

Statement of Priorities

2018–19 Agreement between the
Minister for Health and Northern Health

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Background

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

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

A Statement of Priorities consists of four parts:

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

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

At Northern Health, we are committed to the wellbeing of the people of Melbourne's north. We draw upon the richness, knowledge and strength of northern communities as we partner with them in their care. We also understand that we are an important part of a larger health system. We are mindful of connecting our communities to the services they need within that larger system. We provide clinical excellence in our fields and take the big picture view of the social, cultural and personal influences on the health of the people we care for. We know that in partnership with us, patients and their families are better able to manage their health. At Northern Health, we work with our consumers to achieve operational efficiencies, allowing them to move smoothly through the health care system. We do this by continually improving systems and processes to minimise waste and by concentrating on the safety and quality of the patient experience. We take pride in our diversity and ensure that all members of our community feel welcomed and cared for in every interaction that we have.

Service profile

Northern Health is the major provider of acute, maternity, sub-acute and ambulatory specialist services in Melbourne's north. Our campuses include Broadmeadows Hospital, Northern Health - Bundoora, Northern Health - Craigieburn and The Northern Hospital in Epping.

Across our campuses we provide a range of primary, secondary and some tertiary health care services, including:

- Emergency and intensive care;
- Acute medical, surgical and maternity services;
- Sub-acute, palliative care and aged care; and
- Specialist clinics and community-based services.

Northern Health is situated in the Northern Growth Corridor. The Northern Health catchment includes three of the state's six growth areas: the City of Hume, the City of Whittlesea and the Shire of Mitchell. This includes the rapidly expanding metropolitan region north of Epping and Broadmeadows including Craigieburn and South Morang; the future suburbs of Cloverton and Merrifield; and the rural communities of Kinglake, Kilmore and Seymour. The Northern Growth Corridor population is expected to grow by 58% (over 220,000 people) between 2016 and 2031. This includes 17% growth between 2016 and 2021 – an increase of over 69,000 people within this 5 year period.¹

Northern Health treats patients from many different socio-economic backgrounds, which are born in more than 185 countries, speak over 106 different languages and follow over 90 different religions/beliefs. The breadth of poor health risk factors, and established complex disease in the community is significant, with residents of the outer north having generally poorer health status', including higher than average levels of type 2 diabetes, heart disease and high-blood pressure, higher rates of smoking and higher rates of family violence incidents.

We work closely with local government, primary care, community health partners and private healthcare providers to deliver the right care in the right place. We pursue our commitment to treat more people locally so that they get the care that they deserve close to home and surrounded by the support of their community.

In 2018-19, Northern Health will maintain a focus on continuous improvement through progression of its journey towards becoming a High Reliability Organisation (HRO). This transformational project will enter

¹ Department of Environment, Land, Water and Planning, *Victoria in Future 2016*, accessed at: <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future-2016>

its second phase, centred around the delivery of 'Trusted Care' to the community, partners and staff of Northern Health

To achieve Northern Health's vision of Trusted Care, we will provide increasingly safe, person-centred, efficient and effective care and achieve our patients' expectations of:

- Make me better
- Keep me safe
- Be kind to me.

In 2018-19 Northern Health will closely monitor performance against the key deliverables for the HRO transformation journey, i.e.

- Improved patient experience of care at Northern Health
- Improved staff satisfaction
- Safer more effective and efficient care

as well as other commitments outlined in this document.

Strategic planning

The Northern Health Strategic Plan 2016 - 2019 is available online at:

<https://www.nh.org.au/wp-content/uploads/2018/02/FINAL-Strategic-Plan-2016-19-LO-RES.pdf>

Strategic priorities

In 2018-19 Melbourne 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>Reduce Statewide Risks</p> <p>Proactively reduce and manage overweight and obesity within Northern Health's community by expanding on actions commenced in 2017-2018 to promote healthy eating. This will be achieved through utilising the Victorian Government's Healthy Choices policy document to guide changes within Northern Health retailer food outlets.</p> <p>Build healthy Neighbourhoods</p> <p>From April-August 2019, Northern Health will carry out an opportunistic influenza vaccination campaign for community members who are unable to access vaccination from alternate sources.</p> <p>Help people to stay healthy</p> <p>Commence "Endo-link" project that will strengthen the Northern Health / General Practice partnership to ensure timely review of surveillance and access to colonoscopy.</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</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>Plan and invest</p> <p>Finalise a comprehensive Clinical Service Plan for Northern Health that is responsive to the needs of our community and enhances preparedness for future growth within the local population.</p>

Goals	Strategies	Health Service Deliverables
<p>full range of care and support they need</p> <p>There is equal access to care</p>		<p>Plan and invest</p> <p>Refresh and update Northern Health's Strategic Plan. This will build upon findings from the Clinical Service Plan and include a review of organisational values.</p>
		<p>Provide easier access</p> <p>Implement a strategy in Specialist Clinics to enable a consistent and transparent system that aligns with our community referrers, inpatient and elective surgery demand. This will be achieved through the introduction of state wide referral criteria for selected conditions, new IT solutions for improved governance of referral management, appointment system, and patient management. This will enhance timely access for our patients.</p>
		<p>Ensure fair access</p> <p>Implement the Northern Health 'No Wrong Door' strategy to ensure community packages are better tailored to patient requirements.</p> <p>Northern Health will create Diversion Clinics for patients with chronic disease, including those patient groups that present more frequently to the emergency department in winter.</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>Put Quality First</p> <p>Develop and implement an organisational strategy to reduce falls and harm from falls for Northern Health patients.</p> <p>Put Quality First</p> <p>Design and implement a screening tool for delirium in the Emergency department that leads to a management plan to provide safer care.</p>
		<p>Put Quality First</p> <p>Implement a strategy to reduce the number of identified hospital-acquired complications (HAC) and establish a system for ongoing monitoring of progress.</p>
		<p>Partner with patients</p> <p>Partner with consumers to develop an End of Life Care resource for culturally diverse groups and implement education to provide patient-centred end of life care.</p>
		<p>Strengthen the workforce</p> <p>Complete scoping of a shift from a "5 day hospital" to a "6 day hospital" over a period of time. Review the multidisciplinary clinical staffing requirements to facilitate this shift</p>
		<p>Embed Evidence</p> <p>Implement a number of initiatives from the Choosing Wisely program to support the delivery of evidence-based care to our community.</p>

Goals	Strategies	Health Service Deliverables
		<p>Ensure Equal Care</p> <p>Undertake an evaluation of Aboriginal and Torres Strait Islander patient cohorts who fail to attend peri-operative and specialist clinics appointments, and who fail to wait in the Emergency Department.</p> <p>Partner with our Koori community to develop culturally sensitive strategies that support a greater number of Aboriginal and Torres Strait Islander patients to receive the health care they need.</p>

	Priority	Health Service Deliverable
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>	<p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan will outline the approach to full implementation within three years of publication.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Publish a new series of stories highlighting the dedication of volunteers through the web, social media and television display screens across Northern Health.</p> <p>Engage volunteers in the development of the new vision and values of Northern Health's Strategic Plan 2019-2023.</p>
	<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>In 2018-19, Northern Health will review and evaluate actions taken to progress towards its 'target zero' of bullying and harassment cases.</p> <p>An action plan will be developed against the gaps identified in the 2017 and 2018 People Matter Surveys and targeted responses implemented.</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>In 2018-19, Northern Health will build upon work commenced in 2017-18, whereby Management of Clinical Aggression (MOCA) training was implemented. Specifically, Northern Health will train frontline staff working in high risk areas and then extend training to the remaining areas of the organisation.</p>

	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government’s 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>	<p>Northern Health commits to deliver an environmentally sustainable facility as it undertakes construction of additional floors on its South Tower. Construction will include a suite of nominated initiatives to promote environmental sustainability, including: building ceiling testing and circadian rhythm lighting, which will be complete for level 1 ICU works by January, 2019.</p> <p>Continue our current utilities reduction program to decrease the per unit usage of utilities per square metre of occupied organisational footprint.</p> <p>Northern Health has increased its recycling of total waste from 12% in the financial year 2010-11 to 35% in the financial year 2017-18. We are targeting a further increase in the financial year 2018-19.</p> <p>We will publicly disclose our environmental performance against accepted KPIs on an annual basis.</p>
	<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/lgbti-health/rainbow-equality) and the Rainbow Tick Accreditation Guide (see at www.glhv.org.au)</i></p>	<p>Finalise an LGBTI Strategic Plan, which includes community consultation and staff training.</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

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%
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%

Key performance indicator	Target
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

Key performance indicator	Target
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	1,340
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	9,385
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%

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 ² 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

² 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	60,653	293,137
WIES Private	7,102	25,284
WIES DVA	284	1,444
WIES TAC	305	1,302
Other Admitted		14,714
Acute Non-Admitted		
Emergency Services		32,376
Home Enteral Nutrition	354	75
Home Renal Dialysis	27	1,554
Radiotherapy Non Admitted Shared Care	190	320
Specialist Clinics	127,230	32,339
Specialist Clinics - DVA		5
Other non-admitted		214
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	548	5,794
Subacute WIES - Rehabilitation Private	84	824
Subacute WIES - GEM Public	1,971	20,845
Subacute WIES - GEM Private	313	3,078
Subacute WIES - Palliative Care Public	327	3,456
Subacute WIES - Palliative Care Private	33	322
Subacute WIES - DVA	42	543
Transition Care - Bed days	8,746	1,354
Transition Care - Home days	15,743	894
Subacute Non-Admitted		
Health Independence Program - Public	104,539	23,734
Health Independence Program - DVA		7
Aged Care		
Aged Care Assessment Service		2,689
Residential Aged Care	21,696	935
HACC	6,013	495

Mental Health and Drug Services		
Drug Services		138
Other		
Health Workforce	208	8,692
Other specified funding		13,342
Total Funding		489,906

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	70,737	464,948
	Admitted mental health services	10,361	
	Admitted subacute services	9,245	
	Emergency services	15,847	
	Non-admitted services	9,839	
Block Funding	Non-admitted mental health services	-	15,837
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	12,143
Total		115,235	492,928

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: 19 / 8 / 2018



Ms Jennifer Williams AM
Chairperson
Northern Health

Date: 19 / 8 / 2018