

# Statement of Priorities

2018–19 Agreement between the Minister for Health and  
Melbourne 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 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

First in Care, Research and Learning

## Service profile

Melbourne Health is a leading public health service in Victoria with a history of providing the best possible care for our patients and consumers. We provide important state-wide acute and subacute health care and mental health services. In addition, we service our local community in the north and west areas of metropolitan Melbourne. We are committed to applying evidence based research to drive improvements in clinical outcomes and healthcare experience. With a focus on teaching and education, we encourage lifelong learning to enable our people to realise their potential.

Serving a population base of over 1 million, our world-class reputation has its beginnings in The Royal Melbourne Hospital (RMH) – Victoria’s first public hospital – established in 1848 to answer the need for public health services for a rapidly growing town. For 170 years, we have provided a comprehensive range of acute, sub-acute and community public health services to our local community within Melbourne’s west and north, and as well as regional and rural Victorians and interstate patients and consumers.

Today we provide care through three key services to the community which include The Royal Melbourne Hospital, one of Australia’s pre-eminent hospitals, North Western Mental Health, the largest mental health provider in Victoria, and the Doherty Institute for infection and immunity.

### **The Royal Melbourne Hospital (RMH)**

As one of the largest hospitals in Victoria, The Royal Melbourne Hospital in Parkville provides a comprehensive range of state-wide and local health services across two campuses. Our City campus provides general and specialist medical and surgical acute services. Sub-acute services, including rehabilitation and aged care, outpatient and community programs are provided from our Royal Park campus.

The Royal Melbourne Hospital plays a key role within the broader Victorian health sector as a major Victorian referral service for specialist and complex care being one of the two designated adult state-wide providers for trauma. It also contains centres of excellence for tertiary services in several key specialties including neurosciences, nephrology, oncology, cardiology and genomics. It is also recognised as a world-class research and teaching organisation, built on an enduring partnership with The University of Melbourne that extends for almost 150 years.

## **North Western Mental Health (NWMH)**

North Western Mental Health (NWMH) is the mental health arm of Melbourne Health. It provides comprehensive hospital-based, community and specialist adult services across northern and western Melbourne, plus comprehensive programs for young people with mental health problems through Orygen Youth Health.

Services are delivered through six programs spanning 24 sites across the northern and western suburbs of Melbourne reaching communities based in Broadmeadows to the north, Preston to the east and Sunshine to the west. It also delivers a number of state-wide specialist services including the neuropsychiatry service and the eating disorder service. NWMH operates in partnership with Northern Health (Northern Hospital, Broadmeadows Health Service, Bundoora Extended Care and Craigieburn Health Service) and Western Health (Sunshine and Western Hospitals).

## **The Peter Doherty Institute for Infection and Immunity**

The Doherty Institute, our partnership with the University of Melbourne, aims to be a world-class institute that combines research into infectious disease and immunity with teaching excellence, reference laboratory diagnostic services, epidemiology and clinical services. Our services at The Doherty Institute include:

- The Victorian Infectious Diseases Reference Laboratory (VIDRL) – an internationally recognised infectious disease reference laboratory specialising in virology and mycobacteriology
- VICNISS Healthcare Associated Infection Surveillance System – a state-wide service that collates and analyses data on healthcare associated infections
- The Victorian Infectious Diseases Service (VIDS) – a state-wide service, providing infectious diseases services, with a focus on travel-related and tropical infections, HIV/AIDS, hepatitis, tuberculosis and hospital-acquired infections
- The Victorian Tuberculosis Program – a state-wide provider of public health services relating to tuberculosis
- The National Centre for Antimicrobial Stewardship – a national centre founded in partnership with the University of Melbourne and Monash University to investigate the patterns of antibiotic usage in humans and animals to ultimately determine successful interventions and decrease the prevalence of antibiotic resistant bacteria.

## **Capital developments**

From 2018-19, in collaboration with the Royal Children's Hospital, the roll out of cutting-edge electronic medical records (EMR) across the Peter MacCallum Cancer Centre, Melbourne Health and Royal Women's Hospital will occur. The project will link patient records at the four health services with the successful system operating at the Royal Children's Hospital

The Royal Melbourne Hospital City Campus will see the completion of the 30-bed Stroke Ward and commencement of construction of the additional operating theatre. \$41m infrastructure works will also continue across both RMH City and Royal Park Campuses.

## **Strategic planning**

Melbourne Health Strategic Plan 2015-2020 is available online at:  
[www.thermh.org.au/about/policies-publications/melbourne-health-strategic-plan-2015-2020](http://www.thermh.org.au/about/policies-publications/melbourne-health-strategic-plan-2015-2020)

## Strategic priorities

In 2018-19 Melbourne Health will contribute to the achievement of the Victorian Government's commitments by:

Goals	Strategies	Health Service Deliverables
<p><b>Better Health</b> 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> Reduce statewide risks</p> <p>Build healthy neighborhoods</p> <p>Help people to stay healthy</p> <p>Target health gaps</p>	<p>Investigate the prevalence of recreational substance abuse on major trauma (SPIT-T study)</p> <p>Help patients to understand their own health and risks by identifying ways staff can increase consumer involvement in their care (measured by VHES) and to implement a health literacy framework</p> <p>Detect and manage concerning behaviours through the development and introduction of the Victorian Fixated Threat Assessment Team (VFTAC) – Community Enhancements to provide high intensity follow up to clients who threaten or engage in grievance fuelled violence</p>
<p><b>Better Access</b> 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> Plan and invest</p> <p>Unlock innovation</p> <p>Provide easier access</p> <p>Ensure fair access</p>	<p>Invest in and deliver stage 1 of the Electronic Medical Record - Connecting Care project</p> <p>Support more access to care in the community by progressing the development of a new community base for Northern Area Mental Health Service (NAMHS) at South Morang.</p>
<p><b>Better Care</b> Target zero avoidable harm</p> <p>Healthcare that focusses on</p>	<p><b>Better Care</b> Put quality first</p> <p>Join up care</p>	<p>Strengthen the workforce by developing and implementing a new Health, Safety and Wellbeing strategy</p>

Goals	Strategies	Health Service Deliverables
<p>outcomes</p> <p>Patients and carers are active partners in care</p> <p>Care fits together around people's needs</p>	<p>Partner with patients</p> <p>Strengthen the workforce</p> <p>Embed evidence</p> <p>Ensure equal care</p>	<p>Partner with patients and carers to define appropriate patient groups to whom Goals of Care planning is appropriate</p>
<p><b>Specific 2018-19 priorities (mandatory)</b></p>	<p><b>Disability Action Plans</b></p> <p>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></p> <p>Volunteer engagement</p> <p>Ensure that the health service executives have appropriate measures to engage and recognise volunteers.</p>	<p>Submit a Disability Action Plan to the department by 30 June 2019 and outline the approach to fully implement the plan within the health service by 30 June 2022.</p> <p>Develop a Volunteer Engagement Framework and strengthen processes to support a positive volunteering experience at Melbourne Health</p>

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>	<ul style="list-style-type: none"> <li>Progress the 2018-19 phase of the safety culture program implementation plan</li> <li>Conduct a review and evaluation of the weCare system</li> </ul>
	<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>	<ul style="list-style-type: none"> <li>Progress roll out of the multi-year occupational violence action plan</li> <li>Deliver training programs to staff based on the assessment of risk in their work area</li> </ul>
	<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>Progress the organisation's Environmental management plan; "Think Green 2015-2020" by:</p> <ul style="list-style-type: none"> <li>aiming to recycle 350 kilograms of single use steel instruments from our Theatres, ICU and Emergency Department</li> <li>committing to reaching an overall recycling rate of 30%</li> <li>recruiting 30 further Green Champions in 2018-19 to promote sustainability in their departments.</li> <li>reporting energy, water and waste data into the environmental data management system and public reporting of environmental performance.</li> </ul>

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/lgbt-health/rainbow-equality">www2.health.vic.gov.au/about/populations/lgbt-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>Commence implementation of actions identified as part of GLHV (Gay Lesbian Health Victoria) audit assessment for LGBTI-inclusive practice</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
Compliance with the Commonwealth's Aged Care Accreditation 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
Number of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
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
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
<b>Mental Health</b>	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%

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

Key performance indicator	Target
Rate of seclusion events relating to a child and adolescent acute mental health admission	≤ 15/1,000
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
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%
<b>Continuing Care</b>	
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 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%
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>Emergency care</b>	
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
<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>	2,500
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	9550
<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%

<sup>2</sup> the target shown is the number of patients on the elective surgery waiting list as at 30 June 2019

## 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>3</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>3</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>

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
WIES Public	68,627	331,676
WIES Private	16,627	59,192
WIES DVA	337	1,712
WIES TAC	5,304	22,641
Other Admitted		34,138
<b>Acute Non-Admitted</b>		
Emergency Services		29,032
Genetic services		5,870
Home Enteral Nutrition	777	165
Home Renal Dialysis	116	6,597
Specialist Clinics	164,429	43,515
Specialist Clinics - DVA		10
Other non-admitted		1,673
Total Perinatal Nutrition	173	1,351
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	671	7,099
Subacute WIES - Rehabilitation Private	144	1,416
Subacute WIES - GEM Public	1,727	18,269
Subacute WIES - GEM Private	390	3,833
Subacute WIES - Palliative Care Public	214	2,261
Subacute WIES - Palliative Care Private	52	508
Subacute WIES - DVA	42	541
Transition Care - Bed days	10,568	1,636
Transition Care - Home days	12,448	707
Subacute Admitted Other		731
<b>Subacute &amp; Non-Acute Other</b>		
Other specified funding		217
<b>Subacute Non-Admitted</b>		
Health Independence Program - Public	100,375	22,860

Health Independence Program - DVA		55
Victorian Artificial Limb Program		2,052
<b>Aged Care</b>		
Aged Care Assessment Service		3,320
Residential Aged Care	27,120	2,584
HACC		25
<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory	249,673	111,129
Mental Health Inpatient - Available bed days	79,987	63,379
Mental Health Inpatient - Secure Unit	9,491	5,427
Mental Health PDRS		172
Mental Health Residential	22,646	2,158
Mental Health Service System Capacity	1,725	2,274
Mental Health Subacute	43,843	19,781
Mental Health Other		4,657
Drug Services		241
<b>Primary Health</b>		
Community Health / Primary Care Programs	1	3,284
Community Health Other		18,262
<b>Other</b>		
Health Workforce	352	18,996
Other specified funding		24,934
<b>Total Funding</b>		<b>880,381</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	84,875	646,342
	Admitted mental health services	6,884	
	Admitted subacute services	8,722	
	Emergency services	12,078	
	Non-admitted services	11,200	
Block Funding	Non-admitted mental health services	-	156,957
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	75,869
<b>Total</b>		<b>123,759</b>	<b>879,168</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: 27/8/2018



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Ms Linda Nicholls AO  
Chairperson  
Melbourne Health

Date: 27/8/2018