

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Wimmera Health Care Group

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Background

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

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

A Statement of Priorities consists of four parts:

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

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

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

Strategic priorities

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

Government commitments

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

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

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

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

Part A: Strategic overview

Mission statement

To be a leader in continuously improving healthcare and wellbeing with our community. We believe that together, we are accountable for delivering safe and high quality care.

Service profile

Wimmera Health Care Group is based in the western end of the Grampians region approximately 300km from Melbourne and is the major specialist referral centre for the Wimmera and Southern Mallee which covers an area of 61,000 square km and a population of 54,000. With a workforce of over 800 staff we provide a range of acute, sub-acute, residential aged care, allied health and primary care services to our communities in Horsham and Dimboola.

We are part of the Wimmera Southern Mallee Health Alliance with other members being Edenhope and District Memorial Hospital, Rural Northwest Health and West Wimmera Health Service.

In 2018-2019 the Wimmera Southern Mallee Health Alliance will continue to focus on enhancing their partnership activities and develop a strategic vision and plan for the next two to three years. The Alliance will ensure that the existing strong partnerships are further leveraged to improve the health, access and care for the communities we serve.

Wimmera Health Care Group will continue to strengthen its relationship with Ballarat Health Services and contribute strongly to the development of a regionalised clinical workforce and clinical governance framework.

Major capital works to be undertaken will be the construction of a living area at Kurrajong Lodge, the refurbishment of areas at Wimmera Nursing Home and Dimboola Campus, the completion and commissioning of the Wimmera Cancer Centre and the finalisation of the Horsham Campus Master plan.

Strategic planning

Wimmera Health Care Group's Strategic Plan 2015–2018 is available online at

<http://www.whcg.org.au/images/pdf/Strategic-Plan-2015-2018-website.pdf>

In 2018–19 the Board of Management will work with team and community members to develop the new strategic plan. This will be completed by June 2019.

Strategic priorities

In 2018–19 Wimmera Health Care Group 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>Continue to work with the Wimmera Southern Mallee Health Alliance member agencies and East Wimmera Health Service to enhance our whole of health service response to family violence, including strengthening local partnerships, improving referral pathways, advocating for support service improvements and enhancing staff competence in being able to recognise, refer and respond appropriately.</p> <p>In partnership with the Life Program coordinator offer 16 eligible team members the opportunity to complete the Life Program. The Life Program is a lifestyle modification program to support people to reduce their risk of cardiovascular and type 2 diabetes. The program will commence in October 2018.</p>
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Participate in the Wimmera Southern Mallee Health Alliance Executive leaders and Safer Care Victoria Leadership course in 2018–19. Collaborate during this training to develop a shared vision and plan by the Alliance for further development of the workforce.</p> <p>Complete a review of the Grampians Regional Partnership in order to develop a shared vision and identify ongoing shared regional priorities action plan by May 2019.</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>Participate in a regional Clinical Governance project that will build capability to identify and address Clinical Governance gaps within the health services and allow for the identification of regional strategies for inclusion in an improvement action plan by May 2019.</p> <p>Fully implement the new Community Engagement policy and work with the expanded Community Engagement Committee to co-design one service improvement project identified by the Community Engagement Committee in both the acute and residential service areas.</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>Submit a draft disability action plan to the department by 30 June 2019. The draft plan will outline the approach to full implementation within three years of publication.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Undertake a review of the Volunteer Handbook and Orientation program and utilise the opportunity to co design the documents with current volunteers. Implement the new process by November 2018 and evaluate and improve as required by June 2018.</p>
	<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>Ensure all bullying and harassment incidents are reported at the board of management meetings and include the action that will be undertaken to minimise harm and to eliminate bullying from the workplace.</p> <p>Educate Department Heads to ensure that they are aware of their responsibilities and the process that they must undertake if a team member informs them that they are being bullied.</p>

Goals	Strategies	Health Service Deliverables
	<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>Work with the Grampians region Occupational Health and Safety Committee to design and implement training for staff in occupational violence and aggression that reflects the unique environment of rural health and the principles of the department.</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 measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Expand the Wimmera Health Care Group Environmental Management Working Group to include Wimmera Southern Mallee Health Alliance members to take a coordinated approach to environmental sustainability across the sub region by December 2018.</p> <p>Report to the Board of Management and via website on environmental performance data each quarter including PVC and printer cartridge recycling, Sharps and Clinical Waste, Water and Energy usage and batteries by December 2018.</p>
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings.</p>	<p>Introduce the best practice initiatives as detailed in the department Rainbow eQuality Guide by June 2019. These initiatives will include policies that reference LGBTI people.</p> <p>Affirmative action policies will promote staff diversity.</p> <p>LGBTI representatives shall be included on advisory committees.</p> <p>LGBTI specific health materials and symbols will be displayed in public areas.</p>

Goals	Strategies	Health Service Deliverables
		<p data-bbox="963 219 1409 398">Team members will be trained to use language that is inclusive of LGBTI people and their relationships and to respectfully document LGBTI identity and health history.</p> <p data-bbox="963 439 1374 539">LGBTI partners will be recognised as next of kin without need to produce documentary evidence.</p>

Part B: Performance Priorities

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

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

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

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
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%

Key performance indicator	Target
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%

Key performance indicator	Target
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
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)	-1.30
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 ¹ 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 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	6,068	30,937
WIES Private	1,547	5,457
WIES DVA	169	859
WIES TAC	46	197
Other Admitted		3,250
Acute Non-Admitted		
Emergency Services		4,874
Home Enteral Nutrition	63	13
Specialist Clinics	17,224	4,817
Specialist Clinics - DVA		10
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	112	1,189
Subacute WIES - Rehabilitation Private	34	337
Subacute WIES - GEM Public	100	1,054
Subacute WIES - GEM Private	49	482
Subacute WIES - Palliative Care Public	16	174
Subacute WIES - Palliative Care Private	12	114
Subacute WIES - DVA	34	440
Subacute Non-Admitted		
Palliative Care Non-admitted		645
Health Independence Program - Public	13,761	2,297
Health Independence Program - DVA		33
Aged Care		
Residential Aged Care	40,499	2,218

Funding type	Activity	Budget (\$'000)
HACC	9,002	1,082
Mental Health and Drug Services		
Drug Services		136
Primary Health		
Community Health / Primary Care Programs	7,857	833
Community Health Other		418
Other		
Health Workforce	44	1,737
Other specified funding		2,983
Total Funding		66,586

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	8,171	55,681
	Admitted mental health services	55	
	Admitted subacute services	1,031	
	Emergency services	1,744	
	Non-admitted services	1,267	
Block Funding	Non-admitted mental health services	-	2,323
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	8,584
Total		12,268	66,588

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.



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

Date: 21 / 8 / 2018



Marie Aitken
Chairperson
Wimmera Health Care Group

Date: 21 / 8 / 2018