Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Terang & Mortlake Health Service
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 be a leader in the development of a vibrant, healthier community.

Service profile
The Terang Hospital is a public hospital providing a range of services including: medical services, dialysis, general surgical services, obstetrics (including shared care), gynaecology, palliative care, primary and urgent care services, physiotherapy, pathology and radiology. Co-located with the Terang Hospital is Mount View Aged Care Facility, a residential aged care facility providing high care services.

The Josie Black Community Health Centre, based in Terang provides a broad range of services including Social Support Group (Adult Day Social Centre), district nursing, health promotion, community services information hub with internet access, service information and referrals, chronic disease management, Commonwealth Home Support Program and Home and Community Care services, dietetics, speech pathology and physiotherapy allied health services.

The Terang Early Parenting Centre is operated in partnership with Tweddle Child and Family Health Services. The centre provides a day program for families with babies and children up to 36 months old, including education and parenting advice, and support for postnatal anxiety and depression.

The Mortlake Community Health Centre provides services including a primary care outpatient clinic, district nursing, health promotion, information and referrals, chronic disease management, Commonwealth Home Support Program Home and Community Care services, Speech Pathology, Dietetics and Physiotherapy services. The campus also provides a General Medical Practice operated by the Warrnambool Medical Clinic together with a Social Support Group and Maternal & Child Health service operated by Moyne Shire Council.

Strategic planning
Terang and Mortlake Health Service’s Strategic Plan 2017-2020 is available online at
Strategic priorities – Health 2040

In 2019-20 Terang & Mortlake Health Service will contribute to the achievement of the Government’s commitments within Health 2040: Advancing health, access and care by:

**Better Health**

**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

**Deliverables:**
- Maximise the sphere of community influence within the Terang & Mortlake Health Service workforce as the major community employer, in order to embed the achievement program with a particular focus on Mental Health & Wellbeing. The Occupational Health and Safety Committee will be involved in the actioning of the plan through quarterly reporting.
- Partner with Warrnambool Medical Clinic to deliver women’s preventative health services from the Mortlake Community Health Centre.

**Better Access**

**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

**Deliverables:**
- Collaborate with South West Healthcare discharge planners to identify systems and processes to improve the safe and timely transfer of rural patients back to their local community.
- Implement the Western Victoria Primary Health Network’s Health Network’s Telehealth Project into Urgent Care Services to enable after-hours access to specialist medical assessment and contribute to the project evaluation.

**Better Care**

**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

**Deliverables:**
- Implement medication reviews in Mount View Aged Care to reduce avoidable harm through: three monthly reviews by General Practitioner and six monthly reviews by Pharmacist.
- Introduce a pharmacist led medication review process for those consumers prescribed with five or more medications on discharge.
Specific priorities for 2019-20

In 2019-20 Terang & Mortlake Health Service 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:**

- In conjunction with South West Healthcare-Camperdown, Mental Health Services, develop and implement a referral pathway for people presenting to Terang & Mortlake Health Service community health centres with mental health concerns.

**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:**

- Apply the department’s security training principles to address identified security risks.
- Implement an occupational violence training program for Acute and Community Health Staff reporting the training outcomes quarterly through the Occupational Health & Safety committee.

**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:**

- Implement the department’s framework including presentation of a quarterly analysis to the Board of Directors identifying all instances of organisational bullying and harassment data collected through Contact Officers, internal counselling, Workforce Culture coaching and formal incident reporting systems.

**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:**

- Implement and promote the Genders, Bodies and Relationships Passport system organisation wide to support respectful communication and achieve inclusive services.

**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:**

- In partnership with South West Healthcare Aboriginal Liaison Officer, conduct site audits of all facilities at Terang & Mortlake Health Service campuses to improve cultural safety for Aboriginal and Torres Strait Islander consumers.
**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:**
- Conduct Strengthening Response to Family Violence training, with incorporation of the MARAM framework throughout Terang & Mortlake Health Service to target a minimum of 70% staff participation.

**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:**
- Implement three recommendations from the organisational 2019 Disability Access Audit to improve consumer access to facilities and services.

**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:**
- Implement the use of paper pill cups organisation wide to reduce the amount of plastic waste going to landfill.
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

High quality and safe care

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accreditation</strong></td>
<td></td>
</tr>
<tr>
<td>Compliance with the Aged Care Standards</td>
<td>Full compliance</td>
</tr>
<tr>
<td><strong>Infection prevention and control</strong></td>
<td></td>
</tr>
<tr>
<td>Compliance with the Hand Hygiene Australia program</td>
<td>83%</td>
</tr>
<tr>
<td>Percentage of healthcare workers immunised for influenza</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Patient experience</strong></td>
<td></td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – percentage of positive</td>
<td>95%</td>
</tr>
<tr>
<td>patient experience responses</td>
<td></td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – percentage of very</td>
<td>75%</td>
</tr>
<tr>
<td>positive responses to questions on discharge care</td>
<td></td>
</tr>
<tr>
<td>Victorian Healthcare Experience Survey – patient’s perception of</td>
<td></td>
</tr>
<tr>
<td>cleanliness</td>
<td>70%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adverse events</strong></td>
<td></td>
</tr>
<tr>
<td>Sentinel events – root cause analysis (RCA) reporting</td>
<td>All RCA reports submitted within 30 business days</td>
</tr>
<tr>
<td><strong>Maternity and Newborn</strong></td>
<td></td>
</tr>
<tr>
<td>Rate of singleton term infants without birth anomalies with APGAR</td>
<td>≤ 1.4%</td>
</tr>
<tr>
<td>score &lt;7 to 5 minutes</td>
<td></td>
</tr>
<tr>
<td>Rate of severe fetal growth restriction (FGR) in singleton</td>
<td>≤ 28.6%</td>
</tr>
<tr>
<td>pregnancy undelivered by 40 weeks</td>
<td></td>
</tr>
</tbody>
</table>

Strong governance, leadership and culture

<table>
<thead>
<tr>
<th>Key performance measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisational culture</strong></td>
<td></td>
</tr>
<tr>
<td>People matter survey - percentage of staff with an overall</td>
<td>80%</td>
</tr>
<tr>
<td>positive response to safety and culture questions</td>
<td></td>
</tr>
<tr>
<td>People matter survey – percentage of staff with a positive</td>
<td>80%</td>
</tr>
<tr>
<td>response to the question, “I am encouraged by my colleagues to</td>
<td></td>
</tr>
<tr>
<td>report any patient safety concerns I may have”</td>
<td></td>
</tr>
</tbody>
</table>
### Key performance measure

| 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% |

### Effective financial management

| Operating result ($m) | 0.01 |
| 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\(^1\) 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 |

---

\(^1\) 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 2019-20 of the Department of Health and Human Services Policy and funding guidelines 2019.


<table>
<thead>
<tr>
<th>Funding type</th>
<th>Activity</th>
<th>Budget (’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Rural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Rural Acute</td>
<td>28</td>
<td>5,653</td>
</tr>
<tr>
<td>Small Rural Primary Health &amp; HACC</td>
<td>14,199</td>
<td>1,430</td>
</tr>
<tr>
<td>Small Rural Residential Care</td>
<td>5,424</td>
<td>481</td>
</tr>
<tr>
<td>Health Workforce</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>Other specified funding</td>
<td></td>
<td>198</td>
</tr>
<tr>
<td><strong>Total Funding</strong></td>
<td></td>
<td><strong>7,793</strong></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Service category</th>
<th>Estimated National Weighted Activity Units (NWAU18)</th>
<th>Total funding ($’000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity based funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute admitted services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted subacute services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-admitted services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block Funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-admitted mental health services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching, training and research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other non-admitted services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Funding</td>
<td></td>
<td>7,793</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>7,793</td>
</tr>
</tbody>
</table>

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.

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

Date: 25/9/2019

Mr Colin Long
Chairperson
Terang & Mortlake Health Service

Date: 25/9/2019