 2017. LXR revised the Planning Study to include delivery efficiency as a key principle. The Site Prioritisation Framework and resulting Program Option was endorsed by PISC in September 2018. The Site Prioritisation Framework was publicly released in October 2018.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)
<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program

<b>Recommendation #4</b>	Progressively monitor the progress of achievement of Level Crossing Removal Program outcomes to facilitate timely insight into how the program is progressing towards benefits realisation		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	This is already being implemented, and is required under the HVHR Investment Framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #7</b>	Apply options assessments transparently and consistently		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	LXRA may apply additional information and criteria to the LXRP options assessment framework to provide the best possible advice to Government.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #8</b>	Commission an independent evaluation and report on whether the deferred pricing contract structure is cost-effective and has delivered its intended benefits		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	LXRA will commission the independent evaluation at an appropriate juncture in the delivery of the LXRP.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-22

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #9</b>	Embed its benchmarking tool into the procurement process before using it to award additional works sites		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	The benchmarking tool is already embedded in the procurement of additional works packages under its program alliance procurement arrangements.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Managing the Level Crossing Removal Program
<b>Recommendation #10</b>	Evaluate its packaging approach and incorporate lessons learned into future level crossing removals		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Lessons learnt from the LXP packaging approach will be incorporated into planning work for potential future level crossing removals.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (352 days to implement)

### Maribyrnong City Council

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #1</b>	That all councils assess their public participation policies and associated resources against the International Association for Public Participation (IAP2) model, update them as necessary, and promote their use throughout the council		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Since the adoption of Maribyrnong City Council's public participation policy in 2014 the IAP2 model of engagement has been increasingly recognised as best practice and as such has been steadily adopted and integrated into Council's engagement processes, despite it not having been directly referenced in the 2014 policy. Maribyrnong City Council is relatively unique in its model of a centralised business unit dedicated to community engagement. Rather than relying on individual units to take up planning for engagement based on a framework and staff handbook, staff in the centralised unit are trained in the IAP2 model and stay up to date with best practice. This unit works with other business units to identify best methods for engagement, ensure stakeholder identification is carried out and consultation is promoted through communication channels.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #2</b>	That all councils build monitoring, reporting and evaluation activities into their public participation activities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Whilst not explicitly referenced in the 2014, the subsequent introduction of an online platform and integration with the communications team allows for close monitoring of consultation reach and engagement. Since its adoption in 2015, Council's online engagement platform has achieved more than 20,000 site visits. Consultation outcomes are routinely reported through the online portal and social media as well as through all council reports.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (205 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #3</b>	That all councils develop and document comprehensive public participation plans and their outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Auditor General's report should acknowledge that different Councils are at different stages of implementing their policies and framework. Maribyrnong City Council's four year policy and framework adopted in 2014 is relatively dated and now due for review. The audit's focus on policies and frameworks therefore is not necessarily reflective of actual practice. The review that will be carried out in 2017 will inform a new policy and framework that will be more reflective of Council's current practice and incorporate other components recommended in this report.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (570 days to implement)

### Maroondah City Council

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #1</b>	That all councils assess their public participation policies and associated resources against the International Association for Public Participation (IAP2) model, update them as necessary, and promote their use throughout the council		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	Council developed a Community Engagement Policy 2015 which was based on the IAP2 principles. This was acknowledged within the VAGO report. Council will periodically review the Policy taking in to account the proposed requirements in the draft Local Government Act currently before the Victorian Parliament.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (22 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #2</b>	That all councils build monitoring, reporting and evaluation activities into their public participation activities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	As part of Council's Policy development, a Toolkit was developed to support Council officers in their planning, delivery and evaluation of activity. As identified in the VAGO Audit report (Figure 2B) Council's Policy and Toolkit provides support in relation to monitoring, evaluation and review.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (22 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #3</b>	That all councils develop and document comprehensive public participation plans and their outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	As part of Council's Policy development, a Toolkit was developed to support Council officers in their planning, delivery and evaluation of activity. As identified in the VAGO Audit report (Figure 2D) Council's Policy and Toolkit provides support in relation to comprehensive planning and the provides templates to assist Council staff in their planning.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (22 days to implement)

## Melbourne Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Implementation of: 1. Observation Medicine Boarder Guidelines 2. Keep Times Real Review 3. Flex Bed Model 4. Greenlight to Subacute 5. Criteria led discharge 6. Daily Huddle 7. Length of Stay Reduction project 8. HITH Utilisation Review 9. Trauma Services weekend cover 10. Management of border movement out of SSU/BAU 11. Review demonstrated that the 'bed ready time' was an efficient method of bed allocation. 12. Establishment of Flex Cubicle Model to create early capacity in ED 13. 27% increase in short stay unit admissions		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	1. Observation Medicine Boarder Guidelines 2. Keep Times Real Review 3. Flex Bed Model 4. Greenlight to Subacute 5. Criteria Led Discharge 6. Daily Huddle 7. Length of Stay Reduction project 8. HITH Utilisation Review 9. Trauma Services weekend cover 10. Management of border movement out of SSU/BAU 11. Review demonstrated that the 'bed ready time' was an efficient method of bed allocation. 12. Establishment of Flex Bed Model to create early capacity in ED 13. 27% increase in short stay unit admissions 14. Re-established the Patient Flow Committee 15. Weekly long stay patient ward round 16. Use of data to drive performance 17. Implementation of seasonal strategies (ie Winter Bed Strategy - opening of 2 West) 18. Daily review of data with NUMs		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	1. Enhanced audit trail log to be delivered in V2.37 upgrade of Symphony -EMIS vendor of Symphony unable to deliver a workable upgrade after 12 months. Decision to replace Symphony with another product which will include a full audit trail. Expected implementation Q1 2019. - complete 2. Formalise data integrity requirements through overarching policy and procedures - Overarching policy and procedures implemented in October 2017 - complete 3. Enhanced user access report will be delivered with V2.37 upgrade - see 1 above. Enhanced user access reports will be available in the software that will		

	replace Symphony in 2019 - complete. 4. Password expiry every 30 days - password expiry currently every 90 days - this will remain at 90 days - complete. 5. Timely detection of time stamp errors - these are corrected daily - complete 6. Process for re-submission of VEMD data has been formally documented		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (978 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #11</b>	Formalise governance policies to guide decision-makers when allocating theatre resources between emergency and elective surgery and between surgical specialities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	A Melbourne Health draft procedure has been completed regarding the allocation of theatre time between emergency and elective surgery. The following actions has occurred: • Review of the theatre template occurred 2018 in preparation for new capacity to come on line 2020 • Principles have been developed that guide decision making on theatre allocations that uses data to assess demand and complexity.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

## Melbourne Water

<b>Audit year</b>	2015–16	<b>Audit name</b>	Monitoring Victoria's Water Resources
<b>Recommendation #1</b>	That the Department of Environment, Land, Water and Planning, in conjunction with Melbourne Water and the Environment Protection Authority Victoria, lead action to improve the governance of long-term water quality monitoring programs across the Port Phillip and Western Port catchment region by: · establishing a cross-agency committee to coordinate and oversee long-term water quality monitoring programs for the region · developing an overarching monitoring, evaluation and reporting framework for long-term water quality monitoring in the Port Phillip and Western Port region · developing agreements that facilitate the effective and efficient sharing of data · reviewing the quality assurance processes supporting data collection, collation and analysis to ensure consistency with better practice principles · exploring the feasibility and options of developing a publicly accessible report card system that coordinates the publishing of all relevant physico-chemical, biological and recreational water quality monitoring results and analysis across the region.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Melbourne Water has worked with EPA and DELWP (as the lead) to coordinate the development and implementation of the governance arrangements identified in the reported action.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided



<b>Audit year</b>	2017–18	<b>Audit name</b>	The Victorian Government ICT Dashboard
<b>Recommendation #6</b>	Improve records management practices for ICT projects, giving particular attention to capturing and recording key project documents which show evidence of decisions and approvals		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Melbourne Water accepts the recommendation and will review its ICT record management practices with particular attention to retention of key project decision documentation to ensure evidence of decisions and approvals for ICT projects is retained.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Oct-18 (103 days to implement)

### Melton City Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #6</b>	Regularly review alignment between economic development strategies and council plans to improve the continuity of longer term initiatives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	To date, consecutive Melton City Council Plans have been consistent in their economic development focus, primarily targeting local employment, innovation, business investment and tourism. This allows confidence that subordinate economic development strategies have long term alignment and currency as purposefully designed. Internal reviews to ensure the strategic alignment of Council activity currently occur periodically, and will continue to do so as recommended.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-18 (0 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #7</b>	Develop comprehensive performance measures for economic development with clearly articulated targets and benchmarks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Council currently articulates performance indicators across a range of economic development strategies and actions, but can continuously improve targets and benchmarking. Council will work to further develop the range of applicable metrics and measures of success accordingly. This work will be immediate and ongoing, as measures of success change over time, and as new initiatives and actions are pursued.		

<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (450 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #8</b>	Monitor and report on economic development outcomes and clearly link actions to intended outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The single most difficult and expensive challenge to Economic Development teams is reporting on outcomes of Council investment. Understanding the extent to which a Council influenced micro or macro-economic outcomes is extremely difficult to accurately report. Most readily available economic statistics are relatively blunt measures, comprised a multitude of input factors, and usually limited in application to a municipal or localised region. Nonetheless, Council will commit additional resources to fulfil this ambition. Certainly, linking actions to intended outcomes is an easier task, and Council currently makes every effort at Council Plan and Economic Development strategy level to achieve this.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

## Mercy Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Werribee Mercy Hospital (WMH) has been a participant in the Emergency Access Collaborative (2017) and the Patient Flow Partnership (2018). Actions that have been taken to improve whole of hospital response. In both improvement programs WMH has had project focuses for whole of hospital response and for management of ED patients. Actions to improve Cat 3 length of stay include: - Implementation of overhead announcing Category 3 when triaged - Engagement of ED staff in a 'focus on flow' campaign within the department to raise all ED clinical staff awareness of the waiting times - Review and agreement of timeframes and process for assessment and acceptance of admission referrals for General Medical and Surgical patients. - Review and improved pathways for SSU admissions, including admission to SSU directly from waiting room for identified conditions.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Werribee Mercy Hospital has been a participant in the Emergency Access Collaborative (2017) and the Patient Flow Partnership (2018). Actions taken to improve patient flow included a significant focus on a whole of hospital engagement. Specific actions taken included: - Engagement of Senior Medical staff in patient flow and access - redesign of admission acceptance processes between ED and inpatient teams, including an escalation pathway for when barriers experienced. - Introduction of a Daily Operating System (DOS), which is currently being reviewed and further developed. - standardized communications of data and performance, now a standing item for staff and manager forums. - introduction of a daily report of the previous days ED NEAT, overall and for each of 4 the 4 phases of the admission process. - work commenced to implement changed medical staff model - commenced work on a targeted Discharge process project.		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Mercy Health underwent a VEMD Data Integrity Audit in 2016-17. Actions have been undertaken to address the Recommendations from the Audit. The Mercy Health Finance Audit and Risk Committee oversee governance of the audit and the actions from Recommendations. There is annual review of the progress of the actions. Actions taken include: - improved governance processes, including data management with error reports being submitted to the Medical Sub-Acute and Palliative Care Program Director prior to submissions. - Data on VEMD types of errors reported at program operational meetings. - orientation and procedure review and update for inclusion of data integrity requirements. - processes reviewed for the management and updating of the VEMD Library - actions taken to improve access and security of EDIS system		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Feb-20

### Mildura Base Hospital

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
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<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Business intelligence reports have been developed to inform hospital management and ED on time spent in each area on the ED episode being presentation to Triage, Triage to Seen by, Seen by to write up/discharge & write to admission. Access and flow Working party has been developed to focus on improving wait times in ED and time from ED presentation to ward or home.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Sep-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Per recommendation 1 Wards have electronic Journey boards identify long stay patients to provide medical, nursing and allied health focus for improved LOS		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Sep-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Increased data integrity officer EFT and now produce daily data integrity reports and errors sent to ward clerk		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Sep-20

## Mitchell Shire Council

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #1</b>	That all councils assess their public participation policies and associated resources against the International Association for Public Participation (IAP2) model, update them as necessary, and promote their use throughout the council		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Timelines for the formal adoption of the framework and toolkit have been extended. Framework was adopted at the November Council meeting. Toolkit with templated engagement plans and evaluation will be updated after that.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Feb-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #2</b>	That all councils build monitoring, reporting and evaluation activities into their public participation activities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	There has been a greater focus on these areas in larger scale and more complex projects. The guidance has been strengthened in the new engagement framework and further training will be provided to staff as part of the toolkit development.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Feb-21

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #3</b>	That all councils develop and document comprehensive public participation plans and their outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	As per previous items, the formalisation of our approach has been delayed due to staff vacancies. Engagement plans have been developed for larger scale and more complex projects. This includes reporting back to participants on outcomes and how their input contributed to any changes. This will be strengthened with the adoption of our updated framework, the development of associated toolkits and the roll out of staff training.		

<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Feb-21
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## Monash Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The Emergency Stream redesign is one element of the Monash Health Transforming Care program currently being implemented across the entire organisation. Key initiatives of this redesign includes: - Welcoming and streaming at triage to allocate patients to the most appropriate care stream - Up-front senior decision making of patients within 30 minutes - Behavioural health - Combined care by Emergency Department clinicians and mental health staff - Short stay unit - Establishment of clear admission and discharge criteria - Strengthening partnerships with inpatient units		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (978 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Monash Health has in place a whole-of-health service transformation that demonstrates a whole of hospital commitment to providing the best possible care and experience for consumers. The program, known as Transforming Care, commenced in 2016 and is focussed on improving patient flow across the hospital and ensuring timely discharge of patients from in-patient wards.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (1131 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Monash Health utilises its internal audit function to conduct internal audits on data integrity, including regular audits surrounding VEMD data. These assurances will provide Monash Health with greater confidence in the resolution of audit recommendations received from Department audits.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-18 (552 days to implement)

### Moreland City Council

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #1</b>	Councils should improve aquatic recreation centre monitoring, reporting and evaluation activities so that they can demonstrate the achievement of council objectives and outcomes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Have been working with contracted service provider of 3 year strategic plan with a strong focus on outcomes using a logic model. The Municipal Health and Well being plan also formed a strong piece of work in its development.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (1195 days to implement)

### Mornington Peninsula Shire Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	Address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: <ul style="list-style-type: none"> <li>· identifying all the assets they are responsible for;</li> <li>· using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The MPSC foreshore risk assessment project conducted in 2014-15 identified a large number of coastal assets with spatial and attribute data collected. Following this assessment, it has been observed that a number of coastal protection assets (e.g. rock revetments, seawalls etc) remain unaccounted for and as such, MPSC will proactively conduct a gap analysis to audit coastal protection assets along the coastline within Shire, and proactively collaborate with State authorities and Committees of Management and to share coastal protection asset information. The gap analysis is to be a high-level assessment conducted as a desktop audit, with on-site verification performed as required. The level of information to be captured will be limited to spatial and attribute data, and on-site photographic imagery (where sufficient pedestrian access is available). The newly captured data, coupled with existing data in the Shire's asset management system, will serve as the basis for future discussions around clarification of responsibilities, aiding long and short-term asset planning, and for the formation and implementation of coastal		

	protection asset risk migration strategies. The analysis is anticipated to be completed by 30 June 2018. MPSC also acknowledges the new Marine and Coastal Act is being developed and is expected to address further gaps, and assist in developing regional and strategic partnerships to manage ageing coastal infrastructure now and into the future.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	Assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: · documenting the considerations, assessments, analysis and decisions that their assessments involve; · using available information to regularly review risks and monitor changes in risk ratings over time; · introducing triggers and monitoring information into their asset management and/or climate change activities as appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	MPSC notes that the responsibility for recommendation 5 has been acknowledged by DELWP as a state-wide issue (not local) and as such it is the driving body in partnership with Melbourne Water for development of the Port Phillip Bay Coastal Hazard Assessment (PPB-CHA). MPSC has a strong interest in working through ways to better assess risks to assets posed by coastal inundation or erosion hazards and as such a senior MPSC officer has accepted a position on the Project Control Board. Following the outcome of the assessment, which includes the mapping of inundation areas in Port Phillip Bay, it is anticipated that the information will inform planning decisions and on-ground management options. Once the PPB-CHA is finalised the MPSC may consider the possibility of introducing a system of risk assessment. This may include analysis, documentation and review of coastal inundation and erosion hazards.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #6</b>	Assess climate change risks from coastal inundation and erosion hazards across their coastal asset portfolios		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Please refer to the MPSC response to recommendation 5. In addition MPSC is building capability within its adopted risk management framework to assess climate change risk, with controls and treatments to be developed based on best practice, and global alignment to the Intergovernmental Panel on Climate Change framework. Science based targets will be developed in line with the global framework for		



<b>Updated action</b>	mitigation. This capability will employ an organisational approach to climate change risk with alignment to the objectives of the Council Plan 2017-2021.		
<b>Recommendation status</b>	Not provided	<b>Date implemented/ due for implementation</b>	Jun-19 (429 days to implement)

## Murrindindi Shire Council

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #1</b>	That all councils assess their public participation policies and associated resources against the International Association for Public Participation (IAP2) model, update them as necessary, and promote their use throughout the council		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Council has allocated funds in the 2018/19 budget to appoint a community engagement officer to assist in strengthening Council's Community participation policies and practices in line with the audit recommendations.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #2</b>	That all councils build monitoring, reporting and evaluation activities into their public participation activities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Council has allocated funds in the 2018/19 budget to appoint a community engagement officer to assist in strengthening the monitoring, reporting and evaluation of Council's Community participation practices in line with the audit recommendations.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Public Participation and Community Engagement: Local Government Sector
<b>Recommendation #3</b>	That all councils develop and document comprehensive public participation plans and their outcomes		

<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Council has allocated funds in the 2018/19 budget to appoint a community engagement officer to assist Council to improve its documentation of Community participation and engagement plans and outcomes in line with the audit recommendations.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-20

## National Gallery of Victoria

<b>Audit year</b>	2015–16	<b>Audit name</b>	Implementing the Gifts, Benefits and Hospitality Framework
<b>Recommendation #1</b>	That the Department of Economic Development, Jobs, Transport & Resources, Museum Victoria, Arts Centre Melbourne and the National Gallery of Victoria review and revise their management of the receipt and provision of gifts, benefits and hospitality to better understand and scrutinise these activities.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	NGV will review and revise its management of the receipt and provision of gifts, benefits and hospitality to provide for better understanding and scrutiny.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-17 (478 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Implementing the Gifts, Benefits and Hospitality Framework
<b>Recommendation #2</b>	That the Department of Economic Development, Jobs, Transport and Resources, Museum Victoria, Arts Centre Melbourne and the National Gallery of Victoria review and revise how they monitor and report on gifts, benefits and hospitality activities by:[lb]- introducing regular management and audit and risk committee reports on the receipt and provision of gifts, benefits and hospitality to identify trends and emerging risks, and recommend how to address these [lb]- accompanying the annual tabling of gift registers to audit committees with reports that adequately inform about the risks, the effectiveness of existing controls and any additional required mitigation activities[lb]- using the annual gift register tabling to propose any amendments required to existing gifts, benefits and hospitality policies.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	NGV will review and revise how it monitors and reports on gifts, benefits and hospitality activities, including its reports, register and policy. NGV will also take into account any changes needed to align the NGV's policy with DEDJTR's recently revised Gifts, Benefits and Hospitality Policy.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-17 (478 days to implement)
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<b>Audit year</b>	2015–16	<b>Audit name</b>	Implementing the Gifts, Benefits and Hospitality Framework
<b>Recommendation #4</b>	That the Department of Economic Development, Jobs, Transport and Resources, Museum Victoria, Arts Centre Melbourne and the National Gallery of Victoria review and revise their management of the receipt and provision of gifts, benefits and hospitality to effectively manage the risks by: <ul style="list-style-type: none"> <li>· identifying and evaluating the risks to their impartiality, integrity and reputation</li> <li>· developing and implementing evidence-based treatments to address these risks where existing controls are inadequate</li> <li>· demonstrating the extent to which they have delivered on the minimum requirements and accountabilities of the government's gifts, benefits and hospitality framework.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	NGV will review and revise its management of the receipt and provision of gifts, benefits and hospitality to better manage the risks, including more effective identification and evaluation of risks and development and implementation of treatments if required.		
<b>Updated action</b>	NGV has reviewed and revised its management of the receipt and provision of gifts, benefits and hospitality, including updating its Gifts & Benefits Policy to align with the current VPSC GBH Framework.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-17 (419 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Implementing the Gifts, Benefits and Hospitality Framework
<b>Recommendation #6</b>	That the Department of Economic Development, Jobs, Transport and Resources, Museum Victoria, Arts Centre Melbourne and the National Gallery of Victoria: <ul style="list-style-type: none"> <li>· review and improve the way they consult on and communicate gifts, benefits and hospitality activities and policies</li> <li>· measure how successful communication and training have been in fully informing staff and stakeholders about intended gifts, benefits and hospitality behaviours and in achieving the desired outcomes.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	NGV will review its training and communication for staff and stakeholders regarding gifts, benefits hospitality.		
<b>Updated action</b>	NGV reviewed its training and communication for staff and stakeholders, and undertook an internal audit of its compliance with the GBH Framework which subsequently recommended the NGV look into the feasibility of including specific questions within its online training system to measure the success of its communication. The NGV is looking into including relevant questions within its online training system.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-19 (1422 days to implement)

## Northern Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Northern Health has a formal External Audit Recommendations Progress Log in place to track recommendations arising from: - Victorian Auditor General's Office (VAGO) annual external audits of the Financial Accounts; - VAGO performance audits of Victorian health services; and - Data integrity audits commissioned by the Department of Health and Human Services (DHHS) of the following data extracts: the Victorian Admitted Episodes Data (VAED), the Elective Surgery Information System (ESIS), the Victorian Emergency Minimum Dataset (VEMD) and the Victorian Integrated Non-Admitted Health (VINAH) dataset. In response to this VAGO recommendation Northern Health reviewed the rigour of our External Audit Progress Log reporting to ensure all DHHS data integrity audit findings, including those relating to the VEMD, are addressed in timely way.		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-17 (157 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #15</b>	That Northern Health review its decision to implement the HealthSMART clinical ICT system by undertaking an analysis of options		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	There has been no decision to implement HealthSMART Clinical system. The various options are currently under review and will form the basis of the business case due for release later in the year.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Nov-17 (161 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #16</b>	That Northern Health prepare an ICT strategic plan that sets out its direction for clinical ICT		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The ICT Strategic Plan 2016-2019 was endorsed by the NH ICT Steering Committee in Apr 17 and is scheduled for Board approval in May 2017 meeting.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (8 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	ICT Strategic Planning in the Health Sector
<b>Recommendation #17</b>	That the four health services review their ICT strategic plans to ensure they are in line with Digitising Health: How information and communications technology will enable person-centred health and wellbeing within Victoria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The ICT Strategic Plan 2016-2019 was endorsed by the NH ICT Steering Committee in Apr 17 and is scheduled for Board approval in May 2017 meeting.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-17 (8 days to implement)

## Parks Victoria

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #4</b>	Address the gaps in their asset management practices against Victoria's Asset Management Accountability Framework requirements and guidance and strategically target their asset funding, including, where relevant: · identifying all the assets they are responsible for; · using information on asset risks from coastal inundation and erosion hazards to help target their asset management priorities and funding decisions, in conjunction with other defined prioritisation criteria		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Parks Victoria has a road map/ continuous improvement plan to achieving AMAF compliance. Implementing this plan will ensure that asset funding and management of assets (including risk) will be more strategically targeted to mitigate risk and provide best value for Victoria.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (429 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Protecting Victoria's Coastal Assets
<b>Recommendation #5</b>	Assess the risks that coastal inundation and erosion hazards pose to coastal assets, using robust risk assessment practices that consistently apply AS/NZS ISO 31000:2009, including: · documenting the considerations, assessments, analysis and decisions that their assessments involve; · using available information to regularly review risks and monitor changes in risk ratings over time; · introducing triggers and monitoring information into their asset management and/or climate change activities as appropriate, to identify when to implement adaptation measures or revise their risk treatment approaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Parks Victoria will develop a strategic asset management plan and portfolio asset risk plans as part of the implementation of the road map for achieving AMAF compliance. These plans are for all Parks Victoria assets, including those located in the coastal environment. Under the AMAF guidelines, assets need to be proactively managed as a whole of life approach.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Apr-20

## Public Records Office of Victoria

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #5</b>	That PROV seek legal advice as a matter of priority on each of its powers and duties, but with particular attention to the extent and purpose of: · section 12: the requirement to 'assist public officers' to apply		

	Public Record Office Victoria's standards-and what specifically would satisfy this requirement · section 13A: Public Record Office Victoria's powers of inspection of records management programs		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	PROV will seek legal advice on the Public Records Act 1973 s12 on the meaning of 'assist public officers' and s13A In regard to its scope and specific nature within the next 6 months. It should be noted that if recommendations 1-4 are implemented, the advice may no longer be necessary.		
<b>Updated action</b>	Legal advice Victorian Government Solicitors Office received on 21/7/2017. Further clarification on 21/8/2017. In summary - s12 'assist' requires the PROV to support public officers who have requested advice - PROV's current practice is sufficient to meet the requirements to assist public offices - The Keeper does not have statutory authority to compel public offices to supply evidence - 13A the Keeper has power to inspect a public officer's program of records management and is not limited to storage and conservation of records - 13A the Keeper is able to enter a public office where records are stored. This anticipates a physical inspection of 'storage arrangements' and carrying out of the program of records management. - 13A 'storage' includes storage arrangements for digital records - s13 There is no requirement for compliance by the agency to be demonstrated - s13(b) The phrase 'advice and assistance' is active, instructional, ongoing not simply responding to request		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #6</b>	That PROV implement VAGO's 2008 recommendation to introduce competency-based training		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	For 2018/19 the following actions are identified: 1) Training platform selected, procured and implemented and arrangements made for ceasing ELMO relationship 2) Recordkeeping awareness module developed and promoted 3) Agency guidance and system administration procedures developed for new training system 4) Research undertaken and plan developed for additional training modules, in consultation with stakeholders		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Public Sector Records
<b>Recommendation #7</b>	That PROV determine the appetite across government for a records manager 'community of practice' similar to that of the whole-of-government information management group-and if the demand is sufficient, establish this forum		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	In August 2017, PROV reviewed its approach to Communities of Practice. Recommendations: 1. Maintain the Records Management Network as PROV's primary Community of Practice, but explore further opportunities to host additional network meetings that promote greater interaction between members in a more intimate setting (e.g.; round table discussions / panels). 2. Encourage the establishment and maintenance of sector and interest based CoPs that have a focus on record keeping and, where feasible, have a PROV representative attend. 3. Seek out further opportunities to engage with already established recordkeeping networks/activities/professional associations and facilitate PROV's participation in them. 4. Put in place a process to enable more formal capture and reporting of information back to PROV from recordkeeping CoPs (and other networking activities).		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Not provided

### Royal Victorian Eye and Ear Hospital

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Eye and Ear has implemented a new model of emergency care associated with the move into the recently commissioned Emergency Department developed as a result of the Eye and Ear redevelopment project. The Eye and Ear is currently meeting state targets for Category 3 patients. In addition, in future years, the redevelopment project will deliver a 4 bed short stay unit which will assist with continued improvement in performance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-16 (0 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Eye and Ear has implemented a whole of hospital approach to balance emergency department workload with access for admitted patients. The Eye and Ear currently meets state performance targets for emergency performance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-22



<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The Eye and Ear was audited between the 23 and 25 February 2015 by KPMG, on behalf of the Victorian Department of Health and Human Services (DHHS), as part of the state-wide audits of the Victorian Emergency Minimum Dataset (VEMD) data. Eight recommendations were made and these have been addressed under the auspices of the Eye and Ear Audit Committee.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-16 (0 days to implement)

### South Gippsland Shire Council

<b>Audit year</b>	2015–16	<b>Audit name</b>	Local Government Service Delivery: Recreational Facilities
<b>Recommendation #1</b>	Councils should improve aquatic recreation centre monitoring, reporting and evaluation activities so that they can demonstrate the achievement of council objectives and outcomes.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Council will identify and include a strategic statement in the next revision of its Municipal Public Health & Wellbeing Plan (currently under review) to form a basis for the evaluation of performance data and feedback from our aquatic facilities. (October 2017) To improve connectivity with the outcomes of Council's revised Municipal Public Health and Wellbeing Plan, Council will negotiate an amendment to the deliverables in the existing aquatic facilities contract that relates to service provision (and ensure any new contracts entered into for South Gippsland's aquatic facilities include the amendment). (date not stated).		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Not provided

### Southern Grampians Shire Council

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #6</b>	Regularly review alignment between economic development strategies and council plans to improve the continuity of longer term initiatives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Southern Grampians Shire Council's Council Plan has been informed by the Council's adopted Economic Development strategy and progress on strategies is reviewed and reported on regularly.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-18 (0 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #7</b>	Develop comprehensive performance measures for economic development with clearly articulated targets and benchmarks		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Council currently produces an economic scorecard annually. This is developed using statistics from a variety of State and Federal sources.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-18 (115 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	Local Government and Economic Development
<b>Recommendation #8</b>	Monitor and report on economic development outcomes and clearly link actions to intended outcomes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Council reviews its performance measures annually. As noted in Council's submission to the draft report, economic indicators are not necessarily true indicators of Council's performance but caused by external factors. Southern Grampians Shire Council's strategies and targets will be established in this context.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jul-21

## Southwest Healthcare

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	The response to the recommendation relating to patient flow has very much been combined with this recommendation and as such a hospital wide holistic approach has been adopted. In addition to the increased utilisation of the Emergency Observation Unit, the daily patient flow meeting and the new medical model an improved data set has been developed. This provides an up to date picture of compliance with the NEAT targets and has assisted staff identify pressure points.		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	SWH has implemented a comprehensive redesign project to respond to this recommendation. A specific project lead was engaged and detailed work plans developed and implemented. Some of the initiatives that flowed from the work include increased utilisation of the Emergency Observation Unit, a new medical model to support inpatient flow, increase in registrar workforce to increase access to medical staff in ED. The largest change has been the implementation of a daily meeting involving all units and senior staff to focus solely on inpatient and ED pressure points and assist patient flow decision making. This initiative has been recognised through BCV/SCV and a number of rural agencies have visited to observe.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jul-19 (978 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	SWH reviewed the Data Integrity Framework and Committee Structure and ensured all recommendations were monitored through this Committee. A data register was established and all audit recommendations relating to data are monitored through this committee.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb-17 (98 days to implement)

## St Vincent's Health Melbourne

<b>Audit year</b>	2017–18	<b>Audit name</b>	Victorian Public Hospital Operating Theatre Efficiency
<b>Recommendation #11</b>	Formalise governance policies to guide decision-makers when allocating theatre resources between emergency and elective surgery and between surgical specialities		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	SVHM has progressed a number of initiatives over the past 3 years in regard to maximising theatre efficiency: <ul style="list-style-type: none"> <li>o Introduction of daily and weekly performance review integrated into Daily Management System (CEO and Executive review weekly)</li> <li>o Established monthly Theatre performance review and governance structure – incorporated into the Acute Services directorate meeting</li> <li>o Evolved the annual activity planning cycle – including the allocation of Surgical WIES for improved efficiency and new activity</li> <li>o Standardisation of Theatre time stamp definitions in PAS in collaboration with key stakeholders to improve accuracy of reporting and efficiency measures (DHHS recommendation 1)</li> <li>o Introduction of elective and emergency theatre session utilisation reporting</li> <li>o Implementation of an emergency theatre management system to improve visibility and access for patients awaiting emergency surgery</li> <li>o Scheduling emergency surgeries into vacant elective sessions wherever possible to reduce out of hours surge</li> </ul>		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (226 days to implement)

## State Revenue Office

<b>Audit year</b>	2015–16	<b>Audit name</b>	Delivering Services to Citizens and Consumers via Devices of Personal Choice: Phase 2
<b>Recommendation #2</b>	That the Department of Health and Human Services, Department of Justice and Regulation, Public Transport Victoria, State Revenue Office and VicRoads, identify and prioritise which service transactions should be transitioned to digital service delivery while also considering alternative, non-digital service delivery channels		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A comprehensive digital strategy was recently developed which includes 76 recommendations including identifying and prioritising transactions suitable for digital transitions as well as those more suitable to non-digital delivery.[b]This report is now being reviewed by our Strategic Development Division to develop an implementation plan including prioritisation, governance arrangements and funding sources.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-16 (86 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Delivering Services to Citizens and Consumers via Devices of Personal Choice: Phase 2
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<b>Recommendation #3</b>	That the Department of Health and Human Services, Department of Justice and Regulation, Public Transport Victoria, State Revenue Office and VicRoads enhance the end-to-end digital service delivery by: <ul style="list-style-type: none"> <li>· resolving any legacy system issues and/or integrating supporting information technology systems with front-end digital technologies</li> <li>· streamlining back-office processes to minimise manual processing interventions.</li> </ul>		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	In addition to the digital strategy the SRO also has a long running Sustainable Revenue Management System program supported by ERSC funding through to 30 June 2019. The primary aim of this program is to sustain our core revenue management systems through to 2020 and beyond through a series of incremental upgrades as opposed to a high risk full systems replacement. There are a number of projects planned for delivery over the next 4 years including tax line specific renovations whose scope will include the streamlining of back end processes, increased automation of routine tasks as well as supporting integration with front end digital technologies. A Land Tax renovation project is currently in flight. This project will streamline and automate a number of back end processes associated with land ownership and usage. It will also include a customer self-service portal to allow customers to better interact and transact with us digitally.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20

<b>Audit year</b>	2015–16	<b>Audit name</b>	Delivering Services to Citizens and Consumers via Devices of Personal Choice: Phase 2
<b>Recommendation #5</b>	That the Department of Health and Human Services, Department of Justice and Regulation, Public Transport Victoria, State Revenue Office and VicRoads, develop baseline performance data targets for digital service delivery		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As noted in Section 2.4 of the audit report, the SRO has already developed a Transactions Catalogue which contains some baseline data relevant to digital service delivery.[lb]This data includes information on transactional volumes, processing times and costs which is updated regularly.[lb]Performance targets will be set during the initiation stages of relevant projects.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (786 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Delivering Services to Citizens and Consumers via Devices of Personal Choice: Phase 2
<b>Recommendation #6</b>	That the Department of Health and Human Services, Department of Justice and Regulation, Public Transport Victoria, State Revenue Office and VicRoads develop digital service delivery performance monitoring and reporting systems and processes		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	As recommended in Section 2.4 of the audit report the Transactions Catalogue will be maintained in order to processes track progress with respect to further improving the digital delivery of the associated services. Also as recommended, the transactions catalogue has been used to inform and prioritise items for implementation in the recently developed Digital Strategy for the SRO. The implementation of this strategy is subject to funding being made available over the next several years.[lb]The annual update of the Transaction Catalogue will include analysis comparing prior year's data as well as assessing the impacts of implemented projects and initiatives.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (238 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Delivering Services to Citizens and Consumers via Devices of Personal Choice: Phase 2
<b>Recommendation #7</b>	That the Department of Health and Human Services, Department of Justice and Regulation, Public Transport Victoria, State Revenue Office and VicRoads identify and implement strategies, including using existing social media platforms, to promote digital service delivery.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The SRO already has a number of existing strategies to promote digital service delivery. These include social media and digital platforms including YouTube, webinars and the website as well as monitoring social media chatter. It also uses stakeholder and liaison groups, seminars, speaking engagement and subscription lists and more recently SMS messaging to promote its digital services.[lb] When launching any new digital services, specific strategies are developed and implemented which would include some or all of the above.[lb]As part of the implementation of the digital strategy we will consider and evaluate existing and additional platforms including social media.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-16 (238 days to implement)

### Swan Hill District Health

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Improved Medical Lead for afterhours decision making. Decreased reliance on junior staff Improved communication to ensure patient flow		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (1040 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Introduction of Studer program 'Hard wiring excellence' in late 2016. This will assist with management and patient care. Introduction of resource musters		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (1040 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	No response		
<b>Updated action</b>	Review of policies and procedures introduction of new auditing tool implementation of the DHHS data integrity guidelines for data security and enhancing patient documentation privacy. Review of Terms Of Reference for governance committees to ensure that the correct data and monitoring was being reported.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

## University of Melbourne

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #1</b>	That agencies and entities consider the total project cost - from inception to completion through to evaluation of benefits realisation.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As advised, the University has, since the commencement of the project, reviewed and significantly enhanced its ICT enabled project management processes. This is part of a commitment to continuous		

<b>Updated action</b>	improvement and the University will take into account those recommendations relevant to it as it further enhances its approach to such processes.		
<b>Updated action</b>	The Total Project Cost (TPC) is required to be documented in all new project proposals submitted to the appropriate Governance Group for approval and funding. The TPC includes contingency, in line with guidance provided by Chancellery Finance. Proposals identify the cost to deliver the project as well as ongoing operational costs to maintain the asset/ s. This total cost is also entered in to the Project Management System for full financial tracing and reporting from inception to completion.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (997 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #2</b>	That agencies and entities ensure project status reporting is regular, reliable and easy to follow, making agency decision-makers aware of total project cost to date against planned milestones and forecast cost to completion.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As advised, the University has, since the commencement of the project, reviewed and significantly enhanced its ICT enabled project management processes. This is part of a commitment to continuous improvement and the University will take into account those recommendations relevant to it as it further enhances its approach to such processes.		
<b>Updated action</b>	For all projects managed within Infrastructure Services (University Services), status reporting is undertaken using the University's Project Management System. Status reports presented out of the system include key information and metrics that supports Project Managers, Governance Groups, and Leadership decision making. PowerBI has also been implemented to further assist with the development of Dashboards and other detailed views of Project performance, financials, and information to further enhance reporting and informed decision making.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-17 (298 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #3</b>	That agencies and entities ensure that they have the appropriate governance arrangements in place throughout the life of their ICT projects.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As advised, the University has, since the commencement of the project, reviewed and significantly enhanced its ICT enabled project management processes. This is part of a commitment to continuous improvement and the University will take into account those recommendations relevant to it as it further enhances its approach to such processes.		
<b>Updated action</b>	Governance groups are established for all projects (and programs) and exist for the duration of the project.		



<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jan-17 (298 days to implement)
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<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #4</b>	That agencies and entities ensure there is sufficient focus on the realisation of expected benefits by: - preparing a documented benefits-management plan that is comprehensive, measurable and regularly updated throughout the life of the project - conducting benefits and post-implementation reviews according to planned time frames - incorporating learnings in corporate project planning frameworks and processes and circulating them to key governance bodies.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As advised, the University has, since the commencement of the project, reviewed and significantly enhanced its ICT enabled project management processes. This is part of a commitment to continuous improvement and the University will take into account those recommendations relevant to it as it further enhances its approach to such processes.		
<b>Updated action</b>	Creation of a benefits framework which incorporates: · preparation of documented benefits-management plans that are comprehensive, measurable, and updated throughout the life of the project. · benefits and post-implementation reviews are conducted according to planned time-frames. · a mechanism to capture learning and creating insights for use within project planning frameworks, processes, and by key governance bodies. Post Implementation Reviews are expected to be undertaken on all projects and programs. All projects within the Project Management System have a Lessons Learnt register which the Project Managers use to capture and manage lessons.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (814 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Digital Dashboard: Status Review of ICT Projects and Initiatives - Phase 2
<b>Recommendation #5</b>	That agencies and entities develop or revise guidance documentation in the planning, management and delivery of ICT-enabled projects, taking note of VAGO's July 2008 better practice guide Investing Smarter in Public Sector ICT.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Guidance documentation to support planning, management and delivery of projects is in various stages of development and revision. Consideration is given to different viable options during project proposal and business case development. Subject matter experts, operational managers and key stakeholders are consulted. Governance groups play a key role in testing the achievability of the project and transitioning the business from current to future state. Through our Change processes Projects undertake stakeholder impact analysis and consideration is given to issues and risks across the project lifecycle. Project and test planning factors in the agreed criteria for go-live decisions. Operational readiness is assessed and agreed during the transition and closing stage.		

<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Jun-20
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## V/Line

<b>Audit year</b>	2015–16	<b>Audit name</b>	Managing and Reporting on the Performance and Cost of Capital Projects
<b>Recommendation #2</b>	That agencies implement a documented and consistent approach to verify that they have adequately addressed the requirements of the Department of Treasury and Finance's Investment Lifecycle and High Value/High Risk Guidelines for government-funded capital projects.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Jun-21

<b>Audit year</b>	2017–18	<b>Audit name</b>	Assessing Benefits from the Regional Rail Link Project
<b>Recommendation #13</b>	V/Line in conjunction with DEDJTR assess growth in patronage and define future service requirements with a particular focus on the capacity challenges that are emerging along the RRL route and at Southern Cross Station.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	V/Line will work in conjunction with DEDJTR to support the actions that have been detailed in response to this recommendation. As the operator across the RRL, V/Line will provide its subject matter expertise to support analysis of future service requirements, capacity constraints and operational requirements both along RRL and Southern Cross.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (387 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #1</b>	That V/Line strengthen its monitoring processes for measuring on-time running of trains and coaches		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	V/Line has recently introduced GPS tracking of its trains. This information is being used to assist in providing real time data to our Operations Centre. V/Line is also undertaking a project to modernize its integrated operations centre which acts as the day of operations monitoring team to support on time train and coach running. This project is focused on optimizing operating performance for the day of operations environment to keep up with the demands of a growing regional network. Stage 1 is focused		

	on improvement of operations of the centre. Further stages will be subject to development of business cases including capital funding. V/Line is currently undertaking trials of GPS technology working with coach operators. Subsequent to the trial it is expected that funding will be sought for implementation of GPS tracking which will enable V/Line to monitor coaches in real time.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Apr-18 (235 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #2</b>	That V/Line improve its systems to collect and separately analyse and report operational and financial performance information between service groups-commuter rail, peri-urban, country long-distance, and coach-and businesses, passengers and freight, to better understand performance in separate parts of the business		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	V/Line will perform a review to investigate the development of financial performance reporting by the recommended groupings. As part of this review V/Line will: * liaise with stakeholders to develop a set of financial allocation assumptions to define the service groups identified * consider the most effective manner to collect and analyse the data to determine its financial and operational performance effectiveness; and * will use the cost efficiency measures included in Appendix E of the Report as the initial basis for the review. This review will be done utilizing existing systems and processes. V/Line currently monitors operational performance across commuter, long distance, freight, and coach services.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-18 (296 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #3</b>	That V/Line undertake peer operational and financial performance benchmarking by service group with similar railways in other jurisdictions and devise a long-term plan to improve efficiency		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Following completion of the actions under Recommendation 2, V/Line will endeavour to undertake peer operational and financial benchmarking. The focus will be on determining whether there can be settled meaningful effectiveness benchmarks by service group to enable comparison to other railways in other jurisdictions. A long-term plan to focus on efficiency will be devised.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (479 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	V/Line Passenger Services
<b>Recommendation #4</b>	That V/Line use community service obligations to model and understand how they influence performance		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	As is noted in the Report, V/Line has a key role in meeting community needs. Our presence in regional Victoria supports regional economic growth across areas including service provision, employment and as a procurer of services . In responding to this recommendation V/Line will identify the impact on performance of its community obligations as outlined under the Transport Integration Act. Included in these considerations will be matters such as service frequency and network capacity and impacts into performance.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (388 days to implement)

## Victoria Police

<b>Audit year</b>	2015–16	<b>Audit name</b>	Public Safety on Victoria's Train System
<b>Recommendation #1</b>	That the Department of Justice and Regulation and Victoria Police evaluate the protective services officers program once full deployment has occurred, with a focus on demonstrating the achievement of objectives.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Victoria Police will further explore options to make improvements to its service delivery model based around the outcomes of these reviews and evaluations, combined with internally developed measures. Victoria Police notes the audits findings in relation to the challenges presented in relation to the development of an evaluation framework.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-19 (1162 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Public Safety on Victoria's Train System
<b>Recommendation #2</b>	That Public Transport Victoria and Victoria Police develop and implement a strategy to address the lack of public awareness of personal safety and security initiatives on night-time trains, and monitor its impact.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		

<b>Updated action</b>	Public Transport Personal Safety Executive Committee (incl VicPol and PTV) established and meeting regularly. Phase 1 - Safety You Can See campaign delivered on trains, Phase 2 (Safety You Can See on trams/buses) anticipated for Q3 18-19FY but subject to funding.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-18 (1011 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Public Safety on Victoria's Train System
<b>Recommendation #3</b>	That Victoria Police establishes a performance monitoring framework for the protective services officers program, which captures accurate and relevant data to inform future decisions to improve effectiveness and efficiency.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	An enhanced performance monitoring framework will be put in place by 31 December, 2016 and will be regularly reviewed to improve the effectiveness and efficiency of the PSO program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Jun-19 (1193 days to implement)

<b>Audit year</b>	2015–16	<b>Audit name</b>	Public Safety on Victoria's Train System
<b>Recommendation #4</b>	That Victoria Police, the Department of Justice and Regulation and Public Transport Victoria formalise a governance framework for strategic cross-agency coordination on personal safety and security on the metropolitan transport system.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Victoria Police supports the recommendation, and will, work with the Department of Justice and Regulation, Public Transport Victoria and the Department of Economic Development, Jobs, Transport and Resources to set up a Committee with senior representatives from coordination on personal safety and each agency.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-16 (281 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Managing Community Corrections Orders
<b>Recommendation #13</b>	That Victoria Police develop an effective mechanism, in coordination with Corrections Victoria, to improve monitoring of offenders on community correction orders, particularly offenders who present a higher risk to the community		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	

<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Victoria Police have implemented a new Offender Management Process which includes scanning, prioritising and managing POIs which will compliment the technologies being developed through the BlueConnect upgrades within Victoria Police. The technical interface between Corrections Victoria and Victoria Police are in the final stages of development and sign off.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	May-19 (812 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Regulating Gambling and Liquor
<b>Recommendation #13</b>	That VCGLR and Victoria Police develop a comprehensive collaborative enforcement strategy to more efficiently and effectively target harms associated with licensed premises		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Victoria Police supports this recommendation in principle, noting that initial work will focus on scoping a collaborative enforcement strategy. Victoria Police and the VCGLR have commenced this work and currently have an information sharing Memorandum of Understanding in place to support intelligence led and targeted operations. Victoria Police will revisit this work with the VCGLR and scope a collaborative enforcement strategy, which will include improving risk-based approaches and focusing effort on the most productive enforcement activities, including joint activities where appropriate. I note that the Review of the Liquor Control Reform Act 1998 may provide a future opportunity for reform that assists enforcement activities on licensed premises, including enhancements to laws regarding supply of intoxicated persons and responses to drugs on premises.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-19 (935 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #1</b>	Appoint a team of suitably qualified and experienced professionals to form a collaborative disaster recovery working group to: · provide advice and technical support; · share lessons learnt based on disaster recovery tests and exercises; · coordinate disaster recovery requirements for resources shared between agencies; · identify, develop, implement and manage initiatives that may impact multiple agencies; · coordinate funding requests to ensure critical investments and requirements are prioritised		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	IT Service Provider is appointing a suitably qualified Disaster Recovery manager.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (276 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #2</b>	Perform a gap analysis on their disaster recovery requirements and resource capabilities to determine the extent of the capability investment that will be required		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A Business Impact Assessment (BIA) of enterprise capabilities is 90% complete. Upon completion, the BIA findings will be fully embedded within Victoria Police's Enterprise Risk Framework and Business Continuity Reform Program.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (276 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #3</b>	Develop disaster recovery plans for the systems that support critical business functions and test these plans according to the disaster recovery test program		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A Disaster Recovery plan and test program to enhance capability of all critical systems will be completed by the end of 2018 in preparation for VPC Data Centre site relocation. A full site failover for the LEAP mainframe and application has been successfully conducted. This result proves that VP can recover its most critical application from an event in less than 2 hours (within business expectations). (Completed after audit closure)		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Dec-20

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #4</b>	Provide advice and training to staff on: · newly developed frameworks, policies, standards and procedures to increase awareness and adoption as needed; · specific disaster recovery systems		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Ongoing advice and training will be conducted during the development of the Program Disaster Recovery capability, the writing of the Disaster Recovery (DR) plans and subsequent DR testing program.		
<b>Updated action</b>	Not provided		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (276 days to implement)
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<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #5</b>	Establish system obsolescence management processes to: · identify and manage systems at risk of becoming obsolete, those that will soon have insufficient support or those that will be difficult to manage when they become obsolete; · enable strategic planning, life-cycle optimisation and the development of long-term business cases for system life-cycle support; · provide executive with information to allow risk-based investment decisions to be made.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Victoria Police continue to implement a lifecycle program to mitigate obsolescence of all critical IT systems, including Disaster Recovery technical deficit.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Sep-18 (276 days to implement)

<b>Audit year</b>	2017–18	<b>Audit name</b>	ICT Disaster Recovery Planning
<b>Recommendation #6</b>	Set up disaster recovery frameworks to provide guidelines and minimum standards for ICT disaster recovery planning, including: · developing a strategy to establish the minimum levels of readiness and appropriate governance oversight; · establishing the requirements, frequency and format of disaster recovery tests based on systems' criticality; · establishing policies, standards and procedures for a consistent approach.		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	A Disaster Recovery policy/framework and test strategy has been completed and is pending endorsement. Technical design patterns have been drafted to provide consistent repeatable and robust solutions to achieve Disaster Recovery requirements and will be finalised by Dec 2017.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-17 (2 days to implement)

## Victorian Fisheries Authority

<b>Audit year</b>	2017–18	<b>Audit name</b>	Follow-up of selected 2012-13 and 2013-14 Performance Audits: Managing Victoria's Native Forest Timber Resources
<b>Recommendation #1</b>	Prioritise the timely development of a harvest strategy and engage with fisheries' stakeholders to collect robust and scientific data		



<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Under the Freshwater Fisheries Management Plan the VFA is committed to systematically collecting fish population health and recreational fishing information that will enable the development of harvest strategies for priority freshwater fisheries. One of the first subcommittees to be formed under the Implementation Committee for the Freshwater Fisheries Management Plan will focus on harvest strategy development in partnership with key stakeholders. Developing harvest strategies for recreational fisheries is a challenging task and one that has been rarely achieved in Australia and worldwide. VFA will be leading fisheries management in this regard.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	In progress	<b>Date implemented/ due for implementation</b>	Dec-23

### Victorian Planning Authority

<b>Audit year</b>	2017–18	<b>Audit name</b>	Effectively Planning for Population Growth
<b>Recommendation #7</b>	Implement the Plan Melbourne 2017-2050 action to 'prepare a sequencing strategy for precinct structure plans in growth areas for the orderly and coordinated release of land and the alignment of infrastructure plans to deliver basic community facilities with these staged land-release plans'		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The VPA, in collaboration with key state and local government agencies, will develop a sequencing approach as outlined in the Plan Melbourne Implementation Plan. This will also build on the work under Recommendations 1 and 2. The outcomes of this action will be considered as part of Plan Melbourne's overall monitoring and reporting framework.		
<b>Updated action</b>	Not provided		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Dec-19 (830 days to implement)

### Victorian Public Sector Commission

<b>Audit year</b>	2016–17	<b>Audit name</b>	Board Performance
<b>Recommendation #2</b>	That the VPSC develop guidance for boards on the activities they should examine in their independent assessments		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	Consulted with and developed guidance for public boards, which will be supported by a communications plan targeting boards and departments.		

<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Mar-19 (659 days to implement)
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<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Victorian Public Sector Commission
<b>Recommendation #1</b>	That the VPSC undertake strategic and annual planning activities that comply with its statutory obligations		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	VPSC has commenced annual and strategic planning for the 2017-18 year, in compliance with statutory obligations, including consultation with the Advisory Board later this year.		
<b>Updated action</b>	The VPSC Strategic Plan to 2020 and Annual Plan 2018/19 were signed off by the Premier in May 2018. Planning for the 2019/20 Annual Plan will begin early in 2019.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Victorian Public Sector Commission
<b>Recommendation #2</b>	That the VPSC develop and implement a performance measurement system that demonstrates the impact of the activities it undertakes to achieve its statutory objectives		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The VPSC has worked with DPC and internal stakeholders to develop its performance measurement framework, which will be rolled out in Q1 2019. The framework is firmly grounded in the VPSC's Strategic and Annual Plans.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Aug-19 (784 days to implement)

<b>Audit year</b>	2016–17	<b>Audit name</b>	Effectiveness of the Victorian Public Sector Commission
<b>Recommendation #3</b>	That the VPSC implement its planned improvements to data storage, management and use		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	VPSC will continue work on its Data Strategy and planned improvements in 2017/18, including the replacement of the Workforce Analysis and Collection tool.		
<b>Updated action</b>	The introduction of new workforce data collection and analysis system, using the Salesforce platform was completed in October 2018. Work on other operational and governance data needs continues, and will be supported by the introduction of a formalised internal digital governance process that will take a		

	whole-of-enterprise approach to data, systems and other digital work. The VPSC has also worked closely with DPC's Centre for Data Insights to build our data analytics capabilities.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Not provided

## Wimmera Health Care Group

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #1</b>	That health services review processes to improve length-of-stay times for patients in triage category 3 ('urgent')		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The organisation has reviewed their approach to patient flow and taken an organisation wide approach to the issue. Mapped the patient journey from entry to ED - patients discharge from ED. ED to In-patient services until Discharge or Subacute or Residential - identify all paths to Home. Review of the Fast Track Patient Stream Cat 4 & 5's - July 2018 - identified little impact on overall flow. Did identify - a allocated Fast Track Room required. Implementation of Telehealth to Nhill - project still in early phase. Review of Clinical Handover between ED and In-patient Units - identified issues around Communication Nurse Practitioner Candidate - implemented Oct 2018 Triage training and competency testing implemented June 2018 - still progressing to full implementation Increase training of Critical Care Nurses in 2018 Senior Medical consultant to review Patient in ED following AM handover Director of Emergency Department - Dec 2018		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #2</b>	That health services develop a whole-of-hospital commitment to improve emergency department patient flow into and out of in-patient wards, to reduce length of stay for admitted patients		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	Not provided		
<b>Updated action</b>	The organisation has reviewed their approach to patient flow and taken an organisation wide approach to the issue. Mapped the patient journey from entry to ED - patients discharge from ED. ED to In-patient services until Discharge or Subacute or Residential - identify all paths to Home. Review of Clinical Handover between ED and In-patient Units - identified issues around Communication Implementation of A & D Co-ordinator position in Subacute. Implementation of Older Person NP - candidate Sub-acute Family board round weekly in Subacute - goals - planned discharge Increase training of Critical Care Nurses in 2018 Bi-weekly Complex Care meeting - structure change - Multidisciplinary including Medical		

	Senior Medical Consultant to review Patient in ED following AM handover One team to do Daily Medical round in Subacute		
<b>Recommendation status</b>	Almost complete	<b>Date implemented/ due for implementation</b>	Mar-20

<b>Audit year</b>	2016–17	<b>Audit name</b>	Efficiency and Effectiveness of Hospital Services: Emergency Care
<b>Recommendation #3</b>	That health services act to resolve Victorian Emergency Minimum Dataset audit findings in a timely way		
<b>Accept recommendation</b>	Yes	<b>If no, explain</b>	
<b>Planned action at tabling</b>	The one high priority recommendation still to be actioned under IT security is 'Unique user logins should be consistently applied for iPM system access, and user access reviews should be strengthened'. This recommendation is due to be completed with the implementation of the Digital Medical Record BOSSnet project in February 2017.		
<b>Updated action</b>	The IT department investigate the issues in relation to team members signing into the computer under a generic log in. The risk was identified and strategies discussed before implementing a individual sign in process within the emergency department.		
<b>Recommendation status</b>	Complete	<b>Date implemented/ due for implementation</b>	Feb–17 (98 days to implement)

# Auditor-General's reports tabled during 2019–20

Report title	Date tabled
Managing Registered Sex Offenders (2019–20:1)	August 2019
Enrolment Processes at Technical and Further Education Institutes (2019–20:2)	September 2019
Cenitex: Meeting Customer Needs for ICT Shared Services (2019–20:3)	October 2019
Auditor-General's Report on the Annual Financial Report of the State of Victoria: 2018–19 (2019–20:4)	November 2019
Council Libraries (2019–20:5)	November 2019
Market-led Proposals (2019–20:6)	November 2019
Results of 2018–19 Audits: Local Government (2019–20:7)	November 2019
Sexual Harassment in the Victorian Public Service (2019–20:8)	November 2019
Follow up of Access to Public Dental Services in Victoria (2019–20:9)	November 2019
Follow up of Regulating Gambling and Liquor (2019–20:10)	November 2019
Managing Development Contributions (2019–20:11)	March 2020
Freight Outcomes from Regional Rail Upgrades (2019–20:12)	March 2020
Ravenhall Prison: Rehabilitating and Reintegrating Prisoners (2019–20:13)	March 2020
Personnel Security: Due Diligence over Public Sector Employees (2019–20:14)	May 2020
Managing Support and Safety Hubs (2019–20:15)	May 2020
Protecting critically endangered grasslands (2019–20:16)	June 2020
Responses to Performance Audit Recommendations 2015–16 to 2017–18 (2019–20:17)	June 2020

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