

Statement of Priorities

2019-20 Agreement between the Minister for Health and Albury Wodonga Health

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 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

Our mission is to deliver safe, reliable and responsive patient care.

Service profile

Albury Wodonga Health was established under the Health Services Act 1988 (Vic) on 1 July 2009.

Albury Wodonga Health operates from 19 sites across North East Victoria and Southern New South Wales. It is the only cross jurisdictional health service in Australia and is one of six regional health services in Victoria.

Albury Wodonga Health offers a wide range of acute, subacute, mental health and primary care services to a population of approximately 250,000. The health service works in partnership with a range of community based residential facilities and community health centres.

Service developments for 2019-20 include the opening of the cardiac catheterisation laboratory, completion of a master plan for upgrade to the Albury and Wodonga Hospitals and commencement of the Albury Emergency Department redevelopment project, development of a “Brain and Mind” mental health and well-being centre in Albury, implementation of a range of service improvement projects in partnership with Better Care Victoria and introduction of new telehealth specialist clinics.

Strategic planning

Albury Wodonga Health’s Draft Strategic Plan 2019-20 is available online at

<http://www.awh.org.au/about-us/board-directors/strategic-plan/>

Strategic priorities – Health 2040

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

Better Health

<p>Goals:</p> <ul style="list-style-type: none"> 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 	<p>Strategies:</p> <ul style="list-style-type: none"> Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps
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Deliverables:

- Establishment of the early childhood smoking cessation plan (from the Primary Care and Population Health Committee) by working collaboratively with primary care providers and the community. Implementation of an engagement and education campaign targeting at least 50 families in 2019-20 with early years children to access referral to smoking cessation programs and reduce exposure to serious health risks associated with smoking.
- Enhancement of early childhood dental health programs to facilitate the minimisation of preventable oral health issues and improve the promotion of good oral care for children and families. Specifically, the initiative will draw on the strategy *Oral Health 2020: A Strategic Framework for Dental Health in NSW*, with particular focus on the adoption of the Early Childhood Oral Health (ECOH) Program.

Better Access

<p>Goals:</p> <ul style="list-style-type: none"> 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 	<p>Strategies:</p> <ul style="list-style-type: none"> Plan and invest Unlock innovation Provide easier access Ensure fair access
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Deliverables:

- Implementation of a contemporaneous model of care for palliative care increasing the options of preferred place of care and improving access (especially outside of business hours) with the implementation of strategic partnering and sharing of resources with other health services. The model of care will be developed of the first half of 2019-20, and progressively implemented over the second half of 2019-20.
- Provide additional specialist clinic appointments across a broad range of specialty areas including cardiology, paediatrics, general and geriatric medicine, and psychiatry from 1 July 2019 to 30 June 2020.

Better Care

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

Deliverables:

- Development of a person centred comprehensive care plan to improve integrated screening and assessment processes in collaboration with patients, carers and families to achieve the goals of care. The plan will be developed over the course of 2019-20 for board approval and adoption by the end of June 2020.
- Albury Wodonga Health will undertake detailed analysis of hospital acquired complications and review the data to inform and develop a suite of current evidence based risk mitigation implementation strategies, to minimise avoidable harm. The mitigation strategies will be developed by quarter 3 of 2019-20 and promulgated across the service in the last quarter of 2019-20.

Specific priorities for 2019-20

In 2019-20 Albury Wodonga health 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.

Deliverables:

- Implementation of a new mental health model of care and corresponding organisational re-design to support improved access to mental health services, with a focus on contemporary recovery based principles. The model of care will be complete by the end of December 2019, and the organisational redesign will be complete by the end of June 2020.
- Improve access to a regionally based suicide prevention response by redesign of the HOPE program which provides intensive, person-centred support tailored to the unique needs and circumstances of the individual by October 2020.

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.

Deliverables:

- Implement the AWH Occupational Violence Action Plan through training and awareness campaigns across AWH. Ensure learning opportunities are aligned to the AWH organisational priorities that reduce the risks and increase the safety of patients, staff and visitors.

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*.

Deliverables:

- Develop and implement the AWH Bullying and Harassment Prevention Plan including staff forums and learning strategies aligned to the AWH organisational priorities including a response to the People Matters Survey. AWH will program at least two staff forums in 2019-20.
- AWH will fully 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*.

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.

Deliverables:

- We will implement the AWH Diversity Plan and develop and deliver learning strategies which deliver an inclusive care model, including those who have a culturally/linguistically diverse background or identify as LGBTI. The learning strategies relating to culturally/linguistically diverse groups and those who identify as LGBTI will be developed in the first half of 2019-20, with training provided to staff in the second half of 2019-20.

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.

Deliverables:

- Progress the AWH Cultural Competence Action Plan and increase culturally safe services, access, environments and workplaces for our Aboriginal and Torres Strait Islander community by delivering within the Korin Korin Balit-Djak strategic plan. Deliver improved awareness and cultural awareness training to a broad range of staff at Albury Wodonga Health, with at least four training sessions developed and delivered over 2019-20.

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.

Deliverables:

- Implement the Strengthening Hospital Responses to Family Violence program in partnership with other health services through the delivery of a system wide approach. Through key workplace committees and other communication channels, over the course of 2019-20, AWH will champion participation in the census of workforces that intersect with family violence.

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.

Deliverables:

- Finalise and implement the full AWH Disability Action Plan using the available Victorian Healthcare Association resources to reduce and remove barriers experienced by people with a disability at AWH. Implement at least four learning opportunities for staff for identifying and assisting those with different communication and physical needs.

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.

Deliverables:

- In the first half of 2019-20, AWH will review and enhance its environmental sustainability plan to align with State Government policy. In the second half of 2019-20, AWH will implement a new sustainable waste management program to deliver improved environmental and economic value for the organisation and the broader community.

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

High quality and safe care

Key performance measure	Target
Accreditation	
Compliance with Aged Care Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
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 – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ¹ per 10,000 occupied bed days	≤ 1

Key performance measure	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Maternity and Newborn	
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%
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 measure	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 measure	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
Elective surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list ²	1,500
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	6,400
Specialist clinics	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

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

Effective financial management

Key performance measure	Target
Operating result (\$m)	-3.4
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 ³ 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

³ WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 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)
Acute Admitted		
Acute WIES	27,702	135,157
WIES DVA	117	605
WIES TAC	15	87
Other Admitted		6,131
Acute Non-Admitted		
Emergency Services		28,943
Home Enteral Nutrition	336	73
Specialist Clinics	21,146	5,834
Other non-admitted		2,376
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	332	3,560
Subacute WIES - Rehabilitation Private	128	1,278
Subacute WIES - GEM Public	173	1,860
Subacute WIES - GEM Private	25	254
Subacute WIES - Palliative Care Public	15	156
Subacute WIES - DVA	13	164
Subacute Non-Admitted		
Palliative Care Non-admitted		748
Health Independence Program - Public	26,926	5,271
Health Independence Program - DVA		29
Subacute Non-Admitted Other		434
Aged Care		
HACC	6,192	770
Mental Health and Drug Services		
Mental Health Ambulatory	38,158	16,603
Mental Health Inpatient - Available bed days	7,305	7,459
Mental Health Residential	5,479	1,443
Mental Health Service System Capacity	1	10,921
Mental Health Subacute	13,187	5,883
Mental Health Other		1,105
Drug Services		755
Primary Health		
Community Health / Primary Care Programs	5,247	568

Funding type	Activity	Budget (\$'000)
Community Health Other		3,708
Other		
Health Workforce		2,979
NSW contribution		1,550
Other specified funding		27,631
Total Funding		274,334

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

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	14,399	130,793
	Admitted mental health services	1,707	
	Admitted subacute services	2,412	
	Emergency services	4,303	
	Non-admitted services	2,558	
Block Funding	Non-admitted mental health services	-	26,455
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	116,782
Total		25,379	274,031

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.



Jenny Mikakos MP
Minister for Health

Date: 25/10/2019



Ms Nicola Melville
Chairperson
Albury Wodonga Health

Date: 25/10/2019

