

Statement of Priorities

2019-20 Agreement between the Minister for Health and the Royal Children's 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 2206-6462

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 6
 - Strategic priorities – Health 2040; 7
 - Specific priorities for 2019-20 8
- Part B: Performance Priorities** 10
 - High quality and safe care 10
 - Strong governance, leadership and culture 10
 - Timely access to care 11
 - Effective financial management 13
- Part C: Activity and funding** 14
- Part D: Commonwealth funding contribution** 16
- Accountability and funding requirements** 17
- Signature** 18

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

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

Service profile

The Royal Children's Hospital has cared for the children and young people of Victoria since it was founded in 1870. As a tertiary and quaternary centre, the RCH cares for the most critically ill and medically complex paediatric patients in Victoria. In addition to providing a full range of clinical services, the hospital also supports many health promotion and prevention programs.

With more than 6,000 staff, 12 wards and 350 beds, the RCH is the major specialist paediatric hospital in Victoria, and also provides care for children and young people from Tasmania, southern New South Wales and other states around Australia and overseas.

The RCH 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 RCH plays a significant role in a number of state-wide services, including:

- The Victorian Paediatric, Infant and Perinatal Emergency Retrieval (PIPER) service
- The Major Trauma Service for Victoria (with the Royal Melbourne Hospital, the Alfred Hospital, Ambulance Victoria, Adult Retrieval Victoria and PIPER)
- The Victorian Paediatric Rehabilitation Service (with Monash Health, Ballarat Health Services, Barwon Health, Bendigo Health, Eastern Health and Goulburn Valley Health)
- The Victorian Paediatric Palliative Care Program (with Monash Health and Very Special Kids)
- The Victorian Forensic Paediatric Medical Service (with Monash Health and Victorian Institute of Forensic Medicine)
- The Victorian Infant Hearing Screening Program

The RCH is also a Nationally Funded Centre for paediatric heart transplantation, paediatric liver transplantation (in collaboration with Austin Health) and paediatric lung and heart-lung transplantation (in collaboration with Alfred Health).

Strategic planning

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

<https://www.rch.org.au/strategic-plan/>

Strategic priorities – Health 2040;

In 2019-20 the Royal Children’s 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 State-wide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps
--	--

Deliverables:

- Transition to business as usual immunisation under sedation for children and young people who are needle phobic.
- Develop partnerships with Aboriginal and Torres Strait Islander communities and provide education that increases their access to preventative health services within the RCH immunisation service.

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:

- Continue to develop and embed partnerships working with other hospitals, such as Northern Health, Monash Health and Austin Health, to deliver care as close to home as possible.
- Support planning for the fit out of an additional ward and the expansion of the Emergency Department to further improve access and flow.
- Implement a daily management system to improve whole-of-organisation oversight, planning and readiness to deliver Great Care, each and every day.

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:

- Enhance the availability of information, including Wayfinding, to patients and families in languages other than English.
- Implement pre and post hydration for oncology patients at home through the hospital in the home service (HITH).

Specific priorities for 2019-20

In 2019-20 the Royal Children's 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.

- Evaluate the implementation of the Building Capability and Improving Mental Health Services Pilot within several clinical areas with a view to informing ongoing sustainability.

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 enhance community worker safety by adopting new technologies such as geolocation tracking and mobile duress devices.

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*.

- Continue to build our respectful and collaborative workplace culture and capability through the implementation of multidisciplinary team workshops centred on the RCH Compact (comprising of ten pledges that outline how our people will behave and work together to deliver Great Care).
- Evaluate the RCH Safe and Positive Workplace Behaviour Program and identify opportunities to strengthen our current approach.

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.

- Review existing outreach clinics in consultation with local health providers, with the aim of enhancing services and information sharing.

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.

- Work in partnership with other health services across the state to develop a standardised Aboriginal and Torres Strait Islander e-learning content for staff.
- Consult with the wider community and explore options to expand the current Wadja Health Clinic.

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 embed the Strengthening Hospital Responses to Family Violence (SHRFV) program by developing and implementing a training and awareness program, including an e-learning package.

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.

- Continue to implement initiatives from the RCH Disability Action Plan against the following four areas: digital accessibility; promoting a culture of inclusion of people with disability; communicating effectively with patients and families in a variety of formats to accommodate disabilities; and developing inclusive and accessible employment practices.

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.

- Implement the Printing Optimisation Project to reduce hard copy printing across RCH with an aim to decrease paper and toner consumption.

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 ICU central-line-associated bloodstream infection (CLABSI)	Nil
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
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%

Strong governance, leadership and culture

Key performance measure	Target
Organisational culture	

¹ SAB is Staphylococcus Aureus Bacteraemia

Key performance measure	Target
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 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

Key performance measure	Target
Number of patients on the elective surgery waiting list ²	2,650
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	8,100
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%

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

Effective financial management

Key performance measure	Target
Operating result (\$m)	\$0.00
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	59,759	281,718
WIES TAC	514	3,001
Other Admitted		55,048
Acute Non-Admitted		
Emergency Services		23,221
Genetic services		2,311
Home Enteral Nutrition	7,047	1,521
Home Renal Dialysis	7	417
Specialist Clinics	154,726	39,285
Other non-admitted		9,945
Total Perinatal Nutrition	95	753
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	278	2,983
Subacute WIES - Rehabilitation Private	87	870
Subacute Admitted Other		140
Subacute & Non-Acute Other		
Other specified funding		220
Subacute Non-Admitted		
Health Independence Program - Public	23,628	6,171
Victorian Artificial Limb Program		339
Subacute Non-Admitted Other		11,734
Other specified funding		2,069
Aged Care		
HACC		20
Mental Health and Drug Services		
Mental Health Ambulatory	37,989	15,833
Mental Health Inpatient - Available bed days	6,209	5,201
Mental Health Service System Capacity	1	454
Mental Health Other		135
Primary Health		
Community Health / Primary Care Programs	1,988	2,739
Community Health Other		546
Other		

NFC - Paediatric Heart no VAD	3	1,238
NFC - Paediatric Heart VAD	6	5,739
NFC - Paediatric Lung Transplantation	0	44
NFC - Transplants - Paediatric Liver	6	2,038
Health Workforce		6,275
Other specified funding		12,957
Total Funding		494,965

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	68,836	445,761
	Admitted mental health services	2,021	
	Admitted subacute services	1,140	
	Emergency services	8,911	
	Non-admitted services	10,291	
Block Funding	Non-admitted mental health services	-	27,362
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	21,740
Total		91,199	494,863

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.



Hon Jenny Mikakos MP
Minister for Health

Date: 23/10/2019



Hon Rob Knowles AO
Chairperson
The Royal Children's Hospital

Date: 23/10/2019

