

Statement of Priorities

2019-20 Agreement between the Minister for Health and The Royal Victorian
Eye and Ear Hospital

To receive this publication in an accessible format phone 9096 1309, using the National Relay Service 13 36 77 if required, or email jonathan.prescott@dhhs.vic.gov.au.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Department of Health and Human Services, November 2019.

ISSN 2206-6470

Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/statement-of-priorities>

Contents

- Contents** iii
- Background** 4
- Strategic priorities** 5
 - Government commitments 5
- Part A: Strategic overview** 6
 - Mission statement 6
 - Service profile 6
 - Strategic planning 7
 - Strategic priorities – Health 2040; 7
 - Specific priorities for 2019-20 9
- Part B: Performance Priorities** 11
 - High quality and safe care 11
 - Strong governance, leadership and culture 11
 - Timely access to care 12
 - Effective financial management 13
- Part C: Activity and funding** 14
- Part D: Commonwealth funding contribution** 15
- Accountability and funding requirements** 16
- Signature** 17

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

A world leader providing exceptional care

Our Mission

We aspire to be the world's leading eye and ear health service through:

- Outstanding patient experience
- Exemplary leadership
- Inspiring our people
- Building a platform for the future

Our Values

Integrity, Care, Teamwork, Excellence

Service profile

The Royal Victorian Eye and Ear Hospital (the Eye and Ear) is a world leading facility, being Australia's only specialist stand-alone eye, ear, nose and throat (ENT) hospital. Internationally recognised as a leader in eye and ear care, the Eye and Ear is the largest public provider of ophthalmology and ENT services in Victoria and delivers approximately half of Victoria's public eye surgery and all of Victoria's public cochlear implants. The Eye and Ear has over 80 different specialist clinics for diagnosis, monitoring and treatment of vision and hearing loss and provides a 24 hour emergency eye and ENT service.

As a consequence of the Eye and Ear redevelopment project, the hospital currently operates from two sites in East Melbourne. Services are also provided in community settings such as ENT outpatient appointments at Taralye in Blackburn (an early intervention centre for deaf children and their families), and two clinics at the Victorian Aboriginal Health Service in Fitzroy; an audiology/ENT clinic for Aboriginal children and an Ophthalmology clinic for Aboriginal people of all ages. Telehealth facilities have been established with a number of regional and rural health services across Victoria.

The hospital is a teaching and research centre and has key partnerships with the Centre for Eye Research Australia (CERA), the University of Melbourne, the Bionics Institute, and Bionic Vision Australia. The hospital provides medical, nursing and allied health training, with all Victorian-trained ophthalmologists completing the Eye and Ear training program. In collaboration with universities and research partners, the Eye and Ear undertakes world-leading research.

A major redevelopment is currently underway to create a modern internal structure. The redevelopment will provide an excellent opportunity to continue to build the hospital's capacity to provide safe, effective and efficient patient centred care into the future.

Strategic planning

The Royal Victorian Eye and Ear Hospital's Strategic Plan 2019–2021 is available online at

http://www.eyelandear.org.au/page/About_Us/Our_Publications_and_DVDs/Strategic_Plan/

Strategic priorities – Health 2040;

In 2019-20 The Royal Victorian Eye and Ear Hospital 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 Statewide Risks
Build Healthy Neighbourhoods
Help people to stay healthy
Target health gaps

Deliverables:

- Implement the Ocular Oncology service plan
- Establish new outreach services for Cochlear Care.

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:

- Progress the Glaucoma Collaborative Community Care Program (G3CP) project to provide streamlined glaucoma patient care in the community
- Invest in our future by progressing the redevelopment project.

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:

- Progress Stage 1 of the Electronic Medical Record (EMR) project with implementation in the Emergency Department and the Acute Ophthalmology Service

- Continue the implementation of a Comprehensive Care Plan that is tailored to identify the needs of patients and that will ensure risk of harm to patients is managed and/or prevented
- Continue to progress the work required to achieve Organisation Wide Accreditation in August 2020.

Specific priorities for 2019-20

In 2019-20 Royal Victorian Eye and Ear Hospital 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.

- Improve identification and referral of patients with mental health needs to St Vincent's Hospital

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.

- Further embed the Occupational Violence and Behaviours of Concern Plan, incorporating alignment of Security staff training with DHHS guide

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*.

- Broaden the approach to addressing inappropriate behaviour in order to provide a psychologically safe environment
- Expand opportunities to educate and upskill managers and staff to foster a culture of leading a positive safety culture and challenging inappropriate behaviours.

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.

- Progress close the gap initiatives by providing streamlined care for Aboriginal and Torres Strait Islander patients
- Further embed and evaluate the newly established multidisciplinary Ocular Oncology Service.

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.

- Implement an Aboriginal Cultural Awareness e-learning package and monitor completion rates
- Board of Directors to undertake e-learning training package.

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.

- Continue to implement the SHRFV project in order to create a safe environment where patients, volunteers and staff experiencing family violence can be supported by skilled staff to access services and supports

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.

- Implement actions from the disability action plan focussing on ensuring patients with a disability receive safe and equitable care and services.

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 seeking out new and innovative ways that improve our environmental performance through procurement, reduction, re-use and recycling programs
- Implement the new Victorian Government policy on e-waste, including safe storage, handling, education and staff awareness
- Continue to seek opportunities to reduce our carbon footprint as we progress the redevelopment project.

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
Accreditation	
Compliance with Aged Care Standards	Full Compliance
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 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%

¹ SAB is Staphylococcus Aureus Bacteraemia

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%

Timely access to care

Key performance measure	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
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	2,900
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100

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

Key performance measure	Target
Number of patients admitted from the elective surgery waiting list	13,160
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
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 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	12,130	57,231
WIES DVA	46	235
WIES TAC	6	34
Other Admitted		2,123
Acute Non-Admitted		
Emergency Services		6,511
Specialist Clinics	93,814	26,126
Specialist Clinics - DVA		56
Other		
Health Workforce		388
Other specified funding		4,308
Total Funding		97,012

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	10,887	93,701
	Admitted mental health services	0	
	Admitted subacute services	0	
	Emergency services	3,274	
	Non-admitted services	4,937	
Block Funding	Non-admitted mental health services	-	1,838
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	1,069
Total		19,098	96,608

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.

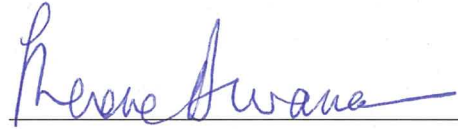
Signature

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



Dr Sherene Devanesen
Chairperson
The Royal Victoria Eye and Ear
Hospital

Date: 25/10/2019

