



Martin Foley MP

Minister for Health
Minister for Ambulance Services

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HHSD/21/73179

Ms Jennifer Williams AM
Chairperson
Northern Health
185 Cooper Street
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Dear Ms Williams

First, let me convey my thanks, and those of my department, to you and your service for the pivotal, agile and responsive roles you have played in the state's management of the Coronavirus (COVID-19) pandemic while ensuring that the health needs of your community have still been met.

The COVID-19 pandemic has caused a once in a generation disruption to the way Victorians live their lives. We are also all mindful of the potential for significant longer term impacts on the health and wellbeing of Victorian communities, families and individuals. I am also aware that last year's events placed unprecedented, complex and ever-changing pressures on your health service and on our wider health system. However, I am confident that we will all continue to work together to meet those challenges head on, playing our parts in helping Victoria recover to achieve the best possible outcomes for all Victorians.

Given the current circumstances and imminent pressures on your service to recommence essential care, such as elective surgery and specialist services, and to support the COVID-19 vaccine rollout, I have asked my department to abbreviate the annual Statement of Priorities process.

As you are aware, the *Health Services Act 1988* allows that post 1 October of each financial year, as the Minister for Health, I make a Statement of Priorities and provide it to your health service. Given the current circumstances and the demands on your executive and staff I have elected to invoke that option.

I am pleased to set out below your health service's **2020-21 Statement of Priorities**.

Strategic priorities

A pleasing lesson from this past year is the ability and willingness of our health services to come together and collaborate. However, it has also shown that this level of collaboration is difficult to maintain under our current policy settings. In that regard, while the Victorian health

system has adapted quickly and rapidly to respond effectively to the pandemic there is more we need to do. It is my intention to work closely with the sector over the next 12 months to develop and implement several important system reforms, including modernising our health system through redesigned governance; driving system reforms that deliver better population health, high quality care and improved patient outcomes and experiences; and reforming clinical services to ensure we are delivering our community the best value care.

I ask your board and health service to focus on the following immediate and ongoing priorities to support this intention:

- Maintain your robust COVID-19 readiness and response, working with my department to ensure we rapidly respond to outbreaks, if and when they occur, which includes providing to testing for your community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of our COVID-19 vaccine immunisation program rollout, ensuring your local community's confidence in the program
- Engage with your community to address the needs of patients, especially our vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary "catch-up" care to support them to get back on track.
- As providers of care, respond to the recommendations of the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety. My department will engage further with your service as these reports are delivered
- Develop and foster your local health partner relationships, which have been strengthened during the pandemic response, to continue delivering collaborative approaches to planning, procurement and service delivery at scale. This extends to prioritising innovative ways to deliver health care through shared expertise and workforce models, virtual care, co-commissioning services and surgical outpatient reform to deliver improved patient care through greater integration.

Performance priorities

The performance priorities for Victorian health services in 2020-21 are **enclosed**, which includes a key changes summary. The performance priorities set out in the enclosure contain the full suite of performance priorities applicable to all Victorian health services, however, the performance priorities applicable to your health service will coincide with your scope of services and those specific to your health service year on year.

State and Commonwealth funding

I recognise the pandemic has also resulted in significant financial implications and complexities and there have been a multitude of demands on funding.

On that basis, I **enclose** your 2020-21 modelled budget, which sets out the State's funding commitment for your health service. However, the funding enclosed may not capture full consideration of the costs associated with addressing the COVID-19 response and further funding allocations that may be agreed with your health service for the delivery of additional services.

I am committed to covering reasonable COVID-19 associated costs and based on your health service's Quarter one cost submission to my department, I can advise \$26,139,409 will be made available. For your COVID-19 costs relating to Quarters two, three and four, my department will continue to work with you to determine funding availability based on your

quarterly financial submissions. As is the usual process for relevant funding elements, your 2020-21 COVID-19 costs will be subject to final reconciliation and recall processes.

The Commonwealth funding contribution is outlined by the 2020-21 Commonwealth Budget, which is based on activity estimates provided by States and Territories. Given that final funding amounts are based on actual activity, there may be adjustments to funding as a result of reconciliations, updated activity estimates and other factors. Therefore, the **enclosed** Commonwealth funding contribution is an interim funding position.

If you require further clarification on any of the above or would like to discuss the priorities or any other commentary set out in this letter, please contact your relevant performance team.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. Foley', is positioned above the printed name.

Martin Foley MP
Minister for Health
Minister for Ambulance Services

29/06/2021

cc: Mr Siva Sivarajah, Chief Executive, Northern Health

Part B: Key 2020-21 health service performance priorities

High quality and safe care

Key performance measure	Target
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	90%
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%
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 per 10,000 occupied bed days	≤ 1
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%
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

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%
Number of patients with a length of stay in the emergency department greater than 24 hours	0

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%
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 as at 30 June 2021	2,830
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	7,350
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 pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Public and Private WIES activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
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

Part C: State funding (modelled budget)

The performance and financial framework within which relevant state government-funded health organisations operate, including the specific business-critical conditions of base-level funding, pricing arrangements, funding amounts, and activity levels are outlined in detail within the *Policy and funding guidelines*, available from: <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>. Table 1 below sets out the 2020-21 funding summary for your health service.

Table 1: Northern Health's funding summary for 2020-21

Funding type	Activity	Budget (\$'000)
Acute Admitted		
Acute WIES	71,323	356,074
WIES DVA	155	812
WIES TAC	289	1,716
Other Admitted		13,402
Other non-admitted		44
Acute Non-Admitted		
Emergency Services		37,165
Home Enteral Nutrition	499	109
Home Renal Dialysis	24	1,420
Radiotherapy - Other	209	362
Specialist Clinics	144,945	38,421
Specialist Clinics - DVA		11
Other non-admitted		224
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	575	6,261
Subacute WIES - Rehabilitation Private	64	639
Subacute WIES - GEM Public	1,900	20,706
Subacute WIES - GEM Private	372	3,718
Subacute WIES - Palliative Care Public	475	5,179
Subacute WIES - Palliative Care Private	60	599
Subacute WIES - DVA	30	393
Transition Care - Bed days	8,746	1,395
Transition Care - Home days	15,743	921

Funding type	Activity	Budget (\$'000)
Subacute Non-Admitted		
Health Independence Program - Public	105,316	24,633
Health Independence Program - DVA		17
Other specified funding		254
Aged Care		
Aged Care Assessment Service		2,714
Residential Aged Care	10,848	963
HACC	4,665	552
Mental Health and Drug Services		
Mental Health Service System Capacity		254
Drug Services		146
Other		
Health Workforce		9,521
Other specified funding		59,186
Total Funding		587,813

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: <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>
- 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: Commonwealth funding contribution (modelled budget)

The Commonwealth funding contribution is provided by the 2020-21 Commonwealth Budget, which is based on various estimates. This is updated by the Administrator of the National Health Funding Pool based on the latest activity estimates from States and Territories.

Final funding amounts are based on actual activity, and there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below. A funding summary is at Table 2.

Table 2: Commonwealth contribution for period: 1 July 2020 – 30 June 2021

	Service category	Estimated National Weighted Activity Units (NWAU19)	Total funding (\$'000)
Activity based funding	Acute admitted services	80,272	512,436
	Admitted mental health services	5,031	
	Admitted subacute services	9,318	
	Emergency services	12,460	
	Non-admitted services	12,121	
Block Funding	Non-admitted mental health services		11,988
	Teaching, training and research		
	Other non-admitted services		
Other Funding			63,388
Total		119,202	587,813

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