

Statement of Priorities

2016-17 Agreement between Secretary for Health and
Human Services and West Gippsland Healthcare Group

To receive this publication in an accessible format phone 9096 1309, using the National Relay Service 13 36 77 if required, or email ryan.heath@dhhs.vic.gov.au.

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

© State of Victoria, Department of Health and Human Services, November 2016.

ISBN/ISSN 2206-7175

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

Contents

| | |
|---|-----------|
| Background | 4 |
| Policy directions and priorities | 5 |
| Government commitments | 5 |
| Part A: Strategic overview | 8 |
| Mission statement..... | 8 |
| Service profile | 8 |
| Strategic planning | 8 |
| Strategic priorities | 9 |
| Part B: Performance priorities | 15 |
| Quality and safety | 15 |
| Governance and leadership | 16 |
| Access and timeliness | 16 |
| Financial sustainability..... | 17 |
| Part C: Activity and funding | 18 |
| Part D: Service Level Agreement for the purposes of the National Health Reform Agreement | 20 |
| Accountability and funding requirements | 21 |

Background

Statements of Priorities are formal funding and monitoring agreements between Victorian public hospitals and the Secretary for Health and Human Services. Agreements are in accordance with 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 Framework* and the *Victorian Health Agency Monitoring and Intervention*.

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.

Policy directions and priorities

The Victorian Government is committed to treating more patients sooner, support ongoing efforts to improve the overall health and wellbeing of Victorians by investing in the Victorian health system, and to work with Victoria's doctors, nurses, paramedics and others across the sector to increase capacity and improve access to high quality care for all Victorians. The Victorian Government continues to invest in hospital capacity to support current and future demand across the state. Government will work with all health, mental health and ambulance services to ensure all Victorians, no matter where they live or their socioeconomic status, are able to access the care they need. High-quality person-centred healthcare will be provided by a diverse and adaptable workforce with the right mix of skills to meet the needs and expectations of consumers.

To support a healthy population and sustainable health system, the Government is committed to an increased focus on prevention, community and primary health services, care in the home and health promotion.

Whether it's through building new facilities, providing extra funding and resources, or promoting better health outcomes in the community; the Victorian Government is committed to securing a stronger and more reliable health system for all Victorians.

The Better Care Victoria Innovation Fund will provide funding for sector-led innovation projects and support the development of innovation capability across the state. In 2016–17 the Better Care Victoria Innovation Fund will have \$10 million to invest across Victoria. Funded projects will be required to demonstrate a strong ability to significantly improve timely and appropriate access to high-quality care for Victorians. Initially this investment will be across five focus areas: chronic complex medical patients; outpatients; care outside the hospital walls; variance in practice in delivering defined areas of care; and the 24-hour health system.

Government commitments

Improving health services

- Funding to enable health services to respond to growing patient demand across Victoria (\$978.4 million). Targeted services include emergency department presentations, intensive care, maternity admissions, specialist clinics, palliative care, chemotherapy, radiotherapy and subacute care.
- Additional elective surgery activity to meet existing demand and significantly reduce waiting times (\$335 million).
- The *2016-17 Victorian Budget* invests an additional \$356 million in mental health and drug treatment funding, which will help deliver the Government's 10-year Mental Health Plan.
- Additional mental health and drug funding will increase support for Victorians with a mental illness and their families, including supporting young Victorians and responding to vulnerable children, families and trauma.
- Additional funding will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need (\$132 million).
- Strengthening oversight of quality and safety across Victorian health services (\$16.8 million).

- Provide certainty and direction on system health design, configuration and distribution services by developing a Statewide Design, Service and Infrastructure Plan for Victoria's health system, including a series of new design, service and infrastructure plans for each of Victoria's major service streams, including cardiac, maternity and newborn, clinical mental health, surgical, cancer, and genetics services.
- Implement Victoria's 10-year mental health plan to improve the mental health and wellbeing of Victorians. Through the plan, Victorians will: have genuine choice about options and services available; be supported through services that build optimism and hope; have universal access to high-quality, integrated public services; and access to specialist mental health services where and when needed the most.
- Report on the implementation of Victoria's 10-year mental health plan through an annual report to Parliament.
- Strengthen mental health support for marginalised Victorians including development of targeted support for Victorians with a mental illness, focusing on disadvantaged people with moderate severity mental illness, including Aboriginal, transgender and gender diverse people (\$9.9 million).
- Strengthen maternity care through the expansion of training for smaller, generally rural, services that otherwise have limited access to specialist training.
- Strengthened incident reporting mechanisms to improve hospital data timeliness and reliability, and ensure early identification of quality and safety issues.

Capital investments

- Goulburn Valley Health's Shepparton campus will be redeveloped, including a new four-storey tower delivering theatres and new wards, refurbishment of the existing theatres, expansion of the Emergency Department including the addition of treatment bays and a new short stay unit, expansion of medical imaging, and the refurbishment of the maternity ward including a new Special Care Nursery (\$169 million).
- Urgent works will be completed at Footscray Hospital to improve infrastructure and engineering services while planning is undertaken for the future redevelopment of Footscray Hospital (\$61.3 million).
- Infrastructure will be upgraded across the Austin Hospital campus in Heidelberg to improve service reliability and minimise risks to patients and staff (\$40.8 million).
- Works at the Broadmeadows Surgery Centre will be undertaken to expand surgery capacity at Northern Health by providing two additional operating theatres, expanding the Central Sterile Services Department and enhancing patient reception and recovery facilities (\$17.3 million).
- Work will also begin on Australia's first specialist stand-alone heart hospital at Monash University in Clayton (\$135 million).
- A new purpose built mental health unit will be co-located and integrated with the new Monash Children's Hospital in Clayton. The new facility will deliver specialist assessment and treatment mental health services for children and adults up to 25 years of age including inpatient beds, community treatment and intensive and specialist care (\$14.6 million).
- The Victorian Government will rebuild Orygen Youth Mental Health, a major clinical and research facility for young people across Victoria with serious mental illness. This will house both Orygen Youth Mental Health Services' Clinical Program, and Orygen, the National Centre of Excellence in Youth Mental Health, combining clinical, education and training, and research services (\$59.0 million).
- A 12-bedroom facility for women, capable of also accommodating up to three young dependent children, will increase the range and number of services available to people with a mental illness and their families. This will ensure that women with an acute mental illness in the north and west of Melbourne, and their dependents, have access to a flexible, safe and appropriate facility for short stay periods (\$8.4 million).

Health workforce

- Working with health services in 2016-17 to address the issues of inappropriate workplace behaviours, including bullying and harassment and create a culture and environment that supports both staff and patient safety in healthcare settings.
- Initiatives across occupational violence, bullying and harassment and worker health and wellbeing are aimed at ensuring health services are safe, respectful and healthy places to work.
- Training for up to 9,700 health and human services workers who may have contact with people who are affected by ice. Training and support will be tailored to address the specific needs of vulnerable population groups, including Aboriginal people and LGBTIQ groups (\$6 million).

Rural and regional health

- The Regional Health Infrastructure Fund will allow for the upgrade of regional hospital facilities to meet the needs of their local communities (\$200 million).
- Additional ambulance services (emergency transports, non-emergency transports and treatments not requiring transport) for eligible concession card holders (\$64 million).
- Alcohol and drug residential rehabilitation services across the state will be expanded by developing an 18-20 bed residential alcohol and drug rehabilitation facility in the Grampians region servicing the Ballarat community (\$6 million).

Other initiatives

- Fix ambulance services, giving paramedics the support and resources they need to save lives (\$143 million).
- Ensure access to medical cannabis, a life-changing treatment for those who are seriously ill in exceptional circumstances, through the establishment the establishment of the Office of Medicinal Cannabis and an independent Medical Advisory Committee (\$28.5 million).
- Continued prevention and early detection of perinatal depression to support new mothers experiencing depression (\$1.6 million).
- Improve ambulance response times, and build and upgrade facilities and equipment (\$5 million)
- Funding for new suicide prevention initiatives under the Victorian Government's 10-year Suicide Prevention Framework. The framework aims to halve the number of suicides over the next decade (\$27.5 million).
- Real time prescription monitoring system. Pharmacy prescription records for Schedule 8 and other dangerous medicines will be connected in real time to a centralised system, which will also be accessible to doctors (\$29.5 million).

Part A: Strategic overview

Mission statement

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

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

WHAT WE VALUE

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

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

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

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

Improving performance: Ensuring continuous quality improvement.

Service profile

West Gippsland Healthcare Group is a fully accredited, customer focussed health organisation providing acute, residential care and community health services to over 45,000 people in the rural, urban residential, agricultural and industrial areas located within Baw Baw Shire and beyond.

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

The main catchment area is the Baw Baw Shire which is experiencing significant growth, with a population forecast to rise from 45,000 to 75,000 by 2031 (Victoria in Future 2014 - Department of Planning and Community Development) and is recognised as a peri-urban growth area.

In 2015-16 a West Gippsland Baw Baw Strategic Services Plan was completed in partnership with the Department of Health and Human Services, Monash Health and Latrobe Regional Hospital. The plan confirmed an ongoing role for West Gippsland Healthcare Group as a sub-regional hospital and projected future service level requirements. This has led to \$1 million government commitment for a revised masterplan and feasibility study in 2016-17 to consider the longer term provision of health services in West Gippsland.

West Gippsland Healthcare Group owns a 58 acre parcel of land, located between Warragul and Drouin that has been identified by the health service as a site for a potential new hospital to meet the health needs of West Gippsland into the future. Securing commitment to the new site is the major strategic objective of the Board. Meeting the increased demand within the confines of an ageing infrastructure and having a clear direction for the future underpin the West Gippsland Healthcare Group Strategic Plan 2015 – 2018.

Strategic planning

West Gippsland Healthcare Group Strategic Plan 2015 – 2018 can be read at website:

<http://www.wghg.com.au/WGHG/Content/Publications/Strategic-Plan-2015-2018>

Strategic priorities

In 2016-17 West Gippsland Health Service will contribute to the achievement of the Government's commitments by:

| Domain | Action | Deliverables |
|--------------------|---|--|
| Quality and safety | Implement systems and processes to recognise and support person-centred end of life care in all settings, with a focus on providing support for people who choose to die at home. | <p>Monitor the quality of end of life care for all patients and report through relevant committee structure including local General Practitioners.</p> <p>Review current policy and procedures to ensure they are reflective of current practice.</p> <p>Consider the use of the Care Plan for the Dying Person – Victoria, supported through the Centre for Palliative Care at St Vincent's Hospital.</p> |
| | Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection. | <p>Appoint a project person to lead the implementation of the <i>Advance Care Planning - have the conversation: A strategy for Victorian health services 2014-18</i> at the health service.</p> <p>Achieve a target of 50 per cent of patients over 70 years of age have a documented advanced care directive or plan as part of their medical record.</p> <p>Mortality reviews to include assessment as to whether an Advance Care Plan was in place and whether it was followed.</p> |
| | Progress implementation of a whole-of-hospital model for responding to family violence. | Deliver a training package and present policies that have been developed for responding to family violence using the Strengthening Hospital Response to Family Violence model. |
| | Develop a regional leadership culture that fosters multidisciplinary and multi-organisational collaboration to promote learning and the provision of safe, quality care across rural and regional Victoria. | <p>Actively support and participate in regional projects and committees such as:</p> <ul style="list-style-type: none"> • Chief Executive Officer forum, • Director of Nursing and Midwifery forum, • Regional Maternity and Perinatal Morbidity and Mortality committees, • Gippsland Regional Integrated Cancer Services, and • Gippsland Health Alliance |

| Domain | Action | Deliverables |
|------------------------------|--|--|
| | <p>Establish a foetal surveillance competency policy and associated procedures for all staff providing maternity care that includes the minimum training requirements, safe staffing arrangements and ongoing compliance monitoring arrangements.</p> | <p>Matrix of Foetal Surveillance Education Program training requirements required for levels of clinical involvement and patient management, including remedial strategies where required, to be developed by March 2017.</p> <p>Monitoring of Foetal Surveillance Education Program training levels to be managed within e-Credentialing program.</p> |
| | <p>Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.</p> | <p>Involve Community Advisory Council in review of Victorian Healthcare Experience Survey results to identify and address opportunities for improvement.</p> |
| | <p>Develop a whole of hospital approach to reduce the use of restrictive practices for patients, including seclusion and restraint.</p> | <p>Review of current policy and practice to ensure best practice.</p> <p>Continue training of all staff in Code Grey practice.</p> |
| <p>Access and timeliness</p> | <p>Ensure the development and implementation of a plan in specialist clinics to: (1) optimise referral management processes and improve patient flow through to ensure patients are seen in turn and within time; and (2) ensure Victorian Integrated Non-admitted Health data accurately reflects the status of waiting patients.</p> | <p>Implement a "Do not attend" policy and guidelines by December 2016.</p> <p>Through centralised intake, develop a consistent approach to identifying priority patients and waiting list parameters.</p> |
| | <p>Ensure the implementation of a range of strategies (including processes and service models) to improve patient flow, transfer times and efficiency in the emergency department, with particular focus on patients who did not wait for treatment and/or patients that re-presented within 48 hours.</p> | <p>Investigate the introduction of a short stay model of care as one strategy to improve patient flow from the Emergency Department. Submit application to build Short Stay Unit under Regional Health Infrastructure Fund.</p> <p>Explore feasibility of moving Hospital In The Home under the Emergency Department management to increase admissions directly from the Emergency Department.</p> <p>Review Hospital In The Home Guidelines for Pneumonia, Cellulitis and Uro-sepsis by March 2017 to increase early transfer to the program or direct admission to assist with patient flow within the organisation.</p> |

| Domain | Action | Deliverables |
|--------------------------------|--|---|
| | Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine). | Establish telephone secondary consults for the Health Independence Program Continence Program by December 2016 to improve access to the service. Explore options for telemedicine in Psychiatry and Dementia Care to reduce impost of travel on clients and improve service access. Participate on Steering Committee for Gippsland Primary Health Network Clinical Pathways project. |
| | Increase the proportion of patients (locally and across the state) who receive treatment within the clinically recommended time for surgery and implement ongoing processes to ensure patients are treated in turn and within clinically recommended timeframes. | Review current practice of referral to surgical waiting list by December 2016. Review data management and develop key performance indicator reports to better manage waiting list by December 2016. Review current Pre Admission Clinic processes to maximise patients' readiness for care by December 2016. |
| | Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability and Insurance Scheme and Home and Community Care program transition and reform, with particular consideration to service access, service expectations, workforce and financial management. | Work in partnership with other Gippsland public health services to develop a response strategy to the roll out of the National Disability and Insurance Scheme. |
| Supporting healthy populations | Support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks. | Participate in the development of the Baw Baw Shire Municipal Public Health and Wellbeing Plan and align the West Gippsland Healthcare Group Integrated Health Promotion activities to the plan. |
| | Focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place based, whole of population approach to tackle the multiple risk factors of poor health. | Develop health promotion and prevention activities in conjunction with regional primary health provider and interested stakeholders, with the aim of tackling the multiple risk factors of poor health through a whole of population approach and consistent communication themes. |
| | Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices. | In partnership with local Aboriginal communities, identify opportunities to deliver culturally sensitive services. Develop and implement the identified strategies in the West Gippsland Healthcare Group Home and Community Care and Commonwealth Home Support Program Diversity Plan to improve access to services by culturally diverse community members. |

| Domain | Action | Deliverables |
|----------------------------------|---|--|
| | <p>Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.</p> | <p>Complete Phase 2 of Reconnect project to implement strategies to increase access to West Gippsland Healthcare Group services to the Aboriginal community.</p> <p>Provide "Be Deadly, Get Healthy" outreach exercise program to Aboriginal community to provide an environment to encourage healthy lifestyles.</p> |
| | <p>Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and Infrastructure Plan for Victoria's Clinical mental health system.</p> | <p>Contribute at local and statewide level through Primary Health Network clinical council and stakeholder consultations.</p> |
| | <p>Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.</p> | <p>Undertake a gap analysis against the Rainbow eQuality Guide and develop strategies to address any identified gaps.</p> |
| <p>Governance and leadership</p> | <p>Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes and leadership are in place to support the provision of safe, quality, accountable and person centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.</p> | <p>Review Q-Dash (Key Performance Indicator dashboard) ensuring appropriate benchmarks and data targeted to appropriate level (Board Clinical governance versus Executive & Department) by June 2017.</p> <p>Implement software to support e-Credentialing and e-Recruitment by February 2017.</p> |
| | <p>Contribute to the development and implementation of Local Region Action Plans under the series of statewide design, service and infrastructure plans being progressively released from 2016 17. Development of Local Region Action Plans will require partnerships and active collaboration across regions to ensure plans meet both regional and local service needs, as articulated in the statewide design, service and infrastructure plans.</p> | <p>Develop a transition plan in partnership with the Department of Health and Human Services and neighbouring health services to commence implementation of the West Gippsland Baw Baw Strategic Service Plan recommendations.</p> <p>Actively participate in and implement the outcomes of the Gippsland Maternity Plan Implementation Working Party.</p> |

| Domain | Action | Deliverables |
|--------|--|---|
| | Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule. | Review of Bullying and Harassment Policy against stated requirements by February 2017. Implement any identified gaps in existing policy by April 2017. Employee Assistance Program awareness to be ongoing. |
| | Board and senior management ensure that an organisational wide occupational health and safety risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents. | Ensure progress against implementation plan for actions from the Occupational Health and Safety Management Plan is reported to the Audit and Risk Committee quarterly. Occupational Health and Safety Key Performance Indicators to be monitored and reported to Board. Preventative training targeted for Occupational Health and Safety hot spots, for example manual handling and falls, to be delivered by June 2017. |
| | Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care. | Implement actions scheduled for 2016 from the West Gippsland Healthcare Group People and Culture Plan 2016-2019 including staff learning program and e-recruitment and e-credentialing. |
| | Create a workforce culture that: (1) includes staff in decision making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community. | Utilise results from 2016 People Matters Survey to develop appropriate responses to address identified opportunities for improvement. |

| Domain | Action | Deliverables |
|--------------------------|---|---|
| | <p>Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.</p> | <p>Develop a training package by December 2016 to be delivered to all high priority staff by June 2017.</p> <p>This training will be delivered using a multifaceted approach with formal presentation, online content and group format.</p> |
| | <p>Implement policies and procedures to ensure patient facing staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.</p> | <p>Review of all current staff health policies by June 2017.</p> <p>Implement process to ensure mandatory vaccination status is collected and documented on commencement of employment at the health service.</p> |
| Financial sustainability | <p>Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.</p> | <p>Continue progress on achieving the three year Financial Improvement Plan to actively manage expenditure growth to ensure all service streams to be financially independent.</p> |
| | <p>Actively contribute to the implementation 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>Ensure Energy Performance Contract reductions in greenhouse gas emissions and usage are being achieved through the annual measurement and verification process.</p> |

Part B: Performance priorities

The *Victorian health agency monitoring and intervention* describes the Department of Health and Human Services' approach to monitoring and assessing the performance of health agencies and detecting, actively responding and intervening in relation to performance concerns and risk. This document aligns with the measuring and monitoring element of the *Victorian health services performance framework*.

Changes to the key performance measures in 2016-17 strengthen the focus on quality and safety, in particular maternity and newborn, and access and timeliness in line with ministerial and departmental priorities.

Further information is available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability>.

Quality and safety

| Key performance indicator | Target |
|---|----------------------------|
| Accreditation | |
| Compliance with NSQHS Standards accreditation | Full compliance |
| Compliance with the Commonwealth's Aged Care Accreditation Standards | Full compliance |
| Infection prevention and control | |
| Compliance with cleaning standards | Full compliance |
| Submission of infection surveillance data to VICNISS ¹ | Full compliance |
| Compliance with the Hand Hygiene Australia program | 80% |
| Percentage of healthcare workers immunised for influenza | 75% |
| Patient experience | |
| Victorian Healthcare Experience Survey - data submission | Full compliance |
| Victorian Healthcare Experience Survey – patient experience | 95% positive experience |
| Victorian Healthcare Experience Survey – discharge care | 75% very positive response |
| Maternity and newborn | |
| Percentage of women with prearranged postnatal home care | 100% |
| Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes | ≤1.6% |
| Rate of severe foetal growth restriction in singleton pregnancy undelivered by 40 weeks | ≤28.6% |
| Continuing care | |
| Functional independence gain from admission to discharge, relative to length of stay | ≥0.39 (GEM) |

¹ VICNISS is the Victorian Hospital Acquired Infection Surveillance System

Governance and leadership

| Key performance indicator | Target |
|---|--------|
| People Matter Survey - percentage of staff with a positive response to safety culture questions | 80% |

Access and timeliness

| Key performance indicator | Target |
|---|---------|
| Emergency care | |
| Percentage of ambulance patients transferred 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 times | 80% |
| Percentage of emergency patients with a length of stay 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 patients admitted within 30 days | 100% |
| Percentage of urgency category 1, 2 and 3 elective patients admitted within clinically recommended timeframes | 94% |
| 20% longest waiting Category 2 and 3 removals from the elective surgery waiting list | 100% |
| Number of patients on the elective surgery waiting list ² | 445 |
| Number of hospital initiated postponements per 100 scheduled admissions | ≤8 /100 |
| Number of patients admitted from the elective surgery waiting list – annual total | 2,640 |
| Specialist clinics | |
| Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days | 100% |
| Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days | 90% |

² The target shown is the number of patients on the elective surgery waiting list as at 30 June 2017.

Financial sustainability

| Key performance indicator | Target |
|--|-----------------|
| Finance | |
| Operating result (\$m) | 0.75 |
| Trade creditors | 60 days |
| Patient fee debtors | 60 days |
| Public & private WIES ³ performance to target | 100% |
| Adjusted current asset ratio | 0.7 |
| Number of days with available cash | 14 days |
| Asset management | |
| Basic asset management plan | Full compliance |

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 2016-17' of the Department of Health and Human Services' *Policy and funding guidelines*.

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 type | Activity | Budget (\$'000) |
|---|----------|-----------------|
| Acute Admitted | | |
| WIES DVA | 129 | 636 |
| WIES Private | 791 | 2,919 |
| WIES Public | 8,400 | 40,799 |
| WIES TAC | 26 | 108 |
| Acute Non-Admitted | | |
| Emergency Services | | 6,923 |
| Specialist Clinics - Public | | 3,960 |
| Home Enteral Nutrition | 73 | 15 |
| Aged Care | | |
| HACC | 4,991 | 594 |
| Residential Aged Care | 38,691 | 2,215 |
| Subacute and Non-Acute Admitted | | |
| Subacute WIES - GEM Private | 17 | 159 |
| Subacute WIES - GEM Public | 84 | 857 |
| Subacute WIES - Palliative Care Private | 7 | 69 |
| Subacute WIES - Palliative Care Public | 42 | 428 |
| Subacute WIES - DVA | 20 | 253 |
| Subacute and Non-Acute Other | | |
| Other specified funding | | 235 |
| Subacute Non-Admitted | | |
| Health Independence Program - DVA | | 85 |
| Health Independence Program - Public | 16,848 | 2,563 |
| Palliative Care Non-admitted | | 407 |

| Funding type | Activity | Budget (\$'000) |
|--|-----------------|------------------------|
| Primary Health | | |
| Community Health / Primary Care Programs | 6,401 | 629 |
| Community Health Other | | 310 |
| Other | | |
| Other specified funding | | 590 |
| Health Workforce | 34 | 2,173 |
| Total | | 66,928 |

Part D: Service Level Agreement for the purposes of the National Health Reform Agreement

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 2016 to 30 June 2017 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined in the 2016-17 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 2016 - 30 June 2017

| | Estimated National Weighted Activity Units | Total Funding (\$) | Provisional Commonwealth Percentage (%) |
|------------------------|--|--------------------|---|
| Activity Based Funding | 13,516 | 62,380,016 | 42.94 |
| Other Funding | | 5,159,271 | |
| Total | | 67,539,287 | |

Note:

- Estimated National Weighted Activity Units may be amended by the Department of Health and Human Services following the finalisation of the 2015-16 reconciliation by the Administrator of the National Health Funding Pool
- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows), the 2015-16 reconciliation and Commonwealth announcements (i.e. Mid-Year Economic and Fiscal Outlook 2016-17)
- 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 the Part D, changes to the agreement will be actioned through an exchange of letters between the Department of Health and Human Services 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.

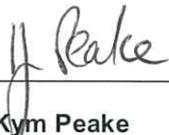
Accountability and funding requirements

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 *Victorian health policy and funding guidelines 2016-17*;
- 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 2016-17 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.

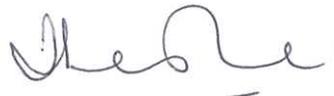
Signature

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.



Ms Kym Peake
Secretary for Health and Human Services

Date: 13 / 10 / 2016



Ms Jane Leslie
Chairperson
West Gippsland Health Care Group

Date: 13 / 10 / 2016