

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
West Gippsland Healthcare Group

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, August 2018.

ISSN 2206-7175

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities>

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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

Vision: To improve the health and wellbeing of our community.

Mission: West Gippsland Healthcare Group is committed to the provision of high quality, integrated healthcare that meets the changing needs of individuals and our community.

What we Value:

Our customers: Being committed to continuity of care for individuals whilst recognising rights, responsibilities and participation.

Our community: Being a responsible corporate citizen and neighbour in caring for our community and environment.

Our staff: We are committed to our staff's wellbeing and ongoing development.

Leadership: Being a role model in the planning and delivery of health services.

Improving performance: Ensuring continuous quality improvement.

Service profile

West Gippsland Healthcare Group is a fully accredited, customer focused health organisation providing acute, residential care and community health services to over 50,000 people in the rural, urban residential, agricultural and industrial areas located within Baw Baw Shire and beyond.

West Gippsland Healthcare Group comprises a number of sites throughout the shire of Baw Baw: Community Services Centres in Warragul and Trafalgar; Rawson Community Health Centre; Andrews House Aged Care Residence; Cooinda Lodge Aged Care Residence; Warragul Linen Service and West Gippsland Hospital.

The main catchment area is the Baw Baw Shire which is the second fastest growing Local Government Area outside of Melbourne, with growth rates exceeding predictions. The 2016 Census demonstrates growth at 13% since the previous census, the fastest growth in Gippsland and higher than the Victorian growth. The population is forecast to increase by 64% through to 2031/32 with the largest portion of this growth in Warragul and Drouin (West Gippsland Healthcare Group Feasibility Report, 2017).

Strategic planning

The West Gippsland Healthcare Group's Strategic Plan (2015–2018) is available online at: <http://www.wghg.com.au/W.GHG/Content/Publications/Strategic-Plan-2015-2018>

Strategic priorities

In 2018–19 West Gippsland Healthcare Group 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>WGHG will participate and meet objectives in Municipal Health Plan including: commencing the Achievement Program for the Warragul Linen Service and developing strategies to reduce intake of sugary drinks, measured by gap analysis and pre and post survey.</p>
		<p>WGHG will deliver 12 Living Active programs through a Multi-disciplinary group model, measured by pre and post client surveys.</p>
		<p>WGHG, in recognising family violence as a health issue, will deliver the Strengthening Hospitals Responses to Family Violence program to clinical areas, measured by pre and post staff surveys.</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>WGHG will meet demand in access to oncology services through expanded treatment models.</p>
		<p>WGHG will actively participate in the Patient Flow Collaborative Project to improve results in the National Emergency Access Target (NEAT).</p>
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p>	<p>WGHG will build a Short Stay Unit to improve access to care in the Emergency Department.</p>

Goals	Strategies	Health Service Deliverables
<p>outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>WGHG will engage Health Issues Centre to deliver skill training for consumers and staff to improve patient centred care and teach staff how to work effectively with consumers.</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>WGHG will submit a Disability Action Plan to the department by 30 June 2019 and outline the approach to fully implement the plan within the health service by 30 June 2020.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>The WGHG Diversity Plan includes annual objectives for Disability specific programs.</p> <p>WGHG will develop a Consumer Engagement and Volunteer Coordinator Manager to support and engage volunteers. WGHG will host an annual volunteer function to celebrate the contribution of volunteers.</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>All WGHG staff will complete annual mandatory bullying and harassment training.</p>
		<p>WGHG will continue to monitor culture and identify any risks arising from results of People Matters Survey.</p>

Goals	Strategies	Health Service Deliverables
	<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>WGHG will continue to implement action plans from the OVA framework and ensure compliance to code grey training for applicable staff.</p>
	<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>WGHG will renew the Environmental Management Strategy and achieve third year environmental and efficiency savings as stated under the Energy Performance Contract.</p>
	<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.</p>	<p>WGHG will engage with LGBTI communities and seek representation on the Consumer Advisory Committee.</p> <hr/> <p>WGHG will develop Policies and Protocols in conjunction with the Diversity Committee.</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
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate = $\leq 2.5\%$
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	$\leq 1.4\%$
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	$\leq 28.6\%$
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	

Key performance indicator	Target
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 ¹	400
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	2,640
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%

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 ² 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

¹ the target shown is the number of patients on the elective surgery waiting list as at 30 June 2019

² 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	9,883	50,236
WIES Private	441	1,650
WIES DVA	105	533
WIES TAC	22	94
Other Admitted		1,559
Acute Non-Admitted		
Emergency Services		8,093
Home Enteral Nutrition	123	26
Specialist Clinics	16,678	4,088
Subacute & Non-Acute Admitted		
Subacute WIES - GEM Public	102	1,076
Subacute WIES - GEM Private	4	38
Subacute WIES - Palliative Care Public	36	383
Subacute WIES - Palliative Care Private	1	14
Subacute WIES - DVA	3	32
Subacute Non-Admitted		
Palliative Care Non-admitted		554
Health Independence Program - Public	17,341	2,722
Subacute Non-Admitted Other		245
Aged Care		
Residential Aged Care	38,691	2,286
HACC	4,688	582
Primary Health		
Community Health / Primary Care Programs	6,401	653
Community Health Other		323
Other		
Health Workforce	51	2,367
Other specified funding		1,937
Total Funding		79,490

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	11,115	71,492
	Admitted mental health services	33	
	Admitted subacute services	351	
	Emergency services	2,697	
	Non-admitted services	1,177	
Block Funding	Non-admitted mental health services	-	2,729
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	5,270
Total		15,372	79,490

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 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.



Megan Jones
Assistant Director, Rural and
Regional Health as Delegate for
the Secretary for the Department
of Health and Human Services

Date: 24 / 08 / 2018



Mrs Christine Holland
President
West Gippsland Healthcare Group

Date: 24 / 08 / 2018