

Statement of Priorities

2019-20 Agreement between the Minister for Health for the Department of Health and Human Services and Barwon Health

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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 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

Vision: Together with our community we build healthier lives, inspired by world class standards.

Mission: With our consumers at the forefront, we excel in delivering efficient integrated care, education and research to advance health and wellbeing for all.

Service profile

Formed in 1998, Barwon Health is one of Victoria's largest health services and is the largest regional health service in the State of Victoria. With a catchment area outside of the Greater Geelong area that extends throughout the Barwon South West, Barwon Health cares for a population in excess of 500,000.

A broad spectrum of care is delivered, meeting the needs of the community at all stages of life and circumstance. The comprehensive range of services includes emergency and acute medicine, to mental health, primary care, community services, residential aged care and sub-acute care and rehabilitation.

Care is delivered across the region via a number of sites. The hospital precinct, dedicated primarily to acute care, education, training and research encompasses the main University Hospital Geelong and immediate periphery locations in central Geelong.

Sub-acute inpatient care and residential aged care is delivered from the McKellar Centre in North Geelong with an additional residential aged care site in Charlemont. Community based care is delivered from 17 sites throughout the region, soon to be 18, once Barwon Health North is commissioned in early 2020. Barwon Health also operates from additional sites across the region to provide administrative services, providing support in the delivery of clinical care.

As a tertiary health service Barwon Health is renowned as a leader in the delivery of education and training, enjoying strong partnerships with Deakin University, The Gordon TAFE and numerous other tertiary education providers from across Australia.

Strategic planning

Barwon Health's Strategic Plan for 2015-2020 is [available online](#).

Strategic priorities – Health 2040

In 2019-20 Barwon Health will contribute to the achievement of the Government's commitments within *Health 2040: Advancing health, access and care* by:

Better Health

| | |
|--|---|
| Goals: A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods and communities encourage healthy lifestyles | Strategies: Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps |
|--|---|

Deliverables:

- Pilot a new model of care for heart failure patients with clear evaluation criteria to achieve a 5% reduction in admitted bed days for this population cohort.
- Develop and implement a learning module to increase staff awareness and understanding of primary prevention and health promotion, with 10% of Barwon Health Community staff completing the training.

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:

- Operationalise Barwon Health North initially introducing the following range of services;
 - Urgent Care Services;
 - Imaging services; improving consumer access to X-Ray, CT and Ultrasound;
 - Renal Dialysis service; providing access to up to six dialysis chairs and supporting clinical services;
 - Child and family specialist clinics.
- Review and evaluate access to services at Barwon Health North through patient experience and feedback; adjusting the service offering, profile and communications to meet identified gaps.
- Implement a new Video Call and Remote Patient Monitoring (RPM) platforms to improve access for patients living in remote rural and regional areas, to enable access to timely specialist services and expert advice.

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:

- *Silent Hospital Project* – improve patient and staff experience by replacing non-emergency overhead announcements with targeted silent notifications, supporting uninterrupted rest which is linked to beneficial patient outcomes.
- Introduce appropriate delirium screening tools at University Hospital Geelong for early identification and intervention to minimise adverse outcomes associated with delirium;
 - 90% of patients with a delirium will have a documented care plan with carer involvement where appropriate;
 - Aim for 20% reduction in falls risk through medication review of patients screened at risk for delirium.

Specific priorities for 2019-20

In 2019-20 Barwon Health 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.

Deliverables:

- Commence an Emergency Department ambulatory Mental Health Acute Intervention Service as part of the planned Mental Health, Alcohol and Other Drugs Hub initiative. Develop an evaluation framework.
- Develop a new model of care for Mental Health, Alcohol and Other Drugs community hub for youth and adult consumers and relocate the existing Drug and Alcohol service to a new Geelong CBD location. Develop an evaluation framework.

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.

Deliverables:

- Implement Barwon Health's response to addressing organisational violence to improve our workforce experience regarding a safe workplace, resulting in a 20% reduction in those reporting having experienced Occupational Violence and Aggression in the 2020 People Matters Survey.
- Complete a comprehensive external security review by December 2019.
- Implementation of mobile duress pendants in two high-risk wards by December 2019.
- Roll out Barwon Health online Occupational Violence and Aggression training module by October 2019.
- Commence delivering the updated Occupational Violence and Aggression training program to staff in line with DHHS training guidelines.

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*.

Implement the *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* by November 2019.

Deliverables:

- Implement Barwon Health's response to addressing bullying and harassment to improve staff satisfaction resulting in a reduction in staff reporting they have experienced bullying and harassment in the 2020 People Matters Survey. Implement the manager training toolkit to increase skills and competencies in identifying and resolving interpersonal relationship and workplace conflict matters at an early stage. Training will be delivered to 200 staff.
- Develop and pilot an education program focusing on increasing awareness and confidence in reporting bullying and harassment. Delivering training to 200 staff in the top 6 work areas identified in the 2019 People Matters Survey.

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.

Deliverables:

- Improve health outcomes for disadvantaged and vulnerable consumers living in the northern suburbs. Pilot, test and evaluate new models of care with a focus on:
 - Children with developmental delay to maximise access to services and supports to improve developmental outcomes.
 - Adults with chronic and complex conditions to reduce recurrent presentations and/or admissions to University Hospital Geelong.
 - Develop a face to face learning module with input from the refugee community for clinical and support staff working with refugees and asylum seekers to raise cultural awareness and respect, with 100% completion rate for employees and volunteers working at Barwon Health North and Corio Community Health Centre.

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.

Deliverables:

- Implement the 2019 Reconciliation Action Plan including a Stakeholder Engagement Plan and cultural awareness training with 50% of employees completing training.
- Identify mechanisms to improve access and support for Aboriginal and Torres Strait Islander people accessing Ear, Nose and Throat (ENT), Ophthalmology, and Audiology.

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.

Deliverables:

- Partner with Colac Area Health, Hesse Rural Health Service and Great Ocean Road Health to deliver training to 50% of all clinical staff on how to identify and respond to family violence.
- Integrate the Multi-Agency Risk Assessment Management Framework into the current Strengthening Hospitals Response to Family Violence workplan.
- Ensure Barwon Health is aligned with the new Multi-Agency Risk Assessment Management Framework, the Family Violence Information Sharing Scheme and the Child Information Sharing Scheme.

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.

Deliverables:

- Implement the Disability Action Plan including:
 - A lived experience consumer group to seek feedback and inform improvement activities in our facilities and provision of care.
 - A Disability Employee Network to connect employees with disabilities at Barwon Health and ensure the Disability Action Plan leads to inclusive employment practices.
 - Disability confidence training throughout Barwon Health.

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.

Deliverables:

- Complete a comprehensive review of the Barwon Health Environmental Management Plan. Identify opportunities for cross-industry collaboration including:
 - Creation of a dedicated e-waste location at University Hospital Geelong and McKellar Inpatient Rehabilitation Centre.
 - Develop an Environmental Sustainability Action Plan for environmental services.
 - Identify further opportunities for water harvesting at community sites for use in gardening and expansion to include grey water recycling initiatives.
 - Develop a business case for solar electricity generation across community sites.

Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2019-20 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

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

High quality and safe care

| Key performance measure | Target |
|---|-----------------|
| Accreditation | |
| Compliance with the Aged Care Standards | Full Compliance |
| Infection prevention and control | |
| Compliance with the Hand Hygiene Australia program | 83% |
| Percentage of healthcare workers immunised for influenza | 84% |
| Patient experience | |
| Victorian Healthcare Experience Survey – percentage of positive patient experience responses | 95% |
| Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care | 75% |
| Victorian Healthcare Experience Survey – patient's perception of cleanliness | 70% |
| Healthcare associated infections (HAI's) | |
| Rate of patients with 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 |
| Unplanned readmission hip replacement | Annual rate ≤ 2.5% |
| Mental Health | |
| Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge | 14% |
| Rate of seclusion events relating to an adult acute mental health admission | ≤ 15/1,000 |
| Rate of seclusion events relating to an aged acute mental health admission | ≤ 15/1,000 |

¹ SAB is Staphylococcus Aureus Bacteraemia

| Key performance measure | Target |
|--|---------|
| Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days | 80% |
| Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days | 80% |
| Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days | 80% |
| Maternity and Newborn | |
| Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes | ≤ 1.4% |
| Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks | ≤ 28.6% |
| Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral | 100% |
| Continuing Care | |
| Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay | ≥ 0.645 |

Strong governance, leadership and culture

| Key performance measure | Target |
|--|--------|
| Organisational culture | |
| People matter survey - percentage of staff with an overall positive response to safety and culture questions | 80% |
| People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised” | 80% |
| People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here” | 80% |

Timely access to care

| Key performance measure | Target |
|---|--|
| Emergency care | |
| Percentage of patients transferred from ambulance to emergency department within 40 minutes | 90% |
| Percentage of Triage Category 1 emergency patients seen immediately | 100% |
| Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time | 80% |
| Percentage of emergency patients with a length of stay in the emergency department of less than four hours | 81% |
| Number of patients with a length of stay in the emergency department greater than 24 hours | 0 |
| Elective surgery | |
| Percentage of urgency category 1 elective surgery patients admitted within 30 days | 100% |
| Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time | 94% |
| Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category | 5% or 15% proportional improvement from prior year |
| Number of patients on the elective surgery waiting list ² | 1336 |
| Number of hospital initiated postponements per 100 scheduled elective surgery admissions | ≤ 7 /100 |
| Number of patients admitted from the elective surgery waiting list | 8961 |
| 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) | 0.0 |
| Average number of days to pay trade creditors | 60 days |
| Average number of days to receive patient fee debtors | 60 days |
| Public and Private WIES ³ activity performance to target | 100% |
| Adjusted current asset ratio | 0.7 or 3% improvement from health service base target |
| Forecast number of days available cash (based on end of year forecast) | 14 days |
| Actual number of days available cash, measured on the last day of each month. | 14 days |
| Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June. | Variance ≤ \$250,000 |

³ WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

| Funding type | Activity | Budget (\$'000) |
|--|----------|-----------------|
| Acute Admitted | | |
| Acute WIES | 60,849 | 291,048 |
| WIES DVA | 343 | 1,772 |
| WIES TAC | 584 | 3,414 |
| Other Admitted | 1,202 | 35,243 |
| Acute Non-Admitted | | |
| Emergency Services | | 28,092 |
| Home Enteral Nutrition | 1,232 | 266 |
| Home Renal Dialysis | 51 | 2,947 |
| Radiotherapy WAUs Public | 40,685 | 10,674 |
| Radiotherapy WAUs DVA | 551 | 163 |
| Specialist Clinics | 111,635 | 29,858 |
| Specialist Clinics - DVA | | 113 |
| Subacute & Non-Acute Admitted | | |
| Subacute WIES - Rehabilitation Public | 757 | 8,132 |
| Subacute WIES - Rehabilitation Private | 301 | 3,003 |
| Subacute WIES - GEM Public | 632 | 6,782 |
| Subacute WIES - GEM Private | 205 | 2,049 |
| Subacute WIES - Palliative Care Public | 288 | 3,093 |
| Subacute WIES - Palliative Care Private | 96 | 957 |
| Subacute WIES - DVA | 71 | 928 |
| Transition Care - Bed days | 12,390 | 1,947 |
| Transition Care - Home days | 6,590 | 380 |
| Subacute Non-Admitted Other | | 274 |
| Subacute Non-Admitted | | |
| Palliative Care Non-admitted | | 2,528 |
| Health Independence Program - Public | 75,393 | 16,842 |
| Health Independence Program - DVA | | 112 |
| Victorian Artificial Limb Program | | 465 |
| Subacute Non-Admitted Other | | 1,250 |
| Aged Care | | |
| Residential Aged Care | 115,350 | 7,437 |

| Funding type | Activity | Budget (\$'000) |
|--|-----------------|------------------------|
| HACC | 24,245 | 2,729 |
| Aged Care Other | | 786 |
| Mental Health and Drug Services | | |
| Mental Health Ambulatory | 72,519 | 33,928 |
| Mental Health Inpatient - Available bed days | 12,418 | 11,579 |
| Mental Health Inpatient - Secure Unit | 1,095 | 636 |
| Mental Health Residential | 16,436 | 1,688 |
| Mental Health Service System Capacity | 2 | 716 |
| Mental Health Subacute | 8,402 | 3,828 |
| Mental Health Other | | 1,314 |
| Drug Services | 2,000 | 2,486 |
| Primary Health | | |
| Community Health / Primary Care Programs | 31,106 | 3,387 |
| Community Health Other | 1,571 | 1,724 |
| Other | | |
| Health Workforce | | 9,521 |
| Other specified funding | | 49,057 |
| Total Funding | | 583,149 |

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2019 – 30 June 2020

| | Service category | Estimated National Weighted Activity Units (NWAU18) | Total funding (\$'000) |
|------------------------|-------------------------------------|---|------------------------|
| Activity based funding | Acute admitted services | 69,221 | 450,229 |
| | Admitted mental health services | 2,841 | |
| | Admitted subacute services | 5,877 | |
| | Emergency services | 10,571 | |
| | Non-admitted services | 10,124 | |
| Block Funding | Non-admitted mental health services | - | 91,023 |
| | Teaching, training and research | | |
| | Other non-admitted services | | |
| Other Funding | | - | 41,769 |
| Total | | 98,634 | 583,020 |

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.
- Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

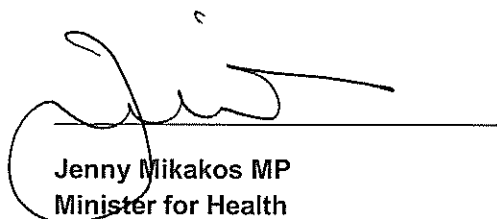
Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019-20 financial year; and
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

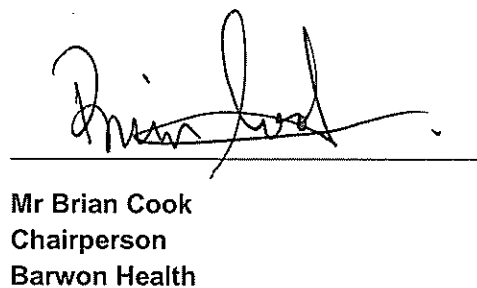
Signature

The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



Jenny Mikakos MP
Minister for Health

Date: 11 / 10 / 2019



Mr Brian Cook
Chairperson
Barwon Health

Date: 11 / 10 / 2019

