

# strategic plan

This plan is viewed as a valuable opportunity to demonstrate to our community that we are committed to consistently providing the best possible quality and safety of care to all our clients.

# 2005-2010



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# foreword by board president

foreword  
president



We at Robinvale District Health Services believe our Strategic Plan clearly defines that we are an innovative organisation. It details what we do, our performance and future directions.

This Strategic plan is the culmination of an annual management review process which includes assessing the following;

- Current services and practices against “Best Practice”
- Systems
- Plans; Quality, Information technology, Capital, Budget and Departmental
- Consumer needs
- Service gaps
- Priorities and opportunities for addressing identified needs.

Management also undertakes a comprehensive evaluation of the political, social and economic environment in which this organisation operates and make calculated judgments from the consolidation of skills, knowledge and predictions we are privy to in completing our strategic plan.

At Robinvale District Health Services we believe in an extensive consultative planning process. The Board believes this is a fundamental step before it makes its strategic planning document public. Public confidence is maintained by good corporate governance and good governance is set on the strength of strategic planning. We look forward to continuously improving our current practices, processes, and systems. We believe in the quality of our people, support their continued development and seek to address the health and community services for our community so that we may proactively respond to service needs.

It is from this analysis that fundamental cornerstones for our strategic planning are set and strategic actions developed in draft for review and discussion by department heads with their staff.

Modifications are included once this input is collated and agreed upon. Departmental heads identify processes they use to show evidence of their actions and they must define opportunities in which they stretch to innovate or expand current service opportunities or processes. This process allows us to enshrine buy-in by all levels of the organisation in day to day management, organisation vision and mission and in actioning strategic endeavour to move this organisation forward.

On behalf of the Board and staff at Robinvale District Health Services I am proud to present the RDHS Strategic Plan for the 2005-2010 period. This plan provides the constructs to which the Board, Management and staff have agreed outcomes for actioning. These actions clearly define how we as an agency will responsibly and effectively meet the health needs of our community.

A handwritten signature in dark ink, appearing to read 'Peter Campisi'.

**Peter Campisi**  
President

# board and responsible officer



Mr Peter Campisi

## Board

### Mr Peter Campisi

President  
Horticulturist

#### *Term of Appointment*

1.11.2004 - 31.10.2007

#### *RDHS Committees*

Chair Executive Committee  
Finance & Audit Committee  
Ex Officio member of all other  
Committees

### Mr Bruce Ginn

Vice President  
Watch Maker

#### *Term of Appointment*

1.11.2002 - 31.10.2005

#### *Boards and Committees*

Robinvale Table Tennis Association  
Robinvale Traders Association  
*RDHS Committees*  
Executive Committee  
Chair Finance & Audit Committee

### Mr Allan Morgan

Master Butcher

#### *Term of Appointment*

1.11.2003 - 31.10.2006

#### *RDHS Committees*

Executive Committee  
Finance & Audit Committee  
Representative re Riverside Hostel issues

### Mrs Marion Rowe

RN, RM  
Retired

#### *Term of Appointment*

1.11.2002 - 31.10.2005

#### *Boards and Committees*

Member of St. Mary's Parish Council  
Member of Probus Club  
*RDHS Committees*  
Quality Management Committee

### Mr Shirley Irving

Retired

#### *Term of Appointment*

1.11.2003 - 31.10.2006

#### *Boards and Committees*

Leader of Seniors in Schools Program  
Secretary of the Anglican Church  
Chaplaincy Committee  
*RDHS Committees*  
Advisor to board on Community  
Health Issues

### Mr Russell Roberts

Fitter and Turner

#### *Term of Appointment*

1.11.2002 - 31.10.2005

#### *RDHS Committees*

Hospital Auxiliary

### Mrs Joan O'Haire

Self employed Office Manager

#### *Term of Appointment*

1.11.2003 - 31.10.2006

#### *RDHS Committees*

Executive Committee  
Representative re Nursing Home issues

### Mr Quentin Norton

Employment Consultant

#### *Term of Appointment*

1.11.2004 - 31.10.2007

#### *Boards and Committees*

Member of R.E.A.C.T. (Robinvale /  
Euston Action Community Team)  
*RDHS Committees*  
Executive Committee  
Finance and Audit Committee

### Mrs Alma Cupper

Foster Care Coordinator  
- Murray Valley Aboriginal Cooperative

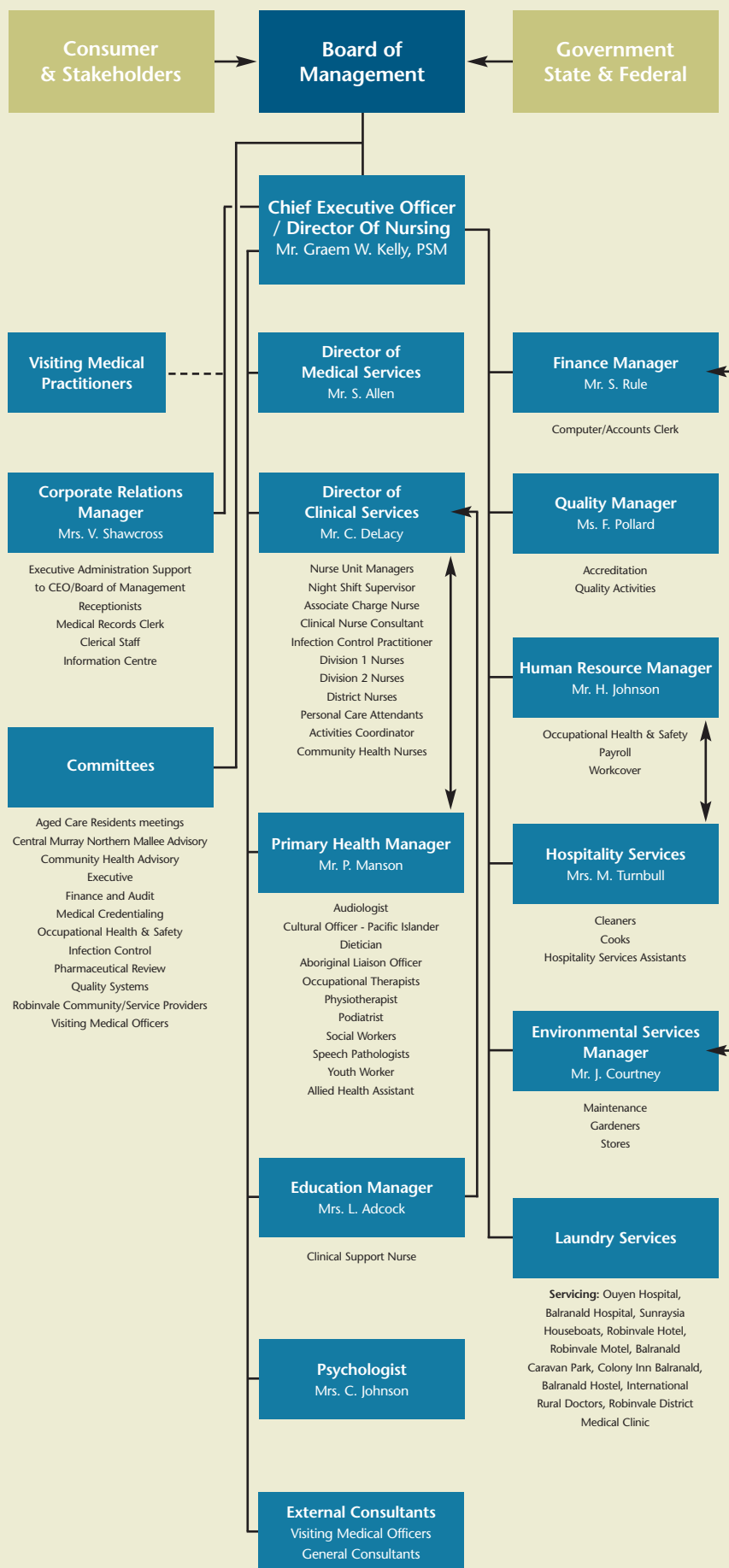
#### *Term of Appointment*

1.11.2004 - 31.10.2007

#### *RDHS Committees*

Representative re Koori issues in  
Robinvale

# organisational chart



Mr Graem W. Kelly PSM

## Responsible Officer

### Mr Graem W. Kelly PSM

GRAD.DIP.RURAL HEALTH, BA APP SC, RN,  
AFACHSE, CHE, AIIM, MACNM  
Chief Executive Officer/Director of Nursing

Appointed 1996

### Member of

REACT (Board) Northern Mallee Primary  
Care Partnership (Board), Robinvale /  
Euston Rotary Club

# vision, mission, philosophy & values and pledge

## Our Vision

*The fundamental premise of where our business wants to be through the measure of actions and professionalism of our people.*

To be a leader in the provision of rural health services.

Our Slogan: **“Quality in Rural Health Care”**

## Our Mission

*Our statement of purpose.*

In meeting community needs and by vigilance of quality systems, RDHS will continue to meet standards of practice required for accreditation and certification.

## Our Philosophy & Values

*Our beliefs and attitudes to the way we do business.*

The Board, Management and staff intend all health service interventions to be personalised and responsive to identified health needs of individuals, groups and their families. Our actions also take account of our commitment to being a good corporate citizen and supporting community capacity building initiatives. The guiding principles used in all our actions are;

- Valuing our customer/s and understanding their holistic needs
- Valuing our community and being an active part of our community
- Valuing our staff
- Competent and professional customer service
- Service accessibility for all our customers
- Service integration of all our services being provided
- Continuous Quality Improvement
- Best Practice Benchmarking
- Ethical, Efficient and Effective utilization of resources
- Support for continuing professional development of our staff
- Understanding and implementing sound Corporate Values
- Supporting community capacity building
- Working collaboratively with other local agencies and groups
- Promoting wellbeing



Hostel resident, Dot Hayes and PCA, Sue Mannix.

## Our Pledge

*The ethical and behavioural standards which staff and Board members work to.*

At RDHS we make the pledge to following ideals:

- Safety
- Businesses integrity and openness
- Financial sustainability.
- Open communication
- Integrity
- Promoting customer loyalty
- Continuous improvement
- External auditing of our quality systems
- Service without prejudice
- Care that is attentive, respectful, and dedicated in response to each and every individual's health care needs.
- Respect and understanding of cultural diversity
- Equity in access to services.
- Service tailored to the individual, group and community.
- Ethical standards
- Community and other stakeholder engagement
- Identify, eliminate or minimise risk

# strategic plan 2005 - 2010

## Future Direction

There are many factors which are taken into account in influencing the future direction of Robinvale District Health Services including government policy both State and Federal, geography, demographics (population, age, culture) socio-economic status and health trends across the area we service.

Robinvale District Health Services continues to work with the Victorian Department of Health, the Australian Department of Health and Ageing, community groups and individuals, the Northern Mallee PCP, the Mallee Division of General Practice and many local service organisations to ensure that consideration is given to many of the factors influencing the health and wellbeing of the communities we service.

Consideration has been given to the following factors but is not limited to these;

- 1 Forecast population growth and demographic change as a result of this
- 2 The cultural diversity of the region
- 3 The socio-economic status of the communities we service
- 4 Trends in demand for services
- 5 Changes occurring in health service provision
- 6 The availability of health professionals
- 7 The capital resources required to fulfil future service demands
- 8 Changes in legislative requirements
- 9 Training and education requirements
- 10 Potential for partnerships, alliances, and collaboration with other agencies

## Working With Our Community For The Future

Robinvale District Health Services invites and welcomes feedback from the community on its proposed plans. This strategic plan is intended to be a living document and while it gives strategic direction it is predisposed from time to time to variants outside the control of the organisation. This requires RDHS to maintain measures of flexibility so it may respond to changes as they arise. One of these variants of changes is community health needs and priorities. To ensure our effectiveness in meeting these changing requirements the Board and staff at Robinvale District Health Services do invite the community to engage in open dialogue on their health needs and the direction they believe the health service should take to move forward.

## Purpose

This plan outlines our strategic intention for the next 5 years (the 2005 - 2010 period). It builds on the work and development in previous planning undertaken by this organisation but also incorporates aspects for future improvement and development to meet our community's needs. The plan takes account of our vision, mission and values which are constructed with the underlying principle to improve the quality of life, the health, the potential and capacity of groups, families and individuals that we service in the region.

This plan assists in communicating to stakeholders our strategic objectives for 2005 to 2010, the actions to be undertaken and key performance indicators needed to measure the success of intended actions. The board and management shall through its monthly reports and in the Annual Report outline to the public the organisation's achievements in meeting organisational goals.

Strategic planning, budgeting, quality, organisational plans, requirements of government departments, regulatory bodies and our auditors all define the reporting framework for Robinvale District Health Services. It is these constructs combined with our desire to meet the communities' needs for health and social services which assist us in our decision making on how resources are allocated and where to focus our energies. In essence all this is what gives life to RDHS as a Multipurpose Health Service.

## Role

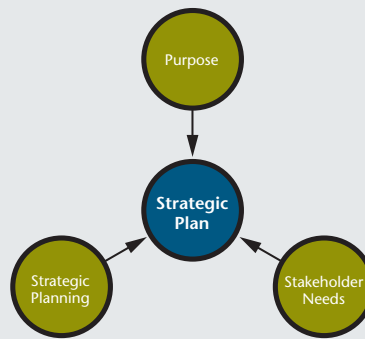
Robinvale District Health Services has significant roles in the following:

- 1 Providing a local leadership role in advocating, promoting and servicing the regions health and social supports needs.
- 2 Capably maintaining a stewardship role in delivering health and social support services that prevent, alleviate and assist individuals better manage illness and disease for this region.

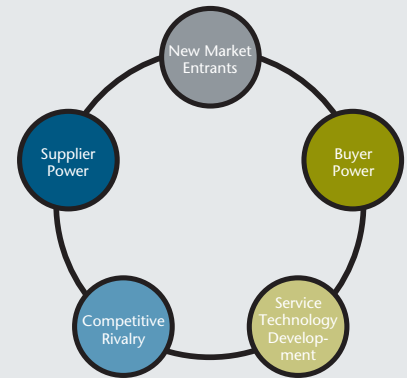
## Purpose and Roles



## Factors of Consideration



## Porters Five Forces of Competitive Position



- 3 Forming effective partnership with our customers and other stakeholders, locally and regionally to achieve healthier lifestyles, better health outcomes and improved community.
- 4 Being an innovative leader in rural health service delivery by developing effective systems and models of health care which will efficiently and successfully meet rural health needs.
- 5 Providing operational systems and processes which competently and professionally manage the provision of services operating under Robinvale District Health Services.
- 6 Meeting customer expectations of best practice and conformity to quality standards, this organisation shall be measurable and accountable to the ideals of continuous quality improvement.

### What Factors Are Considered in Putting a Strategic Plan Together?

At Robinvale District Health Services the strategic planning process takes into consideration feedback, consumer consultation, literature reviews, research and the intelligence and knowledge we as an organisation hold. Stakeholders, consumers, staff, management and the Board all complement the details drawn from government policy, local geography, socio-economic data and demographics (population, age, culture, income,

education, etc), and health trends. These factors assist RDHS to respond effectively to the identified health and social needs and supports of the region.

### Porters Competitive Forces

Taking into consideration all these factors in relation to health service provision can be represented in a hybrid version of Porter's five forces of Competitive Position (Michael Porter's Five Forces of Competitive Position Model.). In relation to the Robinvale District Health Services experience the significant forces are supply power service/technology development and consumer power but all elements are given consideration as is described below.

#### 1 New Market Entrants, eg:

- Entry ease/barriers
- Geographical factors
- Incumbents resistance
- New entrant strategy
- Accessibility to health service resources
- Market size

#### 2 Consumer Power, eg:

- Consumer choice
- Consumers numbers
- Frequency and priority of need
- Service notional importance
- Political strength
- Levels of morbidity
- Level of private insurance

#### 3 Supplier Power, eg:

- Organisational reputation
- Geographical cover
- Service level and quality of the services offered
- Relationship with customers
- Bidding processes/ access to funds and or funding
- Recruitment and retention of qualified staff
- Government funding
- Political nous

#### 4 Competitive Rivalry, eg:

- Number of competitor agencies and interests
- Industry size, trends and political positioning
- Fixed and variable cost bases
- Service range
- Differentiation and strategy
- Marketing edge and reputation

#### 5 Service/Technology development, eg:

- Alternatives price/quality/ease of access
- Improvements in diagnostic supports
- Trends and consumer needs
- Legislative change
- Political change
- Improvements in techniques, systems/processes
- Improvements in drugs

## Cornerstones

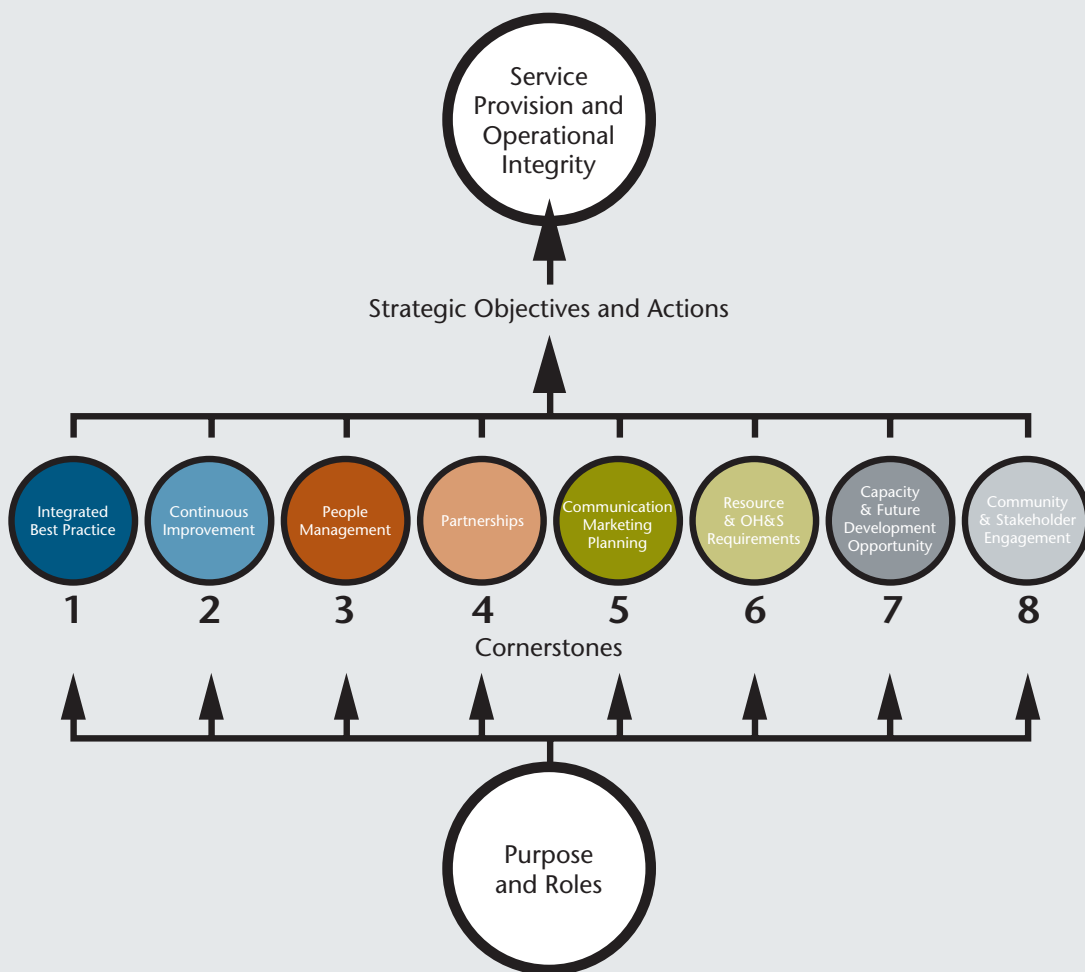
To be successful in our endeavours Robinvale District Health Services has to outline cornerstones for its strategic objectives, actions and performance measures. The cornerstones are the principle headings for categorizing our approach to the complex issue of strategic planning.

They are:

- 1 Integrated Best Practice Health Service Management
- 2 Continuous Improvement in Systems and Processes
- 3 People Management
- 4 Partnerships
- 5 Communication, Marketing and Reputation
- 6 Resource and Occupational Health & Safety Requirements
- 7 Organisational Capacity and Future Development Opportunity
- 8 Community and Stakeholder Engagement



Hostel resident, Elma Tyack and Hostel Supervisor, Sianne Nichols.



The cornerstones as depicted in this diagram give a broad organisational view of issues which are across all the services and departments which are Robinvale District Health Services. The cornerstones cascade influence into all matters consistent with this organisations intentions to effectively integrate its planning and service provision to meet the health and social needs of individuals, families, groups and communities of which we service.



# Cornerstone 1 Integrated Health Best Practice Service Management

Robinvale District Health Services incorporates good governance and management principles and processes for integrated best practice health service provision.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 1.1</b>                      Continue implementation of integrated approach to service delivery</p>	<ul style="list-style-type: none"> <li>Engage external local organisations associated with So Great committee</li> <li>Hold monthly regional service providers meeting</li> <li>CEO attend PCP meetings</li> <li>CEO attend LMHA board meetings</li> <li>Board, Management and staff attend service integration conferences and seminars and organisational planning has evidence of integration</li> <li>State and Federal government meeting and communication</li> <li>Good governance and management principles and processes are evident at Robinvale District Health Services</li> </ul>	<ul style="list-style-type: none"> <li>So Great committee continues to mature and monthly updates are reported</li> <li>Partnership and alliance relationships continue to be evident and leading to outcomes which better service the needs of the communities we service</li> <li>Meetings and attendances support Board, Management and staff engagement in appropriate forums and seminars</li> <li>There is evidence of integrated planning processes and meeting on these matters with government departments where required</li> <li>Good governance and management policies, principles and processes are in place and met required standards</li> </ul>	<ul style="list-style-type: none"> <li>So Great meetings were regularly held                             <ul style="list-style-type: none"> <li>Strategic “Whole of Community” planning process to be undertaken</li> <li>Population data project under auspice of Swan Hill Rural City Council followed by So Great committee</li> <li>Professionals housing project advancing slowly (\$2 million)</li> <li>Tourist Information centre is continuing to increase range of service - now undertaking bookings for Harvey World Travel</li> <li>New members engaging in So Great include Department of Victorian Communities (DVC) and Central Murray Area Consultative Committee (CMACC)</li> </ul> </li> <li>Regional Service providers meeting                             <ul style="list-style-type: none"> <li>Incorporated now into primary health meeting day to allow maximum contact</li> </ul> </li> <li>Youth sub committee formulated and following through on submission for extending youth services</li> <li>Housing sub committee formed focussing on pressing needs of community to address housing requirements for the district</li> <li>Primary Care partnership</li> <li>Continuing engagement in Northern Mallee in Alice Springs, Smaller Rural Hospitals, and VHA etc</li> <li>Meetings and updates are being provided to both State and Federal Governments</li> </ul>	<ul style="list-style-type: none"> <li>Quality Review of Standards relating to good corporate governance to be undertaken in 2005-2006 with actions to address issues arising</li> <li>Integrated Management Systems (IMS) accreditation planned for 2006 following review of processes by consultant</li> <li>August 2005 to make recommendations for meeting standards which integrate OH&amp;S, Environmental and Quality systems into an IMS. This will mean RDHS is one of the few organisations nationally to meet these stringent requirements</li> <li>Board assessments and appraisal systems to be undertaken with assistance of external consultant in 2005</li> <li>Service provider and PCP meetings to continue where applicable</li> <li>Conference attendance to be encouraged with Federal and State politicians and departments</li> <li>Good governance systems will by 2006 stand scrutiny of external audit processes</li> </ul>
<p>Cont'd...</p>	<p>Cont'd...</p>	<p>Cont'd...</p>	<p>Cont'd...</p>	<p>Cont'd...</p>



# Cornerstone 1 Integrated Health Best Practice Service Management *Cont'd...*

Robinvale District Health Services incorporates good governance and management principles and processes for integrated best practice health service provision.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 1.2</b></p> <p>Continue to encourage the development of a mature multidisciplinary organisational culture which is based on mutual respect and trust</p>	<ul style="list-style-type: none"> <li>• Hold general staff meeting and interdepartmental heads meetings on regular basis</li> <li>• Ensure planning processes incorporate interdepartmental representation</li> <li>• Monitor organisational culture</li> <li>• Undertake consultation with community members across the Central Murray/Northern Mallee to confirm their health needs</li> <li>• Management meetings show evidence of interdepartmental collaboration, the measures implemented collaboratively, and the processes of monitoring and review</li> </ul>	<ul style="list-style-type: none"> <li>• Documentary evidence of regular staff and interdepartmental meetings on collaborative tasks is available</li> <li>• Planning processes do include interdepartmental representation</li> <li>• Organisational culture is reviewed as part of human resource management and reported on at least annually</li> <li>• Consultation is health in the communities we serve</li> <li>• Intervention for improving organisational culture are evident and documented</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly staff and interdepartmental meetings are held and are minuted</li> <li>• Organisational culture is monitored and checked against plans, customer satisfaction reports, external and internal audit reports and the Occupational Stress Indicator survey undertaken annually</li> <li>• Central Murray Northern Mallee consultative committee meeting is held quarterly</li> <li>• Departmental plans are integrated into overall organisational strategic plan and a reporting framework is being developed in accordance with these</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to streamline communication lines and meetings framework</li> <li>• Departmental planning is taken into account when developing organisational strategic planning</li> <li>• Analysis of training needs will continue to be reviewed annually with consideration for team building exercises and communication skills attended as required</li> </ul>
<p><b>Objective 1.3</b></p> <p>Undertake effective measures for case conference management on health service clients with complex health and/or social needs</p>	<ul style="list-style-type: none"> <li>• Implement effective identification and screening processes with delineated responsibilities for case conferencing on clients with complex health and/or social support needs</li> <li>• Notes and planning of plans/actions arising from case management intervention is evident and there is also proof of the monitoring and reviews being undertaken where applicable</li> <li>• Departmental reports include attendance to these processes and show management monitoring, reviews and change management of these processes where applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Case conferencing is evident on clients with complex social health needs and actions are responsibly implemented to assist in overcoming issues</li> <li>• Departmental heads responsible for health and social supports report in their monthly reports on the numbers and relative success of case conferencing and the implementation of actions</li> <li>• At a minimum there would be expected to be at least one case conferencing meeting held per month</li> </ul>	<ul style="list-style-type: none"> <li>• Case conferencing held regularly at both Hospital and hostel</li> <li>• Departmental reports reflect continuous improvement in reporting</li> <li>• Minimums set exceeded for case conferencing</li> </ul>	<ul style="list-style-type: none"> <li>• To continue to review processes used in case conferencing and to continuously make improvements to methodologies and outcomes where ever practicable</li> <li>• Consultant to draw up new reporting requirement guidelines for department heads</li> <li>• As service options broaden expand case conferencing to be inclusive of these changes</li> </ul>
<p><i>Cont'd...</i></p>	<p><i>Cont'd...</i></p>	<p><i>Cont'd...</i></p>	<p><i>Cont'd...</i></p>	<p><i>Cont'd...</i></p>



# Cornerstone 1 Integrated Health Best Practice Service Management *Cont'd...*

Robinvale District Health Services incorporates good governance and management principles and processes for integrated best practice health service provision.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 1.4</b>  <b>Improve governance and management practices and processes across all aspects of RDHS Operations</b></p>	<ul style="list-style-type: none"> <li>Review and implement grievance, disciplinary policies and procedures for the Board of Management</li> <li>Review and update whistleblower policy where and when required</li> <li>Undertake annual review of governance practices and implement actions to improve where required</li> <li>Review and implement position of compliance officer and monitor and be responsible for software register</li> <li>Board members to be made aware of standards available under equip plus software for their information</li> <li>Review and update Board code of conduct documents to reflect AS 8000-2003 para. 3.2.2.1</li> <li>Annual review of instrument of delegation and change where deemed necessary</li> <li>Have consultant assist Board chairman undertake annual appraisal of Board members, their performance and potential requirements for professional development</li> <li>Review consumer and key stake holder engagement strategies annually</li> </ul>	<ul style="list-style-type: none"> <li>Board specific grievance and disciplinary policies and procedures developed and implemented by 2006</li> <li>Whistleblower policy reviewed annually</li> <li>Governance practices reviewed annually</li> <li>Compliance officer nominated and process implemented in keeping the organisation up to date on changes on compliance matters and in details on software register by November 2004</li> <li>Board has up to list of standards available on equip plus disk and are made aware how to access information by November 2005</li> <li>Code of conduct reviewed and changes made where required by December 2005</li> <li>Instrument of delegation is reviewed annually and minuted in a Board meeting.</li> </ul>	<ul style="list-style-type: none"> <li>Consultant engaged to assist in bringing together detailed action plan across departmental responsibilities</li> <li>Interim Compliance officer appointed.</li> <li>Equip plus software update to be provided in July 2005</li> <li>Stakeholder engagement is undertaken but there is a review being undertaken to improve this across the organisation</li> </ul>	<ul style="list-style-type: none"> <li>Annual reviews to continue</li> <li>Consultant engaged to assist in Board appraisals</li> <li>Review of Board policies and procedures being currently undertaken expected to be completed by March 2006</li> </ul>

# Cornerstone 2 Continuous Improvement in Systems and Processes

All direct care staff at Robinvale District Health Services will show empathy and compassion in their attendance to health needs of clients and all staff will engage and support an organisational culture of continuous improvement.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 2.1</b> Engage and empower staff in the Robinvale District Health Services quality system</p>	<ul style="list-style-type: none"> <li>Monthly Quality and Risk management Meetings</li> <li>Audit schedule for Board and staff produced annually</li> <li>Education and individualised consultations with staff</li> <li>Auditor support and training</li> <li>Consumer engagement</li> </ul>	<ul style="list-style-type: none"> <li>Meetings on quality and risk management show active engagement of staff in discussions</li> <li>Education sessions for quality and risk management are held (minimum 3 per annum)</li> <li>Audits are to be incorporated into a learning experience so as to engage staff</li> <li>Continuing support for education and training of internal auditors to be performed with a minimum 2 sessions per year held</li> <li>Documented review and interventions undertaken to engage greater consumer participation will be evident on review</li> <li>Quality Managers monthly reports will include regular updates on matters described, audits, risk management, qualitative and quantitative data collected as well as general quality matters arising through out the month</li> </ul>	<ul style="list-style-type: none"> <li>Risk management is incorporated into monthly quality meetings and is on the monthly agenda of the finance and audit committee, Board, and Departmental heads meetings</li> <li>Audit schedule is made available for Board and staff annually by June 30th</li> <li>Training needs analysis for all staff and Board performed annually by March 30th</li> <li>Auditor and quality management training was provided in 2005</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide training for Board and staff to ensure reinforcement of quality as a priority for this organisation</li> <li>Embed quality into fabric of meetings and planning processes so that it may be built into organisational culture on a continuum</li> <li>Introduce Integrated Management Systems into RDHS and become accredited by 2006</li> </ul>
<p><b>Objective 2.2</b> Ensuring consumer engagement and confidence through effective communication of quality and risk management actions and strategies</p>	<ul style="list-style-type: none"> <li>Annual quality care report</li> <li>Board representation included on committee</li> <li>Board representation is consistent with make up of community interests</li> <li>Review and consider general community representation on committee</li> </ul>	<ul style="list-style-type: none"> <li>Annual quality report will prepared</li> <li>There is at least one Board member in attendance at Quality Committee meetings to report back to the Board</li> </ul>	<ul style="list-style-type: none"> <li>Policies and procedures and continuously being re-evaluated and updated where required as noted with reaccreditation for 3 years under ISO 9001:2000 (December 2004)</li> <li>BACeS software being implemented and expected to fully operational by November 2005</li> </ul>	<ul style="list-style-type: none"> <li>BACeS software comprehensively used by department heads</li> <li>Policies and procedures simplified, put into electronic format with access for staff and our systems meet accreditation requirements for Integrated Management Systems accreditation for 2006</li> <li>Journals and periodicals continue to meet needs</li> </ul>



## Cornerstone 2 Continuous Improvement in Systems and Processes *Cont'd...*

All direct care staff at Robinvale District Health Services will show empathy and compassion in their attendance to health needs of clients and all staff will engage and support an organisational culture of continuous improvement.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 2.2</b> <i>Cont'd...</i></p>	<ul style="list-style-type: none"> <li>Review and consider quality article press releases</li> <li>Comments and complaints feedback systems are effective</li> <li>Keep up to date with changes in quality standards and industry trends</li> <li>Monitoring of quality and risk management meetings are available for staff review</li> <li>Comments and complaints are responded to in timely manner</li> </ul>	<ul style="list-style-type: none"> <li>At quality meeting the agenda will include updates on news and information relevant to quality</li> <li>The monthly quality meeting will report back to the Board on figures and follow up on comments and complaints</li> <li>Press releases on quality matters are evident with a minimum three per year</li> <li>Quality minutes are available for staff to review</li> <li>Comments and complaints are responded in a timely manner</li> </ul>	<p><b>Progress</b></p> <ul style="list-style-type: none"> <li>Journals and periodicals are continuously reviewed but there are a number purchased already and available through RDHS education manager</li> <li>Continual change of policies and procedures across to electronic storage is in progress and will be on a continuum of updating</li> <li>Annual cultural plan attended by November 30 each year</li> <li>Simplification of policies and procedures is being considered and where ever practicable so as RDHS will meet Integrated Management Systems accreditation requirements</li> </ul>	<p><b>Future Plans and Outlook</b></p> <ul style="list-style-type: none"> <li>Cultural planning is growing in sophistication as we review this annually. This has led to actions being continually improved to meet growing CALD needs</li> <li>Monitoring and review of Risk Management issues to be reported monthly through the Quality Committee and where relevant through financials to Board Audit Committee</li> </ul>
<p><b>Objective 2.3</b> RDHS policy and procedure manuals are reviewed where required and consolidated to reflect operational systems and processes</p>	<ul style="list-style-type: none"> <li>Manuals, policies, procedures and work instructions are reviewed as required</li> <li>Legislative changes as they arise will be incorporated into Robinvale District Health Services policies and procedures and education support provided where required</li> <li>Staff are engaged in review and implementation processes</li> <li>Manuals are progressively put into electronic form</li> <li>Best practice is reflected in the policies and procedures review process</li> <li>Cultural and age specific issues are accounted for in reviews</li> <li>Legislative changes impacting on departmental responsibilities are to be noted in monthly departmental reports</li> </ul>	<ul style="list-style-type: none"> <li>A schedule will be in place with critical dates and responsibilities for review on Manuals, policies, and procedures and there will be evidence of reporting against this schedule in the Quality Manager's monthly reports</li> <li>Evidence of legislative change is incorporated in impacted policy and procedures and RDHS has in place the BACeS software and links to systems of industry updates and legal changes</li> <li>There is membership by RDHS to organisations and to periodicals/journals to keep up to date on matters of best practice</li> <li>Manuals are fully electronic by 2007</li> <li>Departmental reports include legislative changes impacting</li> </ul>	<ul style="list-style-type: none"> <li>Continual review processes are in place with schedule to examine manuals, policies and procedures and work instructions at RDHS</li> <li>BACeS program works in progress to keep senior staff up to date on compliance matters</li> <li>Staff are engaged in quality management training through out the year</li> <li>Manuals are continuing to be documented in an electronic form</li> <li>Best practice, age specific and cultural issues are included in review processes undertaken at RDHS</li> </ul>	<ul style="list-style-type: none"> <li>Consultant reviewing departmental reports to include legislative changes in their monthly board reports</li> <li>Update in BACeS program soon to be put in place</li> <li>Continuing reviews of matters pertaining to culture, age, what is current "Best Practice"</li> <li>Consultant review of Quality systems for work towards Integrated Management systems planned for August and September of 2005</li> </ul>

## Cornerstone 2 Continuous Improvement in Systems and Processes *Cont'd...*

All direct care staff at Robinvale District Health Services will show empathy and compassion in their attendance to health needs of clients and all staff will engage and support an organisational culture of continuous improvement.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 2.3</b> <i>Cont'd...</i></p>	<ul style="list-style-type: none"> <li>• Policies and procedures are continually reviewed for simplification</li> </ul>	<p>upon their areas and actions they are undertaking to address cultural or age specific issues</p> <ul style="list-style-type: none"> <li>• Annual cultural plan is made available to all department heads and is accessible to all staff for consideration in policy and procedural reviews</li> <li>• Simplification is considered and written in where applicable</li> </ul>		
<p><b>Objective 2.4</b>  <b>Meet organisational reporting, certification and accreditation requirements</b></p>	<ul style="list-style-type: none"> <li>• Meet requirements for continued Aged care accreditation</li> <li>• Meet requirements for ISO 9001 : 2000 accreditation and certification</li> <li>• Meet requirements for Food safety certification</li> <li>• Meet standards as prescribed by the Victorian Department of Human Services and Australian Department of Health and Ageing</li> <li>• Undertake internal and external audits and manage corrective action system to ensure effective continuous improvement and quality control</li> <li>• Engage consultant to integrate and formulate schedule of responsibilities for departments with required actions, milestones and responsibilities to matrix all organisational plans into a single organisational management schedule (plans include, strategic, IT, O H &amp; S, HR, Education, Primary Health etc, etc)</li> </ul>	<ul style="list-style-type: none"> <li>• Internal audits show continuous improvement and or actions to remedy non compliances</li> <li>• Trend data and trend data analysis is documented and where required actions to address issues arising</li> <li>• Continuing accreditation under Standards monitoring team for aged care is maintained and is evidenced in feedback from accreditation findings and supports visit reports</li> <li>• ISO 9001 : 2000 certification is maintained and evidence of continuous quality improvement is evident in accreditation and certification external auditor reports</li> <li>• Food safety certification is maintained</li> <li>• Corrective action system on analysis does effectively manage non compliance issues</li> <li>• Organisational management schedule (plans include, strategic, IT, O H &amp; S, HR,</li> </ul>	<ul style="list-style-type: none"> <li>• Aged care accreditation due in December 2005 and a small working party is working on matters pertaining to this</li> <li>• Internal audits continue and are reported to monthly departmental meetings</li> <li>• ISO 9001 :2000 accreditation achieved for 3 years in December 2004</li> <li>• Consultant engaged to consolidate departmental responsibilities for organisational plans</li> <li>• External and internal audit systems monitored through Quality Committee and/or audit committee</li> <li>• KPI's being drawn up for departmental heads with assistance of external consultant</li> <li>• Food safety accreditation continued to be met and annual reviews performed</li> <li>• Infection control audit undertaken with good results</li> </ul>	<ul style="list-style-type: none"> <li>• Review of quality systems to undertake process to meet Integrated Management Systems for 2006</li> <li>• Continue to improve data reported to Board and senior management</li> <li>• Undertake review and implement changes where needed to meet good governance standards</li> </ul>

## Cornerstone 2 Continuous Improvement in Systems and Processes *Cont'd...*

All direct care staff at Robinvale District Health Services will show empathy and compassion in their attendance to health needs of clients and all staff will engage and support an organisational culture of continuous improvement.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 2.4</b> <i>Cont'd...</i></p>	<ul style="list-style-type: none"> <li>Monthly reporting by department heads against operational and financial KPI's</li> </ul>	<p>Education, Primary Health etc, etc) is in place</p> <ul style="list-style-type: none"> <li>Risk management has evidence of monitoring, review and actions undertaken where required so that the schedule of risks is up to date</li> <li>Governmental/Legislative requirements in terms of standards are evidenced as being met and report on by relevant department heads</li> </ul>	<p>Progress</p>	<p>Future Plans and Outlook</p>
<p><b>Objective 2.5</b>  <b>Continue to develop RDHS Quality Systems to meet Integrated Management systems certification</b></p>	<ul style="list-style-type: none"> <li>Review current Quality systems and undertake gap analysis of what needs to be done to bring our current systems, processes, policies and procedures to meet TQM certification requirements</li> <li>Review O H &amp; S systems and undertake gap analysis on what RDHS needs to meet AS 4801 and implement actions to address matters raised</li> <li>Potentially engage expert advice on further development of OH&amp;S risk schedule (to be incorporated into overall agency risk schedule) and the development of maintenance systems schedule for tracking attention to these details</li> <li>Review our systems against environmental standards</li> <li>Undertake consultation with our external auditors to actions required to meet TQM certification</li> <li>Continue mature and improve on current quality systems and processes</li> </ul>	<ul style="list-style-type: none"> <li>Gap analysis undertaken to identify organisational actions to meet standards to meet TQM, AS 4801 (O H&amp;S) and AS/NZS ISO 14001 1996 (environmental management systems) ISO 4269 Comments and Complaints)</li> <li>Potentially undertake consultancy to mature O H &amp; S risk management if required and develop schedule for maintenance scheduling and tracking</li> <li>Human resource monthly reports will include details pertaining to actions and relevant progress</li> <li>Organisational management schedule in place (plans include, strategic, IT, O H &amp; S, HR, Education, Primary Health etc, etc)</li> </ul>	<ul style="list-style-type: none"> <li>Consultancy engaged to review integrated management systems requirements for certification</li> <li>Non compliances issues as they arise are closed out through the use of corrective action system at RDHS</li> <li>Quality Management schedules will continue to be refined and made relevant to effectively managing risk</li> <li>New requirements for department heads to report back to Board are works in progress expecting updated format to be completed by end of September 2005</li> <li>Risk management systems only implemented at end of 2004-2005 period</li> </ul>	<ul style="list-style-type: none"> <li>RDHS is accredited as an organisation meeting "Integrated Management Systems" accreditation</li> <li>Continuing simplification of systems will be implemented where ever practicable</li> <li>All accreditation and certification throughout the organisation is maintained</li> <li>Environmental standards are met within our documented policies and procedures and in our actions</li> <li>Departmental reports reflect new internal formats for better reporting to board and senior management</li> </ul>

# Cornerstone 3 People Management

At Robinvale District Health Services we believe in our people and this is supported by high quality people management.



Cornerstone

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 3.1</b> Effectively manage the strategic requirements of RDHS through a comprehensive Human resource plan</p>	<ul style="list-style-type: none"> <li>Review, document and implement RDHS succession plan</li> <li>Review and undertake recruitment and retention strategies</li> <li>Monitor and maintain effective industrial relation strategies</li> <li>Review, monitor and undertake required actions to effectively manage remuneration and payroll issues</li> <li>Implement strategies to support Board and management in their roles</li> <li>Implement documented plans for effectively meeting changes in the Occupational Health and safety Act of 2005 and work towards meeting standard AS 4801</li> <li>Monitor and implement where required strategies and actions to meet Human resource requirements for future developments ( examples being maternity strategy, hostel relocation, RPA project etc)</li> <li>Undertake annual Occupational Stress indicator survey with assistance of psychologist</li> <li>Review need for exercises in team building and organisational dynamics for consideration of management where it is deemed appropriate</li> <li>Introduce improved key performance indicators for non financial areas</li> </ul>	<ul style="list-style-type: none"> <li>Human Resources plan integrates all elements identified for action and document plans and strategies required to meet organisational needs</li> <li>OSI testing performed annually</li> <li>A documented review of team building exercises is in place</li> <li>Improved Key performance indicators for non financial areas detail improved monthly reporting to CEO and Board</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive human resource plan has been developed and will incorporate reporting requirements on issues pertaining to good Human resource management</li> <li>Board evaluation is arranged with external consultant's assistance. This shall identify learning needs so a formal training program can be put in place</li> <li>AS 4801 is to be reviewed as part of contracted consultants requirements and a report has been prepared to outline findings</li> <li>Medical quality audit review contracted for August 2005 credentialing systems will be brought in line with new standards</li> </ul>	<ul style="list-style-type: none"> <li>Human Resources reports will include improved systems of reporting allowing the Board and senior management to better manage resources</li> <li>OSI testing will continue</li> <li>Training and education needs analysis at all levels of the organisation will continue to occur annually</li> <li>Improved outcomes in Human Resource Management are evident in trend analysis to both board and senior management</li> </ul>
Cont'd...	Cont'd...	Cont'd...	Cont'd...	Cont'd...



# Cornerstone 3 People Management *Cont'd...*

At Robinvale District Health Services we believe in our people and this is supported by high quality people management.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 3.2</b> Effectively manage the strategic requirements of RDHS through a comprehensive Staff development and training plan</p>	<ul style="list-style-type: none"> <li>Monitor and maintain comprehensive data base of staff training, appraisals and other HR related matters</li> <li>Undertake annual training needs analysis and prepare and implement training and education plan</li> <li>Review and facilitate training when required to ensure staff meet competencies required by legislation, registering bodies and or by RDHS</li> <li>Explore funding opportunities to meet these initiatives</li> <li>Continue comprehensive induction and orientation programs</li> <li>Undertake mandatory training such as fire, manual handling etc.</li> <li>Continues student placements, refresher and nurse graduate programs</li> <li>Continuously improve training and education processes and ensure cultural awareness plan is annually completed</li> <li>Be responsive to the needs of our volunteers in training education and support</li> <li>Maintain effective and up to date records of staff, students, trainees and volunteer training, education and general human resource data</li> </ul>	<ul style="list-style-type: none"> <li>Comprehensive and up to date records of HR, Training and education data is evident with mandatory training detailed in staff records</li> <li>Annual training education and training needs analysis is undertaken and accounted for in annual training plan</li> <li>Competencies assessments and support training is documented</li> <li>Funding opportunities have evidence of submissions being made</li> <li>Induction, orientation and student and graduate nurse training is documented</li> <li>Volunteer training is undertaken and has documentary evidence of this being under taken</li> </ul>	<ul style="list-style-type: none"> <li>Core data base is in place to assist in better data management of staff details including their training matters</li> <li>Annual training analysis has been undertaken</li> <li>Competencies and mandatory training requirements have been attended</li> <li>Nurses Board Victoria has had a submission for training and supervision for students, refresher, graduate and overseas nurses training attended</li> <li>All volunteers are offered orientation program prior to engagement for RDHS</li> <li>All staff's are required to attend an orientation program prior to placement in their role</li> <li>Education alliance with CHERC from Bendigo educational support</li> <li>Application for Clinical Nurse support role made to DHS</li> <li>Cultural plan is developed annually</li> </ul>	<ul style="list-style-type: none"> <li>Training for overseas nurses will continue with a maximum three on site at any one time</li> <li>Education plan will be continually reviewed and improved</li> <li>RDHS will attract graduate nurses to its program by DHS do meet requirements of effective human resources management</li> <li>Pay-role system under Health smart does meet organisational requirements</li> <li>Cultural planning is reviewed in terms of all organisational systems and in continuously improving cultural plan</li> <li>All paid and non-paid employees and volunteers have undergone orientation program prior to placement into duties</li> <li>Education program shows maturity in staff skills development</li> </ul>

# Cornerstone 4 Partnerships

In partnerships we grow and through collaboration we at Robinvale District Health Services expect to better serve the communities we work and live in.



Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 4.1</b>                      Continue to engage in meaningful dialogue, alliances and partnerships which add value to our community and to the customers we serve</p>	<ul style="list-style-type: none"> <li>• Continue engagement in the Central Murray/Northern Mallee Primary Health Care Service promoting open consultative processes between partner agencies and their communities for the effective management of the Regional Health service program</li> <li>• Continue membership in Loddon Mallee peak groups for health service delivery</li> <li>• Continue engagement in MPS group and their meetings</li> <li>• Continue to build upon local alliances and maintain support to the So Great group model</li> <li>• Actively seek feedback from external suppliers, customers and other stake holders</li> <li>• Actively engage in matters significant to regional growth and development</li> <li>• Engage in triple bottom line analysis of performance (Financial, Environmental and Social)</li> </ul>	<ul style="list-style-type: none"> <li>• There is documentary evidence and has been regular meeting held of the Central Murray/Northern Mallee Primary Health Care Service steering committee</li> <li>• Membership is maintained in peak groups associated with the provision of health service across the Loddon Mallee</li> <li>• Evidence of continued engagement in MPS network meetings</li> <li>• So Great continues to develop and there is evidence of building on alliances</li> <li>• There is evidenced feedback and action taken where required to meet issues raised in that feedback</li> <li>• RDHS is active supporter of regional growth and development</li> <li>• There is evidence of Triple bottom line improvements where applicable</li> </ul>	<ul style="list-style-type: none"> <li>• Central Murray/Northern Mallee Primary Health Care Service steering committee continue to be held regularly</li> <li>• Membership is maintained with Loddon Mallee peak groups in health services</li> <li>• MPS meetings continue</li> <li>• So Great project continues</li> <li>• Feedback mechanisms are used to monitor supplier, customer and stakeholder feedback</li> <li>• Annual Report was awarded bronze award</li> </ul>	<ul style="list-style-type: none"> <li>• Triple bottom line reporting is to be included in reports to the Board</li> <li>• MPS network need focussing on to rebuild relationships of sharing amongst MPS group</li> <li>• RDHS will actively support and encourage regional growth and development</li> <li>• Promotion of RDHS so that it maintains its standing as an organisation of excellence</li> <li>• Brochure of various languages to be distributed amongst point of association to health service</li> <li>• Signage is to be reviewed and opportunities for multilingual signage are to be investigated</li> <li>• Marketing strategy is to be reviewed and actions implemented as required</li> <li>• Annual report again to be entered in Australasian Reporting Awards</li> </ul>



# Cornerstone 5 Communication, Marketing and Reputation

Communication, marketing and reputation are critical elements in a service business such as Robinvale District Health Services as they are fundamental to our continuing provision of high quality care.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 5.1</b> Undertake measures that meet organisational needs for effective communication and marketing and uphold and build upon the organisations reputation</p>	<ul style="list-style-type: none"> <li>RDHS will undertake to develop a communications and marketing strategy for 2005 to 2010</li> <li>Communications made by RDHS will be continually reviewed for improvement</li> <li>Marketing strategies will be in place to assist in recruitment and retention</li> <li>Effective dialogue to our clients and stakeholders shall be maintained by the continual provision of quality documents such as our; annual report, organisational reports, press releases, consultants reports, letters etc.</li> <li>Marketing will be set to inform our clients of our services</li> <li>Plans will be undertaken to meet government departmental reporting requirements in a timely and effective manner</li> <li>All staff will in timely manner actively respond to matters pertinent and supportive to the continuation of this organisations reputation as a high quality, innovative and caring health service</li> </ul>	<ul style="list-style-type: none"> <li>Communication and marketing strategy completed by September 2005</li> <li>Marketing and planning actions are put in place and evidenced</li> <li>Brochures attending to variant languages will be prioritized and put in place</li> <li>Organisational reputation is continually improved and is evidenced in feedback mechanisms</li> <li>Governmental reporting requirements are met in a timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Initial stages of literature review is underway to assist in developing strategic document for communication and marketing</li> <li>Consideration is being given consultancy assistance for the this area</li> <li>HR strategic plan includes recruitment and retention</li> <li>Reports are being attended in timely manner</li> </ul>	<ul style="list-style-type: none"> <li>Communications and Marketing strategic plan to be completed by June 2006</li> <li>Reviews of communications continue as part of management roles</li> <li>Continue to improve communications and marketing actions</li> </ul>



# Cornerstone 6 Resource and Occupational Health & Safety Requirements

Vital to our continued care of staff and clients is the efficient management of resources and occupational health and safety requirements.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 6.1</b> Undertake measures that meet organisational needs for effective and efficient use and maintenance of capital resources.</p>	<ul style="list-style-type: none"> <li>A proactive asset maintenance program shall be evident and documented</li> <li>Strategic capital requirements will be evident in the organisational budget and preplanning</li> <li>Essential services maintenance pro-forma's required by DHS is met in a timely manner and required documentation is supportive of these processes</li> <li>Occupational Health and Safety requirements are met and risks minimised where ever practicable to reduce potential for injury and limit exposure to the organisation to remedial compliance measures</li> <li>Planning for interventions required to meet and implement risk modification or elimination will be documented and evident for review and monitoring</li> </ul>	<ul style="list-style-type: none"> <li>An effective asset management system is in place and working to DHS in a timely manner</li> <li>Essential services certification requirements are met</li> <li>Risk analysis of OHS issues are evident and show effective monitoring</li> <li>Risk management strategies are implemented and do reduce potential of injury or damage</li> <li>Work cover premiums continue to reduce where applicable</li> </ul>	<ul style="list-style-type: none"> <li>Consultancy engaged to undertake gap analysis for RDHS to meet Integrated Management systems accreditation</li> <li>Investigation carried out on potential asset and preventative maintenance software, negotiations being held with TECH ONE</li> <li>Submissions on potential large capital for 2005-2006 have gone to DHS</li> <li>Risk management processes have been put in place and the consultants will assist in reviewing this</li> <li>Workcover premium down 27% approximately \$50,000.00 saving</li> </ul>	<ul style="list-style-type: none"> <li>Occupational Health safety policies, procedures and practices do meet legislative requirements and those of accreditation under Integrated Management systems</li> <li>Work cover premiums remain low and numbers of staff injuries are minimised</li> <li>Risk/hazard analysis keeps risks and hazards as low as is practicable</li> <li>Software meets needs of RDHS to effectively manage asset management, preventative maintenance and essential services</li> </ul>
<p><b>Objective 6.2</b> Maintain a safe workplace and safe practices in the workplace through an effective Occupational Health and Safety program</p>	<ul style="list-style-type: none"> <li>Engage consultant to undertake gap analysis of polices, procedures and practices in accord with what is required under AS 4801 accreditation</li> <li>Ensure responsibilities are met under Occupational Health Safety act requirements</li> <li>Review hazard and risk registers annually</li> <li>Undertake workplace risk analysis for risks and hazards</li> <li>Review polices and procedures annually</li> <li>Ensure return to work programs and other details such as injury registers etc are attempted to in</li> </ul>	<ul style="list-style-type: none"> <li>Consultant provides report of gap analysis for RDHS to meet AS 4801 accreditation with resultant actions being undertaken to meet needs by March 2006</li> <li>On accreditation for Integrated Management Systems requirements of AS 4801 are found to be met by June 2006</li> <li>Hazards and risks are identified and minimised and documentary evidence of a full review being done is documented annually by June 30th</li> <li>Annual review of polices and procedures is evident by June 30th</li> </ul>	<ul style="list-style-type: none"> <li>Consultant engaged for review in August</li> <li>Departmental responsibilities and performance measures currently works in progress expected to finished September 30th, 2005</li> <li>Quality review of processes planned for September 2005</li> </ul>	<ul style="list-style-type: none"> <li>RDHS will meet accreditation requirements for integrated management systems by June 30th, 2006</li> <li>Occupational Health and Safety systems will be continually improving and consistent with legislative requirements of the day</li> <li>Workcover premiums will be kept low to effective management of O H &amp; S risks and hazards</li> <li>Worksafe will be a collaborative partner in ensuring RDHS is a safe work place with credible evidence of a good quality safety record</li> </ul>

Cornerstone



## Cornerstone 6 Resource and Occupational Health & Safety Requirements *Cont'd...*

Vital to our continued care of staff and clients is the efficient management of resources and occupational health and safety requirements.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
Objective 6.2 <i>Cont'd...</i>	a timely manner and meet requirements of state authorities (Worksafe & Workcover)	<ul style="list-style-type: none"> <li>Worksafe and Workcover requirements are fully met by the agency and there is evidence to show evidence of auditing these processes at least annually</li> </ul>		

Cornerstone



## Cornerstone 7 Organisational Capacity and Future Development

Board management and staff challenging the status quo aids Robinvale District Health Services to be innovative, a leader in rural health and it also assists it to realise its capacity to undertake change, grow and develop.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
Objective 7.1 <b>Review, evaluate and action strategies to continually current organisational capacity</b>	<ul style="list-style-type: none"> <li>Departmental manager's monthly reports will include specifics as required by Executive management and the board to effectively monitor outputs and outcomes so allowing for responsible management of resources engaged in these operational matters</li> <li>The capacity of Board, staff and volunteers is reviewed as part of annual appraisal system</li> <li>Financial reporting does detail budgetary variations, trend analysis data and compliance concerns with recommendations for considered discussion and appraisal of the audit committee</li> <li>Plans for operational matters of RDHS take into consideration opportunities for improvement and resource reallocation where applicable</li> </ul>	<ul style="list-style-type: none"> <li>Monthly reports clearly define operational matters and detail opportunities for improvement where applicable</li> <li>Annual appraisal are documented and where capacity can be utilised actions are evidenced to utilise opportunities in Board, staff and volunteer development</li> <li>Financial reporting does have evidence of best practice financial analysis to assist audit committee and board id effective monitoring of performance</li> <li>Planning is annually evidenced to ensure prudent management of RDHS resources</li> </ul>	<p>Systems used at present are the So Great committee, service providers group, pharmacy review committee, aged care residents groups, focus groups, health promotional activities etc</p> <ul style="list-style-type: none"> <li>Plans for 2006 needs analysis and service plan</li> <li>Annual management review undertaken</li> <li>Opportunities for potential expansion of services are constantly being applied for as part of normal business</li> <li>Comments and complaints monitored and reported in annual report</li> </ul>	<ul style="list-style-type: none"> <li>Set organisational standards for consumer feedback and develop statement supporting community engagement</li> <li>Continuously review and improve on current systems of consumer engagement</li> </ul>



# Cornerstone 8 Community and Stakeholder Engagement

Community and stakeholder engagement are crucial to the continued success of RDHS.

Objective	Actions	Key Performance Indicators	Progress	Future Plans and Outlook
<p><b>Objective 8.1</b>  <b>Engage with consumers to ensure their needs are identified, comments and complaints monitored reviewed and actioned where applicable</b></p>	<ul style="list-style-type: none"> <li>• Ensure integrity of customer feedback system and acknowledgement and replies are timely</li> <li>• Customer needs analysis is formally undertaken every 3 years with the service plan (next due 2006-07)</li> <li>• Opportunities as they arise are sort to meet unfilled needs (government and other sources)</li> <li>• Annual management reviews are to include review of unmet consumer needs for strategic consideration</li> <li>• Consumer engagement takes into consideration matters of access, gender, age and culture</li> <li>• Complaints and comments are reported in numbers through the annual report and surveys are actioned where improvements identify opportunities</li> <li>• Set organisational standards for consumer feed back and supportive position statement for community engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Comments and complaints policies and procedures are adhered to and replies are evidenced in a timely manner</li> <li>• Documentary evidence of consumer engagement for service planning and feedback is apparent</li> <li>• Special focus groups are held on issues as they arise</li> <li>• Annual management reviews incorporate review of consumer feedback and review of priority of needs and matters relevant to access, gender, age and culture</li> <li>• Annual report includes data inclusive of customer satisfaction surveys, number of complaints and comments etc.</li> <li>• Have RDHS standards for consumer feed back, a position statement and audit our current feedback systems by December 2005</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback mechanisms are in place for customer feedback and analysis of data is undertaken to identify areas for improvement at RDHS</li> <li>• Annual Management review was undertaken for 2004-2005</li> <li>• Annual report includes data analysis of comments and complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Improvements in customer feedback systems to be reviewed by June 2006</li> <li>• Organisational standards for customer feedback and a position statement concerning such feedback to be completed by June 2006</li> <li>• Special area focus groups to be put in place for specific issues as needs arise</li> <li>• Refinement of current data systems to be considered and where required changes made by June 2007</li> </ul>

## Plans & Budgets

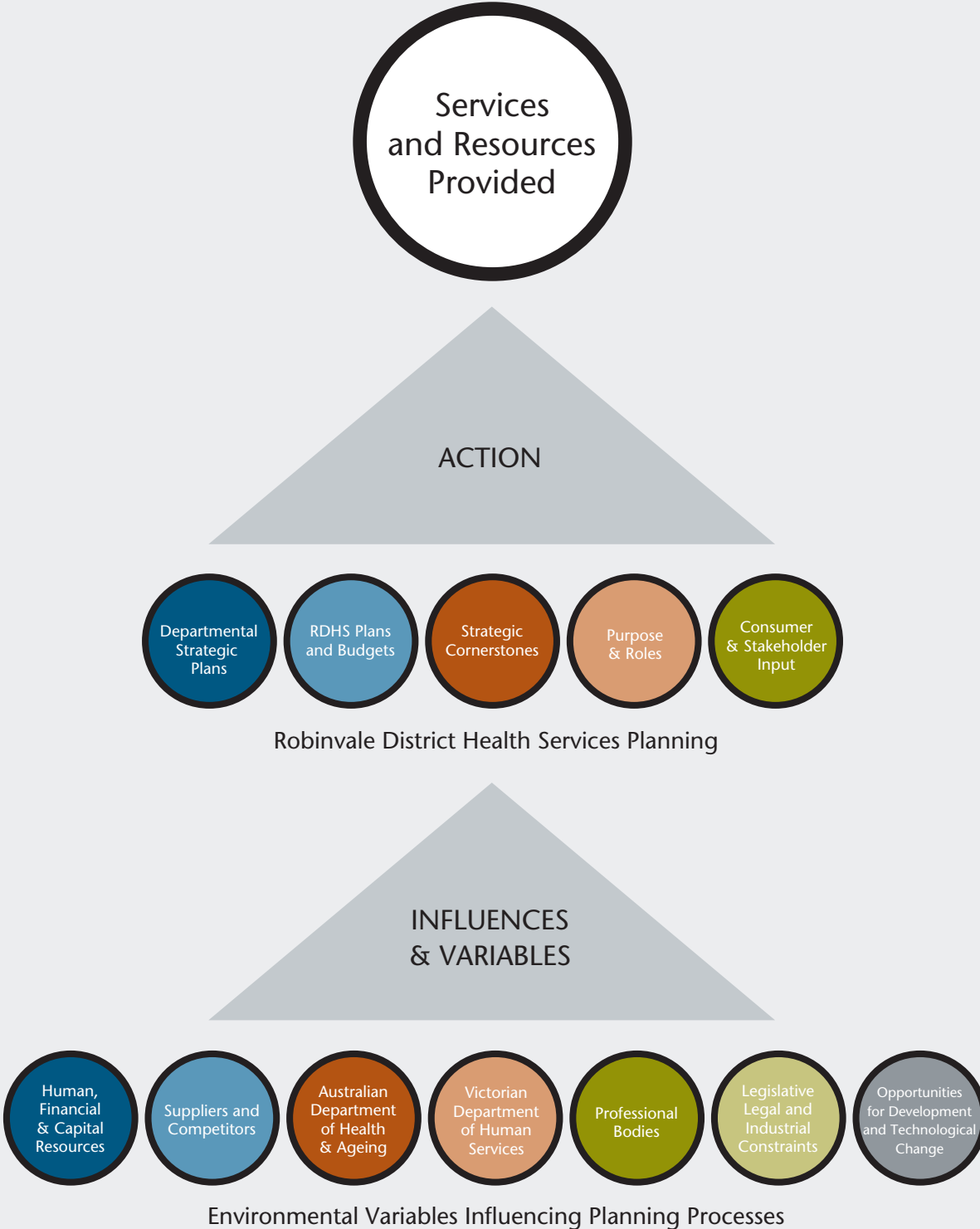
Underpinning Robinvale District Health Services "Strategic plan" there are intensive planning and budgeting processes which are influenced by environmental variables (as described in diagram 4). Annually there is a management review of organisational systems and processes. There is formally an annual budgeting analysis, annual risk management review, a minor services review and review of departmental plans. Informally there is constant review and vigilance on all plans.

A capital planning review was extensively undertaken in the 2004 to 2005 period and the following were identified: roadways and pathways, a new kitchen, medical records room, administrative block and relocation of the hostel. These are major works and as such require submission to DHS for funding consideration. A capital master plan was also undertaken in 2005, this plan will greatly assist the Board and management in ensuring that planning for buildings and land is prudently undertaken in a logical and efficient manner.

Every three years there are significant planning reviews undertaken in service planning, Information technology planning and major capital planning. These are reviewed and adjusted annually and as such are living documents. The risk management plan and financial management plan are annual plans and in 2005 they were undertaken in consultation with our external consultant auditor and an action plan has been put into place to address the matters raised in the plans.

At RDHS extensive planning and review processes are continuously undertaken to ensure that the organisation responds to an ever changing environment. It is the forward planning strategies which set parameters for flexible change management to action solutions to problems arising from reviews. Responses to change are how this organisation efficiently responds and manages change with in this organisation.

Operational and Strategic Influences and Processes



## strategic plan 2005-2010

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