

# Statement of Priorities 2023-24 for Bass Coast Health

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Department  
of Health

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The department proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

To receive this document in an accessible format, phone using the National Relay Service 13 36 77 if required, or [Commissioning and System Improvement; Accountability on](#) <Accountability@health.vic.gov.au>

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Available at [The Department of Health Statements of Priorities](#)

<<https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>>

# Contents

<b>Background .....</b>	<b>4</b>
<b>Strategic Priorities .....</b>	<b>5</b>
<b>Government Commitments .....</b>	<b>5</b>
<b>Part A: Department of Health Strategic Plan .....</b>	<b>6</b>
<b>Part B: Performance Priorities .....</b>	<b>12</b>
<b>Part C: Activity and Funding.....</b>	<b>15</b>
<b>Part D: Commonwealth Funding Contribution .....</b>	<b>17</b>
<b>Accountability and funding requirements .....</b>	<b>18</b>
<b>Signing Page .....</b>	<b>19</b>

# Background

Statement of Priorities are the key accountability agreements between the Victorian State 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*.

Statement of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. For 2023-24, the Statement of Priorities also refer to the *Department of Health Strategic Plan 2023-27* (Strategic Plan). 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.

Statement of Priorities consists of four main parts:

- Part A provides the strategic priorities for the health service to contribute to 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 (the department) to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2023-24* (The Framework).

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities each year and present data on the performance of our health system in the public domain.

# Strategic Priorities

The department on behalf of government delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. The department's vision is to create a future where Victorians are the healthiest people in the world. A Victoria where children and people thrive, where workplaces are productive and safe, and where communities are more connected.

The department's job is to support Victorians to stay healthy and safe; and to deliver a world-class healthcare system that ensures every single Victorian can access safe, quality care that leads to better health outcomes for all.

To fulfil these obligations, the department has developed the *Department of Health Strategic Plan 2023-27* (Strategic Plan) with seven guiding strategic priorities, to shape the health system's direction. Health services will contribute to the department's strategic priorities through signing and enacting the Statement of Priorities. The seven strategic priorities are:

- Keeping people healthy and well in the community
- Providing care closer to home
- Keep innovating and improving care
- Improving Aboriginal health and wellbeing
- Moving from competition to collaboration
- A stronger and more sustainable workforce
- A safe and sustainable health, wellbeing and care system

# Government Commitments

The Victorian Budget 2023–24 (the budget) continues to invest in building hospitals, supporting our health system to meet growing demand and supporting our hardworking healthcare workers to ensure Victorians get the care they need, close to home. This budget provides investment in essential services including:

- \$1.5 billion to boost deferred elective surgery and ease the pressure on our hospitals.
- \$776 million for critical bed-based services, alcohol and other drug services, infrastructure, earlier support in community mental health services and the roll-out of the new Mental Health and Wellbeing Act.
- \$320 million to plan the delivery of major investments at seven hospitals across the state to ensure Victorians receive the highest quality healthcare.
- A \$270 million investment in our health workforce to make it free to study nursing and midwifery for nurses that join the public health system.
- A \$201 million system wide boost to support timely emergency care, including more ambulance services and improvements to emergency department programs, to get patients the care they need as quickly as possible.
- \$162 million for better aged care services across regional Victoria, to build new public aged care services in Cohuna, Maffra and Numurkah.
- \$157 million for critical bed-based mental health services across our state including more Hospital in the Home beds for Barwon Health, improving in-home mental health care for acutely unwell residents across the Geelong region.
- \$154 million to give women's health the focus and funding it deserves, including 20 new comprehensive women's health clinics at public hospitals.

# Part A: Department of Health Strategic Plan

The Statement of Priorities are aligned with the [Strategic Plan 2023-27](https://www.health.vic.gov.au/our-strategic-plan-2023-27)  
<<https://www.health.vic.gov.au/our-strategic-plan-2023-27>>.

Bass Coast Health will contribute to the Strategic Plan 2023-27 by agreeing to the following priorities:

## Ministerial Priorities

1. Improved health system culture, grounded in respect and safety.
2. A supported, growing, and fit-for-purpose health workforce.
3. A reformed overall health system (community-based and acute health services), with reforms to service models and enablers (structural, financial and cultural), delivering improved patient safety, experiences and outcomes, particularly for people in regional and rural Victoria.
4. A step-change in women's health.
5. Nation-leading reductions in rates of vaping.
6. Improved health equity through:
  - determination and ceding power.
  - Family-centred health models for priority populations.
  - Intersectional improvements in health access and outcomes for priority cohorts.
7. Improved mental health system through:
  - New and transformed integrated services through the implementation of the Royal Commission into Victoria's Mental Health System.
  - Strengthening system guidance, stewardship and commissioning.
  - Realising the vision of the new Mental Health and Wellbeing Act 2022 by driving cultural change.
  - Supporting a culture that embraces lived experience leadership at every level of the mental health and wellbeing system.
  - Investing in suicide prevention and mental health and wellbeing promotion.

## System Priorities

### Excellence in clinical governance

*We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.*

#### Goals

- MA6 Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.
- MA9 Maintain commitment to driving planned surgery reform in alignment with the Surgery Recovery and Reform Program, as well as identify and implement local reform priorities.
- MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.

#### Health service deliverables:

- MA6 Support the trial, piloting, and implementation of new and innovative models of care that work to improve whole of hospital patient flow.
- MA6 Collaborate with other services in the region to support the implementation of new and innovative models of care for Mental Health that provide a safer and calmer environment for staff and patients.
- MA9 Participate actively in the Gippsland Health Service Partnership surgical reform work while seeking to expand partnerships with regional and metro services to optimise surgical activity and fill vacant operating lists.
- MA9 Review BCH operational structure, Outpatient & Surgical pathways and surgical capability to provide greater oversight of surgical performance and strategies, that may facilitate a safe capability uplift in line with DH Capability Frameworks.
- MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.
- MA11 Improve paediatric patient outcomes through implementation of the “ViCTOR track and trigger” observation chart and escalation system, whenever children have observations taken.
- MA11 Implement staff training on the “ViCTOR track and trigger” tool to enhance identification and prompt response to deteriorating paediatric patient conditions.

#### Working to achieve long term financial sustainability

*Ensure equitable and transparent use of available resources to achieve optimum outcomes.*

##### **Goals**

- MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.
- MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.

#### Health service deliverables:

- MB1 Review and implement a new corporate governance framework that provides improved oversight of financial risks and strategies including the FMIP, and Cash management.
- MB1 Improve reporting and monitoring of workforce utilisation, including high-cost locums and casuals, and recruitment, retention and conversion data.
- MB1 Implement a targeted recruitment strategy in high-cost areas such as UCC, Allied Health, Maternity, ED, and Anaesthetics, to shift vacancy management from high-cost locums to permanent staff.
- MB1 Implement an Asset Management system and processes to optimise management and maintenance of Capital Assets.

- MB2 Explore opportunities to develop a BCH revenue stream through community partnerships, grants, fund raising, and bequests to reduce dependence on government funding.
- MB2 Undertake a costing analysis of various programs which may include community service programs, flexi health community aged care package program and urgent care to understand profitability, service gain and drive informed decisions to support sustainability and future arrangements for these programs. Undertake a review of Residential Aged Care program and develop and implement a plan for improved financial performance.
- MB2 Collaborate with other health service providers to explore opportunities for shared services, joint procurement, and resource sharing to improve efficiency, in areas such as Radiology.

### **Improving equitable access to healthcare and wellbeing**

*Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.*

*Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.*

#### **Goals**

- MC1 Address service access issues and equity of health outcomes for rural and regional people including more support for primary, community, home-based and virtual care, and addiction services.
- MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services.

Health service deliverables:

- MC1 Actively partner with the Bunurong Land Council and local Aboriginal and Torres Strait Islander community members via the Bass Coast Reconciliation Network and develop processes to measure BCRN outcomes and impact.
- MC1 Appoint an Aboriginal clinician who can provide direct care to Aboriginal and Torres Strait Islander community members.
- MC1 Convene a staff Reconciliation Action working group to further progress the BCH Reconciliation Action Plan to identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users.
- MC2 In collaboration with the GRPHU and the South Coast Health Promotion Working Group, develop Aboriginal and Torres Strait Islander pathways for screening, prevention, and early intervention prevention that recognise cultural needs and condition prevalence of local community members.
- MC2 Continue to explore opportunities for delivering a culturally safe, welcoming environments with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.
- MC2 Partner with members of the Bass Coast Reconciliation Network to deliver local events to increase engagement and connection with Aboriginal community members.



## A stronger workforce

*There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.*

### Goals

- MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.
- MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

Health service deliverables:

- MD1 Undertake nursing workforce focus groups in acute and sub-acute wards, in collaboration with ANMF, to identify workforce and roster flexibility.
- MD1 Develop and implement a training and capability enhancement strategy that supports the new and expanded Maternity models of care that facilitates uplift of Maternity capability, and sustains workforce development.
- MD1 In collaboration with WorkSafe Victoria, implement a Safety Huddles Program focusing on staff communication, wellbeing and safety.
- MD2 Develop a workforce profile, targeted recruitment strategy and model of care that will meet the needs of the Phillip Island Community Hospital, due to open in 2024-2025.
- MD2 Expand Public specialist outpatient appointment access for the local community including in the areas of Cardiac, Geriatrics and Paediatrics.
- MD2 Develop and implement a Stroke action plan which will formally review current practice and develop best practice pathways from ED into a newly developed BCH stroke inpatient service in collaboration with metro services.

## Moving from competition to collaboration

*Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.*

### Goals

- ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.
- ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

Health service deliverables:

- ME1 Actively participate in the Gippsland Health Service Partnership governance and in the delivery of key initiatives being delivered by the HSP.
- ME1 Partner with metro services to develop Wonthaggi Hospital as a potential site for Basic Physician trainees, support training and education of ICU trainees, formalise infectious disease support, commence the Close Observation Unit, and expand oncology and cardiac service locally.
- ME1 Re-commit to a shared South Gippsland Coast Partnership vision, refresh the formal South Gippsland Coast Local Area Partnership Memorandum of Understanding.
- ME2 Participate actively in any clinical service planning that is undertaken by the Gippsland Health Service Partnership, to develop a collaborative approach to coordinating the delivery of health services at a regional level.
- ME2 Collaborate with Gippsland partners in the planning for an integrated governance and service model for Radiology services.
- ME2 Establish a South Gippsland Coast Local Area Partnership working group to develop and commence implementation of a sub-regional Sustainability framework and plan.

### **Empowering people to keep healthy and safe in the community**

*Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.*

#### **Goals**

- EA2 Improve the health and wellbeing of our communities, families and individuals by focussing on areas of healthy eating, climate change impacts, increased physical activity, and reduced rates of harmful drug, alcohol and substance behaviours including vaping.

Health service deliverables:

- EA2 Implement the South Coast Prevention team work plan focussed on healthy eating, active living, reducing tobacco and e-cigarette related harm and partnering to deliver a whole of community approach to family violence.
- EA2 Embed smoking and vaping identification and cessation pathways into routine care.
- EA2 Develop a population health catchment plan with LPHUs, including supporting local priorities as identified through population health needs assessment and Municipal Public Health and Wellbeing Planning.

## Care close to home

*Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.*

### Goals

- EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.

Health service deliverables:

- EB1 Further develop referral pathways between sub-regional health services so that patients can be easily referred or transferred for care closer to, or in their homes.
- EB1 Expand the GEM at Home model that facilitates virtual and/or shared care delivery between the sub-regional partnership health services so that people can receive care closer to their homes.
- EB1 Develop and implement initiatives that expand the early discharge of patients to HITH, and outpatient settings.

## Local Priorities

- Local Goal: Further develop in house data reporting systems and capability to enhance performance reporting and monitoring.
- Local Deliverable 1: Develop both short- and long-term strategies to support the Mastercare system and reporting processes.
- Local Deliverable 2: Explore options to enhance IT systems for BCH referral entry, outpatients and surgical services to ensure information is timely, accurate, transparent and meaningful for patients, referrers and staff.

## Part B: Performance Priorities

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

Further information is available at the [Funding, Performance and Accountability webpage](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) <<https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>>.

### High quality and safe care:

Key Performance Measure	Target
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program <sup>1</sup>	85%
Percentage of healthcare workers immunised for influenza	94%
<b>Continuing care</b>	
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645
<b>Patient experience</b>	
Percentage of patients who reported positive experiences of their hospital stay	95%
<b>Maternity and newborn</b>	
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (Apgar score <7 to 5 minutes)	≤ 1.4%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%
<b>Unplanned Readmissions</b>	
Rate of unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%
<b>Aboriginal Health</b>	
Percentage of Aboriginal admitted patients who left against medical advice <sup>2</sup>	25% reduction in gap based on prior year's annual rate
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap based on prior year's annual rate

<sup>1</sup> Effective date of target change from 85% to 80% conditional on pending changes to BP3 requirements.

<sup>2</sup> Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

### 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 culture survey questions	62%

### Timely access to care

Key Performance Measure	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 emergency patients with a length of stay in the ED greater than 24 hours	Zero
<b>Mental Health</b>	
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%
<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%
<b>Home Based Care</b>	
Percentage of admitted bed days delivered at home	Equal to or better than prior year result
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result

**Effective financial management**

Key Performance Measure	Target
Operating result (\$M)	(10.19)
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000
Actual number of days of available cash, measured on the last day of each month	14 days

# Part C: Activity and Funding

The performance and financial framework within which state government-funded organisations operate is described in *The Policy and Funding Guidelines – Funding Rules*. The Funding Rules details funding and pricing arrangements and provides modelled budgets and targets for a range of programs. The [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) webpage <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>.

Period 1 July 2023 – 30 June 2024

**Table 1 Bass Coast Health funding summary for 1 July 2023 – 30 June 2024**

Funding Type	Activity	Budget (\$'000)
<b>Consolidated Activity Funding</b>		
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	16,911	82,612
<b>Acute Admitted</b>		
National Bowel Cancer Screening Program NWAU	14	71
Acute admitted DVA	45	271
Other Admitted	15	2,772
<b>Acute Non-Admitted</b>		
Emergency Services		19
Home Enteral Nutrition NWAU	4	17
Specialist Clinics - DVA		1
Other non-admitted		502
<b>Subacute/Non-Acute, Admitted &amp; Non-admitted</b>		
Palliative Care Non-admitted		788
Subacute - DVA	63	380
<b>Subacute &amp; Non-Acute Other</b>		
Other specified funding		8,696
<b>Aged Care</b>		
Residential Aged Care	21,335	1,116
HACC	7,794	634
Aged Care Other		53
<b>Mental Health and Drug Services</b>		
Drug Services		53
<b>Primary Health</b>		
Community Health / Primary Care Programs	18,908	2,391
Community Health Other		1

Funding Type	Activity	Budget (\$'000)
<b>Other</b>		
Health Workforce		2,187
Supplementation funding		17,295
<b>Total Funding</b>		<b>119,859</b>

Please note:

- Base level funding, related services and activity levels, outlined within the Policy and Funding Guidelines are subject to change throughout the year. Further information about the department's approach to funding and price setting for specific clinical activities, and funding policy changes is also available from: [Policy and funding guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>
- Each funding type row (e.g. "emergency services") comprises a mix of activity based funding and block grants. Funding depends on the service profile. For further details, refer to the Policy and funding guidelines for health services (see above point for link).
- In situations where a change is required to Part C, changes to the agreement will be actioned through an exchange of letters between the department and the health service's Chief Executive Officer.



## Part D: Commonwealth Funding Contribution

Commonwealth funding contribution is provided by the 2023-24 Commonwealth budget, which is based on estimates. This is updated throughout the year based on updated activity levels, by the Administrator of the National Health Funding Pool.

Commonwealth funding is based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors.

**Table 2 Commonwealth contribution for period: 1 July 2023 – 30 June 2024**

Funding Type	Number of services (NWAU)	Victorian average price per NWAU	Funding allocation (\$)
Emergency Department	3,245	5,383	13,895,423
Acute Admitted	10,100	5,452	59,705,285
Sub-Acute	1,848	4,692	6,470,975
Non-Admitted	1,750	4,966	9,108,192
<b>Total ABF Allocation</b>	16,943		89,179,876
Teaching, Training and Research			2,344,209
<b>Total Block Allocation</b>			2,344,209
<b>Total NHRA in-scope funding allocation</b>			91,524,085

Please note:

- 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. Letters will be made publicly available.

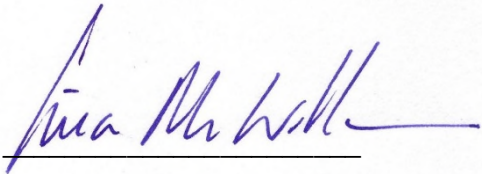
# Accountability and funding requirements

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 *Policy and Funding Guidelines 2023-24*.
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health.
- All applicable policies and guidelines issued by the Department of Health 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 relating to the provision of health services which is in force at any time during the 2023-24 financial year.
- 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.
- Where applicable, this includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.
- Specific to DHSV: in relation to the School Dental Project Plan, as agreed and specified by both parties, including meeting the requirements outlined in the School Licence Agreement.
- Any other relevant, applicable statutory, regulatory or accountability rules, policies, plans, procedures or publications.

# Signing Page

The Secretary, Department of Health has issued this Statement of Priorities to detail the funding provided to enable Bass Coast Health to meet its service obligations and performance requirements as outlined.

 <b>Professor Euan M Wallace AM</b> <b>Secretary, Department of Health</b> <b>Date:21/04/2024</b>		
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