

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Terang and Mortlake 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 be a leader in the development of a vibrant, healthier community.

Service profile

The Terang Hospital is a public hospital providing a range of services including: medical services, dialysis, general surgical services, obstetrics (including shared care), gynaecology, palliative care, primary and urgent care services, physiotherapy, pathology and radiology. Co-located with the Terang Hospital is Mount View Aged Care Facility, a residential aged care facility providing high care services.

The Josie Black Community Health Centre, based in Terang provides a broad range of services including Social Support Group (Adult Day Social Centre), district nursing, health promotion, community services information hub with internet access, service information and referrals, chronic disease management, Commonwealth Home Support Program and Home and Community Care services, dietetics, speech pathology and physiotherapy allied health services.

The Terang Early Parenting Centre is operated in partnership with Tweddle Child and Family Health Services. The centre provides a day program for families with babies and children up to 36 months old, including education and parenting advice, and support for postnatal anxiety and depression.

The Mortlake Community Health Centre provides services including a primary care outpatient clinic, district nursing, health promotion, information and referrals, chronic disease management, Commonwealth Home Support Program Home and Community Care services, Speech Pathology, Dietetics and Physiotherapy services. The campus also provides a General Medical Practice operated by the Warrnambool Medical Clinic together with a Social Support Group and Maternal & Child Health service operated by Moyne Shire Council.

Strategic planning

Terang and Mortlake Health Service's Strategic Plan 2017 - 2020 is available online at

<http://www.tmhs.vic.gov.au/wp-content/uploads/2017/09/Strategic-Plan-2017-2020.pdf>

Strategic priorities

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

Goals	Strategies	Health Service Deliverables
<p>Better Health</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>Better Health</p> <p>Reduce state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>All new staff member position descriptions will include the requirement for participation in the organisational vaccination program.</p> <p>Vaccination rates to be monitored and reported to the Clinical Governance & Quality Committee quarterly.</p> <p>Increase access to colonoscopies identified through the National Bowel Cancer Screening Program to a minimum of 8 procedures per annum.</p>
<p>Better Access</p> <p>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>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Maintain unplanned readmission rate below the state benchmark target of 6.2% by ensuring that support services are in place via strengthened pathways to palliative care.</p> <p>Ensure post-natal domiciliary visit rate of 100%.</p> <p>Review any birth related readmissions within 28 days of delivery with input from the Director of Medical Administration to ensure continuous improvement in patient care.</p> <p>Embed monthly family meetings for complex clients in the community to streamline coordination of care including allied health clinicians, led by district nursing.</p> <p>Establish a multi-disciplinary discharge planning process.</p>
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p>	<p>Implement a whole of organisation response to family violence working in partnership with the south-west region working group and utilising the Strengthening Hospitals Response to Family Violence tool kit. Initially focus on the urgent care centre, maternity</p>

Goals	Strategies	Health Service Deliverables
<p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>services and home visiting services.</p> <p>Conduct three clinical governance education sessions for staff. Sessions that focus on the introduction of new Aged Care and National Standards to embed a continuous culture of robust clinical governance.</p> <p>Include staff obligation to report patient safety concerns.</p> <p>Conduct a survey of nursing staff to measure cultural improvements regarding the reporting of safety concerns.</p> <p>Engage with the Director of Medical Administration, to ensure alignment of the health services clinical governance framework with the "Targeting Zero" recommendations.</p> <p>Produce a monthly report of clinical incidents and transfers for review and feedback by the Director of Medical Administration.</p> <p>Review all ISR 2 incidents with the Director of Medical Administration, Visiting Medical Officers and Terang and Mortlake Health Service clinical staff.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans</p> <p>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 needs to outline the approach to full implementation within three years of publication.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Volunteers are supported by a dedicated volunteer co-ordinator in order to strengthen relationships and grow volunteer base.</p> <p>Target to recruit five new volunteers to community transport and L2P programs.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment 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>Review the anti-bullying and harassment policy and procedures to ensure they include the identification of:</p> <ul style="list-style-type: none"> • appropriate behaviour • internal and external support mechanisms • clear processes for reporting, investigation, feedback • consequences and appeal mechanisms. <p>Deliver three sessions regarding identification of bullying and harassment at staff briefings throughout the year to support the prevention of such behaviours.</p> <p>Establish the new workforce capability and culture committee to work on specific aspects of the 2018 People Matter Survey.</p>
	<p>Occupational violence 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>Conduct annual occupational violence training with front line staff and report learnings back through Occupational Health and Safety Committee and staff briefings.</p> <p>Reinforcement of occupational violence and aggression training principles at staff briefings.</p>
	<p>Environmental Sustainability 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</p>	<p>Solar panels to replace 60% base load electricity usage are to be installed.</p> <p>Measure quarterly power consumption and report through the Physical, Planning & Human Resources Committee.</p> <p>Conduct annual waste audit and continual promotion of recycling practices.</p> <p>Provide work place waste management tips to staff through health service newsletter including recycling options and clinical waste sorting best practice.</p>

Goals	Strategies	Health Service Deliverables
	reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	
	<p>LGBTI</p> <p>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>Evaluate outcomes of the 2017 LGBTI welcoming environment audit and develop an action plan to increase inclusiveness and responsiveness to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.</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

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
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 – patients perception of cleanliness	70%
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%

Strong governance, leadership and culture

Key performance indicator	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%

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	0.03
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)
Small Rural		
Small Rural Acute	35	5,335
Small Rural Primary Health & HACC	19,015	1480
Small Rural Residential Care	5,424	481
Health Workforce	1	30
Other specified funding		203
Total Funding		7,529

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)
Activity based funding	Acute admitted services		
	Admitted mental health services		
	Admitted subacute services		
	Emergency services		
	Non-admitted services		
Block Funding	Non-admitted mental health services		
	Teaching, training and research		
	Other non-admitted services		
Other Funding			7,529
Total			7,529

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 and 2017-18 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 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.

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.

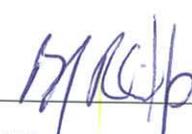
Signature

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.



Andrew Crow
Director, Rural and Regional
Health as Delegate for the
Secretary for the Department of
Health and Human Services

Date: 17/8/2018



Barry Philp
Chairperson
Terang and Mortlake Health Service

Date: 17/8/2018