

2015-16 Statement of Priorities

Agreement between Secretary for Health & Human Services and
Kerang District Health Service

Contents

Background	3
Policy directions and priorities	4
Part A: Strategic overview	7
Mission statement.....	7
Service profile	7
Strategic planning.....	8
Part B: Performance Priorities	11
Safety and quality performance.....	11
Patient experience and outcomes performance.....	11
Governance, leadership and culture performance	11
Financial sustainability performance	11
Part C: Activity and Funding	12
Part D	13
Accountability and funding requirements	14
Signature	14

Background

Statements of Priorities (SoP) are the formal funding and monitoring agreement between Victorian public hospitals services and the Secretary for Health and Human Services. Agreements are in accordance with 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 facilitate delivery of or substantial progress towards the key shared objectives of financial viability, improved access and quality of service provision.

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.

The mechanisms used by the Department of Health and Human Services to formally monitor health service performance against the Statement of Priorities are outlined in the *Health Services Performance Monitoring Framework 2015-16*.

Policy directions and priorities

The Victorian Government is committed to putting the health and wellbeing of Victorians first by investing in health services, repairing the damage of inaction and cuts to the health system and to work with Victoria's doctors, nurses, paramedics and other healthcare professionals to improve services for Victorians and to keep health costs low.

Victoria's health system will continue to face increasing demand and the Government will work with health services to ensure Victorians, no matter where they live, are able to access the health services they need closer to home. Care will be provided within more reasonable times and by highly skilled health workers.

To reduce costs and overcrowding within the health system, the Government is committed to an increased focus on prevention, community and primary health services, care in the home and health promotion.

High standards of governance and accountability are essential. In this context, the Government will publish the Statements of Priorities by 1 November each year and put more health data into the public domain including specialist clinic waiting and ambulance response times.

Government commitments

Improving health services

- Provide additional funding to respond to growing patient demand (\$970m).
- Reduce waiting times in emergency departments and on elective surgery so patients can receive quality care when they need it.
- Increase hospital capacity and implement the recommendations of the Travis Review (\$200m).
- Publically report ambulance response times and health service performance.
- Ensure the provision of greater capacity within hospitals to deal with seasonal pressures.
- Reduce ambulance transfer times at emergency departments to alleviate unnecessary ramping and allowing ambulances to get back on the road to attend the next callout.
- Expand midwifery models of care during pregnancy, child birth and the post-natal period and ensure appropriate models of care and referral practices are in place.
- Work to help people understand treatment options to ensure they can have informed discussions about their future preferences (including end-of-life care) with their health professionals, families and carers.
- Expand palliative care services and options across Victoria, such as in-home palliative care, to ensure it is culturally and age-appropriate and accessible in rural and remote areas.
- Improve coordination between hospitals, nursing homes and General Practitioners so that older people receive better, fully coordinated care.
- Appoint a new Ambulance Victoria Board, giving the organisation a renewed opportunity to tackle significant service performance and cultural issues.
- Establish an Ambulance Performance and Policy Consultative Committee to engage in direct consultation with paramedics and provide an important forum to work together to develop policy and make recommendations on opportunities for service improvements. This committee is tasked with improving call taking and dispatch, ambulance response times, workforce morale and culture, and improving the way ambulance works with the broader health system.
- Develop a 10 Year Mental Health Plan for Victoria to improve mental health services and results for people.

- Prepare the system for the rollout of NDIS, ensuring the psycho-social and disability support needs of people are met and are complemented with a community care system in Victoria so that no one misses out.

Capital investments

- Invest in new and upgraded public hospital infrastructure and equipment including the new Joan Kirner Women's and Children's Hospital in Sunshine, an expansion and redevelopment of the Werribee Mercy Hospital, the Casey Hospital expansion, and to progress planning and early works for the Victorian Heart Hospital at Monash University (\$560 million).
- Fund \$20 million to build new 12-bed ICU at Angliss with latest technology plus 8 bed short-stay unit for patients who require a stay of up to 24 hours.
- Expand cardiovascular services at Ballarat Health Services by building and equipping a new \$10 million cardiac catheterisation laboratory.
- Invest \$20 million to upgrade ambulance vehicles and equipment and a further \$20 million to support the upgrade of existing ambulance stations in high priority locations.

Health workforce

- Legislate for existing nurse/patient ratios to protect patients, deliver quality care and, consult with nurses on improving ratios into the future.
- Improve the safety of Victorian patients, doctors, nurses and other health workers by establishing a \$20 million fund, with \$10 million specifically for mental health services, to improve facilities, establishing simplified mechanisms for staff to report violence and compel health service boards to report violent incident data publicly.
- Implement the Australian Nursing and Midwifery Federation's 10 point plan to reduce violence.
- Appoint an independent expert to ensure the recommendations of the Victorian Taskforce on Violence in Nursing are fully implemented and complied with.
- Equip the health workforce with the training and facilities to assist in the timely delivery of services.
- Work with the Commonwealth to ensure that there are adequate training places in Victorian Hospitals to meet the needs of all new graduates of medicine from Victorian universities.
- Invest in training the regional and rural health workforce and in providing programs designed to bolster the health workforce in rural and regional areas.
- Double the number of Ambulance Peer Support Coordinators, fund an additional chaplain and extend support services to families who lose a loved one because of problems in the ambulance system.
- Develop a Workforce Plan for Mental Health in conjunction with the 10 Year Plan for Mental Health for Victoria.

Rural and regional health

- Invest in infrastructure, new technology and programs to ensure safe and sustainable health services are available in rural and regional Victoria.
- Work with other health providers and Primary Health Networks to better coordinate services between large regional hospitals and smaller local health services and re-invest in innovative models of service delivery in isolated areas.
- Invest in training the regional and rural health workforce and in providing programs designed to bolster the health workforce in rural and regional areas.
- Deliver health promotion strategies to address the inequity of health status among Victorians in rural and regional areas particularly relating to asthma, cardio-vascular disease, farm accidents, road trauma, suicide, depression and other mental illnesses.
- Ensure that rural patients have timely access to the Victorian Patient Transport Assistance Scheme.

Other initiatives

- Increase accessibility and responsiveness of the Victorian health system by developing culturally appropriate protocols with Aboriginal and Torres Strait Islander communities.
- Ensure culturally sensitive health services, including access to translation services, are provided for culturally and linguistically diverse communities and that staff are appropriately trained.
- Ensure that all government health services are sensitive and responsive to the health needs, including the mental health, of lesbian, gay, bi-sexual, transgender and intersex persons.
- The Victorian Government is committed to addressing family violence in all its forms across our community. Every individual has the right to feel and be safe in their own homes, with a particular focus on protecting those who are most vulnerable because of age, gender, sexuality, cultural background or life events. The Victorian Government has established the Family Violence Royal Commission and will implement its recommendations.

Part A: Strategic overview

Mission statement

Kerang District Health will provide appropriate, coordinated and effective patient focussed services and care, by skilled staff with and for the community.

Service profile

Kerang District Health provides an integrated range of acute, subacute, residential aged care and allied and community health services to a population of approximately 8,000 people in the Gannawarra Shire Council area.

Acute Care Services

- Urgent Care Centre operational 24/7 supported by Nurse Practitioners and Rural and Isolated Practice Endorsed Registered Nurses (RIPERN) and on-call local GPs.
- Medical and obstetric inpatient care provided by local GPs. Includes a shared model of care for maternity services.
- Theatre complex with surgery provided by visiting specialist surgeons providing the following:
General surgery, urology, ophthalmology, orthopaedics, gynaecology, endoscopy and dental surgery.
- Oncology
- Transitional Care beds

Residential Aged Care Services

- Residential aged care home "Glenarm" with 30 high care beds
- Respite Care
- Visiting Geriatrician

Allied & Community Services

- District Nursing Service
- Domiciliary Midwifery
- Centre Based Planned Activity Group
- Mobile Planned Activity Group
- Adult Exercise Program
- Men's Shed
- Aboriginal Health Liaison Officer
- Private Radiology Service on site
- Private Pathology Service on site

General Practice Medical Clinic

- Kerang Medical Clinic – 3 GPs

Strategic planning

Kerang District Health strategic plan for 2012 -2015 can be read at www.kerangdistricthealth.com.au.

Strategic priorities

In 2015-16 Kerang District Health will contribute to the achievement of the government's commitments by:

Domain	Action	Deliverables
Patient experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Analysis and development of key performance indicators for the introduction of colonoscopies to ensure responsiveness to clinical demand to minimise waiting times by 30 June 2016.
		Analyse the progress of the shared model of care for maternity services by 31 March 2016.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent; identify and respond appropriately to family violence at an individual and community level.	Establish a family violence reporting system where front line medical and nursing staff report all instances of family violence to relevant organisations with statistics maintained without identifying the individual.
		Meet with local Police, Northern Districts Community Health Service and Gannawarra Shire Council on a quarterly basis to review interventions, processes and systems.
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	Establish a formal framework for receiving feedback from consumers via survey results and patient stories by 31 December 2015.
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health & Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	Review feedback from the Employee Assistance Program to ensure support services to staff are available and effective. By June 2016.

Domain	Action	Deliverables
	<p>Monitor and publicly report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.</p>	<p>Code Grey Program implemented and incidents of occupational violence are reported on Victorian Health Incident Management System and also reported to Occupational Health and Safety, Quality & Risk through to the Board via monthly indicators by 31 March 2016.</p> <p>The Occupational Health and Safety Officer and the Human Resources Officer will monitor incidents of occupational violence via the Victorian Health Incident Management System and develop systems to prevent occupational violence at 31 March 2016.</p>
	<p>Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.</p>	<p>Executive management and staff will review policies on staff grievance, bullying and harassment and complaints to identify and address poor workplace culture and morale by 31 May 2016.</p>
	<p>Implement strategies to support health service workers to respond to the needs of people affected by ice.</p>	<p>Develop policies and implement staff training and education to support staff responding to patients affected by ice by 30 September 2015.</p>
<p>Safety and quality</p>	<p>Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).</p>	<p>Policies and management plans to be developed by 31 December 2015.</p>
	<p>Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.</p>	<p>Antimicrobial stewardship practices and auditing schedules to be in place by 31 December 2015.</p>
	<p>Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.</p>	<p>Monitor and review outcomes of emergency responses and ensure they are exercised by 31 March 2016.</p>

Domain	Action	Deliverables
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	Cash management systems are to be reviewed by both internal and external auditing processes by June 2015 to ensure a trade creditor turnover of less than 60 days.
	Undertake cost benchmarking and develop partnerships with peers to improve operating efficiency.	Undertake a cost benchmarking project with Cohuna District Hospital and Boort Hospital to improve operating efficiency by 31 March 2016.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	Welfare Officer to evaluate collaboration with Cohuna District Hospital, Gannawarra Shire Council and Northern District Community Health Service to improve access and responses for disadvantaged members of the community by 31 March 2016.
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to do so, making the most efficient use of available resources across the system.	Further develop partnership with Cohuna District Hospital and Swan Hill District Health to ensure patients can access treatments close to where they live by 30 April 2016.
	Reduce unplanned readmissions – with a focus on identifying high risk patients; delivering coordinated and integrated responses; and reducing the use of avoidable acute care services, where practicable and safe to do so.	Clinical Risk Committee to review all unplanned readmissions by 30 April 2016.

Part B: Performance Priorities

Safety and quality performance

Key performance indicator	Target
Compliance with NSQHS Standards accreditation	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Cleaning standards	Full compliance
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
Submission of infection surveillance data to VICNISS ¹	Full compliance

Patient experience and outcomes performance

Key performance indicator	Target
Victorian Healthcare Experience Survey - data submission	Full compliance
Maternity – Percentage of women with prearranged postnatal home care	100%

Governance, leadership and culture performance

Key performance indicator	Target
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%

Financial sustainability performance

Key performance indicator	Target
Finance	
Operating result (\$m)	0
Trade creditors	< 60 days
Patient fee debtors	< 60 days
Asset management	
Asset management plan	Full compliance
Adjusted current asset ratio	0.7
Days of available cash	14 days

¹ VICNISS is the Victorian Hospital Acquired Infection Surveillance System
Kerang District Health Service Statement of Priorities 2015-16

Part C: Activity and Funding

Funding type	Activity	Budget (\$'000)
Small Rural		
Small Rural Acute	985	\$5,550
Small Rural Residential Care	10,848	\$965
Small Rural HACC	26,926	\$729
Health Workforce		\$49
Other specified funding		\$409
Total Funding		\$7,701

Part D

The Victorian health system has faced a number of changes to Commonwealth funding since 2012-13. The 2015-16 Commonwealth Budget also presented significant changes to funding arrangements. The new funding arrangements will continue to be linked to actual activity levels between 1 July 2015 and 30 June 2016.

The Commonwealth funding contribution outlined the 2015-16 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 2015 – 30 June 2016

	Estimated National Weighted Activity Units	Total Funding (\$)	Provisional Commonwealth Percentage (%)
Activity Based Funding	0	0	
Other Funding	0	5,598,912	
Total	0	5,598,912	42.08

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2014-15 reconciliation by the Administrator of the National Health Funding Pool.
- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows), the 2014-15 reconciliation and Commonwealth announcements (i.e. Mid-Year Economic and Fiscal Outlook 2015-16).
- 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 the 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, Dental Health Services Victoria and Forensicare do not receive a Commonwealth funding contribution under the National Health Reform Agreement 1 July 2015 and 30 June 2016.

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 *Victorian health policy and funding guidelines 2015-16*;
- policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the department;
- all applicable policies and guidelines issued by the department 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 relating to the provision of health services which is in force at any time during the 2015-16 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 Acting Regional Director, Loddon Mallee Health as delegate of the Secretary for Health and Human Services 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.



Ms Annette Toohey
Acting Regional Director
Loddon Mallee Health
as delegate of Secretary for Health
and Human Services

Date: 23/10/2015



Mr Ken Jenkins
Chairperson
Kerang District Health Service

Date: 23/10/2015