



BUSINESS PLAN

2021-2022

Introduction

For Tallangatta Health Service to deliver on its vision of 'Empowering People for Health' and therefore meeting our Strategic Direction, and its strategic priorities, Tallangatta Health Service has a plan each year to support a coordinated approach.

The Business plan sets out what we need to achieve in 2021-22. It provides the framework to bring together all the areas within our business to enable us to achieve our vision.

It requires all people to be clear on our purpose. This plan is not meant to be detailed but rather provide direction on our key deliverables that are informed by our Strategic Direction and Department of Health (DH) Statement of Priorities (SOP), and our other business requirements. Our SOP links with our Strategic Direction and therefore should not be read in isolation.

This Business Plan should also be read in conjunction with the Risk Appetite Statement as it guides the Board of THS's risk appetite on the deliverables.

Key deliverables

1. Strategic Direction

Our four strategic priorities will have specific outcomes, linked with our DH Statement of Priorities and programs funded under the Commonwealth.

Strategic Priority One - Our Care is relevant, safe, high quality and responsive

Area	Initiative/Outcome	Measurement	Progress
Service Plan	Implementation of initiatives	Initiatives actioned	
Home Care Packages	Community connections enhanced	Consumer uptake of HCP	
	Improved financial sustainability	Budget	
Accessibility and Inclusion Plan	Improves consumer experience	Consumer feedback	
Communications Strategy	Increased consumer engagement and care outcomes	Feedback PMS	
Model of Care – Montessori model developed	Improves care outcomes and consumer experience	Consumer feedback VHIMS reporting	
Food Safety	Accredited	External Audit	

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Area	Initiative/Outcome	Measurement	Progress
Better at Home Project	Non-admitted MDT approach to care improves health outcomes	Project outcome realised	
National Safety and Quality in Health Service Standards / Aged Care Quality Standards/NDIS/FACGP	All criteria of Standards are met	External Audit	
Safe Quality Care	Decreasing trends in clinical risk harm	VHIMS reporting	
Aboriginal Health	Aboriginal Health Cultural Plan initiatives	Actions Achieved	
Value based care - Patient Experience project improves consumer experience	Enhances patient experience	Consumer feedback / Health Outcomes	
Governance - Risk Culture	Positive Risk Culture embedded	Incident reporting	
Clinical Governance	Quality and Safety Framework developed	Completed	
Global Green Healthy Hospital Commitment	Environmental sustainability strategy and action plan	Actions achieved	
Financial	Improved sustainability Budget breakeven minimum Financial Management Improvement Plan in place	Budget Analysis	In progress
Legislative Compliance	Legislative requirements met across all domains	VHIMS incidents	
Regional Partnerships	Improved coordination of services between our regional partners	Annual Plan achievements	
Mandatory Reporting	All obligations are met	Nil breaches	

Strategic Priority Two – Our Infrastructure is planned for future needs

Area	Outcome	Measurement	Progress
Asset Management System	Asset management is integrated into daily operations and responsibility and accountability is evident	VHIMS Reporting Asset Register Monitoring	
Planned Capital Improvements	Capital improvements are delivered within the expected outcomes for each project	Milestones met	
Social and Sustainable Procurement Framework	Procurement activities are in line with framework	Framework reporting	

Strategic Priority Three – Our Partnering with communities cultivates connections

Area	Outcome	Measurement	Progress
Value community engagement	THS is seen as a place to volunteer	No of registered volunteers	
	Volunteer Program is enhanced and links us positively with the community.	Volunteers active and contribute to service	
Engage meaningfully with the community	Community Engagement Advisory Group provides good links with community	Consumer feedback	
	Encourage active and diverse consumer engagement in the process and decisions that inform health outcomes	Consumer engagement evident in decision making	
	Develop Reconciliation Action Plan	Plan completed	
Consumer Reference Group (Residents)	Enhances resident engagement and care outcomes	Consumer engagement evident in decision making	

Strategic Priority Four – Our Workforce is adaptive, skilled, and compassionate

Area	Outcome	Measurement	Progress
Identify the workforce required to support the Service Plan	A Workforce Development Plan that supports the Service Plan and promotes Tallangatta Health Service as an employer of choice is finalised	Recruitment / retention data	
Prioritise workforce needs	A Workforce Development Plan that identifies high priority areas of workforce needs and addresses capacity and capability gaps	Quality Care Indicators	
People, Culture, Workforce	Recruitment and retention of staff is maximised	VPSC Workforce data	
	Staff Health and Wellbeing Plan supports staff in the workplace	Minimal WorkCover claims Low number grievances	
	People Matters Survey response rate increased to >70%	VPSC Survey	
	Gender Equality is evident in our actions and behaviours	Gender Equality Action Plan	

2. DHHS Performance - Statement of Priorities

Part A: Strategic Priorities

Strategic Priorities
<p>Maintain a robust COVID-19 readiness and response, working with the department to ensure a rapid response to outbreaks, if and when they occur, which includes providing testing for community and staff, where necessary and if required. This includes preparing to participate in, and assist with, the implementation of the COVID-19 vaccine immunisation program rollout, ensuring local community's confidence in the program.</p>
<p>Actively collaborate on the development and delivery of priorities within our Health Service Partnership, contribute to inclusive and consensus-based decision-making, support optimum utilisation of services, facilities and resources within the Partnership, and be collectively accountable for delivering against Partnership accountabilities as set out in the <i>Health Service Partnership Policy and Guidelines</i>.</p>

Engage with our community to address the needs of patients, especially our vulnerable Victorians whose care has been delayed due to the pandemic and provide the necessary “catch-up” care to support them to get back on track. Work collaboratively with the Health Service Partnership to:

- Implement the *Better at Home* initiative to enhance in-home and virtual models of patient care when it is safe, appropriate and consistent with patient preference
- Improve elective surgery performance and ensure that patients who have waited longer than clinically recommended for treatment have their needs addressed as a priority

Address critical mental health demand pressures and support the implementation of mental health system reforms to embed integrated mental health and suicide prevention pathways for people with, or at risk of, mental illness or suicide through a whole-of-system approach as an active participant in the Health Service Partnership and through the Partnership’s engagement with Regional Mental Health and Wellbeing Boards

Embed the Aboriginal and Torres Strait Islander Cultural Safety Framework into the organisation and build a continuous quality improvement approach to improving cultural safety, underpinned by Aboriginal self-determination, to ensure delivery of culturally safe care to Aboriginal patients and families, and to provide culturally safe workplaces for Aboriginal employees.

Part B: Performance Priorities

High quality and safe care

Key performance indicator	Target
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	85%
Percentage of healthcare workers immunised for influenza	92%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Percentage of mental health consumers reporting a ‘very good’ or ‘excellent’ experience of care in the last 3 months or less	80%
Percentage of mental health consumers reporting they ‘usually’ or ‘always felt’ safe using this service	90%
Healthcare associated infections (HAI’s)	
Rate of patients with surgical site infection	No outliers

Key performance indicator	Target
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB per 10,000 occupied bed days	≤1
Unplanned readmissions	
Unplanned readmissions to any hospital following a hip replacement	≤6%
Mental Health	
Percentage of closed community cases re-referred within six months: CAMHS, adults and aged persons	< 25%
Rate of seclusion events relating to a child and adolescent acute mental health admission per 1,000 occupied bed days	≤10
Rate of seclusion events relating to an adult acute mental health admission per 1,000 occupied bed days	≤10
Rate of seclusion events relating to an aged acute mental health admission per 1,000 occupied bed days	≤5
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	88%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	88%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	88%
Percentage of child and adolescent acute mental health inpatients who are readmitted within 28 days of discharge	<22%
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	<14%
Percentage of aged acute mental health inpatients who are readmitted within 28 days of discharge	14%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.4%
Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤28.6%

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Key performance indicator	Target
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%
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 culture survey questions	62%

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%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
Mental Health	
Percentage of 'crisis' (category C) mental health triage episodes with a face-to-face contact received within 8 hours	80%
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%

Key performance indicator	Target
Elective Surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1, 2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤7
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
Operating result (\$m)	TBC
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Actual number of days available cash, measured on the last day of each month	14 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June	Variance ≤ \$250,000

Part C: State funding

Funding type	Activity	Budget (\$'000)
Small Rural		
Small Rural Acute	6	4,916

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Small Rural Primary Health & HACC	1,876	368
Small Rural Residential Care	29,381	588
Health Workforce		49
Other specialised funding		165
Total Funding		6,086

3. Commonwealth Accountability

We must meet requirements of all target and legislative requirements of commonwealth funded programs.

1. Residential Aged Care

Area	Outcome	Measurement	Progress
Quality Standards	Accredited Positive compliance on assessment.	External / Internal Audit	
Financial	Annual Prudential Report completed 31 October 2021	Reporting	
ACFI	Loss of < 5% of revenue on audit	DOH Audit	
Occupancy Bolga Court	➤ 93%	Internal Benchmarking	
Occupancy Lakeview	➤ 95%	Internal benchmarking	
Resident satisfaction	Overall positive experience of service	Survey / Feedback	

2. Home Support Program

Area	Outcome	Measurement	Progress
Quality Standards	Accredited Compliance requirements are met on assessment	External Audit / Internal Audit	
Contract compliance	Meets all requirements	Reporting	
Financial	Revenue maximised / Acquittal completed October 2021	Budget	

Area	Outcome	Measurement	Progress
Activity	Within activity targets	Reporting	
Business model	Cost effective sustainable model	Budget	
Client satisfaction	Overall positive experience of service	Survey / Feedback	

3. Veterans Home Care

Area	Outcome	Measurement	Progress
Contract compliance	Meets all requirements	Internal / External Reporting	
Financial	Cost effective sustainable model	Budget	
Client satisfaction	Overall positive experience of service	Survey / Feedback	

4. National Disability Insurance Scheme

Area	Outcome	Measurement	Progress
NDIS Practice Standards	Certification achieved Compliance requirements are met on assessment	External / Internal Audit	
Contract Compliance	Meets all requirements	External / Internal Reporting	
Financial	Accurate acquittal	Budget	
Business model	Cost effective sustainable model	Budget	
Participant satisfaction	Overall positive experience of service	Survey / Feedback	

5. Medical Centre

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Area	Outcome	Measurement	Progress
RACGP Standards	Accredited	External / Internal Audit	
MBS Compliance	Meets all requirements	Audit	
Financial	Efficient and effective operations	Budget	
Patient satisfaction	Overall positive experience of service	Survey / Feedback	

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