

Statement of Priorities

2018–19 Agreement between the Minister for Health and Peninsula 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 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

Building a healthy community in partnership.

Service profile

Peninsula Health is the major metropolitan health service for Frankston and the Mornington Peninsula. We care for a population of 300,000 people, which swells to over 400,000 people during the peak tourism seasons between December and March.

Our health services consists of four major sites: Frankston Hospital, Rosebud Hospital, Golf Links Road Rehabilitation Centre, and The Mornington Centre; three community mental health facilities; and four community health centres in Frankston, Mornington, Rosebud and Hastings.

Our services include care across the life continuum from obstetrics, paediatrics, emergency medicine, intensive care, critical care, surgical and general medicine, rehabilitation, and oncology, through to aged care and palliative care. We also provide extensive services in community health, health education and promotion, ambulatory care, and mental health.

We are a major teaching and research health facility, training the next generation of doctors, nurses, allied health professionals and support staff, and we have strong partnerships with Monash University and Chisholm Institute.

Our catchment has some unique demographic features and challenges, including:

- higher than average rate of population ageing
- mix of wealth and extreme disadvantage
- higher than average rates of vulnerable children, homelessness and family violence
- higher than average rates of chronic diseases and mental health issues.

These factors create challenges in providing the best of care where and when it's needed to respond to the needs of children, people with mental health issues, and elderly residents.

With over 5,500 staff and 800 volunteers, our dedicated and highly skilled team work together to provide world-class care, close to home, for patients and families on the Mornington Peninsula.

We have undergone significant growth and transformation in recent years and we are now recognised as a leading metropolitan health service.

Strategic planning

Peninsula Health Strategic Plan 2013-2018 is available online at:
<https://www.peninsulahealth.org.au/wp-content/uploads/Peninsula-Health-Strategic-Plan-2013-2018-LOW.pdf>

Strategic priorities

In 2018-19 Peninsula 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>Establish a Voluntary Assisted Dying Model of Care for Peninsula Health including the development of policies guiding our model of care for implementation at June 2019</p> <p>Review current patient cohorts with preventable Hospital Associated Complications (HAC) and establish quality programs to reduce incidence.</p> <p>Establish reporting processes that allows clinical monitoring of HAC.</p> <p>Review our model of care in our colonoscopy services and implement the new Victorian Colonoscopy Categorisation Guidelines, improving systems to ensure timely access to colonoscopy procedures.</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>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>	<p>Implement the Emergency Department and Mental Health Safe Ward Programs and continue to implement the Safe Ward program across the organisation. The Safewards Program will result in the reduction of restrictive interventions and will reduce conflict and aggression towards healthcare workers.</p>

Goals	Strategies	Health Service Deliverables
<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>Embed the Strengthening Hospital Response to Family Violence (SHRFV) initiative that will result in:</p> <ul style="list-style-type: none"> - At least 80% of Peninsula Health clinical and non-clinical staff will receive tailored training in the SHRFV evidenced based modules - Development and implementation of a Family Violence Workplace Support Program specific to Peninsula Health to support staff experiencing family violence - 100% managers trained to respond sensitively and appropriately <p>Commence the implementation of a Quiet Hospital Strategy which will reduce the use of overhead announcements to increase non-disturbance time for patients, staff and visitors.</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>Expand the current executive patient “walk arounds” to include our volunteers and continue with our annual volunteers lunch and service awards program.</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>Develop and implement a People and Culture Strategy with key goals and objectives for staff wellbeing, management of occupational violence, bullying harassment and workforce development.</p> <p>The strategy will encompass actions addressed from the themes arising from the 2018 People Matters Survey, occupational violence and OH&S data.</p> <p>Establish a Board People and Culture Subcommittee where governance and oversight of the People and Culture Strategy action plan and workforce key performance indicators are governed.</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>Implement the 2018-19 Occupational Violence Prevention Action Plan. The plan will address themes that have arisen from the service wide occupational violence forums and the occupational violence workshops.</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>Implement the Energy Performance Project with the major activities including:</p> <p>LED lighting upgrades across the number of sites;</p> <p>Steam to hot water conversion and upgrades;</p> <p>Waste segregation project;</p> <p>Air-conditioning unit replacement program.</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>Following the achievement of being the First Health Service in Australia to receive the Rainbow Tick accreditation in 2017, Peninsula Health will progress with implementing the Rainbow Tick Action Plan and work towards re-accreditation in 2020.</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%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
Continuing Care	
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%
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 ²	1,550
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	7,900
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)	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 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		301,319
WIES Public	53,134	256,796
WIES Private	9,043	32,194
WIES DVA	577	2,934
WIES TAC	279	1,193
Other Admitted		8,202
Acute Non-Admitted		53,064
Emergency Services		36,158
Home Enteral Nutrition	467	99
Radiotherapy Non Admitted Shared Care	150	252
Specialist Clinics	61,998	16,294
Specialist Clinics - DVA		47
Other non-admitted		214
Subacute & Non-Acute Admitted		47,760
Subacute WIES - Rehabilitation Public	1,228	12,990
Subacute WIES - Rehabilitation Private	517	5,085
Subacute WIES - GEM Public	1,497	15,839
Subacute WIES - GEM Private	546	5,374
Subacute WIES - Palliative Care Public	248	2,622
Subacute WIES - Palliative Care Private	85	839
Subacute WIES - DVA	164	2,103
Transition Care - Bed days	16,762	2,595
Transition Care - Home days	5,492	312
Subacute Non-Admitted		19,769
Health Independence Program - Public	87,636	19,494
Health Independence Program - DVA		82
Victorian Artificial Limb Program		193
Aged Care		6,140
Aged Care Assessment Service		3,898
HACC	24,404	2,035
Aged Care Other		208

Mental Health and Drug Services		51,124
Mental Health Ambulatory	55,760	24,626
Mental Health Inpatient - Available bed days	18,262	13,265
Mental Health PDRS		74
Mental Health Residential	21,915	1,267
Mental Health Service System Capacity	388	508
Mental Health Subacute	14,616	7,817
Mental Health Other		1,096
Drug Services	1,589	2,473
Primary Health		7,282
Community Health / Primary Care Programs	46,691	5,148
Community Health Other		2,133
Other		17,765
Health Workforce	159	8,017
Other specified funding		9,748
Total Funding		504,225

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	65,133	431,551
	Admitted mental health services	5,380	
	Admitted subacute services	11,421	
	Emergency services	14,899	
	Non-admitted services	6,701	
Block Funding	Non-admitted mental health services	-	44,952
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	26,007
Total		103,534	502,510

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: 11/8 /2018



Ms Diana Heggie
Chairperson
Peninsula Health

Date: / /2018