

Statement of Priorities

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

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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

Our Mission is to provide health and community services that will best meet the needs of our community.

In doing so we will focus on:

- Supporting community identified need and genuine community participation
- Placing our clients/patients at the centre of our work
- Supporting individuals, groups and communities to maintain and improve their health and wellbeing and minimise the negative impact of chronic disease and injury
- Integrating and coordinating our services within an interdisciplinary service delivery model
- Allocating and using our resources effectively and efficiently
- Achieving through collaboration and partnerships
- Being creative, innovative and open to discovery

Service profile

Central Gippsland Health Service is the major provider of health and aged care services in the Wellington Shire. It serves an immediate population of approximately 44,000 in Central Gippsland and reaches a wider community in East Gippsland and parts of South Gippsland in terms of more specialised services such as perinatal services, critical care, obstetrics and surgery.

Central Gippsland Health Service is both a sub-regional and an integrated health service, providing a broad range of primary, secondary and tertiary services, including a near comprehensive range of Home and Community Care services, through to adult intensive, coronary care and level 2 neonatal care.

Acute services include a full time emergency department, critical care unit, neonatal special care unit, operating theatres, day procedure unit, and oncology and dialysis services, in addition to general medical and surgical services and sub-acute services including rehabilitation.

Central Gippsland Health Service has acute services at Sale and Maffra; community and home support services are provided throughout the Shire of Wellington (with the exception of Yarram and district) with centres in Maffra, Sale, Heyfield, Rosedale and Loch Sport. Residential aged care services are provided at Sale and Maffra.

A key focus for the health service is to improve both workforce and service integration with our regional hospital and neighbouring health services and to build our surgical and more specifically our orthopaedic surgical capability.

Strategic planning

The [Central Gippsland Health Strategic Plan 2014 – 2018](http://www.cghs.com.au) is available online at www.cghs.com.au

Strategic priorities

In 2018–19 Central Gippsland 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 state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Mental Health</p> <p>Attain recognition for the Healthy Workplaces Achievement Program mental health and wellbeing benchmark.</p>
		<p>Deliver mental health first aid training sessions to 100 employees.</p>
		<p>Preventing Violence and Injury</p> <p>Utilise tools of the “Strengthening Hospital Responses to Family Violence” such as implementing an action plan, delivering training to build staff knowledge and skills in identifying and responding to family violence and implementing a communications plan.</p>
		<p>Offer opportunities /increase access to opportunities to increase strength and balance for clients of residential aged care facilities to prevent falls.</p>
		<p>Healthier eating and active living</p> <p>Implement changes in vending machines to align with the healthy choices policy guidelines.</p>
		<p>Increase the proportion of ‘green’ items in vending machines to equal to or above 50% of total items available.</p>
		<p>Implement changes in cafeteria and/or canteens to align with the healthy choices policy guidelines.</p>
		<p>Attain recognition for the Healthy Workplaces Achievement Program healthy eating and/or physical activity benchmark.</p>

Goals	Strategies	Health Service Deliverables
		<p>Tobacco control</p> <p>Implement the ABCD approach to support patients who smoke</p> <p>A: Ask all patients about their smoking status</p> <p>B: Provide a brief intervention, for example advising all smokers to quit, providing written information, offering Nicotine Replacement Therapy (NRT) and referral to relevant supports (i.e. Quitline, smoking cessation clinic, General Practitioner)</p> <p>C, D: Communicate patient smoking status and action taken in their discharge documentation</p> <hr/> <p>Ensure NRT is available for staff and patients to increase timely access to minimise withdrawal symptoms.</p> <hr/> <p>Collective planning</p> <p>Actively contribute to the development and implementation of the 2018-19 Municipal Public Health and Wellbeing plan action plan.</p> <hr/> <p>Contribute senior level leadership in the governance and oversight of the Municipal Public Health and Wellbeing Plan.</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>Achieve 100% of WASE CGHS target for 2018–19.</p> <hr/> <p>Implement a heart failure rapid access clinic with associated ongoing community based care coordination.</p>
<p>Better Care</p> <p>Target zero avoidable harm</p>	<p>Better Care</p> <p>Put quality first</p>	<p>Implement person centred care training for staff, aiming for a 75% staff completion rate.</p>

Goals	Strategies	Health Service Deliverables
<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>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Fully implement CGHS leadership and talent development framework.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing</i></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>Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Use Gathering of Kindness week to provide special recognition for our volunteers.</p>
	<p>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.</p>	<p>Actively participate in the Wellington Primary Care Partnership, Worksafe, Work Well Project.</p>
		<p>Launch CGHS communication charter.</p> <p>Participate in Gathering of Kindness including holding the Hush Play to CGHS.</p>
	<p>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.</p>	<p>All staff complete core occupational violence training utilising the department's occupational violence and aggression training principles.</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>The health service will complete stage 2 of the solar energy project.</p> <p>Projected output – 738,000 kWh per annum and Project reduction in Greenhouse Gas Emissions – 757 tonnes.</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>The health service has enrolled in the GLHV HOW2 program as a means of meeting the Rainbow Tick accreditation program for LGBTI inclusive health service practice. The associated action plan will be progressed with oversight from a LGBTI Focus Group, comprising staff and community members.</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%
Healthcare associated infections (HAI's)	
Number of patients with surgical site infection	No outliers
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
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%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%

Key performance indicator	Target
Continuing Care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

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%
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 indicator	Target
Emergency care	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%

Key performance indicator	Target
Number of patients with a length of stay in the emergency department greater than 24 hours	0
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 indicator	Target
Finance	
Operating result (\$m)	0.3
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)
Acute Admitted		
WIES Public	6,864	34,886
WIES Private	638	2,385
WIES DVA	109	552
WIES TAC	40	172
Other Admitted		2,512
Acute Non-Admitted		
Emergency Services		6,892
Home Enteral Nutrition	124	26
Specialist Clinics	18,583	4,777
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	64	677
Subacute WIES - Rehabilitation Private	11	111
Subacute WIES - GEM Public	123	1,299
Subacute WIES - GEM Private	6	63
Subacute WIES - Palliative Care Public	57	597
Subacute WIES - Palliative Care Private	1	10
Subacute WIES - DVA	12	153
Subacute Non-Admitted		
Palliative Care Non-admitted		512
Health Independence Program - Public	11,841	2,135
Aged Care		
Residential Aged Care	28,928	2,430
HACC	23,298	1,428
Aged Care Other		52
Mental Health and Drug Services		
Drug Services		447
Primary Health		

Funding type	Activity	Budget (\$'000)
Community Health / Primary Care Programs	7,134	727
Community Health Other		170
Other		
Health Workforce	37	1,742
Other specified funding		1,394
Total Funding		66,152

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	6,881	57,636
	Admitted mental health services	281	
	Admitted subacute services	718	
	Emergency services	1,839	
	Non-admitted services	989	
Block Funding	Non-admitted mental health services	-	2,560
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	5,956
Total		10,706	66,152

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.



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



Mr Tony Anderson

**Chairperson
Central Gippsland Health Service**

Date: 24 / 08 /2018