

Statement of Priorities

2017-18 Agreement between the Secretary of 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 2017-18*.

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 2017–18* provides an extra \$1.67 billion over four years for health, mental health and aged care services across Victoria, including:

- \$1.3 billion over four years from 2017-18 to respond to growing patient demand across Victoria.
- \$325.7 million over four years for mental health and investment in forensic mental health services.
- \$319.8 million over four years from 2017-18 to provide additional elective surgery funding.
- \$215.1 million over five years from 2016–17 to implement the recommendations of *Targeting zero* to put patient safety first.
- Building on the investment of \$526 million in November 2016, a further \$26.5 million will help ambulances respond to every emergency even sooner.

To support this investment, the Andrews Labor Government is funding capital projects worth \$428.5 million across Victoria.

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 is the local integrated health service in the Glenelg Shire located in the rural City of Portland.

The Glenelg Shire has a population of approximately 19,700 of which approximately 12,000 are living 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 is 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 districts decreasing in population.

Portland District Health provides an integrated health service for the community. The Hospital, established in 1856 on the current site, provides inpatient services for: acute - medical, surgical, and obstetric patients, oncology and dialysis; and subacute - maintenance care, palliative care and transition care.

Emergency care is provided to the community from the Urgent Care Centre. It is the front door to the Victorian public health system with care provided either at Portland District Health or via transfer or evacuation to a regional or tertiary hospital if required.

Portland District Health offers an extensive range of primary and community services to the local community including but not limited to: Health Independence Program, Rehabilitation, Community Palliative Care, District Nursing, Allied Health, Visiting Specialist services, Medical Imaging, Pharmacy, Counselling and Drug and Alcohol treatment services.

Residential aged care is provided at the Harbourside Lodge residential care facility.

Portland District Health is closely affiliated with Active Health Portland a general practice co-located on the site in a purpose built facility focusing on quality primary health care to people with chronic disease.

Portland District Health is a collective impact partner promoting Sustainable Eating and Activity Change (SEA-change) 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 2017-18 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 statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	Reduce the level of childhood obesity in Portland primary school aged children through SEA Change Portland program.
		Participate in the Western Region Alcohol and Drug program 'Communities that Care' to reduce the incidents of alcohol sales to underage youths in the Glenelg Shire.
		Educate the community on appropriate use of antibiotics via local paper, social media and information sessions.
		Migrate antimicrobial stewardship requirements from paper to electronic health record.
		Ka-ree-ta Ngoot-yoong Wat-nan-da (Grow Healthy Together) in partnership with the Gunditjmarra community and other health agencies; identify and implement two specific projects targeting improvement in health and wellbeing for Aboriginal people.
<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>	Develop and publish a monthly consumer-focused quality outcomes dashboard on the Portland District Health public website.
		Working in partnership with Western District Health Services to develop a local shared pharmacy model of care.
		Review the medical workforce model in the Urgent Care Centre to strengthen the skill mix to meet the complex needs of the community.
		In collaboration with other sub regional health services develop a partnership model to improve access to high quality safe services close to home in the outer Southwest region of Victoria.

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>Working in partnership with the sub-region, develop comprehensive inter-hospital transfer guidelines, handover-clinical notes template and electronic discharge-separation summaries.</p>
	<p>Partner with patients</p> <p>Strengthen the workforce</p>	<p>Improve community health literacy via "It's Ok To Ask" Campaign by running four promotions in 2017-2018.</p>
	<p>Embed evidence</p> <p>Ensure equal care</p>	<p>Implement Victoria's Care Plan for the Dying Person pathway.</p>
	<p>Mandatory actions against the 'Target zero avoidable harm' goal:</p>	
	<p>Develop and implement a plan to educate staff about obligations to report patient safety concerns.</p>	<p>Actively facilitate and partner sub-regionally to develop and implement a Sub-Regional Reinvented Limited Adverse Event Screening system for all staff.</p>
	<p>Establish agreements to involve with external specialists in clinical governance processes for each major area of activity (including mortality and morbidity review).</p>	<p>Facilitate and actively participate in the Healthshare Clinical Council initiative in the outer south west region in line with the Outer Barwon South Western Region Healthshare Clinical Council report (May 2017).</p>
<p>In partnership with consumers, identify three priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience.</p>	<p>Develop and evaluate an improvement plan for the following Victorian Healthcare Experience Survey indicators: discharge information to patients, patient – clinician communication and a patient's opportunity to escalate concerns.</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 2017-18 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 <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95% positive experience
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75% very positive experience
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
Adverse events	
Number of sentinel events	Nil
Mortality – number of deaths in low mortality DRGs ¹	Nil
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with Apgar score <7 to 5 minutes	≤1.6%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤28.6%

¹ Diagnostic Related Groups

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%

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 ² activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Number of days of available cash	14 days

² WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in Volume 2: Health operations 2017-18 of the *Department of Health and Human Services Policy and funding guidelines 2017*.

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	2,619	13,039
WIES Private	502	1,869
WIES DVA	88	440
WIES TAC	15	63
Other Admitted		171
Acute Non-Admitted		
Emergency Services		3,656
Home Enteral Nutrition	17	4
Specialist Clinics - Public	7,309	1,797
Specialist Clinics - DVA		30
Subacute & Non-Acute Admitted		
Maintenance Public	48	495
Subacute WIES - Rehabilitation Public	0	0
Subacute WIES - Palliative Care Public	13	135
Subacute WIES - Palliative Care Private	17	165
Subacute WIES - DVA	1	15
Transition Care - Bed days	1,460	222
Transition Care - Home days	730	41
Subacute Non-Admitted		
Palliative Care Non-admitted		160
Health Independence Program - Public		954
Health Independence Program - DVA		24
Aged Care		
Residential Aged Care	10,848	951
HACC	2,675	235
Aged Care Other		8

Mental Health and Drug Services		
Drug Services	1	8
Primary Health		
Community Health / Primary Care Programs	13,801	1,374
Community Health Other		416
Other		
Health Workforce	5	248
Other specified funding		2,381
Total		28,899

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 2017 to 30 June 2018 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined in the 2017–18 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 2017 – 30 June 2018

	Service category	Estimated National Weighted Activity Units (NWAU17)	Total funding (\$)
Activity based funding	Acute admitted services	3,418.32	22,494,772
	Admitted mental health services	-	
	Admitted subacute services	304.05	
	Emergency services	-	
	Non-admitted services	544.12	
Block Funding	Non-admitted mental health services	-	203,871
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	5,963,625
Total		4,266.50	28,662,625

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 2017*;
- 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 2017-18 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.



Margaret Grigg
Executive Director, Health Service
Policy and Commissioning as
Delegate for the Secretary of the
Department of Health and Human
Services

Date: 13/10/2017



Dr Michelle Kearney
Chairperson
Portland District Health

Date: 13/10/2017

