

# 2015-16 Statement of Priorities

Agreement between Minister for Health and Eastern Health

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# Background

Statements of Priorities (SoP) are key accountability agreements between Victorian public health services and the Minister for Health. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 65ZFA and 65ZFB 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 facilitate delivery of or substantial progress towards the key shared objectives of financial viability, improved access and quality of service provision.

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.

The mechanisms used by the Department of Health and Human Services to formally monitor health service performance against the Statement of Priorities are outlined in the *Health Services Performance Monitoring Framework 2015-16*.

# Policy directions and priorities

The Victorian Government is committed to putting the health and wellbeing of Victorians first by investing in health services, repairing the damage of inaction and cuts to the health system and to work with Victoria's doctors, nurses, paramedics and other healthcare professionals to improve services for Victorians and to keep health costs low.

Victoria's health system will continue to face increasing demand and the Government will work with health services to ensure Victorians, no matter where they live, are able to access the health services they need closer to home. Care will be provided within more reasonable times and by highly skilled health workers.

To reduce costs and overcrowding within the health system, the Government is committed to an increased focus on prevention, community and primary health services, care in the home and health promotion.

High standards of governance and accountability are essential. In this context, the Government will publish the Statements of Priorities by 1 November each year and put more health data into the public domain including specialist clinic waiting and ambulance response times.

## Government commitments

### Improving health services

- Provide additional funding to respond to growing patient demand (\$970m).
- Reduce waiting times in emergency departments and on elective surgery so patients can receive quality care when they need it.
- Increase hospital capacity and implement the recommendations of the Travis Review (\$200m).
- Publically report ambulance response times and health service performance.
- Ensure the provision of greater capacity within hospitals to deal with seasonal pressures.
- Reduce ambulance transfer times at emergency departments to alleviate unnecessary ramping and allowing ambulances to get back on the road to attend the next callout.
- Expand midwifery models of care during pregnancy, child birth and the post-natal period and ensure appropriate models of care and referral practices are in place.
- Work to help people understand treatment options to ensure they can have informed discussions about their future preferences (including end-of-life care) with their health professionals, families and carers.
- Expand palliative care services and options across Victoria, such as in-home palliative care, to ensure it is culturally and age-appropriate and accessible in rural and remote areas.
- Improve coordination between hospitals, nursing homes and General Practitioners so that older people receive better, fully coordinated care.
- Appoint a new Ambulance Victoria Board, giving the organisation a renewed opportunity to tackle significant service performance and cultural issues.
- Establish an Ambulance Performance and Policy Consultative Committee to engage in direct consultation with paramedics and provide an important forum to work together to develop policy and make recommendations on opportunities for service improvements. This committee is tasked with improving call taking and dispatch, ambulance response times, workforce morale and culture, and improving the way ambulance works with the broader health system.
- Develop a 10 Year Mental Health Plan for Victoria to improve mental health services and results for people.

- Prepare the system for the rollout of NDIS, ensuring the psycho-social and disability support needs of people are met and are complemented with a community care system in Victoria so that no one misses out.

### **Capital investments**

- Invest in new and upgraded public hospital infrastructure and equipment including the new Joan Kirner Women's and Children's Hospital in Sunshine, an expansion and redevelopment of the Werribee Mercy Hospital, the Casey Hospital expansion, and to progress planning and early works for the Victorian Heart Hospital at Monash University (\$560 million).
- Fund \$20 million to build new 12-bed ICU at Angliss with latest technology plus 8 bed short-stay unit for patients who require a stay of up to 24 hours.
- Expand cardiovascular services at Ballarat Health Services by building and equipping a new \$10 million cardiac catheterisation laboratory.
- Invest \$20 million to upgrade ambulance vehicles and equipment and a further \$20 million to support the upgrade of existing ambulance stations in high priority locations.

### **Health workforce**

- Legislate for existing nurse/patient ratios to protect patients, deliver quality care and, consult with nurses on improving ratios into the future.
- Improve the safety of Victorian patients, doctors, nurses and other health workers by establishing a \$20 million fund, with \$10 million specifically for mental health services, to improve facilities, establishing simplified mechanisms for staff to report violence and compel health service boards to report violent incident data publicly.
- Implement the Australian Nursing and Midwifery Federation's 10 point plan to reduce violence.
- Appoint an independent expert to ensure the recommendations of the Victorian Taskforce on Violence in Nursing are fully implemented and complied with.
- Equip the health workforce with the training and facilities to assist in the timely delivery of services.
- Work with the Commonwealth to ensure that there are adequate training places in Victorian Hospitals to meet the needs of all new graduates of medicine from Victorian universities.
- Invest in training the regional and rural health workforce and in providing programs designed to bolster the health workforce in rural and regional areas.
- Double the number of Ambulance Peer Support Coordinators, fund an additional chaplain and extend support services to families who lose a loved one because of problems in the ambulance system.
- Develop a Workforce Plan for Mental Health in conjunction with the 10 Year Plan for Mental Health for Victoria.

### **Rural and regional health**

- Invest in infrastructure, new technology and programs to ensure safe and sustainable health services are available in rural and regional Victoria.
- Work with other health providers and Primary Health Networks to better coordinate services between large regional hospitals and smaller local health services and re-invest in innovative models of service delivery in isolated areas.
- Invest in training the regional and rural health workforce and in providing programs designed to bolster the health workforce in rural and regional areas.
- Deliver health promotion strategies to address the inequity of health status among Victorians in rural and regional areas particularly relating to asthma, cardio-vascular disease, farm accidents, road trauma, suicide, depression and other mental illnesses.
- Ensure that rural patients have timely access to the Victorian Patient Transport Assistance Scheme.

**Other initiatives**

- Increase accessibility and responsiveness of the Victorian health system by developing culturally appropriate protocols with Aboriginal and Torres Strait Islander communities.
- Ensure culturally sensitive health services, including access to translation services, are provided for culturally and linguistically diverse communities and that staff are appropriately trained.
- Ensure that all government health services are sensitive and responsive to the health needs, including the mental health, of lesbian, gay, bi-sexual, transgender and intersex persons.
- The Victorian Government is committed to addressing family violence in all its forms across our community. Every individual has the right to feel and be safe in their own homes, with a particular focus on protecting those who are most vulnerable because of age, gender, sexuality, cultural background or life events. The Victorian Government has established the Family Violence Royal Commission and will implement its recommendations.

# Part A: Strategic overview

## Mission statement

To provide positive health experiences for people and communities in the east.

## Service profile

Eastern Health provides a comprehensive range of high quality acute, sub-acute, palliative care, mental health, drug and alcohol, residential care and community health services to people and communities that are diverse in culture, age, socio-economic status, population and healthcare needs.

We deliver clinical services to more than 750,000 people in our primary catchment area from more than sixty different locations. Our services are located across 2,800 square kilometres in the east - the largest geographical catchment area of any metropolitan health service in Victoria.

Eastern Health provides services across eight Clinical Program areas. These are:

- Emergency and General Medicine;
- Women and Children;
- Specialty Medicine;
- Surgery;
- Continuing Care;
- Mental Health;
- Statewide Services including Turning Point Alcohol and Drug Centre;
- Ambulatory and Community Services.

We employ over 8,500 people, deliver care for more than 130,000 inpatient admissions each year and manage an annual budget of more than \$800m.

We focus on delivering performance excellence in all we do across all aspects of care for the people we serve. In so doing, we can also attract and retain the best staff. We have an active education and research focus and strong affiliations with some of Australia's top universities and educational institutions. As a progressive, responsive and innovative health service, we demonstrate our commitment to excellence through external accreditation with a range of standards including the National Safety and Quality in Health Service Standards.

## Strategic planning

Eastern Health has five strategic directions as listed below. Each strategic direction is defined by four strategic goals.

1. A provider of **GREAT** healthcare;
2. A **GREAT** patient experience;
3. A **GREAT** place to learn and work;
4. A **GREAT** partner with our communities; and
5. A **GREAT** achiever in sustainability

The Eastern Health Strategic Plan 2010-2015 is available at

The Eastern Health Strategic Plan 2016-2020 will be developed during the course of 2015-2016.

## Strategic priorities

In 2015-16 Eastern Health will contribute to the achievement of the government's commitments by:

Domain	Action	Deliverables
Patient experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Continue the implementation of the Great Care Everywhere program of works with a specific focus on improving patient centred care through: <ul style="list-style-type: none"> <li>• No Unnecessary waits</li> <li>• No Unnecessary tests</li> <li>• Getting it right</li> <li>• Models of care</li> <li>• No Unnecessary transports</li> <li>• Mental Health</li> </ul>
		Implement the Appropriate and Effective Care program to enable patient safety, patient outcomes and patient experience performance to be measured and monitored at the clinical stream level.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent; identify and respond appropriately to family violence at an individual and community level.	Review existing processes, capability and partnerships to ensure a comprehensive system is in place across all service delivery streams to identify, report and respond to both suspected and confirmed instances of family violence (including elder abuse) across all service delivery streams.
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	Review current systems and work practices to ensure consumer feedback is effectively utilised to inform improvement and innovation initiatives at all levels of the organisation.
	Improve the health outcomes of Aboriginal and Torres Strait Islanders by increasing accessibility and cultural responsiveness of the Victorian health system.	Progress the initiatives of the Closing the Health Gap Improvement plan to address the four key reporting areas of the Koolin Balit Strategy of: <ul style="list-style-type: none"> <li>• Engagement and Partnerships</li> <li>• Organisational Development</li> <li>• Workforce Development</li> </ul>



Domain	Action	Deliverables
		<ul style="list-style-type: none"> <li>Systems of Care</li> </ul>
	Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.	Fully embed the evidence based principles and practices relating to end of life care across Eastern Health and monitor organisational performance against the End of Life standard and related practice guidelines.
	Demonstrate an organisational commitment to quality cancer services through engagement with the local Integrated Cancer Service and implementation of the Optimal Care Pathways.	Implement the activities identified for Year 1 of Eastern Health's Cancer Plan 2015-2020.
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Develop and commence implementation of a Staff Health and Wellbeing Standard which is oriented towards (a) illness prevention and health management (b) de-stigmatisation of ill health (including physical, mental and behavioural) (c) individual responsibility for yourself and colleagues.
	Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	Undertake a comprehensive risk assessment of aggression related factors and implement identified improvements.
		Enhance the monitoring and reporting of incidents of aggression and occupational violence through Eastern Health's routine publications.
	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	Develop and assign a suite of training programs for staff to develop an understanding of what is and isn't bullying, harassment and discrimination. Monitor completion rates at the Executive committee via routine iLearn reports. Special focus will be given to training for the Executive and Senior Leadership team which will address the importance of management and workplace culture, and effective leadership styles for preventing and managing issues.
	Develop skills in Human Resources Advisory in the use of alternative dispute resolution.	

Domain	Action	Deliverables
		Manage and monitor effectiveness through information reported through Human Resources Advisory.
	Improve data reporting systems to increase accountability and transparency, consistent with the Transparency in Government Bill.	Develop and progress a comprehensive implementation plan for the new Great Digital Information Management and Transformation Strategy.
	Work collaboratively with the Department of Health and Human Services on service and capital planning to develop service and system capacity to deliver ambulance services where they are needed.	Progress all funded capital developments in accordance with project timelines, including: Box Hill Hospital redevelopment including the development and deployment of an electronic medical record, Maroondah Hospital Expansion (Psychiatric Assessment and Planning Unit, Magnetic Resonance Imaging), Healesville and District Hospital & Yarra Valley Community Health upgrade and Critical Care Services at Angliss Hospital.
	Contribute to the development and implementation of the 10 Year Mental Health Plan for Victoria and <i>State of Victoria's Mental Health Services Annual Report</i> .	Collaborate with the Department of Health and Human Services and key stakeholders to support the development of the 10 Year Mental Health Plan for Victoria and understand its implications for Eastern Health.
	Apply existing capability frameworks and clinical guidelines to inform service system planning, giving consideration to the capability of neighbouring services and how best to allocate available resources so as to deliver the maximum benefit to the local community.	Consistent with Eastern Health 2022: Strategic Clinical Service Plan, progress service planning for Maroondah Hospital precinct, Breast Cancer Services (MH - provisional funding indicated), State wide Services, Peter James Centre / Wantirna Health, Residential Care services and Corporate Support services.
	Implement strategies to support health service workers to respond to the needs of people affected by ice.	Conduct a review of the impact of Ice on services provided across Eastern Health and develop and implement a plan to support staff to provide care to patients affected by Ice.
	Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	Develop and implement a long term organisation wide Education plan to ensure Eastern Health has a skilled and capable workforce to support the delivery of operational and strategic priorities.
	Adopt the Healthy Choices: Food and Drink Guidelines for Victorian public hospitals, to increase the availability of	Progress the implementation of the Healthy Choices: Food and Drink Guidelines across Eastern

<b>Domain</b>	<b>Action</b>	<b>Deliverables</b>
	healthy food and drinks for purchase by staff, visitors and the general public.	Health.
Safety and quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	Develop and implement comprehensive systems for the identification and management of CRE in line with standard infection prevention and control practices.
	Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	Further enhance and expand Eastern Health's antimicrobial stewardship program aligned with the elements of the Antimicrobial Stewardship Clinical Care Standard.
	Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.	Conduct an Emergo Train exercise and take action in relation to issues identified in the operational debrief which may improve Code Brown and Incident Command procedures.
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Investigate and establish a medium term (~3 years) financial sustainability strategy which clearly articulates a long term goal for financial sustainability (including cash flow management), including a range of specific, achievable initiatives for 2015-2016.
	Work with Health Purchasing Victoria to implement procurement savings initiatives.	Implement the project plan to achieve compliance with the procurement requirements of Health Purchasing Victoria and meet all key milestones by the due date.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Implement the HealthLinks: Chronic Care initiative in collaboration with the Department of Health and Human Services.
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to do, making the most efficient use of available resources across the system.	Establish partnerships with the new Eastern Melbourne Primary Health Network following its transition from Medicare Locals to ensure service continuity for those who have healthcare needs which cross over various providers and to explore opportunities for a population needs approach to health service planning.
	Optimise system capacity by ensuring that allocated points of	Progress the Operational Commissioning of Building B and

Domain	Action	Deliverables
	care are implemented as per the Travis review recommendations.	the additional six endoscopy points of care delivered under the Travis Review, at Box Hill Hospital.
	Optimise alternatives to hospital admission.	Develop and commence implementation of a three year plan to ensure Eastern Health offers an enhanced range of home based alternatives to bed based services with a particular focus on: <ul style="list-style-type: none"> <li>• bed based substitution</li> <li>• diversion</li> <li>• secondary prevention.</li> </ul>
	Reduce unplanned readmissions – with a focus on identifying high risk patients; delivering coordinated and integrated responses; and reducing the use of avoidable acute care services, where practicable and safe to do so.	Undertake a research project to establish the efficacy of Eastern Health’s enhanced management plan for patients identified as being at high risk of readmission, and its impact on the organisation’s readmission rate.

## Part B: Performance Priorities

### Safety and quality performance

Key performance indicator	Target
Compliance with NSQHS Standards accreditation	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Cleaning standards	Full compliance
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%

### Patient experience and outcomes performance

Key performance indicator	Target
Victorian Healthcare Experience Survey - data submission	Full compliance
Victorian Healthcare Experience Survey – patient experience	95% positive experience
Number of patients with surgical site infection	No outliers
ICU central line-associated blood stream infection	No outliers
SAB rate per occupied bed days <sup>1</sup>	< 2/10,000
Maternity – Percentage of women with prearranged postnatal home care	100%
Mental Health – Percentage of seclusion events relating to an acute admission - composite seclusion rate	15%
Mental Health – Percentage of adult inpatients who are readmitted within 28 days of discharge	14%
Mental Health – Percentage of adult patients who have post-discharge follow-up within seven days	75%
Mental Health – Rate of seclusion events relating to an adult acute admission	≤15/1,000
Mental Health – Percentage of child and adolescent patients with post-discharge follow-up within seven days	75%
Mental Health – Rate of seclusion events relating to a child and adolescent acute admission	≤15/1,000
Mental Health – Percentage of aged patients who have post-discharge follow-up within seven days	75%
Mental Health – Rate of seclusion events relating to an aged acute admission	≤15/1,000

<sup>1</sup> SAB is staphylococcus aureus bacteraemia

## Governance, leadership and culture performance

Key performance indicator	Target
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%

## Financial sustainability performance

Key performance indicator	Target
<b>Finance</b>	
Operating result	\$0m
Trade creditors	< 60 days
Patient fee debtors	< 60 days
Public & private WIES <sup>2</sup> performance to target	100%
<b>Asset management</b>	
Asset management plan	Full compliance
Adjusted Current asset ratio	0.7
Days of available cash	14 days

## Access performance

Key performance indicator	Target
<b>Emergency care</b>	
Percentage of ambulance patients transferred 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 times	80%
Percentage of emergency patients with a length of stay 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 elective patients removed within clinically recommended timeframes	94%
Percentage of Urgency Category 1 elective patients removed within 30 days	100%
10% longest waiting Category 2 and 3 removals from the elective surgery waiting list	100%
Number of patients on the elective surgery waiting list <sup>3</sup>	2,764
Number of hospital initiated postponements per 100 scheduled admissions	≤8 /100
Number of patients admitted from the elective surgery waiting list – annual total	15,990

<sup>2</sup> WIES is a Weighted Inlier Equivalent Separation.

<sup>3</sup> The target shown is the number of patients on the elective surgery waiting list as at 30 June 2016.

Key performance indicator	Target
Critical care	
Adult ICU number of days below the agreed minimum operating capacity – Box Hill <sup>4</sup>	0
Adult ICU number of days below the agreed minimum operating capacity – Maroondah <sup>5</sup>	0

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<sup>4</sup> The agreed minimum operating capacity is 9 ICU equivalents from July to September and 10 ICU equivalents from October to June.

<sup>5</sup> The agreed minimum operating capacity is 6 ICU equivalents.

## Part C: Activity and funding

<b>Funding type</b>	<b>Activity</b>	<b>Budget (\$'000)</b>
<b>Acute Admitted</b>		
WIES Public	73,206	\$332,721
WIES Private	15,855	\$54,779
<b>WIES (Public and Private)</b>	<b>89,061</b>	<b>\$387,500</b>
WIES DVA	793	\$3,684
WIES TAC	308	\$1,255
<b>WIES TOTAL</b>	<b>90,162</b>	<b>\$392,440</b>
<b>Acute Non-Admitted</b>		
Emergency Services		\$60,501
Specialist Clinics - DVA		\$14
Specialist Clinics - Non DVA		\$33,829
Renal Dialysis - Home ABF	70	\$3,785
<b>Subacute &amp; Non-Acute Admitted</b>		
Rehab Public	22,491	\$11,043
Rehab Private	12,040	\$5,502
Rehab DVA	838	\$494
GEM Public	33,331	\$16,366
GEM Private	14,898	\$6,808
GEM DVA	2,372	\$1,399
Palliative Care Public	9,726	\$4,775
Palliative Care Private	3,637	\$1,662
Palliative Care DVA	403	\$238
Transition Care - Beddays	26,280	\$3,916
Transition Care - Homeday	8,030	\$418
<b>Subacute Non-Admitted</b>		
Health Independence Program	129,299	\$27,394
Health Independence Program - DVA		\$568
Subacute Non-Admitted Other		\$117
<b>Aged Care</b>		
Aged Care Assessment Service		\$5,522
Residential Aged Care	21,696	\$1,041
HACC	42,713	\$2,511
<b>Mental Health and Drug Services</b>		
Mental Health Inpatient - WOt	44,581	\$28,848
Mental Health PDRS		\$55
Mental Health Ambulatory	121,400	\$46,618
Mental Health Residential	21,915	\$2,467
Mental Health Subacute	21,915	\$8,883
Mental Health: Other		\$1,066
Mental Health Service System Capacity		\$2,298
Drug Services	5,288	\$11,428



<b>Primary Health</b>		
Community Health / Primary Care Programs	29,736	\$2,992
Community Health: Other		\$628
<b>Other</b>		
Health Workforce		\$11,198
Other specified funding		\$3,414
<b>Total Funding</b>		<b>\$700,237</b>

## Part D

The Victorian health system has faced a number of changes to Commonwealth funding since 2012-13. The 2015-16 Commonwealth Budget also presented significant changes to funding arrangements. The new funding arrangements will continue to be linked to actual activity levels between 1 July 2015 and 30 June 2016.

The Commonwealth funding contribution outlined the 2015-16 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 2015 – 30 June 2016

	<b>Estimated National Weighted Activity Units</b>	<b>Total Funding (\$)</b>	<b>Provisional Commonwealth Percentage (%)</b>
Activity Based Funding	149,995	587,691,107	
Other Funding		75,681,437	
<b>Total</b>		663,372,544	47.5

#### Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2014-15 reconciliation by the Administrator of the National Health Funding Pool.
- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows), the 2014-15 reconciliation and Commonwealth announcements (i.e. Mid-Year Economic and Fiscal Outlook 2015-16).
- 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, Dental Health Services Victoria and Forensicare do not receive a Commonwealth funding contribution under the National Health Reform Agreement 1 July 2015 and 30 June 2016.

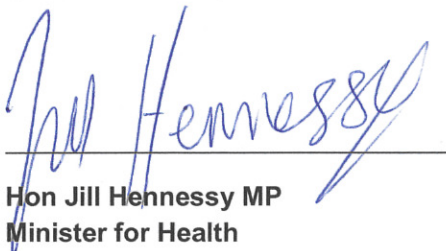
# Accountability and funding requirements

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 *Victorian health policy and funding guidelines 2015-16*;
- policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the department;
- all applicable policies and guidelines issued by the department 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 relating to the provision of health services which is in force at any time during the 2015-16 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

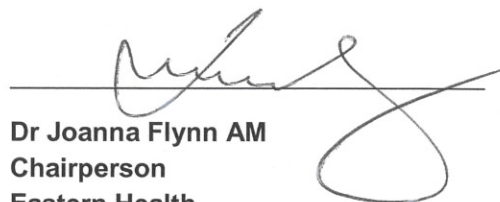
The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Hon Jill Hennessy MP**  
**Minister for Health**

Date: 24/9/2015



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**Dr Joanna Flynn AM**  
**Chairperson**  
**Eastern Health**

Date: 24/9/2015