

# Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Central Gippsland Health Service

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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

## Vision Statement

Our vision is of a safe and healthy community where everyone feels valued, supported and can participate.

## Mission Statement

Our mission is to provide health and community services that will best meet the needs of our community.

In doing so we will:

- Support community identified need and promote genuine community participation
- Place people at the centre of our care
- Support our community to access services that maintain and improve their health and wellbeing and minimise the negative impact of injury
- Enable people to benefit from our integrated services
- Allocate and use our resources effectively and efficiently
- Achieve through collaboration and partnerships
- Be creative, innovative and open to discovery.

## Service profile

Central Gippsland Health Service (CGHS) is the major provider of health and aged care services in the Wellington Shire. It serves an immediate population of approximately 44,000 in Central Gippsland and reaches a wider community in East Gippsland and parts of South Gippsland providing specialised services such as perinatal services, critical care, obstetrics and surgery.

CGHS is both a sub-regional and an integrated health service, providing a broad range of primary, secondary and tertiary services, including a comprehensive range of Home and Community Care services, through to adult intensive, coronary care and level 2 neonatal care.

Acute services include a full time emergency department, critical care unit, neonatal special care unit, operating theatres, day procedure unit, and oncology and dialysis services, in addition to general medical and surgical services and sub-acute services including rehabilitation.

CGHS has acute services at Sale and Maffra; community and home support services are provided throughout the Shire of Wellington (with the exception of Yarram and district) with centres in Maffra, Sale, Heyfield, Rosedale and Loch Sport. Residential aged care services are provided at Sale and Maffra.

A key focus for the health service is to improve both workforce and service integration with our regional hospital and neighbouring health services and to build our surgical capability (specifically orthopaedic surgical capability). We are also keenly focussed to leverage advantage for our community from our service integration by cost effectively improving health outcomes that really matter to people.

## Strategic planning

Our 2019-2024 strategic plan is built around four strategic pillars, based on a safe and healthy community where everyone feels valued, supported and can participate. Our four strategic pillars are: investing in our people taking a partnership approach, adjusting to an older population, and strengthening access to core services. This plan is being guided by State and Commonwealth policies and plans, demographic and medical research, industry trends, and a rigorous process of reviewing current practices, priorities and plans. Importantly though, this plan is the result of a collaborative approach to identifying and living the values important to us that place our patients at the centre of everything we do. The 2019-2024 plan is currently being reviewed by the Department of Health and Human Services (DHHS). The current strategic plan can be accessed at [www.cghs.com.au](http://www.cghs.com.au)

## Strategic priorities – Health 2040

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

### **Better Health**

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**Goals:**

A system geared to prevention as much as treatment  
Everyone understands their own health and risks  
Illness is detected and managed early  
Healthy neighbourhoods and communities encourage healthy lifestyles

**Strategies:**

Reduce State-wide Risks  
Build Healthy Neighbourhoods  
Help people to stay healthy  
Target health gaps

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**Deliverables:**

- CGHS will continue to contribute towards building healthy communities, by recruiting additional health promotion resources to deliver against the strategic health promotion/prevention deliverables in the Healthy Wellington Plan.
- CGHS will promote healthier eating by creating a healthy food and drink environment for visitors and staff in the Sale Hospital kiosk by achieving full compliance with the healthy eating guidelines.

### **Better Access**

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**Goals:**

Care is always being there when people need it  
Better access to care in the home and community  
People are connected to the full range of care and support they need  
Equal access to care

**Strategies:**

Plan and invest  
Unlock innovation  
Provide easier access  
Ensure fair access

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**Deliverables:**

- Improve access to specialist outpatient's services through the establishment of nurse-led clinics for asthma, prostate health, diabetes, continence and wound care.
- Establish short-term restorative care, to enable up to 70 community members to be supported by an intensive multi-disciplinary team at home to achieve outcomes that matter to them and improve their self-care capability and independence. The initial performance measure will be the number of people supported by the program.

### **Better Care**

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**Goals:**

Targeting zero avoidable harm  
Healthcare that focusses on outcomes  
Patients and carers are active partners in care  
Care fits together around people's needs

**Strategies:**

Put quality First  
Join up care  
Partner with patients  
Strengthen the workforce  
Embed evidence  
Ensure equal care

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**Deliverables:**

- Establish a new ward round process to enable consumers to communicate their needs and preferences, to support shared decision making that will be evaluated by an in-hospital patient experience survey.
- Aligned with the Partnering in Healthcare framework, we will use person-centred care education program concepts to implement improvements tailored to each clinical area, to focus on listening to consumers to ensure mutual understanding. This will be evaluated and monitored by an in-hospital patient experience survey.

## Specific priorities for 2019-20

In 2019-20 CGHS will contribute to the achievement of the Government's priorities by:

### ***Supporting the Mental Health System***

#### **Deliverables:**

- Engage in the development of the Regional Mental Health and Suicide Prevention Plan, particularly focusing on a mental health stepped-care model for the Wellington catchment.

### ***Addressing Occupational Violence***

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

#### **Deliverables:**

- Identify risks and update all related CGHS occupational health and safety policies and procedures, to align with DHHS security training principles.

### ***Addressing Bullying and Harassment***

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

#### **Deliverables:**

- Fully implement the framework for promoting a positive workplace culture.

### ***Supporting Vulnerable Patients***

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

#### **Deliverables:**

- Establish a system of identifying and regularly reporting on patients who frequently present to the emergency department and/or for admission to hospital, to ensure they are being supported by a care coordination and a multi-disciplinary approach. This will be measured through the development and regular reporting of key performance indicators through the quality and safety score card report.

### ***Supporting Aboriginal Cultural Safety***

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

#### **Deliverables:**

- Operationalise the inaugural CGHS Reconciliation Action Plan 2019 – 2021, including monitoring progress of strategies via the CGHS Integrated Planning System (called Interplan) and oversight by the CGHS Aboriginal and Torres Strait Islander Advisory Committee.



### ***Addressing Family Violence***

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

#### **Deliverables:**

- Embed Family Violence contact officers across the organisation, as key points of contact for information on addressing violence. This will be measured by the number of contact officers in place, across the organisation.

### ***Implementing Disability Action Plans***

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

#### **Deliverables:**

- Operationalise the CGHS Access and Inclusion Plan 2019 – 2022 (also known as the Disability Action Plan), including monitoring progress of strategies via the CGHS Integrated Planning system (called Interplan), and oversight by the CGHS Community Liaison Group.

### ***Supporting Environmental Sustainability***

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

#### **Deliverables:**

- Enhance existing waste minimisation practises, including strategies for reducing power, water and natural resource consumption. These will be evaluated by the monitoring and reporting of expenses associated with electricity, water consumption, and waste collection and disposal fees.

## Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2019-20 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at [www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance measure	Target
<b>Accreditation</b>	
Compliance with the Aged Care Standards	Full Compliance
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
<b>Patient experience</b>	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patient's perception of cleanliness	70%
<b>Healthcare associated infections (HAI's)</b>	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil

Key performance measure	Target
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
<b>Maternity and Newborn</b>	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
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%
<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 measure	Target
<b>Organisational culture</b>	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

## Timely access to care

Key performance measure	Target
<b>Specialist clinics</b>	
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%

## 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 <sup>1</sup> activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

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<sup>1</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

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

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

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

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
Acute WIES	7,318	37,040
WIES DVA	73	375
WIES TAC	34	197
Other Admitted		3,915
<b>Acute Non-Admitted</b>		
Emergency Services		7,289
Home Enteral Nutrition	95	21
Specialist Clinics	23,868	6,227
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	58	624
Subacute WIES - Rehabilitation Private	4	43
Subacute WIES - GEM Public	118	1,269
Subacute WIES - GEM Private	10	100
Subacute WIES - Palliative Care Public	69	740
Subacute WIES - Palliative Care Private	2	18
Subacute WIES - DVA	8	99
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		520
Health Independence Program - Public	11,841	2,165
<b>Aged Care</b>		
Residential Aged Care	28,928	2,466
HACC	23,298	1,445
Aged Care Other		54
<b>Mental Health and Drug Services</b>		
Drug Services	396	465
<b>Primary Health</b>		
Community Health / Primary Care Programs	7,134	740
Community Health Other		887
<b>Other</b>		
Health Workforce		1,804
Other specified funding		1,765
<b>Total Funding</b>		<b>70,266</b>

## Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2019 – 30 June 2020

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	7,661	60,589
	Admitted mental health services	0	
	Admitted subacute services	797	
	Emergency services	2,118	
	Non-admitted services	1,311	
Block Funding	Non-admitted mental health services	-	3,229
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	6,440
<b>Total</b>		<b>11,887</b>	<b>70,257</b>

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.
- Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

## Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019-20 financial year; and
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

## Signature

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



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

Date: 17 / 10 / 2019



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**Mr Tony Anderson**  
Chairperson  
Central Gippsland Health Service

Date: 17 / 10 / 2019



