

Statement of Priorities

2017-18 Agreement between the Minister for Health and Eastern Health.

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Background

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

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

A Statement of Priorities consists of four parts:

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

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2017-18*.

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 2017–18* provides an extra \$1.67 billion over four years for health, mental health and aged care services across Victoria, including:

- \$1.3 billion over four years from 2017-18 to respond to growing patient demand across Victoria.
- \$325.7 million over four years for mental health and investment in forensic mental health services.
- \$319.8 million over four years from 2017-18 to provide additional elective surgery funding.
- \$215.1 million over five years from 2016–17 to implement the recommendations of *Targeting zero* to put patient safety first.
- Building on the investment of \$526 million in November 2016, a further \$26.5 million will help ambulances respond to every emergency even sooner.

To support this investment, the Andrews Labor Government is funding capital projects worth \$428.5 million across Victoria.

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

Together we care, learn, discover and innovate.

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 775,000 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 nine Clinical Program areas. These are:

- Acute and Aged Medicine;
- Specialty Medicine and Ambulatory Care;
- Surgery;
- Women and Children and Acute Specialist Clinics;
- Mental Health;
- Statewide Services;
- Pathology;
- Medical Imaging;
- Pharmacy.

We focus on achieving performance excellence in all we do, across all aspects of care for the communities we serve. We have an active education and research focus and strong affiliations with some of Australia's top universities and other educational institutions. This ensures that we attract and retain the best staff to work at Eastern Health. 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 four strategic initiatives which are each defined by strategic priorities. Our strategic initiatives are:

1. Healthcare excellence
2. Leading in learning
3. Leading in research and innovation
4. A values-based, safe workplace.

The Eastern Health Strategic Plan 2017-2022 is available online at <https://www.easternhealth.org.au/about-us/publications/category-items/3-publications/6-strategic-plan-2017-2022>

Strategic priorities

In 2017-18 Eastern Health will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables	
<p>Better Health</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 neighborhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighborhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Implement actions identified for year 2 of the action plan to progress the aims and initiatives of the Victorian 10 Year Mental Health Plan including a greater focus on prevention and delivering better services to achieve positive health outcomes.</p>	
		<p>Complete the implementation of identified actions and report compliance to ensure organisation-wide systems effectively identify report and respond to instances of family violence. Actions include:</p> <ul style="list-style-type: none"> - building staff capability - enhancing capacity to respond to service demand; and - developing organisational partnerships in the area of health justice, particularly in relation to maternity and elder abuse. 	
		<p>Build on the successful implementation of the Closing Health Gap program of work to embed culturally safe practices for Aboriginal and Torres Strait Islander patients, including ensuring that reception and treatment areas are culturally welcoming for Aboriginal and Torres Strait Islander people.</p>	
		<p>Complete the development of and explore prioritisation of the master plan for Wantirna Health.</p>	
		<p>Complete the refresh of the Master Plan for the Angliss Hospital precinct.</p>	
		<p>Complete the development of and commence implementation of the action plan to address the risks associated with Occupational Violence and Aggression in the workplace.</p>	
		<p>Complete the development of and commence implementation of the action plan to address the risks associated with Occupational Violence and Aggression in the workplace.</p>	
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p>	<p>Progress the implementation of the major projects associated with the 'Every Minute Matters' improvement plan with a focus on enhancing patient flow across the major transitions of the continuum of care including enhanced access to services provided in the home and community.</p>	

Goals	Strategies	Health Service Deliverables
<p>Better Access</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>Better Access</p> <p>Ensure fair access</p>	<p>Implement the identified actions to ensure Eastern Health is prepared for the introduction of the National Disability Insurance Scheme (NDIS) within the Eastern Metropolitan region and complete the evaluation of Eastern Health becoming a registered provider under this scheme.</p>
		<p>Progress the implementation of the HealthLinks chronic care initiative to further enhance the coordination and delivery of services for clients with chronic health conditions to reduce avoidable hospital admissions.</p>
		<p>Actively collaborate with organisational partners through the Eastern Melbourne Primary Health Care Collaborative to implement actions identified in the Primary Health Plan 2017-18.</p>
		<p>Complete the capital development works and commence delivery of integrated services from the Maroondah Breast Care Centre to enhance the quality of and access to integrated breast cancer healthcare services.</p>
		<p>Complete capital development works and commence delivery of enhanced critical care services from stage 1 of the Angliss Hospital redevelopment. This includes progressing stage 2 capital works.</p>
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Progress the implementation of activities identified for year 3 of the Great Digital Information Management and Transformation Strategy in alignment with Eastern Health's new Strategic Plan and the Digitising Health Strategy in accordance with the Victorian Auditor-General's Office recommendations. In particular, this will include the organisation-wide integration of the Cerner Electronic Medical Record solution.</p>
		<p>Embed Eastern Health's new values and strategic initiatives, including 'A values-based, safe workplace' established in the Strategic Plan 2017-2022, in all organisational operating systems to strengthen the</p>

Goals	Strategies	Health Service Deliverables
<p>Better Care</p>	<p>Better Care</p>	<p>organisation's positive workforce culture.</p>
		<p>Undertake an evaluation of organisational systems against the new Department of Health and Human Services Clinical Governance Framework and establish a plan to address any gaps.</p>
	<p>Mandatory actions against the 'Target zero avoidable harm' goal: Develop and implement a plan to educate staff about obligations to report patient safety concerns.</p>	<p>Develop and implement a plan to educate staff about their obligations to report patient safety concerns.</p>
	<p>In partnership with consumers, identify 3 priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every 6 months to reflect new areas for improvement in patient experience.</p>	<p>In partnership with consumers, plan and implement initiatives to address priority areas identified from the Victorian Healthcare Experience Survey. These include:</p> <ul style="list-style-type: none"> - decision-making in care - courtesy and kindness and communication.

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 2017-18 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 <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
Healthcare associated infections (HAI's)	
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 ¹ per occupied bed day	≤ 1/10,000
Adverse events	
Number of sentinel events	Nil
Mortality – number of deaths in low mortality DRGs ²	Nil
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to a mental health acute admission – all age groups	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

² DRG is Diagnosis Related Group

Key performance indicator	Target
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
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	75%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	75%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	75%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with Apgar score <7 at 5 minutes	≤ 1.6%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Continuing Care	
Functional independence gain from an episode of GEM ³ admission to discharge relative to length of stay	≥ 0.39
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
Organisational culture	
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%

³ GEM is Geriatric Evaluation and Management

Key performance indicator	Target
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
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 patients with a length of stay in the emergency department greater than 24 hours	0
Elective surgery	
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 ⁴	2,509
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 8 /100
Number of patients admitted from the elective surgery waiting list	16,830
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%

⁴ the target shown is the number of patients on the elective surgery waiting list as at 30 June 2018

Effective financial management

Key performance indicator	Target
Finance	
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 ⁵ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Number of days of available cash	14 days

⁵ 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 2017-18 of the *Department of Health and Human Services Policy and funding guidelines 2017*.

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)
Acute Admitted		
WIES Public	81,245	\$384,453
WIES Private	17,893	\$63,416
WIES DVA	810	\$4,051
WIES TAC	471	\$1,977
Other Admitted		\$4,151
Acute Non-Admitted		
Emergency Services		\$58,061
Home Enteral Nutrition	496	\$104
Home Renal Dialysis	70	\$3,912
Specialist Clinics - Public	152,197	\$38,502
Other non-admitted		\$800
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	1,323	\$13,759
Subacute WIES - Rehabilitation Private	640	\$6,191
Subacute WIES - GEM Public	1,594	\$16,581
Subacute WIES - GEM Private	773	\$7,475
Subacute WIES - Palliative Care Public	475	\$4,936
Subacute WIES - Palliative Care Private	230	\$2,222
Subacute WIES - DVA	152	\$1,913
Transition Care - Bed days	26,280	\$3,995
Transition Care - Home days	8,030	\$450
Subacute Non-Admitted		
Health Independence Program - Public	130,694	\$28,523
Health Independence Program - DVA		\$56
Aged Care		
Aged Care Assessment Service		\$6,294
Residential Aged Care	21,696	\$1,075
HACC	9,712	\$590
Mental Health and Drug Services		
Mental Health Ambulatory	149,437	\$61,320

Mental Health Inpatient - Available bed days	44,195	\$32,224
Mental Health Residential	21,915	\$2,477
Mental Health Service System Capacity	2	\$1,155
Mental Health Subacute	21,915	\$9,241
Mental Health Other		\$66
Drug Services	5,172	\$11,616
Primary Health		
Community Health / Primary Care Programs	30,929	\$3,221
Community Health Other		\$656
Other		
Health Workforce	347	\$16,764
Other specified funding		\$14,643
Total Funding		\$806,868

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 2017 to 30 June 2018 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2017–18 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 2017 – 30 June 2018

	Service category	Estimated National Weighted Activity Units (NWAU17)	Total funding (\$)
Activity based funding	Acute admitted services	106,150.83	666,695,754
	Admitted mental health services	9,091.87	
	Admitted subacute services	12,944.76	
	Emergency services	23,058.64	
	Non-admitted services	13,823.06	
Block Funding	Non-admitted mental health services	-	98,341,615
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	37,685,313
Total		165,069.17	802,722,682

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 2017*;
- 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 2017-18 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

Signature

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

Hon Jill Hennessy MP
Minister for Health

Date: / /2017

Dr Joanna Flynn
Chairperson
Eastern Health

Date: / /2017