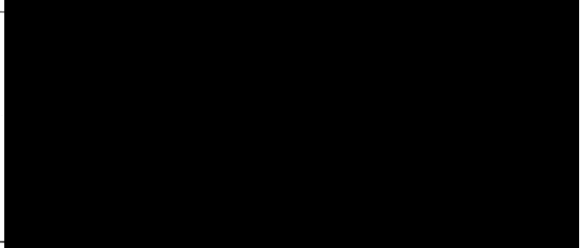


**IN THE MATTER OF THE ROYAL COMMISSION  
INTO FAMILY VIOLENCE**

**ATTACHMENT FD-3 TO STATEMENT OF FRANCES MARIE DIVER**

Date of document: 3 August 2015  
Filed on behalf of: the Applicant  
Prepared by:  
Victorian Government Solicitor's Office  
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Melbourne VIC 3000



This is the attachment marked '**FD-3**' produced and shown to **FRANCES MARIE DIVER** at the time of signing her Statement on 3 August 2015.

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Attachment FD-3

health

2014–15  
Statement of Priorities

Agreement between Minister for Health and  
Austin Health

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## Background

Statements of Priorities (SoP) are key accountability agreements between Victorian public health services and the Minister for Health. The annual agreements facilitate delivery of or substantial progress towards the key shared objectives of financial viability, improved access and quality of service provision. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 65ZFA and 65ZFB of the *Health Services Act 1988* (Vic).

Statements of Priorities are consistent with the public health services' strategic plans and aligned to government policy directions and priorities.

A Statement of Priorities consists of four 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 key financial, access and service 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 (NHRA).

The mechanisms used by the Department of Health to formally monitor health service performance against the Statement of Priorities are outlined in the *High Performing Health Services: Victorian Health Services Performance Monitoring Framework 2014–15*.

## Policy directions

The Victorian Health Priorities Framework 2012–2022 (VHPF) sets out the following 5 key outcomes the health system should strive to achieve by 2022:

- People are as healthy as they can be (optimal health status)
- People are managing their own health better
- People enjoy the best possible health care service outcomes
- Care is clinically effective and cost-effective and delivered in the most clinically effective and cost-effective service settings
- The health system is highly productive and health services are cost-effective and affordable

It also articulates seven priorities which reflect the Government's policy ambition to build a strong health system for all Victorians. The focus is on:

- developing a system that is responsive to people's needs
- improving every Victorian's health status and experiences
- expanding service, workforce and system capacity
- increasing the system's financial sustainability and productivity
- implementing continuous improvements and innovation
- increasing accountability and transparency
- making better use of e-health and communications technology

These priorities are fundamental to Part A of the SoP and are required to be addressed by health services.

## **Government commitments**

Victoria's health system continues to lead the nation in providing responsive, integrated and innovative health care options. To support a growing population and increased demand for services, the Government has a clear plan to provide quality health care for all Victorians. The Government also recognises that improving patient access to health services is fundamental to Victorians' quality of life.

In this context, the department will work with service partners to build a health system that is integrated and responsive to the changing needs of the community.

Specific commitments made by the Government in 2014–15 relate to:

### **Growing health services**

- Growing essential hospital services including capacity for critical care, emergency department presentations and maternity services across the system.
- Boosting health service capacity over the winter months in order to improve patient access during periods of significant increase in demand.
- Boosting elective surgery capacity to meet increasing levels of demand and treat more Victorian elective surgery patients sooner.
- Increasing funding to meet growth in demand for ambulance services.
- Growing the Victorian Patient Transport Assistance Scheme to enhance access to health services for rural and regional Victorians.
- Increasing funding to emergency departments to better identify, respond and intervene early in instances of family violence and sexual assault.
- Improving bariatric patient care and access to services through consolidating services and increasing the number of bariatric procedures undertaken.

### **Health workforce**

- Supporting and strengthening Victoria's health and mental health workforce through the People in Health workforce development initiative.
- Supporting productive and effective health workforces through initiatives to extend health professionals' scope of practice and build multidisciplinary health teams.
- Supporting health services to respond to clinical and non-clinical violence and aggression by patients, staff and visitors.

### **Capital**

- Investing in Ambulance Victoria's helicopter fleet (\$550 million).
- Improving community health infrastructure (\$14 million for new Melton Community Health Centre).
- Supporting additional health capital projects and infrastructure improvements including the Latrobe Regional Hospital redevelopment, Boort Hospital redevelopment, expansion of Healesville Hospital and expansion of the Austin Hospital short stay unit.
- Boosting community health services, with the new Barwon Health North facility and a new community health building for Moyne Community Health Service in Port Fairy.
- Supporting the replacement of critical engineering infrastructure in hospitals, such as lifts, boilers and electrical equipment.
- Continuing the replacement of medical equipment in metropolitan and rural health services.

### **Health Innovation and Reform Council**

- Supporting the Health Innovation and Reform council (HIRC), an independent body which provides advice to the Minister and the Secretary on the effective efficient delivery and management of quality health services and the continuing reform of the public health system.

**Mental health and other initiatives**

- Implementing mental health initiatives and growing mental health services including three new prevention and recovery care units.
- Continuing housing support for people with a mental illness through the Doorways project.
- Boosting alcohol and drug services, including expanding drug treatment services to support more effective education and treatment responses.
- Supporting Victorians with diabetes manage their conditions with free access to insulin syringes and pen needles through the National Diabetes Syringe Scheme (NDSS).
- Increasing support for older people through the Home and Community Care (HACC) program to assist them to remain living in their homes for longer.

Austin Health

## Part A: Strategic overview

### Mission statement

Austin Health is a major provider of tertiary health services, health professional education and research in the northeast of Melbourne.

### Service profile

Austin Health is a long established major academic public health service providing healthcare, health professional education and health research.

Located in north east Melbourne, we provide a comprehensive range of acute, sub-acute, mental health, specialist clinics and outreach services to our local community.

Austin Health is also the statewide provider of a range of specialist services, some of which include:

- The Victorian Spinal Cord Service
- The Victorian Respiratory Support Service
- The Victorian Liver Transplant Service
- The state-wide Acquired Brain Injury Unit
- The state-wide Child Mental Health Inpatient Unit.

Austin Health is also renowned for its specialist work in cancer, neurology, endocrinology, mental health, infectious diseases, rehabilitation, sleep medicine, intensive care, emergency medicine and a range of other specialties.

Austin Health is one of Victoria's largest healthcare providers, employing over 8,000 people over several locations, including Austin Hospital, Heidelberg Repatriation Hospital (HRH), the Royal Talbot Rehabilitation Centre (RTRC) and the recently opened Olivia Newton John Cancer & Wellness Centre (ONJC&WC).

Austin Health is an internationally recognised leader in clinical teaching and training, and is affiliated with eight Universities. In addition, we are the largest Victorian provider of training for specialist physicians and surgeons.

Through the internationally renowned Austin LifeSciences, Austin Health brings together over 800 researchers and several leading research institutes:

- The Clinical Departments of the University of Melbourne
- The Florey Institute of Neurosciences and Mental Health
- Olivia Newton-John Cancer Research Institute
- Institute for Breathing and Sleep
- Parent-Infant Research Institute
- Spinal Research Institute.

As part of a broader healthcare system, Austin Health works closely with other healthcare providers to collectively deliver a comprehensive and accessible mix of services.

### Strategic planning

The Austin Health strategic plan [2013–2017] can be read at <http://www.austin.org.au>.

## Strategic priorities

The Victorian Government's priorities and policy directions are outlined in the *Victorian Health Priorities Framework 2012–2022*.

In 2014–15 Austin Health will contribute to the achievement of these priorities by:

Priority	Action	Deliverable
Developing a system that is responsive to people's needs	Develop an organisational policy for the provision of safe, high quality end of life care in acute and subacute settings, with clear guidance about the role of, and access to, specialist palliative care.	An organisational policy which leads to: <ul style="list-style-type: none"> <li>Increased use of advance care plans in appropriate patient groups</li> <li>Increased number of inpatient referrals to the Palliative Care Service</li> </ul> Enhanced training program for medical, nursing and allied health staff in advance care planning and end of life care.
	Optimise timely access to specialist care through the implementation of the Access Policy for Specialist Clinics in Victorian Public Hospitals.	Improved system for monitoring specialist clinic wait-times. Significant improvement in wait times for specialist clinics.
Improving every Victorian's health status and experiences	Use consumer feedback to improve person and family centred care, health service practice and patient experience.	Implementation of mechanisms for consumers to provide feedback about their experience in real-time, and regular review of this information at ward-level to drive improvement.
	Optimise alternatives to hospital admission.	Increased utilisation of Hospital in the Home program and prevention of admission from residential care facilities through support from Residential Outreach Service.
Expanding service, workforce and system capacity	Develop and implement a workforce immunisation plan that includes pre-employment screening and immunisation assessment for existing staff that work in high risk areas in order to align with Australian infection control and immunisation guidelines.	Implementation of a mandatory workforce Immunisation program including pre-employment screening and immunisation for all high risk areas.
	Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.	A Workforce reform strategy which proposes key workforce reform projects for the short and medium-term.
Increasing the system's financial sustainability and productivity	Identify and Implement practice change to enhance asset management.	A review of building stock on and adjacent to the Austin Hospital campus with further consolidation and disposal, if appropriate, of buildings surplus to requirements.
Implementing continuous improvements and innovation	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	A Cancer Services Plan that includes patient-focused models of care.
Increasing accountability & transparency	Undertake an annual board assessment to identify and develop board capability to ensure all board	A comprehensive external review of Board and Board Committees,



Austin Health

Priority	Action	Deliverable
	members are well equipped to effectively discharge their responsibilities.	including performance and skill mix.
	Ensure that gender sensitivity and women's safety are key principles in the delivery of mental health and alcohol and drug services.	Provision of dedicated spaces for vulnerable patients including women, and practices that support patient safety through staff responsiveness and proactive management of difficult behaviours in inpatient areas.
Improving utilisation of e-health and communications technology.	Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.	Implementation of Emergency Department information system (First NET) with full electronic documentation
	Ensure local ICT strategic plans are in place.	A four year strategic plan which progresses electronic medical records, tele-health and video-conferencing, mobile device management, business intelligence and analytics, communication systems, and sustainability.

## Part B: Performance priorities

### Safety and quality performance

Key performance indicator	Target
Victorian Healthcare Experience Survey <sup>(1)</sup>	Full compliance
Healthcare associated infection surveillance	No outliers
ICU central line associated blood stream infections (ICU CLABSI)	No outliers
SAB rate per occupied bed days <sup>(2)</sup>	< 2/10,000
Mental health - 28 day readmission rate	14
Mental health - Post-discharge follow up rate	75
Mental health - Seclusion rate per occupied bed days	< 15/1,000
Patient safety culture	80
Health service accreditation	Full compliance
Residential aged care accreditation	Full compliance
Cleaning standards	Full compliance
Hand hygiene (rate) – quarter 2	75
Hand hygiene (rate) – quarter 3	77
Hand hygiene (rate) – quarter 4	80
Healthcare worker immunisation - influenza	75

<sup>(1)</sup> The Victorian Healthcare Experience Survey (VHES) was formerly known as the Victorian Health Experience Measurement Instrument (VHEMI).

<sup>(2)</sup> SAB is staphylococcus aureus bacteraemia.

### Financial sustainability performance

Key performance indicator	Target
Annual operating result (\$m)	0
Creditors	< 60 days
Debtors	< 60 days
Percentage of WIES <sup>(1)</sup> (public & private) performance to target	100
Basic asset management plan	Full compliance

<sup>(1)</sup> WIES is a Weighted Inlier Equivalent Separation.

Austin Health

## Access performance

Key performance indicator	Target
Percentage of operating time on hospital bypass	3
Percentage of ambulance transfers 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 times	80
NEAT - Percentage of emergency presentations to physically leave the emergency department for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours	81
Number of patients with a length of stay in the emergency department greater than 24 hours	0
NEST - Percentage of Urgency Category 1 elective patients treated within 30 days	100
NEST - Percentage of Urgency Category 2 elective surgery patients treated within 90 days	88
NEST - Percentage of Urgency Category 3 elective surgery patients treated within 365 days	97
Number of patients on the elective surgery waiting list <sup>(1)</sup>	2,831
Number of Hospital Initiated Postponements (HiPs) per 100 scheduled admissions	8
Number of patients admitted from the elective surgery waiting list – quarter 1	2,915
Number of patients admitted from the elective surgery waiting list – quarter 2	2,816
Number of patients admitted from the elective surgery waiting list – quarter 3	2,562
Number of patients admitted from the elective surgery waiting list – quarter 4	2,888
Number of patients admitted from the elective surgery waiting list – annual total	11,181
Adult ICU number of days below the agreed minimum operating capacity <sup>(2)</sup>	0

<sup>(1)</sup> The target shown is the number of patients on the elective surgery waiting list as at 30 June 2015.

<sup>(2)</sup> The agreed minimum operating capacity is 20 ICU equivalents.

## Part C: Activity and funding

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
WIES Public	57,140	\$250,218
WIES Private	15,044	\$50,142
<b>WIES (Public and Private)</b>	<b>72,184</b>	<b>\$300,360</b>
WIES DVA	999	\$4,479
WIES TAC	668	\$2,626
<b>WIES TOTAL</b>	<b>73,851</b>	<b>\$307,464</b>
<b>Acute Non-Admitted</b>		
Emergency Services		\$33,763
Specialist Clinics		\$48,078
Radiotherapy WAUs Public	62,467	\$14,242
Radiotherapy WAUs DVA	1,723	\$474
Radiotherapy - Other		\$222
<b>Subacute &amp; Non-Acute Admitted</b>		
Rehab Public	34,352	\$16,489
Rehab Private	9,243	\$4,122
Rehab DVA	1,177	\$684
GEM Public	24,964	\$11,983
GEM Private	6,060	\$2,703
GEM DVA	3,005	\$1,746
Palliative Care Public	5,962	\$2,862
Palliative Care Private	1,436	\$640
Palliative Care DVA	490	\$285
Transition Care - Beddays	7,665	\$1,127
Transition Care - Homeday	10,585	\$540
Subacute Admitted Other		\$302
<b>Subacute &amp; Non-Acute Other</b>		
Other specified funding		\$489
<b>Subacute Non-Admitted</b>		
Health Independence Program	68,346	\$15,168
Health Independence Program - DVA		\$190
Victorian Artificial Limb Program		\$844
Subacute Non-Admitted Other		\$13,154
<b>Aged Care</b>		
Aged Care Assessment Service	1,899	\$923
Residential Aged Care	21,696	\$1,645
HACC	8,592	\$573
<b>Mental Health and Drug Services</b>		
Mental Health Inpatient - Beddays	20,454	\$11,828
Mental Health Inpatient - WOt	27,511	\$17,002
Mental Health Ambulatory	47,400	\$17,549
Mental Health Sub Acute	12,784	\$5,004
Mental Health Service System Capacity		\$1,925
Drug Services	140	\$1,330

## Austin Health

Other specified funding	\$82
<b>Primary Health</b>	
Community Health Other	\$6
<b>Other</b>	
Transplants Liver	\$2,476
Transplants Paediatric Liver	\$1,273
Other specified funding	\$20,930
<b>Total Funding</b>	<b>\$560,118</b>

## Part D

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The 2014–15 Commonwealth Budget also presented significant changes to funding arrangements. The new funding arrangements will continue to be linked to actual activity levels between 1 July 2014 and 30 June 2017.

The Commonwealth funding contribution outlined the 2014-15 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 2014 – 30 June 2015

	Estimated National Weighted Activity Units	Total Funding	Provisional Commonwealth Percentage
Activity Based Funding	119,104.34	481,364,314	35.91%
Other Funding		39,363,237	
<b>Total</b>		<b>520,727,551</b>	

#### Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2013-14 reconciliation by the Administrator of the National Health Funding Pool.
- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows), the 2013-14 reconciliation and Commonwealth announcements (i.e. Mid-Year Economic and Fiscal Outlook 2014-15).
- 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 the Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.

Austin Health

## 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 *Victorian health policy and funding guidelines 2014–15*
- policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the department
- all applicable policies and guidelines issued by the department 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 relating to the provision of health services which is in force at any time during the 2014–15 financial year
- relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation (ISO) standards and AS/NZS 4801:2001, *Occupational Health and Safety Management Systems* or an equivalent standard

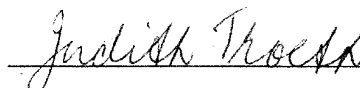
## Signature

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



**Hon David Davis MP**  
**Minister for Health**

Date: 25 / 9 / 2014



**Hon Judith Troeth AM**  
**Chair**  
**Austin Health**

Date: 25 / 9 / 2014





