

Statement of Priorities

2018–19 Agreement between the Minister for Health and
Western 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 an \$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 Vision: Together, caring for the West

Our patients, staff, community and environment

Our Purpose: Leading the delivery of a connected and consistent patient experience, to provide the best care that saves and improves the lives of those in our community most in need

Our Values: Compassion – consistently acting with empathy and integrity

Accountability – taking responsibility for our decisions and actions

Respect – for the rights, beliefs and choice of every individual

Excellence – inspiring and motivating, innovation and achievement

Safety – prioritising safety as an essential part of everyday practice

Service profile

Western Health manages three acute public hospitals: Footscray Hospital, Sunshine Hospital and the Williamstown Hospital. It also operates the Sunbury Day Hospital and a Transition Care Program at Hazeldean in Williamstown. A wide range of community based services are also managed by Western Health, along with a large drug health and addiction medicine service.

Western Health provides a range of comprehensive, integrated range of services from its various sites; ranging from acute tertiary services in areas of emergency medicine, intensive care, medical and surgical services, through to subacute care and specialist ambulatory clinics. Western Health provides a combination of hospital and community-based services to aged, adult and paediatric patients and newborn babies.

Western Health is located within the western region of Melbourne and services the population of high growth areas. Strong population growth is projected to continue over the next ten years in both new and existing suburbs.

Western Health services a region with high levels of industry, communities with diverse economic circumstances and high numbers of families from a refugee or migrant background. These factors combine to have a significant impact on the health and wellbeing of our population. Western Health has a strong philosophy of working with its local community to address these challenges and deliver excellence in patient care.

Employing approximately 6,500 staff, Western Health has a capable, accountable and high performing workforce. Our health service fosters learning and development, creating a culture where staff are valued and feel supported to succeed and deliver best care.

Western Health has long-standing relationships with health providers in the western region of Melbourne and strong affiliations with numerous colleges and academic institutions. We continue to develop academic partnerships with the University of Melbourne and Victoria University, making full use of the state of the art facilities we have jointly developed at the Sunshine campus.

2018-19 areas of care and service delivery improvement at Western Health focus on enhancing safe patient care and comprehensive care planning; supporting chronic disease management; improving patient flow and co-ordination of care; enabling health equity; building an integrated

technology environment; and supporting a positive workplace culture. Significant capital developments for 2018-19 to support these focus areas include infrastructure works at Footscray Hospital and planning for a new hospital, construction and readiness of the Joan Kirner Women's & Children's Hospital, planning for a Sunshine Hospital Emergency Department redevelopment, and a major project to implement a full electronic medical record.

Strategic planning

Western Health's Strategic Plan 2015 – 2020 is available online at:

http://www.westernhealth.org.au/AboutUs/CorporatePublications/Documents/StrategicPlan/WesternHealth_StrategicPlan2015.pdf

Strategic priorities

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

| Goals | Strategies | Health Service Deliverables |
|--|---|--|
| <p>Better Health 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 neighborhoods and communities encourage healthy lifestyles</p> | <p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighborhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p> | <p>Implement year two of Western Health's Health Equity Roadmap, with a focus in 2018-19 on training and education for clinical management of family violence, routine screening for family violence in antenatal clinics, promotion of 'safety of children is everyone's responsibility', and participation in the DHHS funded Elder Abuse Project.</p> <p>Implement year two of the five year vaccination program to improve women's & children's immunisation rates across the western catchment.</p> <p>Progress the Western Health Chronic Disease Alliance with a focus in 2018-19 on continued implementation of the Chronic Disease early detection and Improved Management in Primary Care project (IMPACT)</p> |
| <p>Better Access 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</p> | <p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> | <p>Action agreed next steps to progress planning for a new Footscray Hospital.</p> <p>Complete construction and commissioning for occupation of the new Joan Kirner Women's and Children's Hospital.</p> |

| Goals | Strategies | Health Service Deliverables |
|--|---|---|
| <p>full range of care and support they need</p> <p>There is equal access to care</p> | <p>Ensure fair access</p> | <p>Continue the HealthLinks Innovative Pilot to increase care outside hospital walls for patients in our community suffering from chronic disease and explore remote monitoring and learning for HealthLinks patients.</p> |
| <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>Continue application of version 2 of the National Standards for safe, quality care, with specific focus in 2018-19 on the new Comprehensive Care and Communicating for Safety Standards.</p> |
| <p>Specific 2018-19 priorities (mandatory)</p> | <p>Disability Action Plans</p> <p>Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing disability action plans can be found at https://providers.dhhs.vic.gov.au/disability-action-plans. Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at ofd@dhhs.vic.gov.au.</i></p> <p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p> | <p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan to outline the approach to full implementation within three years of publication.</p> <p>Review coverage of the 650+ Western Health Volunteer team and continue recognition of volunteers through the Western Health INSPIRE awards and annual Appreciation Event.</p> |

| Goals | Strategies | Health Service Deliverables |
|-------|---|--|
| | <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>Progress Western Health's Positive Workplace Strategy implementation with specific focus in 2018-19 on engagement in a research project on "Sustaining a Culture of Respect and Engagement" (SCORE), and evaluation systems.</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>Continue implementation of Western Health's Occupational Violence & Aggression (OVA) Action Plan, with specific focus in 2018-19 on review of OVA education, implementation of a standardised review process for serious OVA incidents, and development of a psychological first aid response post serious OVA incidents.</p> |
| | <p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> • 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>Continue implementation of the Western Health's Environmental Roadmap 2015-20, with specific focus in 2018-19 on utilising the new WH Building Management System (BMS) to support Building Analytics and to identify energy savings in the Williamstown and Sunshine Hospitals.</p> |

| Goals | Strategies | Health Service Deliverables |
|-------|--|---|
| | <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. <i>Note: deliverables should be in accordance with the DHHS Rainbow eQuality Guide (see at www2.health.vic.gov.au/about/populations/lgbt-health/rainbow-equality) and the Rainbow Tick Accreditation Guide (see at www.glhv.org.au)</i></p> | <p>Continue organisation-wide implementation of the Western Health 2017-20 LGBTI Inclusion Plan, with specific focus in 2018-19 on organisation awareness and celebration activities such as participation in the 2019 Pride March, and staff and volunteer LGBTI awareness training.</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 |
| 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 |

| Key performance indicator | Target |
|---|---|
| Adverse events | |
| Sentinel events – root cause analysis (RCA) reporting | All RCA reports submitted within 30 business days |
| Maternity and Newborn | |
| Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes | ≤ 1.4% |
| Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks | ≤ 28.6% |

¹ SAB is Staphylococcus Aureus Bacteraemia

| Key performance indicator | Target |
|--|---------|
| 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 |

| Key performance indicator | Target |
|---|--|
| 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 | 3,250 |
| Number of hospital initiated postponements per 100 scheduled elective surgery admissions | ≤ 7 /100 |
| Number of patients admitted from the elective surgery waiting list | 15,598 |
| 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 | 83,664 | 404,348 |
| WIES Private | 6,768 | 24,094 |
| WIES DVA | 536 | 2,727 |
| WIES TAC | 281 | 1,198 |
| Other Admitted | | 26,379 |
| Acute Non-Admitted | | |
| Emergency Services | | 53,595 |
| Home Enteral Nutrition | 537 | 114 |
| Home Renal Dialysis | 87 | 4,914 |
| Radiotherapy Non Admitted Shared Care | 15 | 25 |
| Specialist Clinics | 182,416 | 48,358 |
| Specialist Clinics - DVA | | 10 |
| Other non-admitted | | 214 |
| Subacute & Non-Acute Admitted | | |
| Subacute WIES - Rehabilitation Public | 771 | 8,152 |
| Subacute WIES - Rehabilitation Private | 151 | 1,485 |
| Subacute WIES - GEM Public | 2,043 | 21,610 |
| Subacute WIES - GEM Private | 284 | 2,789 |
| Subacute WIES - Palliative Care Public | 292 | 3,086 |
| Subacute WIES - Palliative Care Private | 30 | 291 |
| Subacute WIES - DVA | 86 | 1,101 |
| Transition Care - Bed days | 12,390 | 1,918 |
| Transition Care - Home days | 10,983 | 624 |
| Subacute Non-Admitted | | |
| Palliative Care Non-admitted | | 122 |
| Health Independence Program - Public | 99,451 | 21,367 |
| Health Independence Program - DVA | | 10 |
| Aged Care | | |
| Aged Care Assessment Service | | 3,429 |
| Mental Health and Drug Services | | |

| | | |
|--|-------|---------|
| Mental Health Service System Capacity | | 173 |
| Drug Services | 4,219 | 8,250 |
| Primary Health | | |
| Community Health / Primary Care Programs | 2,500 | 408 |
| Community Health Other | | 33 |
| Other | | |
| Health Workforce | 237 | 10,634 |
| Other specified funding | | 19,176 |
| Total Funding | | 670,637 |

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 | 95,179 | 628,771 |
| | Admitted mental health services | 7,261 | |
| | Admitted subacute services | 10,913 | |
| | Emergency services | 20,133 | |
| | Non-admitted services | 14,746 | |
| Block Funding | Non-admitted mental health services | - | 20,036 |
| | Teaching, training and research | | |
| | Other non-admitted services | | |
| Other Funding | | - | 21,832 |
| Total | | 148,232 | 670,639 |

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.

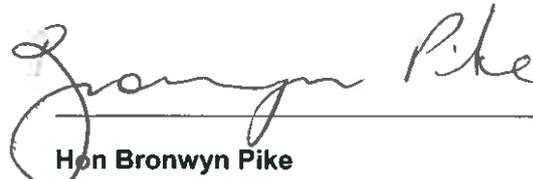
Signature

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: 24/8 /2018



Hon Bronwyn Pike
Chairperson
Western Health

Date: 24/8 /2018