

# Statement of Priorities

2018–19 Agreement between the Secretary for the  
Department of Health and Human Services and  
Numurkah and District Health Service

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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 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 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 2018-19*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

# Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

## Government commitments

The *Victorian Budget 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrews Labor Government is funding a \$1.3 billion acute health capital, infrastructure and equipment program.

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

To deliver, through innovation, collaborative partnerships and resource effectiveness, services that provide for the health and wellbeing of the individual and the community.

## Service profile

Numurkah District Health Service is funded as a Small Rural Health Service (SRHS) provider, located in the Moira Shire in North Central Victoria. In 2015 Numurkah District Health Service opened a brand new integrated Acute and Primary Health Facility. With two residential aged care facilities also onsite, Numurkah District Health Service provides a fully integrated service for the local community who are able to access a wide range of health services.

The acute hospital comprises a 16 bed acute care ward, a two bay urgent care centre, fully equipped operating theatre and radiology and ultrasound services. The acute ward has fourteen single rooms, one two-bed close observation area, and includes four rooms designed to accommodate longer stay patients such as palliative care and sub-acute clients.

The Primary Health area of the health service houses all Numurkah District Health Service community health and rehabilitation services including diabetes education, cardiac and pulmonary rehabilitation exercise programs, chronic disease self-management programs, adolescent health, men's and women's health, district nursing service, palliative care services, community midwifery, occupational therapy, dietetics, counselling, podiatry/foot care clinics, mental health service, planned activity groups, community health nurse, community walking group, breast feeding support group and other health promotion activities. A general practice clinic and a private dental clinic are also located in the Numurkah District Health Service Primary Health Building. VicOutreach program funding has enabled visiting specialists to provide consultation services in the Primary Health Facility including obstetrics, geriatrics, psychology and psychiatry.

Numurkah District Health Service has two Residential Aged Care Facilities providing 30 nursing home beds on the main campus and 36 beds (including 2 respite and 2 Transitional Care beds) located across the road from the main campus. The hospital re-development has provided a link-way from the hospital to the Karinya residential aged care service. A small retirement village of 11 independent living units is also located at the rear of the health service campus.

Central to all service development is the need to meet the ever changing requirements of the Numurkah and district community through consultation with all stakeholders. In 2018 Numurkah District Health Service will implement a new communications plan to enhance communication with all stakeholders, both internal and external. Implementing health service models to respond to occupational violence and family violence are key priorities for Numurkah District Health Service in 2018-2019 and significant planning and policy development has taken place.

## Strategic planning

Numurkah District Health Service Strategic Plan 2016-2019 is available online at <http://www.ndhs.org.au/newsandpublications.html>.

## Strategic priorities

In 2018-19 Numurkah and District Health Service will contribute to the achievement of the Victorian Government's commitments by:

| Goals  | Strategies   | Health Service Deliverables   |
|--|--|---|
| <p><b>Better Health</b></p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p> | <p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p> | <p>Preparing an evaluation progress report on the Strategic Services Plan.</p>  |
|  |  | <p>Be the lead agency for the Better Care Victoria funded Urgent Care Project. This involves consumer participation and engagement strategies to increase health literacy around the right care in the right place and promotes avoidance of unnecessary emergency department attendances.</p>  |
|  |  | <p>Be the lead agency for Murray Primary Health Network funded Moira Respiratory Project. This will encompass improved local access to spirometry and an evidence based pulmonary rehabilitation program.</p> <p>The Respiratory Project will train additional Quit educators to facilitate community sessions.</p>   |
|  |  | <p>Be the lead agency for More 4 Moira, childhood obesity project, including Deakin University research study.</p> <p>Develop partnerships with local food retailers to focus on access to tap water, encourage breastfeeding and healthy menus.</p>  |
|  |  | <p>Embed the Strengthening Hospital Responses to Family Violence model for identifying and responding to family violence by:</p> <ul style="list-style-type: none"> <li>• Training four Numurkah District Health Service staff to be ongoing in-house trainers in workplace support.</li> <li>• Face to face training for all staff and volunteers.</li> <li>• Implementation of a Family Violence workplace support Program to support staff experiencing family violence.</li> <li>• Training for new staff during</li> </ul> |

| Goals  | Strategies  | Health Service Deliverables  |
|--|---|--|
|  |   | orientation  |
| <p><b>Better Access</b><br/>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p> | <p><b>Better Access</b><br/>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>   | <p>Be the lead Agency for Murray Primary Health Network funded Psychological Treatment Services to develop pathways to access to psychological services across Moira.</p> <p>Evaluation of General Practitioner in schools program.</p> <p>Health Direct platform will be implemented and evaluated to improve access to on call General Practitioner (Urgent Care) and local/specialist services (Primary Health and Residential Aged Care).</p> <p>Execute contracts with Rural Workforce Agency Victoria for 2018-19 visiting outreach specialists, including psychiatry telehealth, psychology, obstetrics and geriatrics.</p> <p>Implement Culture and Diversity Committee Action Plan.</p> <p>Implement Numurkah District Health Service communication strategy.</p> |
| <p><b>Better Care</b><br/>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>                                    | <p><b>Better Care</b><br/>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p> | <p>Implement Safer Care Victoria Sepsis Management Pathway in Urgent Care setting in partnership with four neighbouring health services.</p> <p>Introduction of short care and Urgent Care pathways in the Urgent Care setting</p> <p>Promote patient stories at Board meetings.</p> <p>Participation in Safer Care Victoria Patient Opinion pilot.</p> <p>Implement and monitor 2018-2019 Numurkah District Health Service specific and measurable goal based Quality plan.</p> <p>Develop/undertake Urgent Care Centre Patient Experience survey and monitor results.</p> <p>Increase membership and diversity</p>   |

| Goals   | Strategies  | Health Service Deliverables   |
|---|---|---|
|   |   | <p>on Community Liaison Committee.</p> <p>Promote end of life planning (Advance Care Plans and Advance Care Directives) through community workshops and events.</p> <p>Develop an approach to support the health needs of clients on National Disability Insurance Scheme.</p> <p>In-depth review and improved discharge planning practices to improve results in the Victorian Healthcare Experience Survey discharge indicators.</p> <p>By June 2019 all patients entering Numurkah District Health Service with delirium will be identified and managed with the new government implemented initiatives. This will include:</p> <ul style="list-style-type: none"> <li>• Implementation of the initial State-wide Point Prevalence survey of delirium in acute health care settings.</li> <li>• Submission of data to the Department of Health and Human Services by 20 August 2018.</li> <li>• Implementation of initiatives once the report (from the Department of Health and Human Services) is finalised and recommendations are released.</li> </ul> |
| <p><b>Specific 2018-19 priorities (mandatory)</b></p> | <p><b>Disability Action Plans</b><br/>Draft disability action plans are completed in 2018-19.</p>   | <p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan will outline the approach to full implementation within three years of publication.</p> <p>Explore partnerships opportunities with Providing All Living Supports (PALS).</p>   |
|   | <p><b>Volunteer engagement</b><br/>Ensure that the health service executives have appropriate measures to engage and recognise volunteers</p> | <p>Implement volunteer communication strategy.</p> <p>Continue to celebrate Volunteer Week and sponsor volunteer Christmas functions.</p> <p>Volunteer orientation will include</p>   |

| Goals | Strategies  | Health Service Deliverables   |
|-------|---|---|
|       |   | <p>meeting executives face to face.</p> <p>Undertake a volunteer satisfaction survey.</p> <p>Introduce a stretch target for increasing volunteer numbers.</p>   |
|       | <p><b>Bullying and harassment</b></p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>   | <p>Encourage and increase participation in People Matter Survey.</p> <p>The People Matter Survey will be monitored for bullying and harassment and actioned accordingly.</p> <p>Provide feedback to all staff on People Matter survey results and organisational response to areas identified for improvement.</p> <p>Continue to support and monitor the Strive Program in place</p> <p>Face to face staff training to be implemented in 2019.</p> |
|       | <p><b>Occupational violence</b></p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>  | <p>Review the Occupational Violence training program, and recommence face to face training. Partnering with neighbouring health services will be undertaken to share resources</p> <p>Monthly reporting, monitoring and action of all Occupational Violence and Aggression.</p>   |
|       | <p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved</p> | <p>By June 2019, the current waste management system will be reviewed and new initiatives implemented to improve the amount of waste and recycling occurring at Numurkah District Health Service.</p> <p>Public reporting on environmental performance data in Annual Report.</p>   |

| Goals | Strategies   | Health Service Deliverables  |
|-------|--|--|
|       | recycling.   |  |
|       | <p><b>LGBTI</b><br/>           Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p> | <p>Project manager to attend LGBTI Inclusive Practice Forum 2018 for hospitals and health services.</p> <p>The Culture and Diversity Committee has identified LGBTIQ as a priority and will ensure it is included in the Diversity Plan.</p> <p>A guest speaker on inclusive practice will present to the organisation, and local LGBTI community events will be promoted.</p> |

## 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 2018-19 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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

| Key performance indicator   | Target  |
|---|---|
| <b>Accreditation</b>  |   |
| Accreditation against the National Safety and Quality Health Service Standards                                | Accredited  |
| Compliance with the Commonwealth's Aged Care Accreditation Standards  | Accredited  |
| <b>Infection prevention and control</b>   |   |
| Compliance with the Hand Hygiene Australia program  | 80%   |
| Percentage of healthcare workers immunised for influenza  | 80%   |
| <b>Patient experience</b>   |   |
| 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 – patients perception of cleanliness                                   | 70%   |
| <b>Adverse events</b>   |   |
| Sentinel events – root cause analysis (RCA) reporting   | All RCA reports submitted within 30 business days |

### Strong governance, leadership and culture

| Key performance indicator  | Target |
|--|--------|
| <b>Organisational culture</b>  |        |
| 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%    |

| Key performance indicator   | Target |
|---|--------|
| 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%    |

## Effective financial management

| Key performance indicator  | Target  |
|--|---|
| <b>Finance</b>   |   |
| Operating result (\$m)   | 0.00  |
| Average number of days to paying trade creditors   | 60 days   |
| Average number of days to receiving patient fee debtors  | 60 days   |
| Adjusted current asset ratio   | 0.7 or 3% improvement from health service base target |
| Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)        | 14 days   |
| Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month. | 14 days   |
| Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.                  | Variance ≤ \$250,000                                  |

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

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) |
|-----------------------------------|----------|-----------------|
| <b>Small Rural</b>                |          |                 |
| Small Rural Acute                 | 16       | 6,862           |
| Small Rural Primary Health & HACC | 4,414    | 326             |
| Small Rural Residential Care      | 23,142   | 1,017           |
| Health Workforce                  | 18       | 2,293           |
| Other specified funding           |          | 166             |
| <b>Total Funding</b>              |          | <b>10,665</b>   |

## 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 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 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 2018 – 30 June 2019

|                               | Service category                    | Estimated National Weighted Activity Units (NWAU18) | Total funding (\$'000) |
|-------------------------------|-------------------------------------|---|------------------------|
| <b>Activity based funding</b> | Acute admitted services             |   | -                      |
|                               | Admitted mental health services     |   |                        |
|                               | Admitted subacute services          |   |                        |
|                               | Emergency services                  |   |                        |
|                               | Non-admitted services               |   |                        |
| <b>Block Funding</b>          | Non-admitted mental health services |   | -                      |
|                               | Teaching, training and research     |   |                        |
|                               | Other non-admitted services         |   |                        |
| <b>Other Funding</b>          |                                     |   | <b>10,665</b>          |
| <b>Total</b>                  |                                     |   | <b>10,665</b>          |

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- 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 2018;
- 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 2018-19 financial year; and
- Relevant standards for particular 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.

# Signature

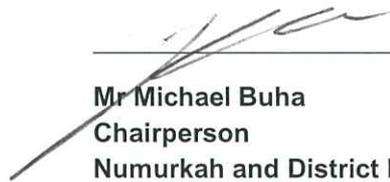
The Secretary and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Megan Jones**  
Assistant Director, Rural and  
Regional Performance South and  
East as Delegate for the Secretary  
for the Department of Health and  
Human Services

Date: 28/8/2018



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**Mr Michael Buha**  
Chairperson  
Numurkah and District Health  
Service

Date: 28/8/2018