

# Statement of Priorities

2018–19 Agreement between the Secretary for the  
Department of Health and Human Services and  
Djerriwarrh Health Services

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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 an \$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

### Mission

Helping people of our community to better health and well-being.

### Vision

Providing quality integrated health services within available resources to the people of our community and encouraging personal responsibility for health care.

### Values

Compassion

Leadership

Excellence

Accountability

Respect

## Service profile

Djerriwarrh Health Services provides an integrated range of primary, ambulatory, aged and acute health care services from its community health centres, super clinic, hospital and residential aged care facilities servicing the communities of Melton and Moorabool (Bacchus Marsh and Ballan).

Many of its services are also provided in the patient's/client's home and within the community as part of its district nursing, hospital in the home, Home and Community Care, and community health programs.

Djerriwarrh Health Services healthcare delivery sites include:

- Grant Lodge Residential Aged Care
- Caroline Springs Community Health Centre
- Melton Community Health Centre
- Melton Health – including ambulatory care, renal dialysis, chemotherapy and dental chairs
- Bacchus Marsh & Melton Regional Hospital – Acute Care including medical, surgical, obstetric/maternity and Palliative Care.

Djerriwarrh Health Services provides services across both the outer North West metropolitan area and Grampians regions. It is a member of HealthWest Primary Care Partnership for the co-ordination of primary care in the Brimbank, Hobson Bay, Maribyrnong, Melton and Wyndham areas, as well as being a member of the Central Highlands Primary Care Partnership for the co-ordination of primary care in the Central Highlands (including Bacchus Marsh) area.

The construction of a new \$21 million Melton Health and Community Services facility is now almost complete. With the goal of integrated service provision, Melton Community Health Services, North West Mental Health, Mary McKillop Services, Odyssey House and Co-Health will be moving in to the new facility in late 2018.

The investment by the State Government, combined with a generous donation from the Ladies Auxiliary has allowed us to upgrade our maternity unit at the Bacchus Marsh and Melton Regional Hospital and expand our level of patient care to better service our local communities. The unit was opened by the Minister for Health in June 2018.

The new \$9 million theatre redevelopment at Bacchus Marsh and Melton Regional Hospital is well underway with completion due in 2019.

These capital developments highlight Djerriwarrh Health Services' commitment to meeting the evolving needs of our communities.

## **Strategic planning**

Djerriwarrh Strategic Directions 2016–2019 can be found at <https://www.djhs.org.au/about-us/reports>

## Strategic priorities

In 2018–19 Djerriwarrh Health Services 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>Review and enhance health outcomes programs for the community including the Boorai Dreaming language development program for Aboriginal children and supported Autism programs.</p>
		<p>Promote urgent care centres in Bacchus Marsh and Melton to support access to care locally and act as an emergency department diversion strategy for larger neighbouring hospitals.</p>
		<p>Strengthen the Hospitals response to Family Violence implementation. Key priorities will be to:</p> <ul style="list-style-type: none"> <li>• Work with local service providers to ensure our processes work seamlessly with theirs to support families;</li> <li>• Provide education for all frontline staff on how to risk assess, appropriately discuss and refer, patients and clients who present with family violence concerns;</li> </ul> <p>Demonstrate a strong public stance on family violence prevention.</p>
<p><b>Better Access</b></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><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Improve access to chronic disease self-management and peer support services to achieve better client health outcomes.</p>
		<p>Implement the integrated client journey system at Melton Health and Community Services.</p>
		<p>Implement Special Care Nursery to provide Level 2 neonatal services and reduce transfer of babies and increase return of local babies to the community.</p>

Goals	Strategies	Health Service Deliverables
		Improve access to care through strengthening of partnerships to connect the community to care.
<p><b>Better Care</b></p> <p>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></p> <p>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>Participate in the Grampians Regional Clinical Governance audit to determine clinical governance gaps and work together to implement actions to reduce these.</p> <p>Expand external participants in health service review activities through peer review and actively participate in benchmarking activities.</p>
<p><b>Specific 2018-19 priorities (mandatory)</b></p>	<p><b>Disability Action Plans</b></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 will outline the approach to full implementation within three years of publication.</p>
	<p><b>Volunteer engagement</b></p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Recognise volunteers through service awards at annual celebration.</p> <p>Expand the volunteer base from the Melton community through a range of engagement activities to be implemented at the new Melton Health and Community Services facility.</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>Identify bullying and harassment through People Matters Survey and individual unit cultural surveys.</p> <p>Strengthen systems and processes for managing incidents of bullying and harassment.</p> <p>Practice and promote zero tolerance to bullying and harassment.</p> <p>Deliver the 10 point Violence and Prevention plan for health services which includes staff education and training programs.</p>

Goals	Strategies	Health Service Deliverables
	<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>Deliver training to all frontline training staff for occupational violence and aggression prevention principles.</p>
		<p>Improve staff and patient safety through upgrade of mobile duress system.</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 recycling.</p>	<p>Enhance the environmental sustainability plan of Djerriwarrh Health Services to align with the state government policy.</p>
		<p>Implement a recycling waste management system across the organisation.</p>
		<p>Benchmark reporting through the Department of Health and Human Services electronic data management system for waste.</p>
	<p><b>LGBTI</b></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.</p>	<p>Initiate a project to achieve Rainbow Tick accreditation by:</p> <ul style="list-style-type: none"> <li>• Appointing a project officer;</li> <li>• Undertaking gap analysis;</li> <li>• Preparing policies and procedures to support LGBTI services.</li> </ul>

## 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>Healthcare associated infections (HAI's)</b>	
Number of patients with surgical site infection	No outliers
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
<b>Maternity and Newborn</b>	
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
<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%
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 indicator	Target
<b>Specialist clinics</b>	
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%

## 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
Public and Private WIES <sup>1</sup> activity performance to target	100%
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

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

## 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>Acute Admitted</b>		
WIES Public	5,086	25,851
WIES Private	137	511
WIES DVA	20	103
Other Admitted		1,276
<b>Acute Non-Admitted</b>		
Emergency Services		4,625
Specialist Clinics	24,041	6,482
Other non-admitted		433
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Palliative Care Public	47	495
Subacute WIES - Palliative Care Private	1	13
Subacute WIES - DVA	1	12
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		289
Health Independence Program - Public	9,062	1,176
Subacute Non-Admitted Other		219
<b>Aged Care</b>		
Residential Aged Care	10,848	965
HACC	13,932	1,375
<b>Primary Health</b>		
Community Health / Primary Care Programs	18,110	1,899
Community Health Other	199	717
<b>Other</b>		
Health Workforce	15	501
Other specified funding		4,760
<b>Total Funding</b>		<b>51,703</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	4,473	43,091
	Admitted mental health services	71	
	Admitted subacute services	125	
	Emergency services	2,069	
	Non-admitted services	1,556	
<b>Block Funding</b>	Non-admitted mental health services	-	600
	Teaching, training and research		
	Other non-admitted services		
<b>Other Funding</b>		-	8,289
<b>Total</b>		<b>8,295</b>	<b>51,980</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 administrator 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: 24 / 8 / 2018



**Dr John Ballard**  
Administrator  
Djerriwarrh Health Services

Date: 24 / 8 / 2018