

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Western District Health Service

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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

To support our community's physical, mental and social wellbeing by providing safe, high quality and innovative services; building enduring partnerships; and delivering customer service excellence. Western District Health Service's vision statement is: "Creating healthier communities".

Service profile

Western District Health Service is a sub-regional service provider for the Western District extending into part of South East South Australia.

The primary catchment area for Western District Health Service is the Southern Grampians and Northern part of the Glenelg Shires with smaller catchments from neighbouring Shires including South East South Australia.

The main campus of Western District Health Service is Hamilton Base Hospital which provides a comprehensive range of medical and surgical services, subacute services, intensive care and the Regional Trauma Service.

There are two aged residential care facilities attached to the Hamilton Base Hospital campus, The Birches and The Grange. Home Care Packages are also provided from The Grange.

Our Primary and Preventative Health Division offers a comprehensive range of allied health, primary health, preventative health promotion and education programs from the main Hamilton Base Hospital site including a Youth Outreach service and the South West Community Transport program.

A range of corporate and clinical specialist services are provided from the Hamilton campus to other neighbouring health and community service providers.

The National Centre for Farmer Health which is a partnership between Western District Health Service and Deakin University was established on the Hamilton Base Hospital site in November 2008.

Western District Health Service also has two smaller campuses located at Coleraine and Peshurst which provide acute, residential aged care and community services and operates a Community Health Centre at Merino.

Western District Health Service is the auspice agency for the Southern Grampians/Glenelg Primary Care Partnership which plays a key role in enhancing coordination of services and working in partnership with health agencies and local government in health planning.

In line with the Western District Health Service strategic and service plan a capital blue print master plan for the development of the Hamilton and Peshurst campuses has been submitted to the State Government for consideration.

Strategic planning

Western District Health Service Strategic Plan 2016 - 2020 is available online at www.wdhs.net/strategicplan

Strategic priorities

In 2018-19 Western District Health Service 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 state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Introduce only green category best food choices in the cafeteria in accordance with the Victorian Government's Healthy Choices guidelines. Staff will be invited to participate in a voluntary survey to describe their diet and physical activity-related behaviours to evaluate the effectiveness of workplace initiatives on improving staff members' health and wellbeing.</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>Implement a new nursing staffing model for the Emergency Department to optimise patient workflow and experience, and to meet the requirements of the Safe Patient Care Act (2015).</p> <p>Partner with local specialists and the Department of Health and Human Services to further develop a day procedure centre proposal.</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>Complete a gap analysis and action plan to implement best practice cognitive impairment (dementia and delirium) management across Western District Health Service.</p> <p>Develop and implement a supportive model of care for cancer patients including the development and delivery of a cancer survivorship program.</p>

Goals	Strategies	Health Service Deliverables
		Embed the research findings of the 20 minute rounding research across Western District Health Service to prevent falls and fall related injuries.
Specific 2018-19 priorities (mandatory)	Disability Action Plans Draft disability action plans are completed in 2018-19.	Review and update Western District Health Service's Disability Action Plan to comply with current guidelines.
	Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Review organisational reward and recognition policies to include volunteers. Actively celebrate volunteers' contribution through a volunteer of the month program and host bi annual volunteer thank you events.
	Bullying and harassment 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.	Leaders will actively work with staff to identify poor culture and workplace behaviours and create a culture that aligns with organisational values and policies with a focus on learning, improvement and prevention and supporting equity and diversity.
	Occupational violence 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.	Carry out the installation of a swipe card system and camera upgrade to the Hamilton and Penshurst campuses through a grant from the Health Service Violence Prevention Fund.

Goals	Strategies	Health Service Deliverables
	<p>Environmental Sustainability 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>Improve environmental performance by integrating sustainability considerations into business, with the introduction of solar photovoltaic systems across five campuses and the installation of new more efficient steam boilers at Hamilton Base Hospital.</p>
	<p>LGBTI 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>Undertake a gap analysis against Rainbow eQuality guide and develop an action plan for implementation by 30 June 2019 in preparation for possible future accreditation.</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 ICU central-line-associated bloodstream infection (CLABSI)	Nil
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%
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
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%

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	-0.80
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 ¹ 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

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	4,225	21,473
WIES Private	1,138	4,256
WIES DVA	74	379
Other Admitted		1,142
Acute Non-Admitted		
Emergency Services		3,362
Home Enteral Nutrition	35	7
Specialist Clinics	10,765	3,011
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	106	1,120
Subacute WIES - Rehabilitation Private	17	165
Subacute WIES - GEM Public	27	283
Subacute WIES - GEM Private	8	78
Subacute WIES - Palliative Care Public	21	224
Subacute WIES - Palliative Care Private	5	47
Subacute WIES - DVA	9	117
Transition Care - Bed days	1,093	169
Transition Care - Home days	1,464	83
Subacute Non-Admitted		
Palliative Care Non-admitted		223
Health Independence Program - Public	12,118	1,975
Health Independence Program - DVA		14
Aged Care		
Residential Aged Care	61,110	2,930
HACC	5,064	402
Aged Care Other		169

Mental Health and Drug Services		
Mental Health Residential	1,096	111
Primary Health		
Community Health / Primary Care Programs	4,422	470
Community Health Other		1,512
Small Rural		
Small Rural Acute	50	2,865
Small Rural Primary Health & HACC	414	12
Other specified funding		83
Other		
Health Workforce	24	1,038
Other specified funding		1,820
Total Funding		49,541

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	5,468	38,272
	Admitted mental health services	31	
	Admitted subacute services	654	
	Emergency services	931	
	Non-admitted services	717	
Block Funding	Non-admitted mental health services		1,220
	Teaching, training and research		
	Other non-admitted services		
Other Funding			6,747
Total		7,801	46,239

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 and 2017-18 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 the 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.

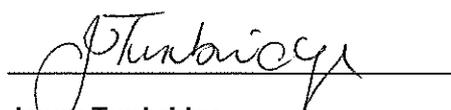
Accountability and funding requirements

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.

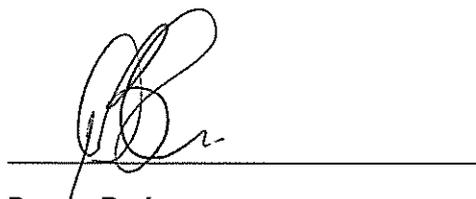
Signature

The Secretary 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.



Jenny Tunbridge
Acting Director Rural and Regional
Health as Delegate for the
Secretary for the Department of
Health and Human Services

Date: 19/10/2018



Darren Barber
Deputy Chairperson
Western District Health Service

Date: 19/10/2018