

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Portland District Health

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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

Vision:

Our Community, Your Health

The community we live and work in is vitally important to us. Our focus is the health and wellbeing of the people in our community.

Values:

Wisdom

We use knowledge, experience and understanding to make the decisions that matter.

Compassion

We care about people – their safety matters above all else. Every person's need is different and is respected. Our service quality is second to none.

Courage

We are fearless and courageous in making things happen, embracing opportunities and creating solutions.

Priorities:

We Surpass

Your experiences in our care will be safe and the highest quality they can be.

We Connect

Our collaborations, partnerships and relationships are vital to our success.

We Learn

Our skilled team are the heart of our organisation; they are dedicated to lifelong learning, allowing us to deliver high quality healthcare

We Create

Discovering and developing innovative solutions is our way of delivering the best care we can.

We Are Responsible

We work hard to meet or exceed expectations and comply with what is required of us.

Service profile

Portland is situated in the South West of Victoria, about 370 kilometres from Melbourne. Portland District Health provides integrated healthcare and services in the Glenelg Shire located in the rural City of Portland.

The Glenelg Shire has a population of approximately 19,700 or which approximately 12,000 live in Portland, the remaining people live in the surrounding districts, the Glenelg Shire is 6,212 square kilometres in size.

Data from the Australian Bureau of Statistics shows the population are primarily Australian and English speaking. The proportion of the population who identify as Aboriginal and or Torres Strait Islander is 2.1 per cent (Australian Bureau of Statistics (ABS), 2011 Census of Population and Housing). The 2016 Census results indicate the Rural City of Portland is increasing in population with surrounding shires decreasing in population.

The Socio-Economic Index for Areas (SEIFA index) defines relative socio-economic advantage and disadvantage in terms of people's access to material and social resources, and their ability to participate in society, the Glenelg Shire is the most disadvantaged LGA in Southwest Victoria and is well below the rural Victorian average.

Portland District Health provides an integrated health service for the community. The Hospital, established in 1856 on the current site, provides a comprehensive range of services that include:

Acute general medical and surgical care, midwifery, emergency, oncology, dialysis, subacute care, sleep studies, palliative care plus a range of specialist surgical services delivered by visiting surgeons.

Emergency care is provided from the Urgent Care Centre, it is the front door to the Victorian emergency care system. Patients presenting at Portland District Health can be either managed within the hospital or are stabilised and transferred / evacuated to the most appropriate regional or tertiary hospital. Portland District Health has an onsite emergency helipad to facilitate rapid transfer when needed.

On the Bentinck Street site and an important part of Portland District Health is Harbour side Lodge, home for thirty residents, as part of the residential aged care program provided for the community.

Portland District Health offers an extensive range of primary and community services to the local community this includes: Health Independence Program, Rehabilitation, Community Palliative Care, District Nursing, Allied Health, Visiting Specialist services, Medical Imaging, Pharmacy, Counselling, and Drug and Alcohol treatment services.

Portland District Health is closely affiliated with Active Health Portland (AHP) a general practice co-located on the site in a purpose-built facility focusing on quality primary health care for people with chronic disease. AHP provides a vital role in the community offering a training program for doctors on a pathway to becoming a General Practitioner.

Portland District Health is a collective impact partner promoting the Sustainable Eating and Activity CHANGE (SEA-change) initiative within the rural City of Portland. This initiative is recognised as world leading in addressing obesity in our local school aged children and is supported by the Deakin University Centre for Obesity Prevention.

Strategic planning

Portland District Health Strategic Plan is available online at <http://swarh.com.au/pdh/documents/pdh-strategic-plan-2017--2020>

Strategic priorities

In 2018-19 Portland District Health 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 state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Work with a minimum of two Portland organisations to embed learnings from the Healthy Workplace SEACHange model.</p>
		<p>In partnership with Southern Grampians Glenelg Primary Care Partnership and Deakin University, facilitate the development and delivery of the <i>Communities that Care Strategy</i> around drug and alcohol prevention in young people.</p>
		<p>Working in collaboration with the Western Victoria Primary Health Network, promote uptake of 'My Health Record' within the Portland community.</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>Explore options to improve access to paediatric services.</p>
		<p>Scope and identify opportunities for rehabilitation services within Portland.</p>
<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>Working within the Health Accord (hA+) Clinical Council, develop a regional trigger tool system to evaluate patient outcomes and develop strategies that ensure accessible, safe, high quality services.</p>
		<p>Implement 'Choosing Wisely' framework.</p>
		<p>Develop an initiative that embeds "compassionate caring" as the patient care culture for Portland District Health.</p>

Goals	Strategies	Health Service Deliverables
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans 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 Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Evaluate the volunteer program and develop an action plan to enhance the program by March 2019.</p>
	<p>Bullying and harassment 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>Deliver a program governed by the Workforce, Culture & Development Board sub-committee that promotes zero tolerance to bullying & harassment with the following actions:</p> <ul style="list-style-type: none"> • Conduct two external culture reviews • Expand contact officer program • Restructure the Human Resources function • Deliver Lead to Succeed training for middle management • Deliver “developing a positive culture training” as required.
	<p>Occupational violence 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>Migrate once off training into an annual core training program for all staff utilising GROW platform.</p>

Goals	Strategies	Health Service Deliverables
	<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>As part of the South West solar project, install solar panels to reduce electricity consumption.</p> <hr/> <p>Introduce to the Portland District Health community quality dashboard energy, waste and water usage consumption results.</p> <hr/> <p>In partnership with Wannon Water pilot "the great tasting water initiative" to improve the taste of Portland tap water and promote drinking tap water to decrease bottled water waste.</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. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Develop a LGBTQIA+ action plan including:</p> <ul style="list-style-type: none"> • Ensuring policies make reference to LGBTQIA+ community members • Seek to add LGBTQIA+ representatives to consultative committees • Development of an inclusive approach using LGBTQIA+ health materials • Review of Human Resources processes to ensure inclusiveness of LGBTQIA+

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%
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%

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
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)	0.00
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	2,603	13,233
WIES Private	603	2,257
WIES DVA	67	339
WIES TAC	12	52
Other Admitted		503
Acute Non-Admitted		
Emergency Services		3,719
Home Enteral Nutrition	12	3
Specialist Clinics	7,309	1,827
Specialist Clinics - DVA		99
Aged Care		
Residential Aged Care	10,848	950
HACC		239
Aged Care Other		8
Mental Health and Drug Services		
Drug Services	1	8
Primary Health		
Community Health / Primary Care Programs	13,801	1,401
Community Health Other		424
Subacute & Non-Acute Admitted		
Maintenance Public	48	504
Subacute WIES Palliative Care Public	21	221
Subacute WIES Palliative Care Private	9	91
Subacute WIES-DVA	3	35
Transition Care Bed days	1,458	226
Transition Care Home Days	732	42
Subacute Non-Admitted		

Palliative Care Non-admitted		209
Health Independence Program - Public	5,911	970
Health Independence Program - DVA		77
Other		
Health Workforce	7	249
Other specified funding		2,571
Grand Total		30,254

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	21,795	23,922
	Admitted mental health services	35	
	Admitted subacute services	0	
	Emergency services	0	
	Non-admitted services	4,263	
Block Funding	Non-admitted mental health services	-	286
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	4,001
Total		26,093	28,209

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: 17/8/2018



Andrew Levings
Acting Chairperson
Portland District Health

Date: 17/8/2018