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| Victoria State Government Department of Health and Human Services   |  | | --- | | Statement of Priorities  2017-18 Agreement between the Secretary for the Department of Health and Human Services and Maldon Hospital | |
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| To receive this publication in an accessible format phone 9096 1309, using the National Relay Service 13 36 77 if required, or email [ryan.heath@dhhs.vic.gov.au](mailto:ryan.heath@dhhs.vic.gov.au).  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Department of Health and Human Services, November 2017.  ISSN 2206-7132  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 2017-18*.

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 2017–18* provides an extra $1.67 billion over four years for health, mental health and aged care services across Victoria, including:

* $1.3 billion over four years from 2017-18 to respond to growing patient demand across Victoria.
* $325.7 million over four years for mental health and investment in forensic mental health services.
* $319.8 million over four years from 2017-18 to provide additional elective surgery funding.
  + $215.1 million over five years from 2016–17 to implement the recommendations of *Targeting zero* to put patient safety first.
  + Building on the investment of $526 million in November 2016, a further $26.5 million will help ambulances respond to every emergency even sooner.

To support this investment, the Andrews Labor Government is funding capital projects worth $428.5 million across Victoria.

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

Building community health and wellbeing.

## Service profile

* High Care Residential Aged Care
* Low Care Residential Aged Care
* In-patient acute beds (low acuity)
* Seven days a week District Nursing
* Planned Activity Groups and Volunteer Coordination
* Community health promotion activities

## Strategic planning

Maldon Hospital Strategic Plan 2014-2019 can be read at website: [www.maldhosp.vic.gov.au](http://www.maldhosp.vic.gov.au)

Strategic priorities

In 2017-18 Maldon Hospital will contribute to the achievement of the Victorian Government’s commitments by:

| Goals | Strategies | Health Service Deliverables |
| --- | --- | --- |
| **Better Health**  A system geared to prevention as much as treatment  Everyone understands their own health and risks  Illness is detected and managed early  Healthy neighbourhoods and communities encourage healthy lifestyles | **Better Health**  Reduce statewide risks  Build healthy neighbourhoods  Help people to stay healthy  Target health gaps | Prevent falls by conducting regular environmental scans, analysis of falls data and in depth falls incident reviews to determine preventative strategies. |
| Through Mt Alexander Health Alliance, in collaboration with Bendigo Health Mental Health Services, identify gaps in mental health support services and implement strategies to reduce those gaps. |
| Facilitate exercise programs for the community to reduced the incidence of obesity. In partnership with local agencies and services, develop and launch an activity guide for the local community. Maldon Hospital will be the lead agency. |
| Review access to health services by Aboriginal community and develop strategies to address gaps. |
| Develop and implement activities, in collaboration with other service providers, with Maldon Primary School that encourage and support healthy lifestyles. |
| **Better Access**  Care is always there when people need it  More access to care in the home and community  People are connected to the full range of care and support they need  There is equal access to care | **Better Access**  Plan and invest  Unlock innovation  Provide easier access  Ensure fair access | Conduct community and stakeholder consultations to formulate a service profile that supports the community health needs into the future. |
| Investigate further opportunities to develop more outreach programs in the home. |
| Review the model for Palliative care to enhance and promote the care of our clients at home with a life-ending illness. |
| Establish a Family Violence prevention and support “Whole of Hospital Model” to be established in conjunction with Bendigo Health. |
| Work towards meeting Rainbow accreditation to enhance services to Lesbian, Gay, Bi-sexual Trans gender and Intersex people. |

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| **Better Care**  Target zero avoidable harm  Healthcare that focusses on outcomes  Patients and carers are active partners in care  Care fits together around people’s needs | **Better Care**  Put quality first  Join up care  Partner with patients  Strengthen the workforce  Embed evidence  Ensure equal care  **Mandatory actions against the ‘Target zero avoidable harm’ goal:** | Develop and implement a plan to educate staff about obligations to report patient safety concerns, including provision of regular Education sessions to cover a wide range of staff in relation to incident reporting and quality activities evolving from patient safety concerns. |
| Develop and implement a plan to educate staff about obligations to report patient safety concerns. | Further develop open disclosure processes in line with the Australian Open Disclosure Framework. |
| Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review). | Participate in Loddon Mallee Hospitals’ Chief Executive Officer Group, Loddon Mallee Morbidity and Mortality rounds and Loddon Mallee Regional Clinical Advisory Council. |
| Conduct an external review of medical support every three years. |
| In partnership with consumers, identify 3 priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every 6 months to reflect new areas for improvement in patient experience. | Review and improve resident personal clothing laundry service. |
| Review food and nutrition services. |
| Develop activities in the new outdoor area that improve resident satisfaction. |

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 2017-18 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 <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

**High quality and safe care**

| **Key performance indicator** | **Target** |
| --- | --- |
| Accreditation |  |
| Accreditation against the National Safety and Quality Health Service Standards | Full compliance |
| Compliance with the Commonwealth’s Aged Care Accreditation Standards | Full compliance |
| Infection prevention and control |  |
| Compliance with the Hand Hygiene Australia program | 80% |
| Percentage of healthcare workers immunised for influenza | 75% |
| Patient experience |  |
| Victorian Healthcare Experience Survey – percentage of positive patient experience responses | 95% positive experience |
| Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care | 75% very positive experience |
| Victorian Healthcare Experience Survey – patients perception of cleanliness | 70% |
| Adverse events |  |
| Number of sentinel events | Nil |
| Mortality – number of deaths in low mortality DRGs[[1]](#footnote-1) | Nil |

**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% |

**Effective financial management**

| **Key performance indicator** | **Target** |
| --- | --- |
| Finance |  |
| Operating result ($m) | 0.10 |
| 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 |
| Number of days of available cash | 14 days |

# Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in ‘Volume 2: Health operations 2017-18 of the *Department of Health and Human Services Policy and funding guidelines 2017.*

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>

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| --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Funding type** | **Activity** | **Budget ($'000)** | |  |
| |  |  |  | | --- | --- | --- | | **Small Rural** |  |  | | Small Rural Acute | 14 | 1,522 | | Small Rural Residential Care | 10,125 | 528 | | Small Rural HACC | 436 | 21 | | Other specified funding |  | 98 | |  |
| |  |  |  | | --- | --- | --- | | **Total Funding** |  | **2,169** | |  | |

# 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 2017 to 30 June 2018 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2017–18 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 2017 – 30 June 2018

|  | Service category | Estimated National Weighted Activity Units (NWAU17) | Total funding ($) |
| --- | --- | --- | --- |
| 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 |  | - | 2,169,078 |
| **Total** |  | **-** | **2,169,078** |

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 2017;*
* 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 2017‑18 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.

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| **Andrew Crow**  **Assistant Director, Rural Health as Delegate for the Secretary for the Department of Health and Human Services** |  | **Mrs Vanessa Healey**  **Chairperson**  **Maldon Hospital** |
| **Date: / /2017** |  | **Date: / /2017** |

1. DRG is Diagnosis Related Group [↑](#footnote-ref-1)