

Statement of Priorities

2019-20 Agreement between the Minister for Health and Latrobe Regional Hospital

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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ISSN 2206-6691

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 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

We will be a leading regional healthcare provider delivering; timely, high quality, accessible, integrated and responsive services to the Gippsland community.

Service profile

Latrobe Regional Hospital (LRH) is Gippsland's specialist referral and trauma centre and a designated regional hospital located at Traralgon West, 150 kilometres east of Melbourne.

Caring for a population of more than 260,000 people, LRH provides a comprehensive mix of clinical services including acute health, sub-acute, mental health and aged care. Regional services include medical and radiation oncology, orthopaedics, adult and paediatric telehealth and community mental health.

LRH is one of the largest employers in Gippsland with more than 1900 staff.

In August 2017, the Victorian Health and Human Services Building Authority (VHHSBA) completed construction of Stage 2 of the LRH Masterplan. This included a new three-level, acute building comprising inpatient wards, shell space for medical imaging and pathology, a new Emergency Department, 12 short stay beds, two endoscopy suites, a catheterisation laboratory and substantial future expansion capacity.

Government funding of \$217 million has now been provided for the delivery of the next stage of LRH's expansion to address the projected increase in service demand for inpatient, surgery and maternity services and ensure LRH is fit-for-purpose and can meet the future needs of the community.

Strategic planning

The LRH Strategic Plan for 2018-23 is currently being finalised with a focus on key priorities including Service Delivery; Our People; Education, Training & Research and Regional Leadership.

Latrobe Regional Hospital Strategic Plan 2013-18 is available online at:

<http://www.lrh.com.au/about-lrh/organisational-information/vision-values-strategic-direction>

Strategic priorities – Health 2040

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

Better Health

<p>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</p>	<p>Strategies: Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps</p>
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Deliverables:

- Reduce the health gap for people with serious mental illness through nurse led physical health clinics using the Equally Well in Victoria: Physical Health Framework for Specialist Mental Health Services.
- Implement the SCV ‘Safer Baby Bundle’ to improve outcomes for at risk pregnant women.
- To successfully meet state-wide benchmarks (as recognised by the Victorian Government) for Recognition Point 2 in Healthy Eating through the development of healthy eating compliant meal plans for all food services across LRH, including café services, food distribution and function services.
- Build research capability by providing clinical practice training to 30 staff.

Better Access

<p>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</p>	<p>Strategies: Plan and invest Unlock innovation Provide easier access Ensure fair access</p>
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Deliverables:

- Deliver better access to specialist mental health clinical care and psychosocial supports for people with a severe mental illness, through implementation of the Intensive Community Care Packages and Early Intervention Psychosocial Support Response Program.
- Provide opportunities for patients within the Gippsland region to participate in clinical trial research, aligning with LRH vision and research priorities by offering access to clinical trials in cancer treatment, in partnership with Monash Health and other multi-centre trials. Commence recruitment to three clinical cancer treatment trials in 2019-20.
- Increase the capability of the region’s cardiology service with the inclusion of invasive and non-invasive diagnostic and intervention services offered from the Cardiac Catheterisation Laboratory and additional scope of practice with the introduction of Percutaneous Cardiac Interventions.
- Continue expansion of telehealth services, improving access to patients living in regional and remote areas to specialist services. Achieved through promotion of telehealth services to consumers; education and promotion to those medical specialists referring to and delivering outpatient services; and ‘value adding’ to existing outreach service; with the aim of increasing the number of specialist outpatient clinic appointments delivered via telehealth by 20 per cent.
- Expand medical specialist clinics to offer increased access to Nephrology, Oncology, Paediatric Cardiology, and Endocrinology Specialist Outpatients clinics by providing additional specialist outpatient appointments.

- Strengthen workforce through development of a five year strategic medical workforce plan and implementation of additional graduate nurse pathways to support specialty streams in mental health, aged care and community.
- Implement the Symptom Urgent Review Clinic (SURC) for oncology patients. The SURC aim is to improve access of patients with symptoms that require intervention without presenting to an Emergency Department.
- Develop the Better Regional Ease of Access to Help (BREATHE) program for End of life care for respiratory patients partnering with Latrobe Community Health Service, Gippsland Region Integrated Cancer Services, Central Gippsland Health Service and the Primary Health Network.

Better Care

<p>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</p>	<p>Strategies: Put quality First Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care</p>
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Deliverables:

- Target preventable suicide deaths by joining up the HOPE, Zero Suicide and The Way Back programs to create a stronger, more connected and suicide safer system that leads to a reduction in the number of suicides within the specialist mental health service.
- Expand the ‘Choosing Wisely’ project across the health service, minimising over investigating, empowering patients and reducing unnecessary expenditure. Project target of 10 per cent sustained reduction in coagulation studies organisation wide (initial pilot in ED).

Specific priorities for 2019-20

In 2019-20 Latrobe Regional Hospital 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:

- Enhance access through the design of an innovative and evidence informed stepped care model of mental health in each LGA, using a Community Mental Health Hub approach driven by the Regional Mental Health and Suicide Planning Project.

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:

- Deliver hospital wide priority education to all health service staff to support occupational violence and aggression prevention within the workplace, building de-escalation skills and promoting safety and quality care.
- Achieve implementation of planned actions in the 2019-2020 Occupational Violence and Aggression Prevention Plan (including security risk assessment and the guide for security arrangements).

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:

- Rollout of the 'Know Better, Be Better' bullying and harassment awareness communications strategy across the LRH organisation, together with implementation of the Department of Health and Human Services' framework for promoting a positive workplace culture.
- Practical training package delivered organisation wide regarding Bullying & Harassment to promote a healthy workplace culture. Monitor to maintain 100 per cent compliance.
- Implement the LRH Mental Health and Wellbeing Strategy, in alignment with the Leading the Way framework and mental health and wellbeing charter to achieve a psychologically healthy and safe workplace.

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:

- Rainbow eQuality workgroup to deliver the six agreed activities within the Rainbow Tick Action Plan to ensure a safe and accessible health service for the LGBTIQ community.
- Implementation of recommendations from the "Health Care that Counts" self-assessments. The LRH multidisciplinary Child Safe Working Group has developed an action plan to meet the requirements of the Health

Care the Counts frame work and Child Safe Standards. Policies and procedures relating to Vulnerable Children have been updated to reflect the framework and standards.

- Expand telehealth services for Aboriginal patients establishing partnerships and service agreements with Aboriginal Community Controlled Health Organisations and community groups from Ramahyuck (Morwell), Gippsland & East Gippsland Aboriginal Co-operative, Lakes Entrance Aboriginal Health Association and Moogji.

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.

Deliverables:

- The agreement/signing of two Memorandums of Understanding between LRH and Aboriginal Community Groups and the initiation of partnership meetings to develop this partnership, integrate service delivery, share ideas and resolve operational problems that arise.

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:

- Implement the MARAM Framework and ensure 80 per cent of staff undertake the required family violence training. LRH Family Violence employees and working group to take carriage of the MARAM Framework, action plan to be developed and monitored with regular reports to the executive.

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:

- Finalise draft Disability Action Plan submitted to DHHS in July 2019 and commence implementation. Quarterly progress reports to Executive.

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:

- Development of an organisational-wide waste reduction strategy focusing on rationalisation and minimisation of waste across the hospital setting, targeting waste recycling and categorisation in line with DHHS led waste reduction education and strategies.
- Procurement and installation of a solar PV installation up to 1.5mW capacity with a projected output of 1,700mW per annum offsetting approximately 20 per cent of Latrobe Regional Hospital's electricity utilisation.

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%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ¹ per 10,000 occupied bed days	≤ 1

Key performance measure	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to a child and adolescent acute mental health admission	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
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%
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 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%

Key performance measure	Target
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
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 patients on the elective surgery waiting list ²	1,200
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	5,900
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%

² the target shown is the number of patients on the elective surgery waiting list as at 30 June 2020

Effective financial management

Key performance measure	Target
Operating result (\$m)	0.00
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 ³ 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

³ 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	24,919	122,525
WIES DVA	217	1,120
WIES TAC	128	751
Other Admitted		4,046
Acute Non-Admitted		
Emergency Services		14,900
Home Enteral Nutrition	208	45
Specialist Clinics	27,544	6,680
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	501	5,380
Subacute WIES - Rehabilitation Private	96	963
Subacute WIES - GEM Public	272	2,918
Subacute WIES - GEM Private	74	741
Subacute WIES - Palliative Care Public	78	842
Subacute WIES - Palliative Care Private	11	106
Subacute WIES - DVA	47	614
Transition Care - Bed days	8,381	1,317
Transition Care - Home days	6,956	401
Subacute Non-Admitted		
Palliative Care Non-admitted		216
Health Independence Program - Public	32,567	7,383
Victorian Artificial Limb Program		688
Subacute Non-Admitted Other		939
Mental Health and Drug Services		
Mental Health Ambulatory	73,543	31,745
Mental Health Inpatient - Available bed days	16,801	14,813
Mental Health Inpatient - Secure Unit	2,191	1,272
Mental Health Residential	3,653	375
Mental Health Service System Capacity	2	823
Mental Health Subacute	8,768	3,933
Mental Health Other		1,045
Drug Services		141

Primary Health		
Community Health / Primary Care Programs		1,032
Community Health Other		712
Other		
Health Workforce		4,713
Other specified funding		4,241
Total Funding		237,364

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	24,785	189,094
	Admitted mental health services	4,088	
	Admitted subacute services	3,323	
	Emergency services	5,150	
	Non-admitted services	2,328	
Block Funding	Non-admitted mental health services	-	41,540
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	6,602
Total		39,674	237,236

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.

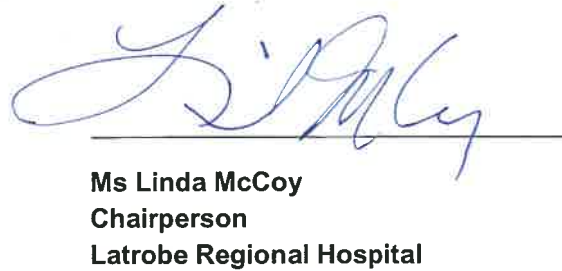
Signature

The Minister 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.



Hon Jenny Mikakos MP
Minister for Health

Date: 18 / 10 / 2019



Ms Linda McCoy
Chairperson
Latrobe Regional Hospital

Date: 18 / 10 / 2019

