

# Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Benalla Health

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## Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 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

### Mission statement

*Our Vision..... Supporting a Healthy Community*

The purpose of Benalla Health is to facilitate a healthy and resilient community through the provision of integrated, lifelong healthcare services.

Benalla Health's values have been selected by staff as key elements critical to achieving the outcomes we have set for ourselves and the community. Our Values tell us what behaviours and decisions are acceptable and what we expect of ourselves and each other. The Values that have been developed and endorsed at Benalla Health are;

- Respect – reflected in our words, attitudes and behaviours.
- Empathy – requires us to continually seek to understand the other person.
- Excellence – only our best is good enough for those for whom we care.
- Compassion – is about demonstrating care in action.
- Accountability – we consistently do what we say we are going to do.

### Service profile

Benalla Health provides an integrated range of acute, sub-acute, residential aged care and community health services. The services provided by Benalla Health have evolved to meet the changing and expanding needs of the community. The following is a general profile of the services offered.

#### **Acute Care Services**

The Urgent Care Centre treats on average 500 patients per month.

Acute care is fully integrated and inclusive of medical, surgical, maternity and palliative care patients. Maternity care is provided with mothers being cared for in the three fully self-contained birthing suites. The theatre complex provides for minor to medium complexity procedures and caters for approximately 2,200 cases per year.

#### **Residential Aged Care Services**

The Morrie Evans Wing is a 30 bed high care residential aged care facility offering single rooms with ensuites. The refurbished Community Rehabilitation Centre provides day activity support for local families each weekday through a range of activities, including group programs and regular outings in the hospital bus.

#### **Community Health Services**

Community Health is a division of Benalla Health and was established in 1989 to provide community based health services to the Benalla community. The Service has grown from a small team of employees offering three programmes to a staff of over 40 people encompassing a broad range of community based and allied health services.

### Strategic planning

Benalla Health's Strategic Plan 2016 - 2020 is available online at [www.benallahealth.org.au](http://www.benallahealth.org.au).

## Strategic priorities – Health 2040

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

### **Better Health**

<p><b>Goals:</b>          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</p>	<p><b>Strategies:</b>          Reduce statewide risks          Build healthy neighbourhoods          Help people to stay healthy          Target health gaps</p>
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**Deliverables:**

- We will fully implement the Koolin Balit Aboriginal Health Cultural Competence Action Plan 2017-20.
- We will design, develop and open the labyrinth garden in the grounds of Benalla Health’s aged care facility that will support the health and wellbeing of all patients, residents, visitors and staff.

### **Better Access**

<p><b>Goals:</b>          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</p>	<p><b>Strategies:</b>          Plan and invest          Unlock innovation          Provide easier access          Ensure fair access</p>
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**Deliverables:**

- We will continue to partner with Northeast Health Wangaratta to develop and implement a subacute model of care which will facilitate timely referrals into and out of Northeast Health’s Thomas Hogan Rehabilitation Centre. The model will be developed and implemented by 31 December 2019 and an initial evaluation of the model will be conducted by the end of June 2020.
- We will continue to work closely with local General Practitioner’s and Northeast Health Wangaratta to sustain our level 3 maternity service.

### **Better Care**

<p><b>Goals:</b>          Targeting zero avoidable harm          Healthcare that focusses on outcomes          Patients and carers are active partners in care          Care fits together around people’s needs</p>	<p><b>Strategies:</b>          Put quality first          Join up care          Partner with patients          Strengthen the workforce          Embed evidence          Ensure equal care</p>
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**Deliverables:**

- By the end of June 2020, Benalla Health will have fully implemented Safer Care Victoria’s Partnering in Healthcare initiatives in shared decision making and building health literacy.
- We will support the development of advanced clinical practice in our nursing staff, including the appointment and credentialing of at least three *Rural and Isolated Practice Endorsed Registered Nurse (RIPERN)* qualified nursing staff.

## Specific priorities for 2019-20

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

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

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

#### **Deliverables:**

- We will facilitate youth mental health first aide training through the Live for Life program for at least 30 local families of young people.
- In partnership with the Men's Shed, we will host the On the Down Low event.
- Actively engage with health and community service partners to improve the stepped care model of treatment and care for young people and target zero preventable youth suicide deaths within the Benalla area.

### ***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:**

- By 31 December 2019, Benalla Health will have fully implemented the department's security training principles to address identified security risks.
- We will implement an after hour's security presence to support staff safety and evaluate the performance of this initiative by the end of June 2020.

### ***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:**

- We will fully 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*.

### ***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:**

- We will complete the 'HOW2' program (a set of six national standards developed by Gay and Lesbian Health Victoria (GLHV)), known as Rainbow Tick Accreditation, and implement the local Rainbow Tick Action Plan.



### ***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:**

- We will complete the 2019-2020 environmental cultural awareness audit and report the key findings from the audit to our Board and our Consumer Advisory Committee.
- We will develop a whole of organisation Cultural Improvement Plan with clear timelines for delivery by the end of June 2020.

### ***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:**

- We will provide support to the '16 days of activism' through the implementation of at least two dedicated community training and information programs on family violence.

### ***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:**

- We will continue to build on last year's Disability Action Plan by implementing the 2019-2021 Disability Action Plan, with a particular focus on reducing barriers and promoting inclusion evidenced by an increase in employment opportunities for people with disability.

### ***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:**

- Environmental sustainability will be improved by promulgating workforce education focussed on reducing material environmental impacts, with a particular emphasis on procurement and waste management. Reporting of environmental performance data, including measurable key performance measures relating to the reduction of clinical, sharps and landfill waste, water and energy use and improved recycling, will be a key element of the assessment of the impact of this initiative.

## 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 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%

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%

### 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%

Key performance measure	Target
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%

## Effective financial management

Key performance measure	Target
Operating result (\$m)	0.12
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

<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	2,742	13,871
WIES DVA	86	443
Other Admitted		1,123
<b>Acute Non-Admitted</b>		
Emergency Services		1,404
Home Enteral Nutrition	47	10
Specialist Clinics	2,256	640
<b>Subacute &amp; Non-Acute Admitted</b>		
Maintenance Public	44	471
Subacute WIES - DVA	5	63
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		496
Health Independence Program - Public	7,474	1,273
Health Independence Program - DVA		8
<b>Aged Care</b>		
Residential Aged Care	10,848	968
HACC	2,269	222
<b>Primary Health</b>		
Community Health / Primary Care Programs	8,253	894
Community Health Other		253
<b>Other</b>		
Health Workforce		271
Other specified funding		840
<b>Total Funding</b>		<b>23,252</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	2,915	19,902
	Admitted mental health services	0	
	Admitted subacute services	336	
	Emergency services	317	
	Non-admitted services	419	
Block Funding	Non-admitted mental health services	-	294
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	3,056
<b>Total</b>		<b>3,987</b>	<b>23,252</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 Health Performance  
South and East as Delegate for the  
Secretary for the Department of  
Health and Human Services

Date: 10 / 10 / 2019



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**Ms Lisa Marta**  
Acting Chairperson  
Benalla Health

Date: 10 / 10 / 2019

