

Statement of Priorities

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

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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 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

We are committed to provide a comprehensive range of high quality health and wellbeing services for people in South West Victoria.

South West Healthcare embraces the following values:

Caring - We are compassionate and responsive to the needs of users of our service, their families and our staff and volunteers.

Respect - We behave in a manner that demonstrates trust and mutual understanding.

Integrity - We are transparent and ethical in all that we do.

Excellence - We continually review and analyse performance to ensure best practice.

Leadership - We set clear direction that encourages team work, innovation and accountability.

Service profile

South West Healthcare is a sub-regional health service offering a high level of care that enhances the quality of life for over 110,000 people living across 26,000 square kilometres through five local government areas located in South West Victoria.

South West Healthcare is a geographically dispersed organisation and has four campuses and 11 separate sites. It comprises two public hospital sites, a mental health services division, an aged care facility and five community health sites. The organisation employs approximately 1,400 staff and is a vital contributor to the local economy.

The organisation is continuing a significant growth phase from both a capital infrastructure and operational perspective.

South West Healthcare is actively developing its regional capacity in an effort to ensure the growing healthcare needs of South West Victoria are met.

Strategic planning

South West Healthcare Strategic Plan 2014 - 2019 can be read at:

<https://swarh2.com.au/assets/A/1230/4a48073f3f56e9664bfed574328941ca/10.3.4%20%20Wforce%20strat%20plan%2020%2010%202015.pdf>

Strategic priorities

In 2018-19 South West Healthcare 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>Promote improved community health through implementation of the health promotion plan and continued achievement of strategies from the Healthy Together Victoria Achievement Framework. Specifically implement the achievement program with four new early childhood services, schools and workplaces in 2018-19 with focus on healthy eating, oral health, sun protection and mental health and wellbeing. Achieve a further four recognitions with partners already engaged in the program.</p>
		<p>Improve identification of, and response to, people experiencing family violence through implementation of the state wide Strengthening Hospital Responses to Family Violence project across South West Victoria. SWH has commenced implementation of policies and processes during 2017-18 and will have completed this across eight South West health services by June 2019.</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>Identify outpatient service opportunities through the completion of a gap analysis that will be informed by the SWH service plan and the elective surgery waiting list. An outpatient model of care will be developed that appropriately reflects the SWH service profile.</p>
		<p>Enhance safety and timeliness of care and access through the implementation of daily operating systems, out of hospital care programs and streamlining flow leading to a demonstrable improvement in average length of stay patient survey questions relating to timeliness of care.</p>

Goals	Strategies	Health Service Deliverables
		<p>Finalise master plan and feasibility processes for capital redevelopment of Warrnambool and Camperdown. Complete business case for Warrnambool and progress through stages leading to potential project funding and commencement. Consolidate Warrnambool user groups and community engagement strategy through joint forums, ensuring relevant feedback continues to influence design.</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>Develop a clinical services plan in response to the significant growth and increased demand experienced over the last three years. The plan will drive a contemporary public model of care and will identify the current and future workforce requirements required to deliver this plan in a coordinated and sustainable (ongoing) manner.</p> <p>Engage with consumers, carers and other stakeholders to review the mental health services model of care, utilising State and Commonwealth strategic and policy directions and expertise.</p> <p>A quality and safety reporting dashboard will be refined and adopted for organisational reporting through SWH quality and safety forums. Regular reporting will also include relevant reports out of DHHS, VAHI, Safer Care Victoria (SCV). Dissemination of the clinical outcome indicators and reporting dashboard will include both clinical areas and public display.</p> <p>Progress capital upgrade of Portland mental health site.</p> <p>Review the model of care and the delivery options for the mental health service situated at Portland.</p>
		<p>In partnership with consumers, identify three priority improvement areas using the Victorian Healthcare Experience Survey, mental health Your Experience of Service (YES) survey or</p>

Goals	Strategies	Health Service Deliverables
		<p>community health survey and establish an improvement plan. Increase uptake of the YES survey by mental health consumers so that statistically significant data (above 42 responses) is available for service improvement. SWH will work with the MHCCAC to identify barriers and co-design a sustainable process to support clinicians, consumers and support persons to embrace participation.</p> <p>Lead the development of clinical governance systems that can be applied across the region. Develop the South West Clinical Accord to implement the Victorian Clinical Governance Framework and refine indicators that demonstrate safe and effective care.</p> <p>Commence a South West Healthcare leadership program for potential leaders. The program will be coordinated by the South West Healthcare education team and will be delivered by both internal and external resources. A minimum of 3 cohorts of 20 delegates will complete the program in 2018/19.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans Draft disability action plans are completed in 2018-19.</p>	<p>Develop and submit a draft disability action plan to DHHS by 30 June 2019, in accordance with DHHS guidelines, which outlines approach to full implementation within three years.</p>
	<p>Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Develop, Implement and monitor the consumer and community engagement Plan in response to the SWH consumer and community engagement framework which was adopted in 2017-18. The volunteer program will be reviewed against the National Standards for volunteer involvement.</p>
	<p>Bullying and harassment Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of</p>	<p>Further develop and implement a comprehensive program to respond to feedback from the People Matters Survey. The response will include a comprehensive action plan, focusing on priority areas identified by staff. The continued emphasis on</p>

Goals	Strategies	Health Service Deliverables
	<p>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>responding to risks associated with bullying and harassment will be a key component of the action plan.</p>
	<p>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.</p>	<p>Fully implement the framework for Preventing Occupational Violence and Aggression across SWH through the completion of the existing comprehensive project which will include staff training in preventing acts of violence and aggression, de-escalation and diffusion.</p>
	<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>Installation of solar solutions at Warrnambool and Camperdown campuses completed by December 2018. Return on Investment calculations to be defined and reported 30 June 2019.</p>

Goals	Strategies	Health Service Deliverables
	<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. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Conduct a gap analysis and review of policies and procedures against the DHHS Rainbow eQuality guide to inform the Development and implementation of service level policies and protocols in partnership with LGBTI communities. Lead culture recognition and support of these communities.</p> <p>Identification and Development of Key performance indicators to be completed by December 2018 to measure implementation against guide.</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
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
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
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%

Key performance indicator	Target
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 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%
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%

Key performance indicator	Target
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
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	730
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	3,490
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%

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

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

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	14,232	72,342
WIES Private	1,269	4,746
WIES DVA	180	913
WIES TAC	96	409
Other Admitted		2,116
Acute Non-Admitted		
Emergency Services		10,980
Specialist Clinics	29,807	8,228
Home Enteral Nutrition	180	38
Aged Care		
Aged Care Other		38
HACC	8,531	587
Residential Aged Care	13,018	917
Mental Health and Drug Services		
Drug Services	132	394
Mental Health Ambulatory	34,398	14,047
Mental Health Inpatient - Available bed days	7,305	5,201
Mental Health Inpatient - Secure Unit	1,095	626
Mental Health Service System Capacity	571	454
Mental Health Subacute	4,384	2,126
Mental Health PDRS		57
Mental Health Other		246
Primary Health		
Community Health / Primary Care Programs	9,827	1,013
Community Health Other		678

Subacute and Non-Acute Admitted		
Subacute WIES Gem Private	33	325
Subacute WIES GEM Public	206	2,175
Subacute WIES Palliative Care Private	14	136
Subacute WIES Palliative care Public	108	1,143
Subacute WIES Rehabilitation Private	32	316
Subacute WIES Rehabilitation Public	267	2,824
Subacute WIES DVA	23	295
Transition Care Bed Days	3,645	564
Transition Care Home Days	3,663	208
Subacute Non-Admitted		
Health Independence Program Public	24,942	4,138
Health Independence Program DVA		24
Palliative Care Non-admitted		595
Victorian Artificial Limb Program		109
Subacute non-Admitted Other		831
Other		
Health Workforce	54	3,849
Other specified funding		2,125
Grand Total		145,814

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	16,922	118,497
	Admitted mental health services	2,145	
	Admitted subacute services	1,712	
	Emergency services	3,121	
	Non-admitted services	2,956	
Block Funding	Non-admitted mental health services	-	21,552
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	6,329
Total		26,856	146,379

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.

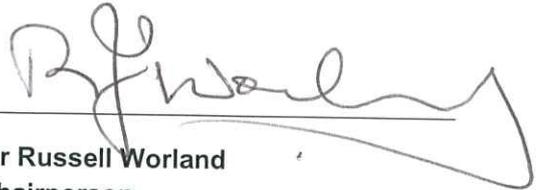
Signature

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.



Kym Peake
Secretary for the Department of
Health and Human Services

Date: 24/8/2018



Mr Russell Worland
Chairperson
South west Healthcare

Date: 24/8/2018