

# Statement of Priorities

2018–19 Agreement between the Minister for Health and  
Ballarat Health Services

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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 Andrews 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

### **The Vision of Ballarat Health Services is:**

Excellence in Health Care: Our Patients, Our Staff, Our Community

### **The Mission of Ballarat Health Services is:**

To deliver quality care to the communities we service by providing safe, accessible and integrated health services resulting in positive experiences and outcomes.

### **The Values of Ballarat Health Services are:**

**Teamwork** – We commit to common goals based on open and honest communication while showing concern and support for all. We are dedicated to working together for common interests and responsibilities.

**Respect** – We acknowledge everyone's unique strengths and value diversity. We operate in a spirit of co-operation and honour human dignity.

**Accountability** – We personally commit to delivering our best, taking responsibility for all of our decisions and actions.

**Compassion** – We treat people with kindness and empathy. We care about our patients, our people and our community.

## Service profile

Ballarat Health Services is the main public referral health service to a catchment population of around 250,000 people across the Grampians region and has been providing quality care for more than 160 years.

Ballarat Health Services delivers care across all settings: in hospital and increasingly in the community and people's homes. It is the largest public provider of residential aged care in Australia. Additionally, Ballarat Health Services is the main teaching, training and research provider in the region and does this through affiliations with several universities and teaching institutions.

Ballarat Health Services is one of the largest employers in Ballarat, which has a population of over 100,000 people. Our workforce is a key strength of our organisation and the broader community.

### **Emergency Department**

In 2017–2018 Ballarat Health Services treated 58,988 emergency patients and supported more than 50 patient transfers by air ambulance. This was an increase of 7.3% in emergency presentations from the previous year. Ballarat Health Services Service Plan modelling had estimated an annual increase of 1.7%, demonstrating the significant growth experienced in 2017–2018. With Ballarat's growing population it is expected that presentations to the emergency department will continue to grow.

### **Acute Inpatient Services**

Acute care is the provision of medical treatments and procedures for a short term illness or health problem. Ballarat Health Services provides a comprehensive range of acute services including general medicine, surgery, cardiovascular, emergency care, speciality services, intensive care, oncology, maternity, radiology and pathology services. As demand for services continues to grow Ballarat Health Services has broadened its range of models of care to include community and home-based care such as Hospital in the Home, Residential In Reach, and home-based rehabilitation. Oncology Clinics and chemotherapy sites have been established across the region so that patients can access those services closer to their home towns. Growing demand for elective surgery has seen partnerships develop with other health services across the region to support patients to access care in a timely manner.

### **Sub-Acute Services**

The Inpatient Rehabilitation Program consists of a 30 bed purpose built facility and provides amputee, brain injury, stroke, general neurology and orthopaedic rehabilitation.

The Inpatient Complex Care Unit is a 24 bed, medical and slow stream rehabilitation unit which provides semi acute assessment and care to patients who are generally over 70 years of age.

Gandarra Palliative Care Unit is an eleven bed inpatient facility that provides comprehensive and specialised care for patients and their families, who are suffering from a life threatening illness that cannot be cured.

### **Mental Health Services**

Mental Health Services encompass inpatient care, extended care, community teams, as well as child/adolescent and family services.

### **Specialist Ambulatory Services**

Ballarat Health Services provides a range of specialist acute medical, allied health, nursing and multi-disciplinary outpatient clinics.

### **Aged Care Services**

Ballarat Health Services is the largest public residential aged care provider in Australia with 444 operational beds in ten facilities across five different sites in greater Ballarat. It delivers a comprehensive aged care program and provides nursing home care for permanent and respite residents.

### **Primary Care and Community Health Services**

Ballarat Health Services provides extensive aged care and health independence programs which are integral to ensuring that people are able to remain living safely at home for as long as possible.

Dental Health is provided from a new purpose built facility in Sebastopol at the Phoenix College site.

Ballarat Health Services manages the State-wide Equipment Program, enabling patients to access a range of medical equipment to support their daily living requirements within the community.

Ballarat Health Services works collaboratively with other health providers to integrate services for patients with acute and chronic conditions in a community setting. Ballarat Health Services actively participates in the delivery of health promotion messages and activities to improve the health literacy and wellbeing of the community.

## **2018–19 Capital Developments**

### **Master Plan**

Ballarat Health Services is in the concluding stages of the master planning that encompass the time period until 2037 for the Health Service based off the recently completed services. This document will be accompanied by the Model of Care documents for the future service. The 2018–19 year will see the procurement strategy for the major Capital development of the base site of \$461.1M.

### **The Preventative and Recovery Centre (PARC)**

A 12 bed prevention and recovery centre for Ballarat will commence building works towards December 2018 at a cost of \$6 million. The new centre will provide an alternative to hospital admission for patients in need of acute mental health treatment and support.

## **Strategic planning**

Ballarat Health Services Strategic Plan 2017–2022 is available online at [Strategic Plan 2017-2022 | Ballarat Health Services](#)

## Strategic priorities

In 2018–19 Ballarat Health Services 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>Building on strategic partnerships with health services and key external stakeholders across the region, continue the Strengthening Hospital Response to Family Violence Program.</p> <p>Strategies include:</p> <ul style="list-style-type: none"> <li>• Host Quarterly Community of Practice Forums across the Western Division;</li> <li>• Develop and implement an evaluation framework;</li> <li>• Implement the new Specialist Family Violence Advisor initiative within clinical mental health services at Ballarat Health Services in collaboration with the existing Family Violence program;</li> <li>• Appoint an Advisor and establish an implementation plan for the roll out of the initiative.</li> </ul> <hr/> <p>Using the Healthy Choices Policy, identify and deliver new activities that assist people to make informed choice on healthy food and drink options including:</p> <ul style="list-style-type: none"> <li>• Finalisation of the Integrated Health Promotion Plan;</li> <li>• Participation in the Prevention Lab project.</li> <li>• Implement the healthy choice food policy throughout all Ballarat Health Services food service arrangements.</li> <li>• Ensure the health choices policy is a requirement of the tender for delivery of cafeteria services to be finalised in 2018–19.</li> </ul>

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>Utilise the Organisational Strategy for Improvement Matrix to identify organisational accelerators and barriers to improvement through:</p> <ul style="list-style-type: none"> <li>• Completion of the annual self-assessment;</li> <li>• Establishment of an action plan that will further build on organisational capability and maturity in embedding a culture of improvement and innovation across Ballarat Health Services and the region.</li> </ul>
		<p>Establish whole of organisation routine communication mechanisms, structured to ensure key deliverables of quality care, access to care, system flow, and sustainable care, are the focus of operational efforts, 7 days a week, across all areas of the organisation. Measures of success will include weekend flow activity, serious incident rates, and unplanned staff absence.</p>
		<p>Encourage and support Grampians region hospitals to adopt the same daily operating system, improving access to care patient flow.</p>
		<p>Develop, consolidate and evaluate processes and procedures to optimise health resource stewardship. Measures of progress include:</p> <ul style="list-style-type: none"> <li>• Development of a framework and policy;</li> <li>• Organisation-wide audit of current and planned activities;</li> <li>• Scoping and implementing evidence-based approaches;</li> <li>• Training by June 2019 of 20 health resource stewards equipped to train others in health resource stewardship.</li> </ul>
		<p>By 30 June 2019 design and commence piloting a new model of care which is person-centred, unique to Ballarat Health Services ten residential facilities and will improve the quality of care and experience of care for residents.</p>

Goals	Strategies	Health Service Deliverables
		<p>The “Communities of Kindness’ Model of care project for Residential Aged Care will, in partnership with our consumers, develop a person-centred model of care to move Residential Aged Care from managing risk to a proactive quality improvement approach.</p> <p>Year one of the two-year project will include commissioning, design and pilots at two sites.</p>
<p><b>Better Care</b> 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> 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>As the lead Ballarat Health Services will continue to facilitate and assist health services to participate in a regional project to identify clinical governance gaps, build capacity and identify and prioritise regional strategies for improvement.</p> <p>Support Grampians health services to undertake self-assessments against the Victorian Clinical Framework utilising the newly developed audit tool with the support of the Ballarat Health Services Regional Clinical Governance Coordinator.</p>
<p><b>Specific 2018-19 priorities (mandatory)</b></p>	<p><b>Disability Action Plans</b> Draft disability action plans are completed in 2018-19.</p>	<p>Update the Disability Action Plan and submit to the department by 30 June 2019. The plan will outline the approach to full implementation within three years of publication.</p> <p>Implement training for front line staff for identifying &amp; assisting people with complex communication needs &amp; physical needs that is non – discriminatory.</p> <p>Integrate the Disability Action Plan into the Consumer Participation Framework.</p>

Goals	Strategies	Health Service Deliverables
	<p><b>Volunteer engagement</b></p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Engage and recognise volunteers through a range of strategies including:</p> <ul style="list-style-type: none"> <li>• Expansion of the Dedicated Volunteer Manager role into Aged Care;</li> <li>• Recognition through the existing Reward and Recognition framework for tenure and outstanding efforts to the health service;</li> <li>• Active and regular interaction with the Board of Directors and Executive of the Health Service;</li> <li>• Expansion of volunteer roles into key elements of service delivery and development.</li> </ul>
	<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>Promotion of positive staff behaviours and encouragement of reporting of bullying and harassment will occur through:</p> <ul style="list-style-type: none"> <li>• Implementation and enhancement of the staff Reward and Recognition Program to acknowledgement values linked behaviours on a quarterly basis;</li> <li>• Implementation of the Manager Buddy Program and the Management development training program including modules on having difficult discussions, and providing effective feedback;</li> <li>• Development and display of Bullying and Harassment brochures that outline the process for reporting poor behaviour including the Staff Feedback email;</li> <li>• Increased number of Contact Officers from 6 to 9 with expanded setting;</li> </ul>

Goals	Strategies	Health Service Deliverables
		<ul style="list-style-type: none"> <li>• Administration of biennial Best Practice Australia survey – predetermined implementation plan, including action plans for each area monitored by senior management;</li> <li>• Implementation of case management system (Mercury) that will allow for tracking and improved reporting on numbers, status and outcome of complaints;</li> <li>• Development of a People and Culture dashboard for improved visibility and trending of Bullying &amp; Harassment indicators;</li> <li>• Values based organisation – recruiting by, managing by and exiting by;</li> <li>• Ongoing review of a range of reports provided through the People and Culture Board Committee.</li> </ul>
	<p><b>Occupational violence</b> 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>Develop a triage system of training based on the level of risk which will be determined by the area in which the staff member works.</p> <p>Implement a dedicated Occupational Violence resource.</p> <p>Deliver intensive training for direct clinical staff and direct contact staff with core modules to be refreshed on a biennial basis.</p> <p>Continue to provide Train the Trainer for Management of Clinical Aggression Training across the region.</p>

Goals	Strategies	Health Service Deliverables
	<p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government’s policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Identify and implement Environmental Sustainability projects, including the business case for 99kw solar system for the Queen Elizabeth Centre site and improvements in recycling targets to ensure our goal of 35% is exceeded and continues to increase.</p>
	<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.</p>	<p>Provide LGBTI inclusive services to meet the specific health and wellbeing needs that do not reflect discriminatory assumptions and practices.</p>
	<p>Ensure staff carefully and respectfully document LGBTI identity in the patient record with the permission of each patient.</p>	
	<p>Ensure LGBTI partners are readily recognised as next of kin without needing to produce documentary evidence.</p>	
<p>Ensure policies, staff training and patient centred care makes overt references to people who are LGBTI.</p>		

## 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
<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
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>	980
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	5,700
<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	26,411	127,644
WIES Private	5,871	20,902
WIES DVA	139	708
WIES TAC	215	919
Other Admitted		12,323
<b>Acute Non-Admitted</b>		
Emergency Services		22,630
Home Enteral Nutrition	460	98
Specialist Clinics	53,082	13,607
Specialist Clinics - DVA		47
Other non-admitted		1,230
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	558	5,900
Subacute WIES - Rehabilitation Private	163	1,603
Subacute WIES - GEM Public	556	5,880
Subacute WIES - GEM Private	136	1,340
Subacute WIES - Palliative Care Public	181	1,913
Subacute WIES - Palliative Care Private	88	862
Subacute WIES - DVA	43	550
Transition Care - Bed days	13,847	2,144
Transition Care - Home days	9,153	520
<b>Subacute Non-Admitted</b>		
Health Independence Program - Public	41,898	9,129
Health Independence Program - DVA		73
Victorian Artificial Limb Program		616

Subacute Non-Admitted Other		1,704
<b>Aged Care</b>		
Aged Care Assessment Service		2,079
Residential Aged Care	147,893	7,084
HACC	10,064	699
Aged Care Other		1,303
<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory	58,362	24,717
Mental Health Inpatient - Available bed days	14,610	10,614
Mental Health Inpatient - Secure Unit	4,381	2,505
Mental Health PDRS		229
Mental Health Residential	7,305	739
Mental Health Service System Capacity	571	433
Mental Health Subacute	3,655	1,441
Mental Health Other		818
Drug Services		138
<b>Primary Health</b>		
Community Health / Primary Care Programs	8,363	893
Community Health Other		209
<b>Other</b>		
Health Workforce	135	7,021
Other specified funding		10,409
<b>Total Funding</b>		<b>303,672</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	32,466	243,889
	Admitted mental health services	4,352	
	Admitted subacute services	3,864	
	Emergency services	7,493	
	Non-admitted services	4,108	
<b>Block Funding</b>	Non-admitted mental health services	-	36,500
	Teaching, training and research		
	Other non-admitted services		
<b>Other Funding</b>		-	22,506
<b>Total</b>		<b>52,283</b>	<b>302,895</b>

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 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 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

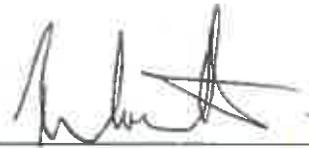
The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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Hon Jill Hennessy MP  
Minister for Health

Date: 16/8/2018



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Ms Rowena Coutts  
Chairperson  
Ballarat Health Services

Date: 16/8/2018