

Statement of Priorities

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

OFFICIAL



Department
of Health

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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.

To receive this document in an accessible format, phone using the National Relay Service 13 36 77 if required, or [Commissioning and System Improvement: Accountability on](#) <Accountability@health.vic.gov.au>

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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](https://www.health.vic.gov.au/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](https://www.health.vic.gov.au/departments-of-health-operational-plan-2022-23) www.health.vic.gov.au/departments-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.

Northern 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.

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.

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.

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

- 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.

Pathology reform

- Progress with forming shared public pathology entities as Companies Limited by Guarantee under Joint Venture Agreements that will meet the statutory obligations of the *Public Administration Act 2004*.
- Implement the new integrated Laboratory Information Systems and participate in the adoption of a Health Information Exchange as a priority for the newly formed pathology entity over the next four years.

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 partnerships² (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.

Joint service planning

- Develop HSP Strategic Service Plans – codesigned by health services and the department – that guide a system approach to future service delivery and consider equity, quality and safety, and value.

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.

² 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.

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.
- 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) <<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 <i>S. aureus</i> 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 | |
| Percentage of closed community cases re-referred within six months: adults and aged persons | < 25% |

| Key Performance Measure | Target |
|--|--------|
| 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% |
| 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 | 2,940 |
| Number of patients admitted from the elective surgery waiting list | 9,385 |
| Number of patients (in addition to base) admitted from the elective surgery waiting list | 1,675 |
| 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 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% |

| Key Performance Measure | Target |
|--|--------|
| 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](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) webpage <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>.

Period 1 July 2022 – 30 June 2023

Table 1 Northern 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 NWAU | 126,235 | 569,425 |
| Acute Admitted | | |
| National Bowel Cancer Screening Program NWAU | 206 | 910 |
| Acute admitted DVA | 167 | 968 |
| Acute admitted TAC | 361 | 1,921 |
| Other Admitted | - | 55,792 |
| Acute Non-Admitted | | |
| Emergency Services | - | 39 |
| Home Enteral Nutrition NWAU | 40 | 157 |
| Home Renal Dialysis NWAU | 405 | 2,033 |
| Radiotherapy - Other | 209 | 411 |
| Specialist Clinics | - | 15,166 |
| Specialist Clinics - DVA | - | 8 |
| Other non-admitted | - | 237 |
| Subacute/Non-Acute, Admitted & Non-admitted | | |
| Subacute - DVA | 86 | 496 |
| Transition Care - Bed days | 8,746 | 1,452 |
| Transition Care - Home days | 15,743 | 960 |
| Health Independence Program - DVA | - | 13 |
| Subacute Admitted Other | - | 265 |
| Aged Care | | |
| Aged Care Assessment Service | - | 2,746 |
| Residential Aged Care | 10,848 | 999 |
| HACC | 4,665 | 574 |
| Mental Health and Drug Services | | |

| Funding Type | Activity | Budget (\$'000) |
|--|-----------------|------------------------|
| Mental Health Ambulatory | 6,034 | 63,010 |
| Mental Health Inpatient - Available bed days | 883 | 32,013 |
| Mental Health Residential | 204 | 2,309 |
| Mental Health Service System Capacity | 93,673 | 3,433 |
| Mental Health Subacute | 977 | 11,542 |
| Mental Health Other | - | 70 |
| Drug Services | - | 309 |
| Other | | |
| Health Workforce | - | 9,291 |
| Other specified funding | - | 67,417 |
| Total Funding | | 843,966 |

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) <<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 | 16,408 | 5,225 | 82,745,394 |
| Acute admitted | 86,063 | 5,430 | 428,497,479 |
| Admitted mental health | 9,190 | 4,937 | 29,107,250 |
| Sub-acute | 10,966 | 4,621 | 43,252,856 |
| Non-admitted | 13,244 | 4,764 | 67,683,308 |
| Total ABF allocation | 135,870 | | 651,286,287 |
| Block funding allocation | | | |
| Teaching, training and research | | | 12,937,917 |
| Non-admitted mental health | | | 70,650,281 |
| Non-admitted CAMHS | | | 3,602,694 |
| Other public hospital programs: Victorian Virtual Emergency Department | | | 39,198,000 |
| Total block funding allocation | | | 126,388,893 |
| Total NHRA in-scope funding allocation | | | 777,675,180 |

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:

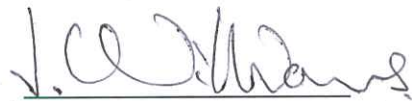
- All laws applicable to it;
- The *National Health Reform Agreement*;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health *Policy and Funding Guidelines 2022-23*;
- Policies and procedures and appropriate internal controls to ensure 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: 21/3/2023



Jennifer Williams AM
Chairperson
Northern Health
Date: 21/3/2023