

# Statement of Priorities

2018–19 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 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

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.

Last year our 2,500 dedicated staff treated 35,277 patients across our five sites (Parkville, Box Hill, Moorabbin, Bendigo and Sunshine). Our clinical activity also grew, with more than 155,000 specialist clinic appointments and 65,932 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, who are in a tumour type, 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. Peter Mac also manages the new integrated Parkville Cancer Clinical Trials Unit on behalf of the precinct, which is the largest unit of its kind in Australia. Peter Mac and The Royal Melbourne Hospital also provide other core clinical services through integrated service models for Palliative Care, Haematology and the Familial Cancer Centre.

## Strategic planning

Peter MacCallum Cancer Institute's Strategic Plan 2015 - 2019 is available online at <https://www.petermac.org/about/strategic-directions>

## Strategic priorities

In 2018-19 Peter MacCallum Cancer Institute will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p><b>Better Health</b></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 neighborhoods and communities encourage healthy lifestyles</p>	<p><b>Better Health</b></p> <p>Reduce statewide risks</p> <p>Build healthy neighborhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Hold education forums and information sessions to encourage health promoting behaviour and understanding of risks and prevention, such as:</p> <ul style="list-style-type: none"> <li>Prostate cancer forum during Men's Health Week</li> </ul> <p>Progress implementation of the Strengthening Hospital Responses to Family Violence (SHRFV) initiative, including:</p> <ul style="list-style-type: none"> <li>embed the SHRFV whole-of-hospital model for identifying and responding to family violence internally.</li> <li>implement a Family Violence Workplace Support Program to support staff experiencing family violence.</li> </ul>
<p><b>Better Access</b></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><b>Better Access</b></p> <p>Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Through allocation of internal funds, implement a new business intelligence system (DASH) that ensures all cost centre managers have access to timely information.</p> <p>Improve business processes in specialist clinics to ensure best practice clinical and operational management.</p>
<p><b>Better Care</b></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</p>	<p><b>Better Care</b></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>Progress the further development and implementation of a revised clinical governance framework that is consistent with the recommendations of Safer Care Victoria and the Department of Health and Human services.</p> <p>Undertake an international review of Peter Mac Cancer Research programs to inform the development of the next Research Strategic Plan 2020-24.</p>

Goals	Strategies	Health Service Deliverables
people's needs	Ensure equal care	Complete an evaluation of an extended recovery model for postoperative management of surgical oncology patients requiring up to 24hrs of enhanced monitoring and care.
		Implement the 'Leadership at all Levels' program, including: <ul style="list-style-type: none"> <li>• 80 staff completing a 360 degree performance review,</li> <li>• 120 staff participating in the internal Mentoring program</li> </ul>
		Work effectively with precinct partners to implement year 1 of the Electronic Medical Record project 'Connecting Care' so that Stage 1 is delivered on time, on budget.
<b>Specific 2018-19 priorities (mandatory)</b>	<b>Disability Action Plans</b> Draft disability action plans are completed in 2018-19. <i>Note: Guidance on developing disability action plans can be found at <a href="https://providers.dhhs.vic.gov.au/disability-action-plans">https://providers.dhhs.vic.gov.au/disability-action-plans</a>. Queries can be directed to the Office for Disability by phone on 1300 880 043 or by email at <a href="mailto:ofd@dhhs.vic.gov.au">ofd@dhhs.vic.gov.au</a>.</i>	Submit a draft disability action plan to the department by 30 June 2019. The draft plan needs to outline the approach to full implementation within three years of publication.
	<b>Volunteer engagement</b> Ensure that the health service executives have appropriate measures to engage and recognise volunteers.	Hold a volunteers lunch, hosted by the Board and Executive, to recognise the important role of volunteers and the value they add to Peter Mac.  Ensure ongoing engagement between Executive and volunteers through regular meetings and shared events.

Goals	Strategies	Health Service Deliverables
	<p><b>Bullying and harassment</b></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>Promote and educate staff about Peter Mac's Dealing with Unacceptable Workplace behaviour Plan.</p> <p>Develop a case management/tracking system to provide accurate and regular reporting to the Board and Executive on workplace culture.</p>
	<p><b>Occupational violence</b></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>Continue implementation of a face to face training program (commenced in March 2018) for all staff who have contact with patients and visitors.</p> <p>The Occupational Violence working group will design an online training program for all staff to complete on an annual basis.</p>
	<p><b>Environmental Sustainability</b></p> <p>Actively contribute to the development of the Victorian Government's:</p> <ul style="list-style-type: none"> <li>• policy to be net zero carbon by 2050 and improve environmental</li> <li>• sustainability by identifying and implementing projects, including</li> <li>• workforce education, to reduce material environmental impacts with</li> <li>• particular consideration of procurement and waste management, and</li> <li>• publicly reporting environmental performance data, including</li> <li>• measureable targets related to reduction of clinical, sharps and landfill</li> <li>• waste, water and energy use and improved recycling.</li> </ul>	<p>Work with Plenary Health and stakeholders to develop and implement an Environmental Management Plan (including measures) which focuses on a range of initiatives including; structured lighting upgrades moving to the use of LED lighting; comprehensive recycling programs for paper, cardboard, plastic, printer cartridges, computers, mobile phones and batteries/</p> <p>Report energy, water and waste data into the environmental data management system and publicly report on environmental performance.</p>

Goals	Strategies	Health Service Deliverables
	<p><b>LGBTI</b></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 <a href="http://www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality">www2.health.vic.gov.au/about/populations/lgbti-health/rainbow-equality</a>) and the Rainbow Tick Accreditation Guide (see at <a href="http://www.glhv.org.au">www.glhv.org.au</a>)</i></p>	<p>Actively engage with the LGBTI community to develop strategies to increase data capture and better understand the unique needs of this patient population.</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](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance indicator	Target
<b>Accreditation</b>	
Accreditation against the National Safety and Quality Health Service Standards	Accredited
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	80%
<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 – patients perception of cleanliness	70%
<b>Healthcare associated infections (HAI's)</b>	
Number of patients with surgical site infection	No outliers
Rate of patients with SAB <sup>1</sup> per occupied bed day	≤ 1/10,000

Key performance indicator	Target
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days

### Strong governance, leadership and culture

Key performance indicator	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%

<sup>1</sup> SAB is Staphylococcus Aureus Bacteraemia

Key performance indicator	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 indicator	Target
<b>Elective surgery</b>	
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 <sup>2</sup>	560
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	3,100
<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 indicator	Target
<b>Finance</b>	
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 <sup>2</sup> 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

<sup>2</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 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>

<b>Funding type</b>	<b>Activity</b>	<b>Budget (\$'000)</b>
<b>Acute Admitted</b>		
WIES Public	15,902	76,853
WIES Private	7,137	25,408
WIES DVA	113	576
Other Admitted		1,878
<b>Acute Non-Admitted</b>		
Genetic services		1,979
Home Enteral Nutrition	1,293	275
Radiotherapy WAUs Public	280,462	66,298
Radiotherapy WAUs DVA	2,158	630
Specialist Clinics	74,905	18,558
Specialist Clinics - DVA		124
Other non-admitted		2,744
Health Workforce	74	2,253
<b>Total Funding</b>		<b>194,812</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 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

	<b>Service category</b>	<b>Estimated National Weighted Activity Units (NWAU18)</b>	<b>Total funding (\$'000)</b>
Activity based funding	Acute admitted services	21,795	136,029
	Admitted mental health services	35	
	Admitted subacute services	0	
	Emergency services	0	
	Non-admitted services	4,263	
Block Funding	Non-admitted mental health services	-	3,288
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	57,440
<b>Total</b>		<b>26,093</b>	<b>196,757</b>

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.

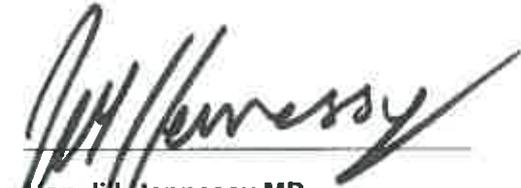
# Accountability and funding requirements

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.



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Hon Jill Hennessy MP  
Minister for Health

Date: 22 / 8 / 2018



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Hon Maxine Morand  
Chairperson  
Peter MacCallum Cancer Institute

Date: 22 / 8 / 2018