

Statement of Priorities

2019–20 Agreement between the Secretary for the Department of Health and Human Services and Djerriwarrh Health Services

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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

Helping people of our community to better health and well-being.

Vision

Enabling healthier lives

Values

Compassion, Leadership, Excellence, Accountability, Respect

Service profile

Djerriwarrh Health Services provides an integrated range of primary, ambulatory, aged and acute health care services from its community and ambulatory care hubs, hospital and residential aged care facility servicing the communities of Caroline Springs, Melton and Bacchus Marsh. The catchment is one of the fastest growing in Australia.

Djerriwarrh Health Services also provides care within the patient's home and in the community as part of its district nursing, hospital in the home, home and community care, and community health programs.

Djerriwarrh Health Services includes:

- Grant Lodge Residential Aged Care
- Caroline Springs Community Health Centre
- Melton Community Health & Community Services Centre including urgent care, specialist clinics, allied health programs, community health programs, renal dialysis, chemotherapy and dental services.
- Bacchus Marsh & Melton Regional Hospital including Urgent Care, Medical, Surgical, Maternity, Detox and Palliative Care.

Djerriwarrh Health Services delivers care to the outer west communities through strategic partnerships with other service providers including the Primary Care Partnerships, North West Primary Health Network, Western Health, Ballarat Health, IPC Health, Ballan District Health & Care and local government.

The Melton Health and Community Services Centre is a first of its kind with the aim to provide service integration for the most vulnerable in our community through strategic partnership with Mid-West Mental Health, MacKillop Family Services, Odyssey House and Co-Health.

The recently opened Special Care Nursery complements the refurbished Maternity Unit and allows mothers and babies to stay together in those critical first few hours of life. The new \$9 million theatre redevelopment at Bacchus Marsh and Melton Regional Hospital is complete and will be officially opened later in the year.

The investment by the State Government in the planning for the Melton Hospital is welcomed.

These capital developments highlight the State Government and Djerriwarrh Health Services' commitment to expand our level of patient care to better meet the emerging needs of our communities.

Strategic planning

Djerriwarrh Health Services undertook an extensive community consultation to inform the development of the Djerriwarrh Health Services Strategic Plan 2019–2024. The strategic planning process included consultation with over 900 community members, volunteers and staff. The Strategic Plan 2019–2024 is with the Department of Health and Human Services for endorsement and when that process is complete it will be uploaded to www.djhs.org.au.

Strategic priorities - Health 2040

In 2019–20 Djerriwarrh Health Services will contribute to the achievement of the Government’s commitments within *Health 2040: Advancing health, access and care* by:

Better Health

<p>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</p>	<p>Strategies: Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps</p>
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Deliverables:

- Pilot the Winter Wellness Program which partners with patients and the local general practice to treat patients locally and intervene earlier in illness progression for patients with chronic disease.
- Work collaboratively with the Rockbank community to deliver the 2019–20 Linking Rockbank Community strategy actions which aims to strengthen community bonds to help people to stay healthy and build healthy neighbourhoods.

Better Access

<p>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</p>	<p>Strategies: Plan and invest Unlock innovation Provide easier access Ensure fair access</p>
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Deliverables:

- Develop clinical service plans for urgent care, surgery and maternity services to ensure that services are delivered in a sustainable way which enhances access to care for the community.
- Ensure management of patients accessing outpatient services aligns with the Specialist Clinics access policy.

Better Care

<p>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</p>	<p>Strategies: Put quality First Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care</p>
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Deliverables:

- Develop a health and social services map which outlines services available in the community and identifies the gaps that exist for the community in collaboration with the service partners, primary health network and local government.
- Develop and implement a consumer engagement strategy.

Specific priorities for 2019–20

In 2019–20 Djerriwarrh Health Services 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.

Deliverable:

- Partner with North West Primary Health Network to develop the mental health plan for the Djerriwarrh Health Service catchment to improve mental health services for the community

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.

Deliverables:

- Implement a duress system throughout Djerriwarrh health services campuses.
- Continue to implement Management of Clinical Aggression (MOCA) training for frontline staff.

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*.

Deliverable:

- Work towards the full implementation of the department's Framework for promoting a positive workplace culture and associated principles by 30 November 2019 to support a culture free from harassment, discrimination and bullying.

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.

Deliverable:

- Develop a comprehensive multi modal communication strategy which outlines service profiles, process to access services and referral pathways.

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.

Deliverable:

- Develop the Aboriginal health service implementation plan in partnership with Kirrip to support the provision of health care services to Aboriginal and Torres Strait Islander communities in the catchment.

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.

Deliverables:

- Continue to implement the multi-agency risk assessment and management framework in partnership with specialist family violence services.
- Develop procedures and tools for Family Violence Information Sharing and Child Safety Information Sharing.
- Commence sharing information with other Information Sharing Entities and Risk Assessment Entities when requested.
- Partner with Western Health to provide specialist Strengthening Hospital Response to Family Violence training in the areas of elder abuse, child safety and for managers.

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.

Deliverables:

- Facilitate opportunities for volunteerism to support skill development and disability employment.
- Facilitate organisational compliance with NDIS Quality and Safety Framework.
- Finalise and implement Djerriwarrh Health Services' Disability Action Plan and provide a copy of the final plan to DHHS by 30 December 2019.

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.

Deliverables:

- Implement an Environmental Sustainability Committee to have oversight of the Environmental Sustainability Plan refresh.
- Reduce waste and paper generation across the health service by setting waste reduction targets for 2019–20.

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.

Further information is available at www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability

High quality and safe care

Key performance measure	Target
Accreditation	
Compliance with the Aged Care Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
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 – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers

Key performance measure	Target
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 measure	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 measure	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 measure	Target
Operating result (\$m)	0.0
Average number of days to pay trade creditors	60 days
Average number of days to receive 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 available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual 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 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>

Funding type	Activity	Budget (\$'000)
Acute Admitted		
Acute WIES	4,959	26,081
WIES DVA	16	81
Other Admitted		6,248
Acute Non-Admitted		
Emergency Services		5,694
Specialist Clinics	27,612	7,593
Other non-admitted		440
Subacute & Non-Acute Admitted		
Subacute WIES - Palliative Care Public	43	463
Subacute WIES - Palliative Care Private	1	5
Subacute Non-Admitted		
Palliative Care Non-admitted		293
Health Independence Program - Public	9,062	1,194
Aged Care		
Residential Aged Care	10,848	979
HACC	13,944	1,397
Primary Health		
Community Health / Primary Care Programs	18,110	1,935
Community Health Other		655
Other		
Health Workforce		525
Other specified funding		818
Total Funding		54,401

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

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	4,987	44,796
	Admitted mental health services	0	
	Admitted subacute services	149	
	Emergency services	1,671	
	Non-admitted services	1,918	
Block Funding	Non-admitted mental health services	-	562
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	5,262
Total		8,725	54,620

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.



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

Date: 25/10/2019



Mr John Ballard
Administrator
Djerriwarrh Health Services

Date: 25/10/2019

