

12. Accountability and performance

Health services are accountable to its primary stakeholders: the Minister, the Secretary and DHHS. Health services also have ancillary accountability to consumers as well as the health sector and broader community. The nature of the services provided means that accountability is key to maintaining credibility and the ultimate longevity of the health service. Achieving this comes from transparent and accurate disclosure and reporting of financial, clinical and operational performance.

Questions that directors of health services should ask

- What is the board's performance and reporting obligations and:
 - How do I meet them?
 - What are the significant risks in meeting/not meeting them?
- What is happening in or around the health service that could be impacting on performance?
- How is the board measuring the effectiveness of its relationships and engagement with stakeholders to which it is directly accountable - such as DHHS, the Minister, Secretary and regulators?
- How is the board measuring the effectiveness of its relationships and engagement with additional stakeholders (e.g. staff, health service providers, patients, the broader community, regulators)?
- How well does the board understand the needs of the community (as opposed to their wants)? How is this balanced against the capacity and capability of the health service?¹³⁰
- What are the key metrics, benchmarks and performance thresholds that I need to understand and monitor?
- What are the implications for the health service if these KPIs are not met?
- Could I explain the importance of these measures to a layperson?
- How confidently could I describe the performance of the health service without assistance from management?

Red flags

- There is an increasing level of scrutiny from the DHHS or other key stakeholders (the Minister and Secretary).
- DHHS voices concerns regarding some of the organisation's governance practices.
- There are significant media leaks.
- DHHS expresses concern regarding the timeliness of the organisation's reporting.
- The organisation's business model is not clearly articulated in external communications.
- AGMs and Open Access Meetings are difficult, with challenging and unexpected questions posed by consumers and members of the community, the DHHS, the Minister or Secretary.
- There are key issues at a system level.

¹³⁰ Note that the HLA Bill will provide for the functions of the board to include taking into account the view of the community and users of a health service in their planning. Refer to the summary of HLA Bill changes in **Chapter 1**.

Introduction to the chapter

The notion of accountability is at the core of any corporate governance framework. Unlike corporate entities, Government entities are not subject to demands and expectations of stakeholders in the traditional sense, however as tax-payer funded organisations, boards must remember their duty to responsibly oversee the performance of the health service and accurately report on this to the relevant authorities. This chapter includes:

- an overview of the key external accountabilities of health services, such as the publication of Annual Reports, development of the SoP and Strategic Plan.
- an overview of the framework used by DHHS to monitor and assess the performance of health services and their boards.

HLA Bill accountability changes

There are a range of changes to the accountabilities of the board and CEO from the HLA Bill (to be proclaimed on or before 1 July 2018). These are detailed throughout this toolkit with a full summary at the end of **Chapter 1**. Accountability and performance changes but can be summarised as follows:

- The Minister's power to appoint a delegate to a board now includes circumstances that would improve the establishment of a new entity (e.g. a new public hospital) or improve quality and safety
- The Minister can public guidelines relating to the role and procedure of boards and how they carry out their functions (for example, deputy chairperson requirements)
- Functions of the board include development of a strategic plan, monitoring of the implementation of plans and performance management of the CEO
- Functions of the CEO includes implementation of the strategic plan
- Reasons for Powers of the Minister to be exercised (such as appointing an administrator or closing the service) to include whether the service:
 - has failed to provide safe, patient-centred and appropriate health services; or
 - has failed to foster continuous improvement in the quality and safety of the care and health services it provides

Key accountability documents

There are several key documents that health services must prepare to demonstrate accountability to the Victorian Government:

- Strategic Plan
- SoP (or equivalent agreement)
- Annual Report
- Victorian Quality Account
- accreditation (not a document, but a process that also demonstrates accountability).

These documents are required under the DHHS PFG¹³¹ and PMF¹³².

¹³¹ DHHS, Policy and Funding Guidelines are available from: <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

¹³² DHHS, Victorian Health Service Performance Monitoring Framework is available from: <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

Strategic Plan

The Strategic Plan¹³³ (prepared every 3-5 years) must be approved by the Minister¹³⁴. Its purpose is to provide a three to five year outlook of the health service including:

- role and objective of the health service
- strategic objectives over the three to five year period
- strategies adopted to deliver on these objectives
- strategies adopted to ensure effective and efficient provision of health services
- strategies employed to ensure the financial sustainability of the health service

The Strategic Plan sets the overall context for the annual SoP and the two documents should therefore align.

The development of the Strategic Plan is one of the most important tasks of health services boards. Strategic planning development and review must be part of the annual agenda for each board.

New HLA Bill Strategic Plan requirements for public hospitals and MPS

The HLA Bill will provide that the development of a strategic plan will be one of the functions of a public hospital and/or MPS board consistent with the requirement for public health services under section 65S of the HSA. This will form part of the new section 33(2) and 115E(2)(d) of the HSA once the HLA Bill is proclaimed.

A strategic plan will not be automatically required per se, rather, the Secretary can direct a board to prepare one for the Secretary to approve.¹³⁵ Should the Secretary require the board to produce a strategic plan, the board would be required to advise the Secretary if it wishes to exercise its functions in a manner inconsistent with the approved plan.

Statement of Priorities (SoP)

The SoP is an annually prepared accountability agreement between Victorian health services and the Minister. It is an important document as it details the key accountabilities of the health service.

The Enabling Acts specify that the SoP must:

- align with the Strategic Plan
- specify the services and funds to be provided by and to the health service
- include the objectives, priorities and key performance outcomes to be met by the health service
- detail the KPIs, targets and measures used to assess and monitor the performance of the health service
- include details of how and when the health service must report to the Minister (or Secretary) on its performance
- any other matters agreed by the Minister and board, or determined by the Minister.

Note: The HLA Bill makes the key accountabilities of SoPs more consistent across the various health services

¹³³ For an example, refer to DHHS's Strategic Plan located at <https://dhhs.vic.gov.au/sites/default/files/documents/201610/Department-of-Health-and-Human-Services-strategic-plan-2016-2017.pdf>

¹³⁴ Refer note on the next page regarding the impacts of the HLA Bill on the requirement to produce strategic plans for public hospitals and MPS.

¹³⁵ See clause 20 of the HLA Bill which will insert new sections 40F, 40G, 40H into the HSA.

by amending the three Enabling Acts (the ASA, MHA and HSA). However, early parenting centres and MPS will continue to have alternative agreements to the SoP (a health service agreement and tripartite agreement respectively).

Key responsibilities of the board in developing the SoP include:

- development of the SoP must be done collaboratively between the board and DHHS with input from the CEO
- the chair must sign the SoP (as well as the Minister or Secretary) by the 1 October each year
- development of KPIs must align with the performance and policy framework across the various performance areas.¹³⁶

The SoP also includes details of reporting requirements of the PFG. Directors should ensure that they are aware of these requirements, including data requirements, so that they can ensure compliance and accountability to DHHS.

New HLA Bill SoP requirements for public hospitals

The HLA Bill inserts a new section 40G into the HSA which requires the boards of all public hospitals (except for early parenting centres) to prepare, in consultation with the Secretary, a SoP. If the public hospital and Secretary fail to agree on the SoP by 1 October of that year, the Secretary can make a SoP for that public hospital in accordance with the approved strategic plan for that service.

Annual reports

All health services are required to prepare and lodge annual reports to Parliament. The reports must be prepared in accordance with the FMA and *Standing Directions of the Minister of Finance* under the FMA and *Financial reporting directions*¹³⁷. The Standing Directions require that all annual reports must be prepared in accordance with Australian Accounting Standards and Interpretations (AAS) as issued by the Australian Accounting Standards Board (AASB).

Preparation of the health service's annual report is a key accountability of the board. It contains critical information about the health services performance and is not only submitted to Parliament, but also available to the public. The annual report must include:

- report of operations including reporting against performance in line with the SoP
- financial statements (including explanatory notes).

The PFG's are available to assist directors meet the minimum requirements of the FMA and Standing Directions. This guidance (provided by DTF) contains the relevant directions with respect to report content, accounting treatments and the required disclosures regarding the health services' operations, financial and non-financial performance. The guidance also includes a model report that is a template for all public sector entities.

In order to publish these annual stakeholder reports, boards must review and interpret financial and clinical data on a regular basis. A range of reports will need to be tabled at board meetings at regular intervals throughout the year. The board's annual agenda (refer to **Appendix 6**) should outline what is to be reviewed and when, so that nothing is missed.

More guidance on interpreting financial and clinical data is provided in the **Chapter 13 - Financial governance** and **Chapter 14 - Understanding data**.

¹³⁶ Review the most recent PMF to determine the current performance areas: <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>

¹³⁷ Available at www.dtf.vic.gov.au/Government-Financial-Management

Victorian Quality Account

Clinical services are the mainstay of health services and ensuring they are provided to the highest standards is ultimately the responsibility of the board. Quality and safety indicators not only reflect the level of care that is being provided, but also the effectiveness of systems and processes to ensure these levels of care are maintained and improved.

The Victorian Quality Account is a mandatory report produced annually by each Victorian health service provider. The report describes the systems and processes in place to monitor and improve health services.

The annual Victorian Quality Account ensures accountability of health services, promotes system changes and continuous improvement, and provides consumers with information

The publication of the Victorian Quality Account is a condition of health service funding, and must be submitted to DHHS annually.

The Victorian Quality Account is designed to:

- ensure accountability of health services
- promote changes in systems and professional practices
- promote continuous improvement
- provide consumers with information.

Additionally, there are minimum quality and safety reporting requirements set out in the PFG. The guidelines are updated annually (by 30 April) and include:

- reporting of performance outcomes for key quality and safety indicators (such as infection control, medication errors, falls prevention and management, pressure wound prevention and management)
- details of the health service's assessment against the *Victorian clinical governance framework*
- accreditation outcomes
- details of clinical risk management systems and processes (including credentialing, scope of practice and certification of staff)
- complaints management processes and outcomes.

The report must be presented in accordance with standard guidance provided by DHHS under the *Victorian quality account reporting guidelines*. This guidance covers both the format and the content (including specific KPIs) that must be included.¹³⁸

Safety and quality data is captured centrally by the Victorian Government through the VAHI and available for health services to view and download in order to benchmark their service against that of others (Refer to **Chapter 14 - Understanding data**).

Accreditation

Just as all clinical practitioners must be accredited to provide services in their relevant area of practice, health services themselves must also be accredited. Accreditation is a formal process that ensures that all public health services maintain the highest standards of quality and safety, and deliver continuous service improvements. All health services are regularly measured and assessed in against the Australian Health Service Safety and Quality Accreditation Scheme.

There are ten **NSQHS Standards** that health services must meet and maintain, showing clear evidence of the systems in place to ensure high quality clinical and safety outcomes. Accreditation to the national standards ensures that all Victorian health services have rigorous and consistent safety and quality systems.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of

¹³⁸ See the Victorian Quality Account Reporting Guidelines available at: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-quality-account-reporting-guidelines-2015-16>

health service provision. It is important to remember they provide a quality assurance mechanism that tests whether relevant systems are in place to ensure *minimum* standards of safety and quality are met, and a quality improvement mechanism that allows health services to realise aspirational or developmental goals.

Director responsibilities: performance monitoring and reporting

The importance of performance monitoring and reporting cannot be understated.

The critical areas of access and timeliness; governance and leadership; financial performance; and quality and safety underpin the health service and must be accurately captured and reported as a means of the health service being accountable to its stakeholders and continuously improving.

Directors must therefore be confident in their abilities to understand the data and information that is presented to them by management (or other sources). This requires directors to have a sound level of financial literacy and clinical understanding, to enable them to question, probe and challenge the information.

Boards are in a unique position to step back from the day-to-day perspective of management and view the organisation from all perspectives. Boards should be able to assist in improving the quality of reporting by identifying any major gaps between what is being reported to stakeholders by management and what should be reported, whilst having regard to stakeholder needs, concerns, influences and decision-making behaviour.

Performance monitoring

DHHS is responsible for monitoring the performance of health services, with expectations articulated primarily in the SoP or service agreements.

Targeting Zero found while Victorian hospitals deliver some of the best care in the world, the current oversight arrangements are insufficient to provide the necessary level of assurance that hospitals are consistently providing safe and quality care.

The review recommended a complete overhaul of the performance monitoring system focusing on a risk assessment approach that targets patient outcomes, governance and culture and incentivises continuous improvement.

The updated *Victorian health services performance monitoring framework* details DHHS' continual improvement

performance objectives within four key domains (refer to Figure 12.1):

- high quality and safe care
- strong governance, leadership and culture
- effective financial management
- timely access to care.



Figure 12-1 Performance objectives and domains (Source: Victorian Government)

These domains have been selected as most relevant to supporting best patient outcomes. Measures of performance inform each of the domains, some demonstrating achieved outcomes (reduced harm, improved patient experience) and others measuring anticipated risks that could potentially impact performance (e.g. workforce safety and engagement).

A health service needs to demonstrate continual improvement in each objective to demonstrate achievement of the performance domains. The framework outlines the approach that health services can take to achieve performance improvement. The approach follows a continuous cycle (refer to Figure 12.2) whereby DHHS works collectively with health services and stakeholders to:

- identify performance concerns and other risk flags
- analyse the level of risk and opportunities for improvement
- determine appropriate interventions
- ensure that action is taken to mitigate risk and support ongoing improvement.

DHHS works with health services to understand the factors that may contribute to performance and to support health services to improve performance where challenges have been identified.

If remedial action is required an escalation process is followed, which involves an initial discussion with relevant health service executives. The board may also be involved in discussions to reach an acceptable resolution.

Where service improvement is required, a plan for improvement is agreed between the health service and DHHS. Where the improvement required relates to quality and safety, SCV will also provide expert input into the development and progress of Quality and Safety improvement plans.

Outcomes from the performance assessment determine the different levels of monitoring, support and intervention required. Monitoring levels are determined quarterly and board involvement (via board chairs) is expected for health services identified as requiring intensive monitoring.

DHHS may increase monitoring levels of health services where:

- there is significant non-performance with respect to agreed expectations and targets
- there is a major risk to community safety.

Serious concerns may necessitate more drastic action including an independent review of health service governance and management capability. This may include the board chair being required to demonstrate that the organisation is able to address the concerns within a reasonable timeframe, change to membership of the board and/or appointment of an administrator or delegate. The Enabling Act sets out the powers of the Minister regarding inadequate performance.¹³⁹

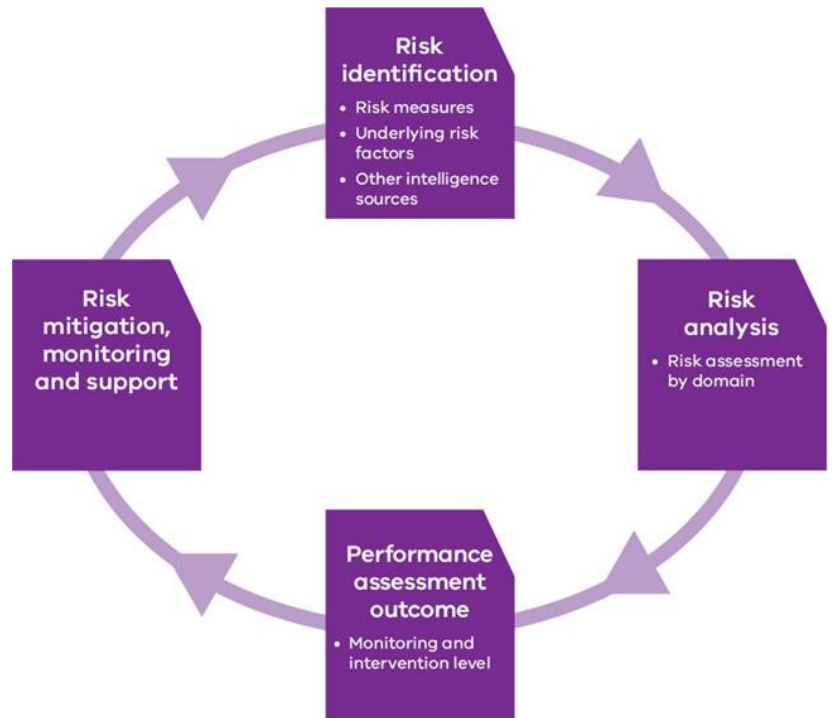


Figure 12-2 The performance improvement process (Source: Victorian Government)

¹³⁹ See, for e.g., *Health Services Act 1988* (Vic) section 58.

The following table depicts how DHHS classifies health service performance with descriptions of the general monitoring and intervention strategies that will be applied:

Monitoring level	Monitoring, support and intervention strategies
High performer	<p>Quarterly meetings with the department.</p> <p>Strategic discussion for further improvement or system leadership opportunities.</p>
Standard Monitoring (with or without risk mitigation in train)	<p>Quarterly performance meetings.</p> <p>Routine performance risk assessment.</p> <p>Progress update on risk mitigation plan, where relevant.</p>
Performance Support	<p>Closer monitoring of performance and remediation plan progress by the department until issues resolved.</p> <p>Six weekly or more regular performance meetings as determined by the department.</p> <p>Support to undertake and sustain improvement by:</p> <ul style="list-style-type: none"> engaging an independent expert to review clinical practice, governance or financial concerns and make recommendations for improvement seeking SCV 's input and support with further improvement appointing an independent expert to the Health Service's Safety and Quality committee.
Intensive Monitoring	<p>Monthly performance review meetings.</p> <p>Discussions between DHHS and the board chair regarding strategies related to governance, leadership and culture that may have an impact on performance improvement goals.</p> <p>More direct intervention including imposed external service review and/or appointment of a board delegate.</p>

Table 3 Performance monitoring and intervention strategies (Source: Victorian Government)

Performance monitoring roles and responsibilities

Health services, under the governance of board directors, are responsible for:

- partnering with DHHS and other agencies to improve health service and system wide performance
- reporting promptly to DHHS any emerging risks or potential performance issues including immediate action taken
- establishing and maintaining a culture of safety and performance improvement within the health service
- ensuring accurate and timely submission of data and other information, including formal risk mitigation plans and status update reports
- collaborating with other health services and health system partners to meet the health needs of their communities.

The framework consists of a formal monitoring and meeting cycle, which specifies the roles and responsibilities and performance monitoring tools that are available to health services.

DHHS has overall accountability to:

- implement the new risk based performance monitoring approach and associated tools
- partner with health services to identify and mitigate performance risks early and effectively
- support or intervene to ensure long term and sustained performance improvement
- facilitate better sector consultation and communication, including information on departmental policy directions and sharing with other relevant agencies
- make better use of available data and third party intelligence
- maximise input from SCV and other experts/clinical leaders
- enhance board skills and capabilities in clinical governance and other information required to ensure high quality and safe care
- provide staff with training and mentoring in performance management and quality improvement and the tools to enable them to have an effective performance improvement role.

Performance monitoring tools

As determined by legislation, the SoP is the key service delivery and accountability agreement between health services and DHHS. It outlines key deliverables and performance targets to be achieved by the health services within the allocated annual budget. Performance against these is monitored via the *Victorian Performance Monitor Report* (Monitor) and other methods as follows:

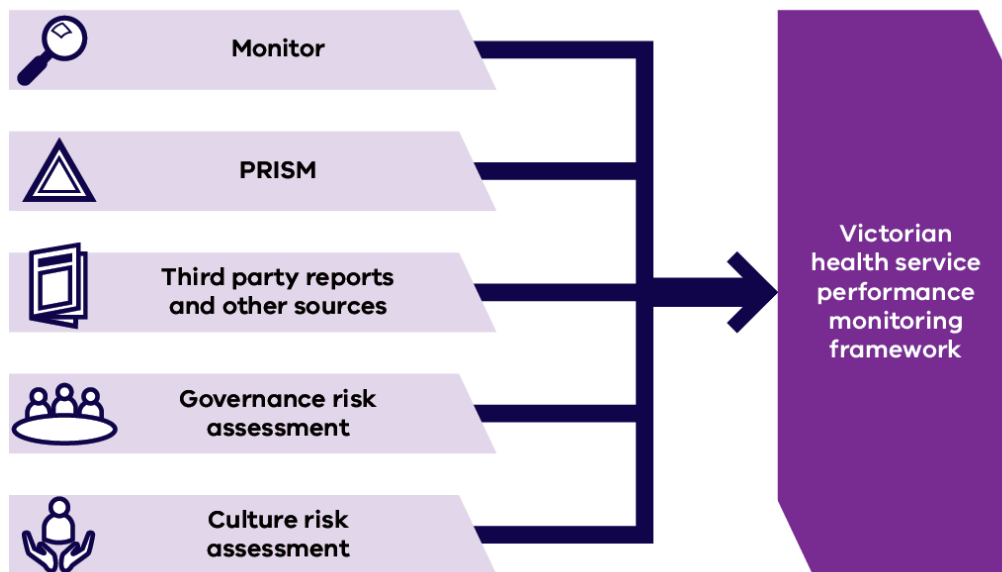


Figure 12-3 Performance monitoring tools (Source: Victorian Government)

Monitor

The Monitor reports health service performance against the performance indicators and measures outlined in the SoP. A similar performance monitoring tool is produced for AV and Forensicare.

The Monitor is produced monthly, and provides interim results of indicators and measures across each performance domain. It is distributed monthly to CEOs, the Ministers for Health, Ambulance Services and Mental Health, and quarterly to board chairs.

The Monitor is also produced annually using the consolidated annual activity data and audited financial results. This is distributed to health service CEOs, board chairs, and the Ministers for Health, Ambulance

Services, and Mental Health.

The Small Rural Health Services Monitor (SRHS Monitor) reports on small rural health service performance against the indicators outlined in the SoP as well as a broader set of program measures on health service activity. The SRHS Monitor is also produced for the multi-purpose services. The SRHS Monitor is distributed to CEOs and the Minister for Health monthly, and to board chairs quarterly. An annual SRHS Monitor report is produced using the consolidated annual activity data and audited financial results. This is distributed to CEOs, board chairs and the Minister for Health.

The Monitor will continue to be the primary tool for monitoring compliance against the key deliverables and agreed performance targets set out in the SoP.

In addition, performance against the actions and deliverables committed to in the SoP are formally reported in health services' annual reports at the end of the financial year as consistent with the annual report guidelines (report of operations). Health services are expected to also provide a half yearly progress report on achieving action items and associated deliverables in Part A of the SoP.

Program Report for Integrated Service Monitoring (PRISM)

Monitor is supported by a broader set of measures under the PRISM. It provides further context of performance and supports health services to further benchmark their performance against similar health services. For the small rural health services, this information is incorporated in the SRHS Monitor.

The PRISM report is distributed to CEOs and board chairs quarterly. DHHS encourages health services to disseminate PRISM to relevant staff within their organisation. An annual PRISM report is produced using the consolidated annual activity data and audited financial results. This is also distributed to CEOs and board chairs.

Inspire

As of 2017-18, the Quality and Safety measures reported in the PRISM report will be consolidated and expanded into a new report referred to as 'Inspire'.

Clinical data and analysis plays an important role in the performance monitoring framework. Inspire is a service designed by VAHI specifically for use by clinicians, with the intention of supporting conversations on safety and quality performance among clinicians and health service management. It contains more granular data than Monitor and PRISM, so it is not within the direct remit of the board to be reviewing the information. However, board directors should seek regular summaries and updates from management as part of their clinical governance role.

Board quality report

VAHI also prepare the *Board Safety and Quality Report*. It is produced specifically for the attention of the board and aims to increase access for boards to independent information on the performance of health services. It is intended to supplement the information already provided to boards by their executives. The report is issued quarterly to the board chair of each health service.

Consistent with the new performance framework objectives and *Targeting Zero* report recommendations, in addition to the above, other assessments, ad-hoc reports and cross-agency intelligence will be used to inform the performance analysis.

The method by which this is achieved, is described in detail in the PMF.

Audits by the Victorian Auditor-General

An important control in the accountability framework for all Victorian public sector health services is the independent audit (as opposed to a review) of the organisation's financial statements and clinical performance. VAGO undertake audits to provide Government and the community with a level of confidence that the reports presented, and therefore the viability of the service, have been independently verified. The Victorian Auditor-General reports are publicly available and therefore it is important that material issues are avoided through the use of effective governance processes.

Audits are designed to obtain sufficient, appropriate evidence so the auditor can express a positive opinion that the financial report provides a 'true and fair' view of the organisation's financial position and

performance. The auditor draws on evidence from organisational and external sources, using, where appropriate, the organisation's internal controls and results obtained from testing of these controls. An audit provides a high, but not absolute, level of assurance on the financial information.

VAGO publishes its annual program of work and the reports the outcomes of each review on its website.¹⁴⁰

The role of committees in accountability

Committees are a mechanism through which boards can focus attention on key responsibilities without distracting the board from its other important functions. These can be outlined in the by-laws but should also have their own terms of reference. Committees can be standing committees, or they can be established by the board to undertake more detailed review of a particular, short term issue.

Health services must establish three key committees:¹⁴¹

- **Audit and Risk** – to focus on the specific requirements of the financial reporting, risk management and assurance functions (including internal and external audit).
- **Quality and Safety** – to focus on clinical risk management and performance issues in a more detailed way.
- **Finance** – to focus on the financial performance of the health service, including financial reporting and systems (outside audit processes).

Committees are important mechanisms for ensuring accountability to stakeholders as they allow for more detailed examination of these three key areas. Committees also provide time and resources for external assurance and advice to ensure independence and credibility of the reported data – both financial and non-financial.

Other useful committees are:

- **People and Culture** – focusing on human resource issues, staff engagement, and may also include Work, Health and Safety.
- **Community Advisory** – an advisory committee that includes members of the community, such as charities, community service providers and/or general members of the community/users of the health service. The committee is an important stakeholder feedback mechanism for the board.

Effective committees are defined by key characteristics, including:

- has clear terms of reference that outline the purpose of the committee, its composition and responsibilities to the board
- comprises board directors and any additional advisors or subject matter experts that are deemed necessary for the committee to meet its objectives
- appoints a chair that is not the chair of the board.
- includes the appropriate mix of skills and experience to enable it to meet its objectives.

Being part of committees is an additional responsibility of directors. As for board duties, directors need to ensure that they have the appropriate skills and capacity required to fulfil any additional committee duties. Committees provide the opportunity for more detailed consideration of key issues and therefore the need for directors to challenge, question and provide stewardship to the health service is just as – if not more – relevant as when in the boardroom.

While the existence of an audit committee does not alter the need for directors to take responsibility for the financial reports, with the ultimate responsibility for a health service's financial statements resting with the board, audit committees can play an important role in the financial reporting process and in supporting and promoting audit quality. A separate audit committee can be an efficient and effective mechanism to

¹⁴⁰ Refer to http://www.audit.vic.gov.au/reports_and_publications/latest_reports.aspx for details of the latest reports.

¹⁴¹ Please note this is a mandatory requirement for public health services as defined in the HSA however it is recommended best practice even where not mandatory.

bring the transparency, focus and independent judgement needed to the reporting process.

The audit committee typically focuses on a limited range of key issues for reporting purposes. It should review:

- any significant accounting and reporting issues, including professional and regulatory announcements, and understand their effect on the health service's financial statements
- all half-year and annual financial statements of the health service, and any other periodic disclosures, that require approval of the board (the process typically culminates in a detailed page-by-page review by the audit committee of these reports with the external auditor and management present)
- the written statements provided by the CEO and CFO for reporting purposes under the requirements of the HSA (or other Enabling Act), and the FMA
- all related party transactions for potential conflicts of interest, providing approvals on an ongoing basis.

Useful references

- DHHS: Funding, performance and accountability website: <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability>
- DHHS: performance monitoring framework: <https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring>
- DHHS: Policy and funding guidelines: <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>
- DHHS, Victorian Health Services Performance website: <http://performance.health.vic.gov.au/Home.aspx>
- DTF: Government financial management: <http://www.dtf.vic.gov.au/Government-Financial-Management>
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