

# Statement of Priorities

2018–19 Agreement between the Secretary for the  
Department of Health and Human Services and  
West Wimmera Health Service

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# Background

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

West Wimmera Health Service's primary objective is to improve the health and wellbeing of our community. Our vision is to maintain a high quality and responsive health service through the effective use of innovation and technology.

Our aim is to deliver health, welfare and disability services which are compassionate, responsive, accessible and accountable to individual and community needs, and which result in quality outcomes for the people of the Western Wimmera and Southern Mallee.

## Service profile

West Wimmera Health Service is a Victorian public hospital incorporated under the *Health Services Act 1988*. Our history began with the amalgamation of the Nhill, Kaniva and Jeparit Hospitals to form West Wimmera Health Service on 21 August 1995 followed by the subsequent addition of the Rainbow Bush Nursing Hospital in 1996, Goroce Community Health Centre and Natimuk Bush Nursing Hospital in 1998, and Cooinda Disability Service in 1999.

As of 1 July 2016, Dunmunkle Health Services amalgamated with West Wimmera Health Service adding Rupanyup Nursing Home, Minyip Community Health Centre and Murtoa Community Health Centre increasing our service area by 1,550 square kilometres and our catchment population by around 3,000 people.

West Wimmera Health Service provides a wide range of bed-based and ambulatory care services in nine communities across the Western and Southern Wimmera and Southern Mallee areas of Victoria. The Service brings sophisticated modern medical treatment of the highest quality to the rural and remote communities of Nhill, Kaniva, Jeparit, Rainbow, Goroce, Rupanyup, Minyip, Murtoa and Natimuk which comprise the following:

- Acute bed-based inpatient care at Nhill, Kaniva, Jeparit, Rupanyup and Rainbow hospitals.
- A range of elective surgery including general surgery, orthopaedic, ophthalmology, gynaecology, oral and dental and ear, nose and throat provided at Nhill Hospital, delivering patients the opportunity to be treated locally.
- Residential aged care services provided at Nhill, Kaniva, Jeparit, Rainbow, Rupanyup and Natimuk.
- Home-based care services including home care packages, national respite for carers and post-acute care are also available.
- A full range of community and allied health services are delivered in the communities of Nhill, Kaniva, Jeparit, Rainbow, Minyip, Murtoa, Natimuk and Goroce. At Goroce, a Community Health Centre addresses many of the care needs of this rural and remote location.
- Cooinda disability service at Nhill provides a range of day programs for intellectually and physically disabled clients.

## Strategic planning

West Wimmera Health Service's Strategic Plan for 2017/18–2021/22 is available online at [http://www.wwhs.net.au/about\\_us/publications](http://www.wwhs.net.au/about_us/publications)

## Strategic priorities

In 2018–19 West Wimmera Health Service will contribute to the achievement of the Victorian Government’s commitments by:

| Goals  | Strategies   | Health Service Deliverables   |
|--|--|---|
| <p><b>Better Health</b></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><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>                         | <p>Develop and implement a schedule to address high priority population health issues through health checks/ screenings and health promotion activities by June 2019.</p>   |
|  |  | <p>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><b>Better Access</b></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><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>   | <p>Undertake a literature review of the demographic trends within the region, specifically the Hindmarsh, West Wimmera, Yarriambiack and Horsham Rural City catchment areas, to identify the population’s potential future health care needs.</p>   |
|  |  | <p>Identify areas for opportunity and collaboration with neighbouring health services to inform service planning.</p>   |
| <p><b>Better Care</b></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><b>Better Care</b></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 to build capability to identify and address Clinical Governance gaps and allow for the identification of regional strategies for inclusion in an improvement action plan by May 2019.</p>  |
|  |  | <p>Participate in a review of the Grampians Regional Partnership in order to develop a shared vision and identify ongoing shared regional priorities and subsequent action plan by 30 June 2019.</p>  |

| Goals   | Strategies   | Health Service Deliverables   |
|---|--|---|
| <p><b>Specific 2018-19 priorities (mandatory)</b></p> | <p><b>Disability Action Plans</b><br/>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><b>Volunteer engagement</b><br/>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>   | <p>Develop a volunteer engagement strategy in collaboration with local shire councils utilising resources and learnings from the volunteer strategy developed and implemented by the City of Greater Bendigo. The strategy will include a robust orientation program and outline how volunteer resources can be shared across organisations within the region. This will include mapping opportunities to better utilise volunteers across the Service to maximise value for customers.</p> |
|   | <p><b>Bullying and harassment</b><br/>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>Commence implementation of Ballarat Health Services 'contact officer' model which provides access to a model of peer support for employees seeking direction in relation to workplace issues. Specifically, the identification and training of the contact officers.</p>   |
|   |  | <p>In collaboration with staff and customers develop and implement a set of employee behavioural values to guide expectations for all interactions between customers and staff as well as internally with one another.</p>  |

| Goals | Strategies   | Health Service Deliverables   |
|-------|--|---|
|       | <p><b>Occupational violence</b></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>Implement a Management Of Clinical Aggression education program specific to different employee designations and areas, implementation of the training program will begin. In the 2018–19 financial year, put 50 per cent of all staff through the program which is in line with the estimate that it will take two years for all staff to complete the 1 day program given current resource availability.</p>                |
|       | <p><b>Environmental Sustainability</b></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>Collaborate with Health Purchasing Victoria to further progress installation of solar panels at the Service's Nhill, Rainbow, Jeparit and Kaniva to be funded by loans agreed to by the Victorian Health and Human Services Building Authority.</p> <p>Undertake an environmental impact review and gap analysis to identify areas where environmental sustainability can be improved. Develop a subsequent action plan.</p> |
|       | <p><b>LGBTI</b></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>Conduct a physical analysis of all sites to identify gaps where changes can be made to ensure LGBTI customers feel safe and welcome, and their privacy and confidentiality needs are met.</p> <p>Develop an action plan, involving the community, and implement the strategies/solutions identified in the action plan to progress towards alignment with 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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

| Key performance indicator   | Target  |
|---|---|
| <b>Accreditation</b>  |   |
| Accreditation against the National Safety and Quality Health Service Standards                                | Accredited  |
| Compliance with the Commonwealth's Aged Care Accreditation Standards  | Accredited  |
| <b>Infection prevention and control</b>   |   |
| Compliance with the Hand Hygiene Australia program  | 80%   |
| Percentage of healthcare workers immunised for influenza  | 80%   |
| <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 – patients perception of cleanliness                                   | 70%   |
| <b>Adverse events</b>   |   |
| Sentinel events – root cause analysis (RCA) reporting   | All RCA reports submitted within 30 business days |

### Strong governance, leadership and culture

| Key performance indicator  | 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%    |

| Key performance indicator  | Target |
|--|--------|
| 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%    |

## Effective financial management

| Key performance indicator  | Target  |
|--|---|
| <b>Finance</b>   |   |
| Operating result (\$m)   | 0.05  |
| 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 <sup>1</sup> activity performance to target  | 100%  |
| Adjusted current asset ratio   | 0.7 or 3% improvement from health service base target |
| Forecast number of days 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                                  |

<sup>1</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 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) |
|--|----------|-----------------|
| <b>Mental Health and Drug Services</b> |          |                 |
| Mental Health Residential              | 2,192    | 259             |
| <b>Small Rural</b>                     |          |                 |
| Small Rural Acute                      | 113      | 14,309          |
| Small Rural Primary Health & HACC      | 17,645   | 2,639           |
| Small Rural Residential Care           | 50,624   | 2,977           |
| Health Workforce                       | 6        | 139             |
| Other specified funding                |          | 730             |
| <b>Total Funding</b>                   |          | <b>21,053</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 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             |   |                        |
|                        | Admitted mental health services     |   |                        |
|                        | Admitted subacute services          |   |                        |
|                        | Emergency services                  |   |                        |
|                        | Non-admitted services               |   |                        |
| Block Funding          | Non-admitted mental health services |   |                        |
|                        | Teaching, training and research     |   |                        |
|                        | Other non-admitted services         |   |                        |
| Other Funding          |                                     |   | <b>20,794</b>          |
| <b>Total</b>           |                                     |   | <b>20,794</b>          |

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.



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

Date: 16 / 8 / 2018



**Ms Leonie Clarke**  
Chairperson  
West Wimmera Health Service

Date: 16 / 8 / 2018