

Statement of Priorities

2018–19 Agreement between the Minister for Health and The
Royal Children's Hospital

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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 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 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 2018-19*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities by 1 November each year and place more data about the performance of our health system into the public domain.

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health services are delivered to the Victorian community. The Department of Health and Human Services (the department) develops policy, funds and regulates health services and activities that promote and protect the health of Victorians. Through the department, the government funds more than 500 organisations to provide various health services to Victorians.

Government commitments

The *Victorian Budget 2018-19* provides an extra \$2.77 billion over 5 years for health, mental health, ambulance and aged care services across Victoria, including:

- \$1.6 billion over four years to meet hospital services demand to respond to growing patient demand across Victoria
- \$583.8 million over four years for mental health and drug services
- \$362.2 million over four years to improve access to elective surgery, to respond to demand, reduce waiting times and to maintain the current performance of Victoria's health service system.
- \$50 million (in 2017-18) for a *Winter Blitz* package to support health services to prepare for the 2018 winter flu season.
- \$55.1 million over four years for an additional 90 paramedics to meet increases in demand for ambulance services.

To support this investment, the Andrews Labor Government is funding an \$1.3 billion acute health capital, infrastructure and equipment program.

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 Royal Children's Hospital improves the health and wellbeing of children and adolescents through leadership in healthcare, research and education.

Service profile

The Royal Children's Hospital is the major specialist paediatric hospital in Victoria and also provides specialist care for children from Tasmania, southern New South Wales and other states around Australia. The Royal Children's Hospital has been providing outstanding care for Victoria's Children and their families for almost 150 years.

The Royal Children's Hospital is the designated statewide major trauma centre for paediatrics in Victoria. The Royal Children's Hospital delivers the statewide Paediatric, Infant and Perinatal Emergency Retrieval (PIPER) service and is a National Funded Centre for paediatric heart transplantation, paediatric liver transplantation (in collaboration with Austin Health) and paediatric lung transplantation (in collaboration with Alfred Health).

The Royal Children's Hospital collaborates with its on-site partners, Murdoch Children's Research Institute and the University of Melbourne – Department of Paediatrics, to provide global leadership in integrated clinical care, research and education. Together we form the award-winning Melbourne Children's campus.

The Royal Children's Hospital also leads a number of state-wide services including:

- Victorian Paediatric Rehabilitation Service (with Monash Health, Ballarat Health Service, Barwon Health, Bendigo Health, Eastern Health and Goulburn Valley Health)
- Victorian Paediatric Palliative Care Program (with Monash Health and Very Special Kids)
- Victorian Forensic paediatric Medical Service (with Monash Health and Victorian Institute of Forensic Medicine)
- Victorian Infant Hearing Screening Program

In the 2017-2018 financial year the Royal Children's Hospital extended the opening hours of four Short Stay Observation Unit Beds in Sea Dragon Ward to overnight and weekends to meet demand as required. The extension of operating hours assists in treating the increasing number of children and young people who present to the Royal Children's Hospital and improves access, flow and experience of care.

Strategic planning

The Royal Children's Hospital Strategic Plan is available online at:

https://www.rch.org.au/strategic_plan/

Strategic priorities

In 2018-19 The Royal Children's Hospital will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p>Better Health</p> <p>A system geared to prevention as much as treatment</p> <p>Everyone understands their own health and risks</p> <p>Illness is detected and managed early</p> <p>Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Better Health</p> <p>Reduce statewide risks</p> <p>Build healthy neighbourhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Increase the number of appropriate patients transferred from the RCH to an inpatient bed at the Northern Hospital and ensure that Northern Hospital patients requiring tertiary or quaternary services at the RCH can be accommodated.</p>
		<p>Expand the immunisation service offered by the RCH Drop in Immunisation Centre to include immunisations being provided under sedation for needle phobic patients and patients who may otherwise not be immunised.</p>
<p>Better Access</p> <p>Care is always there when people need it</p> <p>More access to care in the home and community</p> <p>People are connected to the full range of care and support they need</p> <p>There is equal access to care</p>	<p>Better Access</p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Evaluate the implementation of the Rapid Assessment, Procedure, Investigation and Discharge team (RAPID) with a view to informing sustainability.</p>
		<p>Review options to increase capacity in Wallaby from 51 beds to enable more patients to access safe and appropriate care closer to home.</p>
<p>Better Care</p> <p>Target zero avoidable harm</p> <p>Healthcare that focusses on outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Better Care</p> <p>Put quality first</p> <p>Join up care</p> <p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Develop a "Patient Safety Briefing Video" to inform patients and families how they can participate in making the hospital safe for all.</p>
		<p>Reduce Nursing sick leave through the implementation of a positive wellness model to support the workforce to be at work.</p>

Goals	Strategies	Health Service Deliverables
<p>Specific 2018-19 priorities (mandatory)</p>	<p>Disability Action Plans Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing disability action plans can be found at https://providers.dhhs.vic.gov.au/disability-action-plans. Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at ofd@dhhs.vic.gov.au.</i></p>	<p>Submit a draft disability action plan to the department by 30 June 2019. The plan will include the implementation strategy to facilitate full implementation within three years of publication.</p>
	<p>Volunteer engagement Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Hold the RCH Volunteer Festival to recruit and acknowledge the work of volunteers. The festival will include education sessions, recognition events and an open recruitment session.</p>

Goals	Strategies	Health Service Deliverables
	<p>Bullying and harassment</p> <p>Actively promote positive workplace behaviours and encourage reporting. Utilise staff surveys, incident reporting data, outcomes of investigations and claims to regularly monitor and identify risks related to bullying and harassment, in particular include as a regular item in Board and Executive meetings. Appropriately investigate all reports of bullying and harassment and ensure there is a feedback mechanism to staff involved and the broader health service staff.</p>	<p>Launch the Safe and Positive Workplace Behaviours e-learning package to be completed annually by RCH Staff.</p> <p>Analyse responses from the RCH all staff Compact survey to establish a baseline from which to measure improvement in the RCH Culture.</p>
	<p>Occupational violence</p> <p>Ensure all staff who have contact with patients and visitors have undertaken core occupational violence training, annually. Ensure the department's occupational violence and aggression training principles are implemented.</p>	<p>In addition to face to face training for high risk areas, develop a management of occupational violence on-line e-learning package for all staff to be completed on an annual basis.</p>
	<p>Environmental Sustainability</p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> • policy to be net zero carbon by 2050 and improve environmental • sustainability by identifying and implementing projects, including • workforce education, to reduce material environmental impacts with • particular consideration of procurement and waste management, and • publicly reporting environmental performance data, including • measureable targets related to reduction of clinical, sharps and landfill • waste, water and energy use and improved recycling. 	<p>Explore options to engage an ongoing resource for the recycling of clinical metal / aluminium – scissors, suture packets and report the outcomes both internally and to DHHS.</p>
	<p>LGBTI</p> <p>Develop and promulgate service level policies and protocols, in partnership with LGBTI communities, to avoid discrimination against LGBTI patients, ensure appropriate data collection, and actively promote rights to free expression of gender and sexuality in healthcare settings. Where relevant, services should offer leading practice approaches to trans and intersex related interventions. <i>Note: deliverables should be in accordance with the DHHS Rainbow eQuality Guide (see at www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality) and the Rainbow Tick Accreditation Guide (see at www.glhv.org.au)</i></p>	<p>Establish an LGBTI staff focus group to review the outcome of the annual People Matter Survey and identify opportunities for improvement to support LGBTI staff.</p> <p>Explore options to include two additional fields; preferred name and gender identity, in the electronic medical record to affirm gender identity with regards to clinical information and processes.</p>

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 2018-19 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 indicator	Target
Accreditation	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
Patient experience¹	
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 – patients perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB ² per occupied bed day	≤ 1/10,000

Key performance indicator	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Mental Health	
Rate of seclusion events relating to a child and adolescent acute mental health admission	≤ 15/1,000
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%

¹ The RCH results are specific to the paediatric VHES

² SAB is Staphylococcus Aureus Bacteraemia

Strong governance, leadership and culture

Key performance indicator	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%
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 indicator	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%

Key performance indicator	Target
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 ³	1,986
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	8,631
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 indicator	Target
Finance	
Operating result (\$m)	\$0.00
Average number of days to paying trade creditors	60 days
Average number of days to receiving patient fee debtors	60 days
Public and Private WIES ⁴ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days a health service can maintain its operations with unrestricted available cash (based on end of year forecast)	14 days
Actual number of days a health service can maintain its operations with unrestricted available cash, measured on the last day of each month.	14 days
Measures the accuracy of forecasting the Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

³ The target shown is the number of patients on the elective surgery waiting list as at 30 June 2019

⁴ 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 2018-19 of the *Department of Health and Human Services Policy and funding guidelines 2018*.

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		
WIES Public	45,508	219,942
WIES Private	14,080	50,125
WIES TAC	358	1,530
Other Admitted		36,962
Acute Non-Admitted		
Emergency Services		19,785
Genetic services		2,277
Home Enteral Nutrition	6,599	1,403
Home Renal Dialysis	10	552
Specialist Clinics	150,727	37,703
Other non-admitted		9,808
Total Perinatal Nutrition	143	1,117
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	230	2,434
Subacute WIES - Rehabilitation Private	96	949
Subacute & Non-Acute Other		
Other specified funding		217
Subacute Non-Admitted		
Health Independence Program - Public	23,628	6,080
Victorian Artificial Limb Program		334
Subacute Non-Admitted Other		11,560
Other specified funding		1,792
Aged Care		
HACC		19
Mental Health and Drug Services		
Mental Health Ambulatory	36,935	15,175
Mental Health Inpatient - Available bed days	5,844	4,457
Mental Health PDRS		129
Mental Health Service System Capacity	191	312
Mental Health Other		169

Drug Services		177
Primary Health		
Community Health / Primary Care Programs	1,988	2,372
Community Health Other		393
Other		
NFC - Paediatric Heart no VAD	4	1,594
NFC - Paediatric Heart VAD	8	7,411
NFC - Paediatric Lung Transplantation	1	209
NFC - Transplants - Paediatric Liver	8	2,529
Health Workforce	134	6,333
Other specified funding		21,099
Total Funding		466,948

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 2018 to 30 June 2019 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2018–19 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 2018 – 30 June 2019

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	67,380	429,635
	Admitted mental health services	2,178	
	Admitted subacute services	1,173	
	Emergency services	8,592	
	Non-admitted services	4,208	
Block Funding	Non-admitted mental health services	-	26,492
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	11,439
Total		83,532	467,566

Note:

- Estimated National Weighted Activity Unit may be amended by the Department following the finalisation of the 2016–17 reconciliation by the Administrator of the National Health Funding Pool.
- 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 2018;
- 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 2018-19 financial year; and
- Relevant standards for particular 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.

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.



Hon Jill Hennessy MP
Minister for Health

Date: 24/8 /2018



Hon Rob Knowles AO
Chairperson
The Royal Children's Hospital
Melbourne

Date: / /2018