

Statement of Priorities

2019-20 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 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

A healthier community, making a difference for every person, every day.

Service profile

Northern Health (NH) is a dynamic health service, providing public healthcare to residents of Melbourne's outer northern suburbs and the surrounding regional communities.

Northern Health is the major provider of acute, maternity, sub-acute and ambulatory specialist services in Melbourne's north. The health service provides a strong profile of generalist medical and surgical services and offers a broad range of primary, secondary and components of tertiary care in the following areas:

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

Services are provided from our four sites, including Northern Hospital, Epping, Broadmeadows Hospital, Bundoora Centre (formerly Bundoora Extended Care Centre) and Craigieburn Centre (formerly Craigieburn Health Service).

Northern Health has formal and informal arrangements with a range of tertiary service providers to ensure timely access to the care that is not provided by Northern Health. We also work closely with local government, primary care, community health partners and private healthcare providers to deliver the right care in the right place.

Northern Health is situated in the Northern Growth Corridor. This catchment includes three of the state's six growth areas, including the rapidly expanding metropolitan regions north of Epping and Broadmeadows; the future suburbs of Cloverton and Merrifield; and the rural communities of Kinglake and Kilmore. The Northern Growth Corridor population is expected to grow by 83% (over 335,000 people) between 2016 and 2036¹.

Northern Health treats patients from many different socio-economic and cultural backgrounds. In 2018/19, our patients were born in more than 176 countries, spoke 111 languages and followed 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 generally having a poorer health status.

In 2019/20, Northern Health will maintain a focus on continuous improvement through progression of our journey towards becoming a High Reliability Organisation (HRO), continuing our goal to deliver 'Trusted Care' to the community, partners and staff of Northern Health.

We will continue to 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 the coming year we will also focus on developing and implementing our innovative 'Staying Well' service. This new approach will deliver services outside the conventional hospital setting, with a greater focus on health and wellbeing in the community. We will support our community's health through early intervention, prevention and health promotion.

Strategic planning

Northern Health Strategic Plan 2019-2024 is available online at <https://intranet.nh.org.au/departments-and-services/northern-health-foundation/about-us/strategic-plan/>

¹ Department of Environment, Land, Water and Planning, Victoria in Future 2019, accessed at: <https://www.planning.vic.gov.au/land-use-and-population-research/victoria-in-future>

Strategic priorities – Health 2040;

In 2019-20 Northern 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:

- Develop the Northern Health 'Staying Well' overarching model to support our community's health through early intervention, prevention and health promotion. Increase care for our patients outside hospital walls, through stronger partnerships and better care integration with community providers and other agencies.
- Utilise innovative technology to examine how we might better support life-long self-care of early stage Diabetes Type 2 patients who have been diagnosed within the last 6 months to 2 years.

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:

- Develop an Emergency Department clinical service plan to:
 - explore current issues and challenges,
 - describe the future service profile of Emergency Department services at Northern Health, and
 - understand the future model of care and infrastructure requirements to meet community demand for Emergency services.
- Expand the Northern Health Hospital In The Home (HITH) program and implement a hub and spoke service model to create better access to care provision of acute care in the community.
- Utilise a Staying Well Top 1000 strategy to help people who are high utilisers of emergency department and inpatient multiday services be connected to the right services and supports via implementation of a Health Navigation workforce.

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

Deliverables:

- Implement all mandatory National Clinical Care Standards.
- Develop and commence implementation of improvement plans for all 16 Hospital Acquired Complication's (HACS).

Specific priorities for 2019-20

In 2019-20 Northern 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.

- Work with NorthWestern Mental Health and the Department of Health and Human Services to address the mental health needs of the Northern growth corridor and plan for future mental health service provision at Northern Health campuses within the context of outcomes of the Royal Commission into Victoria's Mental Health System.

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.

- Implementation of violence and aggression behaviour risk screening across 100% of health service in-patient areas.
- Occupational Violence and Aggression (OVA) training needs analysis completed and revised OVA education program commenced.

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*.

- Implementation of the department's Framework for promoting a positive workplace culture including launching the NH Capability Framework and associated manager and leader training.
- Launch of new organisational values and communication of behaviour and leadership expectations.

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.

The Northern Health Diversity and Inclusion Governance committee has identified consumer (and staff) groups at risk of poor access to health care. Action plans have been developed for the five sub-group populations: Aboriginal and Torres Strait Islander, Disability, Culturally and Linguistically Diverse, Lesbian Gay Bisexual Transgender/transsexual Intersex and Queer (LGBTIQ), and Refugees and Asylum Seekers. The action plans outline strategies to raise awareness of these community groups and their specific health issues, and measures to improve access to NH services, which are sensitive and responsive to their needs.

- The Diversity and Inclusion Governance Committee and its working groups will commence implementation of action plan recommendations to raise awareness of these community groups and their specific health issues.
- Develop an Aboriginal and Torres Strait Islander focussed scorecard to be included in the NH Balanced Scorecard and integrated into NH quality and safety performance systems.

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.

- Develop the NH Reconciliation Action Plan and commence implementation of year one actions.

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.

- Implement the SHRFV initiative, including:
 - Embedding the Strengthening Hospital Responses to Family Violence (SHRFV) whole-of-hospital model for identifying and responding to patients who experience family violence in line with the MARAM framework.
 - Develop the policy and procedures within Northern Health to ensure alignment with information sharing legislation and the MARAM framework implementation in 2020.
 - Assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence at Northern Health.

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.

- Action 2019/20 priorities from the Northern Health Disability Action plan 2018-2022, including:
 - Completion of a physical accessibility audit of one NH site to identify opportunities where physical access improvements can be made.
 - Promotion of the United Nations International Day of Persons with a Disability (3 December) to support and promote the rights of persons with a disability.
 - Undertaking a training needs assessment regarding staff disability training requirements.

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.

- Reduce our carbon footprint by implementing recommendations, such as:
 - Installation of solar panels.
 - Building Automation System tuning to improve building efficiency.
- Explore opportunities to reduce paper use in Health Information Management processes.
- Reduce landfill by exploring options to reduce polystyrene packaging and implementing microfiber cloths to replace disposable wipes.

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 Aged Care Standards	Full compliance
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 ² 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%
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%

² SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
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%
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%

Key performance measure	Target
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 ³	2,650
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%

³ 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)	\$0.00
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 ⁴ 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

⁴ 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	70,546	345,597
WIES DVA	257	1,327
WIES TAC	308	1,798
Other Admitted		25,579
Acute Non-Admitted		
Emergency Services		36,727
Home Enteral Nutrition	420	91
Home Renal Dialysis	33	1,891
Specialist Clinics	144,945	37,853
Specialist Clinics - DVA		8
Other non-admitted		217
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	575	6,169
Subacute WIES - Rehabilitation Private	64	639
Subacute WIES - GEM Public	1,900	20,400
Subacute WIES - GEM Private	372	3,718
Subacute WIES - Palliative Care Public	475	5,103
Subacute WIES - Palliative Care Private	60	599
Subacute WIES - DVA	41	534
Transition Care - Bed days	8,746	1,374
Transition Care - Home days	15,743	907
Subacute Non-Admitted		
Health Independence Program - Public	105,316	24,269
Health Independence Program - DVA		7
Other specified funding		250
Aged Care		
Aged Care Assessment Service		2,701
Residential Aged Care	10,848	949
HACC	6,355	550
Mental Health and Drug Services		
Drug Services		140
Other		

Health Workforce		9,344
Other specified funding		4,753
Total Funding		533,850

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

Funding	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	73,495	498,334
	Admitted mental health services	8,485	
	Admitted subacute services	9,385	
	Emergency services	15,588	
	Non-admitted services	10,144	
Block Funding	Non-admitted mental health services	-	11,845
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	23,671
Total		117,097	533,850

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.



Jenny Mikakos MP
Minister for Health

Date: 25/10/2019



Ms Jennifer Williams AM
Chairperson
Northern Health

Date: 25/10/2019

