

Statement of Priorities

2016-17 Agreement between Secretary for Health and
Human Services and Boort District Health

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Background

Statements of Priorities are formal funding and monitoring agreements between Victorian public hospitals and the Secretary for Health and Human Services. Agreements are in accordance with 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 Framework* and the *Victorian Health Agency Monitoring and Intervention*.

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.

Policy directions and priorities

The Victorian Government is committed to treating more patients sooner, support ongoing efforts to improve the overall health and wellbeing of Victorians by investing in the Victorian health system, and to work with Victoria's doctors, nurses, paramedics and others across the sector to increase capacity and improve access to high quality care for all Victorians. The Victorian Government continues to invest in hospital capacity to support current and future demand across the state. Government will work with all health, mental health and ambulance services to ensure all Victorians, no matter where they live or their socioeconomic status, are able to access the care they need. High-quality person-centred healthcare will be provided by a diverse and adaptable workforce with the right mix of skills to meet the needs and expectations of consumers.

To support a healthy population and sustainable health system, the Government is committed to an increased focus on prevention, community and primary health services, care in the home and health promotion.

Whether it's through building new facilities, providing extra funding and resources, or promoting better health outcomes in the community; the Victorian Government is committed to securing a stronger and more reliable health system for all Victorians.

The Better Care Victoria Innovation Fund will provide funding for sector-led innovation projects and support the development of innovation capability across the state. In 2016–17 the Better Care Victoria Innovation Fund will have \$10 million to invest across Victoria. Funded projects will be required to demonstrate a strong ability to significantly improve timely and appropriate access to high-quality care for Victorians. Initially this investment will be across five focus areas: chronic complex medical patients; outpatients; care outside the hospital walls; variance in practice in delivering defined areas of care; and the 24-hour health system.

Government commitments

Improving health services

- Funding to enable health services to respond to growing patient demand across Victoria (\$978.4 million). Targeted services include emergency department presentations, intensive care, maternity admissions, specialist clinics, palliative care, chemotherapy, radiotherapy and subacute care.
- Additional elective surgery activity to meet existing demand and significantly reduce waiting times (\$335 million).
- The *2016-17 Victorian Budget* invests an additional \$356 million in mental health and drug treatment funding, which will help deliver the Government's 10-year Mental Health Plan.
- Additional mental health and drug funding will increase support for Victorians with a mental illness and their families, including supporting young Victorians and responding to vulnerable children, families and trauma.
- Additional funding will assist in managing critical demand in the mental health system and ensuring people with a mental illness receive the specialist intensive care they need (\$132 million).
- Strengthening oversight of quality and safety across Victorian health services (\$16.8 million).

- Provide certainty and direction on system health design, configuration and distribution services by developing a Statewide Design, Service and Infrastructure Plan for Victoria's health system, including a series of new design, service and infrastructure plans for each of Victoria's major service streams, including cardiac, maternity and newborn, clinical mental health, surgical, cancer, and genetics services.
- Implement Victoria's 10-year mental health plan to improve the mental health and wellbeing of Victorians. Through the plan, Victorians will: have genuine choice about options and services available; be supported through services that build optimism and hope; have universal access to high-quality, integrated public services; and access to specialist mental health services where and when needed the most.
- Report on the implementation of Victoria's 10-year mental health plan through an annual report to Parliament.
- Strengthen mental health support for marginalised Victorians including development of targeted support for Victorians with a mental illness, focusing on disadvantaged people with moderate severity mental illness, including Aboriginal, transgender and gender diverse people (\$9.9 million).
- Strengthen maternity care through the expansion of training for smaller, generally rural, services that otherwise have limited access to specialist training.
- Strengthened incident reporting mechanisms to improve hospital data timeliness and reliability, and ensure early identification of quality and safety issues.

Capital investments

- Goulburn Valley Health's Shepparton campus will be redeveloped, including a new four-storey tower delivering theatres and new wards, refurbishment of the existing theatres, expansion of the Emergency Department including the addition of treatment bays and a new short stay unit, expansion of medical imaging, and the refurbishment of the maternity ward including a new Special Care Nursery (\$169 million).
- Urgent works will be completed at Footscray Hospital to improve infrastructure and engineering services while planning is undertaken for the future redevelopment of Footscray Hospital (\$61.3 million).
- Infrastructure will be upgraded across the Austin Hospital campus in Heidelberg to improve service reliability and minimise risks to patients and staff (\$40.8 million).
- Works at the Broadmeadows Surgery Centre will be undertaken to expand surgery capacity at Northern Health by providing two additional operating theatres, expanding the Central Sterile Services Department and enhancing patient reception and recovery facilities (\$17.3 million).
- Work will also begin on Australia's first specialist stand-alone heart hospital at Monash University in Clayton (\$135 million).
- A new purpose built mental health unit will be co-located and integrated with the new Monash Children's Hospital in Clayton. The new facility will deliver specialist assessment and treatment mental health services for children and adults up to 25 years of age including inpatient beds, community treatment and intensive and specialist care (\$14.6 million).
- The Victorian Government will rebuild Orygen Youth Mental Health, a major clinical and research facility for young people across Victoria with serious mental illness. This will house both Orygen Youth Mental Health Services' Clinical Program, and Orygen, the National Centre of Excellence in Youth Mental Health, combining clinical, education and training, and research services (\$59.0 million).
- A 12-bedroom facility for women, capable of also accommodating up to three young dependent children, will increase the range and number of services available to people with a mental illness and their families. This will ensure that women with an acute mental illness in the north and west of Melbourne, and their dependents, have access to a flexible, safe and appropriate facility for short stay periods (\$8.4 million).

Health workforce

- Working with health services in 2016-17 to address the issues of inappropriate workplace behaviours, including bullying and harassment and create a culture and environment that supports both staff and patient safety in healthcare settings.
- Initiatives across occupational violence, bullying and harassment and worker health and wellbeing are aimed at ensuring health services are safe, respectful and healthy places to work.
- Training for up to 9,700 health and human services workers who may have contact with people who are affected by ice. Training and support will be tailored to address the specific needs of vulnerable population groups, including Aboriginal people and LGBTIQ groups (\$6 million).

Rural and regional health

- The Regional Health Infrastructure Fund will allow for the upgrade of regional hospital facilities to meet the needs of their local communities (\$200 million).
- Additional ambulance services (emergency transports, non-emergency transports and treatments not requiring transport) for eligible concession card holders (\$64 million).
- Alcohol and drug residential rehabilitation services across the state will be expanded by developing an 18-20 bed residential alcohol and drug rehabilitation facility in the Grampians region servicing the Ballarat community (\$6 million).

Other initiatives

- Fix ambulance services, giving paramedics the support and resources they need to save lives (\$143 million).
- Ensure access to medical cannabis, a life-changing treatment for those who are seriously ill in exceptional circumstances, through the establishment the establishment of the Office of Medicinal Cannabis and an independent Medical Advisory Committee (\$28.5 million).
- Continued prevention and early detection of perinatal depression to support new mothers experiencing depression (\$1.6 million).
- Improve ambulance response times, and build and upgrade facilities and equipment (\$5 million)
- Funding for new suicide prevention initiatives under the Victorian Government's 10-year Suicide Prevention Framework. The framework aims to halve the number of suicides over the next decade (\$27.5 million).
- Real time prescription monitoring system. Pharmacy prescription records for Schedule 8 and other dangerous medicines will be connected in real time to a centralised system, which will also be accessible to doctors (\$29.5 million).

Part A: Strategic overview

Mission statement

To enrich the health and wellbeing of our community.

Service profile

Boort District Health is a small rural health service located in central Victoria. The health service which provides a diverse range of health services to Boort and neighbouring communities.

Boort District health has a catchment population of approximately 3,455 people.

Boort District Health has been providing health services to the community since 1961. Services provided include: medical inpatient care; palliative care; aged care; ambulatory care through the urgent care centre, general nursing and diagnostic monitoring services; physiotherapy services in acute, aged care and community settings; podiatry services in aged care and community settings; community outreach including district nursing, planned activity and social support services; and dental chair that provides services to public and private patients and a children's dental service.

Stage one of the Boort District Health redevelopment building program was completed in April 2016 and includes an Ageing in Place facility, acute services, outdoor areas for recreation and administration area. Stage two of the redevelopment program will be completed in September 2016 and will include: kitchen, activity room for residents, staff area, laundry and the urgent care centre. Stage three will be completed in October 2016 and this will be a general refurbishment of the older building.

Stage one of the new facility has enabled the following changes to be implemented to improve service delivery

- All services are under the one roof enabling a seamless continuity of care.
- All residents are now living in an ageing in place facility designed for that purpose. The Montessori Principles have been implemented to encourage residents to be as independent as possible.
- Increased capacity for urgent care presentations with a discrete ambulance entry.
- Financially sustainable model with no duplication of services.
- Opportunity for innovative work force design to meet community expectations.
- Consideration has been given to anticipating future demands for Information Communication Technology, such as. telehealth.

Strategic planning

Boort District Health Strategic Plan 2014 – 2017 can be read at www.bdh.vic.gov.au

Strategic priorities

In 2016-17 Boort District Health will contribute to the achievement of the Government's commitments by:

Domain	Action	Deliverables
Quality and safety	Implement systems and processes to recognise and support person-centred end of life care in all settings, with a focus on providing support for people who choose to die at home.	100 per cent of relevant staff (including Visiting Medical Officers) educated about Consensus Statement: essential elements for safe and high quality end of life by June 2017.
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.	Provide community education about Advance Care Planning. Workshops to commence by December 2016. Various service clubs to be involved, for example, Probus, Senior Citizens, Bowls Club, Ladies Auxiliary.
		Establish protocols with St Anthony's Family Medical Centre to implement manage and review Advanced Care Planning by June 2017.
	Progress implementation of a whole-of-hospital model for responding to family violence.	Include Family Violence education in mandatory training commencing 2017. 100 per cent of staff educated about the Employee Assistance Program where support is offered for family violence.
		In partnership with Bendigo Health, implement the Strengthening Hospital Responses to Family Violence model by June 2017.
	Develop a regional leadership culture that fosters multidisciplinary and multi-organisational collaboration to promote learning and the provision of safe, quality care across rural and regional Victoria.	Establish a Leadership Partnership with other health services in the Gannawarra and Loddon Shires by August 2016 to establish a subregional plan for collaboration on service delivery.
		Formalise partnership with Royal Flying Doctor Service to partner in the delivery of dental services across the region by September 2016.
	Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family centred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	Monitor patient feedback, with 100 per cent of patients followed up within 24 hours of discharge.
		Board to be provided with at least four stories a month from the Patient Opinion online tool about quality of service. Twice a year resident forums held to gather feedback from residents, families and carers.
	Develop a whole of hospital approach to reduce the use of restrictive practices for patients, including seclusion and restraint.	Review restraint practices and policies to ensure the least restrictive practices are in place by June 2017.

Domain	Action	Deliverables
Access and timeliness	Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).	In partnership with St Anthony's Family Medical Centre implement telehealth program to improve care coordination between Visiting Medical Officers and Nursing Team. 100 per cent of nursing staff and doctors to attend change management training to embed telehealth training by December 2016.
	Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability and Insurance Scheme and Home and Community Care program transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	Develop skills across team to be a service of choice for National Disability Insurance Scheme service delivery. To fully implement Commonwealth Home Support Program requirements, policies and procedures completed and staff training delivered by September 2016.
Supporting healthy populations	Support shared population health and wellbeing planning at a local level - aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.	Establish a Leadership Partnership with other health services in the Gannawarra and Loddon Shires by August 2016 to develop a subregional plan for collaboration on service delivery.
		Subregional wellbeing plan with input from all partners (including Local Government) completed by December 2016.
	Focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place based, whole of population approach to tackle the multiple risk factors of poor health.	Implement the Beyond Blue staff education program by December 2016.
		Negotiate with Northern Districts Community Health Service to deliver youth and adult Mental Health First Aid to commence in February 2017.
	Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.	In partnership with Royal Flying doctor Service and Mallee District Aboriginal Service (Kerang) increase Aboriginal client access to Boort District Health's dental clinic by 100% by June 2017.
	Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meets their needs, expectations and rights.	Partnership with Dja Dja Wrung to put in culturally appropriate signage and resources into health service, medical and dental clinic. Artworks and signage adopted in September 2016.
Drive improvements to Victoria's mental health system through focus and engagement in activity delivering on the 10 Year Plan for Mental Health and active input into consultations on the Design, Service and infrastructure Plan for Victoria's Clinical mental health system.	Through community based education build community awareness about mental health issues, including through Boort District Schools Safe Schools program by February 2017.	

Domain	Action	Deliverables
	Using the Government's Rainbow eQuality Guide, identify and adopt 'actions for inclusive practices' and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.	Complete an audit against the Rainbow Tick program and develop an action plan towards achieving the standards by March 2017.
Governance and leadership	Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes and leadership are in place to support the provision of safe, quality, accountable and person centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.	Review the Strategic Plan by August 2016 to ensure a focus on quality and safety, including Person Centred Care culture and Continuous Quality improvement strategies. Use results of 2017 People Matter Survey as an evaluation tool.
		Implement RiskmanQ to capture safety and quality initiatives by August 2016. Monthly results provided to Board.
	Contribute to the development and implementation of Local Region Action Plans under the series of statewide design, service and infrastructure plans being progressively released from 2016 17. Development of Local Region Action Plans will require partnerships and active collaboration across regions to ensure plans meet both regional and local service needs, as articulated in the statewide design, service and infrastructure plans.	Establish a Leadership Partnership with other health services in the Gannawarra and Loddon Shires by August 2016 to develop a subregional plan for collaboration on service delivery.
		Participate in Regional Leadership Forum involving Chief Executives of each public health service in Loddon Mallee Region established by December 2016. Leadership Forum to develop Local Region Action Plans in response to statewide clinical services stream and service development plans as plans are published by the Department of Health and Human Services.
	Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.	Establish links with Bendigo Health to share bullying and harassment policies and procedures by August 2016. Review 2016 People Matters survey results and establish action plans by September 2016.
	Board and senior management ensure that an organisational wide occupational health and safety risk management approach is in place which includes: (1) A focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2)	Develop an overarching framework that explains local solutions and strategies to deal with occupational violence by August 2016.

Domain	Action	Deliverables
	Strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) Mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.	Mandatory bullying and harassment training delivered to all staff by March 2017.
		Mandatory training on managing difficult clients delivered to all staff by March 2017.
	Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person centred care.	Develop cultural awareness program with Dja Dja Wrung by November 2016 and include in staff education and learning plan.
	Create a workforce culture that: (1) includes staff in decision making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community.	Ongoing commitment over next 12 months to the Studer program and actively manage engagement of all staff by implementing Studer 9 Pillars. Participate in three Studer learning development workshops with Rochester and Elmore District Health Service, Heathcote Health and Echuca Regional Health by June 2017.
	Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse of children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.	Develop policies and procedures to ensure compliance with the Victorian Child Safe Standards by January 2017. At mandatory training educate staff about standards and provide board upskilling by June 2017.

Domain	Action	Deliverables
	Implement policies and procedures to ensure patient facing staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	Review immunisation policies and procedures by February 2017 to identify strategies to raise achievement to 95 per cent of staff immunised in 2017
Financial sustainability	Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	Establish business unit budgeting with reporting and accountability by budget managers monthly.
	Actively contribute to the implementation of the Victorian Government's 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 measurable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	All planning for Stage 2 and Stage 3 of the building redevelopment program include sustainable environmental strategies completed by October 2016.

Part B: Performance priorities

The *Victorian health agency monitoring and intervention* describes the Department of Health and Human Services' approach to monitoring and assessing the performance of health agencies and detecting, actively responding and intervening in relation to performance concerns and risk. This document aligns with the measuring and monitoring element of the *Victorian health services performance framework*.

Changes to the key performance measures in 2016-17 strengthen the focus on quality and safety, in particular maternity and newborn, and access and timeliness in line with ministerial and departmental priorities.

Further information is available at <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability>.

Quality and safety

Key performance indicator	Target
Accreditation	
Compliance with NSQHS Standards accreditation	Full compliance
Compliance with the Commonwealth's Aged Care Accreditation Standards	Full compliance
Infection prevention and control	
Compliance with cleaning standards	Full compliance
Submission of infection surveillance data to VICNISS ¹	Full compliance
Compliance with the Hand Hygiene Australia program	80%
Percentage of healthcare workers immunised for influenza	75%
Patient experience	
Victorian Healthcare Experience Survey - data submission	Full compliance
Victorian Healthcare Experience Survey – patient experience	95% positive experience
Victorian Healthcare Experience Survey – discharge care	75% very positive response

¹ VICNISS is the Victorian Hospital Acquired Infection Surveillance System

Governance and leadership

Key performance indicator	Target
People Matter Survey - percentage of staff with a positive response to safety culture questions	80%

Financial sustainability

Key performance indicator	Target
Finance	
Operating result (\$m)	0.00
Trade creditors	60 days
Patient fee debtors	60 days
Adjusted current asset ratio	0.7
Number of days with available cash	14 days
Asset management	
Basic asset management plan	Full compliance

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2016-17' of the Department of Health and Human Services' *Policy and funding guidelines*.

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 type	Activity	Budget (\$'000)
Small Rural		
Other specified funding		244
Small Rural Acute	4	1,922
Small Rural HACC	336	9
Small Rural Residential Care	14,102	383
Health Workforce	1	11
Total		2,570

Part D: Service Level Agreement for the purposes of the National Health Reform Agreement

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 2016 to 30 June 2017 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined in the 2016-17 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 2016 - 30 June 2017

	Estimated National Weighted Activity Units	Total Funding (\$)	Provisional Commonwealth Percentage (%)
Activity Based Funding		0	
Other Funding		2,589,957	
Total		2,589,957	

Note:

- Estimated National Weighted Activity Units may be amended by the Department of Health and Human Services following the finalisation of the 2015-16 reconciliation by the Administrator of the National Health Funding Pool
- Provisional Commonwealth Contribution Percentage is subject to change following state-wide adjustments (i.e. cross border patient flows), the 2015-16 reconciliation and Commonwealth announcements (i.e. Mid-Year Economic and Fiscal Outlook 2016-17)
- 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 the Part D, changes to the agreement will be actioned through an exchange of letters between the Department of Health and Human Services 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 *Victorian health policy and funding guidelines 2016-17*;
- 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 2016-17 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.

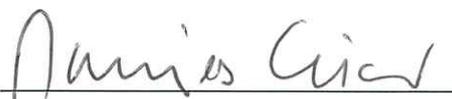
Signature

The Secretary 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.



Mr Adam Horsburgh
Director, Performance and System
Design as Delegate for the
Secretary for Health and Human
Services

Date: 13 / 10 / 2016



Ms Marlies Eicher
Chairperson
Boort District Health

Date: 13 / 10 / 2016