

Statement of Priorities

2017-18 Agreement between the Minister for Health and Peninsula Health.

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISSN 2206-642X

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities>

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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 2017-18*.

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 2017–18* provides an extra \$1.67 billion over four years for health, mental health and aged care services across Victoria, including:

- \$1.3 billion over four years from 2017–18 to respond to growing patient demand across Victoria.
- \$325.7 million over four years for mental health and investment in forensic mental health services.
- \$319.8 million over four years from 2017–18 to provide additional elective surgery funding.
- \$215.1 million over five years from 2016–17 to implement the recommendations of *Targeting zero* to put patient safety first.
- Building on the investment of \$526 million in November 2016, a further \$26.5 million will help ambulances respond to every emergency even sooner.

To support this investment, the Andrews Labor Government is funding capital projects worth \$428.5 million across Victoria.

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

Our Mission

In Partnership, Building a Healthy Community.

Our Vision

"Building on our strong foundations of teamwork and continuous improvement, we will be recognised leader in the provision of person centered care".

Our Values

Service

- Caring for those in need; make a difference; being responsive; person-centred; listening

Integrity

- Open; honest; just and reasonable; ethical

Compassion

- Caring for our clients, patients, carers and families, and each other; showing empathy; being non-judgemental; accepting; taking time; showing humility

Respect

- Walking in the shoes of others; recognising individual needs; showing tolerance; treating others as equals; acknowledging worth

Excellence

- Giving our best; striving for the best results; putting in that little extra; aiming for better practice; being innovative; professional; providing quality services

Our Goals

1. Person centred care
2. Service planning - timely and appropriate healthcare
3. Partnering to support the health and wellbeing of our community
4. Our workforce
5. Safety and quality
6. Learning, teaching and research
7. Strengthen our sustainability to support our core activities

Service profile

Peninsula Health is a major metropolitan health service that provides acute, sub-acute, mental health and community services to a population of over 300,000 people in Frankston and the Mornington Peninsula. This figure increases to over 400,000 people during the summer months.

The Health Service operates across a number of sites providing a broad range of services including:

- Acute Care at Frankston Hospital and Rosebud Hospital
- Sub-Acute Care, Rehabilitation, Palliative Care and Residential services at Mornington, Frankston and Rosebud.
- Mental Health services at Frankston, Hastings and Rosebud

- Community Health services based at Frankston, Rosebud, Mornington and Hastings
- A patient alarm and monitoring service (MePACS) at Chelsea Heights

Services provided by Peninsula Health include acute medical, paediatric, surgical and maternity care, critical care, mental health services, aged care, rehabilitation, palliative care, residential care, community health, health education and promotion, outpatient services, aged care and assessment, investigative and medical support services, allied health and clinical training.

Peninsula Health's catchment has some unique demographic features including low levels of forecast population growth and higher rates of population ageing; a mix of wealth and extreme disadvantage; and specific local indicators of disadvantage

The Health Service has an annual operating budget in excess of \$530 million, employs over 5,200 staff and has over 800 volunteers. The organisation has undergone significant growth and redevelopment in recent years.

Strategic planning

Peninsula Health's Strategic Plan 2013 – 2018 is available online at

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

Strategic Priorities

In 2017-18 Peninsula Health will contribute to the achievement of the Government's commitments by:

Goals	Strategies	Health Service Deliverables
Better Health A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighborhoods and communities encourage healthy lifestyles	Better Health Reduce statewide risks Build Healthy neighborhoods Help people to stay healthy Target health gaps	Implement the Strengthening Hospital Responses to Family Violence (SHRFV) initiative including building skills and capacity to screen, respond and refer appropriately. 100% of staff in ED, Women's health and relevant community programs trained.
		Participate in the establishment of the local safety and support hub including the development of a local model and referral pathways.
		Continue to strengthen PH's approach to a smoke free environment through: - Policy development - Staff and community awareness campaign - Nicotine replacement therapy.
		Implement all planned elements of the HealthLinks initiative to reduce hospital admissions. This includes embedding systems and processes to support referral pathways from acute to community, and addressing systems barriers that prevent inadvertently foster inappropriate admissions/presentations.
		Implement the Access, Planning and Suicide Prevention initiative to reduce avoidable suicide attempts and suicide deaths as well as the psychological distress for clients, their carers and families. Provide clients with assertive, tailored post-intervention support in the community, post discharge from hospital.
Better Access Care is always there when people need it More access to care in the home and community	Better Access Plan and invest Unlock innovation	Complete feasibility & costings plans for a new Frankston Hospital to improve access to the local community Complete service plan for Rosebud Hospital.

Goals	Strategies	Health Service Deliverables
Better Access People are connected to the full range of care and support they need There is equal access to care	Better Access Provide easier access Ensure fair access	Complete the sale of the Mt Eliza Centre.
		Develop telehealth model to improve the care of sub-acute patients requiring access to specialist clinics at Frankston Hospital.
		Identify community health services that could be relocated closer to transport hubs to improve access.
		Continue to develop and implement the emergency department performance improvement plan to increase the trajectory of this indicator across the financial year
		Reduce Ear Nose & Throat long wait elective surgery patients by 20%.
		Continue to work with the Department of Health and Human Services and Alfred Health to facilitate the transition to a renal hub by 30 June 2018.
Better Care Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs	Better Care Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care	Achieve a 20% reduction in Did Not Attend (DNA) rates for acute specialist clinics.
		Develop and implement a chronic pain service which integrates across acute, sub-acute, palliative and allied health clinical areas.
		Develop condition-specific consent forms and processes, to give patients clearer information and more choice and control over their treatment options.
		Continue to work with the department to finalise planning of the \$15 million Academic Centre in partnership with Monash University at Frankston Hospital.
	Mandatory actions against	Continue to develop a whole of hospital approach to reduce the incidence of occupational violence (OV) using the following framework: -Staff and community awareness -Environmental controls -Policies and procedures -Education and training -Monitoring and reporting -Staff support

Goals	Strategies	Health Service Deliverables
	<p>the 'Target zero avoidable harm' goal:</p> <p>Develop and implement a plan to educate staff about obligations to report patient safety concerns</p>	<p>Develop a "Safe Care Peninsula Health" organisational framework</p> <p>Provide multiple engagement methods to educate staff about patient safety reporting obligations</p> <p>Review, monitor and build organisational compliance with the principles and practices documented in the "Targeting Zero Avoidable Harm" through the "Safer Care Peninsula Health" framework</p> <p>Further enhance the Women's Health Service including a focus on maternal education and foetal surveillance:</p> <ul style="list-style-type: none"> -Education and training -Enhanced foetal monitoring -Dedicated ultrasound service <p>Introduce processes to improve the time to admission from the Emergency Department to Intensive Care Unit:</p> <ul style="list-style-type: none"> -Communication protocols -Streamlining of referral to admission processes
	<p>In partnership with consumers, identify 3 priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every 6 months to reflect new areas for improvement in patient experience.</p>	<p>Work with community advisory committees to develop and implement processes to improve:</p> <ul style="list-style-type: none"> -satisfaction with discharge planning -patient information and self-care at home <p>Implement processes to enable Peninsula Health to move towards being a 'silent hospital' to improve patient experience indicators</p> <p>Achieve Rainbow Tick Accreditation across the entire health service</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 2017-18 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 <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience
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
Adverse events	
Number of sentinel events	Nil
Mortality – number of deaths in low mortality DRGs ²	Nil
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 mental health acute admission – all age groups	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

² DRG is Diagnosis Related Group

Key performance indicator	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 adult acute mental health inpatients who have a post-discharge follow-up within seven days	75%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	75%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with Apgar score <7 at 5 minutes	≤ 1.6%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Continuing Care	
Functional independence gain from an episode of GEM ³ admission to discharge relative to length of stay	≥ 0.39
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%

³ GEM is Geriatric Evaluation and Management

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 ⁴	1,550
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 8 /100
Number of patients admitted from the elective surgery waiting list	8,250
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%

⁴ the target shown is the number of patients on the elective surgery waiting list as at 30 June 2018

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	0.00
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
Public and Private WIES ⁵ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Number of days of available cash	14 days

⁵ 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 2017-18 of the *Department of Health and Human Services Policy and funding guidelines 2017*.

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	49,928	\$236,260
WIES Private	9,372	\$33,215
WIES DVA	972	\$4,861
WIES TAC	412	\$1,730
Other Admitted		\$1,837
Acute Non-Admitted		
Emergency Services		\$35,592
Home Enteral Nutrition	528	\$110
Radiotherapy Non Admitted Shared Care	110	\$182
Specialist Clinics - Public	61,998	\$16,022
Specialist Clinics - DVA		\$30
Other non-admitted		\$210
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	1,286	\$13,376
Subacute WIES - Rehabilitation Private	519	\$5,018
Subacute WIES - GEM Public	1,317	\$13,702
Subacute WIES - GEM Private	533	\$5,152
Subacute WIES - Palliative Care Public	262	\$2,724
Subacute WIES - Palliative Care Private	105	\$1,019
Subacute WIES - DVA	237	\$2,984
Transition Care - Bed days	16,790	\$2,552
Transition Care - Home days	5,475	\$307
Subacute Non-Admitted		
Health Independence Program - Public	84,610	\$18,821
Health Independence Program - DVA		\$174
Victorian Artificial Limb Program		\$190
Aged Care		
Aged Care Assessment Service		\$3,834
HACC	24,400	\$2,001
Aged Care Other		\$203

Mental Health and Drug Services		
Mental Health Ambulatory	53,184	\$22,502
Mental Health Inpatient - Available bed days	18,263	\$12,961
Mental Health Residential	21,914	\$1,238
Mental Health Service System Capacity	1	\$129
Mental Health Subacute	14,610	\$6,753
Mental Health Other		\$53
Drug Services	1,570	\$2,194
Primary Health		
Community Health / Primary Care Programs	46,691	\$4,930
Community Health Other		\$1,727
Small Rural		
Small Rural Primary Health	6	\$339
Other		
Health Workforce	164	\$8,579
Other specified funding		\$5,563
Total Funding		\$469,072

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 2017 to 30 June 2018 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2017–18 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 2017 – 30 June 2018

	Service category	Estimated National Weighted Activity Units (NWAU17)	Total funding (\$)
Activity based funding	Acute admitted services	63,718.64	396,019,911
	Admitted mental health services	3,815.83	
	Admitted subacute services	10,502.85	
	Emergency services	13,690.40	
	Non-admitted services	7,526.09	
Block Funding	Non-admitted mental health services	-	42,893,461
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	26,085,311
Total		99,253.81	464,998,683

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 2017*;
- 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 2017-18 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: 5/10/2017



Ms Diana Heggie
Chairperson
Peninsula Health

Date: 5/10/2017