

# Statement of Priorities

2019-20 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 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

The Bairnsdale Regional Health Service (BRHS) 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'. BRHS 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).

We strive to be progressive, accountable, competent, person centred and collaborative in everything we do.

## Service profile

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.

BRHS is the largest employer in the region with over 850 staff. 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 of 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 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 contemporary 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.

Community focused services include 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. Some of these services are based at our Ross St campus, as are the six public dental chairs and associated oral health services. The Ross St. facility is home to BRHS's health promotion and prevention activities, including pulmonary and cardiac education. The Main Street site provides basic medical imaging services.

As a sub-regional health service, BRHS works in partnership with a range of providers in East Gippsland and in the broader region of Gippsland to ensure coordination and integration of care across the region. BRHS works with the Primary Care Partnership to promote health to the East Gippsland community. We work with our partners to strengthen the community's response to family violence, support strategies that improve mental health and promote healthy eating and lifestyle choices.

The 2019-2020 focus will include strengthening our staff's skills in partnering with consumers in their health care. We will continue to drive safe care by supporting our staff's ability to communicate and escalate care concerns. We will prepare for the future by developing a blue print for the consulting rooms.

For the 2019-2020 year we look forward to delivering a new birthing centre facility and a refreshed model of care to support the service provision associated with it. We also look forward to enhancing our environmental sustainability by delivering what is currently the largest number of solar panels on a health service in Australia.

## Strategic planning

BRHS Strategic Plan 2017-2021 is available online at [http://www.brhs.com.au/wp-content/uploads/2014/10/Strategic-Plan-Brochure\\_Web.pdf](http://www.brhs.com.au/wp-content/uploads/2014/10/Strategic-Plan-Brochure_Web.pdf)

## Strategic priorities – Health 2040

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

### **Better Health**

<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	<b>Strategies:</b> Reduce State-wide risks Build healthy neighbourhoods Help people to stay healthy Target health gaps
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#### **Deliverables:**

- As a component of the Achievement Program, BRHS will meet the Healthy Eating Guidelines in food promotion, sale and provision. To achieve this:
  - all food in the cafeteria will be labelled to enable healthy choices (green, amber and red)
  - at least 50 per cent of food and drink available will meet the Green category
  - no more than 20 per cent of food serviced in the cafeteria will be red
  - space and utilities will be provided to ensure all staff can prepare and store home brought meals.
- BRHS Positive Health and Employee Wellbeing committee will work to:
  - maintain and improve health and wellbeing
  - promote a positive, equitable and supportive work culture
  - increase staff satisfaction, productivity and retention.

A 12-month action plan will be developed, and associated activities delivered including conducting a series of Health and Wellbeing events in the month of October for Mental Health month, promoting RU OK day and conducting three Blokes Breakfasts which focus on men's health over the year.

### **Better Access**

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

- A review of the BRHS consulting rooms will be undertaken and a blue print developed to enable considered reform of the model and services provided. This will enable gaps in access to be identified and addressed.
- BRHS will develop a National Disability Insurance Scheme (NDIS) Strategic Plan for the provision of services for purchase by consumers on NDIS packages, enhancing choice and access to the local community of East Gippsland.

## 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:

- BRHS will embed Safe, Timely Care Huddles. Each of the three tiers of meetings will highlight safety for the day. All huddles will occur on time, as scheduled Monday-Friday.
- BRHS will implement a Speak up for Safety campaign amongst nursing staff. This program will involve training managers, establishing a preceptor system and engaging nursing staff in building communication skills to enable them to Speak up for Safety.



## Specific priorities for 2019-20

In 2019-20 BRHS 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:**

- To do this, BRHS will work with partner agencies to understand the gaps in primary and secondary mental health care, contributing to the development of an action plan to address these gaps. This will be led via the Primary Care Partnership who are developing a shared strategy for East Gippsland.

### **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:**

- BRHS will foster an organisational wide occupational health and safety risk management approach, including a review of the current Occupational Violence (OV) Risk Assessment and implemented controls, with a focus on prevention and improved reporting and consultation.
- BRHS will implement the department's security training principles to address identified security risks.
- BRHS will do this by undertaking a gap analysis of OV practices against the Guide for Violence and Aggression Training in Victorian Health Services, by the end of November 2019. Nursing staff will continue to complete OV modules via ReHSen on-line training each year.
- BRHS non nursing front line and security staff will be required to complete the Department of Health and Human Services Occupational Violence and Aggression e-learning modules 1-4 each year.

### **Addressing Bullying and Harassment**

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

Implement the department's "Guide to implementing the Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination" by:

#### **Deliverables:**

- Having implemented the department's framework for promoting a positive workplace culture, our focus for this year will be on the organisation's expectations about staff behaviour, an explanation of bullying, harassment and discrimination (BHD) and the impact of inappropriate behaviours in the workplace. It will include how to intervene if they witness BHD or inappropriate behaviour.
- BRHS will encourage staff to call out BHD behaviour when observed. The number of staff who report that they did not submit a formal complaint as they did not think it would make a difference will decrease by 5 per cent.

### **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:**

- BRHS will work with community providers to ensure an integrated approach to alcohol and other drug services. This will include developing clear pathways of care that include the new Hope Rehabilitation Centre.

### **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:**

- BRHS will introduce and provide Indigenous specific facilities in our residential aged care service. A refurbished space will be allocated and developed with community input.

### **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:**

- BRHS will do this by establishing an East Gippsland Supporting Hospital Response to Family Violence (SHRFV) Community of Practice with Orbost Regional Health Service and Omeo District Health Service. The Community of Practice will have established Terms of Reference and will meet twice prior to June 2020.

### **Implementing Disability Action Plans**

*Continue to build on current achievements by ensuring the 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:**

- BRHS main priority this year will be to develop and implement a BRHS environmental checklist for building works, refurbishment and functions that focuses on increasing accessibility for people with a 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:**

- BRHS will support a Clinical Green group to implement action to decrease clinical waste. This group will develop initiatives that identify opportunities to decrease clinical waste. Changes will continue to support evidence-based practice and will be piloted prior to full implementation. At least two ideas will be piloted during the 2019-2020 financial year.

## 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%

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 foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
<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>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 patients with a length of stay in the emergency department greater than 24 hours	0
<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)	-\$0.25
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	7,861	40,165
WIES DVA	146	755
WIES TAC	25	145
Other Admitted		4,241
<b>Acute Non-Admitted</b>		
Emergency Services		8,404
Home Enteral Nutrition	88	19
Specialist Clinics	14,904	3,750
Specialist Clinics - DVA		93
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	169	1,816
Subacute WIES - Rehabilitation Private	48	476
Subacute WIES - GEM Public	119	1,275
Subacute WIES - GEM Private	18	178
Subacute WIES - Palliative Care Public	32	342
Subacute WIES - Palliative Care Private	7	74
Subacute WIES - DVA	17	217
<b>Subacute Non-Admitted</b>		
Palliative Care Non-admitted		339
Health Independence Program - Public	25,792	4,083
Health Independence Program - DVA		112
<b>Aged Care</b>		
Residential Aged Care	32,544	698
HACC	13,222	643
<b>Mental Health and Drug Services</b>		
Drug Services	238	334
<b>Primary Health</b>		
Community Health / Primary Care Programs	1,380	133
Community Health Other		83
<b>Other</b>		
Health Workforce		1,805
Other specified funding		340
<b>Total Funding</b>		<b>70,520</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	8,166	64,172
	Admitted mental health services	0	
	Admitted subacute services	1,238	
	Emergency services	2,908	
	Non-admitted services	1,554	
Block Funding	Non-admitted mental health services	-	2,802
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	3,546
<b>Total</b>		<b>13,866</b>	<b>70,520</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 Bruce Hammond**  
Acting Chairperson  
Bairnsdale Regional Health Service

Date: 17/10/2019

