

# Statement of Priorities

2019-20 Agreement between the Minister for Health and Austin Health

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# Contents

- Contents** ..... iii
- Background** ..... 4
- Strategic priorities** ..... 5
  - Government commitments ..... 5
- Part A: Strategic overview** ..... 6
  - Mission statement ..... 6
  - Service profile ..... 6
  - Strategic planning ..... 6
  - Strategic priorities – Health 2040 ..... 7
  - Specific priorities for 2019-20 ..... 9
- Part B: Performance Priorities** ..... 11
  - High quality and safe care ..... 11
  - Strong governance, leadership and culture ..... 12
  - Timely access to care ..... 12
  - Effective financial management ..... 14
- Part C: Activity and funding** ..... 15
- Part D: Commonwealth funding contribution** ..... 17
- Accountability and funding requirements** ..... 18
- Signature** ..... 19

## 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 40G, 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 main 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 2019-20*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities in November each year and present data on the performance of our health system in the public domain.

## Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

## Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

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

**Our vision:** Shaping the future through exceptional care, discovery and learning

**Our purpose:** Helping people live healthy, productive and fulfilled lives

**Our values:** Our values define who we are, and shape our culture and the behaviours, practices and mindsets of our people. They guide how we work with each other and with consumers, the community and our partners. Our values reflect what is most important to us and what we care about. They will support us to deliver the goals outlined in the 2019-20 Statement of Priorities, by driving the qualities and behaviours that we will need individually and collectively to be successful. Our values are:

- 1. Our actions show we care:** We are inclusive and considerate. We appreciate one another, always listening and interacting with compassion
- 2. We bring our best:** We are guided by the needs of our patients, bringing commitment, integrity and energy to everything we do. We are passionate about delivering excellence
- 3. Together we achieve:** Our culture of collaboration means we work openly with our people, our community and beyond to achieve great outcomes
- 4. We shape the future:** Through research, education and learning we innovate, exploring new opportunities that will change healthcare for the better

## Service profile

Austin Health is a leading specialist tertiary and quaternary health service, located in the north east of Melbourne. It is known for its delivery of high-quality, safe care, a strong record in research and teaching, and a place where staff are proud to work.

Austin Health provides a comprehensive range of acute, sub-acute, mental health, specialist clinics and outreach services to our local community; and is also the state-wide provider of a range of specialist services, including the Victorian Spinal Cord Service, Victorian Respiratory Support Service, Victorian Liver Transplant Service, Acquired Brain Injury Unit, Child Mental Health Inpatient Unit, State-wide Toxicology Services (including the Victorian Poisons Information Centre). Austin Health is also renowned for its specialist work in cancer, neurology, endocrinology, mental health, infectious diseases, rehabilitation, sleep medicine, intensive care, emergency medicine and a range of other specialties.

As part of a broader healthcare system, Austin Health works closely with other healthcare providers to collectively deliver a comprehensive and accessible mix of services. It is one of Victoria's largest healthcare providers, employing over 9,000 people over a number of locations, including Austin Hospital, Heidelberg Repatriation Hospital (HRH) and the Royal Talbot Rehabilitation Centre (RTRC).

Austin Health is an internationally recognised leader in clinical teaching and training, and is affiliated with 16 universities and four TAFEs. We have a significant research commitment through Austin LifeSciences which brings together almost 1,000 researchers and several leading research institutes including the Olivia Newton-John Cancer Research Institute, the Florey Institute of Neurosciences and Mental Health, Institute for Breathing and Sleep, Parent-Infant Research Institute, Spinal Research Institute and Austin Medical Research Foundation.

## Strategic planning

Austin Health's Strategic Plan 2018-22 is available online at

<http://www.austin.org.au/Assets/Files/Austin%20Health%202018-2022%20Strategic%20Plan.pdf>

## Strategic priorities – Health 2040;

In 2019-20 Austin Health will contribute to the achievement of the Government's commitments within *Health 2040: Advancing health, access and care* by:

### **Better Health**

|  |   |
|--|---|
| <b>Goals:</b><br>A system geared to prevention as much as treatment<br>Everyone understands their own health and risks<br>Illness is detected and managed early<br>Healthy neighbourhoods and communities encourage healthy lifestyles | <b>Strategies:</b><br>Reduce Statewide Risks<br>Build Healthy Neighbourhoods<br>Help people to stay healthy<br>Target health gaps |
|--|---|

#### **Deliverables:**

- Help people stay healthy by participating in the Better Health North East Melbourne collaborative to improve care of the frail aged and provide early intervention for children with developmental delay to develop a system geared to prevention as much as treatment.
- Build healthy neighbourhoods by working with the Department of Health and Human Services to plan for the establishment of a Community Hospital in the Eltham area to encourage healthy lifestyles.

### **Better Access**

|  |   |
|--|---|
| <b>Goals:</b><br>Care is always being there when people need it<br>Better access to care in the home and community<br>People are connected to the full range of care and support they need<br>Equal access to care | <b>Strategies:</b><br>Plan and invest<br>Unlock innovation<br>Provide easier access<br>Ensure fair access |
|--|---|

#### **Deliverables:**

- Plan and invest in the Timely Access to Care program of works so that care is there when people need it.
- Provide easier access specialist clinic care by participating in the statewide referral pathways projects with key internal and external partners with an immediate focus on common high volume conditions such as ENT surgery, vascular surgery and urology with further work planned for neurology, gastroenterology so care is there when people need it.
- Unlock innovation by continuing to plan for the procurement, installation, and operation of a statewide MRI Linac service so that people are connected to the full range of care and support they need.

## Better Care

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**Goals:**

Targeting zero avoidable harm  
Healthcare that focusses on outcomes  
Patients and carers are active partners in care  
Care fits together around people's needs

**Strategies:**

Put quality First  
Join up care  
Partner with patients  
Strengthen the workforce  
Embed evidence  
Ensure equal care

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**Deliverables:**

- Put quality first by progressing the implementation of the Delirium Prevention Plan to reduce hospital acquired delirium using a multi-disciplinary team, volunteers and family thereby targeting zero avoidable harm.
- Partner with patients to work towards the implementation of the principles of care in Our Patient Expectations across Austin Health focusing on refreshing the Our Patients Expectations toolkit for organisation wide rollout so that patients and carers are active partners in care.
- Put quality first by introducing and embedding the Voluntary Assisted Dying legislation policies and procedures to support the introduction of the legislation and enable Austin Health to support end of life decisions of our patients so that care fits together around people's needs.



## Specific priorities for 2019-20

In 2019-20 Austin Health will contribute to the achievement of the Government's priorities by:

### **Supporting the Mental Health System**

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

- Work with local and regional child and youth mental health services, Aboriginal and Torres Strait Islander organisations, family service agencies, and the Department of Health and Human Services to provide the new statewide Child and Family Assessment and Planning Service including the development of a detailed operational model to inform the design and build of the service.
- In collaboration with community based partners including the East Melbourne Primary Health Network, support the development and implementation of the regional Integrated Mental Health and Suicide Prevention Plan including better addressing physical health needs of mental health patients and exploring opportunities to improve information sharing for mental health patients to enhance access.

### **Addressing Occupational Violence**

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

- Continue to implement the Department of Health and Human Services' security training principles to address identified security risks as relevant to Austin Health. Actions will include:
  - Assessing the structure of the Security Service Department to ensure the associated workforce is well placed to safely protect our patients and staff
  - Issuing protective vests and cameras to our security staff
  - Improving staff security by installing safe zones that incorporate duress points, CCTV and signage

### **Addressing Bullying and Harassment**

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

- Continue to implement the "Framework for promoting positive workplace culture: preventing bullying, harassment and discrimination" by working towards:
  - Principle 1 Leaders demonstrate commitment to a positive workplace culture - annual themes and recommend actions on strategies to prevent and manage risks across the organisation are identified to the executive and board.
  - Principle 4 The organisation has effective mechanisms for the management of people by developing a robust performance management framework to support managers communicate about performance and provide constructive feedback to their teams.
  - Principle 7 The organisation embraces diversity and is committed to inclusion by developing a Diversity and Inclusion plan that acknowledges and values different perspectives and identifies strategies to increase diversity in our workforce.

### ***Supporting Vulnerable Patients***

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

- Using 'Our patient's expectations' and 'Partnering in healthcare' as a foundation, redevelop the patient centred care package. The package will include a focus on effective communication, and will incorporate training for staff on health literacy, customer service and complaints management
- Improve the health outcomes of Trans and Gender Diverse (TGD) people in Victoria, in partnership with a TGD Community Health consortium by establishing a community based model of care to provide safe, timely and appropriate specialist endocrinology and psychiatric care to patients identifying as TGD including working towards outreach services to Ballarat Community Health and participating in the development and implementation of a TGD education package.

### ***Supporting Aboriginal Cultural Safety***

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

- Continue the implementation of Austin Health's Reconciliation Action Plan 2019-20 including developing an online training module to support frontline staff to ask the identification question in a culturally safe and appropriate manner; and refining and reviewing the current online training package and incorporate it into the mandatory induction training packages.

### ***Addressing Family Violence***

Strengthen responses to family violence in line with the *Multi-Agency Risk Assessment and Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

- Develop an overarching governance structure to support work towards the implementation of the Multi-Agency Risk Assessment and Management Framework (MARAM) and information sharing schemes across Austin Health, contributing to Strengthening Hospitals' Response to Family Violence.

### ***Implementing Disability Action Plans***

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

- Continue the implementation of Austin Health's Disability Action Plan by strengthening partnerships with disability representative organisations and responding to barriers to accessing care identified by our disabled consumers and their carers.

### ***Supporting Environmental Sustainability***

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

- Continue to progress implementation of the Austin Health Environmental Sustainability Strategy, with a focus on improving effective workforce sustainability education, delivering education on clinical and recycling waste streams, and optimising heating and cooling systems.

## 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 2019-20 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 measure   | Target          |
|---|-----------------|
| <b>Accreditation</b>  |                 |
| Compliance with Aged Care Standards   | Full compliance |
| <b>Infection prevention and control</b>   |                 |
| Compliance with the Hand Hygiene Australia program  | 83%             |
| Percentage of healthcare workers immunised for influenza  | 84%             |
| <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 – patient's perception of cleanliness                                  | 70%             |
| <b>Healthcare associated infections (HAI's)</b>   |                 |
| Rate of patients with surgical site infection   | No outliers     |
| Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)                              | Nil             |
| Rate of patients with SAB <sup>1</sup> per 10,000 occupied bed days   | ≤ 1             |

| Key performance measure   | 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 a child and adolescent acute mental health admission         | ≤ 15/1,000  |

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

| Key performance measure   | Target     |
|---|------------|
| Rate of seclusion events relating to an adult 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%        |
| <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 measure  | 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 measure   | 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%    |

| Key performance measure   | Target   |
|---|--|
| 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>  | 3,287  |
| Number of hospital initiated postponements per 100 scheduled elective surgery admissions  | ≤ 7 /100   |
| Number of patients admitted from the elective surgery waiting list  | 12,850   |
| <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 2020

## Effective financial management

| Key performance measure   | Target  |
|---|---|
| Operating result (\$m)  | 0.0   |
| Average number of days to pay trade creditors   | 60 days   |
| Average number of days to receive 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 available cash (based on end of year forecast)  | 14 days   |
| Actual number of days available cash, measured on the last day of each month.   | 14 days   |
| Variance between forecast and actual 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 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

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>

| <b>Funding type</b>                      | <b>Activity</b> | <b>Budget (\$'000)</b> |
|--|-----------------|------------------------|
| <b>Acute Admitted</b>                    |                 |                        |
| Acute WIES                               | 83,800          | 397,821                |
| WIES DVA                                 | 677             | 3,494                  |
| WIES TAC                                 | 583             | 3,407                  |
| Other Admitted                           |                 | 47,170                 |
| <b>Acute Non-Admitted</b>                |                 |                        |
| Emergency Services                       |                 | 32,638                 |
| Genetic services                         |                 | 3,356                  |
| Home Enteral Nutrition                   | 1,405           | 303                    |
| Home Renal Dialysis                      | 72              | 4,140                  |
| Radiotherapy WAUs Public                 | 71,390          | 17,129                 |
| Radiotherapy WAUs DVA                    | 731             | 217                    |
| Specialist Clinics                       | 166,910         | 42,274                 |
| Specialist Clinics - DVA                 |                 | 2,454                  |
| Other non-admitted                       |                 | 452                    |
| Total Perinatal Nutrition                | 123             | 975                    |
| <b>Subacute &amp; Non-Acute Admitted</b> |                 |                        |
| Subacute WIES - Rehabilitation Public    | 1,475           | 15,836                 |
| Subacute WIES - Rehabilitation Private   | 377             | 3,765                  |
| Subacute WIES - GEM Public               | 1,347           | 14,462                 |
| Subacute WIES - GEM Private              | 365             | 3,643                  |
| Subacute WIES - Palliative Care Public   | 373             | 4,002                  |
| Subacute WIES - Palliative Care Private  | 116             | 1,161                  |
| Subacute WIES - DVA                      | 125             | 1,622                  |
| Transition Care - Bed days               | 7,652           | 1,203                  |
| Transition Care - Home days              | 10,617          | 612                    |
| Subacute Admitted Other                  |                 | 7,153                  |
| <b>Subacute &amp; Non-Acute Other</b>    |                 |                        |
| Other specified funding                  |                 | 355                    |
| <b>Subacute Non-Admitted</b>             |                 |                        |
| Health Independence Program - Public     | 75,016          | 17,299                 |
| Health Independence Program - DVA        |                 | 3                      |
| Victorian Artificial Limb Program        |                 | 911                    |

|  |        |                |
|--|--------|----------------|
| Subacute Non-Admitted Other                  |        | 8,546          |
| Other specified funding                      |        | 250            |
| <b>Aged Care</b>                             |        |                |
| Aged Care Assessment Service                 |        | 1,129          |
| <b>Mental Health and Drug Services</b>       |        |                |
| Mental Health Ambulatory                     | 62,736 | 25,976         |
| Mental Health Inpatient - Available bed days | 39,078 | 30,114         |
| Mental Health Inpatient - Secure Unit        | 9,126  | 5,297          |
| Mental Health Service System Capacity        | 1      | 1,019          |
| Mental Health Subacute                       | 16,439 | 7,661          |
| Mental Health Other                          |        | 1,166          |
| Drug Services                                | 140    | 1,775          |
| <b>Primary Health</b>                        |        |                |
| Community Health Other                       |        | 7              |
| <b>Other</b>                                 |        |                |
| NFC - Transplants - Paediatric Liver         | 5      | 1,668          |
| Health Workforce                             |        | 14,187         |
| Other specified funding                      |        | 13,203         |
| <b>Total Funding</b>                         |        | <b>740,095</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 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 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 2019 – 30 June 2020

|                        | <b>Service category</b>             | <b>Estimated National Weighted Activity Units (NWAU18)</b> | <b>Total funding (\$'000)</b> |
|------------------------|-------------------------------------|--|-------------------------------|
| Activity based funding | Acute admitted services             | 90,265   | 625,140                       |
|                        | Admitted mental health services     | 4,727  |                               |
|                        | Admitted subacute services          | 11,959   |                               |
|                        | Emergency services                  | 12,344   |                               |
|                        | Non-admitted services               | 10,748   |                               |
| Block Funding          | Non-admitted mental health services | -  | 61,218                        |
|                        | Teaching, training and research     |  |                               |
|                        | Other non-admitted services         |  |                               |
| Other Funding          |                                     | -  | 53,610                        |
| <b>Total</b>           |                                     | <b>130,043</b>   | <b>739,967</b>                |

Note:

- 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 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 2019;
- 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 2019-20 financial year; and
- Relevant standards for 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. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

## 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.



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**Jenny Mikakos MP  
Minister for Health**

Date: 25/10/2019



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**Hon Judith Troeth AM  
Chairperson  
Austin Health**

Date: 25/10/2019

