

# Statement of Priorities

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

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# Contents

- Contents**..... iii
- Background**..... 4
- Strategic priorities** ..... 5
  - Government commitments ..... 5
- Part A: Strategic overview**..... 6
  - Mission statement ..... 6
  - Service profile ..... 6
  - Strategic planning ..... 6
  - Strategic priorities ..... 7
- Part B: Performance Priorities** ..... 10
  - High quality and safe care ..... 10
  - Strong governance, leadership and culture ..... 10
  - Effective financial management ..... 11
- Part C: Activity and funding** ..... 12
- Part D: Commonwealth funding contribution**..... 13
- Accountability and funding requirements** ..... 14
- Signature**..... 15

# 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

Provision of quality integrated health services that meet the needs of our community.

## Service profile

Alexandra District Health provides a range of inpatient (medical and surgical) and primary health services in Alexandra. Primary health services are also provided at our campuses in Marysville and Eildon.

Acute services:

- Medical – supported by local General Practitioners and visiting specialists in cardiology, paediatrics, respiratory and nephrology.
- Surgical (general surgery, gynaecology, orthopaedics, ophthalmology, urology, ear, nose and throat, gastroenterology, endoscopy) – supported by visiting specialist surgeons and specialist anaesthetists.
- Urgent Care – qualified nursing staff supported by local General Practitioners.
- Diagnostic Services – radiology, ultrasound and pathology are provided on-site by private providers.

Community Health Services:

- Allied health services include physiotherapy, occupational therapy, dietetics, speech therapy, counselling, and an access worker. Allied Health Assistants support these programs and services.
- District nurses based at Alexandra cover the eastern side of the Murrindindi Shire.
- Chronic disease management is delivered via a diabetes educator, pulmonary rehabilitation program, cardiac rehabilitation program, continence management and a variety of activity programs.
- Health promotion is encompassed into the roles of all staff and a wide range of health promotion activities.

## Strategic planning

Alexandra District Health's Strategic Plan 2015-2018 can be read at <http://www.alexandrahospital.org.au>.

## Strategic priorities

In 2018-19 Alexandra District Health will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p><b>Better Health</b></p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Actively participate in the strengthening hospital response to family violence initiative in partnership with Goulburn Valley Health.</p> <p>Working together with Rumbalara Aboriginal Co-operative, Alexandra District Health will actively participate in closing the health gap for aboriginal people by continuing to support and develop the Aboriginal Health Expo.</p>
<p><b>Better Access</b></p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>As a member of the Hume West Partnership, and in collaboration with Northeast Health Wangaratta, Alexandra District Health will participate in the development and implementation of telehealth models of care.</p> <p>Alexandra District Health will commence the implementation process of the recommendations from the newly developed Clinical Services Plan by identifying opportunities to improve access to services locally.</p>
<p><b>Better Care</b></p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p>	<p><b>Better Care</b></p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p>	<p>Alexandra District Health will implement and embed the new organisational structure to better support and strengthen the workforce.</p>

Goals	Strategies	Health Service Deliverables
Care fits together around people's needs	Ensure equal care	Alexandra District Health will partner with Yea & District Memorial Hospital and Darlingford Upper Goulburn Nursing Home to pilot Safer Care Victoria's Leadership and Coaching program over 12 months commencing August 2018. The goal is to develop leadership skills within the Health Services workforces in Murrindindi Shire which are transferrable within the organisations.
<b>Specific 2018-19 priorities (mandatory)</b>	<b>Disability Action Plans</b> Draft disability action plans are completed in 2018-19.	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.
	<b>Volunteer engagement</b> Ensure that the health service executives have appropriate measures to engage and recognise volunteers	Revitalise the Community Advisory Committee by the development of position descriptions and Terms of Reference. New committee planned to commence in July 2018.
	<b>Bullying and harassment</b> 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.	Bullying and Harassment incidents added to Board Quality and Clinical governance reporting and Board of Directors to receive full reports of incidents, investigations and outcomes.  All staff will participate in mandatory face to face anti-bullying and harassment training to commence in July 2018 to compliment mandatory online training.  Appointment and training of staff contact officers to assist staff experiencing bullying or harassment or affected by family violence.



Goals	Strategies	Health Service Deliverables
	<p><b>Occupational violence</b></p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<p>Alexandra District Health will continue to imbed the "Alexandra District Health 10 point Plan", ensuring violence and aggression training principles are implemented to ensure a safe environment for staff, patients and visitors.</p>
	<p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Implement a Co-Mingle Waste Strategy at Alexandra District Health through:</p> <ul style="list-style-type: none"> <li>• Implementation of a waste segregation program via removal of general waste bins and replacement with paper/cardboard bins where applicable.</li> <li>• Enhance staff education regarding the "Basic Segregation of Clinical Waste" to reduce clinical waste levels.</li> </ul> <p>Investigate viability of adding solar power storage to existing solar panels.</p>
	<p><b>LGBTI</b></p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Alexandra District Health will continue inclusive work commenced in 2017-18, ensuring non-discriminatory and equitable recruitment and selection processes. We will ensure that the process is a positive experience for LGBTI staff and volunteers.</p> <p>Alexandra District Health will improve Health Service signage and messaging to welcome LGTBI people.</p> <p>Alexandra District Health information packs will be reviewed to include services and information for LGBTI patients (in accordance with the rainbow guide).</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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance indicator	Target
<b>Accreditation</b>	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
<b>Patient experience</b>	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days

### Strong governance, leadership and culture

Key performance indicator	Target
<b>Organisational culture</b>	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%

Key performance indicator	Target
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%

## Effective financial management

Key performance indicator	Target
<b>Finance</b>	
Operating result (\$m)	0.00
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
Public and Private WIES <sup>1</sup> activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

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

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
<b>Small Rural</b>		
Small Rural Acute	38	6,375
Small Rural Primary Health & HACC	3,920	586
Health Workforce	2	61
Other specified funding		215
<b>Total Funding</b>		<b>7,238</b>

## Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2018 – 30 June 2019

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
<b>Activity based funding</b>	Acute admitted services		-
	Admitted mental health services		
	Admitted subacute services		
	Emergency services		
	Non-admitted services		
<b>Block Funding</b>	Non-admitted mental health services		-
	Teaching, training and research		
	Other non-admitted services		
<b>Other Funding</b>			<b>7,238</b>
<b>Total</b>			<b>7,238</b>

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.

Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

# Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2018;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2018-19 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

## Signature

The Secretary and the health service 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.



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

Date: 15 / 8 / 2018



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**Ms Carole Staley**  
Chairperson  
Alexandra District Health

Date: 15 / 8 / 2018