

Statement of Priorities

2018–19 Agreement between the Secretary for the
Department of Health and Human Services and
Bairnsdale Regional 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 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

Bairnsdale Regional Health Service's vision is to be a '*respected leader of outstanding health care*'. The role of the organisation is '*to improve the health and wellbeing of the East Gippsland community by providing accessible, high quality and sustainable health care*'. Bairnsdale Regional Health Service strategic objectives are to provide/place:

- Safe, effective care
- A Skilled, valued and compassionate workforce
- Leadership, accountability and a sustainable future
- The consumer at the centre (of everything we do)

The organisation has an endorsed set of trademark behaviours which all staff are expected to embrace. They are to display trust and mutual respect, have courage to change, step up and take responsibility, be positive and support others; and to learn and apply knowledge. In addition to these behaviours, staff at Bairnsdale Regional Health Service embrace a set of principles when at work. They include being progressive, accountable, competent, person-centred and collaborative.

Service profile

Bairnsdale Regional Health Service (BRHS) is the largest healthcare provider in East Gippsland, providing multi-disciplinary services to a growing population of 45,000 people across a land mass of 21,000 square kilometres.

There has been significant change in the population the region over the last five years, with the region experiencing both growth and an increase in the aged cohort. BRHS is a three and a half hour drive from Melbourne and the catchment includes the regional centre of Bairnsdale, popular recreational and retirement destinations in the Gippsland Lakes and coastlines, along with extensive farming land and large tracts of the Victorian "high country". Nearly two thirds of the population live around Bairnsdale and population centres in Lakes Entrance, Orbost, Omeo and Mallacoota. The distances and the remote nature of some communities create some unique challenges for the delivery of health services.

BRHS has dramatically increased its capacity to service the needs of the community. BRHS operates three fixed campuses in conjunction with outreach healthcare. BRHS incorporates a long established acute hospital, sub-acute beds services, a well-established modern theatre suite, an emergency department and short stay unit, maternity services and a newly designed and built oncology/medical admission day unit and dialysis unit. In addition to acute care, BRHS also provides core services in a 90 bed aged care facility, specialist consulting services, home based services and community health services.

The community health services are situated in Ross Street Bairnsdale. This facility supports community and district nursing, palliative care programs, Hospital in the Home and residential in reach services, post-acute care and our primary adult day centre. There are also 6 public dental chairs and oral health services at Ross Street. These facilities are utilised to support BRHS' health promotion and prevention activities, including pulmonary and cardiac education and healthcare program. The Main Street site provides basic medical imaging services and is the site of the new maternity clinics.

BRHS is the largest employer in the region with over 850 staff. BRHS works in partnership with the primary care providers of East Gippsland to ensure coordination and integration of care across the region.

The 2018-2019 year will include a focus on preparing for the future, working towards an electronic medical record and ensuring workforce plans are developed. A core focus of the health service this year will be engaging staff to partner with consumers, ensuring a high standard of care for every person, every interaction, every time.

Strategic planning

Bairnsdale Regional Health Service Strategic Plan 2017-2021 is available online at http://www.brhs.com.au/wp-content/uploads/2014/10/Strategic-Plan-Brochure_Web.pdf

Strategic priorities

In 2018–19 Bairnsdale Regional Health Service 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 state-wide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Mental Health</p> <p>Deliver three mental health first aid training sessions to 60 employees.</p>
		<p>Build Health Neighbourhoods</p> <p>Continue to actively contribute to the governance of East Gippsland's Municipal Health and Wellbeing Plan: Well Placed for Wellbeing.</p>
		<p>Preventing Violence and Injury</p> <p>100% of staff in the Emergency Department and Maternity Services will have access to training to build staff knowledge and skills in identifying and responding to family violence by June 2019 .</p>
		<p>Reducing harmful alcohol and drug use</p> <p>BRHS will review the referral pathway into the alcohol and other drug inpatient beds to ensure access and strong connections with community programs. To be completed by December 2018.</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>Establish a rehabilitation at home model of care and service.</p>
		<p>Model of care will be developed by December 2018 and implemented prior to June 2019.</p>

Goals	Strategies	Health Service Deliverables
<p>Better Care</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>Better Care</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>Establish a 'faculty' (25 people) of Communication and Partnering with Consumers. These staff will be skilled to enact a 'train the trainer' model of education in communicating and partnering with consumers.</p>
		<p>Implement a nursing program; the EPIC nurse. This will include the introduction of asking patients what matters to them by 30 June 2019.</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>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.</p>
	<p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Develop a three year strategic plan that leads our work and engagement with volunteers at BRHS. Complete by June 2019. Celebrate Volunteers Week.</p>
		<p>Review policies and procedures to ensure volunteers are appropriately supported and engaged across BRHS. Complete by March 2019.</p>
<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 Board reporting to ensure the Board receive a suite of key performance indicators that provide line of sight to bullying and harassment claims and any relevant mitigation activities. Report to be provided every 6 months.</p>	

Goals	Strategies	Health Service Deliverables
	<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 the current staff training and implement a new training package by June 2019. All staff who provide direct care, security staff, code responders, and staff who provide front of house reception services, will undertake occupational violence training. All new staff will receive initial training as part of the organisational orientation program.</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>Install solar panel on the acute site and the Maddocks Garden site by June 2019. This will result in decreased power costs in the longer term and contribute to improved environmental sustainability.</p>
	<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>The health service has enrolled in the GLHV HOW2 program as a means of meeting the Rainbow Tick accreditation program for LGBTI inclusive health service practice.</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%
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
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%
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

Key performance indicator	Target
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%

Effective financial management

Key performance indicator	Target
Finance	
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
Public and Private WIES ¹ 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

¹ 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	6,878	34,959
WIES Private	1,105	4,134
WIES DVA	160	815
WIES TAC	27	116
Other Admitted		3,098
Acute Non-Admitted		
Emergency Services		7,668
Home Enteral Nutrition	99	21
Specialist Clinics	14,904	3,694
Specialist Clinics - DVA		124
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	155	1,634
Subacute WIES - Rehabilitation Private	44	435
Subacute WIES - GEM Public	108	1,138
Subacute WIES - GEM Private	35	347
Subacute WIES - Palliative Care Public	40	426
Subacute WIES - Palliative Care Private	6	55
Subacute WIES - DVA	18	225
Subacute Non-Admitted		
Palliative Care Non-admitted		334
Health Independence Program - Public	23,897	3,727
Health Independence Program – DVA		118

Funding type	Activity	Budget (\$'000)
Aged Care		
Residential Aged Care	32,544	688
HACC	13,222	633
Mental Health and Drug Services		
Drug Services		323
Primary Health		
Community Health / Primary Care Programs	1,380	131
Community Health Other		81
Other		
Health Workforce	31	1,708
Other specified funding		249
Total Funding		66,885

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	8,181	60,580
	Admitted mental health services	188	
	Admitted subacute services	1,303	
	Emergency services	2,684	
	Non-admitted services	1,890	
Block Funding	Non-admitted mental health services	-	2,615
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	3,690
Total		14,246	66,885

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.

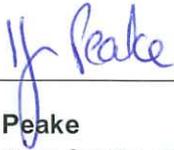
Accountability and funding requirements

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 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.



Kym Peake
Secretary for the Department of
Health and Human Services

Date: 24/8 /2018



Mr Brendon Moar
Board Director
Bairnsdale Regional Health Service

Date: 24/8 /2018