Statement of Priorities 2023-24 for Northern 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.

Contents

Background

Statement of Priorities are the 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 2023-24, the Statement of Priorities also refer to the *Department of Health Strategic Plan 2023-27* (Strategic Plan). 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.

Statement of Priorities consists of four main parts:

- Part A provides the strategic priorities for the health service to contribute to 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 (the department) to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2023-24* (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 on behalf of government delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. The department's vision is 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 the *Department of Health Strategic Plan 2023-27* (Strategic Plan) with seven guiding strategic priorities, to shape the health system's direction. Health services will contribute to the department's strategic priorities through signing and enacting the Statement of Priorities. The seven strategic priorities are:

- Keeping people healthy and well in the community
- Providing care closer to home
- Keep innovating and improving care
- Improving Aboriginal health and wellbeing
- Moving from competition to collaboration
- A stronger and more sustainable workforce
- A safe and sustainable health, wellbeing and care system

Government Commitments

The Victorian Budget 2023–24 (the budget) continues to invest in building hospitals, supporting our health system to meet growing demand and supporting our hardworking healthcare workers to ensure Victorians get the care they need, close to home. This budget provides investment in essential services including:

- $1.5 billion to boost deferred elective surgery and ease the pressure on our hospitals.
- $776 million for critical bed-based services, alcohol and other drug services, infrastructure, earlier support in community mental health services and the roll-out of the new Mental Health and Wellbeing Act.
- $320 million to plan the delivery of major investments at seven hospitals across the state to ensure Victorians receive the highest quality healthcare.
- A $270 million investment in our health workforce to make it free to study nursing and midwifery for nurses that join the public health system.
- A $201 million system wide boost to support timely emergency care, including more ambulance services and improvements to emergency department programs, to get patients the care they need as quickly as possible.
- $162 million for better aged care services across regional Victoria, to build new public aged care services in Cohuna, Maffra and Numurkah.
- $157 million for critical bed-based mental health services across our state including more Hospital in the Home beds for Barwon Health, improving in-home mental health care for acutely unwell residents across the Geelong region.
- $154 million to give women's health the focus and funding it deserves, including 20 new comprehensive women's health clinics at public hospitals.

Part A: Department of Health Strategic Plan

The Statement of Priorities are aligned with the Strategic Plan 2023-27 <https://www.health.vic.gov.au/our-strategic-plan-2023-27>.

Northern Health will contribute to the Strategic Plan 2023-27 by agreeing to the following priorities:

Ministerial Priorities

1. Improved health system culture, grounded in respect and safety.
2. A supported, growing, and fit-for-purpose health workforce.
3. A reformed overall health system (community-based and acute health services), with reforms to service models and enablers (structural, financial and cultural), delivering improved patient safety, experiences and outcomes, particularly for people in regional and rural Victoria.
4. A step-change in women's health.
5. Nation-leading reductions in rates of vaping.
6. Improved health equity through:
   - determination and ceding power.
   - Family-centred health models for priority populations.
   - Intersectional improvements in health access and outcomes for priority cohorts.
7. Improved mental health system through:
   - New and transformed integrated services through the implementation of the Royal Commission into Victoria's Mental Health System.
   - Strengthening system guidance, stewardship and commissioning.
   - Realising the vision of the new Mental Health and Wellbeing Act 2022 by driving cultural change.
   - Supporting a culture that embraces lived experience leadership at every level of the mental health and wellbeing system.
   - Investing in suicide prevention and mental health and wellbeing promotion.

System Priorities

Excellence in clinical governance

We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.

Goals

- MA3 Working with Safer Care Victoria to reduce hospital acquired complications, including minimising COVID-19 transmission into and within the health service, including to staff and patients.

- MA4 Identify and develop clinical service models where face to face consultations can be substituted by virtual care wherever possible (using telehealth, remote monitoring), whilst ensuring strong clinical governance, safety surveillance and patient choice.

- MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.

Health service deliverables:

- MA3 Provide Safer Care Victoria with a quarterly quality and safety performance report incorporating improvement partnerships with SCV, care delivery including Serious Adverse Patient Safety Event Report and Hospital Acquired Complications and Patient Experience based on surveys, feedback and Statutory Duty of Candour.

- MA4 Adopt the Department of Health 'Virtual Care Operational Framework' and formulate governance and procedures to align with those outlined within the Framework.

- MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.

- MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.

- MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.

Working to achieve long term financial sustainability

Ensure equitable and transparent use of available resources to achieve optimum outcomes.

Goals
• MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.

Health service deliverables:

- MB2 Financial forecasting and risk management: Develop robust financial forecasting models to project future revenue and expenditure, identify financial risks, and implement risk mitigation strategies to ensure long-term sustainability.

- MB2 Cost containment initiatives: Implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively.

- MB2 Develop innovative, cost effective models of care with a focus on virtual health service delivery.

Improving equitable access to healthcare and wellbeing

Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.
Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.

Goals
• MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.

> - MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services.

Health service deliverables:

- MC1 Develop a roadmap for Northern Health's virtual health care, building on the success of the state-wide Victorian Virtual ED and Medical Community Virtual Consults service.

- MC2 Improve access to the Koori Maternity Service and Emergency Services Employ a second Aboriginal Liaison Officer (ALO) in the Emergency Department. Review ALO services in mental health and implement relevant recommendations.

A stronger workforce

There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.

> **Goals**
> - MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

Health service deliverables:

- MD2 Implement allied health advanced practice roles in Pelvic Health Physiotherapy and Nasogastric Insertion Dietetics.

- MD2 Develop nurse practitioner candidates to support models of care within Community Hospital Urgent Care Centres.

- MD2 Progress the pathway for NDIS patients into transition accommodation. MD2 Continue Making It Free to Study Nursing initiatives to support undergraduate, transition and post graduate nursing and midwifery workforce.

- MD2 Develop alternative employment models such as career Medical Officer to support newer models of care in metro and regional centres.

Moving from competition to collaboration

Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.

> **Goals**
> - ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.

Health service deliverables:

- ME1 Develop agreements with priority partners in primary and community health that provide the platform for interventions to keep our patients healthy in the community.

Empowering people to keep healthy and safe in the community

Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.

Goals
• EA5 Improve women's health outcomes through the quality, availability, and equity of women's health services across Victoria.

Health service deliverables:

- EA5 Improve access to women's health services including contraception, abortion, pelvic pain and menopause through grants or research, or the new hospital-based women's health clinics or sexual and reproductive community-based hubs

- EA5 Continue to develop the Northern Health Fertility Service, expanding the scope of service delivery for women in the Northern Health catchment.

Care close to home

Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.

Goals
• EB2 identify and develop clinical service models of care that can be delivered via virtual care (videocall, telehealth, remote monitoring) where safe and appropriate to enable care closer to home.

Health service deliverables:

- EB2 Adoption of ICT platforms that conform with accredited standards, guidelines, and frameworks measures to ensure technology used for clinical engagement interactions remains secure.

A health system that takes effective climate action

The health service is focused on taking effective action to achieve net zero emissions and adapt to climate change.

Goals
• EC2 Implement climate adaptation initiatives to support the health service's resilience and prepare for future challenges.

Health service deliverables:

- EC2 Rollout solar panels across nine Northern Health sites providing close to 1,000 KW hours, thereby reducing Northern Health's power bills by up to 20% per annum.

Part B: Performance Priorities

The *Victorian Health Services Performance Monitoring Framework* outlines the Government's approach to overseeing the performance of Victorian health services.

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[1]	85%
Percentage of healthcare workers immunised for influenza	94%
Continuing care	
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645
Healthcare associated infections (HAI's)	
Rate of central-line-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%
Unplanned Readmissions	
Rate of unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%
Aboriginal Health	
Percentage of Aboriginal admitted patients who left against medical advice[2]	25% reduction in gap based on prior year's annual rate

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[1] Effective date of target change from 85% to 80% conditional on pending changes to BP3 requirements.

[2] Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

Key Performance Measure	Target
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap based on prior year's annual rate
Mental Health	
Mental Health Patient Experience	
Percentage of 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 'very good' or 'excellent' overall experience of the service	80%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%
Mental Health 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%
Mental Health 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%
Mental Health 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

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
Planned Surgery	
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%
Percentage of all planned surgery patients admitted within the clinically recommended time	94%
Number of patients on the planned surgery waiting list	2,200
Number of patients admitted from the planned surgery waiting list	9,385
Number of patients (in addition to base) admitted from the planned surgery waiting list	2,555
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 planned 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 emergency patients with a length of stay in the ED greater than 24 hours	Zero
Mental Health	
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%
Percentage of 'urgent' (category 'C') mental health triage episodes with a face-to-face contact received 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%

Key Performance Measure	Target
Home Based Care	
Percentage of admitted bed days delivered at home	Equal to or better than prior year result
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result

Effective financial management

Key Performance Measure	Target
Operating result ($M)	(100.45)
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Adjusted current asset ratio	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 of 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 2023 – 30 June 2024

Northern Health is a new public health service created from 1 November 2023 from the amalgamation of the former Northern Health and Kilmore Health Service. For context, the following information and funding and activity targets that applied to these former hospitals is included for information only.

Table 1   Northern Health funding summary for 1 July 2023 – 30 June 2024

Funding Type	Activity	Budget ($'000)
Consolidated Activity Funding		
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	127,974	595,106
Acute Admitted		
National Bowel Cancer Screening Program NWAU	179	810
Acute admitted DVA	190	1,146
Acute admitted TAC	170	927
Other Admitted		43,204
Acute Non-Admitted		
Emergency Services		45
Home Enteral Nutrition NWAU	39	156
Home Renal Dialysis NWAU	491	2,525
Radiotherapy - Other	229	422
Specialist Clinics		15,526
Specialist Clinics - DVA		7
Other non-admitted		329
Government Initiatives		
Government Initiatives		1,585
Subacute/Non-Acute, Admitted & Non-admitted		
Subacute - DVA	145	874
Transition Care - Bed days	8,746	1,483
Transition Care - Home days	15,743	979

Funding Type	Activity	Budget ($'000)
Health Independence Program - DVA		11
Subacute Admitted Other		272
Subacute & Non-Acute Other		
Other specified funding		25,326
Aged Care		
Aged Care Assessment Service		2,864
Residential Aged Care	10,848	1,019
HACC	4,665	585
Aged Care Other		100
Mental Health and Drug Services		
Mental Health Ambulatory	150,732	74,238
Mental Health Inpatient - Available bed days	48,577	55,818
Mental Health Residential	22,646	2,363
Mental Health Service System Capacity		11,314
Mental Health Subacute	21,922	11,859
Mental Health Other		667
Drug Services		160
Primary Health		
Community Health / Primary Care Programs		2
Other		
Health Workforce		16,686
Supplementation funding		54,614
Total Funding		**923,022**

Table 2   Kilmore District Health funding summary for 1 July 2023 – 30 June 2024

Funding Type	Activity	Budget ($'000)
Small Rural		
Small Rural Acute	26	18,869
Small Rural Primary Health & HACC	473	50
Small Rural Residential Care	20,973	1,091
Small Rural Health Workforce		705
Small Rural Other specified funding		890
Total Funding		**21,605**

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>

- Each funding type row (eg "emergency services") comprises a mix of activity based funding and block grants. Funding depends on the service profile. For further details, refer to the Policy and funding guidelines for health services (see above point for link).

- 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

Commonwealth funding contribution is provided by the 2023-24 Commonwealth budget, which is based on estimates. This is updated throughout the year based on updated activity levels, by the Administrator of the National Health Funding Pool.

Commonwealth funding is based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors.

Table 3   Commonwealth contribution for period: 1 July 2023 – 30 June 2024

Funding Type	Number of services (NWAU)	Victorian average price per NWAU	Funding allocation ($)
Emergency Department	16,199	5,383	84,717,140
Acute Admitted	89,177	5,452	447,043,354
Admitted Mental Health	10,546	5,432	57,284,922
Sub-Acute	10,147	4,692	39,987,792
Non-Admitted	13,161	4,966	71,631,853
Total ABF Allocation	139,230		700,665,061
Teaching, Training and Research			21,808,478
Non-Admitted Mental Health			81,554,831
Non-Admitted CAMHS			3,860,859
Other Public Hospital programs			27,325,000
Total Block Allocation			134,549,167
Total NHRA in-scope funding allocation			835,214,228

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 2023-24.*
- 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 2023-24 financial year.
- 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 has issued this Statement of Priorities to detail the funding provided to enable Northern Health to meet its service obligations and performance requirements as outlined.
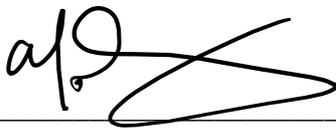
Hon Mary-Anne Thomas MP

Minister for Health

Date: 6 6 /2024