

# Statement of Priorities

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

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, August 2018.

ISSN 2206-7027

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities>

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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

To promote and enhance the health and wellbeing of the people of the East Gippsland High Country

## Service profile

Omeo District Health (ODH) is an integrated Small Rural Health Service (SRHS) providing a broad range of services across acute care, urgent care, residential aged care, primary care, community and home-based care.

ODH has four acute beds, one urgent care service cubicle, and 14 residential aged care beds. The health service also has one residential transition care program (TCP) bed and one community-based TCP bed.

ODH operates the Omeo Medical Centre providing primary care for the East Gippsland High Country region through a team of rotating General Practitioners and a Chronic Disease Management Practice Nurse.

The health service provides a comprehensive array of centre-based and home-based community care services including district nursing, palliative care, allied health and home care. Public dental, counselling and mental health services are also available.

The strategic focus in 2018–19 is on developing stronger consumer engagement processes to

- Inform service planning to meet community expectation and identified need;
- Embed quality and safety practices that meet the new Aged Care and National Safety & Quality Health Service Standards accreditation requirements;
- Sustainable services through a comprehensive review of the PSRACS to establish key drivers of bed occupancy;
- Implementation of a new sustainable model of dental services for the region;
- Investing in our people and culture through leadership development;
- Nurturing and enhancing a just culture that supports incident reporting;
- Enhancing volunteer participation, reward and recognition; and
- Continuing to strengthen the collaborative partnerships we have with our neighbouring Bush Nursing Centres and East Gippsland health services.

## Strategic planning

The Omeo District Health Strategic Plan 2018 – 2023 is available online at [http://odh.net.au/?page\\_id=268](http://odh.net.au/?page_id=268)

## Strategic priorities

In 2018–19 Omeo 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 state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>                        | <p>Continue to actively contribute to the governance and implementation of East Gippsland's Municipal Public Health and Wellbeing Plan: 'Well Placed for Wellbeing'.</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>Conduct a local community needs survey to inform service planning and develop an action plan to address identified service gaps.</p> <p>Implement new sustainable dental services model of care.</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>Care fits together around people's needs</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>Ensure equal care</p> | <p>Ensure quality, safe care through mapping of the new Aged Care and the new National Safety &amp; Quality Health Service (NSQHS) standards against old standards and implement processes to ensure ODH is compliant or exceeds the new standards.</p> <p>Nurture an incident reporting culture and embed a feedback loop back to staff into the process.</p> |

| Goals   | Strategies   | Health Service Deliverables  |
|---|--|--|
| <p><b>Specific 2018-19 priorities (mandatory)</b></p> | <p><b>Disability Action Plans</b><br/>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 needs to outline the approach to full implementation within three years of publication.</p> |
|   | <p><b>Volunteer engagement</b><br/>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>   | <p>All Operational Plans to include volunteer engagement and reward and recognition strategies and KPI's.</p>  |
|   |  | <p>Position descriptions in place for all volunteer programs.</p>  |
|   |  | <p>Volunteers to have an annual performance review.</p>  |
|   |  | <p>Survey volunteers to measure level of satisfaction regarding support, training, resourcing and recognition.</p>   |
|   | <p><b>Bullying and harassment</b><br/>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>Develop and embed behaviour standards that support the new ODH WE CARE Values.</p>  |
|   |  | <p>Review and update all position descriptions and ensure they are consistent with ODH's WE CARE Values.</p>   |
|   |  | <p>Ensure any incidents of bullying and harassment are logged on Riskman, fully investigated and actioned as appropriate, with feedback provided to staff.</p>                         |
|   |  | <p>A bullying and harassment report to be included as part of the OH&amp;S report presented at each Board meeting.</p>   |
|   |  | <p>Bullying and harassment information and feedback to be made available to staff through the All Staff Forums and via noticeboards.</p>   |

| 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>Occupational violence training, including the department's occupational violence and aggression training principles, to be included in annual mandatory training for staff that have contact with 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>Install solar panels to the health service main campus, the doctors residence and the nurses residence to reduce ODH's environmental footprint.</p>  |
|       |  | <p>Retrofit LED lighting to the remaining lights that have not already been changed over, organisation-wide.</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>Develop and implement an LGBTI action plan to address gaps identified through the Rainbow eQuality self-assessment.</p>  |
|       |  | <p>Include the rainbow flag and an LGBTI-inclusive practice statement within the standardised ODH email tag.</p>  |
|       |  | <p>Commence flying the rainbow flag outside the entrance to the organisation.</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  |
| Compliance with the Commonwealth's Aged Care Accreditation Standards  | Accredited  |
| <b>Infection prevention and control</b>   |   |
| 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%    |

| Key performance indicator  | Target |
|--|--------|
| 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%    |

## Effective financial management

| Key performance indicator  | Target  |
|--|---|
| <b>Finance</b>   |   |
| Operating result (\$m)   | -\$0.093  |
| Average number of days to paying trade creditors   | 60 days   |
| Average number of days to receiving patient fee debtors  | 60 days   |
| 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                                  |

## 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                 |          | 1,685           |
| Small Rural Primary Health & HACC | 1,691    | 122             |
| Small Rural Residential Care      | 5,062    | 448             |
| Health Workforce                  | 1        | 27              |
| Other specified funding           |          | 98              |
| <b>Total Funding</b>              |          | <b>2,380</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) |
|------------------------|-------------------------------------|---|------------------------|
| Activity based funding | Acute admitted services             |   |                        |
|                        | Admitted mental health services     |   |                        |
|                        | Admitted subacute services          |   |                        |
|                        | Emergency services                  |   |                        |
|                        | Non-admitted services               |   |                        |
| Block Funding          | Non-admitted mental health services |   |                        |
|                        | Teaching, training and research     |   |                        |
|                        | Other non-admitted services         |   |                        |
| Other Funding          |                                     |   | <b>2,380</b>           |
| <b>Total</b>           |                                     |   | <b>2,380</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

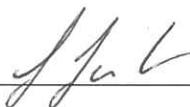
The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Ms 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



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**Mr Simon Lawlor**  
President  
Omeo District Health

Date: 24 / 8 /2018