

# Statement of Priorities

2019-20 Agreement between the Minister for Health and the Royal Women's Hospital

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## Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 40G, 65ZFA, 65ZFB and section 26 of the Health Services Act 1988.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four main parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2019-20*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities in November each year and present data on the performance of our health system in the public domain.

## Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

## Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals.
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

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

# Part A: Strategic overview

## Mission statement

The Women's Declaration reflects the principles and philosophies fundamental to our hospital. It captures the essence of who we are and what we do.

### The Women's Declaration

We will lead health research for women and newborns. We recognise that sex and gender affect women's health and healthcare. We are committed to the social model of health. We will care for women from all walks of life. We will innovate healthcare for women and newborns. We will be a voice for women's health.

## Service profile

As Australia's leading women's hospital, the Women's provides state-wide leadership and specialist care in the areas of maternity, gynaecology, women's cancer and neonatal care to thousands of women and newborn babies each year. Women referred to our hospital can also access specialist mental health care, social work support and other allied health services. Our purpose built facility at Parkville is the focus for our tertiary services including the Centre for Women's Mental Health and the Women's Alcohol and Drug Service.

Alongside our responsibility for managing the most complex cases in the state, we provide low risk maternity and gynaecology services from our two hospital campuses for women living in the suburbs around Parkville and Sandringham. We also partner with community health to deliver antenatal care in community clinics in the inner north and west of Melbourne. CASA House (Centre Against Sexual Assault) operates from the Queen Victoria Women's Centre in the Central Business District.

The Women's care is provided within a social model of health, which is sensitive to the impact of social determinants, such as housing, personal safety, education and income, on health outcomes. The Women's is a major teaching hospital and internationally recognised for its research. System improvements and service priorities for 2019-20 will continue to focus on implementation of our four strategic directions. These are:

1. Providing an exceptional patient and consumer experience that delivers improved health outcomes for women and newborns
2. Provide state-wide leadership in women's and newborn's health care
3. Our research knowledge translation and innovation will lead and drive better health outcomes for women and newborns
4. We will invest in our people and our systems to meet the changing needs of our patients and consumers.

We will continue to implement strategies for each of our areas of strategic focus: preventing violence against women, enhancing mental health care and improving health outcomes for young women and women in midlife and later years.

The Women's location within the Parkville Precinct has enabled the development of the Connecting Care EMR project in partnership with the Royal Melbourne Hospital and the Peter MacCallum Cancer Centre. This project will transform care and research in Parkville. In the lead up to Go Live in May 2020 substantial enabling projects along with the EMR itself will be a key focus of activity in 2019-20.

## Strategic planning

The Women's Strategic Plan 2016 – 2020 is available online at [www.thewomens.org.au/strategicplan-2016/](http://www.thewomens.org.au/strategicplan-2016/)

## Strategic priorities – Health 2040;

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

### **Better Health**

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**Goals:**

A system geared to prevention as much as treatment  
Everyone understands their own health and risks  
Illness is detected and managed early  
Healthy neighbourhoods and communities encourage healthy lifestyles

**Strategies:**

Reduce Statewide Risks  
Build Healthy Neighbourhoods  
Help people to stay healthy  
Target health gaps

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**Deliverables:**

- Participate in the Safer Baby Collaborative (with Safer Care Victoria), with the aim of reducing the rate of stillbirths in Victoria, focusing on clients of the Women’s Alcohol and Drug Service (WADS).
- Deliver year 2 of the Abortion and Contraception Community Of Practice Project to provide clinical leadership, education, advice and mentoring as well as continue to develop policy, procedures, protocols, models of care and resources to improve access to these services across Victoria.

### **Better Access**

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**Goals:**

Care is always being there when people need it  
Better access to care in the home and community  
People are connected to the full range of care and support they need  
Equal access to care

**Strategies:**

Plan and invest  
Unlock innovation  
Provide easier access  
Ensure fair access

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**Deliverables:**

- Support the Department of Health and Human Services in the development of the business case to meet Government’s commitment to increase the provision of public IVF services, with service specific operational and clinical experience, knowledge and expertise.
- Pilot a telehealth medical abortion service in underserved areas of Victoria and provide state-wide leadership for the provision of abortion services.

### **Better Care**

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**Goals:**

Targeting zero avoidable harm  
Healthcare that focusses on outcomes  
Patients and carers are active partners in care  
Care fits together around people’s needs

**Strategies:**

Put quality First  
Join up care  
Partner with patients  
Strengthen the workforce  
Embed evidence  
Ensure equal care

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**Deliverables:**

- Ensure a successful Electronic Medical Record Connecting Care project go-live across the Parkville Precinct is achieved.
- Design and implement the patient portal component of the Connecting Care (EMR) project to support patients and consumers to be active partners in their health and health care.

## Specific priorities for 2019-20

In 2019-20 The Royal Women's Hospital will contribute to the achievement of the Government's priorities by:

### **Supporting the Mental Health System**

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

- Implement the Women's psychosocial screening tool for mental health and drug and alcohol use for women attending maternity services at Parkville and Sandringham.

### **Addressing Occupational Violence**

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

*Implement the department's security training principles to address identified security risks.*

- Implement the Women's Occupational Violence and Aggression (OVA) management program which is in line with Worksafe and DHHS principles.

### **Addressing Bullying and Harassment**

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

- Implement the Women's framework for managing bullying and harassment which has been developed in line with the DHHS framework and guidelines.

### **Supporting Vulnerable Patients**

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

- Co-develop an impactful education tool (2 x videos) about the appropriate management and care of pregnant women in the Women's Alcohol and Drug Service (WADS). This education tool will be developed together with WADS patients and staff.

### **Supporting Aboriginal Cultural Safety**

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

- Implement Year 1 of the Women's Reconciliation Action Plan (RAP) including progressing the following key actions related to the Improving Care for Aboriginal Patients (ICAP) program:
  - Establish and strengthen mutually beneficial relationships with Aboriginal and Torres Strait Islander stakeholders and organisations.
  - Advance Aboriginal and Torres Strait Islander women's voices in strategic documents and committees

### **Addressing Family Violence**

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

- Progress the implementation of the Strengthening Hospitals' Response to Family Violence (SHRIV), including:



- Leading and embedding the SHRFV whole-of-hospital model at the Women's and across Victoria to identify and respond to patients who experience family violence;
- Lead the state-wide implementation of the Family Violence Workplace Support Program (part of the SHRFV model) to support staff who experience family violence;
- Implementing screening for family violence in antenatal services of Parkville and Sandringham;
- Undertaking the state-wide evaluation of the SHRFV whole-of-hospital model.

### ***Implementing Disability Action Plans***

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

- Implement Year 1 of the Women's Disability Action Plan including progressing the following key actions:
  - Improve employment outcomes by increasing the recruitment, retention and professional development of people with disability.
  - Advance the voices of women with disability in strategic documents and committees.
  - Reduce access barriers for women with disability in the Women's programs, services and facilities.

### ***Supporting Environmental Sustainability***

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

- Reduce the Women's use of paper through the implementation of the first year of the EMR Connecting Care project.

## Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2019-20 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at [www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance measure	Target
<b>Accreditation</b>	
Compliance with Aged Care Standards	Full compliance
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
<b>Patient experience</b>	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patient's perception of cleanliness	70%
<b>Healthcare associated infections (HAI's)</b>	
Rate of patients with surgical site infection	No outliers
Rate of patients with SAB <sup>1</sup> per 10,000 occupied bed days	≤ 1

Key performance measure	Target
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
<b>Maternity and Newborn</b>	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%

<sup>1</sup> SAB is Staphylococcus Aureus Bacteraemia

## Strong governance, leadership and culture

Key performance measure	Target
<b>Organisational culture</b>	
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 measure	Target
<b>Emergency care</b>	
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
<b>Elective surgery</b>	
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%

Key performance measure	Target
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 <sup>2</sup>	730
Number of hospital-initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	4,700
<b>Specialist clinics</b>	
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%

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

## Effective financial management

Key performance measure	Target
Operating result (\$m)	-0.6
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Public and Private WIES <sup>3</sup> activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

<sup>3</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
Acute WIES	32,783	161,553
WIES TAC	5	29
Other Admitted		11,643
<b>Acute Non-Admitted</b>		
Emergency Services		2,459
Genetic services		2,527
Specialist Clinics	138,286	38,895
Other non-admitted		1,036
<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory		587
Mental Health Service System Capacity		87
Drug Services		996
<b>Primary Health</b>		
Community Health Other		277
Health Workforce		2,466
<b>Total Funding</b>		<b>217,801</b>

## Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2019 – 30 June 2020

	<b>Service category</b>	<b>Estimated National Weighted Activity Units (NWAU18)</b>	<b>Total funding (\$'000)</b>
Activity based funding	Acute admitted services	33,173	216,820
	Admitted mental health services	0	
	Admitted subacute services	0	
	Emergency services	2,567	
	Non-admitted services	9,197	
Block Funding	Non-admitted mental health services	-	4,931
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	-4,234
<b>Total</b>		<b>44,937</b>	<b>217,517</b>

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.
- Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

## Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019-20 financial year; and
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.



## Signature

The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Jenny Mikakos MP**  
**Minister for Health**

Date: 05/10/2019



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**Ms Lyn Swinburne AM**  
**Chairperson**  
**The Royal Women's Hospital**

Date: / /2019

