

Statement of Priorities

2018–19 Agreement between the Minister for Health and
Bendigo 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

Bendigo Health's Vision is:

Excellent Care. Every Person. Every Time.

What does excellent look like at Bendigo Health:

- Doing more than just the minimum
- Staff, volunteers and supporters who feel valued and believe their consumers are getting great care and services
- Everyone working together, committed to excellence

Every person deserves to feel they receive the very best care. We will put the patient at the centre of everything we do. That means listening, learning and partnering; accepting that 'at standard' is not enough. Every person deserves to have a great care story. Every person, every time.

Bendigo Health's Values are:

- **Caring – We care for our community.** We care for each other. We are respectful of each other and value our differences. We are considerate and show each other that we care. We are proud of each other, the role that we play in the community and the caring tradition that we are part of. We make sure that we have the skills to do our work and we help each other to be our best. We know that we do our best when we work collaboratively with our community. We are patient with each other because we know that change takes dedication and time.
- **Passionate – We are passionate about doing our best.** We love what we do. That drives us to look for the best ways to support, inform and improve the things we do. We are focused and resourceful. We find innovative and efficient solutions to challenges and opportunities. We inspire others with our enthusiasm. We are dedicated to helping others and giving the best help in any situation. We connect the different parts of our community to the information and services that they need.
- **Trustworthy – We are open, honest and respectful.** We follow through on our promises with care and accuracy. We can be relied upon and trusted. We do the right thing. We work as a team. We listen to our community. We explain clearly why we have made our decisions. We make sure that it is safe for everyone at work to speak openly and try things differently. If mistakes are made, we know that we will be supported to take responsibility and look for a solution.

Service profile

Bendigo Health is the major referral hospital in the Loddon Mallee Region. Bendigo Health provides a comprehensive range of services to the Bendigo community and wider Loddon Mallee Region including emergency care, maternity services, a wide range of surgical and medical services including cancer care, psychiatry, rehabilitation and geriatric care.

Bendigo Health also delivers a comprehensive range of health services, such as residential aged care, community nursing, community allied health, outpatient and community care services.

The Bendigo Hospital is the largest regional hospital development in Victoria. It is a world-class regional hospital incorporating the latest design and technology solutions, in a tranquil and caring environment.

For more information please visit the [Bendigo Health website](#).

Strategic planning

You can download the Bendigo Health Strategic Plan 2018-2021 at http://www.bendigohealth.org.au/About_Us.asp?PageID=5

Strategic priorities

In 2018-19 Bendigo 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>	<p>Provide leadership and support to other rural health services in the implementation of the <i>Strengthening Hospital Responses to Family Violence</i> initiative.</p>
		<p>Achieve compliance with Standard 1 of the International Health Promoting Hospitals Framework.</p>
		<p>Increase cultural safety and service for our Aboriginal and Torres Strait Islander community by delivering improved identification and cultural awareness training to staff at Bendigo Health.</p>
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Increase the options of preferred place of care and preferred place of death by implementing the new intensive palliative care at home service and expand the Regional Palliative Care Consultancy Service.</p>
		<p>Progress implementation of the 2017-2028 Clinical Service Plan with an Executive sponsor identified, timelines determined, and evidence of progress for all strategies identified to progress in 2018-19.</p>
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p>	<p>Improve the communication skills of our staff and our discharge processes to increase the percentage of adult patients who reported positive experience of their hospital stay to 95%.</p>

Goals	Strategies	Health Service Deliverables
<p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Develop a project team, governance structure, product tender and implementation plan for Pharmacy and Ward automation of medication management by April 2019.</p> <p>Establish a robust regional clinical governance support framework in line with the DHHS Victoria clinical governance framework for 100% of health services in the Loddon Mallee Region (LMR) through the work of the LMR Clinical Council by June 2019.</p> <p>Through the Loddon Mallee Rural Health Alliance, develop a regional digital health strategy that builds on Bendigo Health's Electronic Medical Record.</p> <p>Decrease the rate of patient falls and healthcare acquired pressure injuries by 2% by ensuring current, high quality, evidence based processes, treatments and equipment are embedded in all services with a focus on prevention.</p>
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans</p> <p>Draft disability action plans are completed in 2018-19.</p> <p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Submit a Disability Action Plan, outlining a three year implementation approach by 30 June 2019. The plan is a key component of the Bendigo Health Diversity and Inclusion plan (inclusive of Disability, LGBTI and Diversity).</p> <p>Increase volunteer engagement that will be measured by an increase of numbers of volunteers from 270 to 300 and / or an increase of hours of participation by volunteers from 29,000 to 35,000 hours by June 2019.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment</p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Review, develop and increase implementation of learning opportunities aligned to organisational priorities that reduce risk and increase safety relating to bullying and harassment.</p>
	<p>Occupational violence</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>Review, develop and increase implementation of learning opportunities aligned to organisational priorities that reduce risk and increase safety relating to occupational violence.</p>
	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.</p>	<p>Achieve a reduction in waste and minimise energy consumption by working with our private partners to identify buildings and infrastructure system efficiencies.</p>

Goals	Strategies	Health Service Deliverables
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions.</p>	<p>Review, develop and increase implementation of learning opportunities aligned to organisational priorities that reduce risk and increase safety for LGBTI staff and patients.</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

High quality and safe care

Key performance indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Compliance with the Commonwealth's Aged Care Accreditation Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patients perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Number of patients with surgical site infection	No outliers
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ¹ per occupied bed day	≤ 1/10,000
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to a child and adolescent acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance indicator	Target
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
Continuing Care	
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
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

Timely access to care

Key performance indicator	Target
Emergency care	
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
Elective surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list ²	1,180
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	5,650
Specialist clinics	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

² the target shown is the number of patients on the elective surgery waiting list as at 30 June 2019

Effective financial management

Key performance indicator	Target
Finance	
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 ³ 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

³ WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
Acute Admitted		
WIES Public	28,934	139,839
WIES Private	4,424	15,749
WIES DVA	351	1,786
WIES TAC	306	1,306
Other Admitted		7,780
Acute Non-Admitted		
Emergency Services		19,208
Home Enteral Nutrition	277	59
Home Renal Dialysis	29	1,660
Specialist Clinics	55,536	14,704
Other non-admitted		1,230
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	822	8,699
Subacute WIES - Rehabilitation Private	223	2,192
Subacute WIES - GEM Public	647	6,843
Subacute WIES - GEM Private	177	1,742
Subacute WIES - Palliative Care Public	220	2,324
Subacute WIES - Palliative Care Private	61	597
Subacute WIES - DVA	82	1,053
Transition Care - Bed days	18,220	2,821
Transition Care - Home days	12,814	728
Subacute Non-Admitted		
Palliative Care Non-admitted		2,083
Health Independence Program - Public	56,901	12,126

Health Independence Program - DVA		139
Victorian Artificial Limb Program		786
Subacute Non-Admitted Other		1,544
Aged Care		
Aged Care Assessment Service		2,807
Residential Aged Care	82,444	5,330
HACC	11,159	2,710
Aged Care Other		2,157
Mental Health and Drug Services		
Mental Health Ambulatory	68,949	30,770
Mental Health Inpatient - Available bed days	21,914	15,815
Mental Health Inpatient - Secure Unit	7,301	4,175
Mental Health PDRS		160
Mental Health Residential	10,958	1,108
Mental Health Service System Capacity	565	808
Mental Health Subacute	11,692	5,760
Mental Health Other		1,114
Drug Services		138
Primary Health		
Community Health / Primary Care Programs	8,824	913
Community Health Other		204
Health Workforce	161	8,232
Total Funding		320,863

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2018 – 30 June 2019

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	35,696	264,705
	Admitted mental health services	5,447	
	Admitted subacute services	5,494	
	Emergency services	7,016	
	Non-admitted services	5,105	
Block Funding	Non-admitted mental health services	-	47,934
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	9,010
Total		58,757	321,649

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.



Hon Jill Hennessy MP
Minister for Health

Date: 16 / 8 / 2018



Hon Bob Cameron
Chairperson
Bendigo Health

Date: 16 / 8 / 2018