Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Inglewood and Districts 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 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

Mission statement

**Vision**
Excellence in health care now and the future

**Mission**
Providing quality health services, supporting and enhancing community wellbeing

**Values**
Care; Respect; Choice; Equality

Service profile

Established as a small rural health service under the Victorian Health and Wellbeing Act, Inglewood and Districts Health Service is the sole health service in the southern part of the Loddon Shire. Formed on 1 January 1996 following the amalgamation of the Inglewood hospital and the Inglewood and Districts Community Health Centre, our catchment area covers the entire South Loddon Shire and we partner with other health and service providers across the Loddon and Gannawarra Shires.

Our purpose is to improve the health and well-being of people in our catchment, underpinned by a strong commitment to local service delivery. We believe that community health is best served by delivering local services for local people where they live. We also believe that information is power and for this reason we educate and inform the community about health issues, empowering people to own and improve their own health. An informed and empowered community is a healthy community.

The Inglewood campus incorporates the acute hospital including eight (8) acute beds used for both acute patients and those participating in the Transition Care Program, and Urgent Care. The residential aged care services program incorporates twenty (20) beds within the Hostel area and a further fifteen (15) beds for residents in the higher care Nursing home area. We offer a range of Community Based services including:

- District Nursing Services
- Allied Health (physiotherapy and occupational therapy)
- Exercise programs for both groups and individuals
- Community Nursing
- Health Promotion and Community Development (including youth specific programs)
- Social work and Counselling
- Several visiting services are also based from our locations and offer visiting services to the range of surrounding towns within the catchment.

A focus of community-based services is delivery as close to home as possible, where appropriate. In 2019/20, we will further extend our community engagement and partnerships to ensure IDHS delivers optimum services to maximise the health and well-being of the Loddon shire.

Strategic planning

Inglewood & Districts Health Service Strategic Plan 2015 – 2020 is available online at www.idhs.vic.gov.au
Strategic priorities – Health 2040

Inglewood and Districts Health Service is an active participant in the Loddon Mallee Chief Executive Officer Partnership which has agreed to work towards identification of shared strategic priorities and has embarked on a comprehensive planning journey which will be completed by July 2020.

In 2019-20 Inglewood and Districts Health Service 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:
- Deliver two community health information events in the southern part of the Loddon shire in 2019-20 focusing on reducing smoking rates.
- Develop and implement a program that refers all current admitted smokers to a smoking cessation program.

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:
- Implement the year one initiatives of the Loddon, Buloke and Gannawarra health needs analysis report to improve access to services related to heart and respiratory health, diabetes, mental health and oral health services across these three shires.
- Participate in the review and development of the Loddon Mallee Telehealth Plan.
**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:**
- Implement the actions identified in the Safer Care Victoria Partnership in Health Care Framework. In 2019-20, the focus will be the standards of:
  - Working together – Review and refresh our patient satisfaction surveys in partnership with the Consumer Engagement Committee to ensure the results are identifying areas to improve consumer experience.
  - Equity and inclusion – Develop and implement an easy reference guide to assist and enhance the care provided in a culturally safe and sensitive manner, for a range of cultural and religious groups.
- Participate in the development of a regional volunteering strategy to increase volunteer numbers and the quality and safety of support they provide to patients and residents.

**Specific priorities for 2019-20**

In 2019-20 Inglewood and Districts Health Service 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.

- Contribute to the development of a Regional Mental Health plan for the Loddon Mallee as led by the Murray Primary Health Network.

**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.

- Implement and evaluate Occupational Violence action plans within the health service to support the health and wellbeing of staff and volunteers.

**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.

- Develop our Employer of Choice strategy implementing the principles of the Positive Workplace Culture Framework, to improve the identification, reporting, responding and eradication of bullying, harassment and discrimination across the workplace.
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.

- Embed and expand the Volunteer transport program to ensure vulnerable patients have support to access the health care that they need.

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.

- Participate in the development of a regional plan for improved Aboriginal cultural safety and implement consistent local strategies to improve health outcomes of Aboriginal and Torres Strait Islander 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.

- Improve our health service response to family violence by undertaking a census of our workforce capabilities and aligning health service activities to be consistent with the Multiagency Risk Assessment and Risk Management Framework.
- Develop and embed the work of the Loddon Family Violence Network to strengthen and inform the service delivery and referral pathways across the shire.

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.

- Improve the quality of care and employment opportunities for people with a disability by finalising and commencing site specific Disability Action Plans.

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.

- Improve our environmental sustainability by participating in the development of an approach to hospital waste management across the Loddon Mallee region.
- Install solar panels at the Inglewood site to improve energy efficiency.
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.


### High quality and safe care

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accreditation</strong></td>
<td></td>
</tr>
<tr>
<td>Compliance with the Aged Care Standards</td>
<td>Full compliance</td>
</tr>
<tr>
<td><strong>Infection prevention and control</strong></td>
<td></td>
</tr>
<tr>
<td>Compliance with the Hand Hygiene Australia program</td>
<td>83%</td>
</tr>
<tr>
<td>Percentage of healthcare workers immunised for influenza</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Patient experience</strong></td>
<td></td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – percentage of positive patient experience responses</td>
<td>95%</td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care</td>
<td>75%</td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – patient’s perception of cleanliness</td>
<td>70%</td>
</tr>
</tbody>
</table>

### Adverse events

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentinel events – root cause analysis (RCA) reporting</td>
<td>All RCA reports submitted within 30 business days</td>
</tr>
</tbody>
</table>

### Strong governance, leadership and culture

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisational culture</strong></td>
<td></td>
</tr>
<tr>
<td>People matter survey - percentage of staff with an overall positive response to safety and culture questions</td>
<td>80%</td>
</tr>
<tr>
<td>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”</td>
<td>80%</td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”</td>
<td>80%</td>
</tr>
<tr>
<td>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”</td>
<td>80%</td>
</tr>
</tbody>
</table>
### People matter survey

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“The culture in my work area makes it easy to learn from the errors of others”</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“Management is driving us to be a safety-centred organisation”</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“This health service does a good job of training new and existing staff”</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“Trainees in my discipline are adequately supervised”</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“I would recommend a friend or relative to be treated as a patient here”</td>
<td></td>
</tr>
</tbody>
</table>

### Effective financial management

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating result ($m)</td>
<td>-0.4</td>
</tr>
<tr>
<td>Average number of days to pay trade creditors</td>
<td>60 days</td>
</tr>
<tr>
<td>Average number of days to receive patient fee debtors</td>
<td>60 days</td>
</tr>
<tr>
<td>Adjusted current asset ratio</td>
<td>0.7 or 3% improvement from health service base target</td>
</tr>
<tr>
<td>Forecast number of days available cash (based on end of year forecast)</td>
<td>14 days</td>
</tr>
<tr>
<td>Actual number of days available cash, measured on the last day of each month.</td>
<td>14 days</td>
</tr>
<tr>
<td>Variance between forecast and actual Net result from transactions (NRFT) for the</td>
<td>Variance ≤ $250,000</td>
</tr>
<tr>
<td>current financial year ending 30 June.</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Funding type</th>
<th>Activity</th>
<th>Budget ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Rural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Rural Acute</td>
<td>4</td>
<td>2,412</td>
</tr>
<tr>
<td>Small Rural Primary Health &amp; HACC</td>
<td>4,494</td>
<td>589</td>
</tr>
<tr>
<td>Small Rural Residential Care</td>
<td>12,656</td>
<td>524</td>
</tr>
<tr>
<td>Health Workforce</td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>Other specified funding</td>
<td></td>
<td>115</td>
</tr>
<tr>
<td><strong>Total Funding</strong></td>
<td></td>
<td><strong>3,684</strong></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Service category</th>
<th>Estimated National Weighted Activity Units (NWAU18)</th>
<th>Total funding ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity based funding</td>
<td>Acute admitted services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admitted mental health services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Admitted subacute services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-admitted services</td>
<td></td>
</tr>
<tr>
<td>Block Funding</td>
<td>Non-admitted mental health services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teaching, training and research</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other non-admitted services</td>
<td></td>
</tr>
<tr>
<td>Other Funding</td>
<td></td>
<td>3,684</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3,684</td>
</tr>
</tbody>
</table>

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 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, North and West as Delegate for the Secretary for the Department of Health and Human Services

Date: 21/10/2019

Judith Holt
Acting Chairperson
Inglewood and Districts Health Service

Date: 2/10/2019