

Statement of Priorities

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

A trusted leader in complete community care.

We listen to our consumers and strive to meet or exceed their expectations.

We will promote the health and wellbeing of the community by providing accessible integrated high quality services.

VALUES

Respect - To have due regard for each other's differences, choices and rights.

Integrity - To act in an open, honest and reliable manner that promotes quality and excellence in all things we do.

Compassion - To demonstrate empathy, care and concern for others in a nurturing, non-judgemental manner.

Service profile

Colac Area Health has provided services to Colac Otway District for 134 years making it one of the foundation services of the state-wide system. Today it has a main campus site in Colac with additional services provided at the Colac Neighbourhood House, Youth Health Hub and Adult Day Activity Centre as well as services at Birregurra Community Health Centre. Students on clinical placement enjoy modern accommodation in close proximity to the main campus at Colac.

The following services are provided: acute care, maternity, aged care, urgent care, community health, dental and community services.

Bringing specialist services closer to home will be a key focus of the organisation over the 2016–2020 strategic plan timeframe which will include improvement to facilities and equipment.

Colac Area Health is a member of the Barwon South West Polwarth Alliance and is actively working towards mutual partnerships with member services that strengthen health and aged care service provision in the Barwon South West region, particularly in the areas of service enhancement, safety, quality and governance.

Strategic planning

Colac Area Health Strategic Plan 2017-2025 is available online at <http://swarh.com.au/assets/A/2164/fb19f1c17176f56a771d59b7fe16a1e5/Strategic%20Directions%20Statement%202017-2025.pdf>

Strategic priorities

In 2018-19 Colac Area 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 state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Strengthen clinical safety in partnership with small rural health services through the regional pharmacy collaborative project. Meet established project objectives.</p>
		<p>Actively participate in the Health Accord through the Quality, Safety and Clinical Risk Group to implement regional strategies to strengthen safety and quality outcomes.</p>
		<p>Implement an expanded public antenatal clinic in the towns of Winchelsea, Birregurra and Apollo Bay.</p>
		<p>In partnership with Barwon Health implement the Strengthening Hospital Response to Family Violence Project and support the small rural health services.</p>
		<p>Progress discussions with South West Do Care board to explore formal integration.</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>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p>	<p>Working with the regional cardiac project manager, develop a plan to improve access to cardiac services by December 2018.</p>

Goals	Strategies	Health Service Deliverables
<p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Ensure fair access</p>	<p>In collaboration with Barwon Health complete a plan to introduce a public antenatal clinic and high risk antenatal clinic.</p> <p>Introduce a public pre-anaesthetic clinic in conjunction with anaesthetists group.</p> <hr/> <p>In partnership with the Wathaurong Aboriginal Co-operative develop a plan for the introduction of an eye clinic and explore the feasibility of an ear clinic at Colac Area Health to provide care for Aboriginal people.</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>Establish a system of clinical review designed to prioritise the following indicators:</p> <ul style="list-style-type: none"> • Unexpected return to theatre • Unplanned readmissions within 28 days • Unplanned or unexpected transfer from ward within 24 hours due to deterioration • Unexpected deaths <hr/> <p>Continue to participate in the staged rollout of virtual pharmacy services to small rural health services in Barwon South West.</p> <hr/> <p>Establish a system of review and analysis of re-presentations to the Urgent Care Centre.</p> <p>Identify alternate strategies to manage provision of care.</p> <hr/> <p>Undertake training through the Health Issues Centre of the Community Advisory Committee and for staff.</p>

Goals	Strategies	Health Service Deliverables
		Establish a student placement program that places 250 students on clinical placement over the 2018-19 financial year.
Specific 2018-19 priorities (mandatory)	Disability Action Plans Draft disability action plans are completed in 2018-19.	Develop and submit a Disability Action Plan to the Department by 30 June 2019 with an approach to fully implement the plan within the health service by 30 June 2021.
	Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Recognise volunteers with an annual event to coincide with Volunteer Week. Develop and regularly publish a volunteer newsletter to promote volunteers and volunteering.
	Bullying and harassment 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.	Implement “Creating a Positive Culture” program for all staff. Conduct a Leadership Program for aspiring leaders. Require units across the organisation to undertake positive culture activities within their teams. Review systems and processes to ensure timely review of all bullying and harassment claims.
	Occupational violence 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.	Review progress against the six principles contained within the Guide for Violence and Aggression Training in Victorian Health Services and realign staff training where required.

Goals	Strategies	Health Service Deliverables
		<p>Explore and establish joint arrangements between the Polwarth Alliance partners to develop a short electronic media based tutorial to assist the workforce to employ effective strategies to manage incidents of occupational violence and aggression in the workplace.</p>
	<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>Complete the implementation of the board's Green Colac Area Health strategy by installing solar panels across the organisation by 31 December 2018.</p> <p>Complete a project of sterilizer replacement to reduce water usage, running times and enable reduction in waste water.</p> <p>Replacement of all light fittings with LED light fittings.</p> <p>Introduce a recycling program for medical packaging waste.</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>Undertake a review of all policies and guides to promote inclusiveness with a focus on:</p> <ul style="list-style-type: none"> • Access to services • Human resources processes and procedures. <p>In association with the Polwarth Alliance and the LGBTI community create a workforce awareness training program to ensure LGBTI service users are welcomed and their rights are acknowledged and wishes respected.</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)	(0.32)
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	3,118	15,847
WIES Private	420	1,572
WIES DVA	41	210
WIES TAC	6	26
Other Admitted		501
Acute Non-Admitted		
Emergency Services		2,203
Home enteral Nutrition	96	20
Specialist Clinics	6,526	1,811
Subacute & Non-Acute Admitted		
Maintenance Public	37	389
Subacute WIES Palliative Care Public	13	141
Subacute WIES – Palliative Care Private	8	75
Subacute WIES- DVA	1	8
Subacute Non-Admitted		
Palliative Care Non-admitted		239
Health Independence Program - Public	6,649	1,107
Health Independence Program - DVA		0
Aged Care		
Residential Aged Care	21,696	1,755
HACC	2,300	216
Aged Care Other		11
Mental Health and Drug Services		
Drug Services	1	8
Primary Health		
Community Health / Primary Care Programs	3,565	380

Community Health Other		241
Other		
Health Workforce	8	329
Other specified funding		1,182
Total Funding		28,273

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	3,468	24,413
	Admitted mental health services	19	
	Admitted subacute services	226	
	Emergency services	291	
	Non-admitted services	606	
Block Funding	Non-admitted mental health services	-	342
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	3,463
Total		4,609	28,218

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 and 2017-18 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 the 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.



Andrew Crow
Director, Rural and Regional
Health as Delegate for the
Secretary for the Department of
Health and Human Services

Date: 17 / 8 / 2018



Mr John De Lorenzo
Chairperson
Colac Area Health

Date: 17 / 8 / 2018