

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Northeast Health Wangaratta

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 65ZFA, 65ZFB and section 26 of the Health Services Act 1988.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2018-19*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

Government commitments

The *Victorian Budget 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrews Labor Government is funding a \$1.3 billion acute health capital, infrastructure and equipment program.

This investment will support the implementation of Health 2040: advancing health, access and care - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

Part A: Strategic overview

Mission statement

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 4 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 2019 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

In 2018-19 Northeast Health Wangaratta will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>NHW to lead and support the implementation of the Strengthening Hospital Response to Family Violence (SHRFV) model of care across Central Hume health services of Mansfield District Hospital, Yarrowonga Health, Benalla Health and Alpine Health and achieve year two Key Performance Indicators including: completion of module one and two staff training, development of a website and intranet staff information page, establishment of an organisational policy and assessment review, undertaking 16 day's promotion and community events along with a Family Violence forum.</p>
		<p>NHW to lead a Department of Health & Human Services and Healthy Eating Advisory Service funded project across the health services of Mansfield, Alexandra, Yarrowonga, Benalla and Beechworth to reduce the availability of high sugar content beverages for sale.</p>
		<p>Progressive implementation of stage two and three of the Well Ageing Vision and Engagement (WAVE) initiative, to further strengthen the availability of information to support older people within the Rural City of Wangaratta to access services.</p>
		<p>Fully implement and evaluate the Chronic Obstructive Pulmonary Disease (COPD) model of care across the Central Hume.</p>
		<p>Implement the RESPOND obesity research trial in collaboration with Deakin University.</p>

Goals	Strategies	Health Service Deliverables
		Support our local Aboriginal community to self-determine new ways and new relationships that enable and improve the long-term health and wellbeing of the Aboriginal community. NHW will review NHW's Bpanerang Nangara Aboriginal Health Plan and revise this partnership model in line with the <i>Korin Korin Balit-Djak Aboriginal Health Wellbeing and Safety Plan 2017-2027</i> .
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Progression of the \$22.175 million capital redevelopment project to achieve 2018-19 project targets.</p> <p>Implement and embed the NHW Robotics model of care and develop future directions inclusive of regional and metropolitan partnerships.</p> <p>Implement and evaluate the preventative oral health value based model of care in collaboration with Dental Health Services Victoria and Bendigo Health.</p> <p>Progress implementation of the NHW-led 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.</p> <p>Establish a model to integrate telehealth into the NHW and state digital health services to support equal access to care within the Central Hume.</p>

Goals	Strategies	Health Service Deliverables
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Launch of the 'See it, Say It – speaking up for patient safety' campaign. The program to be launched at a Staff forum in July 2018.</p>
		<p>Expansion of Coordination Model to focus on acute complex patients to support patient transition and navigation from discharge to local community and General Practitioner services.</p>
		<p>Explore evidence and benchmarked standards to reduce patient falls through the development of a model of care that partners with carers.</p>
		<p>Achieve year one milestones within NHW's Workforce and Wellbeing Plans.</p>
		<p>Further progress the implementation and evaluation of the Better Care Victoria Sepsis pathway pilot project.</p>
		<p>Utilise the specialist services of a Geriatrician and Older Person's Nurse Practitioner to implement goal directed care in partnership with Small Rural Health Services.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans</p> <p>Draft disability action plans are completed in 2018-19.</p>	<p>NHW will submit a Disability Action Plan to Department of Health and Human Services by 30 June 2019 and outline the approach to fully implement the plan within the health service by 30 June 2020.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>NHW's 350 volunteers will be formally recognised at an annual function in November with Board and Executive in attendance.</p> <p>An annual survey will be undertaken to measure volunteer satisfaction and engagement.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment</p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Implement and promote a Kindness Charter at NHW. Provide organisation-wide leadership training with a specific emphasis on the promotion and leadership of positive workplace behaviours.</p>
		<p>Strengthen quarterly detailed reporting to Executive and Board regarding the strategies in place to actively promote positive workplace behaviours along with the incident reporting data and outcomes of any investigations to enable detailed monitoring and identify the success of strategies established.</p>
	<p>Occupational violence</p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<p>Annual occupational violence training will be provided to all relevant staff. Code Black awareness training will also be provided to all relevant staff.</p>
	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including</p>	<p>Full implementation of NHW's Environmental Sustainability Plan, commitments and measurable targets which are aligned with the 'VG Zero Carbon by 2050' Policy.</p>
		<p>NHW's Environmental Sustainability Committee will identify initiatives, projects and workforce awareness to contribute directly with the 'VG zero Carbon by 2050' Policy.</p>
		<p>NHW's website page on environmental sustainability will capture and report environmental performance data against measurable targets.</p>

Goals	Strategies	Health Service Deliverables
	<p>measurable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Waste, energy and water data, will be collected and measured against established targets and reported quarterly.</p>
	<p>LGBTI Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Develop and implement NHW's action plan toward achieving Rainbow Tick accreditation.</p>

Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2018-19 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

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

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Number of patients with surgical site infection	No outliers
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
Continuing Care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

Strong governance, leadership and culture

Key performance indicator	Target
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

Timely access to care

Key performance indicator	Target
Emergency care	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
Elective surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%

Key performance indicator	Target
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:	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
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%

Effective financial management

Key performance indicator	Target
Finance	
Operating result (\$m)	-1.3
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
Public and Private WIES ² activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

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

² WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
Acute Admitted		
WIES Public	12,502	63,549
WIES Private	2,354	8,806
WIES DVA	217	1,102
WIES TAC	109	465
Other Admitted		2,425
Acute Non-Admitted		
Emergency Services		8,276
Home Enteral Nutrition	76	16
Specialist Clinics	19,082	5,307
Specialist Clinics - DVA		5
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	227	2,406
Subacute WIES - Rehabilitation Private	99	977
Subacute WIES - GEM Public	153	1,619
Subacute WIES - GEM Private	44	435
Subacute WIES - Palliative Care Public	14	145
Subacute WIES - Palliative Care Private	16	154
Subacute WIES - DVA	42	537
Subacute Non-Admitted		
Palliative Care Non-admitted		765
Health Independence Program - Public	29,431	4,587
Health Independence Program - DVA		68
Aged Care		
Residential Aged Care	22,419	1,803
HACC	2,026	177

Mental Health and Drug Services		
Drug Services		136
Primary Health		
Community Health / Primary Care Programs	5,248	543
Community Health Other		149
Funding type	Activity	Budget (\$'000)
Other		
Health Workforce	60	2,766
Other specified funding		3,327
Total Funding		110,546

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2018 – 30 June 2019

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	14,560	101,633
	Admitted mental health services	107	
	Admitted subacute services	1,488	
	Emergency services	3,267	
	Non-admitted services	2,212	
Block Funding	Non-admitted mental health services	-	3,487
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	4,926
Total		21,635	110,046

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.

Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2018;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2018-19 financial year; and
- Relevant standards for particular programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.

Signature

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



Kym Peake
Secretary for the Department of
Health and Human Services

Date: 24 / 8 / 2018



Mr Jonathan Green
Chairperson
Northeast Health Wangaratta

Date: 24 / 8 / 2018