

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Swan Hill District 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 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

Swan Hill District Health will provide appropriate services in the right setting by dedicated people with and for our community.

Respect: this means that you interact with others as you would expect them to interact with you.

Professionalism: this means we deliver services with integrity, honesty and competence.

Care: this means that we provide a standard of service and support which we would expect for ourselves.

Commitment: this means that we are dedicated to the promotion and success of the organisation.

Collaboration: this means working together in a positive, supportive manner

Service profile

Swan Hill District Health is a sub-regional referral hospital servicing a large, but sparsely populated area of Northern Victoria and South Western New South Wales. The rural city of Swan Hill has a population of 10,000 people with the hospital servicing a catchment population estimated at 35,000.

Swan Hill District Health is one of four major hospitals in the Loddon Mallee region and provides a wide range of acute inpatient, community rehabilitation, aged residential, domiciliary and primary care, dental services and General Practice, including outreach programs to several small outlying communities.

Jacaranda Lodge Nursing Home is located approximately 27km from the main Health Service campus in Nyah West. Logan Lodge is our Residential Aged Care facility located on the main campus.

A hospital wide service plan was completed in September 2017 and master plan review will be completed in 2018-19 to reflect present and future services and required facilities.

The Swan Hill Primary Health Medical Clinic not only supports the hospital medical services but provides the opportunity to strengthen the medical workforce and services provided to the community and surrounding smaller health services. In 2018-19 there will be a University School of Rural Health Swan Hill building on the current intake of 17 fourth year medical students.

Telehealth services include GeriConnect, tele-fracture and tele-oncology clinics and Endocrinology telehealth with Royal Flying Doctor Service were successfully introduced in 2017-18. In 2018-19 other telehealth possibilities including tele-obstetrics, tele-cardiology and tele-psychiatry will be explored.

A new Counselling facility funded by the Mental Health Alcohol & Other Drugs Facilities Renewal Grant was completed in December 2017 providing a facility maximizing safety, ease of access and appropriate amenities for clients and staff.

Swan Hill District Health as lead agency for headspace Swan Hill constructed a purpose built facility to support the youth friendly service and accommodate headspace staff and visiting services in December 2017.

Swan Hill District Health delivers a Dental Clinic, recently extended to provide an appropriate waiting area for four dental clinics. A dental prosthetic clinic was established to address the high denture waitlist.

Swan Hill District Health established an opioid replacement pharmacotherapy clinic with a visiting Nurse Practitioner Prescriber and health service staff.

Utilisation of the first floor of the vacated aged care building is for inpatient sub-acute services including two hospice beds. The hospice is supported by community fundraising coordinated by the Swan Hill Hospice Committee, The sub-acute facility is due to be completed in December 2018.

Strategic planning

Swan Hill District Health Service Strategic Plan 2016-2019 can be read at:

<http://www.shdh.org.au/about-us>

Strategic priorities

In 2018-19 Swan Hill District Health 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 statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Implement Eat. Move. Smile. social marketing campaign more broadly across Swan Hill District Health to promote prevention messages (healthier eating, active living, and mental wellbeing) via the Communications Committee.</p> <p>Implement the Public Health and Wellbeing Plan 2017-2021, which aims to help people stay healthy and build healthy neighbourhoods through actions on the priority areas of improving mental health, healthier eating and active living, and preventing family violence.</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>Develop a model for a tele-cardiology clinic and seek support for implementation in partnership with other smaller/peer/larger health services.</p> <p>Develop a bulk billing paediatric outpatient service and paediatric inpatient consultation service.</p> <p>Implement appropriate access to antenatal care for Refugee and Asylum Seekers.</p> <p>Continue expansion of the tele-fracture and tele-oncology clinics to reduce onerous travel requirements for all specialist clinic appointments.</p>

Goals	Strategies	Health Service Deliverables
<p>Better Care</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>Better Care</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>Continue the implementation of and evaluate the Think Sepsis and National Health Service Choosing Wisely projects.</p> <p>Contribute to the development and implementation of perioperative mortality and morbidity review process in collaboration with the Loddon Mallee Regional Clinical Council.</p> <p>Implement the recommendations of the external review of maternity services participation in clinical governance and staff development.</p> <p>Implement Rural Generalist and Emergency Medicine Certificate pathways in collaboration with Bendigo Health.</p> <p>Facilitate specialist training for Physiotherapist working within the Specialist Continence Clinic. Completion of post graduate certificate in Pelvic Floor Physiotherapy to ensure service continuity and sustainability for region.</p> <p>Establish a University School of rural health in conjunction with Bendigo Health.</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 will 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>Continue to embed volunteer recognition events such as volunteers week, Christmas and or Australia Day lunch. Thank you letters and/or certificates from Chief Executive Officer to be produced in regards to years of service on departure. Ensure executive presence at events.</p> <p>Engage young people in volunteering through the Engage Program Plan 2018-2020.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment</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>Implementation of the Hardwiring for Excellence (Studer program) – above and below the line behaviours and feedback on the progress on the program to Board and Executive meetings.</p> <p>Bullying and Harassment as an Agenda item on every Board and Executive agenda with reports on all cases investigated as highlighted by the Risk Management Committee.</p>
	<p>Occupational violence</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>Collaborate with the Loddon Mallee Chief Executive Group to establish a training program for staff in line with DHHS Occupational Violence and aggression principles.</p>

Goals	Strategies	Health Service Deliverables
	<p>Environmental Sustainability</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>Review Swan Hill District Health's Environmental Management Plan to align with Victorian Government's policy.</p> <p>With the DHHS sponsored 70 kilowatt solar panel system and the full year effect of LED lighting, deliver a 5% reduction in electricity usage.</p> <p>Reduce paper usage for organisation by 10% through the adoption of a paper light strategy.</p>
	<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>Implementation of the Swan Hill District Health Inclusive Practice Action Plan 2017-2020, which outlines actions to improve access and equity for Swan Hill and surrounds diverse community members in particular LGBTI community.</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%
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 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%

Timely access to care

Key performance indicator	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

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	-0.50
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 ¹ 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

¹ 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)
Acute Admitted		
WIES Public	3,407	17,316
WIES Private	874	3,270
WIES DVA	58	293
WIES TAC	16	67
Other Admitted		1,308
Acute Non-Admitted		
Emergency Services		5,353
Home Enteral Nutrition	100	21
Specialist Clinics	7,223	2,020
Subacute & Non-Acute Admitted		
Maintenance Public	60	633
Subacute WIES - Rehabilitation Public	65	676
Subacute WIES - Rehabilitation Private	7	68
Subacute WIES - GEM Public	61	634
Subacute WIES - GEM Private	7	68
Subacute WIES - DVA	4	54
Subacute Non-Admitted		
Palliative Care Non-admitted		636
Health Independence Program - Public	13,921	2,181
Health Independence Program - DVA		38
Aged Care		
Residential Aged Care	26,397	1,734
HACC	2,936	283
Primary Health		
Community Health / Primary Care Programs	8,902	943
Community Health Other		869

Other		
Health Workforce	20	841
Other specified funding		1,070
Total Funding		40,376

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	16,537	34,740
	Admitted mental health services	2,145	
	Admitted subacute services	1,712	
	Emergency services	3,121	
	Non-admitted services	2,956	
Block Funding	Non-admitted mental health services	-	970
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	4,368
Total		26,471	40,078

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.

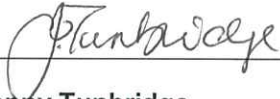
Accountability and funding requirements

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.



**Jenny Tunbridge,
Assistant Director, Rural and
Regional Health as Delegate
for the Secretary for the
Department of Health and
Human Services**

Date: 28 / 8 /2018



**Rosanne Kava
Chairperson
Swan Hill District Health**

Date: 28 / 8 /2018