

# Statement of Priorities

2018–19 Agreement between the Secretary for the  
Department of Health and Human Services and  
Bass Coast 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

Bass Coast Health is committed to delivering person centred care to improve health, wellbeing, care experience and health outcomes with our community.

## Service profile

Bass Coast Health is a major public health care provider in the Bass Coast Shire and provides a comprehensive range of acute, sub-acute, residential and community services across sites in San Remo, Cowes and Wonthaggi.

Acute health services include emergency, high dependency unit, maternity, medical, surgical and dialysis services.

Sub-acute services include inpatient and ambulatory geriatric evaluation & management, rehabilitation and palliative care.

Community & primary care programs include mental, allied health, general & specialist counselling, support groups, disability services, home care packages, maternal & child health, family services, family day care, alcohol & other drugs, Hospital in the Home program and community nursing services.

Residential Services operate from Kirrak House (Wonthaggi) and Griffiths Point Lodge (San Remo).

Bass Coast Health is supported by over 250 volunteers who play an important role across all sites and services.

In 2018-19 Bass Coast Health will commence design development for Stage 1 of the Wonthaggi Hospital upgrade. In addition, enhanced oncology services including chemotherapy chairs will be implemented.

## Strategic planning

Bass Coast Health Strategic Plan 2016 – 2020 is available online at:

<http://www.gha2.net.au/BCH/Content/Publications/2016---2020>

## Strategic priorities

In 2018–19 Bass Coast Health will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p><b>Better Health</b></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><b>Better Health</b></p> <p>Reduce state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	Facilitate integration of health promotion resources across the sub-region (including the health promotion resources of the PCP) to develop an integrated prevention partnership.
		Review BCH cafeteria and catering and implement changes to work towards achieving alignment with the Healthy Choice framework.
		Continue to implement the smoking cessation strategy for BCH patients and staff using the ABCD approach to supporting people who smoke.
		Attain recognition for the healthy workplaces achievement program - mental health wellbeing.
<p><b>Better Access</b></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><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>In line with the clinical services plan and in collaboration with partner agencies, Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will progress the endorsed primary and community CSP implementation plan actions for year one. This will include ongoing meetings of the Primary and Community Steering Committee, the establishment of the South Coast Prevention Partnership and progression of actions regarding models of care, service delineation and a sub-regional capability framework.</p>
		<p>In line with the clinical services plan (CSP) Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will progress the endorsed Surgery and Anaesthetics CSP Implementation Plan actions for year one. This will see ongoing meetings of a sub-regional Surgery and Anaesthetics Steering Committee and progression of actions regarding Models of Care, Service Delineation and a sub-regional Capability framework.</p>

Goals	Strategies	Health Service Deliverables
		<p>In line with the clinical services plan (CSP) Bass Coast Health, Gippsland Southern Health Service and South Gippsland Hospital will progress the endorsed Maternity CSP Implementation Plan actions for year one. This will see ongoing meetings of a sub-regional Maternity Steering Committee and progression of actions regarding Models of Care, Service Delineation and a sub-regional Capability framework.</p> <p>Develop and implement BCH capability frameworks for Surgery/Anaesthetics, HDU, Emergency, Sub-Acute and Medical – and where possible, align these to state-wide capability work.</p>
<p><b>Better Care</b> 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><b>Better Care</b></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>Facilitate service planning and development to deliver cancer services for the Bass Coast Community including oncology and haematology consulting services and chemotherapy chairs.</p> <p>Finalise tender process and implement new radiology contract for BCH.</p>
<p><b>Specific 2018-19 priorities (mandatory)</b></p>	<p><b>Disability Action Plans</b> Draft disability action plans are completed in 2018-19.</p> <p><b>Volunteer engagement</b> Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p> <p><b>Bullying and harassment</b> Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident</p>	<p>Submit a Disability Action Plan to the department by 30 June 2019 and outline the approach to fully implement the plan within the health service by 30 June 2020.</p> <p>Expand the volunteer program through the establishment of a ward visitor scheme and palliative care volunteers.</p> <p>Ensure the BCH bullying &amp; harassment policy is regularly reviewed and available for all staff on the Prompt document control system.</p>

Goals	Strategies	Health Service Deliverables
	<p>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>Expected standards of behaviours are discussed at the monthly corporate orientation sessions.</p> <p>Ensure two yearly completion of the E3 mandatory bullying &amp; harassment prevention learning module by all staff.</p>
	<p><b>Occupational violence</b></p> <p>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>Deliver OVA awareness training for all staff including targeted training dependant on role.</p> <p>Ensure the OVA policy is regularly reviewed and available for all staff on the Prompt document control system.</p> <p>Progress prevention and management of the BCH occupational violence and aggression action plan developed in line with the ANMF Ten Point plan.</p>
	<p><b>Environmental Sustainability</b></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>Ensure the BCH environmental sustainability policy is available for all staff on the Prompt document control system.</p> <p>Develop an environment sustainability plan inclusive of a suite of KPI's for waste and energy conservation which will be reported to the Board.</p>

Goals	Strategies	Health Service Deliverables
	<p><b>LGBTI</b></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>In partnership with the South Coast Inclusion Network (LGTBI advisory group), conduct an organisational audit and subsequently develop and commence implementation of an action plan that commences the process towards Rainbow Tick accreditation.</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 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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance indicator	Target
<b>Accreditation</b>	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
<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 – patients perception of cleanliness	70%
<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 foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
<b>Continuing Care</b>	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

## Strong governance, leadership and culture

Key performance indicator	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%

## Timely access to care

Key performance indicator	Target
<b>Emergency care</b>	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0

## Effective financial management

Key performance indicator	Target
<b>Finance</b>	
Operating result (\$m)	0.0
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 <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 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

<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 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)
<b>Acute Admitted</b>		
WIES Public	4,850	24,655
WIES Private	252	943
WIES DVA	76	385
WIES TAC	11	47
Other Admitted		1,442
<b>Acute Non-Admitted</b>		
Emergency Services		7,818
Home Enteral Nutrition	33	7
Specialist Clinics	6,888	1,926
Specialist Clinics - DVA		5
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	133	1,403
Subacute WIES - Rehabilitation Private	7	72
Subacute WIES - GEM Public	164	1,731
Subacute WIES - GEM Private	17	163
Subacute WIES - Palliative Care Public	51	542
Subacute WIES - Palliative Care Private	7	71
Subacute WIES - DVA	25	321
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		531
Health Independence Program - Public	19,531	3,176
<b>Aged Care</b>		
Residential Aged Care	21,335	1,025
HACC	12,570	623
<b>Mental Health and Drug Services</b>		

<b>Funding type</b>	<b>Activity</b>	<b>Budget (\$'000)</b>
Drug Services		80
<b>Primary Health</b>		
Community Health / Primary Care Programs	12,307	1,270
Community Health Other		537
<b>Other</b>		
Health Workforce	27	1,058
Other specified funding		906
<b>Total Funding</b>		<b>50,737</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 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)
<b>Activity based funding</b>	Acute admitted services	4,553	44,557
	Admitted mental health services	34	
	Admitted subacute services	1,101	
	Emergency services	1,955	
	Non-admitted services	1,225	
<b>Block Funding</b>	Non-admitted mental health services	-	1,478
	Teaching, training and research		
	Other non-admitted services		
<b>Other Funding</b>		-	4,333
<b>Total</b>		<b>8,868</b>	<b>50,368</b>

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

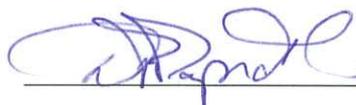
The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Megan Jones**  
Assistant Director, Rural and  
Regional Health as Delegate for  
the Secretary for the Department  
of Health and Human Services

Date: 24 / 8 /2018



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**Mr Donald Paproth**  
Chairperson  
Bass Coast Health

Date: 24 / 08 /2018