

Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Echuca Regional Health

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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

OUR PURPOSE

- Supporting everyone to be healthy and live well

OUR VALUES

- Collaboration
- Accountability
- Respect
- Excellence

Service profile

Echuca Regional Health is located approximately 180 kilometres directly north of Melbourne in the Shire of Campaspe, adjacent to the community of Moama (Murray River Council, New South Wales).

Echuca-Moama is surrounded by the majestic Murray River, which provides a socio-economic base for agriculture, tourism, industry development and a growing population. The Shire of Campaspe is a predominantly rural area covering 4,517 square kilometres with a population of 36,881. Located on the New South Wales/Victorian border, Moama is the Murray River Council's main township. The combined catchment areas for the Shire of Campaspe and Murray River Council have an estimated population of 44,000 people.

The original Echuca District Hospital opened in 1882 and was renamed Echuca Regional Health in November 1993 following amalgamation with Echuca Community Health Service.

Echuca Regional Health provides a comprehensive range of acute, medical, surgical and subacute services plus residential aged care and a broad range of primary healthcare services.

Strategic planning

Echuca Regional Health's Strategic Plan 2019-2024 is currently under development and will be available online at www.erh.org.au when it is finalised.

Strategic priorities – Health 2040

Echuca Regional Health 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 Echuca Regional Health will contribute to the achievement of the Government’s commitments within *Health 2040: Advancing health, access and care* by:

Better Health

<p>Goals:</p> <ul style="list-style-type: none"> 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 	<p>Strategies:</p> <ul style="list-style-type: none"> Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps
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Deliverables:

- Improve the health of our community by implementing healthy eating and tobacco cessation strategies consistent with the new Victorian Health and Wellbeing Plan.
- Targeted ‘Closing the Gap’ measures will be created, monitored and actioned by a newly created Aboriginal Health Committee.
- Strengthen health promotion in schools by implementing oral health initiatives at all public primary schools in the Campaspe Shire Council in 2019-20.

Better Access

<p>Goals:</p> <ul style="list-style-type: none"> 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 	<p>Strategies:</p> <ul style="list-style-type: none"> Plan and invest Unlock innovation Provide easier access Ensure fair access
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Deliverables:

- Increase access to health care for rural and regional communities by participating in the development of the Loddon Mallee Telehealth Plan.
- Implement the government initiative to fund 500,000 additional specialist appointments in rural Victoria by increasing existing and additional specialist services to the community - including paediatric, physician and oncology consultations.

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 the Department of Health and Human Services Rural Generalist Training Framework at Echuca Regional Health to ensure sufficient numbers of staff skilled to provide high quality care into the future.

Specific priorities for 2019-20

In 2019-20 Echuca Regional Health 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 site specific Occupational Violence action plans.

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 framework for promoting a positive workplace culture, focusing on the reduction of bullying through targeted education.

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.

- Build an understanding of childhood adversity and complex trauma and the impact upon health across the lifespan within our workforce to improve engagement strategies with vulnerable populations.

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.
- Embed the Aboriginal Employment Plan and the cultural safety pathway and equity recommendations outlined in the Mangan Dunguludja Ngatan (Build Strong Employment) study conducted by the health service, in acknowledgement that education and income are inextricably linked to the social gradient of health.
- Develop a board subcommittee to supervise and monitor the Echuca Regional Health performance on the 'Closing the Gap' measures.

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.

- Improve our health service response to family violence by undertaking a census of our workforce capabilities and aligning health service activities to be consistent with the Multiagency Risk Assessment and Risk Management Framework.
- Engage clinical champions to embed a model of reflective practice to continually improve the 'whole-of-organisation' response to family violence and the principles of trauma informed practice.

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 Echuca Regional Health Disability Action Plan.
- Develop a whole-of-organisation response to people with a disability, including the adoption of innovative action plans, for example a Disability Passport.

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.

- Participate in the development of a hospital waste management strategy across the Loddon Mallee region.
- Implement the Regional Health Service Solar Program.

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

High quality and safe care

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

Key performance measure	Target
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 fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
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 measure	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 measure	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
Specialist clinics	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%

Key performance measure	Target
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

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
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 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

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 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)
Acute Admitted		
Acute WIES	7,089	35,756
WIES DVA	81	418
WIES TAC	43	249
Other Admitted		2,868
Acute Non-Admitted		
Emergency Services		9,059
Specialist Clinics	16,858	4,786
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	148	1,592
Subacute WIES - Rehabilitation Private	35	348
Subacute WIES - GEM Public	122	1,314
Subacute WIES - GEM Private	13	133
Subacute WIES - Palliative Care Public	34	365
Subacute WIES - Palliative Care Private	6	56
Subacute WIES - DVA	3	42
Subacute Non-Admitted		
Palliative Care Non-admitted		902
Health Independence Program - Public	12,578	2,006
Health Independence Program - DVA		43
Aged Care		
Residential Aged Care	21,696	1,740
HACC	2,196	221
Primary Health		
Community Health / Primary Care Programs	5,851	640
Community Health Other		327
Other		
Health Workforce		2,139
Other specified funding		862
Total Funding		65,767

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	7,016	58,870
	Admitted mental health services	0	
	Admitted subacute services	1,132	
	Emergency services	2,649	
	Non-admitted services	1,151	
Block Funding	Non-admitted mental health services	-	2,642
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	4,267
Total		11,948	65,779

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.

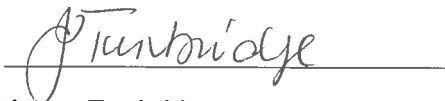
Accountability and funding requirements

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



Mr John Quirk
Chairperson
Echuca Regional Health

Date: 8 / 10 / 2019

