

Statement of Priorities

2018–19 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 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

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. 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 five 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
5. A high-performing organisation.

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 2018-19 Eastern Health will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p>Better Health 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 neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Implement identified actions for 2018-19 from the Closing the Gap Plan that include a particular focus on improving access to care and services across acute, subacute, mental health (including drug and alcohol) services for Aboriginal and Torres Strait Islander communities.</p> <p>Implement actions identified for year 3 of Eastern Health's action plan to progress the aims and initiatives identified in Victoria's 10 Year Mental Health Plan including a greater focus on prevention and delivering better services to achieve positive health outcomes.</p> <p>Continue the implementation of priority areas in the Eastern Melbourne Primary Health Care Collaborative Primary Health Strategic Plan in partnership with community partners with a continued focus on chronic disease management.</p>
<p>Better Access 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>Complete the operational commissioning of Statewide Services' Alcohol and other Drug beds to enhance services at Box Hill Hospital.</p>

Goals	Strategies	Health Service Deliverables
<p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Ensure fair access</p>	<p>Complete the establishment of a comprehensive intensive care service and operational commissioning of Intensive Care Unit beds to enhance services at Angliss Hospital.</p>
		<p>Implement agreed actions associated with the Every Minute Matters Program to enhance patient access to care</p>
		<p>Progress service and capital planning including the Mental health service plan, the Box Hill Hospital service plan and master plan, including an urban design study, and reconsider the business cases for Angliss Hospital inpatient expansion and Wantirna residential aged care.</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>Develop a Reconciliation Action Plan that is aligned with the priority focus areas of the Korin Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027.</p> <p>Continue the focus on partnering with patients through implementation of agreed actions from the 2018-19 'Patients First' program.</p> <p>Progress the implementation of an integrated electronic medical record including Maroondah and Angliss Hospitals (Firstnet), PCMS integration and Cybersecurity controls.</p>

Goals	Strategies	Health Service Deliverables
		Progress implementation of Eastern Health's Healthcare Excellence plan focused on patient quality and safety.
Specific 2018-19 priorities (mandatory)	<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>	Finalise and submit a disability action plan to the Department of Health and Human Services by 30 June 2019, including a detailed plan to fully implement the recommendations within three years of publication.
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	Develop and implement an enhanced approach to ensure that Eastern Health volunteers are engaged in and recognised for their contribution at all levels across Eastern Health.

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>Continue to actively promote and reinforce the Eastern Health values and behavioural expectations across the employment lifecycle. Continue to appropriately investigate all reports of bullying and harassment and develop approaches to ensure there is a feedback mechanism across Eastern Health with appropriate reporting to Executive and Board.</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>Provide core occupational violence training to all Eastern Health staff who have contact with patients and visitors according to the Department of Health and Human Services Occupational Violence and Aggression training principles.</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 agreed actions identified for year 3 of Eastern Health's Environmental Management 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>Progress implementation of agreed actions identified for year 2 of the Equality Action Plan to ensure a welcoming and inclusive health service for LGBTI patients and their families.</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%

¹ SAB is Staphylococcus Aureus Bacteraemia

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	80%
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%

Key performance indicator	Target
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	2,496
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	17,998
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
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	81,802	395,350
WIES Private	17,919	63,790
WIES DVA	671	3,412
WIES TAC	541	2,307
Other Admitted		30,622
Acute Non-Admitted		
Emergency Services		59,096
Home Enteral Nutrition	429	91
Home Renal Dialysis	67	3,807
Specialist Clinics	151,993	39,111
Specialist Clinics - Private	204	46
Other non-admitted		814
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	1,256	13,289
Subacute WIES - Rehabilitation Private	599	5,896
Subacute WIES - GEM Public	1,634	17,282
Subacute WIES - GEM Private	895	8,805
Subacute WIES - Palliative Care Public	459	4,854
Subacute WIES - Palliative Care Private	191	1,877
Subacute WIES - DVA	127	1,628
Transition Care - Bed days	26,237	4,063
Transition Care - Home days	8,054	457
Subacute Non-Admitted		
Health Independence Program - Public	134,496	29,353
Health Independence Program - DVA		44
Aged Care		
Aged Care Assessment Service		6,398
Residential Aged Care	21,696	1,095
HACC	9,697	600
Mental Health and Drug Services		

Mental Health Ambulatory	155,569	65,361
Mental Health Inpatient - Available bed days	44,194	32,771
Mental Health PDRS		177
Mental Health Residential	21,915	2,529
Mental Health Service System Capacity	953	1,303
Mental Health Subacute	21,922	10,342
Mental Health Other		1,908
Drug Services	5,172	13,075
Primary Health		
Community Health / Primary Care Programs	30,930	3,672
Community Health Other		670
Other		
Health Workforce	362	17,241
Other specified funding		27,834
Total Funding		870,973

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	102,653	720,910
	Admitted mental health services	12,307	
	Admitted subacute services	14,089	
	Emergency services	25,596	
	Non-admitted services	15,985	
Block Funding	Non-admitted mental health services	-	104,185
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	46,133
Total		170,630	871,228

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.

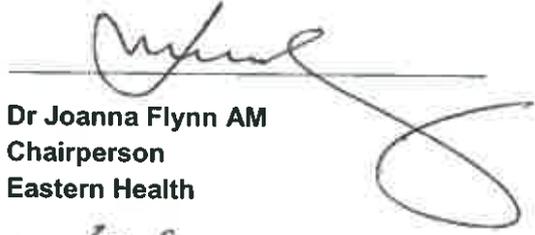
Signature

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: 30 / 8 / 2018



Dr Joanna Flynn AM
Chairperson
Eastern Health

Date: 30 / 8 / 2018