

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Hepburn Health Service

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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 2206-7183

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 an \$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

Our Vision: Excellence in rural health and wellbeing.

Our Statement of Intent: Innovative and dynamic rural health and well-being service working in partnership with our communities.

Our Values and Culture: Respect, Integrity, Creativity, and Care.

Service profile

Hepburn Health Service was established in 1998 under the Victorian *Health Services Act 1988*. It was formed through the amalgamation of the Western Highlands Health Service (formerly Daylesford and Creswick Hospitals), Trentham Bush Nursing Hospital, and Clunes District Health Service.

Hepburn Health is a major provider of public health and wellbeing services across Hepburn Shire in Central Victoria. In 2016–17 Hepburn Health employed a workforce of 381 staff and 255 volunteers working from our sites in Clunes, Creswick, Daylesford, and Trentham.

Hepburn Health supports a rural population of 15,000 people across 1,473 square kilometres. Approximately 55 percent of our population reside in the major townships of Clunes, Creswick, Daylesford and Trentham with the remaining population (45 percent) residing in the many small townships, villages and rural areas across the Shire.

Our communities are richly diverse with wide differences in health and wellbeing status. A complex range of ongoing services are required for our rural population. Being located within a major tourist region brings added complexity with large population fluctuations. Our region experiences above the Victorian state average in the incidence of chronic disease, socio-economic disadvantage and population ageing.

Hepburn Health is committed to providing dynamic and innovative community outreach and bed-based services, either directly itself or through effective partnership arrangements. Incorporating health promotion principles, our services encompass all stages of life, including keeping people well, early intervention, treatment of illness, and aged care through to dignified dying.

Strategic planning

Hepburn Health Service is currently developing their next strategic plan which will be made available by October 2018 on our website: <https://www.hhs.vic.gov.au>

Strategic priorities

In 2018–19 Hepburn Health Service 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 statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>By December 2018 the revised Integrated Health Promotion Plan will include strategies to address statewide risks in addition to current regional priority areas of healthy eating, active living and mental wellbeing (families and young people).</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>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>By June 2019 Hepburn Health Service will have applied co-design principles to engage our consumers and strategic partners and document our integrated service delivery model and implementation plan.</p>
		<p>By June 2019 there will be 10 per cent increase in Urgent Care Centre presentations as a result of strengthening our workforce capability and responsiveness thereby enabling effective service provision to the community.</p>
		<p>By December 2018 Hepburn Health Service will have a Business Case that outlines its future role in home and community care.</p>

Goals	Strategies	Health Service Deliverables
<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>By December 2018 revise and strengthen the health service's Clinical Governance Framework.</p>
		<p>Participate in the regional Clinical Governance Project to build our capability to identify and address clinical governance gaps.</p>
		<p>Participate in design of strategies for inclusion in a Regional Clinical Governance Improvement Plan by May 2019.</p>
		<p>By December 2018 document the Community Participation Framework and action plan.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans</p> <p>Draft disability action plans are completed in 2018-19.</p>	<p>By June 2019 submit a draft disability action plan to the department by 30 June 2019, which aligns with its Diversity Plan. The draft plan will outline the approach to full implementation within three years of publication.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>By June 2019 finalise a future workforce and volunteer strategy and implementation plan informed by the new strategic plan and integrated service delivery model.</p>
		<p>Continue to strengthen and measure the benefits of our volunteer program and ensure recognition through regular volunteer awards, inclusion of volunteers in new staff induction program and hosting regular forums for volunteers and executives to engage.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment</p> <p>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>By June 2019 95% of staff will have participated in Respect @ Hepburn Health and reported increased skills and confidence to seek support/take action if they experience/witness negative workforce behaviour (Staff participation rate at June 2018 was 65%).</p> <p>By June 2019 Hepburn Health Service will have maintained 97% staff completion rate of the online Bullying and Harassment module.</p> <p>By September 2019 utilise our results from the People Matter Survey to inform an annual improvement plan to strengthen our approach to prevent, monitor and respond to alleged bullying and harassment.</p>
	<p>Occupational violence</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>Continue to work with the regional Occupation and Health Committee to develop a sustainable regional occupational violence training that can be flexible and adaptable to meet the needs of rural health services.</p> <p>By June 2019 deliver and evaluate the health service's Strengthening Hospital Responses to Family Violence project.</p>

Goals	Strategies	Health Service Deliverables
	<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>By June 2019 install 99kw solar panels on Daylesford Hospital to offset our carbon footprint.</p>
		<p>Ensure green principles are embedded in all aspects of the Creswick redevelopment project such as in tender specifications and associated contractual agreements.</p>
		<p>By June 2019 replace 90% of lighting with LED globes.</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.</p>	<p>By 30 June 2019 submit a Diversity Action Plan (embedding LGBTI inclusive practice) to the department and its approach to fully implement the plan by 30 June 2020.</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

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%

Key performance indicator	Target
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
Finance	
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 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)
Primary Health		
Community Health Other		430
Small Rural		
Small Rural Acute	117	9,246
Small Rural Primary Health & HACC	6,638	1,064
Small Rural Residential Care	33,629	2,069
Health Workforce	6	150
Other specified funding		458
Total Funding		13,417

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			12,987
Total			12,987

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.

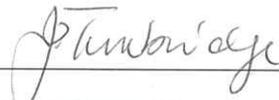
Accountability and funding requirements

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.

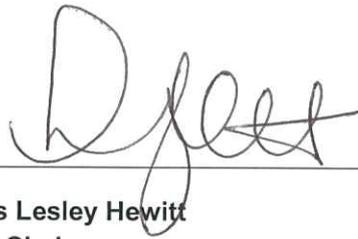
Signature

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.



Jenny Tunbridge
Assistant Director, Rural and
Regional Health as Delegate for
the Secretary for the Department
of Health and Human Services

Date: 16 / 8 / 2018



Ms Lesley Hewitt
A/ Chairperson
Hepburn Health Service

Date: 16 / 8 / 2018