

Statement of Priorities

2019-20 Agreement between the Minister for Health and Goulburn Valley Health

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Background

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

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

A Statement of Priorities consists of four main parts:

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

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

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

Strategic priorities

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

Government commitments

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

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

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

Part A: Strategic overview

Purpose statement

Improving community wellbeing by providing high quality health services, outstanding care and learning.

Service profile

Goulburn Valley Health is a Public Health Service and is the main referral health service for people in the Goulburn Valley. Goulburn Valley Health employs more than 2,400 staff and had more than 36,270 patients attend the Emergency Department in the 2018-19 financial year.

Goulburn Valley Health is a multi-campus health service providing a broad range of hospital, aged care and community-based services throughout the Hume region. Goulburn Valley Health provides acute and sub-acute care across the following campuses:

- The main campus is located at Graham Street, Shepparton, providing Emergency Department services, Intensive Care, Outpatients, Medical, Surgical, Paediatric, Obstetric, Dental, Palliative, Oncology, Mental Health, Aged Care, Rehabilitation, Medical Imaging, Pathology, Pharmacy and related Allied Health and community health care services.
- A community health facility in Corio Street, Shepparton, provides a range of wellbeing programs aimed at preventative and community-based care including: Community Health, Community Interlink, Health Promotion, Pathology Collection, Rural Allied Health, Self-Management Support, Home Nursing Services (District Nursing Services, Hospital in the Home and Regional Continence Service).
- The Goulburn Valley Health Tatura Campus includes the Tatura Hospital and Parkvilla Aged Care.
- The Rushworth Campus includes Waranga Memorial Hospital, Waranga Nursing Home, Waranga Community Health and Waranga Aged Care Hostel.
- Specialist services such as pathology, the Centre Against Sexual Assault, headspace as well as alcohol and drug services and another ambulatory service also located within Shepparton.
- Centre Against Sexual Assault services for the broader region.
- An adult mental health service is located in Seymour.

Goulburn Valley Health's catchment population is approximately 120,000 people and is expected to increase by 27.9 per cent by 2036. A total of 70 per cent of the primary catchment lives in Greater Shepparton. A significant number of patients also come from our secondary catchment – Strathbogie, Moira and Campaspe Shires, and increasingly from southern New South Wales. Mental health and community services cover an expanded catchment including the Shires of Mitchell and Murrindindi, including the Wallan growth corridor.

Strategic planning

The *Goulburn Valley Health Strategic Plan 2019-23* (the Plan) was approved by the Minister for Health in May 2019 and launched by the Board Chair in August 2019. The strategic pillars within the Plan are detailed below:

- We CREATE safe & high quality healthcare that always puts people first
- We CREATE values based healthcare partnership which deliver equitable & accessible healthcare access for all
- We CREATE an inspirational workplace founded on a strong culture where talented people work with purpose & pride
- We CREATE a positive healthcare environment that fosters collaboration and innovation.

A key element of the Plan is Goulburn Valley Health's CREATE values which are **C**ollaboration, **R**espect, **E**xcellence, **A**ccountability, **T**eamwork and **E**thical behaviour.

A copy of the Plan is available online at www.gvhealth.org.au/publications/strategic-plan/.

Strategic priorities – Health 2040

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

Better Health

Goals:

A system geared to prevention as much as treatment
Everyone understands their own health and risks
Illness is detected and managed early
Healthy neighbourhoods and communities encourage healthy lifestyles

Strategies:

Reduce Statewide Risks
Build Healthy Neighbourhoods
Help people to stay healthy
Target health gaps

Deliverables:

- Reduce avoidable patient presentations to the emergency department (ED) by five per cent from 1 July 2019 to 30 June 2020 for patients that have had three or more ED presentations in the 12 months prior to 30 June 2019.
- Implement the Geri-Connect telehealth model by 31 December 2019 to increase access to geriatric assessment and review for patients living in residential aged care facilities across the West Hume Region and achieve 20 telehealth consultations by 30 June 2020.

Better Access

Goals:

Care is always being there when people need it
Better access to care in the home and community
People are connected to the full range of care and support they need
Equal access to care

Strategies:

Plan and invest
Unlock innovation
Provide easier access
Ensure fair access

Deliverables:

- Commence services from the new Dialysis Centre, as part of the Stage 1 Graham Street Shepparton Redevelopment, increasing access to dialysis services for patients by 31 December 2019.
- Provide additional specialist clinic appointments across cardiology, paediatrics, rheumatology, respiratory and nephrology services from 1 July 2019 to 30 June 2020.
- Develop and implement a strategy by 30 September 2019 to improve discharge of patients from bed based services to Hospital in the Home (HITH) and achieve a ten per cent increase in HITH utilisation by 30 June 2020.

Better Care

Goals:

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

Strategies:

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

Deliverables:

- Evaluate Goulburn Valley Health's Clinical Governance Framework by 31 March 2020 and commence implementation of identified improvements from 1 April 2020.
- Develop a Consumer Engagement Strategy by 31 December 2019 and commence implementation from 1 January 2020.
- Strengthen proactive safety leadership and accountability across the organisation through participation of 24 key leaders in the Safer Care Victoria Leadership Gateway Program from 1 August 2019 to 30 May 2020.

Specific priorities for 2019-20

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

Supporting the Mental Health System

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

Deliverables:

- Implement a revised Mental Health Emergency Clinical Assessment team by 30 October 2019.
- Implement a revised model of care for adult mental health consumers by 31 March 2020.

Addressing Occupational Violence

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

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

Deliverables:

- Implement new lone worker duress alarms for community based staff by 30 September 2019.

Addressing Bullying and Harassment

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

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

Deliverables:

- Actively support the Know Better Be Better campaign through to 30 September 2019.
- Develop and implement a Promoting a Positive Workplace Culture: Preventing Bullying, Harassment and Discrimination Action Plan by 30 June 2020.

Supporting Vulnerable Patients

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

Deliverables:

- Continue the implementation of the Strengthening Hospital Responses to Family Violence Tool Kit across the West Hume Region health services and complete the System Audit Family Evaluation Project by 30 June 2020.

Supporting Aboriginal Cultural Safety

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

Deliverables:

- Implement a revised Aboriginal and Torres Strait Islander (ATSI) cultural competency training program for staff and volunteers by 31 December 2019.
- Refurbish the Minya Barmah room, a dedicated space for ATSI people, by 31 March 2020 to enhance the cultural appropriateness of this space for ATSI people.

Addressing Family Violence

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

Deliverables:

- Implement a revised practice guideline to enhance coordination of information between Goulburn Valley Health areas, such as alcohol and drug, centre against sexual assault, mental health, acute health including emergency as well as paediatric services, for people that may be experiencing child and/or family violence through a revised practice guideline and education by 31 December 2019.

Implementing Disability Action Plans

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

Deliverables:

- Complete the development of the Disability Action Plan by 30 September 2019 and achieve required year one initiatives by 30 June 2020.

Supporting Environmental Sustainability

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

Deliverables:

- Continue with the implementation of the fleet vehicle replacement strategy and procure vehicles that have reduced carbon emissions.
- Implement the Sustainability Plan year one initiatives by 30 June 2020 particularly the initiative related to returning surplus generator power to the electricity grid.

Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

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

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

High quality and safe care

Key performance measure	Target
Accreditation	
Compliance with Aged Care Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ¹ per 10,000 occupied bed days	≤ 1

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

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
Continuing Care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

Strong governance, leadership and culture

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

Timely access to care

Key performance measure	Target
Emergency care	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
Elective surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list ²	650
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	3,221
Specialist clinics	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

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

Key performance measure	Target
Operating result (\$m)	-2.60
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Public and Private WIES ³ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

³ WIES is a Weighted Inlier Equivalent Separation
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Part C: Activity and funding

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

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

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

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

Funding type	Activity	Budget (\$'000)
Acute Admitted		
Acute WIES	20,948	100,428
WIES DVA	151	778
WIES TAC	139	814
Other Admitted		10,354
Acute Non-Admitted		
Emergency Services		19,284
Home Enteral Nutrition	415	90
Specialist Clinics	55,440	14,223
Specialist Clinics – DVA		48
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	427	4,583
Subacute WIES - Rehabilitation Private	106	1,055
Subacute WIES - GEM Public	385	4,138
Subacute WIES - GEM Private	72	718
Subacute WIES - Palliative Care Public	130	1,392
Subacute WIES - Palliative Care Private	32	316
Subacute WIES – DVA	22	284
Transition Care - Bed days	13,118	2,062
Transition Care - Home days	13,546	781
Subacute Non-Admitted		
Palliative Care Non-admitted		200
Health Independence Program - Public	30,814	6,884
Health Independence Program - DVA		22
Subacute Non-Admitted Other		537
Aged Care		
Aged Care Assessment Service		1,453
Residential Aged Care	19,888	899
HACC	8,465	1,683
Mental Health and Drug Services		
Mental Health Ambulatory	42,413	18,159
Mental Health Inpatient - Available bed days	7,305	6,845
Mental Health Residential	7,305	750
Mental Health Service System Capacity	1	390

Funding type	Activity	Budget (\$'000)
Mental Health Subacute	7,306	3,347
Mental Health Other		1,045
Drug Services	2,213	2,715
Primary Health		
Community Health / Primary Care Programs	13,063	1,417
Community Health Other		248
Other		
Health Workforce		6,440
Other specified funding		4,201
Total Funding		218,584

Part D: Commonwealth funding contribution

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

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

Period: 1 July 2019 – 30 June 2020

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	19,762	172,943
	Admitted mental health services	1,661	
	Admitted subacute services	3,666	
	Emergency services	4,955	
	Non-admitted services	3,235	
Block Funding	Non-admitted mental health services	-	30,284
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	15,226
Total		33,279	218,453

Note:

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

Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019-20 financial year; and
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

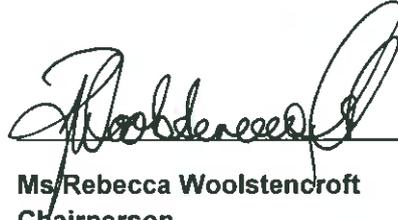
Signature

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



Jenny Mikakos MP
Minister for Health

Date: 24/10/2019



Ms Rebecca Woolstencroft
Chairperson
Board of Directors
Goulburn Valley Health

Date: 24/10/2019

