

# Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Northeast Health Wangaratta

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# Contents

- Contents**..... iii
- Background**..... 4
- Strategic priorities** ..... 5
  - Government commitments ..... 5
- Part A: Strategic overview**..... 6
  - Mission statement ..... 6
  - Service profile..... 6
  - Strategic planning ..... 6
  - Strategic priorities – Health 2040..... 7
  - Specific priorities for 2019-20..... 9
- Part B: Performance Priorities** ..... 11
  - High quality and safe care..... 11
  - Strong governance, leadership and culture ..... 12
  - Timely access to care ..... 12
  - Effective financial management..... 13
- Part C: Activity and funding** ..... 14
- Part D: Commonwealth funding contribution**..... 16
- Accountability and funding requirements** ..... 17
- Signature**..... 18

## 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 provide healthcare that enhances the quality of life of people in North East Victoria.

## Vision statement

To be recognised leaders in rural healthcare.

## Values

- Caring
- Excellence
- Respect
- Integrity
- Fairness

## Service profile

Northeast Health Wangaratta (NHW) is a 241 bed (including 66 residential aged care beds) sub-regional health service and major referral hospital for the communities of north east Victoria. It is also the largest employer for the Rural City of Wangaratta, serving a catchment of around 90,000 people. It was established in 1872 on the site of the present facility. Demographic data from the Australian Bureau of Statistics (ABS) shows a population that is primarily Australian and English speaking. The main group which speaks a language other than English at home is Italian (2.26 per cent), followed by German (0.54 per cent). The proportion of our population identified as of Aboriginal or Torres Strait Island descent is 1.2 per cent.

NHW provides an Emergency Department service 24 hours a day, seven days a week, as well as an extensive range of inpatient services (acute medical, surgical, obstetrics, critical care, subacute rehabilitation and paediatric), community services and aged care services.

NHW works collaboratively with other health care organisations in the provision of a number of services. Seven chairs for renal dialysis are provided on site under the Melbourne Health Renal Unit program. Twelve chairs for medical oncology are provided in conjunction with Border Medical Oncology based in Albury/Wodonga. The Community Midwifery Program is nationally recognised and the Telehealth program is well regarded for supporting Urgent Care Services within the catchment. The organisation also provides a range of visiting medical officers in specialty areas such as Ear, Nose and Throat (ENT), Urology and Urogynaecology.

Allied Health services are provided to acute, subacute, residential aged care and community programs and include speech pathology, diabetes education, continence services, physiotherapy, occupational therapy, social work and dietetics.

Home Based programs include District Nursing, Hospital in the Home (HITH), Palliative Care, Post Acute Care (PAC) and Community Rehabilitation. Residential aged care is provided in a fully accredited 66 bed nursing home (an additional four beds were constructed in 2016-17).

NHW also contracts corporate services to other healthcare organisations within the region. The medical imaging department provides services to Alpine Health, Beechworth, Alexandra and Corowa. Health information services are provided to Beechworth and Yarrawonga. Information Technology services are provided to Alpine Health, Beechworth, Yarrawonga and Benalla. Finance services are provided to Yarrawonga, Alpine Health, Beechworth and Mansfield hospitals. Payroll services are provided to Beechworth, Indigo North, Alexandra, Tallangatta and Alpine hospitals. The Supply Department provides procurement services to Beechworth, Yarrawonga, Benalla and various community health and residential aged care facilities in the northeast region. Food Services provide meals and Meals on Wheels to local municipalities and health services. The Lactation Clinic provides assistance and education to mothers and babies from NHW, Alpine and Wodonga regional health services.

NHW continues to experience high demand for inpatient beds. Funding has been granted that will enable the commencement of works in April 2020 to expand treatment spaces and increase patient access. This work is due to be completed by December 2021.

## Strategic planning

NHW's Strategic Plan 2015-2020 is available online at <http://northeasthealth.org.au/about/strategic-plan/>

## Strategic priorities – Health 2040

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

### **Better Health**

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**Goals:**

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

**Strategies:**

Reduce Statewide Risks  
Build Healthy Neighbourhoods  
Help people to stay healthy  
Target health gaps

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**Deliverables:**

- Implement Smiles for Miles program to promote good oral health and healthy eating habits among children across early year's centres within Central Hume Region.
- Establish a joint health strategy with Gateway Health and Rural City of Wangaratta to support the health needs of older people. The strategy will be developed and published by the end of June 2020.
- Partner with the Rural City of Wangaratta, Albury Wodonga Health and Gateway Health to implement a grit and resilience suicide prevention and postvention initiative.

### **Better Access**

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**Goals:**

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

**Strategies:**

Plan and invest  
Unlock innovation  
Provide easier access  
Ensure fair access

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**Deliverables:**

- Implementation of stage 2a and stage 3 of the Northeast Health Wangaratta Digital Electrocardiograph (DECG) project to expand the availability of a DECG service for patients presenting to remote and rural urgent care centres (UCC) with chest pain or suspected acute coronary syndrome. At least two additional UCC sites will participate in the initiative in 2019-20.
- Increase access to specialist outpatient appointments, including in developmental paediatrics and diabetes care.
- Establish at least 1 day per fortnight for psychology support services for cancer patients receiving treatment.

## **Better Care**

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### **Goals:**

Targeting zero avoidable harm  
Healthcare that focusses on outcomes  
Patients and carers are active partners in care  
Care fits together around people's needs

### **Strategies:**

Put quality First  
Join up care  
Partner with patients  
Strengthen the workforce  
Embed evidence  
Ensure equal care

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### **Deliverables:**

- Implementation of the Specific Timely Appointments for Triage (STAT) Model across all Allied Health & Ambulatory Services Community Programs to reduce waiting times.
- Improve by two per cent (in comparison to 2018 data) the number of Aboriginal and Torres Strait Islanders identifying within our health service.
- Implementation of a Falls Reduction Strategy across NHW inpatient areas and Residential Aged Care Facility – targeting a five per cent reduction in falls compared to 2018-19.



## Specific priorities for 2019-20

In 2019-20 Northeast Health Wangaratta will contribute to the achievement of the Government's priorities by:

### ***Supporting the Mental Health System***

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

#### **Deliverables:**

- Improve timely service access for all local patients to acute mental health services at Albury Wodonga Health Mental Health Service by use of the early referral process and multi-agency response.
- Partner with Gateway Health to develop, implement and promote a joint model of care to expand Alcohol and Other Drug (AOD) resources.

### ***Addressing Occupational Violence***

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

#### **Deliverables:**

- Completion of training in code black, grey and de-escalation training to 160 frontline staff identified as having direct contact with patients, residents and visitors.
- Conduct an independent external risk assessment of high-risk areas, to ensure relevant risks are identified, controls established and actions implement to mitigate workplace harm to staff. The outcome being:
  - An action plan that controls identified security risks specific to both the work environment and security processes that supports improved prevention, reporting and security.

### ***Addressing Bullying and Harassment***

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

#### **Deliverables:**

- Complete the Independent Facilitator Project Trial, embedding key learnings along the journey.
- Achieve full implementation of the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination*.
- Implement a wellbeing program of activities that will support the reduction of stress in our employees.

### ***Supporting Vulnerable Patients***

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

#### **Deliverables:**

- Pilot a community volunteer role to support clients of the NHW Complex Care Service to successfully navigate the transition from hospital to home.
- Partner with QUIT and Alfred Health to implement an evidence based strategy to identify and support people in the inpatient setting to be smoke free.
- Achieve Rainbow Tick accreditation that ensures inclusive care for the LGBTIQ 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.

#### **Deliverables:**

- Establish a Northeast Health Wangaratta Reconciliation Action Plan.
- Implement the Northeast Health Wangaratta Aboriginal health strategy that supports aboriginal community with culturally appropriate care, supports aboriginal staff and volunteers and develops Northeast Health Wangaratta's cultural safety.
- Finalise and implement the Northeast Health Wangaratta Community gathering place.

### ***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:**

- Achievement of the strengthen responses to family violence (SHRFV) initiative's year three key performance indicators across Central Hume.
- Achievement of the Strengthen responses to family violence (SHRFV) initiative's year three key performance indicators across Northeast Health Wangaratta.

### ***Implementing Disability Action Plans***

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

#### **Deliverables:**

- Achieve the implementation of the Disability Action Plan goals and actions for the year.
- Develop and finalise a framework and project plan to implement a Disability Student Workplace Training program that focuses on growing pathways for students at high school with a disability.

### ***Supporting Environmental Sustainability***

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

#### **Deliverables:**

- Achievement of the key commitments of the Northeast Health Wangaratta Environmental Sustainability Plan 2019 -2021 deliverables:
  - management and communications to all staff to increase stakeholder/consumer awareness
  - reduction in energy consumption
  - reduction in water consumption
  - increase in recycling
  - reduction in landfill and clinical waste.
- Report on the achievement of deliverables to the:
  - Environmental Sustainability Committee – monthly
  - Board of Directors – quarterly
  - Northeast Health Wangaratta website – annually.

## 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 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
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
<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 fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%

Key performance measure	Target
<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

Key performance measure	Target
<b>Elective surgery</b>	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list <sup>1</sup>	630
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	2,624
<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)	-2.6
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>2</sup> activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days 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

<sup>1</sup> the target shown is the number of patients on the elective surgery waiting list as at 30 June 2020

<sup>2</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 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	15,052	76,253
WIES DVA	201	1,038
WIES TAC	97	566
Other Admitted		10,910
<b>Acute Non-Admitted</b>		
Emergency Services		10,824
Home Enteral Nutrition	80	17
Specialist Clinics	20,108	5,677
Specialist Clinics - DVA		18
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	194	2,083
Subacute WIES - Rehabilitation Private	58	579
Subacute WIES - GEM Public	165	1,775
Subacute WIES - GEM Private	82	822
Subacute WIES - Palliative Care Public	35	373
Subacute WIES - Palliative Care Private	8	79
Subacute WIES - DVA	28	358
Subacute Admitted Other		630
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		776
Health Independence Program - Public	31,574	5,031
Health Independence Program - DVA		38
<b>Aged Care</b>		
Residential Aged Care	22,419	1,830
HACC	2,026	180
<b>Mental Health and Drug Services</b>		
Drug Services		139
<b>Primary Health</b>		
Community Health / Primary Care Programs	5,248	553
Community Health Other		193

Funding type	Activity	Budget (\$'000)
<b>Other</b>		
Health Workforce		2,738
Other specified funding		1,314
<b>Total Funding</b>		<b>124,794</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	15,346	108,594
	Admitted mental health services	0	
	Admitted subacute services	1,562	
	Emergency services	3,298	
	Non-admitted services	2,767	
Block Funding	Non-admitted mental health services		3,484
	Teaching, training and research		
	Other non-admitted services		
Other Funding			12,717
<b>Total</b>		<b>22,973</b>	<b>124,794</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.



**Andrew Crow**  
**Director, Rural and Regional**  
**Health as Delegate for the**  
**Secretary for the Department of**  
**Health and Human Services**

Date: 24 / 10 / 2019



**Mr Jonathan Green**  
**Chairperson**  
**Northeast Health Wangaratta**

Date: 24 / 10 / 2019

