

Statement of Priorities

2018–19 Agreement between the Minister for Health and
Albury Wodonga Health

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 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 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 2018-19*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

Government commitments

The *Victorian Budget 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrews Labor Government is funding a \$1.3 billion acute health capital, infrastructure and equipment program.

This investment will support the implementation of Health 2040: advancing health, access and care - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

Part A: Strategic overview

Mission statement

Our mission is to deliver safe, reliable and responsive patient care.

Service profile

Albury Wodonga Health was established under the *Health Services Act 1988 (Vic)* on 1 July 2009. Albury Wodonga Health operates from 19 sites across North East Victoria and Southern New South Wales. It is the only cross jurisdictional health service in Australia and is one of six regional health services in Victoria.

Albury Wodonga Health offers a wide range of acute, subacute, mental health and primary care services to a population of approximately 250,000. The health service works in partnership with a range of community based residential facilities and community health centres delivering care and services from 19 different sites across North East Victoria and Southern New South Wales.

Service developments for 2018-19 include the opening of the cardiac catheterisation laboratory, completion of a master plan for upgrade to the Albury and Wodonga Hospitals and commencement of the Albury Emergency Department redevelopment project, development of a “Brain and Mind” mental health and well-being centre in Albury, implementation of a range of service improvement projects in partnership with Better Care Victoria and introduction of new telehealth specialist clinics.

Strategic planning

Albury Wodonga Health’s Strategic Plan for 2015-2018 can be read at <http://www.awh.org.au/about-us/board-directors/strategic-plan/>

Strategic priorities

In 2018-19 Albury Wodonga Health will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>The Albury Wodonga Health Primary Care and Population Health Committee will work with key partners to identify opportunities for joint action across Albury Wodonga Health's catchment for the prevention of cardiovascular disease.</p> <p>Albury Wodonga Health's mental health service will continue to work with at risk populations with particular emphasis upon providing a range of prevention and early intervention approaches for rural and farming families, older persons, women and their families, pre and post-natal, people with substance misuse problems, and those presenting to the Emergency Department post suicide attempt.</p>
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Albury Wodonga Health will develop the range and quality of clinical services that minimise the need to travel to Melbourne or Sydney with a priority on:</p> <ul style="list-style-type: none"> • Developing cardiology services for the border, including the commencement of a Cath Lab and associated cardiology services • Improving palliative care services with the recruitment of a specialist palliative care physician • The recruitment of a haematologist.

Goals	Strategies	Health Service Deliverables
		Albury Wodonga Health will lead the development of a regional cardiac plan to identify service roles, referral pathways, ambulance protocols and access to cardiac rehabilitation programs for its catchment population.
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Albury Wodonga Health will support its health service partners to enhance clinical governance and quality practice by:</p> <ul style="list-style-type: none"> • Coordinating and supporting the Northeast Victoria clinical governance project to develop standardised clinical governance resources and practice across four small rural health services and one bush nursing centre • Coordinating and supporting the east hume perinatal mortality and morbidity committee • Supporting the northeast victorian Board Quality Chairs network. <p>Albury Wodonga Health will partner with Better Care Victoria and its neighbouring health services to embed evidence-based practice for sepsis care, and will also work to reduce unnecessary clinical testing within the Albury Wodonga Health emergency departments.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans</p> <p>Draft disability action plans are completed in 2018-19.</p>	<p>Albury Wodonga Health will submit a draft disability action plan to the department by 30 June 2019. The draft plan will outline the approach to full implementation within three years of publication.</p>

Goals	Strategies	Health Service Deliverables
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Albury Wodonga Health will continue its comprehensive program of volunteer engagement with opportunities for volunteer involvement including meal mates, café Vue, concierge, patient experience survey, Optimising Consumer Health and Information Documents (ORCHID) consumer information reviews and the shuttle service. Albury Wodonga Health will continue to recognise the contributions of its volunteers at the annual volunteer appreciation day.</p>
	<p>Bullying and harassment</p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Albury Wodonga Health will use data from the annual people matter survey to monitor and identify risks related to bullying and harassment. All reports of bullying and harassment will be appropriately investigated and staff will be provided with feedback as required. Regular reports on bullying and harassment incidents are provided to the Executive and Board.</p>
	<p>Occupational violence</p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<p>Occupational violence training will be rolled out across Albury Wodonga Health with a focus on those staff who work in areas of highest risk including emergency department, mental health and maternity to receive comprehensive training on risk mitigation.</p>

Goals	Strategies	Health Service Deliverables
	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Albury Wodonga Health will implement a range of actions to improve environmental sustainability, including:</p> <ul style="list-style-type: none"> • A significant LED lighting replacement program across the Albury Campus to realise significant energy savings and lower our carbon footprint; • Installation of solar panels on the Albury campus to generate 150 kWh of renewable energy and commensurate lowering of our carbon footprint; • The expansion of the recycling program across all sites, focusing on PVC recycling; and • An environmental sustainability promotional and education program to raise staff awareness, including a green week of dedicated activities.
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Albury Wodonga Health will roll out Department of Health and Human Services resources designed to assist Community Health Services enhance their ability to support the LGBTIQ Community.</p> <p>Albury Wodonga Health will support the annual Border Pride Fair.</p>

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 2018-19 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 indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
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 – patients perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Number of patients with surgical site infection	No outliers
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ¹ per occupied bed day	≤ 1/10,000
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
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance indicator	Target
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 foetal 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 indicator	Target
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

Timely access to care

Key performance indicator	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	1,100
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	6,400
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 2019

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	0.00
Average number of days to paying trade creditors	60 days
Average number of days to receiving 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 a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days
Measures the accuracy of forecasting the 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 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

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		
WIES Public	24,719	119,448
WIES Private	2,624	9,342
WIES DVA	100	510
WIES TAC	3	13
Other Admitted		2,437
Acute Non-Admitted		
Emergency Services		26,894
Home Enteral Nutrition	367	78
Specialist Clinics	16,011	4,355
Other non-admitted		2,633
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	339	3,591
Subacute WIES - Rehabilitation Private	132	1,303
Subacute WIES - GEM Public	163	1,729
Subacute WIES - GEM Private	25	245
Subacute WIES - Palliative Care Public	15	153
Subacute WIES - DVA	14	173
Subacute Non-Admitted		
Palliative Care Non-admitted		737
Health Independence Program - Public	26,926	5,193
Health Independence Program - DVA		29
Subacute Non-Admitted Other		887
Aged Care		
HACC	6,458	786
Mental Health and Drug Services		
Mental Health Ambulatory	35,522	15,532
Mental Health Inpatient - Available bed days	7,305	5,388
Mental Health PDRS		57
Mental Health Residential	5,479	1,434
Mental Health Service System Capacity	571	10,798

Funding type	Activity	Budget (\$'000)
Mental Health Subacute	13,187	5,776
Mental Health Other		830
Drug Services		739
Primary Health		
Community Health / Primary Care Programs	5,247	557
Community Health Other		3,653
Other		
Health Workforce	65	2,600
Other specified funding		30,222
Total Funding		258,122

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 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 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 2018 – 30 June 2019

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	11,221	120,023
	Admitted mental health services	1,509	
	Admitted subacute services	2,421	
	Emergency services	2,970	
	Non-admitted services	1,211	
Block Funding	Non-admitted mental health services	-	25,738
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	112,853
Total		19,332	258,613

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- 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 2018;
- 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 2018-19 financial year; and
- Relevant standards for particular 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.

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 Jill Hennessy MP
Minister for Health

Date: 16/8/2018



Ms Nicola Melville
Chairperson
Albury Wodonga Health

Date: 1/12/2018

10/11/18