2020-23
STRATEGIC PLAN

Beaufort & Skipton
Health Service

Our Vision: To be a vibrant provider of care.

ABOUT US

Beaufort and Skipton Health Service is a small rural health service that was formed on 1 October 1996 following the amalgamation of the Ripon Peace Memorial Hospital and the Skipton and District Memorial Hospital.

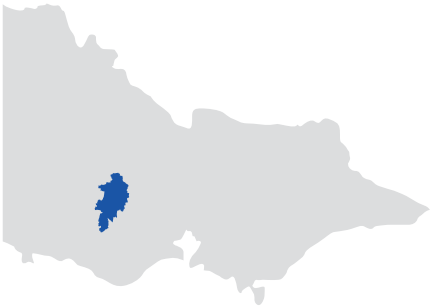
The Health Service provides Urgent Care, Primary Care, Acute Inpatient, Residential Aged Care (Nursing Home and Hostel level care), and a Transition Care Program (TCP). Community and Allied Health and home based services include District Nursing, Home Care packages, Respite, Health Promotion, Diabetes Education and a large range of support programs.

A Medical Clinic operates at Skipton along with specialist services that are available.

Beaufort and Skipton Health Service serves nearly 6,000 people in the Beaufort, Skipton and the surrounding area.

Our catchment area extends from Derrinallum and Lismore in the South, to Lexton and Amphitheatre in the North, and stretches to include Streatham, Linton and Snake Valley.

Beaufort and Skipton Health Service covers portions of the Pyrenees, Corangamite and Golden Plains Shires.



OUR VISION

To be a vibrant provider of care.

OUR MISSION

To enable all people in our community to be connected, healthy and live well.

OUR ROLE

Beaufort and Skipton Health Service is committed to delivering a range of health and community services to improve the health and well-being of the Beaufort and Skipton communities.

We do this by:

- Delivering safe, high quality and person-centred care through provision of public hospital, primary health, aged care and community health services.
- Partnering with consumers to deliver services that meet the health needs of our local communities.
- Developing our workforce with the skills necessary for their roles and managing change.
- Delivering services that ensure sustainability, efficiency and effectiveness for the communities served.

This Strategic Plan provides a three year direction and brings together a range of goals and actions that will be responsive to changing priorities.

OUR VALUES

We CARE

TEAMWORK

- We seek to positively influence, inspire and empower others.
- We respect and seek, when necessary, the professional opinions of our colleagues in their areas of competence and acknowledge their contribution.

COMPASSION

- We are genuinely concerned about others and their needs.
- We will always demonstrate thoughtfulness, courtesy and care.

ACCOUNTABILITY

- We are open, honest and transparent in our dealings with others.
- We are trustworthy and do what we say we will do.
- We will protect the privacy and maintain confidentiality of others.

RESPECT

- We respect the dignity and worth of all people.
- We seek to understand others' perspectives, experiences and contributions.
- We treat all people fairly ensuring freedom from discrimination, harassment and bullying.

EXCELLENCE

- We will continuously strive to ensure all care we provide is professional and best practice.
- We value and support our people to excel through learning and development.

OUR COMMUNITY

COMMUNITY NEEDS

The 2020 community health needs survey showed priority for local access to medical, dental, mental health and chronic disease management services.

Feedback also supported an increase in the range of Allied Health services including optometry, audiology and cancer screening.

- ✓ Medical health services
- ✓ Dental health services
- ✓ Mental health services
- ✓ Chronic disease management services

The median age is **53** years of age.

(VIC - 37 years)

Population aged 70 years and over is projected to increase **52%** by 2031.

40.3% of household income is below $650 (gross weekly).

(VIC - 20.3%)

2.4% of our population identify as Aboriginal or Torres Strait Islander.

(VIC - 0.8%)

11.6% of the population completed their Year 12.

(VIC - 15.7%)

There is **5.8%** unemployment in our population.

(VIC - 6.6%)

34.1% of our population volunteer in some capacity.

(VIC - 19.2%)

41.3% of our households are lone households.

(VIC - 24.7%)

Rural and remote communities have poorer health than metropolitan areas.

CHRONIC DISEASE

Top conditions treated at the health service related to chronic diseases such as:


diabetes


musculoskeletal


cardiovascular


anxiety or depression

23% **of our clients have two or more chronic diseases.**

This aligns with the high number of clients accessing podiatry, physiotherapy and social work services.

The top health challenges for our communities relate to chronic disease risk factors such as:

- ✓ Obesity
- ✓ Limited physical activity
- ✓ Daily consumption of sugary drinks
- ✓ Alcohol related harm and risk of injury from single occasion drinking of alcohol

STRATEGIC GOALS

The Beaufort and Skipton Health Service Strategic Plan is a high level document responding to health issues faced by our community and sets our goals and actions for the next three years. This plan will be implemented through annual operational plans, with annual budgets formulated through funding agreements and policy directions within the State and Commonwealth.

The Strategic Plan has been developed with five key pillars, with associated actions and expected outcomes.

GOAL 1

OUR CONSUMERS

We will engage with our consumers to ensure we deliver services that meet the health and well-being needs of our communities.

GOAL 2

OUR QUALITY & SAFETY

We will deliver safe, high quality, person centred care.

GOAL 3

OUR PEOPLE

We will enable a skilled, engaged and motivated workforce.

GOAL 4

OUR BUSINESS

We will ensure strong business performance, financial governance and sustainability.

GOAL 5

OUR PARTNERS

We will partner to deliver an integrated and connected system.

OUR CONSUMERS

ACTIONS	OUTCOMES
Partner with local councils, Western Victoria Primary Health Network, regional providers and schools for health promotion activities.	› Implementation of activities to support community members and families affected by Dementia. › Community and staff educated and supported on gender equality and family violence, focusing on those groups at greater risk.
Continue to build stakeholder and consumer engagement and involvement.	› Health Needs Community Survey conducted annually. › Health Promotion plan revised annually. › An active and engaged Community Advisory Committee. › A process for the review of all health information distributed to the community is developed with consumer engagement. › Individualised leisure and lifestyle program in place for all residents.
Grow Community programs in response to the consumers health needs.	› Build a community reputation for being progressive and an evolving provider of care. › Engaging with groups at greater risk including gender equality action. › Increase the number of clients receiving services via Home Care Packages. › Increase access for Transition Care Program clients.
Enhance and promote Primary Care Services.	› Improved management of client's chronic condition. › Improved community knowledge of Primary Care Services. › A streamline referral process to both internal and external referrals for allied health services. › Improved access to dental and mental health services.

OUR QUALITY & SAFETY

ACTIONS	OUTCOMES
Deliver a high standard of dementia care.	› Workforce is knowledgeable regarding dementia and person centred care. › The lived environment supports consumers living with dementia or cognitive impairment.
Further develop quality and clinical governance systems.	› Quality Improvement plan implemented. › Legislative compliance system and processes embedded. › A robust auditing program that supports compliance with legislative requirements.
Work with clients to improve management of their chronic conditions.	› Diabetes education and management continues to be supported and enhanced. › Referrals to allied health services are screened for other potential service requirements. › Improved management of Client's chronic condition.
There is a robust patient and resident screening for clinical risks that include falls, pressure injury, nutrition, medication and cognitive impairment.	› Patients and residents clinical risks are identified and strategies implemented to eliminate or minimise these risks. › Improve patient safety by reducing or eliminating harm from identified clinical risks.
Build strategies to improve consumer experience.	› Executive rounding implemented. › Consumer experience surveyed regularly. › Residents and consumers are empowered to be actively involved in their care and treatment.
Partner with Palliative Care Services to support End-of-Life care.	› Palliative Care Pathway actively managed for relevant consumers.

OUR PEOPLE

ACTIONS	OUTCOMES
Make all BSHS environments physically and psychologically safe and healthy workplaces.	› The number of staff who experience bullying behaviors in the workplace is decreased. › Improvement in safety and reduction in incidents. › Managers and staff supported to manage unacceptable behaviours in the workplace. › Orientation, induction and recruitment strategies revised. › Traffic light system for staff snacks and catering implemented, as part of the health promotion plan.
Invest in the professional development of our workforce.	› Workforce plan in place. › Traineeships offered to BSHS staff. › The number of RIPERN skilled RNs across both campuses increased. › Advanced clinical training in the care of older people developed and delivered to clinical staff.
Work with staff to build a positive workplace culture based on respect and engagement across the workforce.	› The Inspire Studer program, including rounding for staff, patients and managers, is embedded in the organisation. › Improved staff performance and management. › Increase staff participation rate to 55% in the People Matter Survey. › Our volunteer program has grown.

OUR BUSINESS

ACTIONS	OUTCOMES
Commence the planning to combine the current Residential Aged Care Services at the Beaufort Campus under the one roof within a 'fit-for-purpose' building.	› A site master plan and feasibility study is completed. › Current Residential Aged Care projects are successfully completed (refurbishment and gardens).
Enhance ICT applications to improve continuity of care and services.	› BSHS website is updated to reflect service changes. › BSHS Facebook page promotes services and activities. › End-to-end procurement system established. › Electronic discharge summary implemented. › Data integrity and reporting processes defined
Promote and deliver environmental sustainability strategies to reduce environmental footprint and generate cost savings.	› Bio mass energy project successfully installed and operational. › Solar panels installed at both campuses. › Energy consumption (LPG and electricity) reduced by 15%.
Financial performance improvement plan regularly revised.	› Financial results show improvement against agreed budget position. › Revenue and cost saving strategies implemented.

OUR PARTNERS

ACTIONS	OUTCOMES
Build partnerships with local health services.	› Collaboration with East Grampians, East Wimmera and Stawell Regional Health to develop and implement shared menu choices for residents and patients. › Central Highlands Alliance partnering with Urgent Care services.
Continue to invest in partnerships and alliances that help us achieve our vision.	› Grampians Alliance members achieving quality and safety improvements. › Grampians Alliance focused on procurement, finance, catering and maintenance. › Actively engage with Corangamite Shire environmental system alliance.

BEAUFORT CAMPUS

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incorporating:
Beaufort Hospital, Nursing Home, Hostel and Beaufort Community and Allied Health Centre

SKIPTON CAMPUS

2 Blake Street,
Skipton Victoria 3361

P: +61 3 5340 1100

Incorporating:
Skipton Hospital, Nursing Home, Hostel and Skipton Medical Practice

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