The Director’s Toolkit

A resource for Victorian health service boards

Chapter 1: Victoria’s Health Service Governance Model

This document is available as a PDF on the internet at <https://www2.health.vic.gov.au/hospitals-and-health-services>

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# About this Toolkit

This Toolkit is a resource to assist public health service board directors and other interested parties to better understand the role of directors of health service boards and the operating environment of the public sector health service entities they govern.

The development of the Toolkit is in response to DHHS recognising the need for a stronger emphasis on public sector health governance and enhancing the support tools available to directors of health services. Recent reports such as the *‘Targeting Zero’* review of quality and safety in the Victorian public health service have highlighted the need for greater oversight of clinical care systems across the state in the delivery of high quality, safe, person-centred care.

This accountability starts with the board.

The board of directors is held to be ultimately responsible for virtually every aspect of the health service’s activities. However, it is impractical and undesirable for a board to attempt to supervise minutia associated with the health service’s operation.

Good corporate governance requires a balance between compliance (with codes, regulations and standards) and oversight of operational and financial performance. The core purpose of good governance in health services is ensuring the delivery of high quality, safe and effective person-centred care.

Boards of high performing health services:

* understand the board’s role in governance
* discharge their legal duties
* ensure accountability to stakeholders
* understand stakeholder and management expectations
* effectively use board committees to enhance governance
* build a talented management team
* champion a productive and ethical culture
* make informed decisions
* actively contribute to strategy, and closely monitor strategic effectiveness
* ensure a disciplined approach to risk governance
* receive independent assurance
* actively engage externally on current and emerging issues relevant to their organisation and the political, social, and economic environment in which it operates.

By understanding the environment and the pressures the health service and its management face, the board can assure itself that the material risks are being identified and, most importantly, being managed. Such an approach enables the board to exercise its responsibilities in an active rather than a reactive manner and minimises ‘surprises’. The board should be alert to the red flags or risk indicators that may impact the organisation’s performance.

In preparing this Toolkit, DHHS, in its stewardship role, has not attempted to establish a model or pattern for the optimum composition and conduct of a health service board and instead has provided insight and guidance as a practical resource for health service directors.

For guidance, on the initial pages of chapters 1–14, there are a number of red flags, plus a list of pertinent questions that directors of health services may ask.

In addition, the Toolkit documents and summarises information on roles and responsibilities and consolidates statutory and policy-based elements, including those in the *Health Services Act 1988* (Vic), the *Ambulance Services Act 1986* (Vic), the *Mental Health Act 2014* (Vic), other acts, and policy and administrative documents.

Although this Toolkit sets out material of key importance to health service boards, the boards of other entities, such as, ambulance services, mental health services, aged care services, community health centres, and other private and not-for-profit entities delivering Victorian Government health services, may also find the material useful.

Historically, health service boards focussed on financial issues and chief executive performance. Quality of care was assumed, its oversight was left to clinical leaders and it tended to be poorly measured. That approach is being rewritten today, spurred by mounting evidence that organisational factors, including high-level leadership, influence quality of care.\*

**\*Source**: Bismark, Marie M, Walter, Simon J and Studdert, David M, *The role of boards in clinical governance: activities and attitudes among members of public health service boards in Victoria*, Australian Health Review, (2013), 37, p682–687. Available from the CSIRO here: <http://www.publish.csiro.au/ah/pdf/AH13125>

# Acronyms and definitions

The following acronyms and definitions were current at date of publication.

| Acronym | Full description |
| --- | --- |
| AACC | Aged Care Complaints Commissioner |
| AAQHC | Australasian Association for Quality in Health Care |
| AAS | Australian Accounting Standards and Interpretations |
| AASB | Australian Accounting Standards Board |
| ABF | Activity based funding |
| ACAS | Aged Care Assessment Services |
| AGM | Annual General Meeting |
| AHPRA | Australian Health Practitioner Regulation Agency |
| AMA | Australian Medical Association |
| ASA | *Ambulance Services Act 1986* (Vic) |
| ASIC | Australian Securities and Investments Commission |
| AV | Ambulance Victoria |
| BBCAC | Building Board Capability Advisory Committee |
| BCV | Better Care Victoria |
| BMAC | Boards Ministerial Advisory Committee |
| CBC | Council of Board Chairs |
| CEO | Chief Executive Officer |
| CFO | Chief Finance Officer |
| COO | Chief Operations Officer |
| DHHS | Department of Health and Human Services |
| DMS | Director of Medical Services |
| DPC | Department of Premier and Cabinet |
| DPI | Declaration of Private Interests |
| DRG | Diagnosis Related Groups |
| DSM-V | Diagnostic and Statistical Manual of Mental Disorders, 5th revision. This the manual used primarily in the USA (but also widely used in Australia in addition to the ICD-10) for classification of mental disorders. |
| DTF | Department of Treasury and Finance |
| FMA | *Financial Management Act 1994* (Vic) |
| GiC | Governor in Council |
| HCC | Health Complaints Commissioner |
| HEER | Health Executive Employment and Remuneration Policy |
| HMI | Hospital Mortality Indicator |
| HPV | Health Purchasing Victoria, trading as HealthShare Victoria |
| HSA | *Health Services Act 1988* (Vic) |
| HSMR | Hospital Standardised Mortality Ratios |
| IBAC | IndependentBroad-based and Anti-Corruption Commission |
| IHPA | Independent Hospital Pricing Authority |
| ICD-10 | International Statistical Classification of Diseases and Related Health Problems, 10th Revision. This is the disease classification used in Australia cf. DSM-V  Notes:   * a CM suffix refers to Clinical Modification * an AM suffix refers to Australian Modification * a different number instead of 10 will refer to a different revision e.g. 9th revision |
| KPI | Key performance indicator |
| LHN | Local hospital network |
| LOS | Length of Stay |
| LTI | Lost Time Injury |
| MHA | *Mental Health Act 2014* (Vic) |
| MHCC | Mental Health Complaints Commissioner |
| MPS | Multi Purpose Service |
| NAESG | Non Admitted Emergency Services Grant |
| NDIS | National Disability Insurance Scheme |
| NEP | National Efficient Price (as determined by IHPA) |
| NSQHS Standards | National Safety and Quality Health Service Standards |
| NWAU | National Weighted Activity Unit against which NEP is paid (national equivalent of WIES) |
| OH&S | Occupational Health and Safety |
| OHSA | *Occupational Health and Safety Act 2004* (Vic) |
| OVA | Occupational Violence and Aggression |
| PAA | *Public Administration Act 2004* (Vic) |
| PDA | *Protected Disclosures Act 2012* (Vic) |
| PFG | Policy and Funding Guidelines (updated every year) |
| PMF | Performance Monitoring Framework |
| PRISM | Program Report for Integrated Service Monitoring |
| PSRACS | Public Sector Residential Aged Care Services |
| SCV | Safer Care Victoria |
| SoP | Statement of Priorities |
| SRHS | Small Rural Health Services |
| TRP | Total remuneration package (for an executive salary) |
| VAGO | Victorian Auditor General’s Office |
| VAHI | Victorian Agency for Health Information |
| VCC | Victorian Clinical Council |
| VGRMF | Victorian Government Risk Management Framework |
| VHA | Victorian Healthcare Association |
| VIFMH | Victorian Institute of Forensic Mental Health, also known as ‘Forensicare’ |
| VMIA | Victorian Managed Insurance Authority |
| VMO | Visiting Medical Officer |
| VPSC | Victorian Public Sector Commission |
| WIES | Weighted Inlier Equivalent Separation |

# Key definitions used in this Toolkit

|  |  |
| --- | --- |
| Definition | Full description |
| Consumers | ‘patients’ and ‘consumers’ are terms often used to describe users of health services. In this Toolkit, ‘consumers’ has been used, unless it is part of a publication title or a quotation, as patients are not the only users of health services. |
| Directors | In this Toolkit, all board directors are referred to as directors or chairs as applicable, and the roles and responsibilities are outlined as applying to all boards. This includes members of the board of Health Purchasing Victoria, (trading as HealthShare). |
| Enabling Acts[[1]](#footnote-1) | *Health Services Act 1988* (Vic) (**HSA**), *Mental Health Act 2014* (Vic) (**MHA**), *Ambulance Services Act 1986* (Vic) (**ASA**)(in some circumstances other acts may also be applicable).  If one Enabling Act is referenced such as the HSA, the reader should presume the other Enabling Acts may also apply and should check the other Enabling Acts for clarification. |
| HLA Bill | Health Legislation Amendment (Quality and Safety) Bill 2017 was introduced into Parliament in June 2017 in response to the *Targeting Zero* report and the Government’s response, Better, Safer Care. This Bill amends the Enabling Acts for health services, in particular relating to obligations for board directors and the composition and conditions of appointment of boards. |
| HPV | Health Purchasing Victoria (HPV) is the organisation established to assist the Victorian health sector ease cost pressures through collective, strategic purchasing for all health services. From 1 January 2021 HPV trades as HealthShare Victoria. |
| Minister | In this Toolkit, Minister refers to the Victorian Ministers for Health, Ambulance Services, and Mental Health where applicable. |
| Patient Experience Survey | Collects data from consumers of health services in Victoria and is used as a key feedback mechanism in clinical governance to identify areas for improved provision of service or management of risks. It is a critical stakeholder engagement and performance management / monitoring tool. |
| People Matter Survey | Regular survey of health service staff undertaken by health services to identify workforce engagement, participation, concerns or other feedback. It is a critical stakeholder engagement and performance management / monitoring tool. |
| Health services | The term ‘health services’ is used to refer to both the ‘public hospitals’, ‘public health services’ and multi-purpose services listed in the HSA, as well as Ambulance Victoria (ASA) and VIFMH (MHA) unless otherwise specified. |
| Secretary | The Secretary of the DHHS. |
| Victorian Clinical Council | Victorian Clinical Council is a council of clinicians and consumers whose purpose is to provide leadership and direction to make the health system safer and provide better care to all Victorians. |

# Victoria’s health service governance model

The Victorian health system is efficient and delivers safe, high quality services to consumers.

What underpins this performance is a high degree of organisational stability and a well understood model of governance whereby Victoria’s health services are overseen by autonomous boards that work within a statewide framework of priorities.

It is a significant privilege and responsibility to serve on a health service board within such a successful system and it is within this context the performance of board directors and their health service will be assessed.

Introduction to the chapter

This chapter will provide you with:

* 1. an overview of what health services are, why we need board directors, and an overview of the Enabling Acts
  2. Victoria’s governance model and what ‘good governance’ means and where health services fit within these concepts
  3. an outline of government, its major stakeholders and health service interactions with those stakeholders
  4. the strategic context and policies that are currently impacting, or will impact, Victorian health services.

# 1.1 Health services and governance

Health service board directors are an integral part of Victoria’s health system.

You are leaders of the system and much is expected of you, from your expertise, your time, to your dedication in driving continual improvement and innovation. You are also expected to be highly skilled in running a complex, high risk organisation and to understand and learn the nuances and specifics of running a public entity in the Victorian governance system, all while delivering safe, high quality services.

Health services cannot operate without you, and they cannot operate safely without robust, good governance. In order for directors to deliver all that is asked of them, a strong understanding of best practice governance and governance standards is required.

## Questions that directors of health services should ask

* Do I know why our health service is so important and needed by the government and community?
* Do I understand the different types of health services and the services they deliver?
* Do I understand the broader Victorian health system and the part our health service plays in it?
* How well do I understand the relevant provisions of the relevant Enabling Act?
* How well do I understand how and when these provisions apply?
* What are the goals of my health service and where does it sit within the broader health system?

## Red flags

* Directors cannot identify the key pieces of legislation that support their health service.
* The board does not understand where it fits in the context of the health service.
* The board does not know who its key stakeholders are and why they are important.
* Directors are not aware of what the relevant Enabling Act contains and how it is relevant to the governance of the health service.
* There is little reference to the relevant Enabling Act in any of the induction material provide to directors.
* Directors do not understand where their health system fits in the broader system.

## Why health service directors are so important

Victoria has a system of public administration which relies on thousands of public entities to deliver a range of services and functions that are essential to Victoria.

These public entities are typically overseen by a board of directors who operate independently of the State while remaining accountable to the Minister.

There are risks inherent in this type of model. Good governance is the key to help directors mitigate the many risks and challenges of being a director such as:

* functioning in increasingly challenging, increasingly complex environments
* operating in fiscally constrained spaces with pressure to minimise costs and operate more efficiently
* managing the performance of outsourced services
* working within a number of regulatory, compliance and oversight frameworks
* reporting on performance.

The board is responsible for oversight of the outputs and resource management of the entity. Boards also hold ultimate responsibility for setting the overall strategy, determining risk appetite and overseeing the management and control of risk within that appetite, as well as ensuring there are robust decision-making processes with appropriate executive talent in place.

When a board does not exercise these responsibilities astutely, the consequences can be severe.

In Victoria’s governance model, the concept and practice of good governance is crucial – the State cannot run without its boards and boards cannot run without good governance.

But how does this governance model work in practice? And what does it mean for those members of the community who step up and take on directorships of public entities?

In order to fully understand governance in the government and health sectors, an understanding is needed of what the Victorian health service is, how it is created, and how it fits within the wider health system and government.

## Health services

A health service is a statutory body established under the relevant Enabling Act.

The HSA currently categorises health services into various types: public health services, public hospitals, multi-purpose services (known as MPS, and in essence small rural public hospitals) and early parenting centres. The HSA outlines the different provisions that apply to each.

Each health service has its own board of directors that is responsible for the effective and efficient governance of the health service. The board must ensure the health service is compliant with the requirements of the Enabling Acts. The board ensures the Minister (and where applicable, the Secretary) are advised about significant board decisions and are informed in a timely manner of any issues of public concern or risks that affect or may affect the health service.

The various categories of health services are outlined at **Appendix 1.**

## Ambulance services

Ambulance Victoria (AV), like health services, is a stand-alone entity with its own board created pursuant to the ASA.

Emergency ambulance services are provided solely by AV. Non-emergency patient transport services are provided by AV and licensed private non-emergency patient transport providers.

AV is part of the health system and is also supported by a range of emergency service organisations including the Emergency Services Telecommunications Authority, the Country Fire Authority, the Metropolitan Fire Brigade and the State Emergency Service.

## HealthShare Victoria

Health Purchasing Victoria (HPV) was established in 2001 as an independent statutory authority under the HSA, responsible to the Minister for Health. It was established to improve the collective purchasing power of Victorian public health services and hospitals and achieve best value outcomes in the procurement of health-related goods, services and equipment.

In 2020 the Department of Health and Human Services partnered with health services to establish a new shared services organisation, HealthShare Victoria, established under the same provisions of the Health Services Act that apply to Health Purchasing Victoria. HealthShare Victoria absorbed the functions provided by Health Purchasing Victoria. Health Purchasing Victoria is the legal name of the entity, trading as HealthShare Victoria.

HealthShare Victoria’s initial responsibilities will include management of Victoria’s supply of medical consumables, with the new organisation’s priorities including providing a single point of accountability, establishing effective statewide governance, and leading significant improvements in Victoria’s medical supply chain.

HealthShare Victoria provides significant short and long-term benefits for Victoria’s health system and patients:

* Using state-wide purchasing and economies of scale to generate significant savings for health services.
* Improving quality of care and patient outcomes through evidence-based product selection, reduced levels of unwarranted variation in product selection, and more consistent statewide availability of medical consumables.
* Clearer accountabilities and improved coordination of the sourcing and distribution of critical PPE and medical supplies.
* Greater transparency of critical PPE stocks across the health system.
* Reduced inequities of distribution of critical stock among health services.

## Mental health services

The Victorian Institute of Forensic Mental Health (VIFMH), commonly known as ‘Forensicare’, is also a statutory authority with its own board created pursuant to the MHA. Forensicare delivers inpatient and community forensic mental health services across Victoria.

Services include: adult mental health services, aged persons mental health services, child and adolescent mental health services, Orygen Youth Health and a number of youth services state wide.

Public mental health services are provided across the State by health services. Acute inpatient services support people who cannot be assessed and treated safely and effectively in the community. Hospitals commonly provide acute inpatient services. These services provide voluntary and compulsory short-term treatment and care during an acute phase of mental illness. All specialist mental health services provide a range of community treatment and care components, located across a spectrum of continuing care that involves acute inpatient services.

Like public health services, Forensicare is governed by a board of directors. Forensic mental health is a specialist area in the mental health system. Services are specifically targeted at meeting the needs of mentally disordered offenders, i.e. effectively assessing, treating and managing forensic patients and clients and people with a mental illness who have offended - or who are at risk of offending.

## Governance provisions under the Enabling Acts

Governance provisions under the Enabling Acts are very similar with respect to the role of the board, key processes and interactions with DHHS and the Minister for Health, however the relevant Enabling Act should be consulted to understand where provisions might differ. The table in **Appendix 2** provides a high level summary of the key provisions of each Enabling Act with respect to governance.

# 1.2 What is governance and ‘good’ governance?

Governance is a broad concept that can mean different things to different people. Some of the core objectives of the Enabling Acts are to ensure that health services provide high quality, equitable access to health care with services that are governed and managed effectively, efficiently and economically.

In order for directors, and their health services, to apply the broad objectives of the Enabling Acts, a better understanding of what governance is and the requisite standards in a health service context is required.

## Questions that directors of health services should ask

* Do I fully understand my obligations with respect to governance, including clinical governance?
* Do I, and the board, understand what governance is and what ‘good governance’ looks like?
* Does the board have a documented governance policy and agreed process?
* Do I understand the key pillars of the Victorian public health sector and the relevant governance aspects of the Enabling Acts?
* Does the board understand, and effectively fulfil, its purpose and role in decision-making, strategy setting, performance monitoring and oversight?
* Does the board ensure directors allocate sufficient time to discharge their responsibilities?

## Red flags

* Directors do not have an understanding of core governance concepts.
* Directors act as community representatives rather than focusing on governance.
* Directors push personal agendas rather than the strategic goals and matters of the health service.
* Directors are unaware of their obligations, accountabilities and fiduciary duties to the entity and Minister in governing the health service.
* Directors do not understand how their performance and the performance of their health service is measured.

## What is governance and ‘good’ governance?

Directors will hear the term governance a great deal.

‘Governance’ refers to the processes and mechanisms in place to support and implement decisions. It encompasses policies, procedures, systems and behaviours through which an organisation's authority is administered, exercised and maintained. It consists of several key elements, which when combined form a governance framework.

‘Good governance’ is when these policies and processes positively support effective decision-making, transparency, strategy, accountability and performance, each of which is critical to ensuring the ongoing viability of the health service.

Governance decisions and activities largely involve risk management, strategy development and stakeholder engagement, covering a broad range of internal and external considerations. These are broad and complex responsibilities, requiring an open and curious mind-set. Boards and directors who add value and fulfil their duties and responsibilities most effectively will:

* be comfortable with uncertainty
* have a tolerance for ambiguity
* have courage and curiosity
* be comfortable with not having all the answers straight away
* understand that their skills will need to be constantly updated.

There is generally considered to be seven elements of governance that encompass both functional and behavioural aspects fundamental to an effective and efficient board governance framework. Figure 1.2.1 below provides an infographic of the elements.



Figure 1.2.1 Elements of effective governance (Source: KPMG)

‘Good’ governance is when all these elements are being implemented effectively and therefore supporting robust decision-making.

Note that good governance does not necessarily mean that the ‘right’ decision is made, but rather, that there are systems of transparency, accountability, compliance and conduct that support the organisation's high level decision-making.

When applied to a health setting, good governance makes certain there is accountability at every level within the organisation to create a culture that supports the identification, and continuous improvement of quality and safety outcomes. Culture is discussed in more detail in ***Chapter 2*** *- Clinical governance* and ***Chapter 11*** *– Organisational leadership and culture*.

## Victoria’s governance model

Victoria’s governance model requires boards to be responsible for overseeing the performance and service delivery of their respective health service, operating within various laws, policies, guidelines and priorities set out by the Enabling Acts, DHHS and other regulatory bodies e.g. Australian Health Practitioner Regulation Agency (AHPRA).

This governance approach allows boards and their health services to make decisions to meet their stakeholders and consumer’s needs, recognising that a solution in one place – with a unique combination of patients and service demand, culture or workforce – may not be the most effective solution in another environment.

This type of governance is premised on ‘responsive regulation’, that is, accountability through agreed mechanisms or through intervention when ‘self-regulation’ falls short. Self-regulation refers to the actions undertaken by the board to assure itself that its services are high quality and safe. This approach of responsive regulation of Victorian health services aligns with contemporary governance and regulatory thinking. The regulatory systems in place, combined with sound management practices, foster strong governance for the whole health system.

Delivering public health services is a complex and challenging undertaking for the board and requires various levels of government, and public and private sector involvement. Therefore it is important to note the complexity as well as determine the health service’s scope of governance.

## Governance framework

In establishing and defining the governance roles applicable to health services, it is useful to understand what constitutes a strong governance framework. With this is mind, roles and responsibilities, policies and procedures, and accountabilities for governance become much clearer.

The governance framework is the name given to the structures and documents in place that define what the organisation does, and how it does it, including the:

* mission statement, vision and purpose of the health service – i.e. why it exists
* roles and responsibilities of the board and its sub-committees
* key accountabilities, including how authority for decision-making is delegated throughout the organisation
* strategic objectives and performance metrics to measure how well the organisation is meeting its vision and purpose
* code of conduct that outlines the ‘way we do things’ – the values, behaviours and standards that are adopted throughout the organisation
* policy documents that set out the high level principles that are adopted by the organisation such as compliance, clinical standards, risk management and environmental management
* risk thresholds that assist the organisation to make decisions based on a level of risk acceptable to the key stakeholders.

Figure 1.2.2 below gives an example outline of the inputs and enablers to deliver simple, efficient minimum standards and clear accountabilities for governance across the organisation.

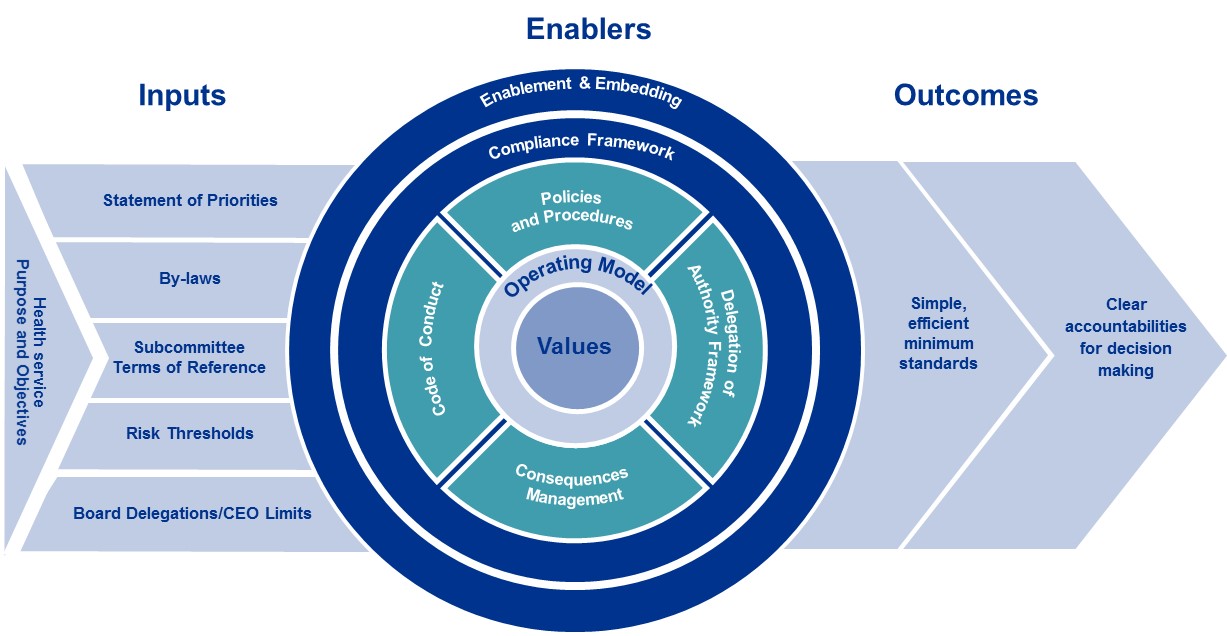


Figure 1.2.2 Governance framework for public health services (Source: KPMG)

## Scope of governance

As discussed above, the board’s role is strategic oversight, risk management, health service monitoring, and robust decision-making. The health service board’s governance scope (i.e. the boundaries of what it is does) is established and pursuant to relevant legislation (and common law duties) and generally involves, but is not limited to:

* developing the organisation’s vision, purpose, core values, strategic direction and objectives
* evaluating executive management’s recommendations on important strategic and operational matters
* ensuring that the service delivers safe, quality healthcare to all consumers, minimising risk and meeting, exceeding and continuously improving the required clinical performance standards
* scrutinising key financial and non-financial risks to which the health service is exposed, and ensuring the implementation of an effective clinical performance, risk management, compliance and internal control framework
* ensuring the adequacy of internal regulatory and policy compliance systems
* adopting appropriate ethical standards, codes of conduct and appropriate behaviours, and ensuring that these are adhered to, including by directors themselves.
* communicating and reporting to DHHS, the Minister and other key stakeholders in a transparent and insightful manner
* overseeing CEO performance management and management succession plans
* board succession and establishing / reviewing the board processes for continuous improvement and effective governance.

The governance scope of health service boards is normally established in the board charter or by-laws.

## Board By-Laws

The board by-laws (or board charter) is a critical document outlining and defining the health service board’s role and accountabilities.

The purpose of the by-laws is to document the board’s terms of reference (governance scope) and to articulate the board’s approach to important governance practices.

The by-laws should contain a statement clarifying the division of responsibilities between the board (strategy and oversight) and executive management (operations), as well as the relationship to DHHS and Minister. Boards should define the roles, powers and responsibilities that it specifically reserves for itself, and those which it delegates to management.

Importantly, by-laws cannot exceed the powers granted by the Enabling Acts. For example, it cannot set a maximum number of board directors that is different to that which the Enabling Act allows. This is because the by-laws’ power comes from the Enabling Acts (e.g. the HSA).

It is also important to note that the by-laws are binding on the organisation, as such, they should as much as possible mirror, and refer to, the Enabling Acts to ensure that the by-laws do not become invalid or ambiguous. This is particularly advantageous when or if the Enabling Acts are amended, as referring to the Enabling Acts will enable the by-laws to develop over time with the amendments.

Any changes to the by-laws, objects or name of the health service requires approval by the Secretary of DHHS to ensure consistency with the relevant Enabling Act

While the content of health service by-laws will vary from organisation to organisation, they will typically cover the following matters:

* overview of board roles, functions and responsibilities
* board structure and composition
* quorum requirements
* the chair’s role, and the role of any other defined office holders
* the role of the CEO and management
* the board’s policy for assessing their independence from management. i.e. that directors oversee and monitor the organisation rather than implement strategies, policies and procedures
* board delegations and retained authorities
* board procedures (including meetings, committee requirements, etc)
* standing committees
* oversight of strategy, financial and risk management.

The board should annually review its by-laws to ensure that they remain relevant to the circumstances of the health service. The by-laws should be available to directors, management, staff, auditors and stakeholders. See **Appendix 4** for links to by-laws templates for public health services, public hospitals and multi purpose services.

The by-laws may also contain rules around expected director conduct and performance however this may also be in a separate document such as a conduct charter. Please refer to **Chapter 11**: Organisational culture and leadership for a more detailed discussion.

# 1.3 Interacting with government

The roles, responsibilities and expectations of public health directors, while similar to their corporate counterparts, are substantially different in some respects and create a number of different accountabilities. Understanding the role of the public health board, the Minister, DHHS, the broader Victorian Government as well as the interactions between these parties, is critical to meeting those accountabilities.

## Questions that directors of health services should ask

* Do I understand my responsibilities under other relevant legislation governing public entities (e.g. financial management and public administration legislation) and in relation to compliance with that legislation?
* Do I understand the board’s role in relation to DHHS, the Secretary, the Minister and Parliament?
* Are each of our board directors displaying strong working knowledge of the Victorian Government’s strategic health priorities and health funding policy?
* Am I adequately informed about the policy context and broader issues that impact the health service’s ability to meet its strategic objectives?
* Is there an effective framework for community engagement?
* Does the board have strong working relationships across the organisation with DHHS, the Secretary and Minister?

## Red flags

* The chair of the board does not have regular communications/interactions with DHHS.
* The health service or the board receives a written direction from the Minister or Victorian Government in respect of a particular issue (not a written direction setting general expectations, which is becoming increasingly common).
* The CEO sits in on the interview for the appointment of any board director.
* There are no frameworks for the entity to engage with the community.
* The directors fail to act in the public interest when making decisions.
* The health service’s strategic direction does not align with Victorian Government policy.
* The board ignores DHHS’ and/or Minister’s strategic priorities in its decision-making framework.
* The board does not seek appropriate approvals from DHHS e.g. for a CEO appointment.
* The board does not follow guidance/instructions from DHHS.
* Directors display a lack of understanding of Victorian Government funding and budget processes.
* The board or its directors do not have any links or interactions with other public boards.

## Roles and responsibilities

A health service board, and its individual directors, has/have formal duties and responsibilities to the Secretary, the Minister and the public. Therefore, it is important to understand how the chair, the board collectively, each individual director and the CEO roles relate to, and interact with, the roles of the Minister, DHHS and other key and ancillary stakeholders.

The DHHS is a key entity for boards, and acts in a variety of capacities, including in its stewardship role.

Figure 1.3.1 below sets out the overarching structure and key stakeholders in the Victorian governance model.

**Minister**

**for Health**

**Secretary**

**Governance and Performance Teams**

**Health Service Chair and Board**

**Health Service CEO and Executives**

**Patients, consumers, carers and community**

**Government**

**Department**

**Health Services**

**Community**

Figure 1.3.1 - Victoria’s governance model and the key Victorian stakeholders

The Victorian Government sets health policy and, in addition to DHHS, the central agencies of Department of Premier and Cabinet (DPC), and the Victorian Public Sector Commission (VPSC) as a sub-entity of DPC, and the Department of Treasury and Finance (DTF) also have roles in broad policy development and the provision of advice to the Victorian Government.

DTF also plays a leading role in economic, financial and resource management, and formulates and implements the Government’s budgetary and financial policy objectives.

Under Victoria’s governance model, the roles and responsibilities of all relevant parties vary, but are equally important. The following figure highlights the various interactions between the numerous parties involved with health service delivery.

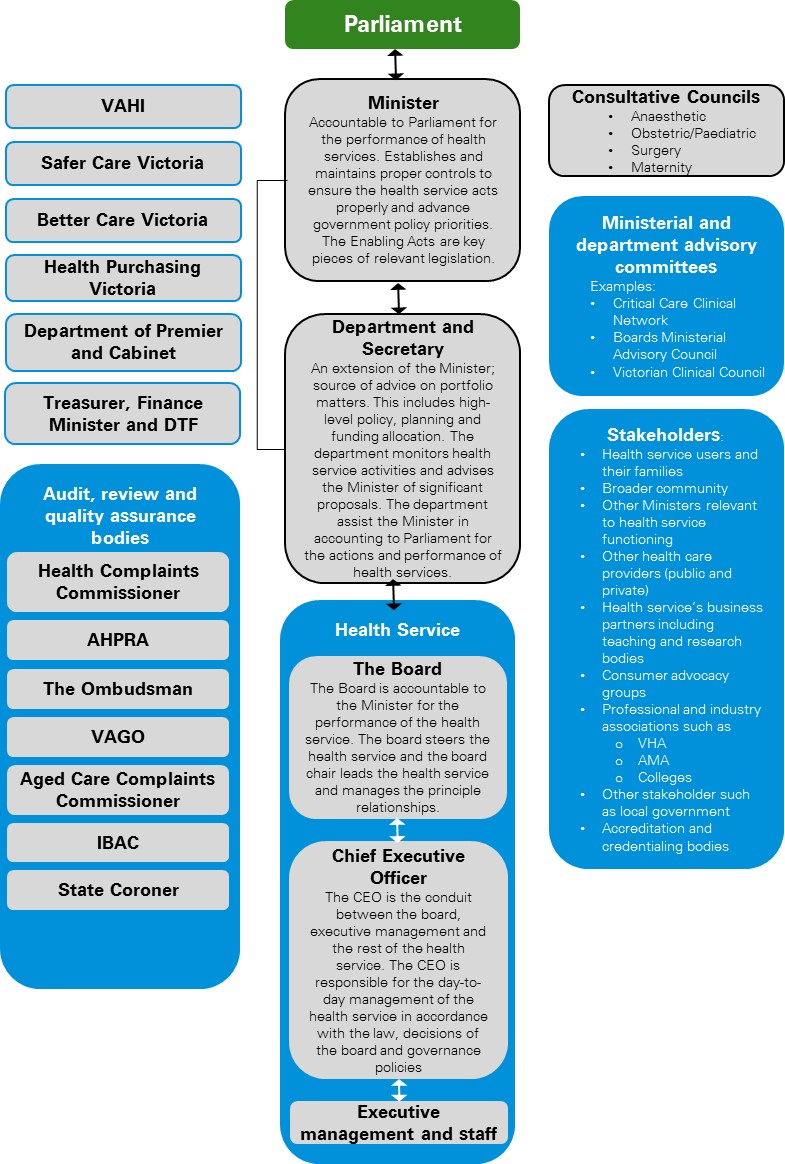


Figure 1.3.2 The relevant key stakeholders, agencies and entities in the Victorian public health sector

### Role of the Minister for Health

The role of the Minister is also established in the Enabling Acts and at a high level, responsibilities typically include:

* setting the overall strategic direction and context of the health system in Victoria (see Health 2040 below for more detailed information)
* monitoring the performance of health services
* establishing and maintaining appropriate accountabilities and controls to ensure the provision of high-quality and cost-effective health services in accordance with Victorian Government policy and objectives
* approving the strategic plans and annual performance priorities and targets of ‘public health services’
* appointing board directors and/or delegates/administrators (as required under conditions specified in the Enabling Acts)
* issuing directions to health service boards with respect to any matter of ‘public interest’ or that will ‘give effect to the objectives of the act’
* sanctioning non-performance of a health service, should it not be meeting performance expectations or targets.

### Role of the Secretary

The Secretary (supported by DHHS) is responsible for ensuring that the objectives of the Enabling Acts are met through:

* advising the Minister of the operation of the Enabling Acts
* developing policies and plans with respect to health services provided by healthcare agencies
* funding or purchasing health services and monitoring, evaluating and reviewing publicly funded or purchased health services
* encouraging safety and improvement in the quality of health services provided by healthcare facilities
* approving CEO appointments and terms and conditions and health service by-laws
* developing performance criteria and measures that enable effective monitoring of the health service’s achievement of its strategic objectives
* monitoring performance across multiple domains, including access, timeliness, efficiency, quality and safety, occupational health and safety (OH&S). Please refer to the Performance Management Framework (PMF) and Victorian government’s clinical governance framework for more information.
* collecting and analysing data that enables the comparison of performance of health services.

In addition, the Secretary (supported by DHHS, Safer Care Victoria (SCV) and the Victorian Agency for Health Information (VAHI)) assists the Minister with broader administrative functions including:

* providing advice regarding statewide health strategy, policy and program development
* governance and performance of health services
* facilitating service and capital funding
* providing funding policy and allocation guidelines. Each year, DHHS publishes the Victorian health policy and funding guidelines,[[2]](#footnote-2) which set out the key budget, program and policy changes for the coming financial year
* monitoring quality and safety and supporting services to manage and improve quality and safety
* monitoring and ensuring delivery of policy and performance priorities
* ensuring health service compliance with departmental policies and procedures.

Furthermore, making safety and quality improvement is a core goal of DHHS, as well as the broader health system. DHHS must set clear expectations that boards of all hospitals:

* have safety and quality as a substantial agenda item at every meeting
* have a statement of ambition for achieving excellence in care, and set clear, measurable goals and timelines for achieving that ambition
* hold CEOs to account for actions taken to improve care after safety incidents occur, including by ensuring that recommendations from reviews and root cause analyses are implemented.

## DHHS’ role and areas most relevant to health services

DHHS was established on 1 January 2015, bringing together the functions of health, human services and sport and recreation. DHHS has responsibility for developing and delivering policies, programs and services that support and enhance the health and wellbeing of all Victorians. DHHS take a broad view of the causes of ill health, the drivers of good health, the social and economic context in which people live, and the incidence and experience of vulnerability. This allows DHHS to place people at the centre of policymaking, service design and delivery.

The DHHS’ structure provides for integrated stewardship of the systems and outcomes in health and human services.

Central divisions lead policy development, service and funding design and system management. Four operational divisions oversee and coordinate the delivery and funding of services and initiatives across 17 areas of the state. Each division covers a mix of rural, outer-metropolitan and inner-metropolitan areas of Victoria. DHHS provides many services directly to the community through its operational divisions. In addition, DHHS funds almost 2,000 other organisations to deliver vital health and human services care. DHHS also partners with other parts of the Victorian public service, federal and local governments and communities to build community infrastructure capacity, participation and resilience.

DHHS’ strategic plan and annual report describe its structure and divisions. Of particular relevance to health services are the following divisions.

### Health and Wellbeing division

The Health and Wellbeing division is responsible for policy, strategy and commissioning of services in Victoria’s primary prevention, secondary and tertiary healthcare system. Health and Wellbeing oversees policy, system design and planning, as well as funding and performance of the secondary and tertiary health system (and parts of the primary care system) in Victoria.

This includes community health services, public and private hospitals and day procedure centres, emergency and non-emergency patient transport services, residential aged care services, mental health services, public dental services, drug harm reduction, treatment and support services, community care and assessment for people aged under 65 and other non-government healthcare providers. It aims to improve equity of access to services regardless of where the patient lives. The division also has a focus on integrated care for chronic disease patients, recognising the benefits of care coordination and supported navigation to improve health outcomes.

Within this division are branches and units that work together to commission services, develop health policy, monitor and oversee performance and ensure delivery of government policy. Areas most relevant to public health entities include:

* health services governance (board appointments, training, capability)
* metropolitan health service performance (monitors and oversees performance management of metropolitan public health services, development of performance management framework)
* rural and regional health (rural and regional policy, liaise directly with the board chairs and CEOs of rural and regional services, monitors and oversees performance)
* ambulance services (oversees ambulance policy and performance of emergency and non-emergency ambulance services)
* mental health (oversees mental health policy, monitors and oversee performance of mental health service providers).

Other areas in the division that the health service is likely to be impacted by, but not necessarily make direct contact with, include:

* policy and programs (tertiary and primary health policy and program initiatives, in addition to other services including aged care)
* Aboriginal health and wellbeing
* Office of Prevention and Women’s Equality
* Family Violence and Protection Agency
* Prevention Population Health and Place

The division also works closely with the Inter-governmental Relations areas of DHHS and central agencies (DPC and DTF) to advance the State’s interests in the range of agreements with the Commonwealth, such as the National Health Reform Agreement and the various National Partnership Agreements.

Working closely with SCV, Family Safety Victoria and VAHI, the Health and Wellbeing division advances safe, quality healthcare and disseminates innovation and improvement efforts across the health system. It also works alongside these organisations to maximise the value and appropriateness of care in our health system.

### Regulation, Health Protection and Emergency Management Division

The Regulation, Health Protection and Emergency Management division brings together professional and epidemiological expertise to protect the Victorian public from avoidable harm. The daily work of the division brings its staff in contact with drugs and poisons, infections and contagions, emergency incidents and the risks of super bugs and pandemics.

### Corporate services

The Corporate Services division provides strategic advice and services to drive performance and improve the financial sustainability of the department and portfolio agencies. The division delivers finance, business technology and information management services. It also provides expert support on industrial relations, procurement and contract management, risk identification and management, budget strategy and corporate planning.

## Role of the board

The role of a health service board is to oversee the performance of its health service and ensure that it is meeting the policy and performance objectives of the Minister.

In practice this includes, among other things:

* setting the vision, strategy and direction of the organisation, in line with Victorian Government policy
* having ultimate accountability for the delivery of safe and quality care
* removal, succession planning and performance management of the CEO
* overall oversight of the performance and delivery of key policy priorities
* ensuring the ongoing financial viability of the organisation.

The functions of the board are varied and cover accountability to stakeholders and leadership both internally and externally, now and into the longer term. Figure 1.3.3 depicts this.

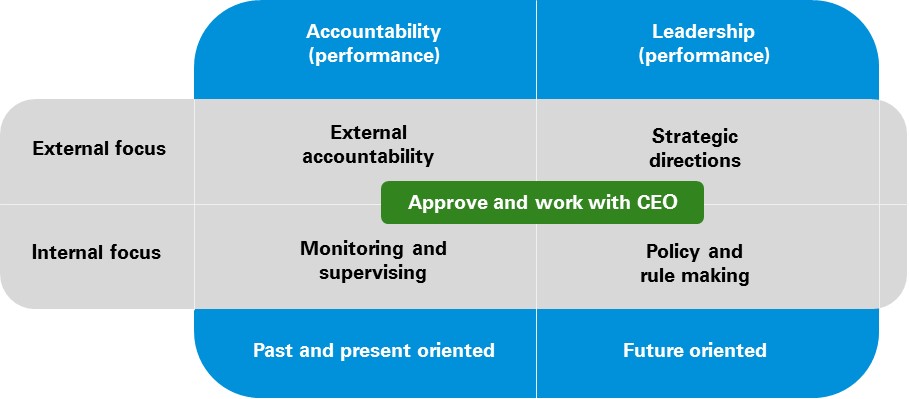


Figure 1.3.3 Health service board functions (Source: Victorian Government)

The general responsibilities of boards, whether they are corporate or government entities, are similar and encompass the roles and responsibilities outlined throughout.

However, boards of government entities are additionally responsible for ensuring that they support their respective Minister in achieving their policy priorities as well as the objectives of the relevant Enabling Act.

The responsibilities of health service boards typically include, but are not limited to:

* provision of safe, high quality health care across a range of essential health care services
* efficient, effective and economic governance and management of the health service
* effective and appropriate use of public funds, allocated according to need
* providing the community with sufficient information to make informed decisions about their health care
* provision of an inclusive and safe work environment for health service workers.

The key principle underpinning this responsibility is that the board is accountable to the Minister for the performance of the health service.

The Enabling Acts define specific functions for boards including:

* developing the annual Statement of Priorities (SoP)[[3]](#footnote-3) and Strategic Plans for the operation of the health service and monitoring of compliance with those statements and plans
* developing the financial and business plan, strategies and budgets to ensure accountable and efficient provision of health services and the long-term financial viability of the health service
* establishing and maintaining effective systems to ensure the services provided meet the needs of the communities serviced by the health service and that the views of consumers and providers of the health services are taken into account
* monitoring the performance of the health service to ensure that the health service is financially viable, effectively manages risk, develops strategic direction (in line with broader policy objectives), provides a high quality of care and drives continuous improvement across the health sector
* appointing the CEO (subject to Secretary approval) and making recommendations with respect to their remuneration and contractual agreements
* establishing the management structure and appropriate committee structures that support the implementation of the health service strategic plan in line with budget
* monitoring the performance of management (including the CEO) in accordance with strategic and performance targets
* ensuring that the CEO convenes an annual meeting of the health service between 1 July and 31 December in which the board is required to submit an annual report that incorporates operating and financial performance (in accordance with the *Financial Management Act 1994* (FMA), and the health services provided and planned in the coming year.

Boards and individual directors must ensure that they:

* are familiar with the requirements of the Victorian Government’s clinical governance framework, and meeting the performance expectations that it sets out
* are aware of the policy and funding changes that impact their health service and the broader delivery of health services in and around their region
* understand the ‘whole of system’ stewardship role DHHS plays within individual programs and statewide policy setting and how health services integrate across the broader health services landscape
* develop and maintain effective working relationships between DHHS, the chair and the CEO so that each party can fulfil their responsibilities.

Key attributes of directors

* Curiosity
* Healthy scepticism
* Collaborative
* Professional
* Self-reflective
* Open to challenge and discussion
* Ability to ask questions
* Can maintain a united front
* Respects confidentiality
* Integrity
* Independence from conflicts of interest

Source: KPMG

## Role of the chair

The chair plays a crucial leadership role in facilitating the effective contribution of all directors and promoting constructive and respectful relations between all directors and executive management. As the leader of the board, the chair also has a performance management role with respect to other directors.

The chair must lead by example, displaying the utmost professionalism and engaging in conduct that is beyond reproach. In this sense, it is difficult to imagine a well-performing board without an effective chair.

It is the responsibility of the board to set the tone for the entire organisation. It is the responsibility of the chair to set the tone for the board

An effective chair must:

* actively engage in inclusive leadership that ensures all directors can, and do, contribute to board discussions in a collegiate and constructive manner
* ensure that the board fulfils its role to proactively oversee and govern the organisation rather than being a ‘rubber stamp’ for management
* demonstrate personal integrity through ethical behaviour and exercise power in the appropriate manner
* provide leadership by empowering and motivating board colleagues
* develop a positive relationship with the CEO and senior management
* command respect by winning the confidence of fellow directors
* demonstrate strong communication skills, both verbal and written
* understand and demonstrate a commitment to corporate governance principles and practices
* operate as a team player, respecting, acknowledging and building on the views and perspectives of others
* promote a suitable vision and strategy, offering strategic insight and direction
* manage board meetings and procedures including time management and development of agendas
* performance assessment and management
* leads succession planning for board and key executives
* oversee the development of a sound risk management framework.

The duties of the role and the personal characteristics and competencies required should be embodied in a chair’s position description that is reviewed by the board on a regular basis. The expectation of the role are the same as for other public sector entities as outlined in the VPSC guidance.[[4]](#footnote-4)

The VPSC guidance acknowledges the demanding and time-consuming nature of the chair’s role and specifically describes the role’s importance in leadership and relationship management, particularly with the Minister, the DHHS and the CEO of the service.

The importance of the chair’s role with respect to leading the board, maintaining relationships and overseeing effective performance of the health service means that other commitments must not be allowed to detract from the chair’s role.

The chair may be exposed to ‘additional liability’ if circumstances arise where they could be considered a recipient and ‘gatekeeper’ of information that may not be available to other directors. It is paramount to ensure that any significant performance shortcomings attributed to the CEO are brought to the board’s attention and that the chair resists any complicity with the CEO to hold back information.

In addition, the chair must not prevent the CEO from raising issues with the board, nor should the chair fail to raise any matter that would reasonably be judged worthy of the board’s consideration.

Given the significance of the chair’s role, boards that elect their own chair should give careful attention when making that choice, and should not default to the to the common practice of electing a chair according to a notion of seniority. The role should be filled by the candidate best able to fulfil the duties referred to above.

## Role of the director

Board directors are bound by legal and ethical responsibilities enshrined in the Enabling Act and supporting governance guidelines. Appointed by the Governor in Council (GiC) on recommendation of the Minister, the role of a director is to fulfil their directorship responsibilities, and those responsibilities outlined in the HSA, in a professional and ethical manner.

In practice, this means that directors must:

* act in the **interests of the health service** at all times
* act with **integrity and in good faith**
* hold themselves and each other **to account**
* attend **all meetings**, properly prepared by pre-reading all board papers
* look **beyond the obvious** and not just accept the information presented
* be **curious and well informed** – inform themselves of issues/risks impacting the provision of health services.

## Indemnity

Various sections of the Enabling Acts stipulate health service board directors are not personally liable for anything done, or omitted to be done, in good faith when carrying out their duties. Any liability resulting from an act or omission attaches instead to the health service.

Victorian Government health service insurance covers the corporate liability of public health services arising from negligent medical treatment, as well as the individual liability of those for whom the hospital is legally liable such as full-time and part-time employed doctors (including private practice work that is specifically covered by the insurance), and contracted visiting medical officers undertaking public work. Sum insured limits apply, which are reviewed for adequacy by the VMIA as part of their role as risk advisor to the government.

The precise nature and extent of an indemnity in any particular case will depend on the circumstances involved. Board members should seek independent legal advice concerning whether they need to take out additional insurance to cover all circumstances.

## Role of the Chief Executive Officer (CEO)

The appointment (or re-appointment) and performance management of the CEO is a critical role for the board of directors. The Chair in particular, has a critical relationship with the CEO as the conduit between the health service and the board.

Board Directors, particularly of public hospitals and MPS, should note their additional performance management obligations for CEOs. The HSA requires that the board monitor the performance of the CEO of the public health service (including at least one formal assessment in relation to that financial year), having regard to the objectives, priorities and key performance outcomes specified in the service's statement of priorities (or equivalent agreement). The HEER Policy sets out the Board’s responsibilities regarding the appointment (or reappointment) of the CEO.

Health service CEOs have a broad range of responsibilities and are required to take direction from the board with respect to:

* managing the health service in accordance with the financial and business plans, strategies and budgets developed by the board
* preparing material for consideration by the board, including SoPs, strategic plans, business plans, strategies and budgets
* ensuring the board and its committees are assisted and provided with relevant information to enable them to perform the functions effectively and efficiently
* implementing effective and accountable systems to monitor the quality and effectiveness of health services provided
* ensuring the health service continuously strives to improve the quality of health care it provides and to foster innovation
* ensuring the board’s decisions are implemented effectively and efficiently throughout the health service
* informing the board, the Secretary and the Minister without delay of any significant issues of public concern or significant risks affecting the health service.

The HSA also articulates that in performing his/her duties, the CEO must do so with the needs of the key stakeholders and users of the health service in mind and ensure these needs are met in a cost effective and efficient manner.

The CEO must also ensure resources of the Victorian public hospital sector generally are used effectively and efficiently taking into account the broader health system.

## Delegated authorities

Given the complexity of a health service, it is not possible, nor is it desirable, for a board to exercise all of its possible powers and functions all the time. The board may sometimes delegate part of its powers to a sub-committee, an individual director, and/or an employee under a defined ‘Delegations of Authority’ document, endorsed by the board.

Directors are entitled to rely on others, where they believe, on reasonable grounds, in good faith and after making all proper enquiries that the delegated authority is, and will continue to be, reliable and competent in relation to the power delegated.

Importantly, a delegation of authority is not a delegation of a director’s accountabilities. A director will always be responsible for performing the duties of his/her role in accordance with the Enabling Acts and his/her inherent responsibility to act in the best interests of the organisation under the direction of the Minister.

If these conditions stop being met, the board will be responsible for the exercise of power by the delegate as if the directors themselves had exercised the power. The board also retains the delegated power and can still exercise it.

Boards must take responsibility not only for the appointment and performance management of a reliable and competent CEO, but must also make a judgement about the competence of the entire senior management team, as well as being satisfied that the organisation has established proper processes for the management of the organisation, and the hiring of competent employees.

It is important that directors review all materials and financial reports presented by management and auditors with a critical eye, and not accept or approve materials without question, to ensure that reasonable grounds exist to rely on the work of management. Directors should seek source documents and other information and materials to understand the presented information in context.

The delegations policy, which is approved by the board, should specify the limits of authority for all individuals, including the delegations from the CEO to senior management and from senior management to staff. This will assist the board in fulfilling its duty of care and be a useful reference to all health service personnel as to who has responsibility for decision-making.

## Government is different

As iterated above, governance of a Victorian Government entity is different from the private and not-for-profit sectors. Figure 1.3.4 below highlights five key factors that sets Victorian Government agencies apart.



Figure 1.3.4- Unique factors of governance for Government entities (Source: KPMG)

For information on government general orders,[[5]](#footnote-5) protocols,[[6]](#footnote-6) symbols and emblems,[[7]](#footnote-7) visit [www.dpc.vic.gov.au](http://www.dpc.vic.gov.au) .

## Other legislation and policies

In addition to a health service’s enabling legislation, there is a wide range of other legislation applicable, both state and federal. A director should be fully aware of relevant laws including:

* overarching Victorian Government legislation and policy
* other legislation, Victorian Government policy and obligations relevant to the health service’s activities
* guidelines and directions issued by the Minister, Victorian Government departments or other regulators.

Common examples of overarching government legislation (at both state and federal levels) includes disclosure, privacy, financial management, general public administration, equal opportunity, freedom of information and public records. Policies can include those related to industrial relations, public sector employment principles, procurement, advertising, risk management, litigation, and investments.

The health service should advise the board, and the board should also be broadly aware, on which overarching government policy frameworks and any specific departmental polices, apply to their health service. Directors should thoroughly review the key organisational specific policies and assure themselves that they are fully aligned with government requirements before endorsing them. Formal Ministerial directions can override some policies, if the government’s overarching policy or the health service’s legislation permits this.

Whilst health services are exempt from the *Corporations Act 2001* (Cth) (which outlines the roles, responsibilities and accountabilities of directors and organisations outside the public sector), they are subject to all the other laws that apply to the private sector, including occupational health and safety and taxation. Government agencies are normally expected by the community and other regulators to be exemplars in compliance with these requirements.

## Elections and caretaker conventions

### Standing for election

If you plan on standing for election to parliament, there are important laws and regulations that will apply.

A board director who is considering standing for Parliament or a local council should familiarise themselves with the relevant laws and their potential effect. Directors should review:

* Australian Constitution (for federal elections)
* Victorian Constitution (for state elections)
* relevant by-laws or rules of the local government (for local government elections)
* *Public Administration Act 2004* (PAA)
* relevant codes of conduct (e.g. the VPSC’s *Director’s Code of Conduct)*
* Australian Electoral Commission guidance
* the HSA or other relevant Enabling Act (e.g. for resignation processes).

For example, under sections 49, 61, and 61A of the *Victorian Constitution*, a person who holds “any office or place of profit under the Crown (whether in right of Victoria or any other capacity), or is in any manner employed in the public service of Victoria or of the Commonwealth for salary wages fees or emolument” may stand for election to the Victorian Parliament provided they resign from that position if elected to Parliament. Otherwise, the person’s election may be ‘null and void’.

However, there are many cases where express provision (in statute e.g. HSA) is made to the contrary where a person can hold both positions (health service directorship and Parliament membership).

Therefore, if you intend to nominate for election to either local government, state or federal Parliament, it is recommended you seek independent legal advice. Additionally, should you be required to resign, you should also seek legal advice as to how to affect your resignation, pursuant to all relevant legal requirements, and in sufficient time for the resignation to take effect by the required date (so as to not impact your standing for election).

In addition to any rules or laws regarding the eligibility to nominate or stand for election, directors must consider whether their nomination could be in conflict with their directorship. The board must be satisfied that the director is able to continue to perform their duties without a conflict or interest or misuse of position on the board. This includes the nominated director being free from partisan or political views while on the board and not using the position as director on the board to gain some benefit toward their electoral candidacy.

For further information please visit the Victorian Electoral Commission website: [www.vec.vic.gov.au](http://www.vec.vic.gov.au) and the VPSC website: [www.vpsc.vic.gov.au](http://www.vpsc.vic.gov.au) . DHHS also offers support to its health services and board directors through its divisions and the central Health Services Governance team that developed this Toolkit.

### Caretaker conventions

Caretaker conventions dictate that once an election date is determined, the government assumes a ‘caretaker role’ up until the date of the election. Prior to the election period, board directors should familiarise themselves with the caretaker conventions applicable to Victorian health services. Caretaker conventions are published on the DPC website[[8]](#footnote-8), once an election is announced.

Specific published conventions are employed during this period which aim to protect the apolitical character of the public service, and limit the commitments, made in advance, of a (potential) incoming government including:

* not making any major decisions, such as entering into major contracts or undertakings, that are likely to inappropriately commit an incoming government
* running advertising or information campaigns that highlight the role of the Minister or address an issue of contention between political parties
* engaging in any other activity, such as public presentations, speeches or comment that compromises the health service’s actual or perceived apolitical status.

The board should be aware that some government or departmental decisions that might affect the organisation (such as appointments or reappointments of board directors) are not normally made during the caretaker period, and can be delayed following an election, particularly if a new Minister is appointed. The board should factor such potential delays into its planning.

More information is available from [www.vpsc.vic.gov.au](http://www.vpsc.vic.gov.au)

## External regulatory framework

A range of external bodies have an oversight role in relation to some important components of health service operations. Boards should understand their health service’s obligations in relation to these bodies.

There is a much broader regulatory framework within which a health service operates. Key elements of this external framework include agencies established to monitor, manage and resolve issues relating to:

* consumer protection and investigation of complaints regarding health service provision, and management of health records - under the remit of the **Health Complaints Commissioner** (HCC)
* rights, complaints resolution and improvements for Victorian public mental health services – under the remit of the **Mental Health Complaints Commissioner** (MHCC)
* investigation of administrative practices of health services (conducted by the **Victorian** **Ombudsman**)
* audit and accountability of public administration of all public sector organisations, including the department and public health service entities (such as **VAGO**)
* unexplained natural deaths and deaths suspected to be from direct or indirect trauma which can sometimes involve investigating deaths that occur in health services (conducted by **State** **Coroner**)
* complaints about the care and services from an Australian Government-subsidised aged care service provider and reporting notifiable diseases e.g. flu (conducted by the **Aged Care Complaints Commissioner** (ACCC))
* the investigation of public sector practices which relate to fraud, corruption and misconduct (such as those undertaken by the **IBAC**)
* implementation of the [National Registration and Accreditation Scheme](http://www.ahpra.gov.au/~/link.aspx?_id=D4E5EF420D3C4EAB8B247FDB72CA6E0A&_z=z) across Australia (under the remit of **AHPRA**). Please note there is a distinction between accreditation (of the health service) and credentialing (of clinicians).

The role of each of these agencies is outlined in more detail in **Appendix 3**. More information is provided in relation to obligations to many of these regulators in ***Chapter 4****: Statutory duties*.

# 1.4 Government Policy

In addition to the HSA and regulatory frameworks, there are also multiple government and DHHS commitments and policies that directors need to consider. We have provided a few policy examples in this section to highlight what is currently front and centre for the health sector and DHHS.

## Questions that directors of health services should ask

* Am I aware of the long term health policy drivers of the Victorian public health sector?
* Do I keep up to date with new policies, technology and other innovations that are impacting the health care sector?
* Does the board invite regular speakers to talk about recent health developments?
* Do we invite DHHS executives to board meeting?
* Are we aware of the leading policy drivers of other health services? How do these drivers affect our health service?
* Do I understand interactions of different parts of the health system?

## Red flags

* The board operates in isolation from the health service and from other health services within the sector.
* DHHS has never been invited to speak at a board meeting and/or other service meeting or event.
* The board is unaware of recent policy publications and trends in the health care sector.
* The board is unaware of current technology and other innovations in health.
* There is little or no consideration of current or emerging health policy issues and the impact they might have on the provision of health services both locally and more broadly.
* The health service strategy lacks policy inputs and assessments of changing context of health service provision in the local community.
* Directors rarely attend training and/or sector events/conferences.

## Policy introduction

Victoria’s population and labour market is growing, meaning there is more demand for the services we fund and provide. Coupled with this are significant changes to settlement of the population, with the emergence of new growth areas in Melbourne, and in the population’s demographics, such as in profiles of age, ethnicity, health and wellbeing. This is causing Victoria to re-think the optimal distribution and configuration of services and to recognise the service mix people need now will be different from future needs.

Victorians also have changing expectations and preferences about the services the Victorian Government funds and delivers. Informed by *Targeting Zero*, the review of hospital safety and quality assurance in Victoria and quality and safety reviews in human services, Victorians rightly expect safer, higher quality services. Victorians expect learning from the recent tragic events in the health and human services systems to deliver the Government’s commitment to zero avoidable harm.

Victorians also have a growing preference for more personalised services, more choice and greater co-design and shared decision-making. Digital media and technology are also changing how people expect to interact and engage with Government. Data, analytics and technology are transforming the ability to predict, assess and respond to risks and needs.

Some of the more recent policy items impacting health services published have been summarised below.

## Health 2040: advancing health access and care

*Health 2040: advancing health, access and care*[[9]](#footnote-9) presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

*Health 2040* is built around three pillars:

* **Better health**: focuses on prevention, early intervention, community engagement and people's self-management to maximise the health and wellbeing of all Victorians.
* **Better access**: focuses on reducing waiting times and delivering equal access to care via state wide service planning, targeted investment, and unlocking innovation.
* **Better care**: focuses on people's experience of care, improving quality and safety, ensuring accountability for achieving the best health outcomes, and supporting the workforce to deliver the best care.

### Victoria’s health policy drivers

The health care system exists to improve the health and wellbeing of all Victorians. The Victorian Government is responsible for delivering the system that looks after Victorians. It sets the direction and funds the services that people use every day.

The Government funds more than 500 organisations to provide healthcare to Victorians. This includes hospitals and emergency services, and services provided in the community and in people’s homes. Many of these services require specialised buildings and equipment; Victoria’s public health infrastructure is worth over $11 billion.

Our public health workforce is one of the largest in Australia. The 100,000 people who work in our public health services are the heart of Victorian healthcare.

### Our challenges

The health system is always evolving to meet the changing needs of Victorians. However, the changes of yesterday do not meet the demands of tomorrow. While much has been achieved over the past 10 to 20 years, far-reaching change must happen to meet the challenges we now face:

* an ageing population, together with new discoveries, new technology and new treatments which are creating growing demand for healthcare
* lifestyle choices and behaviours that are contributing to higher levels of chronic disease
* disparities and inequalities in health outcomes for certain population groups
* people’s changing needs and expectations
* unprecedented financial constraints that are unlikely to diminish.

These challenges have become truisms of the system, and it will take concerted and unified effort to address them. We must act now to effectively position our health system for the future and ensure that it is sustainable for the long term. This requires a clear vision, knowing what needs to be done to achieve that vision and deliberately charting our progress toward it.

### Why we need change

Our health system performs very well overall. Nationally, Australia has one of the highest life expectancies of any country in the world and our survival rates for cancer and cardiovascular disease are among the best in the world. Compared to similar countries, Australia has an efficient health system. While much has been achieved by the efforts to improve the system, we have a long way to go in providing healthcare that centres on people, ensures their care is well-coordinated, integrates services around them and personalises the care they receive.

### Priorities for reform

There are six broad themes which act as starting points for further exploration of healthcare reform direction. These are introduced below but are intended to be neither prescriptive nor exhaustive. At the heart of these themes is the idea that the healthcare system should be designed from the perspective of the people who use the system.

The six themes are:

* a person-centred view of healthcare
* preventing and treating chronic disease
* improving people’s health outcomes and experience
* improving the way the system works together
* better health for people in rural and regional areas
* valuing and supporting our workforce.

These are just some of examples of policies impacting directors when they are making decisions in the boardroom. Board chairs should keep in regular contact with DHHS to ensure they are up to date with the latest policies and commitments.

## Statewide Design, Service and Infrastructure Plan

The *Statewide Design, Service and Infrastructure Plan for Victoria's Health System 2017-2037[[10]](#footnote-10)* provides the planning framework that will guide service, workforce and infrastructure investment in our health system over the next 20 years, including an initial five year implementation plan.

The development of the plan during 2017-18 was guided by a Ministerial Advisory Council with broad representation from the health sector, as well as wider sector and community consultations on specific loyalty and service-stream planning issues.

The Statewide Plan describes our outlook on the future system including system design principles:

* Health system design is driven by population need, underpinned by strong prevention and early intervention systems to improve health outcomes.
* Victoria’s health services have clear role delineation, are geographically coordinated, & are well connected to the broader health & social care system.
* Where safe and appropriate, services will be delivered outside of the hospital setting and as close to home as possible.
* Enhanced system configuration and more flexible use of resources will release existing capacity in our health services and better distribute new capacity.
* Designated tertiary referral/specialist health services have a key role in ensuring access to patients from across Victoria who require higher complexity care.
* The causal relationship between the volume of services being provided and the quality of these services will be reflected in system design and service planning.
* The prioritisation and distribution of high cost medical equipment across the system will be undertaken by the department.

As discussed above, *Health 2040* identified a range of challenges for the Victorian health system. The Victorian Government is responding to these pressures by delivering lasting changes to the health system, focusing on five priority areas that will chart our path forward over the coming 20 years:

* building a proactive system that promotes health and anticipates demand
* creating a safety and quality-led system
* integrating care across the health and social service system
* strengthening regional and rural health services
* investing in the future—the next generation of healthcare.

The Statewide Plan will be operationalised through planning for specific localities and major service streams, as well as the progressive development of a system role delineation framework including capability frameworks and formalised service networks.

## *Targeting Zero* – the review of hospital safety and quality

At the request of the Minister, a review was commissioned following the discovery of a cluster of tragically avoidable perinatal deaths at Djerriwarrh Health Service.

The review, Targeting Zero, was a detailed and extensive analysis into how DHHS oversees and supports quality and safety of care across the Victorian hospital system. It consulted widely, seeking the views and experiences of patients, clinicians, hospital managers and boards about how to make Victoria's healthcare systems safer.

The Victorian Government and DHHS accepted, in principle, all the recommendations of the review.

*Better, Safer Care - Delivering a world-leading healthcare system*[[11]](#footnote-11) sets out how the Victorian Government and DHHS are addressing the entirety of the review's recommendations under four areas of emphasis:

* setting the goal that no one is harmed in our hospitals.
* supporting strong leadership in hospital governance - with good clinical leaders, effective boards and rigorous oversight.
* sharing excellence across our health system - so that where one hospital does something well, others can follow suit.
* collecting great data about patients' experiences and feeding that back across the system to improve patient care.

As part of this response, new entities have been established to simplify the current system and better respond to the needs of patients and healthcare workers:

* **Safer Care Victoria (SCV)** -an agency that works with health services to monitor and improve the quality and safety of care delivered across our health system, with the goal of achieving zero avoidable patient harm.
* **The Victorian Agency for Health Information (VAHI)** - a new health information agency which analyses and shares information across our system to ensure everyone has an accurate picture of where the concerns are, and where we're getting it right.
* **Victorian Clinical Councils (VCC)** - putting clinicians front and centre to provide clinical expertise to the Victorian Government, DHHS and health services on how to make the system safer and provide better care to all Victorians.
* **Boards Ministerial Advisory Committee (BMAC )**- a committee to ensure our hospital and health service boards have the right mix of skills, knowledge and experience to strengthen governance and decision-making.

The complete *Targeting Zero* review is available from: <https://www.dhhs.vic.gov.au/publications/targeting-zero-review-hospital-safety-and-quality-assurance-victoria>

The Government’s response, *Better, Safer Care - Delivering a world-leading healthcare system,* is available from: <https://www2.health.vic.gov.au/about/publications/factsheets/better-safer-care-delivering-a-world-leading-healthcare-system>.

## Mental Health

In November 2015 the government launched Victoria’s 10-year mental health plan[[12]](#footnote-12) to guide investment and drive better mental health outcomes for Victorians. More than 1,000 Victorians were involved in development of the plan, including people with a mental illness, their families and carers, service providers, clinicians, workers, experts and community members.

Recognising that nearly half of all Victorians (45 per cent) will experience mental illness in their lifetime, the plan focuses on greater efforts in prevention, and providing better integrated services and support for the most vulnerable people in the community. The plan also outlines the government’s approach to work directly with people with a mental illness, their families and carers to co-produce and improve services. It is a long term plan that sets the mental health agenda for the next decade, not a set of one-off actions.

A clear goal: All Victorians experience their best possible health, including mental health

The plan will ensure investment in mental health is coordinated and strategic, maximising the benefits for Victorians. It is closely aligned with the MHA, which supports the provision of holistic, recovery-oriented mental health treatment - enabling people with a mental illness to play a central role in decisions regarding their treatment and care.

In the plan the government committed to report annually to parliament and community on mental health services.

### Preventing suicide in local communities

The Victorian suicide prevention framework 2016-25, released in July 2016, is a key component of our 10-year mental health plan. In 2016, 651[[13]](#footnote-13) Victorians were lost to suicide – more than double the road toll. For every suicide there are many more people – family, friends, carers, colleagues and communities – who are deeply affected. Suicide is complex but preventable.

Under two flagship suicide prevention initiatives that began in 2016–17, vulnerable Victorians who have attempted suicide are being helped with the intensive support they need to recover and supporting 12 Victorian communities to prevent suicide through place-based workforce training, school-based support and mental health literacy.

An important part of these initiatives is developing culturally appropriate and safe suicide prevention approaches. These initiatives will be evaluated and learnings from this will inform future suicide prevention efforts across the State.

In addition to the two flagship initiatives above, a range of complementary activity is underway. This includes initiatives to support dairy farmers and their families experiencing financial and emotional stress, including outreach support, counselling, information and linkages to other local support services. Farming communities have been consulted to ensure the support provided meets people’s needs. Partnerships have been formed with local health services, Primary Care Partnerships, Primary Health Networks, government departments and industry and local community groups to deliver a range of innovative responses.

Key to framing the effort to halve the suicide rate is better and timelier access to relevant data to inform both policy and program responses. DHHS is working closely with the Coroners Prevention Unit on sharing non-identified data. This is a critical addition to existing information and knowledge including Victorian, national and international research on evidence-based responses to prevent suicide.

While there has been an increase in the number of suicides in Victoria between 2016 (651) and 2019 (719), the Victorian Government is committed to halving the suicide rate in Victoria by 2025.

### Major reforms in forensic mental health

Victoria’s 10-year mental health plan identified the critical need to better address the requirements of people involved with the justice system at all points of contact: at arrest or apprehension, in police custody, at court, on community-based corrections orders, in prison and at all transition points.

A significant proportion (36.2 per cent) of prisoners in Victoria have a psychiatric risk rating on arrival in prison. A key part of the reform is ensuring effective treatment and support is provided to prisoners on their return to the community. Investments in the 2017–18 State Budget expanded mental health support for people who are in, or at risk of entering, the criminal justice system. The reforms aim to improve mental health outcomes, reduce the risk of offending or reoffending and increase community safety.

Reforms in youth justice have provided more mental health assessment, treatment and support through clinical in-reach for young offenders in the justice system. A new Forensic Youth Mental Health Service will include an early intervention problem behaviour program, and a secure youth forensic mental health unit will be established.

An additional 18 beds opened at Thomas Embling Hospital during 2017-18. In November 2017 Ravenhall, the new medium-security men’s prison in Melbourne’s west, began receiving prisoners. Ravenhall has the capacity to provide mental health services to 75 inmates. Across Victoria, funding has been provided to support planning for more forensic mental health beds.

### Forensicare

Forensicare is the statewide provider of forensic mental health services. Forensic mental health services is a specialist area of the mental health system that provides a wide range of mental health services across the spectrum of criminal justice including assessment and treatment of mentally ill offenders, people with a mental disorder and a history of criminal offending or those who are at risk of offending. It also provides treatment services for people found not guilty of an offence on the grounds of mental impairment.

The primary focus of Forensicare is the provision of clinical services which are provided in inpatient, community and prison settings. Forensicare partners with mental health services and broader community organisations to ensure patients and consumers are well supported in their recovery trajectory. Forensicare have a formal link with Swinburne University of Technology through their research arm, the Centre for Forensic Behavioural Science and established links with other tertiary organisations to support ongoing commitment to promote knowledge and training in forensic mental health.

## Ambulance Services

### Victoria’s Ambulance Action Plan

The Victorian Government established the Ambulance Performance and Policy Consultative Committee in January 2015 to develop policies and make recommendations to improve the performance and culture of Ambulance Victoria. The Ambulance Performance and Policy Consultative Committee released its final report *Victoria’s Ambulance Action Plan – Improving Services, Saving Lives* (Action Plan) on 10 December 2015. The Action Plan sets out a roadmap to transform both the delivery of ambulance services to the Victorian community and the way paramedics are supported throughout their careers.[[14]](#footnote-14)

The Action Plan is part of a broader policy reform agenda which will support efforts to shape a health system that meets the needs of all Victorians. The reform priorities in the Action Plan have been developed alongside other important policy initiatives, which focus on quality and safety, performance, workforce and culture. These include the VAGO audits on Occupational Violence Against Healthcare Workers and Bullying and Harassment in the Health Sector; the Royal Commission into Family Violence report and the SoP agreed between the AV board and the Minister for Ambulance Services.

### Ambulance Victoria

Ambulance Victoria was established on 1 July 2008 through the integration of the Metropolitan Ambulance Service, Rural Ambulance Victoria and Alexandra District Ambulance Service. As a modern ambulance service, Ambulance Victoria aims to improve the health of the community by delivering safe, innovative and responsive lifesaving pre-hospital care, and emergency and non-emergency patient transport by road and air.

Ambulance Victoria operates a high quality service, serving more than six million Victorians, providing pre-hospital care for people experiencing medical emergencies or in need of medical transport to an appropriate health service. The ambulance service is an integral part of the Victorian health system and as such, is responsive to the present challenges of an ageing, growing population and the rise of chronic disease.

Ambulance services in Victoria have two streams; emergency and non-emergency. In Victoria, Ambulance Victoria is the sole provider of emergency ambulance services. Non-emergency patient transport (NEPT) services are provided by both Ambulance Victoria and registered NEPT private providers.

Like health services in Victoria, Ambulance Victoria is run by an independent board of management and has the responsibility to govern the day to day operations of the service, including staff management.

Ambulance Victoria[[15]](#footnote-15) is required by the ASA to:

* Respond rapidly to requests for help in pre-hospital medical emergencies;
* Provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while transporting patients;
* Provide specialised transport facilities to move people requiring emergency medical treatment;
* Provide services for which specialised medical or transport skills are necessary;
* Foster continuous improvement in the quality and safety of the care and services it provides; and
* Foster public education in first aid.

## DHHS Strategic Plan

The Strategic Plan provides an understanding of the department’s vision, aim and objectives. It is essentially the roadmap for DHHS delivering on its priorities and commitments. Having an understanding of the strategic plan and DHHS overarching goals, better prepares directors to govern health services efficiently and effectively having a better understanding of the government context.

The strategic plan focuses on:

* Ensuring that client, patient and system outcomes drive all that we do
* Empowering individuals to make choices that promote good physical and mental health and help them stay connected to their culture and community
* Delivering the government’s commitments, priorities and policy objectives as we begin a new term
* Strengthening the safety, quality, performance and design of our systems
* Contributing to a strong Victorian economy in our role as an employer by building the capabilities of the workforces that deliver our services, creating jobs through our service delivery and capital works, and through our economic output and support for research
* Deepening our engagement with patients, clients, victim-survivors, staff, funded agencies and community members to design and improve our services
* Embracing our patients, clients and victim-survivors as partners in their own care
* Strengthening our internal systems and equipping our staff to deliver better outcomes.

The strategic plan has a medium-term outlook, covering a rolling 4-year period, and is refreshed every year to reflect changes in government and departmental priorities and commitments.

The complete Strategic Plan is available from: <https://dhhs.vic.gov.au/publications/department-health-and-human-services-strategic-plan>

## Useful references

### Policy references

* *Health Services Act 1988* (Vic); *Ambulance Services Act 1986* (Vic); *Mental Health Act 2014* (Vic) and the HLA Bill are all available from [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
* *Health 2040:* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care>
* *Targeting Zero review and report:* <https://www.dhhs.vic.gov.au/publications/targeting-zero-review-hospital-safety-and-quality-assurance-victoria>
* *Better, Safer Care - Delivering a world-leading healthcare system:* <https://www2.health.vic.gov.au/about/publications/factsheets/better-safer-care-delivering-a-world-leading-healthcare-system>
* *Mental health 10 year plan:* <https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-plan>
* *Occupational violence and aggression:* <https://www2.health.vic.gov.au/health-workforce/worker-health-wellbeing/occupational-violence-aggression>
* Department of Premier and Cabinet (DPC), *Appointment and Remuneration Guidelines*, (1 July 2017), DPC, Victoria. Available from DPC here: <https://www.dpc.vic.gov.au/images/documents/Appointment_and_Remuneration_Guidelines_-_Effective_from_1_July_2017a.PDF>
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* Chartered Institute of Public Finance and Accountancy (CIPFA) and the International Federation of Accountants (IFAC), *International Framework: Good Governance in the Public Sector* (July 2014). Available here: <http://html5.epaperflip.com/?docid=7b1af6f6-7ad3-447f-93d7-a56001027e5e#page=0>
* The Independent Commission on Good Governance in Public Services, *Good Governance Standard for Public Services* (Jan 2005), The Office for Public Management Ltd and The Chartered Institute of Public Finance and Accountancy, United Kingdom. Available from the Joseph Rowntree Foundation here: <https://www.jrf.org.uk/report/good-governance-standard-public-services>

### Departments and Government Agencies

* *Better Care Victoria Knowledge Hub:* [www.bettercare.vic.gov.au/knowledge-hub](http://www.bettercare.vic.gov.au/knowledge-hub)
* DHHS health website:<https://www2.health.vic.gov.au/>
* Health service boards and governance: <https://www2.health.vic.gov.au/hospitals-and-health-services/boards-and-governance>
* Department of Premier and Cabinet - [www.dpc.vic.gov.au](http://www.dpc.vic.gov.au)
* Department of Treasury and Finance - [www.dtf.vic.gov.au/Home](http://www.dtf.vic.gov.au/Home)
* VPSC election guidance [vpsc.vic.gov.au/html-resources/guidance-during-election-periods/](https://vpsc.vic.gov.au/html-resources/guidance-during-election-periods/)
* VAGO’s website: [www.audit.vic.gov.au](http://www.audit.vic.gov.au)
* VMIA website: www.vmia.vic.gov.au/
* Ambulance Victoria’s website: [www.ambulance.vic.gov.au](http://www.ambulance.vic.gov.au)
* Forensicare’s website: [www.forensicare.vic.gov.au](http://www.forensicare.vic.gov.au/)
* Appendix 1 – List of hospital and health services

1. Please note, these acts may have been amended and/or updated after this Toolkit was published. When reviewing, please review the most recent version. [↑](#footnote-ref-1)
2. Available from: <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines> [↑](#footnote-ref-2)
3. or equivalent health service agreement with DHHS or Minister (e.g. tripartite agreement). [↑](#footnote-ref-3)
4. Available from: [www.vpsc.vic.gov.au/governance](http://vpsc.vic.gov.au/governance/governance-structure-and-roles/public-entity-roles-and-other-stakeholders/) [↑](#footnote-ref-4)
5. See <https://www.dpc.vic.gov.au/index.php/policies/legal/machinery-of-government/general-orders-and-supplements> [↑](#footnote-ref-5)
6. See <https://www.dpc.vic.gov.au/index.php/policies/protocol> [↑](#footnote-ref-6)
7. See <https://www.dpc.vic.gov.au/index.php/news-publications/victorian-symbols-emblems> [↑](#footnote-ref-7)
8. See [www.dpc.vic.gov.au](http://www.dpc.vic.gov.au) [↑](#footnote-ref-8)
9. *Health 2040* is available at: <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Health-2040-advancing-health-access-and-care> [↑](#footnote-ref-9)
10. Available from: <https://www2.health.vic.gov.au/hospitals-and-health-services/health-system-design-planning/statewide-plan> [↑](#footnote-ref-10)
11. Available here: <https://www2.health.vic.gov.au/about/publications/factsheets/better-safer-care-delivering-a-world-leading-healthcare-system> [↑](#footnote-ref-11)
12. Available from: <https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-plan> [↑](#footnote-ref-12)
13. Victorian Coroners Court, Victorian Monthly Suicide Report [www.coronerscourt.vic.gov.au](http://www.coronerscourt.vic.gov.au) [↑](#footnote-ref-13)
14. Available from: <https://www2.helth.vic.gov.au/about/publications/researchandreports/victorias-ambulance-action-plan-improving-services-saving-lives>. [↑](#footnote-ref-14)
15. [www.ambulance.vic.gov.au](http://www.ambulance.vic.gov.au) contains general information about AV and is regularly updated with the latest in statistics, developments and media releases. [↑](#footnote-ref-15)