

# Statement of Priorities

2018–19 Agreement between the Minister for Health and The  
Royal Women's Hospital

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# Contents

- Contents**..... iii
- Background**..... 4
- Strategic priorities** ..... 5
  - Government commitments ..... 5
- Part A: Strategic overview**..... 6
  - Mission statement ..... 6
  - Service profile ..... 6
  - Strategic planning ..... 7
  - Strategic priorities ..... 8
- Part B: Performance Priorities** ..... 13
  - High quality and safe care..... 13
  - Strong governance, leadership and culture ..... 14
  - Timely access to care ..... 14
  - Effective financial management ..... 16
- Part C: Activity and funding** ..... 17
- Part D: Commonwealth funding contribution**..... 18
- Accountability and funding requirements** ..... 19
- Signature**..... 20

# 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 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

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. 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.

Alongside our responsibility for managing the most complex cases in the state, we provide low risk maternity and gynaecology services to women living in the suburbs around Parkville and Sandringham and 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.

In 2017-18, we provided care to more than 80,037 women through 34,449 inpatient services, 188,689 outpatient visits and 26,688 emergency presentations. There were approximately 9,353 deliveries at the Women's, averaging 21 babies born each day at Parkville and 5 babies born each day at Sandringham. The Women's patients originate from 191 countries, speak 88 different languages and follow 71 religious faiths. As expressed in our strategic goals, patients and consumers are at the heart of everything we do.

The Women's is committed to sharing our expertise to strengthen Victoria's health system. We provide state-wide leadership to strengthen the capability of health services, particularly in regional areas, so that women and newborns can enjoy care close to home. We provide training, resources and advice to health professionals and health information to consumers across the state, as well as trialling and modelling innovation in health care for women and newborns and advocating for improved women's health care.

System improvements and service priorities for 2018-19 will 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 develop and 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.

System improvements include continuing to strengthen the project management office, with clear project governance facilitated by the development and embedding of a project and change management framework. This will enable delivery of priority projects to increase workforce and business optimisation, systems and capability improvement and support continuous improvement in our services and models of care. This includes electronic medical record foundational projects, consistent with our Information and Communications Technology strategy.

## **Strategic planning**

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

## Strategic priorities

In 2018-19 The Royal Women's Hospital will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p><b>Better Health</b></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 neighborhoods and communities encourage healthy lifestyles</p>	<p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighborhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Improve the early identification of the actual or potential mental health needs of women attending the Women's services at Parkville and Sandringham and improve access to effective mental health assessment, treatment and support services for these women.</p>
		<p>Provide clinical leadership education and infrastructure advice to support the effective provision of abortion and contraception services in rural hubs and communities in Victoria.</p>
		<p>Pilot a telehealth medical abortion service in underserved areas of Victoria and provide state-wide leadership, advice and mentoring as well as develop policy, procedures, protocols, models of care and resources to improve access to these services.</p>
		<p>Explore potential opportunities to establish an immunisation service that will provide influenza and pertussis vaccinations to women and babies attending the Women's Maternity and Neonatal Services clinics.</p>

Goals	Strategies	Health Service Deliverables
<p><b>Better Access</b></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><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Progress implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative, including:</p> <ul style="list-style-type: none"> <li>• embed the SHRFV whole-of-hospital model for identifying and responding to family violence internally.</li> <li>• implement a Family Violence Workplace Support Program (part of the SHRFV model) to support staff experiencing family violence.</li> <li>• Continue to implement screening for family violence in antenatal settings at both the Sandringham and Parkville sites.</li> <li>• provide ongoing state-wide leadership to build Victorian hospitals' capacity to implement the SHRFV model.</li> </ul> <p>Progress the second phase of the Women's strategy to care for jaundiced babies with phototherapy in their homes. This pathway, piloted at the Women's in early 2018 in partnership with Better Care Victoria, facilitates the clinical assessment and treatment of some jaundiced babies at home. Phase two will see an increased take up of this strategy providing easier access to care in the community for a greater number of babies and their mothers.</p> <p>The Women's will facilitate greater access to In Vitro Fertilisation for some women with limited resources, in partnership with Virtus Health.</p>

Goals	Strategies	Health Service Deliverables
<p><b>Better Care</b></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><b>Better Care</b></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>Progress the further development and implementation of a revised clinical governance framework at the Women's that is aligned and consistent with the recommendations of Safer Care Victoria and the Department of Health and Human services.</p> <p>Introduce a Sepsis calculator to enable clinicians to more accurately predict when antibiotics should be ordered and administered to sick babies cared for in both neonatal services and postnatal wards. It is anticipated this will lead to fewer babies receiving antibiotics unnecessarily and fewer babies being separated from their mothers. This should also support the achievement of a reduction in the length of stay for these babies and their mothers.</p> <p>In a state-wide partnership with the Department of Education and Training and other mental health services, the Women's will provide education in perinatal and infant mental health to approximately 1800 maternal and child health nurses.</p> <p>Utilise the Women's Partnership with Patients and Consumers Framework to continue to build the capability of the organisation to effectively and meaningfully partner with patients and consumers at the individual, program/service and organisational/governance levels.</p>
<p><b>Specific 2018-19 priorities (mandatory)</b></p>	<p><b>Disability Action Plans</b></p> <p>Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing disability action plans can be found at <a href="https://providers.dhhs.vic.gov.au/disability-action-plans">https://providers.dhhs.vic.gov.au/disability-action-plans</a>. Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at <a href="mailto:ofd@dhhs.vic.gov.au">ofd@dhhs.vic.gov.au</a>.</i></p>	<p>Submit a draft disability action plan to the department by 30 June 2019. The draft plan will outline the approach the Women's will take to achieve full implementation within three years of publication.</p>

Goals	Strategies	Health Service Deliverables
	<p><b>Volunteer engagement</b></p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Develop a Volunteer Involvement data collection and reporting plan by June 2019. The plan will align to National Standards for Volunteer Involvement and to the volunteer benchmarking being managed through the <i>Leaders of Health Volunteer Engagement (LOHVE)</i> network.</p> <p>In alignment with the National Standards, by June 2019, introduce an award for 'Outstanding Volunteer Leadership' that recognises volunteer commitment and leadership in patient experience and the work of the Women's.</p>
	<p><b>Bullying and harassment</b></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>The Women's will enhance its framework for managing bullying and harassment by drawing on the results of the People Matters Survey and reviews of incidents including:</p> <ul style="list-style-type: none"> <li>• Upgrade the current education package for staff utilising a new online education program that includes enhancing knowledge and positive workplace culture.</li> <li>• Provide a new education program to the Women's <i>Respectful Workplace Behaviours Contact Officers</i> and line managers.</li> <li>• Improve reporting to the Women's Board and Executive in relation to lag and lead indicators relevant to bullying and harassment in the workplace and the progress of strategies to improve positive workplace culture.</li> </ul>

Goals	Strategies	Health Service Deliverables
	<p><b>Occupational violence</b></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>Strengthen the Women's Occupational Violence and Aggression (OVA) management program in line with Worksafe and DHHS principles. This will include a review of the OVA training framework at the Women's against the DHHS learning principles and the consideration of an annual mandatory competency for staff tailored to their role and position in the organisation.</p>
	<p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> <li>• policy to be net zero carbon by 2050 and improve environmental</li> <li>• sustainability by identifying and implementing projects, including</li> <li>• workforce education, to reduce material environmental impacts with</li> <li>• particular consideration of procurement and waste management, and</li> <li>• publicly reporting environmental performance data, including</li> <li>• measureable targets related to reduction of clinical, sharps and landfill</li> <li>• waste, water and energy use and improved recycling.</li> </ul>	<p>Continue to implement the hospital's Environmental Management Plan which focuses on a range of initiatives including "Greening the Women's" website; structured lighting upgrades moving to the use of LED lighting; comprehensive recycling programs for paper, cardboard, plastic, printer cartridges, computers, mobile phones and batteries.</p>
	<p><b>LGBTI</b></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 <a href="http://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality">www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality</a>) and the Rainbow Tick Accreditation Guide (see at <a href="http://www.glhv.org.au">www.glhv.org.au</a>)</i></p>	<p>Continue to deliver the Creating Exceptional (CEE) Experiences program to staff and volunteers. The CEE program places a strong emphasis on respecting and responding to the unique and diverse needs of all patients and consumers.</p> <p>In partnership with LGBTI patients/consumers and staff, and guided by the DHHS Rainbow e-Quality Guide – the Women's will conduct a rights-based analysis of hospital practices, policies and protocols and data collection systems to identify areas for improvement.</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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability).

### High quality and safe care

Key performance indicator	Target
<b>Accreditation</b>	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
<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 – patients perception of cleanliness	70%
<b>Healthcare associated infections (HAI's)</b>	
Number of patients with surgical site infection	No outliers
Rate of patients with SAB <sup>1</sup> per occupied bed day	≤ 1/10,000

Key performance indicator	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 foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%

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

## Strong governance, leadership and culture

Key performance indicator	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 indicator	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 indicator	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>	606
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%

## Effective financial management

Key performance indicator	Target
<b>Finance</b>	
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 <sup>2</sup> 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

<sup>2</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 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>

### 2018-19 PART C: ACTIVITY AND FUNDING

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
WIES Public	29,108	140,678
WIES Private	3,218	11,457
WIES TAC	19	82
Other Admitted		6,280
<b>Acute Non-Admitted</b>		
Emergency Services		2,420
Genetic services		2,390
Specialist Clinics	138,286	38,320
Other non-admitted		1,021
<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory		620
Mental Health Service System Capacity		44
Drug Services		954
<b>Primary Health</b>		
Community Health Other		272
<b>Other</b>		
Health Workforce	67	2,422
<b>Total Funding</b>		<b>205,216</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 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	32,950	204,723
	Admitted mental health services	16	
	Admitted subacute services	0	
	Emergency services	2,407	
	Non-admitted services	10,731	
Block Funding	Non-admitted mental health services	-	4,806
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	-4,314
<b>Total</b>		<b>46,105</b>	<b>205,215</b>

#### 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.

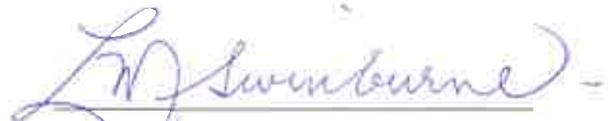
# Signature

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: 4 / 9 / 2018



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

Date: 4 / 9 / 2018