

# Statement of Priorities

2018–19 Agreement between the Minister for Health and  
Barwon Health

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# Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 65ZFA, 65ZFB and section 26 of the Health Services Act 1988.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2018-19*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

# Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

## Government commitments

The *Victorian Budget 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrew's Labor Government is funding an \$1.3 billion acute health capital, infrastructure and equipment program.

This investment will support the implementation of Health 2040: advancing health, access and care – which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

# Part A: Strategic overview

## Mission statement

Vision / Together with our community we build healthier lives, inspired by world class standards.

Mission / With our consumers at the forefront, we excel in delivering efficient integrated care, education and research to advance health and wellbeing for all.

## Service profile

Formed in 1998 Barwon Health is one of Victoria's largest health services, providing care to more than 500,000 people in the Barwon South West region across 21 sites.

Barwon Health is a major teaching facility with partnerships with Deakin University, The Gordon and numerous other tertiary education facilities from throughout Australia.

We provide care at all stages of life and circumstance through our comprehensive range of services from emergency and acute medicine to mental health, primary care, community services aged care and sub-acute care and rehabilitation. Care is provided to the community through:

- Acute care at University Hospital Geelong and its associated services
- Sub-acute care for both inpatients and community rehabilitation through the McKellar Centre
- Aged Care through the McKellar Centre at sites in North Geelong and Charlemont
- A total of 16 community -based sites at key locations throughout the region
- Outreach clinics, home based services and telemedicine throughout the region.

## Strategic planning

Barwon Health's Strategic Plan for 2015-2020 is available online at <http://www.barwonhealth.org.au/strategic-plans/83-strategic-plan-2015-2020>.

## Strategic priorities

In 2018-19 Barwon Health will contribute to the achievement of the Victorian Government's commitments by:

| Goals  | Strategies   | Health Service Deliverables   |
|--|--|---|
| <p><b>Better Health</b></p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p> | <p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p> | <p>Progress and monitor responses to family violence initiatives by:</p> <ul style="list-style-type: none"> <li>Partnering with Colac Area Health, Hesse Rural Health Service, Lorne Community Hospital and Otway Health to standardise approaches to family violence by April 2019.</li> <li>Rolling out policies, procedures and training to build capacity and better recognise and respond to family violence utilising statewide training resources in Emergency Department by December 2018.</li> <li>All managers receiving training in identifying and supporting employees who may be experiencing family violence by December 2018.</li> <li>Engaging with the Sexual Assault and Family Violence Centre to codesign with victim survivors a timely, proportionate and appropriate response action plan by March 2019.</li> <li>Commencing a pilot project in family violence screening in antenatal services by February 2019.</li> <li>Developing local and regional referral pathways for family violence that will be disseminated through the CEO council by June 2019.</li> </ul> |
|  |  | <p>Improve care for patients at high risk of multiple unplanned hospital admissions by designing and implementing a model for integrated chronic disease management, leading to decreased hospital presentations. Pilot projects in Cardiac and Gastroenterology will be scoped and include evaluation criteria by February 2019.</p>   |
|  |  | <p>Develop the Innovate Reconciliation Action Plan (as successor to REFLECT Reconciliation Action Plan) by September 2018.</p>  |

| Goals   | Strategies   | Health Service Deliverables   |
|---|--|---|
| <p><b>Better Access</b></p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p> | <p><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p> | <p>Progress strategies to support whole of hospital response to improved timely access to care for emergency patients by June 2019 by:</p> <ul style="list-style-type: none"> <li>• Improving emergency access by providing additional medical consultants, allied health and diagnostic services in Emergency Department to improve performance in ambulance wait time and Emergency Department length of stay performance by December 2018.</li> <li>• Implementing the work plan from Specialist Clinic Strategy to decrease waiting times for urgent first appointment (within 30 days) and routine patients (within 365 days) by August 2018.</li> <li>• Improving access to emergency surgery through utilisation of additional theatres and implementing new Colonoscopy Guidelines by October 2018.</li> </ul> <p>Complete business process mapping for all core clinical business processes to:</p> <ul style="list-style-type: none"> <li>• Inform requirements for Electronic Health Record business case.</li> <li>• Identify opportunities for process improvements in preparation for implementation of an Electronic Health Record.</li> <li>• In conjunction with key internal and external stakeholders and regional partners, develop a business case for Barwon Health's Electronic Health Record for submission to the Department of Treasury and Finance through the Department of Health and Human Services.</li> </ul> |



| Goals  | Strategies   | Health Service Deliverables   |
|--|--|---|
|  |  | <p>Establish additional Home Sub Acute Care Models covering Geriatric Evaluation and Management, Palliative Care &amp; other selected Rehabilitation streams.</p> <p>Implement <i>Geriatric Evaluation and Management at Home</i> model and scope the provision of <i>Palliative Care at Home</i> by December 2018.</p> <p>Identify options for the development of a new Barwon South West Region Women's and Children's Hospital, in conjunction with the Department of Health and Human Services.</p>   |
| <p><b>Better Care</b></p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p> | <p><b>Better Care</b></p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p> | <p>Actively engage in the locality planning processes for the Barwon Locality Service Plan. The plan will identify service delivery options for Barwon Health for the next 5-10 years and inform the range of services to be delivered.</p> <p>Implement respectful approaches to end of life care by:</p> <ul style="list-style-type: none"> <li>• Increasing the number of patients with Advance Care Plans to 40%.</li> <li>• Implementing the framework for Voluntary Assisted Dying legislation by June 2019.</li> </ul> <p>Development and confirmation of Mental Health Strategy:</p> <ul style="list-style-type: none"> <li>• Confirm key deliverables in Mental Health Strategy by January 2019.</li> <li>• Review hospital Mental Health Clinical Liaison Service by April 2019.</li> <li>• Plan developed for psychiatric assessment and planning centre (Mental Health Crisis Hub) and 28 days outreach function by December 2018.</li> <li>• Plan confirmed to improve infrastructure in Swanston Centre and the Emergency Department by June 2019.</li> </ul> |

| Goals   | Strategies   | Health Service Deliverables  |
|---|--|--|
| <p><b>Specific 2018-19 priorities (mandatory)</b></p> | <p><b>Disability Action Plans</b><br/>Draft disability action plans are completed in 2018-19.</p>  | <p>Submit a draft disability action plan to the Department by 30 June 2019. The draft plan will outline the approach to full implementation within three years of publication.</p>   |
|   | <p><b>Volunteer engagement</b><br/>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p> | <p>Extend the current activities for Barwon Health Board and Executive to participate in volunteer engagement and recognition by:</p> <ul style="list-style-type: none"> <li>• Attending one orientation program annually.</li> <li>• Attending National Volunteer Week and/or end of year celebration.</li> </ul> |
|   |  | <p>Meet annually to review existing volunteer engagement in clinical directorates.</p>   |

| Goals | Strategies  | Health Service Deliverables   |
|-------|---|---|
|       | <p><b>Bullying and harassment</b></p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p> | <p>A communication program using all internal communication channels and targeted promotion will be ongoing with themes emerging from Warru Ki (peer based issue resolution system).</p> <p>A bi-monthly meeting with contact and resolution officers will assist in identifying issues and possible improvements by March 2019.</p> <p>The Warru Ki process will be monitored to identify usage, satisfaction and trends associated with workplaces or groups. The annual People Matters Survey will provide a year on year measure of the success of initiatives to address bullying and harassment. The Executive and Board will continue to receive monthly updates.</p>  |
|       | <p><b>Occupational violence</b></p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>  | <p>Monthly trend analysis of Code Grey, planned Code Grey and occupational violence and aggression incident reporting at management and Board level will inform the organisation regarding</p> <ul style="list-style-type: none"> <li>• Areas of high risk.</li> <li>• Areas of good / poor reporting culture.</li> <li>• Areas where increased occupational violence and aggression training / awareness is required by November 2018.</li> </ul> <p>Staff provided with systems and equipment to ensure a safe place of work. Funding provided by the Department Health and Human Services Violence Prevention Fund round 3 applications for:</p> <ul style="list-style-type: none"> <li>• Mobile Duress System, for Heath Wing 7 and the Emergency Department.</li> <li>• Reconfiguration of Corio Community Mental Health, Swanston Centre and the Emergency Department waiting room by June 2019.</li> </ul> |

| Goals | Strategies | Health Service Deliverables  |
|-------|------------|--|
|       |            | <p>Behaviour Assessment room commissioned in the Emergency Department by June 2019.</p> <p>Security assessments of all Barwon Health sites to be conducted in 2018/19 utilising the Department of Health and Human Services 'Guide for Security arrangements in Victorian Health Services'.</p> <p>Ensure current security measures (resources, patrols, monitoring equipment) are in line with occupational violence and aggression action plan by March 2019.</p> <p>Achieve a 5% reduction in Lost Time Injury Frequency Rate (claims and actual) using Quality and Safety December 2017 baseline data.</p> |

| Goals | Strategies  | Health Service Deliverables  |
|-------|---|--|
|       | <p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> <li>• Policy to be net zero carbon by 2050 and improve environmental</li> <li>• Sustainability by identifying and implementing projects, including</li> <li>• Workforce education, to reduce material environmental impacts with</li> <li>• Particular consideration of procurement and waste management, and</li> <li>• Publicly reporting environmental performance data, including</li> <li>• Measureable targets related to reduction of clinical, sharps and landfill</li> <li>• Waste, water and energy use and improved recycling.</li> </ul> | <p>Actively contribute to the development of the Victorian's Government's policy to be net zero carbon by 2050 and improve environmental sustainability through:</p> <ul style="list-style-type: none"> <li>• Investigate and where appropriate install solar photovoltaic cells in community health and aged care facilities.</li> <li>• Ongoing upgrades to existing lighting infrastructure with LED and energy efficient fixtures.</li> <li>• Complete a feasibility study regarding improvements to water waste management processes including additional water harvesting opportunities by January 2019.</li> <li>• Improvements to control strategies to optimise central mechanical, chiller and building management system.</li> <li>• Ongoing upgrades to existing pump infrastructure to variable speed drives for improved control.</li> </ul> |

| Goals | Strategies   | Health Service Deliverables  |
|-------|--|--|
|       | <p><b>LGBTI</b></p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p> | <p>Commence with the Rainbow Tick Accreditation process to develop LGBTI inclusive practices and improve Barwon Health's quality of care and services to LGBTI consumers, showing our commitment to diversity and inclusion. Health service-wide systems will be redesigned to incorporate evidence-based inclusive practice by June 2019.</p> <ul style="list-style-type: none"> <li>• Guiding documentation, tools, resources and templates will be amended or developed to reflect organisational requirements.</li> <li>• All staff and volunteers will be trained in the new requirements.</li> <li>• LGBTI community will be engaged in service development and review.</li> <li>• Establish governance arrangements</li> <li>• Key stakeholders to attend Gay and Lesbian Health Victoria How2 Training</li> <li>• Conduct gap analysis</li> <li>• Develop risk register</li> <li>• Develop quality improvement and change management plan</li> </ul> |

## Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2018-19 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at [www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

| Key performance indicator   | Target      |
|---|-------------|
| <b>Accreditation</b>  |             |
| Accreditation against the National Safety and Quality Health Service Standards                                | Accredited  |
| Compliance with the Commonwealth's Aged Care Accreditation Standards  | Accredited  |
| <b>Infection prevention and control</b>   |             |
| Compliance with the Hand Hygiene Australia program  | 80%         |
| Percentage of healthcare workers immunised for influenza  | 80%         |
| <b>Patient experience</b>   |             |
| Victorian Healthcare Experience Survey – percentage of positive patient experience responses                  | 95%         |
| Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care | 75%         |
| Victorian Healthcare Experience Survey – patients perception of cleanliness                                   | 70%         |
| <b>Healthcare associated infections (HAI's)</b>   |             |
| Number of patients with surgical site infection   | No outliers |
| Number of patients with ICU central-line-associated bloodstream infection (CLABSI)                            | Nil         |
| Rate of patients with SAB <sup>1</sup> per occupied bed day   | ≤1/10,000   |

| Key performance indicator   | Target  |
|---|---|
| <b>Adverse events</b>   |   |
| Sentinel events – root cause analysis (RCA) reporting   | All RCA reports submitted within 30 business days |
| Unplanned readmission hip replacement   | Annual rate ≤2.5%                                 |
| <b>Mental Health</b>  |   |
| Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge | 14%   |
| Rate of seclusion events relating to an adult acute mental health admission                       | ≤15/1,000   |

<sup>1</sup> SAB is Staphylococcus Aureus Bacteraemia

| Key performance indicator  | Target    |
|--|-----------|
| Rate of seclusion events relating to an aged acute mental health admission   | ≤15/1,000 |
| Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days  | 80%       |
| Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days   | 80%       |
| Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days  | 80%       |
| <b>Maternity and Newborn</b>   |           |
| Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes  | ≤1.4%     |
| Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks  | ≤28.6%    |
| Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral | 100%      |
| <b>Continuing Care</b>   |           |
| Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay   | ≥0.645    |

## Strong governance, leadership and culture

| Key performance indicator  | Target |
|--|--------|
| <b>Organisational culture</b>  |        |
| People matter survey - percentage of staff with an overall positive response to safety and culture questions   | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”         | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”                             | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager” | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”              | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”                              | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”                    | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”                                       | 80%    |
| People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”                    | 80%    |



## Timely access to care

| Key performance indicator   | Target   |
|---|--|
| <b>Emergency care</b>   |  |
| Percentage of patients transferred from ambulance to emergency department within 40 minutes   | 90%  |
| Percentage of Triage Category 1 emergency patients seen immediately   | 100%   |
| Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time   | 80%  |
| Percentage of emergency patients with a length of stay in the emergency department of less than four hours                              | 81%  |
| Number of patients with a length of stay in the emergency department greater than 24 hours  | 0  |
| <b>Elective surgery</b>   |  |
| Percentage of urgency category 1 elective surgery patients admitted within 30 days  | 100%   |
| Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time                          | 94%  |
| Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category | 5% or 15% proportional improvement from prior year |
| Number of patients on the elective surgery waiting list <sup>2</sup>  | 1,215  |
| Number of hospital initiated postponements per 100 scheduled elective surgery admissions  | ≤7 /100  |
| Number of patients admitted from the elective surgery waiting list  | 8,961  |
| <b>Specialist clinics</b>   |  |
| Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days                   | 100%   |
| Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days                   | 90%  |

<sup>2</sup> the target shown is the number of patients on the elective surgery waiting list as at 30 June 2019

## Effective financial management

| Key performance indicator  | Target  |
|--|---|
| <b>Finance</b>   |   |
| Operating result (\$m)   | 0.00  |
| Average number of days to paying trade creditors   | 60 days   |
| Average number of days to receiving patient fee debtors  | 60 days   |
| Public and Private WIES <sup>3</sup> activity performance to target  | 100%  |
| Adjusted current asset ratio   | 0.7 or 3% improvement from health service base target |
| Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)        | 14 days   |
| Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month. | 14 days   |
| Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.                  | Variance ≤\$250,000                                   |

<sup>3</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

| Funding type                             | Activity | Budget (\$'000) |
|--|----------|-----------------|
| <b>Acute Admitted</b>                    |          |                 |
| WIES Public                              | 55,443   | 267,955         |
| WIES Private                             | 10,695   | 38,075          |
| WIES DVA                                 | 392      | 1,994           |
| WIES TAC                                 | 645      | 2,754           |
| Other Admitted                           |          | 41,154          |
| <b>Acute Non-Admitted</b>                |          |                 |
| Emergency Services                       |          | 25,667          |
| Home Enteral Nutrition                   | 983      | 209             |
| Home Renal Dialysis                      | 57       | 3,243           |
| Radiotherapy WAUs Public                 | 40,685   | 10,516          |
| Radiotherapy WAUs DVA                    | 799      | 233             |
| Specialist Clinics                       | 103,209  | 27,196          |
| Specialist Clinics DVA                   |          | 99              |
| Other non-admitted                       |          | 1,230           |
| <b>Subacute &amp; Non-Acute Admitted</b> |          |                 |
| Subacute WIES – Rehabilitation Public    | 679      | 7,186           |
| Subacute WIES – Rehabilitation Private   | 360      | 3,543           |
| Subacute WIES – GEM Public               | 691      | 7,307           |
| Subacute WIES – GEM Private              | 271      | 2,663           |
| Subacute WIES – Palliative Care Public   | 234      | 2,479           |
| Subacute WIES – Palliative Care Private  | 116      | 1,139           |
| Subacute WIES - DVA                      | 75       | 954             |
| Transition Care - Bed days               | 12,390   | 1,918           |
| Transition Care - Home days              | 6,590    | 374             |
| <b>Subacute Non-Admitted</b>             |          |                 |
| Palliative Care Non-admitted             |          | 2,341           |

|  |         |                |
|--|---------|----------------|
| Health Independence Program - Public         | 72,887  | 15,619         |
| Health Independence Program - DVA            |         | 71             |
| Victorian Artificial Limb Program            |         | 458            |
| Subacute Non-Admitted Other                  |         | 1,451          |
| <b>Aged Care</b>                             |         |                |
| Aged Care Assessment Service                 |         | 2,541          |
| Residential Aged Care                        | 115,350 | 7,327          |
| HACC   | 24,245  | 2,695          |
| Aged Care Other                              |         | 756            |
| <b>Mental Health and Drug Services</b>       |         |                |
| Mental Health Ambulatory                     | 67,950  | 29,368         |
| Mental Health Inpatient - Available bed days | 12,418  | 9,053          |
| Mental Health Inpatient - Secure Unit        | 1,095   | 626            |
| Mental Health PDRS                           |         | 57             |
| Mental Health Residential                    | 16,436  | 1,663          |
| Mental Health Service System Capacity        | 572     | 614            |
| Mental Health Subacute                       | 8,037   | 3,566          |
| Mental Health Other                          |         | 1,090          |
| Drug Services                                | 2,000   | 2,515          |
| <b>Primary Health</b>                        |         |                |
| Community Health/ Primary Care Programs      | 31,106  | 3,323          |
| Community Health Other                       | 1,571   | 1,693          |
| <b>Other</b>                                 |         |                |
| Health Workforce                             | 177     | 9,412          |
| Other specified funding                      |         | 16,097         |
| <b>Grand Total</b>                           |         | <b>560,225</b> |

## Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

**Period: 1 July 2018 – 30 June 2019**

|                               | Service category                    | Estimated National Weighted Activity Units (NWAU18) | Total funding (\$'000) |
|-------------------------------|-------------------------------------|---|------------------------|
| <b>Activity based funding</b> | Acute admitted services             | 62,139  | 463,402                |
|                               | Admitted mental health services     | 3,916   |                        |
|                               | Admitted subacute services          | 5,209   |                        |
|                               | Emergency services                  | 10,841  |                        |
|                               | Non-admitted services               | 9,213   |                        |
| <b>Block Funding</b>          | Non-admitted mental health services | -   | 50,059                 |
|                               | Teaching, training and research     |   |                        |
|                               | Other non-admitted services         |   |                        |
| <b>Other Funding</b>          |                                     | -   | 48,032                 |
| <b>Total</b>                  |                                     | <b>91,318</b>                                       | <b>561,493</b>         |

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 and 2017-18 reconciliation by the Administrator of the National Health Funding Pool
- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment)
- In situations where a change is required to the Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.

Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

# Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2018;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2018-19 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

# Signature

The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



Hon Jill Hennessy MP  
Minister for Health

Date: 16/8 /2018



Mr Brian Cook  
Chairperson  
Barwon Health

Date: 16/08 /2018

