

# Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Rochester and Elmore District 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 40G, 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 main 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 2019-20*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities in November each year and present data on the performance of our health system in the public domain.

## Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

## Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals.
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

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

#### Vision

Leading our Community to Better Health

### Service profile

Rochester and Elmore District Health Service is a small rural health service established in November 1993 following the amalgamation of the Rochester and District War Memorial Hospital and the Elmore District Hospital. Rochester and Elmore District Health Service is an integrated health service providing primary care, acute care and residential aged care to a catchment population of around 8,500 people.

Rochester and Elmore District Health Service provides a range of acute services including acute inpatient and urgent care services. Primary care consists of services such as district nursing, health promotion, diabetes education, dietetics, physiotherapy, podiatry, occupational therapy, planned activity group, radiology, social work and counselling. Residential aged care encompasses 60 beds including a memory support unit and respite care.

### Strategic planning

Rochester and Elmore District Health Service Strategic Plan 2016-2020 is available online at <http://www.redhs.com.au/strategic-plan-2020.html>.

## Strategic priorities – Health 2040

Rochester and Elmore District Health Service is an active participant in the Loddon Mallee Chief Executive Officer Partnership which has agreed to work towards identification of shared strategic priorities and has embarked on a comprehensive planning journey which will be completed by July 2020.

In 2019-20 Rochester and Elmore District Health Service will contribute to the achievement of the Government's commitments within *Health 2040: Advancing health, access and care* by:

### Better Health

#### Goals:

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

#### Strategies:

Reduce Statewide Risks  
Build Healthy Neighbourhoods  
Help people to stay healthy  
Target health gaps

#### Deliverables:

- Improve the health of our local school students by continuing to support the implementation of the Healthy Schools Achievement Program at St Joseph's Primary School Rochester and undertake a Healthy Schools Achievement Program baseline audit at Rochester Secondary College, to facilitate the development of a whole of school approach to health and wellbeing.
- Establish a healthy food culture and environment at Rochester and Elmore District Health Service (REDHS) by implementing the REDHS Healthy Eating Action Plan (September 2019 to June 2020) to achieve the Healthy Eating benchmark of the Workplace Achievement Program.
- Implement the Healthier Campaspe Obesity / Diabetes initiative as per the project implementation plan for 2019-20.

### Better Access

#### Goals:

Care is always being there when people need it  
Better access to care in the home and community  
People are connected to the full range of care and support they need  
Equal access to care

#### Strategies:

Plan and invest  
Unlock innovation  
Provide easier access  
Ensure fair access

#### Deliverables:

- Increase access to health care across rural and regional communities by participating in the review and development of the Loddon Mallee Telehealth Plan.
- Complete a 12-month project with the Murray Primary Health Network on the use of the My Emergency Doctor app aimed at ensuring that urgent care patients needing GP care receive that care as close to home as possible.

## Better Care

### Goals:

Targeting zero avoidable harm  
Healthcare that focusses on outcomes  
Patients and carers are active partners in care  
Care fits together around people's needs

### Strategies:

Put quality First  
Join up care  
Partner with patients  
Strengthen the workforce  
Embed evidence  
Ensure equal care

### Deliverables:

- Participate in the development of a regional volunteering strategy to increase volunteer numbers and the quality and safety of support they provide to patients and residents.
- Implement Safer Care Victoria "Hear Me" project to enable escalation of care issues.

## Specific priorities for 2019-20

In 2019-20 Rochester and Elmore District Health Service will contribute to the achievement of the Government's priorities by:

### **Supporting the Mental Health System**

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

- Contribute to the development of a Regional Mental Health Plan for the Loddon Mallee in collaboration with the Primary Health Network.

### **Addressing Occupational Violence**

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

- Improve the health and safety of health service staff and volunteers by implementing and evaluating Rochester and Elmore District Health Service's Occupational Violence action plan.

### **Addressing Bullying and Harassment**

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

- Actively promote positive workplace behaviours by implementing the Rochester and Elmore District Health Service's 2019 People Matters Survey action plan and the departmental framework.

### **Supporting Vulnerable Patients**

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

- Partner with Bendigo Health and Castlemaine Health to deliver Short Term Restorative Care program services, thereby reducing hospital admissions in the Campaspe Shire.

### ***Supporting Aboriginal Cultural Safety***

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

- Participate in the development of a regional plan for improved Aboriginal cultural safety and implement consistent local strategies to improve health outcomes of Aboriginal and Torres Strait Islander people.

### ***Addressing Family Violence***

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

- Ensure 100% of clinical staff have completed the Strengthening Health Services Response to Family Violence model 2 training for frontline clinicians.

### ***Implementing Disability Action Plans***

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

- Improve the quality of care and employment opportunities for people with a disability by finalising and commencing the implementation of the Rochester and Elmore District Health Service's All Abilities Action Plan.

### ***Supporting Environmental Sustainability***

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

- Improve environmental sustainability by participating in the development of a hospital waste management strategy across the Loddon Mallee region.

## 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 2019-20 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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance measure	Target
<b>Accreditation</b>	
Compliance with the Aged Care Standards	Full compliance
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
<b>Patient experience</b>	
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 – patient's perception of cleanliness	70%

Key performance measure	Target
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days

### Strong governance, leadership and culture

Key performance measure	Target
<b>Organisational culture</b>	
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%

Key performance measure	Target
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 measure	Target
Operating result (\$m)	-0.25
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
Forecast number of days available cash (based on end of year forecast)	14 days
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: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

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)
<b>Small Rural</b>		
Small Rural Acute	9	6,036
Small Rural Primary Health & HACC	1,537	82
Small Rural Residential Care	20,973	973
Health Workforce		128
Other specified funding		144
<b>Total Funding</b>		<b>7,363</b>

## 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 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 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 2019 – 30 June 2020

	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			7,363
<b>Total</b>			<b>7,363</b>

Note:

- 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.

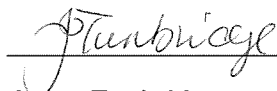
## Accountability and funding requirements

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 2019;
- 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 2019-20 financial year; and
- Relevant standards for 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. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

## 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.



**Jenny Tunbridge**  
Assistant Director, Rural and  
Regional Health as Delegate for  
the Secretary for the Department  
of Health and Human Services

Date: 8/10/2019



**Dr Carol McKinstry**  
Chairperson  
Rochester and Elmore District Health  
Service

Date: 8/10/2019

