Statement of Priorities 2023-24 for Colac Area Health

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.

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 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>.

Colac Area 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

- MA5 Support people to access the most appropriate care for their chronic disease and/or associated risk factors.
- MA9 Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well as identify and implement local reform priorities.
- MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.

Health service deliverables:

- MA5 Deliver ‘Live Well’ training program to 50% of relevant staff by June 2024. This will provide clinicians with the framework, tools and skills needed to help consumers improve their lifestyle to help physical and mental health, wellbeing and resilience.
- MA5 Provide integrated multidisciplinary care to addresses the physical, social, and mental health needs for management and reduction in risk factors for chronic disease.
- MA9 Implement and scale non-surgical treatment pathways, including evidence-based alternatives to surgery and optimisation pathways for surgery. Pathways implemented are aligned to the Safer Care Victoria's Expanding non-surgical treatment pathways recommendations.
- MA9 Proactively manage preparation lists (formally waiting lists) including validation and support of patients into optimal care pathways.
- 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

- MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.
- 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:

- MB1 Implementation of cost-saving initiatives: Identify and implement cost-saving measures such as reducing unnecessary procedures, optimising supply chain management, and streamlining administrative processes.
- MB1 Data-driven decision-making: Utilise data analytics and performance metrics to identify areas of inefficiency and waste, and make evidence-based decisions to improve financial sustainability and operational performance.
- 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.

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.
- MC3 Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.

Health service deliverables:

- MC1 CEO and executive leadership to drive and be accountable for outcomes in cultural safety and Aboriginal self-determination.
- MC1 Effective Aboriginal and Torres Strait Islander client and patient identification, including quality improvement processes to continually improve in this area.
- MC3 Partner with Aboriginal community-controlled health organisations, respected Aboriginal leaders and Elders, and Aboriginal communities to deliver healthcare improvements.
- MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.

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

- MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.
- MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

Health service deliverables:

- MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.

- MD1 Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.
- MD2 Pilot, implement or evaluate new and contemporary models of care and practice, including future roles and building capability for multidisciplinary practice.
- MD2 Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.

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.
- ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

Health service deliverables:

- ME1 Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.
- ME1 In partnership with other organisations develop models of care to appropriately service the community.
- ME2 Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.
- ME2 Reviewing specialist workforce requirements at a regional or sub-regional level and developing a shared workforce model, including coordinating efforts to attract and retain workforce at a regional or sub-regional level.

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

- EA1 Collaborate with local organisations and communities to better understand local health priorities and deliver collective and collaborative preventative health, mental health and wellbeing services and programs, where all people, sectors and communities have an important role to play in enabling people to live their best lives.

- EA2 Improve the health and wellbeing of our communities, families and individuals by focussing on areas of healthy eating, climate change impacts, increased physical activity, and reduced rates of harmful drug, alcohol and substance behaviours including vaping.

Health service deliverables:

- EA1 Collaboration with primary care and community care services to improve access and delivery of high quality, safe and culturally appropriate health services to improve the health outcomes of Victorians.
- EA1 Facilitate and deliver preventative health strategies to improve the wellbeing of people in the community.
- EA2 Embed smoking and vaping identification and cessation pathways into routine care.
- EA2 Promote health literacy and high-quality health information and sharing of knowledge tailored to specific patient cohorts and circumstances in collaboration with the BSW Public Health Unit Public Health Strategy.

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

- EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.
- EB3 Support improved access to services for people managing chronic disease by improving access to home-based and remote service delivery.

Health service deliverables:

- EB1 Implement and/or evaluate new/expanded models of care that address barriers to patients receiving care closer to, or in their home.
- EB1 Implement and/or evaluate new/expanded models of shared care between health services that enable more people to access care closer to, or in their homes.
- EB3 Implement new home-based and virtual remote models of care for patients managing chronic diseases to keep them well in the community.
- EB3 Implement new home-based and virtual remote models of care for patients managing chronic diseases to keep them well in the community.

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%
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%
Aboriginal Health	
Percentage of Aboriginal admitted patients who left against medical advice[2]	25% reduction in gap based on prior year's annual rate

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%

[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.

Timely access to care

Key Performance Measure	Target
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%
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)	(2.08)
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

Table 1 Colac Area 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	6,155	32,442
Acute Admitted		
National Bowel Cancer Screening Program NWAU		2
Acute admitted DVA	8	48
Acute admitted TAC	8	44
Other Admitted		1,190
Acute Non-Admitted		
Home Enteral Nutrition NWAU	1	4
Specialist Clinics		64
Other non-admitted		95
Subacute/Non-Acute, Admitted & Non-admitted		
Palliative Care Non-admitted		382
Health Independence Program - DVA		5
Subacute & Non-Acute Other		
Other specified funding		2,737
Aged Care		
Residential Aged Care	21,696	2,063
HACC	2,676	248
Aged Care Other		54
Mental Health and Drug Services		
Drug Services	1	10
Primary Health		
Community Health / Primary Care Programs	3,699	438
Community Health Other		254

Funding Type	Activity	Budget ($'000)
Other		
Health Workforce		628
Total Funding		**40,707**

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>
- 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 2 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	1,393	5,383	5,438,949
Acute Admitted	3,772	5,452	24,636,829
Sub-Acute	205	4,692	679,214
Non-Admitted	786	4,966	4,081,776
Total ABF Allocation	6,157		34,836,768
Teaching, Training and Research			416,472
Small Rural Hospitals			94,898
Total Block Allocation			511,370
Total NHRA in-scope funding allocation			35,348,138

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 Secretary, Department of Health has issued this Statement of Priorities to detail the funding provided to enable Colac Area Health to meet its service obligations and performance requirements as outlined.

Professor Euan M Wallace AM

Secretary, Department of Health

Date:21/04/2024