

Statement of Priorities

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

Our Mission: Building a healthier community together

Our Vision: Excellence in healthcare

Our values: Excellence, Individuality, Collaboration, Accountability, Respect, Empowerment.

Service profile

Gippsland Southern Health Service (GSHS) is the major provider of healthcare in the South Gippsland Shire. GSHS offers a broad range of services that meet the needs of a diverse and sparsely populated area with many small rural communities. The two main acute facilities are based at Leongatha and Korumburra. Services are also provided from a community health centre at Tarwin Lower. GSHS offers a broad range of specialist, general, acute, sub-acute, ambulatory, residential aged care and community services.

Although GSHS is made up of a number of sites, they all operate as part of the one organisation and therefore the service profile is informed by the geographical nature of the diverse communities as well as the strategic imperatives of the Department of Health and Human Services.

GSHS employs 248 FTE, with a total of 461 staff across all sections of the organisation, with a predominantly part-time female workforce.

In addition to the implementation of the strategies that will enable us to achieve our goals and deliver on our vision “Excellence in healthcare”, in 2018-19 GSHS will actively participate in the implementation of the South Coast Clinical Services Plan in conjunction with Bass Coast Health and South Gippsland Hospital

Strategic planning

Gippsland Southern Health Services strategic plan for 2015–20 can be read at www.gshs.com.au.

Strategic priorities

In 2018–19 Gippsland Southern 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>Implement the Department’s Action Plan on Strengthening Hospital’s Response to Family Violence, including delivering training to staff on how to recognise signs a patient, client or resident may be experiencing family violence and what to do if this is disclosed.</p>
		<p>Actively contribute to the development and implementation of the 2018–19 Municipal Public Health and Wellbeing plan action plan.</p>
		<p>Contribute senior level leadership in the governance and oversight of the Municipal Public Health and Wellbeing Plan.</p>
		<p>Facilitate integration of Health Promotion Resources across the sub-region (including the Health Promotion resources of the PCP) to develop an integrated Prevention Partnership.</p>
		<p>Build on and strengthen current initiatives that address sugar sweetened beverages (SSB) consumption including SSB consumption in sporting, early learning, schools and health service settings. Implementation of a collaborative community based social marketing prevention effort across the South Coast catchment.</p>
		<p>Continue to implement changes in cafeteria and vending machines to work towards achieving healthy choices compliance.</p>

Goals	Strategies	Health Service Deliverables
<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>Medical & sub-acute</p> <p>In line with the clinical services plan (CSP) Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will collaboratively develop a CSP implementation plan for , medical and sub-acute services. This will see the establishment of a sub-regional medical & sub-acute steering committee, and facilitate discussion regarding sub-regional models of care, service delineation and a sub-regional capability framework.</p>
		<p>Surgery & anaesthetics</p> <p>In line with the clinical services plan (CSP) Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will progress the endorsed surgery and anaesthetics CSP implementation plan actions for year one. This will see ongoing meetings of a sub-regional surgery and anaesthetics steering committee and progression of actions regarding models of care, service delineation and a sub-regional capability framework.</p>
		<p>Maternity</p> <p>In line with the clinical services plan (CSP) Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will progress the endorsed maternity CSP implementation plan actions for year one. This will see ongoing meetings of a sub-regional maternity steering committee and progression of actions regarding models of care, service delineation and a sub-regional capability framework.</p>

Goals	Strategies	Health Service Deliverables
		<p>Primary & community</p> <p>In line with the clinical services plan and in collaboration with partner agencies, Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will progress the endorsed primary and community CSP implementation plan actions for year one. This will see ongoing meetings of the primary and community steering committee, the establishment of the South Coast Prevention Partnership and progression of actions regarding models of care, service delineation and a sub-regional capability framework.</p>
<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>Utilise learnings from the cardiac pathway development to continue to work with the Gippsland region health services to develop and implement care pathways across the region.</p> <p>Develop and refine processes to risk assess patients for obstetric and surgical management ensuring patients remain within GSHS capability.</p> <p>Implement the Care Plan for the Dying person.</p> <p>Explore avenues for the recruitment and sharing of staff with other health services within the sub-region.</p> <p>Participate in the SCV delirium project to improve recognition and care of patients with delirium.</p> <p>Identify and promote training opportunities for staff to improve clinical skills, particularly in the management of urgent care patients.</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>

Goals	Strategies	Health Service Deliverables
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Executive staff will participate in the annual Volunteer week morning tea and Christmas functions encompassing the presentation of recognition and service awards.</p>
	<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>The GSHS Employee Charter details expected standards of behaviour. and forms part of all contracts of employment, being included in offers of employment and position descriptions.</p>
		<p>GSHS will deliver workshops to all staff on how to have “peer-to-peer” conversations as a means of enabling staff to speak to each other about perceived inappropriate behaviour. These workshops also include the bullying & harassment policy and procedure ensuring that staff are aware of how to report bullying and the process for dealing with it.</p>
		<p>Statistics for all incidents will be reported at OHS meetings and to the Board through the corporate governance 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>The GSHS OVA Working Party which includes staff and union representatives will be responsible for the implementation and monitoring of the recently established OVA action plan.</p>
		<p>All staff who deal with patients, clients, residents are required to complete DEEP annually.</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>Progress to tender for the installation of solar power generation at the newly constructed Leongatha Integrated Primary Care Centre aimed at reducing reliance on power from the grid by at least 50%.</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>The health service has enrolled in the GLHV HOW2 program as a means of meeting the Rainbow Tick accreditation program for LGBTI inclusive health service practice.</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%

Timely access to care

Key performance indicator	Target
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%

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	\$0
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	2,267	11,522
WIES Private	268	1,003
WIES DVA	52	264
WIES TAC	5	21
Other Admitted		941
Acute Non-Admitted		
Emergency Services		2,030
Home Enteral Nutrition	21	4
Specialist Clinics	5,749	1,608
Subacute & Non-Acute Admitted		
Maintenance Public	61	650
Subacute WIES - Palliative Care Public	35	371
Subacute WIES - DVA	3	43
Subacute Non-Admitted		
Palliative Care Non-admitted		409
Health Independence Program - DVA		8
Aged Care		
Residential Aged Care	31,097	1,775
HACC	9,586	592
Mental Health and Drug Services		
Drug Services		187
Primary Health		
Community Health / Primary Care Programs	3,610	374
Community Health Other		83
Other		
Health Workforce	10	289
Other specified funding		909
Total Funding		23,083

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	1,955	18,694
	Admitted mental health services	92	
	Admitted subacute services	292	
	Emergency services	97	
	Non-admitted services	509	
Block Funding	Non-admitted mental health services	-	538
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	3,311
Total		2,945	22,543

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.



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

Date: 24 / 8 /2018



Mr Alex Aeschlimann
President
Gippsland Southern Health Service

Date: 24 / 8 /2018