

Statement of Priorities

2019-20 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 main 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 2019-20*.

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

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals.
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

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

We work together to build a healthy community

Our Vision

To provide exceptional health and community care

Our Values

Be the best - We strive for excellence in all that we do

Be a role model - Together, our behaviours build our culture

Be open and honest - We are transparent, accountable and innovative

Be compassionate and respectful - We embrace diversity, advocate and care for our consumers, support our peers and grow our teams in a safe, kind and meaningful way

Be collaborative - Our impact is better and stronger when we are inclusive and engaging of a broad network of people

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.

Strategic planning

The Peninsula Health Strategic Plan 2019-23 is available online at www.peninsulahealth.org.au/strategicplan

Strategic priorities – Health 2040;

In 2019-20 Peninsula Health will contribute to the achievement of the Government's commitments within *Health 2040: Advancing health, access and care* by:

Better Health

Goals: A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods and communities encourage healthy lifestyles	Strategies: Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps
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Deliverables:

- Review staffing resources and staff roles overnight and develop a model that promotes team work by increasing the overall support to all staff by fostering a culture of team work.
- Improves quality of care indicators by reducing overnight admissions to intensive care through improved team work.

Better Access

Goals: Care is always being there when people need it Better access to care in the home and community People are connected to the full range of care and support they need Equal access to care	Strategies: Plan and invest Unlock innovation Provide easier access Ensure fair access
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Deliverables:

- A review of all home based services is undertaken with recommendations on how these services may better integrate across the organisation.
- Implement all recommendations from the Peninsula Health 2019 Medical Workforce review and ensure that rosters, overtime management and junior medical staff support is transparent and consistent across the organisation which will result in full recruitment of junior medical staff providing safer, better care and improvement in our medical workforce satisfaction.

Better Care

Goals: Targeting zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Strategies: Put quality First Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care
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Deliverables:

- Develop and implement a framework that transforms the way that fundamental care is delivered at the bed side that imbeds a philosophy of kindness and respect which is reflected in every patient, client, and carer

interaction demonstrated by improved consumer satisfaction scores.

- Complete the safe ward program in the Emergency and Mental Health Department Services and measure against the programs targets of reducing the use of restraints, reduction in code greys, reduction in episodes of patient aggression and reduction in staff assaults.

Specific priorities for 2019-20

In 2019-20 Peninsula Health will contribute to the achievement of the Government's priorities by:

Supporting the Mental Health System

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

- Implement a mental health crisis hub model of care at Frankston Hospital Emergency Department by finalising the proposed model and develop performance measures that will measure effectiveness and client satisfaction.
- Full review of the models of care in our mental health service including people, space and infrastructure is undertaken in anticipation to be able to address recommendations from the Mental Health Royal Commission.

Addressing Occupational Violence

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

- Develop and implement a project "Stop, Assess, Plan, Learn" which will be integrated into the Occupational Violence Action Plan, and will result in a reduction in WorkCover claims, Lost Time to Injury and Manual Handling Incidents by teaching staff to manage their work environment and identifying key risks. The Occupational Violence Work Plan and Occupational Violence Action Plan are being continuously improved.

Addressing Bullying and Harassment

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

- Bullying Harassment framework and training is developed and rolled out across the organisation in line with the department's framework for promoting a positive workplace culture.
- Implement a pilot project "Dogs for Docs" (healthcare workers) that is measured for effectiveness and could be considered as a model for peer support across Victorian Health Services.

Supporting Vulnerable Patients

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

- Develop and implement a contemporary and efficient model of care for our bariatric clients that is safe, effective, and personal and reduces risk and harm for our patients and staff.

Supporting Aboriginal Cultural Safety

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

- Further develop our Aboriginal Health Services in consultation with the Community and finalise completion of our third reconciliation action plan to be approved by Reconciliation Australia.

Addressing Family Violence

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

- Utilise the partnerships with Family Violence Services through the Orange Door to increase the number of men participating and completing Men's Behaviour Change Programs which will increase male attendance and completion of the behaviour change programs by twenty per cent.

Implementing Disability Action Plans

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

- Following from completion and launch of our Disability Action Plan year 1 actions will be implemented and objectives achieved.

Supporting Environmental Sustainability

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

- Review our current waste management practices and identify ways in which we as an organisation can reduce our total waste to landfill.

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 2019-20 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 measure	Target
Accreditation	
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
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 – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ¹ per 10,000 occupied bed days	≤ 1

Key performance measure	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 a child and adolescent acute mental health admission	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
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 fetal 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 measure	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 measure	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 measure	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	2,500
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	7,542
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 2020

Effective financial management

Key performance measure	Target
Operating result (\$m)	-\$12.5m
Average number of days to pay trade creditors	60 days
Average number of days to receive 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 available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual 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 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

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		
Acute WIES	62,769	303,061
WIES DVA	456	2,353
WIES TAC	306	1,790
Other Admitted		19,726
Acute Non-Admitted		
Emergency Services		38,796
Home Enteral Nutrition	551	119
Specialist Clinics	63,240	16,871
Specialist Clinics - DVA		42
Other non-admitted		217
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	1,140	12,240
Subacute WIES - Rehabilitation Private	422	4,214
Subacute WIES - GEM Public	1,427	15,318
Subacute WIES - GEM Private	631	6,305
Subacute WIES - Palliative Care Public	300	3,223
Subacute WIES - Palliative Care Private	101	1,006
Subacute WIES - DVA	146	1,895
Transition Care - Bed days	16,762	2,634
Transition Care - Home days	5,492	316
Subacute Non-Admitted		
Health Independence Program - Public	87,636	19,787
Health Independence Program - DVA		39
Victorian Artificial Limb Program		196
Other specified funding		250
Aged Care		
Aged Care Assessment Service		3,916
Residential Aged Care		9
HACC	24,404	2,065
Aged Care Other		372
Mental Health and Drug Services		
Mental Health Ambulatory	61,104	31,624

Mental Health Inpatient - Available bed days	18,262	15,778
Mental Health Residential	21,915	1,286
Mental Health Service System Capacity	1	661
Mental Health Subacute	14,616	7,978
Mental Health Other		1,646
Drug Services	1,589	2,597
Primary Health		
Community Health / Primary Care Programs	46,691	5,249
Community Health Other	6	2,148
Other		
Health Workforce		8,344
Other specified funding		4,273
Total Funding		538,624

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 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 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 2019 – 30 June 2020

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	65,858	451,346
	Admitted mental health services	4,037	
	Admitted subacute services	11,801	
	Emergency services	14,936	
	Non-admitted services	7,593	
Block Funding	Non-admitted mental health services	-	51,784
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	34,747
Total		104,225	537,877

Note:

- 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 2019;
- 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 2019-20 financial year; and
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

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 Jenny Mikakos MP
Minister for Health

Date: 23 / 10 / 2019



Ms Diana Heggie
Chairperson
Peninsula Health

Date: / / 2019

