

# Statement of Priorities

2019-20 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 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

#### 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.

#### Priorities:

Portland District Health has five key priority areas as part of the Strategic Plan 2017-2020. These priorities are **We Surpass, We Connect, We Learn, We Create, and We Are Responsible**, each priority has two key deliverables. The full details of the Strategic Plan are available on the Portland District Health website.

### 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 of which approximately 12,000 live in Portland, the remaining population live in the surrounding districts; the Glenelg Shire is 6,212 square kilometres in size.

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.

Acute in-hospital services include general medical and surgical care, midwifery, emergency, oncology, dialysis, subacute care, sleep studies and palliative care. The health service also facilitates a range of specialist services delivered by visiting specialist doctors for our community.

Emergency care is provided from the Urgent Care Centre. 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.

Portland District Health has a 30-bed aged care facility, Harbour Side Lodge, providing safe high-quality care to our residents.

Portland District Health offers an extensive range of primary and community services to the local community including: Health Independence Program, rehabilitation, community Palliative Care, District Nursing, Allied Health, visiting specialist services, Medical Imaging, pharmacy, counselling, Maternal and Child Health Services 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 2017-2020 is available online at

<https://pdh.net.au/wp-content/uploads/2018/11/PDH-strategic-plan-2017-2020.pdf>

## Strategic priorities – Health 2040

In 2019-20 Portland District Health will contribute to the achievement of the Government's commitments within *Health 2040: Advancing health, access and care* by:

### **Better Health**

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**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

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**Deliverables:**

- Work with key employers in Portland to develop and pilot an organisational Staff Health and Wellbeing plan, using the SEACHange (Sustainable Eating and Activity Change) philosophy. Portland District Health will be one of the pilot program participants.
- Work with our collective impact partners to support our community to develop and implement initiatives to maintain the momentum of the change brand, SEA Change which is being independently evaluated by Deakin University.

### **Better Access**

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**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

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**Deliverables:**

- Work with local General Practitioners (GP) to develop a telehealth service to improve access to a specialist gerontologist. Undertake a GP survey to measure improvement in access, increased referrals and heightened awareness of the telehealth service.
- Improve the service delivered to paediatric patients through the development and implementation of a multidisciplinary model of care.

### **Better Care**

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**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

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**Deliverables:**

- Implement the 'Compassionate Caring' developmental initiative to improve communication between clinicians and patients, patient health literacy and promote patient ownership of the decisions they make about their health. Engage with 80% of key clinical staff to deliver this initiative.
- Achieve a commitment from all senior medical staff to adopt and implement the 'Choosing Wisely' model. Establish a multi-disciplinary key stakeholders' group to develop and implement the model.

## Specific priorities for 2019-20

In 2019-20 Portland District Health 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 collaboration with primary care sector, drug and alcohol services and the South West Healthcare as the tertiary area mental health services provider, implement the stepped care mental health model to ensure the availability of right mental health services at the right time, and ensure Portland clients can move seamlessly between services based on their level of need.

### ***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:**

- Implement prioritised actions from the security audit action plan and re-evaluate security risks post implementation.

### ***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:**

- Complete a gap analysis of the Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination, prioritise the actions and implement by November 2019.

### ***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:**

- Prioritise meeting the needs of young families within the maternal and child health program by introducing enhanced care to those identified as high risk. Monitor the initiative using the maternal and child health program screening data.



### ***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:**

- Support the Gunditjmara world heritage listing by bringing the Budj Bim stories into our organisation in collaboration with the traditional owner's group to share the knowledge and expertise of our unique Aboriginal communities.
- Develop a reconciliation action plan in collaboration with Ka-ree-ta Ngoot-yoong Wat-nan-da (Grow Healthy Together) Indigenous Advisory Committee.

### ***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:**

- Evaluate the effectiveness of family violence training initiatives to develop and implement a plan to address identified workforce capability gaps.

### ***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:**

- Finalise the disability action plan and implement the top three priorities by June 2020.

### ***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:**

- Audit waste management practices and implement strategies to reduce the use of plastic across our organisation.

## 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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

| Key performance measure   | Target          |
|---|-----------------|
| <b>Accreditation</b>  |                 |
| Compliance with the Aged Care Standards   | Full compliance |
| <b>Infection prevention and control</b>   |                 |
| Compliance with the Hand Hygiene Australia program  | 83%             |
| Percentage of healthcare workers immunised for influenza  | 84%             |
| <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 – patient's perception of cleanliness                                  | 70%             |

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

## Strong governance, leadership and culture

| Key performance measure  | 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%    |
| 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 measure   | Target  |
|---|---|
| Operating result (\$m)  | -4.0  |
| 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 <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 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                                  |

<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 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

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>Acute Admitted</b>                    |          |                 |
| Acute WIES                               | 3,247    | 16,340          |
| WIES DVA                                 | 39       | 201             |
| WIES TAC                                 | 11       | 64              |
| Other Admitted                           |          | 5,269           |
| <b>Acute Non-Admitted</b>                |          |                 |
| Emergency Services                       |          | 3,774           |
| Home Enteral Nutrition                   | 7        | 2               |
| Specialist Clinics                       | 7,309    | 1,855           |
| Specialist Clinics - DVA                 |          | 122             |
| <b>Subacute &amp; Non-Acute Admitted</b> |          |                 |
| Maintenance Public                       | 45       | 482             |
| Subacute WIES - Palliative Care Public   | 38       | 410             |
| Subacute WIES - Palliative Care Private  | 4        | 42              |
| Subacute WIES - DVA                      | 0        | 4               |
| Transition Care - Bed days               | 1,458    | 229             |
| Transition Care - Home days              | 732      | 42              |
| <b>Subacute Non-Admitted</b>             |          |                 |
| Palliative Care Non-admitted             |          | 212             |
| Health Independence Program - Public     | 5,911    | 984             |
| Health Independence Program - DVA        |          | 0               |
| <b>Aged Care</b>                         |          |                 |
| Residential Aged Care                    | 10,848   | 964             |
| HACC                                     | 2,485    | 222             |
| Aged Care Other                          |          | 9               |
| <b>Mental Health and Drug Services</b>   |          |                 |
| Drug Services                            | 1        | 8               |
| <b>Primary Health 8</b>                  |          |                 |
| Community Health / Primary Care Programs | 13,801   | 1,425           |
| Community Health Other                   |          | 432             |
| <b>Other</b>                             |          |                 |
| Health Workforce                         |          | 316             |
| Other specified funding                  |          | 384             |
| <b>Total Funding</b>                     |          | <b>33,795</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 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

|                        | Service category                    | Estimated National Weighted Activity Units (NWAU18) | Total funding (\$'000) |
|------------------------|-------------------------------------|---|------------------------|
| Activity based funding | Acute admitted services             | 3,261   | 25,562                 |
|                        | Admitted mental health services     | 0   |                        |
|                        | Admitted subacute services          | 438   |                        |
|                        | Emergency services                  | 761   |                        |
|                        | Non-admitted services               | 518   |                        |
| Block Funding          | Non-admitted mental health services |   | 353                    |
|                        | Teaching, training and research     |   |                        |
|                        | Other non-admitted services         |   |                        |
| Other Funding          |                                     |   | 7,881                  |
| <b>Total</b>           |                                     | <b>4,978</b>  | <b>33,795</b>          |

### 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.

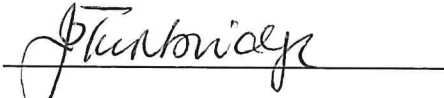
# Accountability and funding requirements

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.

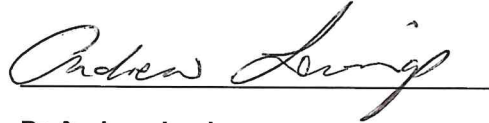
## Signature

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: 25/10/2019



**Dr Andrew Levings**  
Chairperson  
Portland District Health

Date: 25/10/2019

