Statement of Priorities

2022-23 Agreement between the Minister for Health and Barwon Health

OFFICIAL

VICTORIA State Government | Department of Health

The department proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

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Available at The Department of Health Statements of Priorities <https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>

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Background

Statement of Priorities are key accountability agreements between the Victorian State 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*.

Statement of Priorities are consistent with the health services' strategic plans and aligned *to* government policy directions and priorities. For 2022-23, the Statement of Priorities also make reference to *The Department of Health Operational Plan 2022-23* (Operational Plan) <www.health.vic.gov.au/department-of-health-operational-plan-2022-23>. 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 the strategic priorities for the health service to achieve in the year ahead.
- Part B lists 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 (the department) to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2022-23* (The Framework).

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

Strategic Priorities

The department delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians.

The Operational Plan <www.health.vic.gov.au/department-of-health-operational-plan-2022-23>, contains the department's vision to create a future where Victorians are the healthiest people in the world, a Victoria where children and people thrive, where workplaces are productive and safe, and where communities are more connected.

The department's job is to support Victorians to stay healthy and safe; and to deliver a world-class healthcare system that ensures every single Victorian can access safe, quality care that leads to better health outcomes for all.

To fulfil these obligations, the department has developed seven strategic priorities in the Operational Plan, to shape the year's direction. Health services will contribute to the department's strategic priorities through signing and enacting the Statement of Priorities.

Government Commitments

The Budget includes a $4.2 billion package to support our ongoing pandemic response with:

- $522 million to support our hospitals to treat COVID-19
- $1.1 billion to purchase and distribute free rapid antigen tests to schools, hospitals and Victorians with disability
- $284 million for Personal Protective Equipment
- $258 million to protect and vaccinate Victorians against COVID-19
- $110 million for COVID-19 care pathways, including continuing our 28 general practitioner respiratory clinics.

In addition, a further $1.5 billion is provided to deliver the *COVID Catch-up Plan* to enable record levels of surgical capacity and $300 million for the Regional Health Infrastructure Fund to boost regional healthcare.

The budget supports healthcare workers by providing training and the extra pair of helping hands they need. Funding will train and hire up to 7,000 new healthcare workers across the sector, helping to relieve pressure on the system and improve care for all Victorians.

There is strong investment in Ambulance Services, Triple Zero services and hiring more paramedics. This includes $124.1 million to recruit new paramedics and enhance fleet management, rostering and support functions in order to meet growth in demand for ambulance services as well as establishing a second Mobile Stroke Unit to improve access to pre-hospital stroke treatment.

Part A: Department of Health Operational Plan

The Statement of Priorities are aligned with the *Department of Health Operational Plan 2022-23*[1].

Barwon Health will contribute to the Operational Plan 2022-23 by agreeing to the following priorities:

Keep people healthy and safe in the community:

Maintain COVID-19 readiness

- Maintain a robust COVID-19 readiness and response, working with the department, Health Service Partnership and Local Public Health Unit (LPHU) to ensure effective responses to changes in demand and community pandemic orders. This includes, but is not limited to, participation in the COVID-19 Streaming Model, the Health Service Winter Response framework and continued support of the COVID-19 vaccine immunisation program and community testing.

Drive continued improvement of public health outcomes

- Encourage and facilitate partnerships between the LPHU and primary and community care networks to equitably improve public health outcomes throughout the LPHU catchment.
- Support the evaluation of services delivered and outcomes achieved by the LPHU as described by the LPHU Outcomes Framework 2022-2023.

Care closer to home:

Delivering more care in the home or virtually

- Increase the provision of home-based or virtual care, where appropriate and preferred, by the patient, including via the Better at Home program.

Keep improving care:

Improve quality and safety of care

- Work with Safer Care Victoria (SCV) in areas of clinical improvement to ensure the Victorian health system is safe and delivers best care, including working together on hospital acquired complications, low value care and targeting preventable harm to ensure that limited resources are optimised without compromising clinical care and outcomes.

[1] Department of Health Operational Plan 2022–23 <https://www.health.vic.gov.au/department-of-health-operational-plan-2022-23>

Contribute to a responsive and integrated mental health and wellbeing system

- Continue to transform Area Mental Health and Wellbeing Services that deliver wellbeing supports and are delivered through partnerships between public health services (or public hospitals) and non-government organisations.
- Develop/refine services that will be provided across two aged-based streams: infant, child and youth (0-25), and adult and older adult (26+).
- Provide integrated treatment, care and support to people living with mental illness and substance use or addiction.
- Subject to the passage of the Mental Health and Wellbeing Bill 2022, actively participate in the implementation of new legislative requirements and embed the legislation's rights-based objectives and principles.
- Work with the department to test ('shadow') and implement activity-based funding models initially for bed-based and adult ambulatory mental health and wellbeing services.
- Continue towards implementation and routine use of the electronic state-wide mental health and well-being record to underpin best practice mental health care and improve the experience of Victorians with lived experience of mental health as they move between providers.

Improve Emergency Department access

- Improve access to emergency services by implementing strategies to reduce bed access blockage to facilitate improved whole of system flow, reduce emergency department four-hour wait times, and improve ambulance to health service handover times.

Plan update to nutrition and food quality standards

- Develop a plan to implement nutrition and quality of food standards in 2022-23, implemented by December of 2023.

Climate Change Commitments

- Contribute to enhancing health system resilience by improving the environmental sustainability, including identifying and implementing projects and/or processes that will contribute to committed emissions reduction targets through reducing or avoiding carbon emissions and/or implementing initiatives that will help the health system to adapt to the impacts of climate change.

Asset Maintenance and Management

- Improve health service and Department Asset Management Accountability Framework (AMAF) compliance by collaborating with Health Infrastructure to develop policy and processes to review the effectiveness of asset maintenance and its impact on service delivery.

Improve Aboriginal health and wellbeing:

Improve Aboriginal cultural safety

- Strengthen commitments to Aboriginal Victorians by addressing the gap in health outcomes by delivering culturally safe and responsive health care.
- Establish meaningful partnerships with Aboriginal Community-Controlled Health Organisations.

- Implement strategies and processes to actively increase Aboriginal employment.
- Improve patient identification of Aboriginal people presenting for health care, and to address variances in health care and provide equitable access to culturally safe care pathways and environments.
- Develop discharge plans for every Aboriginal patient.

Moving from competition to collaboration:

Foster and develop local partnerships

- Strengthen cross-service collaboration, including through active participation in health service partnerships[3] (HSP).
- Work together with other HSP members on strategic system priorities where there are opportunities to achieve better and more consistent outcomes through collaboration, including the pandemic response, elective surgery recovery and reform, implementation of the Better at Home program and mental health reform.

Planned Surgery Recovery and Reform Program

- Maintain commitment to deliver goals and objectives of the Planned Surgery Recovery and Reform Program, including initiatives as outlined, agreed and funded through the HSP workplan. Health services are expected to work closely with HSP members and the department throughout the implementation of this strategy, and to collaboratively develop and implement future reform initiatives to improve the long term sustainability of safe and high quality planned surgical services to Victorians.

Support mental health and wellbeing

- Support the implementation of recommendations arising from the Royal Commission into Victoria's Mental Health system, by improving compliance with legislative principles supporting self-determination and self-directed care
- Embed consumer, family, carer and supporter lived experience at all levels, in leadership, governance, service design, delivery, and improvement
- Work towards treatment, care and support being person-centred, rights-based, trauma informed, and recovery orientated, respecting the human rights and dignity of consumers, families, carers and supporters.

A stronger workforce:

Improve workforce wellbeing

- Participate in the Occupational Violence and Aggression (OVA) training that will be implemented across the sector in 2022-23.

[3] All health services are members of a Health Service Partnership. Health Service Partnership members demonstrate inclusivity, partnership and collaboration in ways that are stable and enduring – not person-dependent and time limited. All members take responsibility for participating in the Partnership, reaching consensus-based decisions as a group, taking multiple points of view into consideration and compromising to move forward on broader shared aims.

- Support the implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative deliverables including health service alignment to MARAM, the Family Violence Multi-Agency Risk Assessment and Management framework.
- Prioritise wellbeing of healthcare workers and implement local strategies to address key issues.

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 2022-23 strengthen the focus on high quality and safe care and cultural safety.

Further information is available at the Funding, Performance and Accountability webpage <https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>.

High quality and safe care:

Key Performance Measure	Target
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	85%
Percentage of healthcare workers immunised for influenza	92%
Continuing care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645
Healthcare associated infections (HAI's)	
Rate of surgical site infections for selected procedures (aggregate)	No outliers
Rate of central line (catheter) associated blood stream infections (CLABSI) in intensive care units, per 1,000 central line days	Zero
Rate of healthcare-associated *S. aureus* bloodstream infections per 10,000 bed days	≤ 0.7
Patient experience	
Percentage of patients who reported positive experiences of their hospital stay	95%
Maternity and newborn	
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (APGAR score <7 to 5 minutes)	≤ 1.4%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%
Mental Health	
Patient Experience	
Percentage of mental health consumers who rated their overall experience of care with a service in the last 3 months as positive	80%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%
Percentage of families/carers reporting a positive experience of the service	80%
Percentage of families/carers who report they were 'always' or 'usually' felt their opinions as a carer were respected	90%
Closed Community Cases	

Key Performance Measure	Target
Percentage of closed community cases re-referred within six months: CAMHS, adults and aged persons	< 25%
Post-Discharge Follow-up	
Percentage of consumers followed up within 7 days of separation – Inpatient (adult)	88%
Percentage of consumers followed up within 7 days of separation - Inpatient (older persons)	88%
Percentage of consumers followed up within 7 days of separation – Inpatient (CAMHS)	88%
Readmission	
Percentage of consumers re-admitted within 28 days of separation - Inpatient (adult)	< 14%
Percentage of consumers re-admitted within 28 days of separation - Inpatient (older persons)	< 7%
Seclusion	
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (adult)	≤ 8
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (older persons)	≤ 5
Unplanned Readmissions	
Unplanned readmissions to any hospital following a hip replacement	< 6%

Strong Governance, leadership and culture

Key Performance Measure	Target
Organisational culture	
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%

Timely access to care

Key Performance Measure	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%
Number of patients on the elective surgery waiting list	2100
Number of patients admitted from the elective surgery waiting list	8165
Number of patients (in addition to base) admitted from the elective surgery waiting list	1095
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

Key Performance Measure	Target
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤ 7
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
Mental Health	
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%
Percentage of triage episodes requiring an urgent response (triage scale C) where a face-to-face response was provided by the mental health service within 8 hours	80%
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 measure	Target
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
Adjusted current asset ratio (Variance between actual ACAR and target, including performance improvement over time or maintaining actual performance	0.7 or 3% improvement from health service base target
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ $250,000
Actual number of days available cash, measured on the last day of each month.	14 Days

Part C: Activity and Funding

The performance and financial framework within which state government-funded organisations operate is described in *The Policy and Funding Guidelines – Funding Rules*. The Funding Rules details funding and pricing arrangements and provides modelled budgets and targets for a range of programs. The Policy and Funding Guidelines webpage <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Period 1 July 2022 – 30 June 2023

Table 1 Barwon Health funding summary for 1 July 2022 – 30 June 2023

Funding Type	Activity	Budget ($'000)
Consolidated Activity Funding		
Acute admitted, subacute admitted, emergency services, non-admitted NWAUC	117,697	537,991
Acute Admitted		
National Bowel Cancer Screening Program NWAU	56	245
Acute admitted DVA	249	1,443
Acute admitted TAC	564	3,000
Other Admitted	-	19,404
Acute Non-Admitted		
Emergency Services	-	38
Home Enteral Nutrition NWAU	69	262
Home Renal Dialysis NWAU	608	3,120
Radiotherapy WAUs DVA	344	108
Radiotherapy WAUs Public	43,446	11,964
Specialist Clinics	-	8,718
Specialist Clinics - DVA	-	96
Other non-admitted	-	5,778
Subacute/Non-Acute, Admitted and Non-admitted		
Palliative Care Non-admitted	-	4,016
Subacute Non-Admitted Other	-	1,745
Victorian Artificial Limb Program	-	490
Subacute - DVA	72	417
Transition Care - Bed days	13,120	2,178
Transition Care - Home days	7,320	447

Funding Type	Activity	Budget ($'000)
Health Independence Program - DVA	-	73
Aged Care		
Aged Care Assessment Service	-	2,595
Residential Aged Care	115,350	7,823
HACC	18,514	2,481
Mental Health and Drug Services		
Mental Health Ambulatory	90,058	47,115
Mental Health Inpatient - Available bed days	17,266	28,934
Mental Health Inpatient - Secure Unit	1,095	670
Mental Health Residential	16,436	1,779
Mental Health Service System Capacity	2	5,887
Mental Health Subacute	8,767	4,284
Mental Health Other	-	66
Drug Services	2,000	2,978
Primary Health		
Community Health / Primary Care Programs	31,106	3,608
Community Health Other	1,571	1,833
Other		
Health Workforce	-	9,798
Other specified funding	-	69,075
Total Funding		**790,458**

Please note:

- Base level funding, related services and activity levels, outlined within the Policy and Funding Guidelines are subject to change throughout the year. Further information about the department's approach to funding and price setting for specific clinical activities, and funding policy changes is also available from: Policy and funding guidelines for health services <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
- Better at Home targets are included in the 'Consolidated Activity Funding' program. Targets for Better at Home do not include target related to 2021-22 funding carried forward
- In situations where a change is required to Part C, changes to the agreement will be actioned through an exchange of letters between the department and the health service's Chief Executive Officer.

Part D: National Health Reform funding

Part D activity and funding figures include Victorian and Commonwealth funding contributions through the National Health Reform Agreement. Commonwealth funding contribution reflects estimates in the 2022-23 Commonwealth budget.

Commonwealth national health reform funding contributions are updated throughout the year based on estimated activity levels and block funding provided to the Administrator of the National Health Funding Pool. Commonwealth activity based funding is determined by actual activity, there may be adjustments to funding through the year as a result of prior year reconciliations.

Please note that Part D activity estimates and funding allocation are a subset of Part C activity and budget figures. Part D excludes activity and funding from Part C that is out-of-scope of the National Health Reform Agreement.

Table 2 National Health Reform Agreement funding for period: 1 July 2022 – 30 June 2023

Funding Type	Number of services	Victorian average price per NWAU	Funding allocation
	(NWAU)		($)
ABF allocation			
Emergency department	11,295	5,225	69,339,738
Acute admitted	85,499	5,430	420,845,555
Admitted mental health	5,057	4,937	30,996,334
Sub-acute	8,212	4,621	38,388,399
Non-admitted	14,910	4,764	68,576,229
Total ABF allocation	**124,974**		**628,146,255**
Block funding allocation			
Teaching, training and research			14,893,183
Non-admitted mental health			44,531,574
Non-admitted CAMHS			8,992,647
Other non-admitted services			5,812
Total block funding allocation			**68,423,215**
Total NHRA in-scope funding allocation			**696,569,471**

Please note:

- 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. Letters will be made publicly available.

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 P*olicy and Funding Guidelines 2022-23*;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health;
- All applicable policies and guidelines issued by the Department of Health 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 relating to the provision of health services which is in force at any time during the 2022-23 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.
- Where applicable, this includes the National Safety and Quality Health Service Standards (‘NSQHS standards’) as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.
- Specific to DHSV: in relation to the School Dental Project Plan, as agreed and specified by both parties, including meeting the requirements outlined in the School Licence Agreement.
- Any other relevant, applicable statutory, regulatory or accountability rules, policies, plans, procedures or publications.

Signing Page

The Minister for Health 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 Mary-Anne Thomas MP

Minister for Health

Minister for Health Infrastructure

Minister for Medical Research

Date:27/3/2023

Mr Brian Cook

Board Chair

Barwon Health

Date:27/3/2023