

Statement of Priorities

2019-20 Agreement between the Minister for Health and Alfred Health

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 40G, 65ZFA, 65ZFB and section 26 of the Health Services Act 1988.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four main parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2019-20*.

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

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

This investment will support the implementation of *Health 2040: advancing health, access and care* - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

Part A: Strategic overview

Mission statement

Alfred Health's purpose: To improve the lives of our patients and their families, our community and humanity.

Alfred Health beliefs:

- Patients are the reason we are here- they are the focus of what we do.
- How we do things is as important as what we do.
- Respect, support and compassion go hand in hand with knowledge, skills and wisdom. Safety and care of patients and staff are fundamental.
- Excellence is the measure we work to every day. Through research and education, we set new standards for tomorrow.
- We work together. We play vital roles in a team that achieves extraordinary results.
- We share ideas and demonstrate behaviours that inspire others to follow.

Alfred Health Strategic Plan outlines seven key strategic goals: -

- Strategic Goal 1: Provide high-quality, patient-centred care
- Strategic Goal 2: Lead innovative specialist care nationally and internationally
- Strategic Goal 3: Engage with our diverse community to promote mental and physical health and well being
- Strategic Goal 4: Promote a healthy, respectful and safe workplace and a skilled, engaged and compassionate workforce.
- Strategic Goal 5: Lead excellent, innovative and collaborative research
- Strategic Goal 6: Deliver a modern and technologically enabled work and hospital environment
- Strategic Goal 7: Manage our resources and environment sustainably.

Service profile

Alfred Health is a major Victorian tertiary health service that provides a number of highly specialised services on a state-wide and national basis. Alfred Health provides a comprehensive range of services for its local catchment in southern and bayside Melbourne and in the City of Melbourne and 13 state-wide services, through three hospital campuses and a large network of community programs.

The majority of services provided by Alfred Health are delivered from The Alfred, Caulfield Hospital and Sandringham Hospital sites, however, Alfred Health also operates a number of community and mental health services at sites across its catchment, including the Melbourne Sexual Health Centre.

We have a strong focus on education, including undergraduate and postgraduate training for medical, nursing, allied health, and support staff through partnerships with Monash, La Trobe and Deakin Universities. We also share important research and development links with our partners in the Alfred Research Alliance.

The Alfred, a major tertiary referral hospital, one of Australia's busiest emergency and trauma centres as well as the state's largest Intensive Care Unit, Victorian Adult Burns Service and Victoria's only heart and lung transplant service. The Alfred Centre, a short stay elective surgery services and medical day services centre enabling a model of care separating elective short stay surgery from emergency surgery.

Caulfield Hospital specialises in community services, rehabilitation, geriatric medicine and aged mental health. The hospital plays a statewide role in rehabilitation services including Acquired Brain Injury Rehabilitation Centre.

Sandringham Hospital is community focused, providing hospital healthcare needs for the local area through emergency, general medicine, and outpatient services. We partner with The Royal Women's Hospital to provide obstetric and gynaecological services.

Community care We provide community care through the Melbourne Sexual Health Centre, Hospital in the Home and a range of psychiatric care, including community care units, headspace services and homeless outreach.

Strategic planning

Alfred Health Strategic Plan 2016 – 2020 can be read at www.alfredhealth.org.au/about/strategic-plan

Strategic priorities – Health 2040;

In 2019-20 Alfred Health will contribute to the achievement of the Government's commitments within *Health 2040: Advancing health, access and care* by:

Better Health

Goals: A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods and communities encourage healthy lifestyles	Strategies: Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps
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Deliverables:

- Strengthen regional partnerships to improve access to specialist services for regional Victorians.
- Implement Alfred Health's Primary Care and Population Health Strategy, with a focus on:
 - reducing harm from alcohol
 - suicide prevention and wellbeing
 - vaccinations
 - preventing harm from blood borne viruses
 - reducing and healthy weight maintenance.

Better Access

Goals: Care is always being there when people need it Better access to care in the home and community People are connected to the full range of care and support they need Equal access to care	Strategies: Plan and invest Unlock innovation Provide easier access Ensure fair access
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Deliverables:

- Improve End of Life Care across Alfred Health through:
 - Implement, evaluate and continue to adapt a partnership model for Voluntary Assisted Dying.
 - Improve access to palliative care especially during transitions of care and integrate more effectively with Alfred Health inpatient and community services.
- Contribute to a modern and technologically enabled service environment through completion of:
 - new Trauma Ward
 - Innovation and Education Hub
 - first stage of the South Block redevelopment
 - decant stage of the Urgent Infrastructure Project (MWB)
 - continued development of plans for redevelopment of the Alfred Hospital.
- Implement Cost Improvement plan to review scope and configuration of services, deliver significant cost savings in cross functional services and optimise efficient use of resources.

Better Care

Goals:

Targeting zero avoidable harm
Healthcare that focusses on outcomes
Patients and carers are active partners in care
Care fits together around people's needs

Strategies:

Put quality First
Join up care
Partner with patients
Strengthen the workforce
Embed evidence
Ensure equal care

Deliverables:

- Consolidation of eTQC phase 1 and implementation of eTQC phase 2.
- Continue to build capability in clinical trials and improve access for regional and rural patients through completion of stage 1 redevelopment of South Block and establish administrative infrastructure and space for TrialHub for following Flagship Programs: Melanoma Trials, Prostate Cancer trials, Rare Cancers/Diseases trials, and Parent-Outreach Hospital.

Specific priorities for 2019-20

In 2019-20 Alfred Health will contribute to the achievement of the Government's priorities by:

Supporting the Mental Health System

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

- Establish a physical health hub with a multi-disciplinary team to improve the physical health outcomes of people with mental illness.

Addressing Occupational Violence

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

- Implement organisation-wide strategy incorporating the DHHS Framework for Preventing and Managing OVA and the ANMF 10 point plan.
- Expand Alfred Health's AWARE coaching program to support staff post training.
- Evaluate implementation of the Broset Observation tool (BOC Tool) in Emergency Department.

Addressing Bullying and Harassment

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

- Continue to embed positive workplace behaviours across all sites through integrated program of training, communications, orientation, performance reviews, staff surveys, investigations and reporting.
 - Implement a culture safety program 2019–20.
 - Build capability of Senior Leadership team to act as role models and coaches for a safe culture.
 - Consultation with staff to identify barriers to reporting poor behaviour.

Supporting Vulnerable Patients

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

- Examine a vulnerability profile present in clinical incident data (RiskMan) in conjunction with University of Technology Sydney.
- Develop and implement a communications strategy to raise awareness across the organisation on vulnerability.
- Test effectiveness of "Four vulnerability screen questions" in the EMR.

Supporting Aboriginal Cultural Safety

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

- Continue to implement Alfred Health Innovate Reconciliation Action Plan.

- Develop and implement an education strategy to increase Aboriginal and Torres Strait Island cultural awareness organisationally.

Addressing Family Violence

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

- Embed organisational wide model for responding to family violence into usual practice.
- Embed the SHRFV training program for staff education.
- Implement a sustainable framework for maintaining cultural change and staff training program.
- Champion participation in the census of workforces that intersect with family violence.

Implementing Disability Action Plans

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

- Implement Alfred Health Access and Inclusion Plan, specifically:
 - optimise use of the disability screening questions in the EMR
 - ensure our buildings and facilities are accessible
 - clinical staff are trained and support in delivery of clinical care for patients with complex disabilities.

Supporting Environmental Sustainability

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

- Implement Alfred Health's Environmental Sustainability Strategy.
 - Improved waste management and environmental citizenship.
 - Raise awareness, transparency and accountability for our environmental impact.
 - Design and implementation of capital and engineering projects to reduce carbon emissions.
 - Complete "Single Use Metal Instrument (SUMI) recycling" pilot.
 - Complete and evaluate "War on Waste" pilot project at Sandringham hospital campus.

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 2019-20 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability

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	84%
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%
Victorian Healthcare Experience Survey – patient's perception of cleanliness	70%
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 ¹ per 10,000 occupied bed days	≤1

Key performance measure	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate ≤2.5%
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to an adult acute mental health admission	≤15/1,000
Rate of seclusion events relating to an aged acute mental health admission	≤15/1,000
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Continuing Care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥0.645

Strong governance, leadership and culture

Key performance measure	Target
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

Timely access to care

Key performance 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%

Key performance measure	Target
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
Elective surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list ²	2,200
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤7 /100
Number of patients admitted from the elective surgery waiting list	11,050
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%

² the target shown is the number of patients on the elective surgery waiting list as at 30 June 2020

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 ³ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days available cash (based on end of year forecast)	14 days
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

³ WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
Acute Admitted		
Acute WIES	103,927	498,756
WIES DVA	473	2,440
WIES TAC	6,164	36,016
Other Admitted		66,612
Acute Non-Admitted		
Emergency Services		36,421
Home Enteral Nutrition	947	204
Home Renal Dialysis	98	5,635
Radiotherapy WAUs Public	80,160	19,234
Radiotherapy WAUs DVA	648	192
Specialist Clinics	186,801	51,610
Specialist Clinics - DVA		65
Other non-admitted		634
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	1,182	12,693
Subacute WIES - Rehabilitation Private	353	3,530
Subacute WIES - GEM Public	2,073	22,255
Subacute WIES - GEM Private	641	6,397
Subacute WIES - DVA	55	710
Transition Care - Bed days	27,010	4,245
Transition Care - Home days	5,110	294
Subacute Admitted Other		14,980
Subacute Non-Admitted		
Health Independence Program - Public	94,170	22,782
Health Independence Program - DVA		25
Victorian Artificial Limb Program		2,236
Subacute Non-Admitted Other		765
Other specified funding		250
Aged Care		
Aged Care Assessment Service		2,491
HACC	3,226	341
Aged Care Other		3,496

Mental Health and Drug Services		
Mental Health Ambulatory	92,675	43,030
Mental Health Inpatient - Available bed days	26,662	23,697
Mental Health Service System Capacity	2	1,650
Mental Health Subacute	10,961	5,728
Mental Health Other		1,817
Drug Services	140	623
Primary Health		
Community Health / Primary Care Programs	12,929	1,893
Community Health Other		9,056
Other		
NFC - Paediatric Lung Transplantation	5	1,427
Health Workforce		14,008
Other specified funding		11,219
Total Funding		929,457

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2019 – 30 June 2020

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	108,651	761,005
	Admitted mental health services	5,492	
	Admitted subacute services	14,413	
	Emergency services	14,448	
	Non-admitted services	12,339	
Block Funding	Non-admitted mental health services	-	67,709
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	100,590
Total		155,343	929,304

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.
- Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019-20 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. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

Signature

The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



Jenny Mikakos MP
Minister for Health

Date: 25 / 10 / 2019



Ms Anne Howells
Board Director
Alfred Health

Date: 25 / 10 / 2019

