

# Statement of Priorities

2018–19 Agreement between the Minister for Health and  
Calvary Health Care Bethlehem Limited

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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 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 an \$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

We bring the healing ministry of Jesus to those who are sick, dying, and in need through 'being for others':

- In the Spirit of Mary standing by her Son on Calvary
- Through the provision of quality, responsive and compassionate health, community and aged care services based on Gospel values, and
- In celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

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.

Calvary Health Care Bethlehem is recognised as a specialist palliative care service and a state-wide provider for those with progressive neurological disease (PND). Our values-based care is person centred and focused on the whole individual: their physical, emotional, spiritual and social needs. Calvary Health Care Bethlehem works in partnership with other health service providers to help people to 'live well', knowing they have a progressive incurable illness. Our interdisciplinary teams work in collaboration with the patient's general practitioner, community health service, aged, disability, peak bodies and other health services, to achieve our goal of a fully integrated model of care.

Calvary Health Care Bethlehem provides direct patient care that is easily accessible and coordinated across the following settings depending on the needs of the patient and their family:

- Centre based clinics
- Day centre
- Home based care including residential care settings, and;
- Inpatient subacute beds

The model of care is supported by:

- Secondary consultation support to other health service providers
- Telehealth
- Twenty-four hour telephone support to all patients, families and other health service providers and 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

Aligned with Government's policy directions and responding to the needs of the most vulnerable in the community, the aged and those with complex chronic disease, Calvary is expanding its commitment to health care in Victoria with the redevelopment of the existing Caulfield site to provide an integrated health 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.

This development will improve the care and service given to our patients and residents through an integrated service model that provides flexibility in care provision whilst improving the amenity of the site by providing new buildings, clinical hubs, residential space and designated green and social spaces. The revised plans for the proposed Calvary Health Care Bethlehem redevelopment received planning permission from the Victorian Civil and Administrative Tribunal (VCAT) in April 2018.

Whilst the redevelopment occurs, CHCB will relocate all services on a temporary basis to a vacated hospital site in Parkdale. This temporary relocation will enable CHCB to continue to deliver services within our local catchment and will improve both patient and staff experience. This will also have a positive impact on the local Caulfield community as it will minimize building disruption, as time taken to complete the redevelopment will be greatly reduced. The lease is for a 2 year period, with the option of an extension for a further year. CHCB plans to move to the new site pending commissioning of services in August 2018.

Calvary Health Care Bethlehem service priorities are aligned with the Calvary four key strategic aims:

- Person and family centred care with a focus on palliative and end of life care
- Sustain the ability of our services to provide quality and compassionate care
- Improve the delivery system in order to promote effective, equitable, quality care and ensure safety and;
- Grow, integrate and innovate

Calvary Health Care Bethlehem service priorities for 2018-19 include:

- Ensure services continue to operate optimally during transition
- 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 and;
- 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](http://www.bethlehem.org.au).

## Strategic priorities

In 2018-19 Calvary Health Care Bethlehem 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 neighborhoods and communities encourage healthy lifestyles</p>	<p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighborhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Implement a Community Development Action plan that will address:</p> <ul style="list-style-type: none"> <li>- Delivery of minimum 2 education sessions in community development principles for department heads and staff</li> <li>- A minimum of 2 health promotion activities in the community to raise awareness of issues for people living with life limiting disease</li> <li>- Recruitment of a volunteer as a Community Ambassador</li> </ul>
		<p>Implement a Calvary action plan to ensure readiness for Voluntary Assisted Dying (VAD) legislation that includes:</p> <ul style="list-style-type: none"> <li>- Revised and updated policies</li> <li>- Staff education and support structures</li> <li>- Community awareness</li> </ul>
		<p>Finalise and implement a single admission process to the organisation with improved patient experience and reduced duplication</p>
		<p>Finalise and implement a psychosocial assessment of carer needs that is utilised across all CHCB service settings.</p>

Goals	Strategies	Health Service Deliverables
<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>Continuation of the Redevelopment Project that includes:</p> <ul style="list-style-type: none"> <li>- The implementation of a transition plan to ensure optimal outcomes that includes: improved patient outcomes, incident reports, complaints, safety measures and targets met</li> <li>- Develop and implement the third phase of the Model of Care</li> <li>- Staff, patients and consumer input into the detailed design phase and incorporation into the internal facility design</li> </ul> <p>Progress implementation of the integrated model of care for palliative ambulatory patients that includes:</p> <ul style="list-style-type: none"> <li>- Development of one new centre-based program</li> <li>- A new in-reach model for residential care, implemented in five facilities</li> <li>- Evaluation</li> </ul>
<p><b>Better Care</b></p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p><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>Develop a workforce plan that includes:</p> <ul style="list-style-type: none"> <li>- Succession planning</li> <li>- Role development: scope and identification of common interdisciplinary tasks</li> <li>- Roles and responsibilities clearly articulated</li> <li>- Recruitment plan</li> <li>- Workforce education/training development plan</li> </ul>

Goals	Strategies	Health Service Deliverables
		Implement an updated Consumer Engagement Action plan that includes: <ul style="list-style-type: none"> <li>- CALD inclusivity plan</li> <li>- ATSI Reconciliation Action plan</li> <li>- Implementation of the Calvary patient experience survey in an inpatient setting</li> </ul>
<b>Specific 2018-19 priorities (mandatory)</b>	<b>Disability Action Plans</b> Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing disability action plans can be found at <a href="https://providers.dhhs.vic.gov.au/disability-action-plans">https://providers.dhhs.vic.gov.au/disability-action-plans</a>. Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at <a href="mailto:ofd@dhhs.vic.gov.au">ofd@dhhs.vic.gov.au</a>.</i>	Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.
	<b>Volunteer engagement</b> Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Revise and update the volunteer strategy to include: <ul style="list-style-type: none"> <li>- Implementation of training modules to support all volunteers in communication, grief and loss</li> </ul> An increase in volunteer recruitment in both the clinical and corporate areas

Goals	Strategies	Health Service Deliverables
	<p><b>Bullying and harassment</b></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>Implement a training program delivered for Wellness Ambassadors that includes:</p> <ul style="list-style-type: none"> <li>- Implementation of a Safety and Wellbeing plan</li> <li>- Resilience training for 90% of the permanent staff</li> </ul>
	<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>	<ul style="list-style-type: none"> <li>- Deliver two Train the Trainer Sessions</li> <li>- Deliver Code Grey training to all staff that includes a Mock Code Grey in October 2018</li> </ul>
	<p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> <li>• policy to be net zero carbon by 2050 and improve environmental</li> <li>• sustainability by identifying and implementing projects, including</li> <li>• workforce education, to reduce material environmental impacts with</li> <li>• particular consideration of procurement and waste management, and</li> <li>• publicly reporting environmental performance data, including</li> <li>• measureable targets related to reduction of clinical, sharps and landfill</li> <li>• waste, water and energy use and improved recycling.</li> </ul>	<p>Implement a CHCB Environmental plan that includes:</p> <ul style="list-style-type: none"> <li>- 3 staff newsletters annually</li> <li>- A 3% Reduction in electricity</li> <li>- A 2% reduction in general waste</li> <li>- A 5% reduction in water usage</li> </ul>
	<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. <i>Note: deliverables should be in accordance with the DHHS Rainbow eQuality Guide (see at <a href="http://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality">www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality</a>) and the Rainbow Tick Accreditation Guide (see at <a href="http://www.glhv.org.au">www.glhv.org.au</a>)</i></p>	<ul style="list-style-type: none"> <li>- Audit against standards aligned with the Rainbow Tick Accreditation Guide</li> <li>- Develop and implement an action plan</li> <li>- Revise and update the service level policies</li> </ul>

## 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
<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>Healthcare associated infections (HAI's)</b>	
Rate of patients with SAB <sup>1</sup> per occupied bed day	≤ 1/10,000

Key performance indicator	Target
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days

<sup>1</sup> SAB is Staphylococcus Aureus Bacteraemia

## Effective financial management

Key performance indicator	Target
<b>Finance</b>	
Operating result (\$m)	0.00
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
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

## 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>

### 2018-19 PART C: ACTIVITY AND FUNDING

PROGRAM	FUNDING STREAM	ACTIVITY	BUDGET
<b>Acute Admitted</b>	Other Admitted		455,302
<b>Acute Non-Admitted</b>	Home Enteral Nutrition	662	140,702
<b>Aged Care</b>	Aged Care Other		85,998
<b>Subacute &amp; Non-Acute Admitted</b>	Subacute WIES - Palliative Care Private	43	419,646
	Subacute WIES - Palliative Care Public	255	2,699,717
	Subacute WIES - Rehabilitation Private	98	968,551
	Subacute WIES - Rehabilitation Public	317	3,354,918
<b>Subacute Non-Admitted</b>	Health Independence Program - Public	14,826	4,677,103
	Palliative Care Non-admitted		6,124,897
	Subacute Non-Admitted Other	1	188,641
<b>Other</b>	Health Workforce	17	527,285
	Other specified funding		2,018,074
<b>Grand Total</b>		<b>16,219</b>	<b>21,660,834</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)
Activity based funding	Acute admitted services	0	19,076
	Admitted mental health services	0	
	Admitted subacute services	1,908	
	Emergency services	0	
	Non-admitted services	1,626	
Block Funding	Non-admitted mental health services	-	716
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	1,870
<b>Total</b>		<b>3,535</b>	<b>21,662</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.



Hon Jill Hennessy MP  
Minister for Health

Date: 15 / 8 / 2018



Hon John Watkins AM  
Chairperson  
Little Company of Mary

Date: 15 / 8 / 2018