

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of health and Human Services and
Kerang District 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

Kerang District Health seeks to improve the health and wellbeing of the community.

Our Values

Caring: We will be person centred, show compassion and empathy.

Accountability: We will be transparent, trustworthy and responsible for our actions.

Respect: We will embrace and be considerate of the differences between people.

Excellence: We will be dedicated to every person, every time.

Service profile

Kerang District Health is a small rural health service providing an integrated range of acute, sub-acute, residential aged care and community services to a population of approximately 8,000 people in the Gannawarra Shire.

In 2017 the health service completed a \$36.3 million capital redevelopment which included the complete refurbishment of the acute hospital building including administration on the first floor, a new residential aged care home, a new community and allied health building, a new ambulance centre, a new hotel services building and the refurbishment of the WD Thomas Activity Centre.

Kerang District Health delivers acute medical services, transitional care places, a palliative care suite, an operating theatre, an oncology unit and an urgent care centre which is supported by local on-call General Practitioners, Nurse Practitioners and Advanced Practice Nurses. Surgical services include general surgery, urology, gynaecology and dental.

Residential Aged Care Services are provided in the "Glenarm Nursing Home" which delivers high level residential aged care services to 30 residents.

Community and Allied Health Services include a district nursing service, planned activity groups both centre based and mobile, an adult exercise group and a men's shed.

The health service also owns and operates one of the two GP Clinics in Kerang and there are currently three GP's consulting at the Clinic in Patchell Plaza, Victoria Street, Kerang.

With a reduction in the number of General Practitioners working in Kerang over the past twelve months, Kerang District Health has indicated a preparedness to work with neighbouring health services and the Department of Health and Human Services in exploring possible options to improve the GP workforce in Kerang and Cohuna.

Strategic planning

Kerang District Health Strategic Plan 2016 – 2018 is available online at our website at

www.kerangdistricthealth.com.au

Strategic priorities

In 2018-19 Kerang District 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 statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Provide education, training and upskilling opportunities to clinical staff through the Healthy Heart and Lungs program.</p> <p>Increase the opening hours of the exercise program for clients and expand the exercise facilities to include staff in non-business hours.</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>Increase the provision of telehealth to external consultants-geriatricians, oncologists, Bendigo Health Emergency Department and the Royal Flying Doctor Service (endocrinology, respiratory, psychiatry and cardiac)</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>Participate in Echuca Regional Health Strengthening Hospitals Response to Family Violence Cluster for implementing a whole of hospital response for preventing family violence.</p> <p>Review and refine our discharge planning to our community to ensure people are supported on discharge.</p> <p>Participate as a trial site through Safer Care Victoria for the Patient Opinion Australia system – which encourages real time feedback and response from patients / carers / clients.</p>

Goals	Strategies	Health Service Deliverables
		Enhance the use of telehealth in Urgent Care through participating in the telehealth trial with Bendigo Health Emergency Department.
Specific 2018-19 priorities (mandatory)	Disability Action Plans 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 needs to outline the approach to full implementation within three years of publication.
	Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Celebrate Volunteers Day, and offer volunteers education and development on an annual basis.
	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.	Engage an external consultant to provide "Working Well Together" to staff in October 2018. Review Board of Management indicator data to ensure reports include staff incidents and complaints. Engage the shared Human Resources Executive (with Echuca Regional Health) to support the investigation of bullying and provide appropriate staff support and feedback.
	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.	Online education module on Occupational Violence & Aggression (OVA) provided to all staff in 2018. Improve the culture of not accepting workplace violence through OVA posters, resulting in an improvement in reporting code grey events in 2018-19.

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>The 2019 Professional Development Day will deliver workforce education regarding waste management material and the environmental impacts.</p> <p>Environmental impact data will be collected and submitted.</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>LGBTI policy will be updated to reflect non-discrimination.</p> <p>LGBTI, Aboriginality and Cultural sensitivity discussion will be added to the Professional Development Day for all staff in 2019.</p> <p>The health service website will be updated to include a LGBTI link.</p> <p>Patient Information Directory will be updated to include culturally sensitive information.</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%

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%
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)	0.0
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)
Small Rural		
Small Rural Acute	34	6,245
Small Rural Primary Health & HACC	3,535	164
Small Rural Residential Care	10,848	942
Health Workforce	3	93
Other specified funding		298
Total Funding		7,741

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		-	7,741
Total		-	7,741

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.

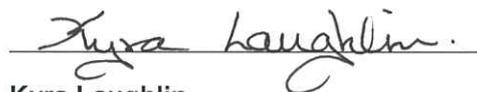
Signature

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.



Margaret Grigg
Executive Director, Health Service
Policy and Commissioning as
Delegate for the Secretary for the
Department of Health and Human
Services

Date: 21 / 10 / 2018



Kyra Laughlin
Chairperson
Kerang District Health

Date: 21 / 10 / 2018