

Statement of Priorities

2019-20 Agreement between the Minister for Health and Calvary Health Care
Bethlehem

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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

At Calvary Health Care Bethlehem our vision, as a Catholic health service provider, is to excel and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve. As stewards of the rich heritage of care and compassion of the Little Company of Mary, we are guided by our values of Hospitality, Healing, Stewardship and Respect.

Service profile

Founded by the Sisters of the Little Company of Mary, Calvary is a charitable not-for-profit Catholic organisation providing aged and retirement services, community care, acute and subacute care with a focus on comprehensive care for people in the final year of life. As a Catholic health service, it is recognised that Calvary Health Care Bethlehem (CHCB) operates to an ethical framework with its own governance arrangements.

CHCB is recognised as a specialist palliative care service and a state-wide provider for those with progressive neurological disease. CHCB works in partnership with other health service providers to help people to 'live well', knowing they have a progressive incurable illness and deliver an integrated model of care.

CHCB provides direct patient care that is coordinated across 32 inpatient beds, centre based clinics, day centre or home based settings depending on the patient needs.

The model of care is supported by secondary consultation, telehealth, 24- hour telephone support to all patients, families and other health service providers, after-hours in-home support to patients receiving home based services and; provision of education, training and research which helps to build capacity in other services across Victoria to better support clients with specialist needs closer to home.

Calvary is expanding its commitment to health care in Victoria with the redevelopment of the existing Caulfield site to provide an integrated health and retirement precinct which includes the traditional Bethlehem specialist services, with the addition of residential beds and independent living units that complement the existing specialist services provided by CHCB. This will allow younger, socially isolated people to be supported in more appropriate accommodation, addressing a current gap in service delivery. This redevelopment will enable patients and residents to live well and age in place with positive health and social outcomes.

CHCB has leased a hospital site in Parkdale and is currently operating all clinical services on a temporary basis whilst the redevelopment occurs.

Calvary Health Care Bethlehem service priorities for 2019-20 include:

- Continue to operate services optimally during transition
- Caulfield Site redevelopment
- Implement third phase of Integrated Model of Care with a particular focus on ambulatory services and collaborative opportunities with other health service providers including the primary, aged and disability sectors
- Implementation of a workforce plan to support the model of care
- Focus on organisational culture and leadership as Calvary Health Care Bethlehem strives to develop a highly reliable organisation

Strategic planning

Calvary Health Care Bethlehem's (CHCB) Strategic Action Plan 2016 - 2020 can be read at www.bethlehem.org.au.

Strategic priorities – Health 2040

In 2019-20 Calvary Health Care Bethlehem 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:

- A minimum of two health promotion activities in the community to raise awareness of issues for people living with life limiting disease.
- Develop a health literacy action plan and implement.

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:

- Complete the detailed design for Caulfield redevelopment.
- Evaluate the Palliative Care Needs Round Model in Residential Care.
- Implement the Responding to Urgency of Need in Palliative Care (RUN-PC) Triage tool for both inpatient specialist palliative care and community palliative care referrals.

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:

- Implementation of Clinical Safety Dashboard with defined KPIs aligned to clinical audit timetable.
- Develop mechanisms & implement processes for the Consumer Engagement Working Party to review patient experience data and patient stories to inform future staff training programs.

Specific priorities for 2019-20

In 2019-20 Calvary Health Care Bethlehem 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.

- Implement consistent screening for altered cognition and delirium across all CHCB service streams through completion of 4AT assessment tool linked to appropriate escalation pathways.

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

- Increase uptake of online Maybo (occupational violence) training for frontline clinical staff – to achieve >80% completion rate by June 2020.

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*.

- Finalise gap analysis against department's Framework and develop action plan to commence implementation by November 2019.
- Complete communication and resilience training for staff by September 2019.
- Through the Safety and Wellbeing Governance Committee, increase Wellness Ambassador contacts.

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.

- Implement processes to identify those who are from diverse backgrounds and develop Cultural Support Plan specific to their individual needs.
- Deliver quarterly cultural sensitivity training that includes Aboriginal and Torres Strait Islander considerations. Key staff across CHCB service streams to attend VACCHO & PEPA Aboriginal Cultural Safety in Palliative Care training.

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.

- Develop reporting mechanism for monitoring proportion of people who identify as Aboriginal and Torres Strait Islander and undertake a clinical record audit to ensure consistency between Aboriginal and Torres Strait Islander identification across data systems.

- End of life needs of Aboriginal and Torres Strait Islander people supported through culturally appropriate mechanisms.

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.

- In partnership with Monash Health undertake further staff awareness training and implement strategies to support those experiencing family violence.

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.

- Implement disability action plan with clear goals over three-year period - with year 1 actions implemented 2019-20

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.

- New baseline for utilities usage at Parkdale site established and usage maintained at target levels. Reductions achieved where usage has exceeded target.

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

Key performance measure	Target
Accreditation	
Compliance with Aged Care Standards	Full compliance
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
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 – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with SAB ¹ per 10,000 occupied bed days	≤ 1/10,000

Key performance measure	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days

¹ SAB is Staphylococcus Aureus Bacteraemia

Effective financial management

Key performance measure	Target
Operating result (\$m)	0.00
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 ² 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

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 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)
Acute Admitted		
Other Admitted		848
Acute Non-Admitted		
Home Enteral Nutrition	677	146
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	321	3,443
Subacute WIES - Rehabilitation Private	100	994
Subacute WIES - Palliative Care Public	258	2,771
Subacute WIES - Palliative Care Private	43	431
Subacute Admitted Other		215
Subacute Non-Admitted		
Palliative Care Non-admitted		7,118
Health Independence Program - Public	14,826	4,747
Subacute Non-Admitted Other	1	199
Aged Care		
Aged Care Other		88
Other		
Health Workforce		610
Other specified funding		1,762
Total Funding		23,372

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	0	20,716
	Admitted mental health services	0	
	Admitted subacute services	2,054	
	Emergency services	0	
	Non-admitted services	1,981	
Block Funding	Non-admitted mental health services	-	809
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	1,847
Total		4,035	23,372

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.

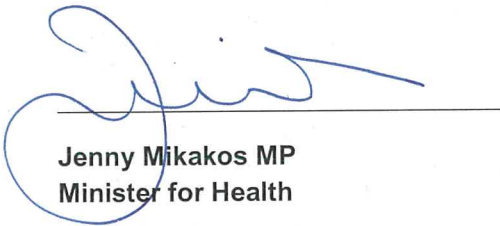
Accountability and funding requirements

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 Minister 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 Mikakos MP
Minister for Health

Date: 25 / 10 / 2019



Hon. John Watkins, AM
Chairperson
Calvary Healthcare Bethlehem

Date: 25 / 10 / 2019

