

Statement of Priorities 2023-24 for Monash Health

OFFICIAL

Department of Health
Statement of
Priorities 2023-24



Department
of Health

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The department proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

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Available at [The Department of Health Statements of Priorities](#)

<<https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>>

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Background

Statement of Priorities are the key accountability agreements between the Victorian State 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*.

Statement of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. For 2023-24, the Statement of Priorities also refer to the *Department of Health Strategic Plan 2023-27* (Strategic Plan). 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.

Statement of Priorities consists of four main parts:

- Part A provides the strategic priorities for the health service to contribute to 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 (the department) to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2023-24* (The Framework).

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

Strategic Priorities

The department on behalf of government delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. The department's vision is to create a future where Victorians are the healthiest people in the world. A Victoria where children and people thrive, where workplaces are productive and safe, and where communities are more connected.

The department's job is to support Victorians to stay healthy and safe; and to deliver a world-class healthcare system that ensures every single Victorian can access safe, quality care that leads to better health outcomes for all.

To fulfil these obligations, the department has developed the *Department of Health Strategic Plan 2023-27* (Strategic Plan) with seven guiding strategic priorities, to shape the health system's direction. Health services will contribute to the department's strategic priorities through signing and enacting the Statement of Priorities. The seven strategic priorities are:

- Keeping people healthy and well in the community
- Providing care closer to home
- Keep innovating and improving care
- Improving Aboriginal health and wellbeing
- Moving from competition to collaboration
- A stronger and more sustainable workforce
- A safe and sustainable health, wellbeing and care system

Government Commitments

The Victorian Budget 2023–24 (the budget) continues to invest in building hospitals, supporting our health system to meet growing demand and supporting our hardworking healthcare workers to ensure Victorians get the care they need, close to home. This budget provides investment in essential services including:

- \$1.5 billion to boost deferred elective surgery and ease the pressure on our hospitals.
- \$776 million for critical bed-based services, alcohol and other drug services, infrastructure, earlier support in community mental health services and the roll-out of the new Mental Health and Wellbeing Act.
- \$320 million to plan the delivery of major investments at seven hospitals across the state to ensure Victorians receive the highest quality healthcare.
- A \$270 million investment in our health workforce to make it free to study nursing and midwifery for nurses that join the public health system.
- A \$201 million system wide boost to support timely emergency care, including more ambulance services and improvements to emergency department programs, to get patients the care they need as quickly as possible.
- \$162 million for better aged care services across regional Victoria, to build new public aged care services in Cohuna, Maffra and Numurkah.
- \$157 million for critical bed-based mental health services across our state including more Hospital in the Home beds for Barwon Health, improving in-home mental health care for acutely unwell residents across the Geelong region.
- \$154 million to give women's health the focus and funding it deserves, including 20 new comprehensive women's health clinics at public hospitals.

Part A: Department of Health Strategic Plan

The Statement of Priorities are aligned with the [Strategic Plan 2023-27](https://www.health.vic.gov.au/our-strategic-plan-2023-27).
<<https://www.health.vic.gov.au/our-strategic-plan-2023-27>>.

Monash Health will contribute to the Strategic Plan 2023-27 by agreeing to the following priorities:

Ministerial Priorities

1. Improved health system culture, grounded in respect and safety.
2. A supported, growing, and fit-for-purpose health workforce.
3. A reformed overall health system (community-based and acute health services), with reforms to service models and enablers (structural, financial and cultural), delivering improved patient safety, experiences and outcomes, particularly for people in regional and rural Victoria.
4. A step-change in women's health.
5. Nation-leading reductions in rates of vaping.
6. Improved health equity through:
 - determination and ceding power.
 - Family-centred health models for priority populations.
 - Intersectional improvements in health access and outcomes for priority cohorts.
7. Improved mental health system through:
 - New and transformed integrated services through the implementation of the Royal Commission into Victoria's Mental Health System.
 - Strengthening system guidance, stewardship and commissioning.
 - Realising the vision of the new Mental Health and Wellbeing Act 2022 by driving cultural change.
 - Supporting a culture that embraces lived experience leadership at every level of the mental health and wellbeing system.
 - Investing in suicide prevention and mental health and wellbeing promotion.

System Priorities

Excellence in clinical governance

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

Goals

- MA1 Develop strong and effective relationships with consumer and clinical partners to drive service improvements.
- MA2 Strengthen clinical governance systems that support safe care, including clear recognition, escalation, and addressing clinical risk and preventable harm.
- MA6 Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.
- MA7 Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.
- MA8 Reduce low value care and duplication to achieve better outcomes for people and improved safety and quality.
- MA9 Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well as identify and implement local reform priorities.
- MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.

Health service deliverables:

- MA1 Participate in collaborations such as "Getting It Right First Time" program.
- MA1 Implement Service Excellence Standards – a set of 10 simple positive staff behaviours that improve consumer experience.
- MA2 Use a Human Factors approach to identify barriers in identification and response to patient/caregiver concerns about clinical deterioration, and codesign and test interventions to address the barriers.
- MA6 Adopt models of care that ensure the appropriate skill mix, and senior decision makers in the right places to manage the volume of patients and health service demands.
- MA6 Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.
- MA7 Implement models of coordinated care to improve access to services and provide support to consumers, families, supporters, and carers across various levels of the mental health system.
- MA8 Incorporate positive leadership and management to provide clear direction and vision for the team, where contributions are valued, and consensus is fostered.
- MA8 Teams comprise varying competencies, working collaboratively to standardise interdisciplinary care plans and records to deliver holistic and comprehensive person centred care.

- MA9 Implement and scale high throughput approaches to planned surgery in line with Safer Care Victoria's Targeted high throughput approaches to theatre list management recommendations.
- MA9 Proactively manage preparation lists (formally waiting lists) including validation and support of patients into optimal care pathways.
- MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.
- MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.
- MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.

Working to achieve long term financial sustainability

Ensure equitable and transparent use of available resources to achieve optimum outcomes.

Goals

- MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.
- MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.

Health service deliverables:

- MB1 Collaborative partnerships: Collaborate with other health service providers, community organisations, the department and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency.
- MB1 Data-driven decision-making: Utilise data analytics and performance metrics to identify areas of inefficiency and waste, and make evidence-based decisions to improve financial sustainability and operational performance.
- MB2 Financial forecasting and risk management: Develop robust financial forecasting models to project future revenue and expenditure, identify financial risks, and implement risk mitigation strategies to ensure long-term sustainability.
- MB2 Cost containment initiatives: Implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively.

Improving equitable access to healthcare and wellbeing

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.

Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

Goals

- MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.
- MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services.
- MC3 Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.

Health service deliverables:

- MC1 CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.
- MC1 Plans to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users – including improved patient identification, discharge planning and outpatient care.
- MC2 Alignment of health service operating hours and the availability of hospital Aboriginal Health Liaison Officer workforce.
- MC2 Identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users - including improved patient identification, discharge planning and outpatient care.
- MC3 Partner with Aboriginal community- controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements.
- MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.

A stronger workforce

There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.

Goals

- MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.
- MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

Health service deliverables:

- MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.
- MD1 Implement and/or evaluate new/expanded programs that uplift workforce flexibility such as a flexibility policy for work arrangements.
- MD2 Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.
- MD2 Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.

Moving from competition to collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.

Goals

- ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.
- ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

Health service deliverables:

- ME1 Engage local ACCHO groups in the identification and delivery of initiatives that improve Aboriginal cultural safety.
- ME1 Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.
- ME2 Regional, sub-regional or local regional health needs assessment to develop a population health plan.

Empowering people to keep healthy and safe in the community

Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.

Goals

- EA5 Improve women’s health outcomes through the quality, availability, and equity of women’s health services across Victoria.
- EA6 Reduce risk factors contributing to the burden of preventable chronic disease through place-based prevention and population health initiatives delivered and coordinated by LPHUs.
- EA7 Perform authorised health protection functions for the population in their public health catchment.

Health service deliverables:

- EA5 Improve access to women’s health services including contraception, abortion, pelvic pain and menopause through grants or research, or the new hospital-based women’s health clinics or sexual and reproductive community-based hubs.
- EA6 LPHUs deliver population health catchment plans reflecting statewide public health and wellbeing priorities.(BP3 measure). This includes supporting local priorities, where identified through population health needs assessment / Municipal Public Health and Wellbeing Planning.
- EA6 LPHUs work in partnership with organisations and community to target at least two population health priorities. The priorities and indicators are to be agreed with the Department of Health. Wherever possible LPHUs draw on existing evidence-informed programs and services.
- EA7 LPHUs manage and deliver local public health responses to integrated notifiable conditions—including COVID-19—within their catchment.
- EA7 LPHUs receive notifications for integrated notifiable conditions in their catchment.

Care close to home

Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.

Goals

- EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.
- EB2 identify and develop clinical service models of care that can be delivered via virtual care (videocall, telehealth, remote monitoring) where safe and appropriate to enable care closer to home.
- EB3 Support improved access to services for people managing chronic disease by improving access to home-based and remote service delivery.
- EB4 Improve health and wellbeing outcomes for people living in rural and regional areas by increasing access to care delivered remotely, closer to, or in their homes.

Health service deliverables:

- EB1 Implement and/or evaluate new/expanded models of care that address barriers to patients receiving care closer to, or in their home.
- EB1 Implement new models of care that improve coordination across health services and with primary and community care so that patients can more easily receive care closer to, or in their homes.
- EB2 Establish clinical governance, identify appropriate clinical cohorts, respecting patient choice, and use secure technology (Healthdirect video-call platform) in applying the Virtual Care Operating Framework.
- EB3 Implement new home-based and virtual remote models of care for patients managing chronic diseases to keep them well in the community.
- EB4 Establish or further develop relationships between health services so that patients can be easily referred for care closer to, or in their homes.

Local Priorities

- Local Goal: We continue to work with VHBA and partners to progress, build, expand and upgrade our facilities to meet growing service demand and deliver safe and timely care to our community.
- Local Deliverable 1: Kingston Residential Aged Care, Cranbourne and Pakenham Community Hospitals, MMC Clayton and Dandenong Hospital Tower projects.
- Local Deliverable 2: Early Parenting Centre, and Monash Health Fertility.

Part B: Performance Priorities

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

Further information is available at the [Funding, Performance and Accountability webpage](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) <<https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>>.

High quality and safe care:

| Key Performance Measure | Target |
|--|--|
| Infection prevention and control | |
| Compliance with the Hand Hygiene Australia program ¹ | 85% |
| Percentage of healthcare workers immunised for influenza | 94% |
| Continuing care | |
| Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations | ≥ 0.645 |
| Healthcare associated infections (HAI's) | |
| Rate of central-line-associated blood stream infections (CLABSI) in intensive care units per 1,000 central-line days | Zero |
| Rate of healthcare-associated <i>S. aureus</i> bloodstream infections per 10,000 bed days | ≤ 0.7 |
| Patient experience | |
| Percentage of patients who reported positive experiences of their hospital stay | 95% |
| Maternity and newborn | |
| Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (Apgar score <7 to 5 minutes) | ≤ 1.4% |
| Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation | ≤ 28.6% |
| Unplanned Readmissions | |
| Rate of unplanned readmissions to any hospital following a hip replacement procedure | ≤ 6% |
| Aboriginal Health | |
| Percentage of Aboriginal admitted patients who left against medical advice ² | 25% reduction in gap based on prior year's annual rate |

¹ Effective date of target change from 85% to 80% conditional on pending changes to BP3 requirements.

² Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

| Key Performance Measure | Target |
|--|--|
| Percentage of Aboriginal emergency department presentations who did not wait to be seen | 25% reduction in gap based on prior year's annual rate |
| Mental Health Patient Experience | |
| Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive | 80% |
| Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service | 90% |
| Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service | 80% |
| Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected | 90% |
| Mental Health Post-Discharge Follow-up | |
| Percentage of consumers followed up within 7 days of separation – Inpatient (CAMHS) | 88% |
| Percentage of consumers followed up within 7 days of separation – Inpatient (adult) | 88% |
| Percentage of consumers followed up within 7 days of separation - Inpatient (older persons) | 88% |
| Mental Health Readmission | |
| Percentage of consumers re-admitted within 28 days of separation - Inpatient (CAMHS) | < 14% |
| Percentage of consumers re-admitted within 28 days of separation - Inpatient (adult) | < 14% |
| Percentage of consumers re-admitted within 28 days of separation - Inpatient (older persons) | < 7% |
| Mental Health Seclusion | |
| Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (CAMHS) | ≤ 5 |
| Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (adult) | ≤ 8 |
| Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (older persons) | ≤ 5 |

Strong governance, leadership and culture

| Key Performance Measure | Target |
|---|--------|
| Organisational culture | |
| People matter survey – Percentage of staff with an overall positive response to safety culture survey questions | 62% |

Timely access to care

| Key Performance Measure | Target |
|---|--|
| Planned Surgery | |
| Percentage of urgency category 1 planned surgery patients admitted within 30 days | 100% |
| Percentage of all planned surgery patients admitted within the clinically recommended time | 94% |
| Number of patients on the planned surgery waiting list | 7,900 |
| Number of patients admitted from the planned surgery waiting list | 28,278 |
| Number of patients (in addition to base) admitted from the planned surgery waiting list | 7,024 |
| 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 hospital-initiated postponements per 100 scheduled planned surgery admissions | ≤ 7 |
| Emergency Care | |
| 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 emergency patients with a length of stay in the ED greater than 24 hours | Zero |
| Mental Health | |
| Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours | 81% |
| Percentage of 'urgent' (category 'C') mental health triage episodes with a face-to-face contact received within 8 hours | 80% |
| Specialist Clinics | |
| 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% |

| Key Performance Measure | Target |
|---|---|
| Home Based Care | |
| Percentage of admitted bed days delivered at home | Equal to or better than prior year result |
| Percentage of admitted episodes delivered at least partly at home | Equal to or better than prior year result |

Effective financial management

| Key Performance Measure | Target |
|---|---|
| Operating result (\$M) | (366.68) |
| Average number of days to pay trade creditors | 60 days |
| Average number of days to receive patient fee debtors | 60 days |
| Adjusted current asset ratio | 0.7 or 3% improvement from health service base target |
| Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June. | Variance ≤ \$250,000 |
| Actual number of days of available cash, measured on the last day of each month | 14 days |

Part C: Activity and Funding

The performance and financial framework within which state government-funded organisations operate is described in *The Policy and Funding Guidelines – Funding Rules*. The Funding Rules details funding and pricing arrangements and provides modelled budgets and targets for a range of programs. The [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) webpage <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>.

Period 1 July 2023 – 30 June 2024

Table 1 Monash Health funding summary for 1 July 2023 – 30 June 2024

| Funding Type | Activity | Budget (\$'000) |
|--|-----------------|------------------------|
| Consolidated Activity Funding | | |
| Acute admitted, subacute admitted, emergency services, non-admitted NWAU | 330,624 | 1,640,452 |
| Acute Admitted | | |
| National Bowel Cancer Screening Program NWAU | 3 | 14 |
| Acute admitted DVA | 437 | 2,636 |
| Acute admitted TAC | 382 | 2,083 |
| Other Admitted | 56 | 160,161 |
| Acute Non-Admitted | | |
| Emergency Services | | 59 |
| Home Enteral Nutrition NWAU | 341 | 1,275 |
| Home Renal Dialysis NWAU | 1,759 | 9,079 |
| Radiotherapy - Other | 173 | 319 |
| Specialist Clinics | | 28,257 |
| Specialist Clinics - DVA | | 7 |
| Total Parenteral Nutrition NWAU | 363 | 1,476 |
| Other non-admitted | | 1,038 |
| Government Initiatives | | |
| Government Initiatives | | 2,825 |
| Subacute/Non-Acute, Admitted & Non-admitted | | |
| Subacute Non-Admitted Other | | 1,036 |
| Subacute - DVA | 218 | 1,314 |
| Transition Care - Bed days | 17,491 | 2,966 |
| Transition Care - Home days | 10,983 | 683 |
| Health Independence Program - DVA | | 2 |
| Subacute Admitted Other | | 444 |

| Funding Type | Activity | Budget (\$'000) |
|--|-----------------|------------------------|
| Subacute & Non-Acute Other | | |
| Other specified funding | 4,103 | 64,976 |
| Aged Care | | |
| Aged Care Assessment Service | | 3,474 |
| Residential Aged Care | 47,732 | 3,328 |
| HACC | 38,097 | 3,999 |
| Aged Care Other | | 1,024 |
| Mental Health and Drug Services | | |
| Mental Health Ambulatory | 283,240 | 148,343 |
| Mental Health Inpatient - Available bed days | 66,474 | 75,272 |
| Mental Health Inpatient - Secure Unit | 18,240 | 11,423 |
| Mental Health Residential | 45,291 | 4,117 |
| Mental Health Service System Capacity | | 12,794 |
| Mental Health Subacute | 36,527 | 22,115 |
| Mental Health Other | | 1,572 |
| Drug Services | 3,173 | 6,453 |
| Primary Health | | |
| Community Health / Primary Care Programs | 101,285 | 13,324 |
| Community Health Other | 3,140 | 5,014 |
| Small Rural | | |
| Other | | |
| NFC - Pancreas Transplants | 15 | 3,161 |
| Health Workforce | | 49,512 |
| Total Funding | | 2,286,023 |

Please note:

- Base level funding, related services and activity levels, outlined within the Policy and Funding Guidelines are subject to change throughout the year. Further information about the department's approach to funding and price setting for specific clinical activities, and funding policy changes is also available from: [Policy and funding guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
- Each funding type row (eg "emergency services") comprises a mix of activity based funding and block grants. Funding depends on the service profile. For further details, refer to the Policy and funding guidelines for health services (see above point for link).
- In situations where a change is required to Part C, changes to the agreement will be actioned through an exchange of letters between the department and the health service's Chief Executive Officer.

Part D: Commonwealth Funding Contribution

Commonwealth funding contribution is provided by the 2023-24 Commonwealth budget, which is based on estimates. This is updated throughout the year based on updated activity levels, by the Administrator of the National Health Funding Pool.

Commonwealth funding is based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors.

Table 2 Commonwealth contribution for period: 1 July 2023 – 30 June 2024

| Funding Type | Number of services (NWAU) | Victorian average price per NWAU | Funding allocation (\$) |
|---|---------------------------|----------------------------------|-------------------------|
| Emergency Department | 39,915 | 5,383 | 205,310,192 |
| Acute Admitted | 235,034 | 5,452 | 1,335,081,956 |
| Admitted Mental Health | 16,696 | 5,432 | 90,690,580 |
| Sub-Acute | 19,359 | 4,692 | 76,777,810 |
| Non-Admitted | 38,838 | 4,966 | 191,768,766 |
| Total ABF Allocation | 349,842 | | 1,899,629,304 |
| Teaching, Training and Research | | | 51,262,212 |
| Non-Admitted Mental Health | | | 138,500,843 |
| Non-Admitted CAMHS | | | 30,577,056 |
| High Cost, Highly Specialised Therapies | | | 1,500,000 |
| Total Block Allocation | | | 221,840,111 |
| Total NHRA in-scope funding allocation | | | 2,121,469,415 |

Please note:

- 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. Letters will be made publicly available.

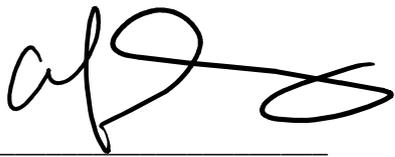
Accountability and funding requirements

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 *Policy and Funding Guidelines 2023-24*.
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health.
- All applicable policies and guidelines issued by the Department of Health 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 relating to the provision of health services which is in force at any time during the 2023-24 financial year.
- 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.
- Where applicable, this includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.
- Specific to DHSV: in relation to the School Dental Project Plan, as agreed and specified by both parties, including meeting the requirements outlined in the School Licence Agreement.
- Any other relevant, applicable statutory, regulatory or accountability rules, policies, plans, procedures or publications.

Signing Page

The Minister for Health has issued this Statement of Priorities to detail the funding provided to enable Monash Health to meet its service obligations and performance requirements as outlined.



Hon Mary-Anne Thomas MP

Minister for Health

Date: 6/5/2024