Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Alexandra District 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
To partner with our community so together we achieve excellence in rural healthcare.

Vision
Great healthcare locally.

Values
ADH CARES
Accessible, Dedicated, Holistic, Compassionate, Accountable, Respect, Excellence, Safe

Service profile
Alexandra District Health provides a range of inpatient (medical and surgical) and primary health services in Alexandra. Primary Health services are also provided at our campuses in Marysville and Eldon.

Acute services:

- Medical – supported by local General Practitioners and visiting specialists in cardiology, paediatrics, respiratory and nephrology.
- Surgical (general surgery, gynaecology, orthopaedics, ophthalmology, urology, ear, nose and throat, gastroenterology, endoscopy) – supported by visiting specialist surgeons and specialist anaesthetists.
- Urgent Care – qualified nursing staff supported by local General Practitioners.
- Diagnostic Services – radiology, ultrasound and pathology are provided on-site by private providers.

Primary Health Services:

- Allied health services include physiotherapy, occupational therapy, dietetics, speech therapy, counselling, and access worker. Allied Health Assistants support these programs and services.
- District nurses based at Alexandra cover the eastern side of the Murrindindi Shire.
- Chronic disease management is delivered via a diabetes educator, pulmonary rehabilitation program, cardiac rehabilitation program, continence management and a variety of activity programs.
- Health promotion is encompassed into the roles of all staff and a wide range of health promotion activity.

Strategic planning
A revised strategic plan for 2019-21 is currently being developed.
Strategic priorities – Health 2040

In 2019-20 Alexandra District Health will contribute to the achievement of the Government’s commitments within Health 2040: Advancing health, access and care by:

**Better Health**

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A system geared to prevention as much as treatment</td>
<td>Reduce Statewide Risks</td>
</tr>
<tr>
<td>Everyone understands their own health and risks</td>
<td>Build Healthy Neighbourhoods</td>
</tr>
<tr>
<td>Illness is detected and managed early</td>
<td>Help people to stay healthy</td>
</tr>
<tr>
<td>Healthy neighbourhoods and communities encourage healthy lifestyles</td>
<td>Target health gaps</td>
</tr>
</tbody>
</table>

**Deliverables:**

- Alexandra District Health will engage with and empower the community to lead actions that improve healthy eating and active lifestyle as part of the Murrindindi RESPOND project. Alexandra District Health will hold the “Great Community Fair” in November 2019 which will bring together the community at an event which celebrates healthy living. Attendance and participation in the event will exceed that of the 2018 event by 50 per cent.
- At least one community education event will be conducted each year by Alexandra District Health and partners (e.g. Ambulance Victoria) with at least 20 community members attending the education sessions. The Alexandra District Health Consumer Engagement Committee will be instrumental in developing the education topics and engaging with the community.

**Better Access**

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care is always being there when people need it</td>
<td>Plan and invest</td>
</tr>
<tr>
<td>Better access to care in the home and community</td>
<td>Unlock innovation</td>
</tr>
<tr>
<td>People are connected to the full range of care and support they need</td>
<td>Provide easier access</td>
</tr>
<tr>
<td>Equal access to care</td>
<td>Ensure fair access</td>
</tr>
</tbody>
</table>

**Deliverables:**

- Alexandra District Health will continue to provide the Advance Care Planning Clinic, which is the only one in Victoria. We will continue to support other organisations such as neighbouring residential aged care facilities and community organisations ensuring access to our community to end of life planning. Clinic attendances will be no less than 75 per cent of appointments booked.
- Explore options of telehealth with Eastern Health to improve access to specialist outpatient services. Additional clinics will be commenced in 2019-20.
**Better Care**

<table>
<thead>
<tr>
<th>Goals:</th>
<th>Strategies:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeting zero avoidable harm</td>
<td>Put quality First</td>
</tr>
<tr>
<td>Healthcare that focusses on outcomes</td>
<td>Join up care</td>
</tr>
<tr>
<td>Patients and carers are active partners in care</td>
<td>Partner with patients</td>
</tr>
<tr>
<td>Care fits together around people’s needs</td>
<td>Strengthen the workforce</td>
</tr>
</tbody>
</table>

**Deliverables:**

- Actively involve consumers and carers in the patient’s care by encouraging patients to participate in hourly rounding in the acute ward. Patient participation will improve by 10 per cent by April 2020, and the process will be evaluated by patients and staff in 2020.
- Alexandra District Health will support staff to undertake further learning/study/qualifications especially in the support services division. By June 2020 there will be an increase of 10 per cent of staff undertaking additional training.
Specific priorities for 2019-20

In 2019-20 Alexandra District 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.

**Deliverables:**

- As an active member of the Lower Hume Primary Care Partnership, Alexandra District Health will partner with other agencies to develop an integrated service plan for mental health which is aligned to the stepped care model. Alexandra District Health will investigate the feasibility of Alcohol and Other Drugs (AOD) inpatient beds in partnership with Eastern Health. By June 2020 Alexandra District Health will have prepared a business case for a new service.
- Alexandra District Health will engage in and respond to the recommendations from the Royal Commission into Mental Health. By June 2020, Alexandra District Health will have developed an action plan detailing the Alexandra District Health actions to address the recommendations.
- Alexandra District Health will conduct Mental Health First Aid training for staff and community by June 2020.

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.

**Deliverables:**

- Alexandra District Health will review, update and implement our code grey response by June 2020. All occupational violence incidents will be reported to the Alexandra District Health Board. Alexandra District Health emergency response system will be evaluated by June 2020.

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.*

**Deliverables:**

- Alexandra District Health will continue to implement the department’s *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* ensuring staff attend annual antibullying and harassment training. By 2020 all Alexandra District Health staff will have attended face to face training and completed online training to prevent bullying and harassment in the workplace. Alexandra District Health will achieve 100 per cent compliance.
**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.

**Deliverables:**

- Consumers with a disability will participate in the Alexandra District Health staff mandatory training ensuring the Alexandra District Health staff and facilities are welcoming and safe. By June 2020, 50 per cent of staff will have undertaken disability training. An evaluation of the training will be undertaken in 2021.

**Supporting Aboriginal Cultural Safety**

Improve the health outcomes of Aboriginal and Torres Strait Islander (ATSI) 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.

**Deliverables:**

- Alexandra District Health will continue to actively support the health of ATSI people by developing a whole of organisation Cultural Improvement Plan with clear timelines by June 2020, including a memorandum of understanding (MOU) with Rumbalara.
- By March 2020 Alexandra District Health will develop an engagement process that leads to the provision of an annual health check for ATSI 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.

**Deliverables:**

- Alexandra District Health will continue to work with Goulburn Valley Health in the implementation of Strengthening Health Services Response to Family Violence (SHRFV). 100 per cent of staff will have undertaken the training by June 2020.

**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.

**Deliverables:**

- Alexandra District Health will implement and embed the Alexandra District Health Disability Action Plan, building on our partnership with Menzies Support Services to provide opportunities for volunteering/employment with Alexandra District Health for people with disability. By June 2020 Alexandra District Health will have implemented at least two volunteer opportunities for people with disability. The program will be evaluated by June 2021.
**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.

**Deliverables:**

- Alexandra District Health will continue to identify opportunities as part of our Environmental Sustainability Plan, to participate in projects which will reduce our environmental impact. Our waste will be reduced by 10 per cent.
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

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection prevention and control</td>
<td></td>
</tr>
<tr>
<td>Compliance with the Hand Hygiene Australia program</td>
<td>83%</td>
</tr>
<tr>
<td>Percentage of healthcare workers immunised for influenza</td>
<td>84%</td>
</tr>
<tr>
<td>Patient experience</td>
<td></td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – percentage of positive patient experience responses</td>
<td>95%</td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care</td>
<td>75%</td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – patient’s perception of cleanliness</td>
<td>70%</td>
</tr>
</tbody>
</table>

Adverse events

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sentinel events – root cause analysis (RCA) reporting</td>
<td>All RCA reports submitted within 30 business days</td>
</tr>
</tbody>
</table>

Strong governance, leadership and culture

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational culture</td>
<td></td>
</tr>
<tr>
<td>People matter survey - percentage of staff with an overall positive response to safety and culture questions</td>
<td>80%</td>
</tr>
<tr>
<td>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”</td>
<td>80%</td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”</td>
<td>80%</td>
</tr>
<tr>
<td>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”</td>
<td>80%</td>
</tr>
<tr>
<td>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”</td>
<td>80%</td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”</td>
<td>80%</td>
</tr>
<tr>
<td>Key performance measure</td>
<td>Target</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“This health service does a good job of training new and existing staff”</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“Trainees in my discipline are adequately supervised”</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive response to the question,</td>
<td>80%</td>
</tr>
<tr>
<td>“I would recommend a friend or relative to be treated as a patient here”</td>
<td></td>
</tr>
</tbody>
</table>

**Effective financial management**

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating result ($m)</td>
<td>-0.13</td>
</tr>
<tr>
<td>Average number of days to pay trade creditors</td>
<td>60 days</td>
</tr>
<tr>
<td>Average number of days to receive patient fee debtors</td>
<td>60 days</td>
</tr>
<tr>
<td>Adjusted current asset ratio</td>
<td>0.7 or 3%</td>
</tr>
<tr>
<td></td>
<td>improvement from</td>
</tr>
<tr>
<td></td>
<td>health service base</td>
</tr>
<tr>
<td></td>
<td>target</td>
</tr>
<tr>
<td>Forecast number of days available cash (based on end of year forecast)</td>
<td>14 days</td>
</tr>
<tr>
<td>Actual number of days available cash, measured on the last day of each month.</td>
<td>14 days</td>
</tr>
<tr>
<td>Variance between forecast and actual Net result from transactions (NRFT) for</td>
<td>Variance ≤ $250,000</td>
</tr>
<tr>
<td>the current financial year ending 30 June.</td>
<td></td>
</tr>
</tbody>
</table>
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.


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.

<table>
<thead>
<tr>
<th>Funding type</th>
<th>Activity</th>
<th>Budget ($'000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Rural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Rural Acute</td>
<td>35</td>
<td>6,610</td>
</tr>
<tr>
<td>Small Rural Primary Health &amp; HACC</td>
<td>3,920</td>
<td>598</td>
</tr>
<tr>
<td>Health Workforce</td>
<td></td>
<td>67</td>
</tr>
<tr>
<td>Other specified funding</td>
<td></td>
<td>210</td>
</tr>
<tr>
<td><strong>Total Funding</strong></td>
<td></td>
<td><strong>7,485</strong></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Service category</th>
<th>Estimated National Weighted Activity Units (NWAU18)</th>
<th>Total funding ($’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity based funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute admitted services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted subacute services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-admitted services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block Funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-admitted mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching, training and research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-admitted services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,485</td>
</tr>
</tbody>
</table>

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.
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.

Megan Jones  
Assistant Director, Rural and Regional Health Performance  
South and East as Delegate for the Secretary for the Department of Health and Human Services  
Date: 11/10/2019

Ms Lorna Gelbert  
Chairperson  
Alexandra District Health  
Date: 11/10/2019