

# Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Western District Health Service

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## Background

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

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

### Service profile

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

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

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

There are two aged residential care facilities attached to the Hamilton Base Hospital campus, The Birches and The Grange in addition to the management of Home Care Packages through the Aged Care Services Hub.

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

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

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

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

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

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

### Strategic planning

Western District Health Service Strategic Plan 2016 - 2020 is available online at [www.wdhs.net/strategicplan](http://www.wdhs.net/strategicplan)

## Strategic priorities – Health 2040

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

### **Better Health**

<p><b>Goals:</b>  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>	<p><b>Strategies:</b>  Reduce Statewide Risks  Build Healthy Neighbourhoods  Help people to stay healthy  Target health gaps</p>
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#### **Deliverables:**

- In partnership with Youth Live4Life Inc. deliver youth mental health first aid training and work towards implementing the Youth Live4Life program, to improve access and support young peoples’ mental health and wellbeing.
- As a part of GenR8 Change, support community groups, businesses, schools and sporting clubs to reduce youth obesity in the Southern Grampians region through influencing appropriate outcomes to make the healthy choice the easy choice.

### **Better Access**

<p><b>Goals:</b>  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>	<p><b>Strategies:</b>  Plan and invest  Unlock innovation  Provide easier access  Ensure fair access</p>
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#### **Deliverables:**

- Implement evidence-based care pathways for people with Chronic Obstructive Airways Disease, using an early identification approach.
- In collaboration with Portland District Health, develop a framework to support a local rural generalist training pathway.

### **Better Care**

<p><b>Goals:</b>  Targeting zero avoidable harm  Healthcare that focusses on outcomes  Patients and carers are active partners in care  Care fits together around people’s needs</p>	<p><b>Strategies:</b>  Put quality First  Join up care  Partner with patients  Strengthen the workforce  Embed evidence  Ensure equal care</p>
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#### **Deliverables:**

- Develop a pilot project with Quit Victoria to operationalise a smoking cessation model of care for the Victorian health service setting. The aim of the project is to ensure that any inpatient identified as a smoker is given every opportunity to accept services and support to help them quit if they are ready to do so.
- Implement best practice cognitive impairment management education.

## Specific priorities for 2019-20

In 2019-20 Western District Health Service 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.

#### **Deliverable:**

- The National Centre for Farmer Health will deliver training and information sessions tailored for the farming and broader rural community. This engagement will build capacity and confidence in recognising and responding to mental health challenges in rural communities.

### ***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.

#### **Deliverable:**

- Building on the work undertaken in 2018-19, install a CCTV camera and swipe card access system to address recommendations from the Security Risk assessment and Security Action Plan.

### ***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*.

#### **Deliverable:**

- Implement the minimum standards of the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination*.

### ***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.

#### **Deliverable:**

- WDHS will partner with Aboriginal and Torres Strait Islander stakeholders to develop and implement a health plan to improve health outcomes for the local Aboriginal and Torres Strait Islander community.

### ***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.

#### **Deliverable:**

- Deliver mandatory online cultural awareness training for all staff.



### ***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:**

- Embed the Strengthening Hospital Response to Family Violence (SHRFV) whole-of-hospital model enabling staff to respond to people experiencing family violence presenting at the health service through:
  - An annual review of all Family Violence policies; and
  - Delivery of the final stage of all staff SHRFV training enabling staff and managers to respond to family violence and deliver fit-for-purpose models of support.

### ***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.

#### **Deliverable:**

- Ensure a more inclusive, accessible and welcoming health service by partnering with the community to deliver the Disability Action Plan.

### ***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.

#### **Deliverable:**

- The Wellbeing & Environment Sustainability Workgroup will work to achieve the 2020 Environmental Management Plan objective by implementing three priority actions.

## 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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

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

Key performance measure	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%
<b>Continuing Care</b>	
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
<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 measure	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>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 measure	Target
Operating result (\$m)	0.0
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 <sup>1</sup> 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

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<sup>1</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 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)
<b>Acute Admitted</b>		
Acute WIES	5,414	27,151
WIES DVA	79	406
Other Admitted		2,143
<b>Acute Non-Admitted</b>		
Emergency Services		4,670
Specialist Clinics	10,765	3,056
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	98	1,057
Subacute WIES - Rehabilitation Private	14	145
Subacute WIES - GEM Public	28	298
Subacute WIES - GEM Private	4	35
Subacute WIES - Palliative Care Public	26	279
Subacute WIES - Palliative Care Private	10	100
Subacute WIES - DVA	25	327
Transition Care - Bed days	1,093	172
Transition Care - Home days	1,464	84
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		226
Health Independence Program - Public	12,118	2,004
Health Independence Program - DVA		12
<b>Aged Care</b>		
Residential Aged Care	61,110	2,974
HACC	3,974	387
Aged Care Other		176
<b>Mental Health and Drug Services</b>		
Mental Health Residential	1,096	113
<b>Primary Health</b>		
Community Health / Primary Care Programs	4,422	480
Community Health Other	7	520
<b>Small Rural</b>		
Small Rural Acute	44	2,914
Small Rural Primary Health & HACC	225	9

Funding type	Activity	Budget (\$'000)
Other specified funding		
<b>Other</b>		
Health Workforce		815
Other specified funding		2,466
<b>Total Funding</b>		<b>53,102</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 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	5,878	43,297
	Admitted mental health services	0	
	Admitted subacute services	546	
	Emergency services	1,104	
	Non-admitted services	906	
Block Funding	Non-admitted mental health services		3,692
	Teaching, training and research		
	Other non-admitted services		
Other Funding			5,769
<b>Total</b>		<b>8,434</b>	<b>52,758</b>

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.



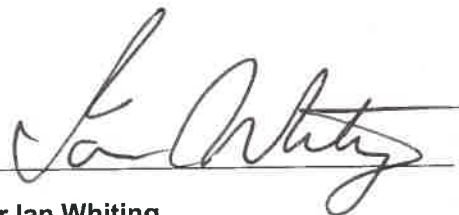
## Signature

The Secretary and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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

Date: 25/9/2019



**Mr Ian Whiting**  
Chairperson  
Western District Health Service

Date: 25/9/2019

