

Statement of Priorities

2019-20 Agreement between the Minister for Health and Peter MacCallum Cancer Institute.

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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

Peter MacCallum Cancer Institute's mission is to minimise the impact of cancer on its patients and the community.

"We are a cancer centre unsurpassed in the world, where humanity, caring service and relentless research share equal value. Nothing but the best is good enough in the treatment of cancer" – Sir Peter MacCallum.

Service profile

Peter MacCallum Cancer Institute (Peter Mac) is Australia's only public health service entirely dedicated to caring for people with cancer.

Our home in Parkville inspires us every day to strive for better care and treatment and cures for cancer. It amplifies our strengths in research, clinical care and education, supports our laboratory bench-to-bedside service model, and enables us to expand our efforts to incorporate cancer prevention and wellbeing interventions.

We care for more cancer patients each year than any other Australian hospital and our highly skilled medical, nursing and allied health team is backed by the largest cancer research group in Australia.

Through a continued commitment to excellence, innovation and compassion, Peter Mac has grown from humble beginnings – with just a handful of staff in a one-room clinic – to more than 2,500 staff at five sites across Victoria.

Last year we saw 37,750 patients. Our clinical activity also grew overall, with more than 177,807 specialist clinic appointments and 75,075 inpatient bed days.

Our research program encompasses 35 laboratories and more than 580 laboratory-based researchers, clinician researchers, research nurses, allied health professionals and support staff are involved in basic, pre-clinical and translational research, clinical trials and research to improve the social, emotional and physical impacts of cancer on patients, their families and carers.

Our model of treating patients with cancer is to tailor treatment to the patient. Multidisciplinary teams are organised into 13 cancer streams which cover different areas of the body and cancer types. Multidisciplinary teams, consisting of doctors, nurses and allied health professionals develop comprehensive and coordinated treatment plans, ensuring our patients get both treatment and a team tailored to their needs.

Under the new Parkville cancer clinical services operating model, Peter Mac is responsible for providing same day cancer services and medical oncology for the entire Parkville precinct, and for managing the new integrated Parkville Clinical Trials Unit, the largest in Australia. Peter Mac and the Royal Melbourne Hospital also provide other services – including Palliative Care and Haematology – jointly.

Strategic planning

The convention for presenting this information is:

Peter MacCallum Cancer Institute Strategic Directions 2015-19 is available online at

<https://www.petermac.org/about/strategic-directions>

Strategic priorities – Health 2040;

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

Better Health

Goals:

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

Strategies:

Reduce State wide Risks
Build Healthy Neighbourhoods
Help people to stay healthy
Target health gaps

Deliverables:

- Implement a Prehabilitation Service for patients booked to have major surgery in order to ensure patients are in optimal health prior to their surgery, reduce morbidity and length of stay with a goal of 75% attendance.
- Develop the CAR-T Centre of Excellence model of care and establish new / deepen existing partnerships to establish, grow and inform a national cellular therapies network of health service and research partners.

Better Access

Goals:

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

Strategies:

Plan and invest
Unlock innovation
Provide easier access
Ensure fair access

Deliverables:

- In partnership with Melbourne Health, The Royal Children's Hospital and The Royal Women's Hospital, implement the Connecting Care Project (EMR) across the Parkville precinct to ensure streamlined, consistent and seamless care across the precinct.
- Establish an onsite Palliative Care inpatient unit as a new component of the Parkville Integrated Palliative Care Service on Level 1 increasing access for patients requiring inpatient palliative care.
- Complete the Clinical Services Plan to determine the clinical needs over the next 5 years, and inform service delivery and next Strategic Plan.

Better Care

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

Deliverables:

- Partner with our patients to develop and implement the Patient Portal as part of the Connecting Care project.

- Expand the Compassion And Resilience Education (CARE) program, which is aimed at developing resilience, and personal and professional wellbeing, from nursing staff to all Peter Mac Staff with a target of ten sessions this year.

Specific priorities for 2019-20

In 2019-20 Peter MacCallum Cancer Institute 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.

- Roll out of the electronic health questionnaire (eHAQ) across all tumour streams, this includes screening for complex needs and levels of distress using the distress thermometer – 60% of all new patients will complete this prior to their first appointment.

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.

- Implement an online learning package for all staff as part of the new Learning Management System (LMS) as part of the mandatory training requirements for staff.
- Revise the Code Black procedure and training program in conjunction with Security.

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*.

- Introduction of Bullying Harassment and Discrimination Contact Officers across the organisation.
- Revise and update the training modules emphasising a zero tolerance and incorporating an updated code of conduct and expected behaviours.
- Implement a "case tracker" system to better record and monitor instances of harassment and bullying and provide feedback to staff more generally that these instances are being investigated.

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.

- Develop a Diversity and Inclusion plan to improve diversity responsiveness, equitable access, and safe and inclusive services for people with diverse cultural needs.
- Develop and implement a "carers policy" which outlines the roles and responsibilities of staff and carers when patients are admitted.

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.

- Deliver a training program to 80 staff on Aboriginal Cultural Safety to ensure staff better understand the needs of our Aboriginal patients, families and staff.
- Work with our Precinct partners to better co-ordinate care for our Aboriginal patients, families and staff by scoping the establishment of the Parkville Directorate for Aboriginal Health, and investigating the inclusion of traditional healing practices for Aboriginal and Torres Strait Islander patients.

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.

- Implement Stage two of the Strengthening Hospital Response to Family Violence (SHRVF) Program which will include a system audit review, assessing the value and impact of SHRFV that will be overseen by The Royal Women's Hospital and the University of Melbourne with funding from the Collier Charitable Fund.

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.

- Develop a policy on accessibility and embed principles into recruitment procedures.
- Review flexible employment arrangements for staff.

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.

- Continue to raise awareness of environmental sustainability initiatives via the Environmental Sustainability Committee and the annual environmental action plan.
- Increase recycling rates from 18% to 20% of waste.
- Continue to review and monitor expenditure on energy, water and waste management to assess the effectiveness of environmental sustainability initiatives.

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

High quality and safe care

Key performance measure	Target
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
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 – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers
Rate of patients with SAB ¹ per 10,000 occupied bed days	≤ 1

Key performance measure	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days

Strong governance, leadership and culture

Key performance measure	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%

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
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
Elective surgery	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list ²	840
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	3,400
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 measure	Target
Operating result (\$m)	\$0.00
Average number of days to pay trade creditors	60 days

² the target shown is the number of patients on the elective surgery waiting list as at 30 June 2020

Key performance measure	Target
Average number of days to receive patient fee debtors	60 days
Public and Private WIES ³ 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

³ 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)
Acute Admitted		
Acute WIES	23,073	106,330
WIES DVA	129	667
Other Admitted		16,570
Acute Non-Admitted		
Genetic services		2,183
Home Enteral Nutrition	1,282	277
Radiotherapy WAUs Public	292,068	70,079
Radiotherapy WAUs DVA	2,092	620
Specialist Clinics	95,367	24,202
Specialist Clinics - DVA		147
Other		
Health Workforce		2,391
Total Funding		222,861

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

Funding	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	22,681	148,431
	Admitted mental health services	0	
	Admitted subacute services	0	
	Emergency services	0	
	Non-admitted services	5,841	
Block Funding	Non-admitted mental health services	-	3,441
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	72,766
Total		28,522	224,638

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 Minister 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.



Jenny Mikakos MP
Minister for Health

Date: 25/10 /2019



Professor Leslie Roti
Board Director
Peter MacCallum Cancer Institute

Date: 25/10 /2019

