

Statement of Priorities

2018–19 Agreement between the Minister for Health and St Vincent's Hospital (Melbourne) Limited.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, August 2018.

ISSN 2206-6543

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities>

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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 40G, 65ZFA, 65ZFB and section 26 of the Health Services Act 1988.

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

A Statement of Priorities consists of four parts:

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

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2018-19*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

Government commitments

The *Victorian Budget 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrews Labor Government is funding an \$1.3 billion acute health capital, infrastructure and equipment program.

This investment will support the implementation of Health 2040: advancing health, access and care - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

Part A: Strategic overview

Mission statement

As a Catholic health and aged care service our mission is to bring God's love to those in need through the healing ministry of Jesus. We are especially committed to people who are poor or vulnerable.

We draw on the talents of our people and collaborate with others who share our vision and values to continue the pioneering spirit of Mary Aikenhead and the Sisters of Charity. We are committed to providing compassionate and innovative care, enabling hope for those we serve.

Our Vision

To lead transformation in health care inspired by the healing ministry of Jesus.

Values

Our values, which are based on the Gospel, act as a point of reference for our decision making, and are fundamental to our Catholic identity. Our values underpin all we do and are demonstrated through our everyday actions, giving our mission life.

St Vincent's Health Australia's four core values are:

Compassion

Justice

Integrity

Excellence

Service profile

St Vincent's Melbourne Hospital Limited (SVHM) is part of Australia's largest not-for-profit health service, St Vincent's Health Australia. The 20-year Health Service Agreement with the Department of Health and Human Services continues to provide world-class hospital, sub-acute, aged, mental health, palliative care and community care services.

SVHM's Strategic Clinical Service Plan identifies a service profile that demonstrates our strengths, distinctiveness and value within the Victorian health system. The Strategic Clinical Service Plan outlines six core commitments that will define our organisation between now and 2025.

A broader reach

We will leverage strategic partnerships for growth, working with St Vincent's Private and our network of referring health services to respond to a growing and increasingly complex patient population.

A reputation for excellence

We will become a destination for world class treatment, research and training through the newly formed Centre of Digestive Diseases and Centre for Musculoskeletal Care.

Leadership and influence

We will lead through advocacy, influencing policy and practice and creating new models of care in Palliative Care and Addiction Medicine.

Responsive, integrated care

We will transform tertiary hospital care by designing reliable, integrated patient-driven systems of care.

Biomedical advancement

We will lead the biomedical engineering revolution, developing future treatments through advances in bioengineering, limb and tissue reconstruction and implants.

Supporting the vulnerable

We will continue to address the complex needs of our priority populations including people who are mentally ill, drug and alcohol addicted, homeless, Aboriginal and Torres Strait Islander and prisoners.

Our major sites and services include:

St Vincent's, Fitzroy

The hospital is situated on the fringe of Melbourne's Central Business District and bounded by Victoria Parade, Nicholson Street, Fitzroy Street and Gertrude Street. St Vincent's provides a wide range of medical, surgical, cancer, allied health and mental health services including community, outreach, drug and alcohol and correctional health services. As a major A1 tertiary referral teaching and research integrated healthcare facility, we are committed to providing the best possible patient care, servicing both our local and regional communities.

St Vincent's is a formal member of the Victorian Comprehensive Cancer Centre, the Melbourne Academic Centre for Health and the Western & Central Melbourne Integrated Cancer Service. Our diverse and broad range of partners and collaborators include the University of Melbourne, St Vincent's Institute, the Bionics Institute, University of Wollongong, RMIT University, Swinburne University, Centre for Eye Research Australia, Royal Victorian Eye & Ear Hospital, Australian Catholic University, Victorian Aboriginal Health Service and Eastern Palliative Care. SVHM and Austin Health have entered into a formal collaboration to provide Level 6 cardiac services for the north eastern regions of metropolitan Melbourne and regional Victoria.

SVHM's Correctional Health Service provides primary, secondary and tertiary health services for Victorian prisoners. These services are located at SVHM's Fitzroy campus and Port Phillip Prison. Since 2014, correctional health includes Youth Justice primary healthcare services both at Parkville and Malmsbury.

St George's Health Service

St George's Health Service is located in Kew and surrounding suburbs and provides comprehensive subacute and community services including inpatient rehabilitation, geriatric evaluation and management, the transition care program, residential aged care, acute aged

psychiatry and a broad range of community based rehabilitation, assessment and treatment services. It is also the base for the Victorian Geriatric Medicine Training program. Construction is underway for a contemporary, new \$55.57m 90-bed residential aged care service in partnership with DHHS.

Caritas Christi Hospice

Caritas Christi Hospice provides palliative care services at two campuses. At the Kew campus there are 26 beds, a day hospice and a community day care centre. At the Fitzroy campus there are 8 beds co-located with the acute services and a palliative care consultative service. The Caritas Christi site will undergo a transformation in 2018-19 with the addition of 120 private aged care beds provided by SVHA's Aged Care Division and a full redevelopment of the Palliative Care facility.

The Centre for Palliative Care is part of SVHM and is a Collaborative Centre of the University of Melbourne. The Centre has a state-wide role in palliative care education and research, with networks and collaborative projects extending nationally and internationally.

Prague House

Prague House has operated since 1976 to provide residential care to men and women who are socially and financially disadvantaged, have particular health needs and who have experienced homelessness. Prague House is located adjacent to St George's Health Service in Kew.

Strategic planning

St Vincent's Health Australia's strategic plan for 2015-2025 can be read at <https://svha.org.au/home/about-us/our-strategy-2025>. SVHM's Strategic Service Plan can be found at <https://svhm.org.au/home/about-us/our-strategic-service-plan>.

Strategic priorities

In 2018-19 St Vincent's Hospital (Melbourne) Limited (SVHM) 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>	Continue the expansion of telehealth including the pilot in specialist clinics to improve access for rural and regional patients.
		In partnership with Victorian Aboriginal Health Service, implement the rheumatic heart disease clinic to improve access and health outcomes for Aboriginal and Torres Strait Islanders.
		Progress the Caritas Christi Hospice development in partnership with SVHA Aged Care Division.
		Progress the 90 bed aged care development at SGHS.
<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>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>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	Progress the implementation of the north east cardiac network with DHHS and Austin Health to improve access and safety of care.
		Develop a proposal for a rapid care ambulatory centre to improve access and health outcomes for patients.
		Achieve agreed Emergency and Elective Surgery performance targets and work towards all patients being treated within clinically recommend time.

Goals	Strategies	Health Service Deliverables
<p>Better Care 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>Support the education and staff capability in relation to Palliative Care in the context of the voluntary assisted dying legislation.</p> <p>Develop a clinical workforce strategy to ensure the correct skill mix, recruitment and retention strategies to provide safe patient care of high quality.</p> <p>Complete planning and product selection to introduce an electronic medical record to improve access to health information and to care.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans</p> <p>Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing disability action plans can be found at https://providers.dhhs.vic.gov.au/disability-action-plans. Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at ofd@dhhs.vic.gov.au.</i></p> <p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.</p> <p>Review our Volunteer Services and optimise volunteer engagement across the health service.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment</p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Through the rollout of the Ethos Program, educate staff to create a positive workplace culture.</p>
	<p>Occupational violence</p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<p>Review existing occupational violence training against DHHS framework and address any shortfalls to ensure principles are implemented.</p>
	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> • policy to be net zero carbon by 2050 and improve environmental • sustainability by identifying and implementing projects, including • workforce education, to reduce material environmental impacts with • particular consideration of procurement and waste management, and • publicly reporting environmental performance data, including • measureable targets related to reduction of clinical, sharps and landfill • waste, water and energy use and improved recycling. 	<p>Reduce our environmental impact through the implementation of the National Energy Action Plan.</p>

Goals	Strategies	Health Service Deliverables
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions. <i>Note: deliverables should be in accordance with the DHHS Rainbow eQuality Guide (see at www2.health.vic.gov.au/about/populations/lgbt-health/rainbow-equality) and the Rainbow Tick Accreditation Guide (see at www.glhv.org.au)</i></p>	<p>In consultation with SVHA, develop a health service wide LGBTI inclusive policy and engage with LGBTI community to conduct staff education.</p>

Part B: Performance Priorities

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

Changes to the key performance measures in 2018-19 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
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

Key performance indicator	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance indicator	Target
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Continuing Care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

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 ²	1,003
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	7,627
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%

² the target shown is the number of patients on the elective surgery waiting list as at 30 June 2019

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	5.5
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 ³ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

³ WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
Acute Admitted		
WIES Public	47,737	230,715
WIES Private	6,698	23,844
WIES DVA	169	861
WIES TAC	170	727
Other Admitted		31,211
Acute Non-Admitted		
Emergency Services		24,256
Genetic services		1,776
Home Enteral Nutrition	1,344	286
Home Renal Dialysis	79	4,461
Specialist Clinics	119,314	32,926
Specialist Clinics - DVA		10
Other non-admitted		2,723
Total Perinatal Nutrition	61	476
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	781	8,267
Subacute WIES - Rehabilitation Private	302	2,972
Subacute WIES - GEM Public	843	8,916
Subacute WIES - GEM Private	367	3,606
Subacute WIES - Palliative Care Public	390	4,121
Subacute WIES - Palliative Care Private	269	2,646
Subacute WIES - DVA	62	798
Transition Care - Bed days	10,932	1,693
Transition Care - Home days	11,349	644
Subacute & Non-Acute Other		
Other specified funding		763
Subacute Non-Admitted		
Palliative Care Non-admitted		174
Health Independence Program - Public	66,263	16,493
Health Independence Program - DVA		18

Victorian Artificial Limb Program		696
Subacute Non-Admitted Other		2,239
Aged Care		
Aged Care Assessment Service		2,358
Residential Aged Care	10,848	871
HACC	4,307	400
Mental Health and Drug Services		
Mental Health Ambulatory	66,722	28,659
Mental Health Inpatient - Available bed days	23,375	17,342
Mental Health PDRS		115
Mental Health Residential	21,915	2,680
Mental Health Service System Capacity	388	2,009
Mental Health Subacute	10,961	5,623
Mental Health Other		1,409
Drug Services	686	2,964
Primary Health		
Community Health Other		294
Other		
NFC - Islet Cell Transplantation	6	1,161
Health Workforce	250	11,900
Other specified funding		35,034
Total Funding		521,137

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2018 – 30 June 2019

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	57,366	428,830
	Admitted mental health services	5,611	
	Admitted subacute services	8,154	
	Emergency services	7,167	
	Non-admitted services	6,559	
Block Funding	Non-admitted mental health services	-	59,040
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	33,869
Total		84,857	521,739

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.

Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2018;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2018-19 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

Signature

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



Hon Jill Hennessy MP
Minister for Health

Date: 24/8 /2018



Ms Patricia Faulkner AO
Deputy Chair
St Vincent's Health Australia Group
of Companies

Date: / /2018