

Authorised Version No. 179
Health Services Act 1988

No. 49 of 1988

Authorised Version incorporating amendments as at
1 September 2023

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Authorised Version No. 179
Health Services Act 1988
No. 49 of 1988

Authorised Version incorporating amendments as at
1 September 2023

The Parliament of Victoria enacts as follows:

Part 1—Preliminary

1 Purpose

The purpose of this Act is to make provision for the development of health services in Victoria, for the carrying on of hospitals and other health care agencies and related matters.

S. 1
amended by
No. 88/1994
s. 4.

2 Commencement

- (1) Part 11 comes into operation on the day to be proclaimed.
- (2) Section 196 is deemed to have come into operation on 1 October 1987.

- (2A) Section 199 is deemed to have come into operation on 1 October 1987.

S. 2(2A)
inserted by
No. 1/1989
s. 4(a).

- (3) The remainder of this Act comes into operation on a day or days to be proclaimed.

3 Definitions

- (1) In this Act—

accounting records includes invoices, receipts, orders for the payment of money, bills of exchange, cheques, promissory notes, vouchers and other documents of prime entry and also includes such working papers and other documents as are necessary to explain

S. 3
amended by
No. 46/1998
s. 7(Sch. 1)
(ILA s. 39B(1)).

the methods of calculations by which
accounts are made up;

S. 3(1) def. of
*approved
accreditation
scheme*
inserted by
No. 52/2017
s. 3(d).

approved accreditation scheme means an
accreditation scheme approved under
section 107;

S. 3(1) def. of
*authorised
officer*
amended by
Nos 68/1996
s. 19(a),
46/1998
s. 7(Sch. 1).

authorised officer means a person appointed by
the Secretary for the purposes of this Act;

S. 3(1) def. of
*authorised
quality and
safety officer*
inserted by
No. 4/2022
s. 4.

authorised quality and safety officer means an
officer appointed under section 121;

S. 3(1) def. of
Board in
Part 6A
inserted by
No. 52/2017
s. 3(d).

Board in Part 6A means the Better Care Victoria
Board established under that Part;

board in relation to an agency means the
committee of management or governing
body (by whatever name called) of the
agency;

S. 3(1) def. of
by-law
substituted by
No. 53/1990
s. 4(a),
amended by
No. 99/1995
s. 5(a).

by-law—

- (i) in relation to a health service
establishment or registered funded
agency that is a corporation with
articles of association, means the
corporation's articles of association; and

(ii) in relation to any other health service establishment or registered funded agency or a multi purpose service, means a principal regulatory instrument made by the establishment or agency or a multi purpose service but does not include rules made under a principal regulatory instrument;

* * * * *

S. 3(1) def. of *Chief General Manager* substituted by No. 46/1995 s. 4(a), repealed by No. 46/1998 s. 7(Sch. 1).

Chief Health Officer has the same meaning as in the **Public Health and Wellbeing Act 2008**;

S. 3(1) def. of *Chief Health Officer* inserted by No. 4/2022 s. 4.

chief psychiatrist has the same meaning as in the **Mental Health Act 2014**;

S. 3(1) def. of *chief psychiatrist* inserted by No. 4/2022 s. 4.

Chief Quality and Safety Officer means the person appointed as Chief Quality and Safety Officer under section 116;

S. 3(1) def. of *Chief Quality and Safety Officer* inserted by No. 4/2022 s. 4.

clinical area, in relation to premises registered as a health service establishment, means an area of the premises where health services are provided and includes an equipment sterilisation area;

S. 3(1) def. of *clinical area* inserted by No. 52/2017 s. 3(d).

Health Services Act 1988
No. 49 of 1988
Part 1—Preliminary

<p>S. 3(1) def. of <i>close associate</i> inserted by No. 55/2006 s. 4(1), repealed by No. 49/2010 s. 219(a).</p>	*	*	*	*	*
<p>S. 3(1) def. of <i>community health centre</i> repealed by No. 79/2008 s. 6(1)(a).</p>	*	*	*	*	*
<p>S. 3(1) def. of <i>Council</i> inserted by No. 17/2011 s. 3, repealed by No. 52/2017 s. 3(a).</p>	*	*	*	*	*
<p>S. 3(1) def. of <i>day procedure centre</i> amended by Nos 99/1995 s. 12, 52/2017 s. 3(b).</p>					
					<p><i>day procedure centre</i> means premises where—</p> <p>(a) an activity carried on is the provision of health services of a prescribed kind or kinds and for which a charge is made; and</p> <p>(b) persons to whom treatment of that kind or those kinds is provided are reasonably expected to be admitted and discharged on the same date—</p> <p>but does not include a public hospital, denominational hospital or private hospital;</p>
<p>S. 3(1) def. of <i>declared operator</i> inserted by No. 39/2022 s. 832(a).</p>					<p><i>declared operator</i> has the same meaning as in section 3(1) of the Mental Health and Wellbeing Act 2022;</p>

denominational hospital means—

- (a) a hospital listed in Schedule 2; or
 - (b) premises occupied by such a hospital—
- as the case requires;

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S. 3(1) def. of *dentist* repealed by No. 26/1999 s. 107(Sch. item 4).

Department means the Department of Health and Human Services;

S. 3(1) def. of *Department* amended by Nos 42/1993 s. 19, 46/1998 s. 7(Sch. 1), 29/2010 s. 58(a), 8/2020 s. 3.

designated public hospital means a public hospital or privately-operated hospital in respect of which a declaration under section 7 is in force;

S. 3(1) def. of *designated public hospital* amended by No. 68/1996 s. 19(b).

domestic partner of a person means—

- (a) a person who is in a registered relationship with the person; or
- (b) an adult person to whom the person is not married but with whom the person is in a relationship as a couple where one or each of them provides personal or financial commitment and support of a domestic nature for the material benefit of the other, irrespective of their genders and whether or not they are living under the same roof, but does not include a person who provides

S. 3(1) def. of *domestic partner* inserted by No. 18/2004 s. 4(b), substituted by No. 12/2008 s. 73(1)(Sch. 1 item 30.1).

domestic support and personal care to the person—

- (i) for fee or reward; or
- (ii) on behalf of another person or an organisation (including a government or government agency, a body corporate or a charitable or benevolent organisation);

S. 3(1) def. of *former agency* inserted by No. 66/1998 s. 4, amended by Nos 39/2000 s. 4(2)(a)(b), 52/2004 s. 4(b).

former agency means—

- (a) a body that was at any time—
 - (i) a registered funded agency; or
 - (ii) a multi purpose service; or
 - (iii) a body declared to be a multi purpose service under section 115A(1) or deemed by force of section 115V(2) to have been so declared; or
 - (iv) an incorporated institution or a separate institution within the meaning of the **Hospitals and Charities Act 1958** or any corresponding previous enactment—

but the incorporation of which was cancelled or dissolved or which ceased to exist—

- (v) by force of an Order made under section 115A of this Act; or
- (vi) by force of section 115V(2) of this Act; or
- (vii) on its amalgamation or aggregation with another body by force of a provision of this Act or

of the **Hospitals and Charities Act 1958** or any previous enactment corresponding to that Act; or

(viii) by force of section 195 of this Act; or

(b) the Cancer Institute or the Cancer Institute Board under Part II of the **Cancer Act 1958** as in force immediately before 14 May 1989; or

(ba) a metropolitan health service; or

(bb) a public hospital that on or after 1 July 2004 becomes a public health service; or

(bc) a public hospital that on the effective date of an Order under section 239 becomes a public health service; or

(bd) a transferring agency by virtue of an Order under section 248; or

(c) a metropolitan hospital designated in an Order under section 215.

goods and services includes facilities, equipment and supplies;

S. 3(1) def. of *goods and services* inserted by No. 18/2001 s. 4.

health or related service, in Part 6, means—

(a) a registered funded agency, multi purpose service or health service establishment; or

(ab) a registered community health centre; or

(ac) a women's health service listed in Schedule 6; or

S. 3(1) def. of *health or related service* inserted by No. 18/2001 s. 4, amended by Nos 8/2013 s. 3, 22/2014 s. 4, 39/2022 s. 832(b).

- (b) any other person, body or organisation that provides, delivers, funds, facilitates access or provides insurance in relation to health services, being services that include, but are not limited to—
 - (i) aged care services; or
 - (ii) palliative care services; or
 - (iii) disability services; or
 - (iv) pharmaceutical services; or
 - (v) ambulance services; or
 - (vi) health services in association with correctional services; or
 - (vii) residential care services; or
- (c) the Victorian Institute of Forensic Mental Health; or
- (ca) Youth Mental Health and Wellbeing Victoria; or
- (d) any other prescribed health or related service;

health service agreement means an agreement entered into under section 26;

health service entity means—

- (a) a public health service; or
- (b) a public hospital; or
- (c) a multi purpose service; or
- (d) a denominational hospital; or
- (e) a private hospital; or
- (f) a day procedure centre; or
- (g) an ambulance service within the meaning of the **Ambulance Services Act 1986**; or

S. 3(1) def. of
*health service
entity*
inserted by
No. 4/2022
s. 4.

- (h) a non-emergency patient transport service within the meaning of the **Non-Emergency Patient Transport and First Aid Services Act 2003** that is licensed under that Act; or
- (i) the Victorian Institute of Forensic Mental Health established by section 328 of the **Mental Health Act 2014**; or
- (j) a prescribed entity that provides health services;

health service establishment means—

- (a) a day procedure centre; or
- (b) a premises at which, or from which, a prescribed health service is provided; or;

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- (d) a private hospital;

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health service establishment premises guidelines means guidelines approved under section 106;

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HPV means Health Purchasing Victoria established by section 129;

S. 3(1) def. of *health service establishment* amended by Nos 88/1994 s. 5(a), 49/2010 s. 219(b), 52/2017 s. 3(c).

S. 3(1) def. of *health service establishment premises guidelines* inserted by No. 52/2017 s. 3(d).

S. 3(1) def. of *hostel* substituted by No. 88/1994 s. 5(b), repealed by No. 73/1997 s. 4(a).

S. 3(1) def. of *HPV* inserted by No. 18/2001 s. 4.

S. 3(1) def. of
HPV direction
inserted by
No. 18/2001
s. 4.

HPV direction means a direction given by HPV
under section 132(2)(c);

interim funding statement means a statement
issued under section 27;

S. 3(1) def. of
*medical
practitioner*
repealed by
No. 23/1994
s. 118(Sch. 1
item 25.1(a)).

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S. 3(1) def. of
*metropolitan
health service*
inserted by
No. 39/2000
s. 4(1),
repealed by
No. 52/2004
s. 4(a).

* * * * *

S. 3(1) def. of
*metropolitan
hospital*
inserted by
No. 46/1995
s. 4(b).

metropolitan hospital means—
(a) a hospital listed in Schedule 3; or
(b) premises occupied by such a hospital—
as the case requires;

S. 3(1) def. of
*multi purpose
service*
inserted by
No. 99/1995
s. 5(b),
amended by
No. 34/2019
s. 55.

multi purpose service means—
(a) a body referred to in section 115V(2);
or
(b) a body declared under Part 4A to be a
multi purpose service; or
(c) a body listed in Schedule 1A;

S. 3(1) def. of
next of kin
inserted by
No. 55/2006
s. 4(1).

next of kin includes a domestic partner;

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S. 3(1) def. of *nursing home* amended by No. 88/1994 s. 5(c), repealed by No. 73/1997 s. 4(a).

police officer has the same meaning as in the **Victoria Police Act 2013**;

S. 3(1) def. of *police officer* inserted by No. 37/2014 s. 10(Sch. item 78.1).

private hospital means premises where persons are provided with health services of a prescribed kind or kinds and for which a charge is made and includes a privately-operated hospital but does not include—

S. 3(1) def. of *private hospital* amended by Nos 68/1996 s. 19(c), 73/1997 s. 4(b).

- (a) a public hospital or denominational hospital; or
- (b) a day procedure centre; or
- (c) a residential care service;

privately-operated hospital means—

S. 3(1) def. of *privately-operated hospital* inserted by No. 68/1996 s. 19(d).

- (a) a hospital within the meaning of Part 3A listed in Schedule 4; or
- (b) premises occupied by such a hospital listed in Schedule 4—

as the case requires;

proprietor in relation to a health service establishment means—

- (a) in the case of a not-for-profit establishment, the authority or body of persons conducting the establishment; and

(b) in any other case, the owner (whether a natural person or a corporation) of the business or undertaking carried on at the establishment;

S. 3(1) def. of *protected quality and safety review* inserted by No. 4/2022 s. 4.

protected quality and safety review means a quality and safety review which is designated as a protected quality and safety review by the Chief Quality and Safety Officer under section 124(3)(a)(ii);

S. 3(1) def. of *Public Advocate* amended by Nos 1/1989 s. 4(b), 52/1998 s. 311(Sch. 1 item 36.1), substituted by No. 13/2019 s. 221(Sch. 1 item 20.1(a)).

Public Advocate has the same meaning as in the **Guardianship and Administration Act 2019**;

S. 3(1) def. of *public health service* inserted by No. 52/2004 s. 4(c).

public health service means—

- (a) a public health service listed in Schedule 5; or
- (b) premises occupied by a public health service listed in Schedule 5—

as the case requires;

S. 3(1) def. of *public hospital* substituted by No. 46/1995 s. 4(c), amended by No. 39/2000 s. 4(3)(a)(b), substituted by No. 52/2004 s. 4(d).

public hospital means—

- (a) a hospital listed in Schedule 1; or
- (b) except in Division 4 of Part 3 and Parts 12 and 13, a public health service; or
- (c) premises occupied by a hospital listed in Schedule 1 or, except in Division 4 of Part 3 and Parts 12 and 13, by a public health service—

as the case requires;

purchasing policy means a purchasing policy made by HPV under section 134;

S. 3(1) def. of *purchasing policy* inserted by No. 18/2001 s. 4.

quality and safety review means a review of a health service entity conducted by the Chief Quality and Safety Officer under section 124 and includes—

S. 3(1) def. of *quality and safety review* inserted by No. 4/2022 s. 4.

(a) a standard quality and safety review; and

(b) a protected quality and safety review;

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S. 3(1) def. of *region* repealed by No. 26/2014 s. 455 (Sch. item 36).

registered community health centre means a community health centre registered under Division 6 of Part 3;

S. 3(1) def. of *registered community health centre* inserted by No. 79/2008 s. 6(1)(b).

registered funded agency means—

(a) a public hospital; or

(b) a denominational hospital; or

* * * * *

(ca) a public health service; or

(d) any other agency registered or deemed to be registered under Division 2 of Part 3; or

(e) a State funded residential care service;

S. 3(1) def. of *registered funded agency* amended by Nos 88/1994 s. 5(d), 73/1997 s. 4(c), 52/2004 s. 4(e), 79/2008 s. 6(1)(c).

S. 3(1) def. of *registered medical practitioner* inserted by No. 23/1994 s. 118(Sch. 1 item 25.1(b)), amended by No. 97/2005 s. 182(Sch. 4 item 27), substituted by No. 13/2010 s. 51(Sch. item 29).

registered medical practitioner means a person registered under the Health Practitioner Regulation National Law to practise in the medical profession (other than as a student);

S. 3(1) def. of *related body corporate* inserted by No. 55/2006 s. 4(1), repealed by No. 49/2010 s. 219(c).

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representative has the same meaning as in Part IVA of the **Medical Practitioners Act 1970**;

S. 3(1) def. of *residential care service* inserted by No. 73/1997 s. 4(d).

residential care service means premises where accommodation and personal care or nursing care or both personal care and nursing care are provided to a person in respect of whom a residential care subsidy or a flexible care subsidy is payable under an Act of the Commonwealth;

S. 3(1) def. of *resident's administrator* inserted by No. 18/2004 s. 4(b).

resident's administrator means the resident's attorney appointed under a power of attorney or an enduring power of attorney to administer the resident's property or a person appointed by a court or tribunal as the administrator of the resident's property;

resident's guardian means the resident's guardian appointed under the **Guardianship and Administration Act 2019** or appointed by a court;

S. 3(1) def. of *resident's guardian* inserted by No. 18/2004 s. 4(b), substituted by No. 13/2019 s. 221(Sch. 1 item 20.1(b)).

SAPSE review means a review of a serious adverse patient safety event conducted in accordance with Division 8 of Part 5A;

S. 3(1) def. of *SAPSE review* inserted by No. 4/2022 s. 4.

Secretary means the Department Head (within the meaning of the **Public Administration Act 2004**) of the Department;

S. 3(1) def. of *Secretary* inserted by No. 46/1998 s. 7(Sch. 1), substituted by No. 29/2010 s. 58(b).

senior available next of kin has the same meaning as in the **Human Tissue Act 1982**;

serious adverse patient safety event means an event of a prescribed class or category that results in harm to one or more individuals;

S. 3(1) def. of *serious adverse patient safety event* inserted by No. 4/2022 s. 4.

serious risk to patient health or safety means there is a high probability of a substantial adverse impact on the health or safety of a patient;

S. 3(1) def. of *serious risk to patient health or safety* inserted by No. 52/2017 s. 3(d).

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S. 3(1) def. of *special or personal care* amended by No. 18/2004 s. 4(a)(i)(ii), repealed by No. 49/2010 s. 219(c).

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S. 3(1) def. of *spouse* inserted by No. 55/2006 s. 4(1), repealed by No. 49/2010 s. 219(c).

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S. 3(1) def. of *standard quality and safety review* inserted by No. 4/2022 s. 4.

standard quality and safety review means a quality and safety review that is not a protected quality and safety review;

S. 3(1) def. of *state funded nursing home* repealed by No. 73/1997 s. 4(e).

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S. 3(1) def. of *State funded residential care service* inserted by No. 73/1997 s. 4(e).

State funded residential care service means premises in respect of which a declaration under section 6 is in force;

S. 3(1) def. of *successor agency* inserted by No. 66/1998 s. 4, amended by No. 39/2000 s. 4(4).

successor agency, in relation to a former agency, means a body that is by force of a provision of this Act or of the **Hospitals and Charities Act 1958** or any previous enactment corresponding to that Act—

- (a) the successor, or deemed to be the successor, of the former agency (whether for all purposes or for the purposes of a trust in relation to a former agency); or
- (b) deemed to be the same body as the former agency (whether for all purposes or for the purposes only of a trust in relation to the former agency)—
whether as a result of the body—
- (c) immediately succeeding the former agency; or
- (d) succeeding a body that had succeeded the former agency (immediately or otherwise) and regardless of the body's position in any such chain of succession;

supported residential service has the same meaning as it has in the **Supported Residential Services (Private Proprietors) Act 2010**;

S. 3(1) def. of *supported residential service* amended by Nos 53/1990 s. 4(b), 73/1997 s. 4(f), 55/2006 s. 4(2), substituted by No. 49/2010 s. 219(d).

trust, in relation to a body that is—

- (a) aggregated or amalgamated at any time with another body by force of a provision of this Act or of the **Hospitals and Charities Act 1958** or any previous enactment corresponding to that Act;

S. 3(1) def. of *trust* inserted by No. 66/1998 s. 4, amended by Nos 39/2000 s. 4(5)(a)–(c), 52/2004 s. 4(f).

- (aa) a transferring agency by virtue of an Order under section 248 or a former agency of such a body; or
- (ab) a metropolitan health service or a former agency of such a body; or
- (ac) a public hospital or a former agency of such a body; or
- (b) declared to be a multi purpose service under section 115A(1) or deemed by force of section 115V(2) to have been so declared; or
- (ba) a body the incorporation of which is cancelled by force of section 195; or
- (c) a former agency of such a body; or
- (ca) a metropolitan hospital designated in an Order under section 215—

means—

- (d) a gift, disposition or trust of property made or declared, or deemed to have been made or declared; or
- (e) a trust fund created—

whether by deed, will or otherwise to, or in favour of, for the use of, or for the purposes of, the body or under its terms capable of being given to, or applied in favour of, for the use of, or for the purposes of, the body;

S. 3(1) def. of
*Victorian
Electoral
Commission*
inserted by
No. 23/2002
s. 194(1).

Victorian Electoral Commission means the Victorian Electoral Commission established under section 6 of the **Electoral Act 2002**;

Victorian Institute of Forensic Mental Health means the Victorian Institute of Forensic Mental Health established under section 610 of the **Mental Health and Wellbeing Act 2022**;

S. 3(1) def. of *Victorian Institute of Forensic Mental Health* inserted by No. 39/2022 s. 832(a).

visitor means a community (residential services) visitor appointed under Part 5;

Youth Mental Health and Wellbeing Victoria has the same meaning as in section 3(1) of the **Mental Health and Wellbeing Act 2022**.

S. 3(1) def. of *Youth Mental Health and Wellbeing Victoria* inserted by No. 39/2022 s. 832(a).

(2) If under the **Public Administration Act 2004** the name of the Department of Human Services is changed, a reference in the definitions of ***Department*** and ***Secretary*** in subsection (1) to that Department must, from the date when the name is changed, be treated as a reference to the Department by its new name.

S. 3(2) inserted by No. 46/1998 s. 7(Sch. 1), amended by No. 108/2004 s. 117(1) (Sch. 3 item 96.1).

(3) For the purposes of the definition of ***domestic partner*** in subsection (1)—

S. 3(3) inserted by No. 55/2006 s. 4(3), substituted by No. 12/2008 s. 73(1)(Sch. 1 item 30.2).

(a) ***registered relationship*** has the same meaning as in the **Relationships Act 2008**; and

(b) in determining whether persons who are not in a registered relationship are domestic partners of each other, all the circumstances of their relationship are to be taken into account, including any one or more of the matters referred to in section 35(2) of the **Relationships Act 2008** as may be relevant in a particular case; and

(c) a person is not a domestic partner of another person only because they are co-tenants.

S. 4
amended by
Nos 52/2017
s. 4, 4/2022
s. 31.

4 Interpretation: health service establishment

A reference to the carrying on of a health service establishment is a reference to the provision of a health service by reason of the conducting of, or the carrying on of a business or undertaking at, or from, the establishment.

S. 5
amended by
No. 46/1998
s. 7(Sch. 1),
repealed by
No. 52/2017
s. 5.

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S. 5A
inserted by
No. 66/1998
s. 5.

5A Interpretation: trust instruments

If the terms of an instrument creating a trust (as defined in section 3(1)) in relation to a former agency specify particular purposes of the agency for which the trust is created, then any reference to the purposes of the former agency is a reference to the purposes (if any) of the successor agency that correspond with, or are similar to, those specified purposes of the former agency.

S. 6
amended by
No. 73/1997
s. 5(1)(a)(2)
(ILA s. 39B(1)).

6 State funded residential care service

S. 6(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(1) The Secretary may, by notice published in the Government Gazette, declare premises to be a State funded residential care service if—

S. 6(1)(a)
amended by
No. 46/1998
s. 7(Sch. 1).

(a) in the opinion of the Secretary a business is carried on at those premises on a not-for-profit basis of providing accommodation to persons who—

S. 6(1)(a)(i)
amended by
No. 23/1994
s. 118(Sch. 1
item 25.2).

(i) require the exercise of nursing supervision and care with occasional attendance by a registered medical practitioner; and

- (ii) are persons in respect of whom residential care subsidy under an Act of the Commonwealth are provided; and
- (b) the Government of Victoria provides funds directly or indirectly on a recurrent basis for the carrying on of that business.
- (2) Any premises in respect of which a declaration under this section was in force immediately before the commencement of section 5 of the **Health Services (Amendment) Act 1997** are deemed, on that commencement, to be declared under this section to be a State funded residential care service.

S. 6(1)(a)(ii) substituted by No. 88/1994 s. 6, amended by Nos 73/1997 s. 5(1)(b), 55/2006 s. 5.

S. 6(2) inserted by No. 73/1997 s. 5(2).

7 Designated public hospital

- (1) The Secretary may, by notice published in the Government Gazette, declare a public hospital or privately-operated hospital, or any part of a public hospital or privately-operated hospital, to be a designated public hospital for the purposes of Division 2 of Part 4 and Part 9 of the **Supported Residential Services (Private Proprietors) Act 2010** if the Secretary is satisfied that it is desirable so to do on account of the number of older or disabled persons or persons receiving chronic care in the public hospital or privately-operated hospital or part, being persons in respect of whom residential care subsidies under an Act of the Commonwealth are provided.
- (2) Where a public hospital or privately-operated hospital or any part of a public hospital or privately operated hospital is declared to be a designated public hospital, Division 2 of Part 4 of the **Supported Residential Services (Private**

S. 7(1) amended by Nos 88/1994 s. 7(1), 68/1996 s. 20(1), 73/1997 s. 6(1), 46/1998 s. 7(Sch. 1), 49/2010 s. 220(1).

S. 7(2) amended by Nos 88/1994 s. 7(2), 68/1996 s. 20(2), 49/2010 s. 220(2)(a).

Proprietors) Act 2010 applies to that hospital or part as if it were a supported residential service.

S. 7(3)
inserted by
No. 68/1996
s. 20(3),
amended by
No. 49/2010
s. 220(2)(b).

- (3) If a privately-operated hospital or any part of a privately-operated hospital is declared to be a designated public hospital, Division 2 of Part 4 of the **Supported Residential Services (Private Proprietors) Act 2010** applies to that hospital or part only to the extent to which it provides health services to public hospital patients.

8 Amendment of Schedules

S. 8(1)
amended by
Nos 46/1995
s. 5, 34/2019
s. 56(1)(a).

- (1) The Governor in Council, by Order published in the Government Gazette, may amend Schedule 1, 1A, 2 or 3 by—

S. 8(1)(a)
amended by
No. 34/2019
s. 56(1)(b).

- (a) adding the name of a hospital or multi purpose service; or

S. 8(1)(b)
amended by
No. 34/2019
s. 56(1)(b).

- (b) removing the name of a hospital or multi purpose service; or

S. 8(1)(c)
amended by
No. 34/2019
s. 56(1)(b).

- (c) amending the name of a hospital or multi purpose service.

- (2) The Governor in Council must not remove the name of a hospital from Schedule 2 and add the name to Schedule 1 unless the hospital has ceased to be controlled by a religious denomination.

S. 8(3)
inserted by
No. 68/1996
s. 21.

- (3) The Governor in Council, by Order published in the Government Gazette, may amend Schedule 4 by—

- (a) adding the name of a hospital within the meaning of Part 3A; or

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- (b) removing the name of a hospital if it has ceased to be a hospital within the meaning of Part 3A; or
- (c) amending the name of a hospital.
- (4) The Governor in Council, by Order published in the Government Gazette, may amend Schedule 5 by—
- (a) adding the name of a public health service; or
- (b) removing the name of a public health service; or
- (c) amending the name of a public health service.
- (5) If the name of a public hospital listed in Schedule 1, the name of a multi purpose service listed in Schedule 1A or the name of a public health service listed in Schedule 5 changes—
- (a) the reference in the relevant Schedule to the old name of the public hospital, multi purpose service or public health service is taken to be a reference to the new name of the public hospital, multi purpose service or public health service; and
- (b) the Governor in Council, by Order published in the Government Gazette, may amend the relevant Schedule by amending the name of the public hospital, multi purpose service or public health service.
- S. 8(4) inserted by No. 39/2000 s. 5.**
- S. 8(4)(a) amended by No. 52/2004 s. 5(1).**
- S. 8(4)(b) amended by No. 52/2004 s. 5(1).**
- S. 8(4)(c) amended by No. 52/2004 s. 5(1).**
- S. 8(5) inserted by No. 52/2004 s. 5(2), amended by No. 34/2019 s. 56(2).**
- S. 8(5)(a) amended by No. 34/2019 s. 56(3).**
- S. 8(5)(b) amended by No. 34/2019 s. 56(3).**

9 Objectives

The objectives of this Act are to make provision to ensure that—

S. 9(a)
substituted by
No. 52/2017
s. 6.

- (a) health care agencies—
 - (i) provide safe, patient-centred and appropriate health services; and
 - (ii) foster continuous improvement in the quality and safety of the care and health services they provide; and
- (b) an adequate range of essential health services is available to all persons resident in Victoria irrespective of where they live or whatever their social or economic status; and

S. 9(ba)
inserted by
No. 52/2004
s. 6.

- (ba) public hospitals are governed and managed effectively, efficiently and economically; and

- (c) public funds—
 - (i) are used effectively by health care agencies; and
 - (ii) are allocated according to need; and

S. 9(ca)
inserted by
No. 18/2001
s. 5.

- (ca) purchasing arrangements for public hospitals and supply chain management by public hospitals provide value for money; and
- (d) health care agencies are accountable to the public; and
- (e) users of health services are provided with sufficient information in appropriate forms and languages to make informed decisions about health care; and
- (f) health care workers are able to participate in decisions affecting their work environment; and

(g) users of health services are able to choose the type of health care most appropriate to their needs.

* * * * *

S. 10
amended by
Nos 23/1994
s. 118(Sch. 1
item 25.3),
88/1994 s. 8,
18/2004 s. 5,
repealed by
No. 49/2010
s. 221.

11 Exemptions

- (1) The Governor in Council, by Order published in the Government Gazette, may declare that any provisions of Part 3 or Part 4 specified in the Order do not have effect in relation to a specified person or agency or class of person or agency.
- (1A) The Governor in Council, by Order published in the Government Gazette, may declare that any or all of the provisions of this Act specified in the Order do not apply to a specified health service establishment or class of establishment.
- (2) An Order under this section is subject to such terms and conditions (if any) as are specified in the Order.
- (3) An Order under this section has effect according to its tenor.
- (4) A person to whom an Order under this section applies must comply with the terms and conditions (if any) to which the Order is subject.
- Penalty applying to this subsection: 100 penalty units.

S. 11(1A)
inserted by
No. 53/1990
s. 5(1).

S. 11(2)
amended by
No. 53/1990
s. 5(2).

S. 11A
inserted by
No. 52/2004
s. 7.

11A Principal function of the Secretary

To ensure that the objectives of this Act are met, the Secretary may—

- (a) advise the Minister on the operation of this Act;
- (b) develop policies and plans with respect to health services provided by health care agencies;
- (c) fund or purchase health services and monitor, evaluate and review publicly funded or purchased health services;
- (d) encourage safety and improvement in the quality of health services provided by health care agencies and health service establishments;
- (e) in consultation with health care agencies, develop criteria or measures that enable comparisons to be made between the performance of health care agencies providing similar services;
- (f) collect and analyse data to enable the Secretary to perform the Secretary's functions under this or any other Act;
- (g) do anything else that the Secretary considers appropriate.

Part 2—Health services development guidelines

12 Preparation of draft guidelines

The Minister, after consulting widely with any persons who may be affected, may prepare draft guidelines for all or any of the following—

- (a) the orderly development of health services in the whole or any part of Victoria;
- (aa) the adequacy of health services in any part of Victoria; S. 12(aa)
inserted by
No. 53/1990
s. 6.
- (b) the improvement of the quality or safety of health care and health facilities; S. 12(b)
amended by
No. 52/2017
s. 7.
- (c) the improved distribution of health services and health facilities throughout Victoria or in any part of Victoria;
- (d) the avoidance of unnecessary and costly duplication of health services and health facilities;
- (e) the division of Victoria into areas for the purposes of delivery of health services.

13 Notice of draft guidelines

- (1) The Minister must cause a notice of draft guidelines prepared under section 12 to be published—
 - (a) in the Government Gazette; and
 - (b) in a newspaper circulating generally in Victoria; and
 - (c) if a guideline applies to a particular area of Victoria, in another newspaper circulating generally in that area.

- (2) The notice must—
- (a) state where copies of the draft guidelines can be obtained; and
 - (b) specify a period of not less than 60 days after the date of the notice for making submissions to the Minister on the draft guidelines.

14 Approval of guidelines

- (1) If, after considering any submissions received, the Minister decides to proceed with the draft guidelines with or without amendments, the Minister may recommend to the Governor in Council that the guidelines be approved in the form recommended by the Minister.
- (2) The Governor in Council may—
- (a) approve; or
 - (b) refuse to approve—
- the guidelines recommended by the Minister.

15 Publication of approved guidelines

The Minister must cause notice of any approved guidelines to be published in the Government Gazette.

16 Operation of guideline

An approved guideline—

- (a) has effect on and from the day on which it is published or if a later day is specified in the notice, that later day; and
- (b) unless sooner revoked, has effect for 3 years.

17 Revocation of guideline

- (1) The Governor in Council may revoke a guideline by notice published in the Government Gazette.
- (2) The revocation of a guideline has effect on and after the day specified in the notice, being a day not less than 30 days after the day on which the notice is published in the Government Gazette.

Pt 2A
(Heading and
s. 17AA)
inserted by
No. 46/1995
s. 6,
amended by
No. 68/1996
s. 22,
substituted by
No. 66/1998
s. 6.

Part 2A—Public hospital services principles

S. 17AA
substituted by
No. 66/1998
s. 6.

17AA Public hospital services principles

- (1) The principles contained in any agreement in force from time to time between the Commonwealth and Victoria with respect to the provision of public hospital services are established as guidelines for the delivery of public hospital services in Victoria.
- (2) Nothing in this Part—
 - (a) gives rise to, or can be taken into account in, any civil cause of action; and
 - (b) without limiting paragraph (a), operates to create in any person legal rights not in existence before the commencement of section 6 of the **Health Services (Further Amendment) Act 1998**.
- (3) In this Part, a reference to public hospital services includes a reference to services provided to public hospital patients by the following—
 - (a) privately-operated hospitals;
 - (b) Youth Mental Health and Wellbeing Victoria;
 - (c) a declared operator under a service agreement with Youth Mental Health and Wellbeing Victoria.

S. 17AA(3)
substituted by
No. 39/2022
s. 833.

Part 3—Agencies

Division 1—Public funding

17AB Definition

In this Division, *agency* includes any registered community health centre, the Victorian Institute of Forensic Mental Health and Youth Mental Health and Wellbeing Victoria but does not include a privately-operated hospital.

S. 17AB
inserted by
No. 68/1996
s. 23,
substituted by
No. 77/1997
s. 6,
amended by
Nos 79/2008
s. 6(2),
26/2014
s. 455(Sch.
item 13.1),
39/2022 s. 834.

17A Power to fund agencies

S. 17A
inserted by
No. 112/1993
s. 4.

- (1) The Secretary may provide grants, payments, subsidies or other financial assistance to agencies from funds administered by the Secretary for that purpose on the terms and conditions that the Secretary considers appropriate.
- (2) As part of the financial assistance under subsection (1), the Secretary may fund, either wholly or in part, the provision of health services by an agency and the funding can be determined by reference to the nature and extent of the health service to be provided.

S. 17A(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 17A(2)
amended by
No. 46/1998
s. 7(Sch. 1).

18 Criteria for public funding of agencies

In determining whether or not any grant, subsidy or other financial assistance should be given to an agency from money administered by the Secretary or determining what terms and conditions (if any) should be imposed, consideration must be given to the following—

S. 18
amended by
No. 46/1998
s. 7(Sch. 1).

- (a) the arrangements made or to be made by the agency—
 - (i) for ensuring that it makes efficient use of its resources; and
 - (ii) for monitoring and improving the quality of health services provided by the agency; and
 - (iii) for making its services accessible to minority groups and disadvantaged people; and
 - (iv) for enabling users of its services to make informed decisions about health care; and
 - (v) for enabling its employees to participate in decisions about their work environment;
- (b) whether the provision of services of any kind by the agency is likely to result in more than adequate services of that kind becoming available in any area;
- (c) whether the provision of services by the agency is consistent with any guidelines in force under Part 2;
- (d) whether the agency has complied with any health service agreement or interim funding statement relating to it;
- (e) if the agency has failed to comply with a health service agreement or interim funding statement, the reasons for non-compliance;
- (ea) the terms of any agreement between the agency and the Secretary under which the agency is to provide health services, and the provision of those health services is to be funded in whole or in part by the Secretary;

S. 18(ea)
inserted by
No. 112/1993
s. 5,
amended by
No. 46/1998
s. 7(Sch. 1).

- (eb) in the case of an agency which is a public hospital or a denominational hospital, whether it has complied with any direction given under section 42(1)(ia), and if it has failed to comply with that direction, the reasons for non-compliance; **S. 18(eb) inserted by No. 112/1993 s. 5.**
- (ec) in the case of a public health service, whether it has met the objectives, priorities and key performance outcomes specified in its statement of priorities under section 65ZFA in relation to the current financial year or in its statements of priorities under section 65ZFA in relation to the last 2 financial years; **S. 18(ec) inserted by No. 52/2004 s. 8.**
- (ed) in the case of a denominational hospital to which a statement of priorities under section 44A relates, whether it has met the objectives, priorities and key performance outcomes specified in its statement of priorities in relation to the current financial year or in its statements of priorities in relation to the last 2 financial years; **S. 18(ed) inserted by No. 52/2004 s. 8.**
- (f) any other relevant matters.

Division 1A—Case mix funding

Pt 3 Div. 1A (Heading and ss 18A–18F) inserted by No. 112/1993 s. 6.

18A Definition

- (1) In this Division, *case mix funding system* means the system of funding health services provided by a public hospital or denominational hospital based on formulae that determine the relative weighting of particular classes of health services.

S. 18A inserted by No. 112/1993 s. 6, amended by No. 68/1996 s. 24(1).

S. 18A(2)
inserted by
No. 68/1996
s. 24(2),
substituted by
No. 39/2022
s. 835.

- (2) In this Division, *public hospital* includes—
- (a) a privately-operated hospital to the extent to which it provides health services to public hospital patients and references to patients must be construed as including public hospital patients in such a hospital; and
 - (b) Youth Mental Health and Wellbeing Victoria and any declared operator providing youth mental health and wellbeing services under a service agreement with Youth Mental Health and Wellbeing Victoria—
 - (i) to the extent to which the services are in-patient services provided to public patients; and
 - (ii) any references to patient must be construed as including an in-patient to whom youth mental health and wellbeing services are provided to as a public patient.

S. 18B
inserted by
No. 112/1993
s. 6.

18B Case mix auditors

S. 18B(1)
amended by
Nos 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 12)),
108/2004
s. 117(1)
(Sch. 3
item 96.1).

- (1) The Secretary may engage—

S. 18B(1)(a)
substituted by
No. 22/2016
s. 233.

- (a) a registered health practitioner within the meaning of the Health Practitioner Regulation National Law; or

(b) a person with qualifications which, in the opinion of the Secretary are appropriate, and who belongs to a class of persons designated for the purpose of this paragraph by the Governor in Council by Order published in the Government Gazette—

S. 18B(1)(b)
amended by
No. 46/1998
s. 7(Sch. 1).

to be a case mix auditor on any terms and conditions that the Secretary thinks fit, and the **Public Administration Act 2004** does not apply to any person in respect of an appointment under this subsection.

(2) The Secretary may designate an authorised officer to be a case mix auditor.

S. 18B(2)
amended by
No. 46/1998
s. 7(Sch. 1).

(3) The Secretary must issue to a case mix auditor a copy of his or her authorisation to act as a case mix auditor.

S. 18B(3)
amended by
No. 46/1998
s. 7(Sch. 1).

18C Functions of case mix auditors

S. 18C
inserted by
No. 112/1993
s. 6.

The function of a case mix auditor is to determine whether the case mix funding system is being effectively implemented by a public hospital or denominational hospital by—

- (a) monitoring funding under the case mix formulae; and
- (b) detecting errors in the classification of patient data by random inspection of patient medical records; and
- (c) assisting a public hospital or denominational hospital to identify problems which may arise in the implementation and administration of case mix funding; and
- (d) providing information that does not identify patients or individuals to the Secretary for statistical purposes.

S. 18C(d)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 18D
inserted by
No. 112/1993
s. 6.

18D Powers of case mix auditors

- (1) A case mix auditor may, at any reasonable time, enter the premises of a public hospital or denominational hospital for the purposes of ascertaining that the case mix funding system is being correctly implemented and may—
 - (a) inspect any relevant patient medical records or other relevant documents; and
 - (b) extract or copy information that does not identify individuals; and
 - (c) ask questions of any person employed in the public hospital or denominational hospital to determine whether case mix data are being correctly reported.
- (2) Subsection (1) does not apply to any information or document relating to the proceedings of or prepared for the purposes of an approved quality assurance body declared under section 139 unless that information or document does not identify, either expressly or by implication, a particular individual or particular individuals.
- (3) A case mix auditor must produce a copy of his or her authorisation to act as a case mix auditor if requested to do so.

S. 18E
inserted by
No. 112/1993
s. 6.

18E Confidentiality requirements

- (1) A person who is, or at any time has been, a case mix auditor must not, except to the extent necessary to perform any official duties or to perform or exercise any power or function under this Act, either directly or indirectly, make a record of or divulge or communicate to any person any information that is or was acquired by the person by reason of being, or having been, a case mix auditor or make use of any such information for any purpose other than the

performance of official duties or the performance or exercise of that function or power.

Penalty: 100 penalty units.

- (2) Subsection (1) does not preclude a person from—
- (a) producing a document to a court in the course of criminal proceedings; or
 - (b) divulging or communicating to a court in the course of any criminal proceedings any matter or thing coming under the notice of the person in the performance of official duties or in the performance or exercise of a power referred to in subsection (1); or
 - (c) producing a document or divulging or communicating information that is expressly authorised or permitted by any Act to be produced, divulged or communicated; or
 - (d) producing a document or divulging or communicating information with the prior consent of the person to whom it relates, or if that person has died, with the consent of the senior available next of kin of that person.
- (3) In this section, *court* includes any board, tribunal or person authorised to receive evidence.

* * * * *

S. 18F
inserted by
No. 112/1993
s. 6,
repealed by
No. 52/2004
s. 9.

Division 2—Registration of certain agencies

19 Definition

In this Division, *agency* does not include—

S. 19(b)
amended by
No. 68/1996
s. 25.

- (a) a public hospital; or
- (b) a denominational hospital; or

S. 19(ba)
inserted by
No. 79/2008
s. 6(3).

- (ba) a registered community health centre; or

S. 19(c)
inserted by
No. 68/1996
s. 25.

- (c) a privately-operated hospital.

20 Registration as condition of funding

S. 20(1)
amended by
No. 46/1998
s. 7(Sch. 1).

- (1) The Secretary may determine that an agency shall not receive, or continue to receive, any grants, subsidies or other financial assistance from money administered by the Secretary for the purposes of health care unless it is registered under this Division.

S. 20(2)
amended by
No. 46/1998
s. 7(Sch. 1).

- (2) Before making a determination for the purposes of subsection (1), the Secretary—

- (a) must have regard to the following—

S. 20(2)(a)(iii)
amended by
No. 46/1998
s. 7(Sch. 1).

- (i) the extent and nature of the health services provided by the agency;
 - (ii) whether the agency is likely to seek recurrent funding;
 - (iii) the extent to which the agency is funded from money administered by the Secretary or otherwise provided by the Government; and

- (b) if the agency is funded from money provided by the Government but not administered by the Secretary, must consult with any Department that provides significant grants, subsidies or other financial assistance to the agency. S. 20(2)(b) amended by No. 46/1998 s. 7(Sch. 1).
- (3) If the Secretary makes a determination for the purposes of subsection (1)— S. 20(3) amended by No. 46/1998 s. 7(Sch. 1).
- (a) the Secretary must give notice in writing of the determination to the agency; and S. 20(3)(a) amended by No. 46/1998 s. 7(Sch. 1).
- (b) the agency may apply to the Secretary in the prescribed form for registration under this Division. S. 20(3)(b) amended by No. 46/1998 s. 7(Sch. 1).

21 Conditions of registration

- (1) The Secretary must not register an agency under this Division unless the Secretary has approved the constitution, objects, purposes and by-laws of the agency. S. 21(1) amended by No. 46/1998 s. 7(Sch. 1).
- (2) The Secretary may refuse to register an unincorporated agency if he or she considers that, having regard to the services provided by the agency, the agency should be incorporated or should be managed by an incorporated body. S. 21(2) amended by No. 46/1998 s. 7(Sch. 1).

22 Registration

- (1) The Secretary— S. 22(1) amended by No. 46/1998 s. 7(Sch. 1).
- (a) may register; or
- (b) may refuse to register—
- an agency that has applied for registration under section 20(3)(b).

S. 22(2)
amended by
No. 46/1998
s. 7(Sch. 1).

(2) The Secretary may at any time cancel the registration of a registered funded agency.

S. 22(3)
amended by
No. 46/1998
s. 7(Sch. 1).

(3) The Secretary must keep a register of registered funded agencies and must make the register available for inspection by the public during ordinary business hours.

Division 3—Registered funded agencies

S. 23
repealed by
No. 88/1994
s. 9.

* * * * *

24 Rules of registered funded agency

S. 24(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(1) A registered funded agency must not—

- (a) change its name; or
- (b) change its objects or purposes; or
- (c) amend or alter its constitution; or

S. 24(1)(c)
amended by
No. 53/1990
s. 7(a).

S. 24(1)(d)
inserted by
No. 53/1990
s. 7(b).

(d) make, amend or alter its by-laws—

without the approval in writing of the Secretary.

S. 24(2)
amended by
No. 46/1998
s. 7(Sch. 1).

(2) If the Secretary directs a registered funded agency to amend or alter its constitution, objects, purposes or by-laws or make by-laws with respect to—

- (a) the management of the agency; or
- (b) the provision of services by the agency; or

- (c) the election of committees or office bearers of the agency; or
- (d) except in the case of an agency to which Division 7 applies, the auditing of financial statements of the agency; or
- (e) the disposition of any surplus assets on the dissolution of the agency; or
- (f) in the case of a public hospital, the procedures for appointing registered medical practitioners and defining their clinical responsibilities; or
- (fa) a matter consequent on the making of an Order under section 248; or
- (g) in the case of an agency registered under Division 2, the keeping of accounts and records, the qualifications of auditors and reporting to the Minister—
- the agency must amend or alter its constitution, objects or purposes or by-laws or make by-laws accordingly.
- (2A) If the Secretary directs a public health service to amend or alter its core objects, the public health service must amend or alter its core objects accordingly.
- (3) A registered funded agency must not do or permit or suffer anything to be done that is inconsistent with its objects or is not otherwise authorised by or under this Act.
- (4) Subsections (1) and (2) do not apply to a denominational hospital.

S. 24(2)(f)
amended by
No. 23/1994
s. 118(Sch. 1
item 25.4).

S. 24(2)(fa)
inserted by
No. 52/2004
s. 10(1).

S. 24(2)(g)
amended by
No. 79/2008
s. 7.

S. 24(2A)
inserted by
No. 39/2000
s. 6,
amended by
No. 52/2004
s. 10(2).

25 Chief executive officer

- (1) Each registered funded agency must appoint a person as the chief executive officer (by whatever name called) and must cause any vacancy in the office of chief executive officer to be filled as soon as possible.
- (2) A registered funded agency must not appoint or re-appoint a person as chief executive officer unless—
 - (a) the appointment of that person is approved by the Secretary; and
 - (b) in the case of a public hospital, the remuneration of the chief executive officer and the terms and conditions of his or her appointment are approved by the Secretary.

S. 25(2)
amended by
No. 46/1998
s. 7(Sch. 1),
substituted by
No. 52/2004
s. 11,
amended by
No. 52/2017
s. 8.

26 Health service agreements

- (1) A registered funded agency may enter into a health service agreement in respect of each financial year with the Secretary.
- (2) The terms of a health service agreement shall be in accordance with this Division and as agreed between the registered funded agency and the Secretary.
- (3) An agreement shall be in respect of one year or such other period as is specified in the agreement.
- (4) An agreement may specify—
 - (a) particulars of services to be provided by the agency, including particulars of the volume, scope and standard of services; and
 - (b) particulars of changes proposed in the provision of services by the agency, including particulars of building work to be undertaken or equipment to be acquired; and

S. 26(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 26(2)
amended by
No. 46/1998
s. 7(Sch. 1).

- (c) particulars of the organisation and management of the agency; and
- (d) proposals of the agency for—
 - (i) ensuring the quality of services provided; and
 - (ii) handling complaints; and
 - (iii) enabling users of services to make informed decisions about the services; and
 - (iv) enabling its employees to participate in decisions about their work environment; and
 - (v) promoting industrial rights and the welfare of its employees; and
 - (vi) staff arrangements; and
 - (vii) keeping records and making reports; and
 - (viii) ensuring appropriate services are provided having regard to special needs of any ethnic or other minority groups; and
- (e) limits or controls on expenditure or the entering into of contracts or agreements by the agency; and
- (f) the provision of grants, subsidies or other assistance to the agency from money administered by the Secretary for the purposes of health care; and
- (g) any other relevant matters.

S. 26(4)(f)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 26(4A)
inserted by
No. 42/2005
s. 8.

(4A) A health service agreement entered into by a denominational hospital or a public health service is not required to specify particulars of any matters that are, or are to be, specified in a statement of priorities that has been, or will be, agreed to or made in relation to the hospital or health service under this Act for the financial year that the health service agreement is made in respect of.

S. 26(5)
amended by
No. 46/1998
s. 7(Sch. 1).

(5) If a registered funded agency or the Secretary becomes aware of any circumstances affecting or likely to affect its or his or her ability to comply with a health service agreement—

S. 26(5)(a)
amended by
No. 46/1998
s. 7(Sch. 1).

(a) the agency or Secretary must inform the other party in writing; and

(b) the other party must within six weeks respond in writing; and

(c) where appropriate, the parties may amend the agreement.

(6) A registered funded agency must make a copy of any health service agreement affecting it available for inspection by the public during ordinary business hours.

S. 26(7)
amended by
No. 46/1998
s. 7(Sch. 1).

(7) The Secretary must cause copies of any health service agreement in force under this section to be available for inspection by the public during ordinary business hours.

27 Interim funding statements

S. 27(1)
amended by
Nos 46/1998
s. 7(Sch. 1),
42/2005
s. 9(1).

(1) If the Minister is satisfied that a registered funded agency and the Secretary have failed to enter into a health service agreement, the Minister, after considering any submissions from the Secretary or the agency may issue a statement relating to a period ending not later than 30 June after the issue

of the statement, specifying, in relation to that period—

- (a) the nature of any grant, subsidy or financial assistance provided or to be provided to the agency; and
- (b) the terms and conditions of any such grant, subsidy or assistance; and
- (c) the volume, scope and standard of services to be provided by the agency.

(1A) The Minister is not required to issue an interim funding statement under subsection (1) for a denominational hospital or a public health service in relation to a financial year if a statement of priorities has been agreed to or made in relation to the hospital or health service under this Act in respect of that financial year.

S. 27(1A)
inserted by
No. 42/2005
s. 9(2).

(2) An interim funding statement relating to a registered funded agency issued under subsection (1) is revoked upon the entering into of a health service agreement by the agency.

(3) A registered funded agency must make a copy of any interim funding statement affecting it available for inspection by the public during ordinary business hours.

(4) The Secretary must cause copies of any interim funding statement in force under this section to be available for inspection by the public during ordinary business hours.

S. 27(4)
amended by
No. 46/1998
s. 7(Sch. 1).

28 Limits or controls on expenditure or entering into of contracts etc.

- (1) The Secretary may in writing determine—
- (a) limits or controls on expenditure, or expenditure of a specified kind, by a specified registered funded agency or class of registered funded agency; and

S. 28(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(b) limits or controls on the entering into of contracts or agreements by a specified registered funded agency or class of registered funded agency—

and may, in writing, vary or revoke any such determination.

(2) A determination under subsection (1) may be made subject to conditions.

(3) In making a determination under subsection (1), the Secretary must have regard to—

(a) the record of the agency or agencies included in the class of agency in management of resources and the provision of health services; and

(b) the extent to which the agency or agencies included in the class of agency receives or receive grants, subsidies or other assistance from money administered by the Secretary or otherwise provided by the Government; and

(c) the nature of the health services provided or to be provided by the agency or agencies included in the class of agency; and

(d) whether or not any relevant health service agreement or interim funding statement is in force.

(4) The Secretary must cause a copy of a determination under this section to be given to each registered funded agency to which it applies.

S. 28(3)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 28(3)(b)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 28(4)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 29
amended by
No. 22/2014
s. 5 (ILA
s. 39B(1)).

29 Power to invest

(1) A registered funded agency may invest money in any manner authorised by law for the time being for the investment of trust funds.

- (2) Nothing in subsection (1) prevents any Ministerial directions under section 8 of the **Financial Management Act 1994** applying to a registered funded agency that is otherwise subject to that Act.

S. 29(2)
inserted by
No. 22/2014
s. 5.

30 Approved borrowers and guarantees

- (1) The Minister and the Treasurer may declare a registered funded agency to be an approved borrower for the purposes of this section.
- (2) An approved borrower may, with the approval of the Minister and the Treasurer, obtain financial accommodation, whether within or outside Victoria, secured or arranged in a manner and for a period approved by the Treasurer.
- (3) The due satisfaction of amounts payable by a registered funded agency as a result of or in connection with the provision to the registered funded agency of financial accommodation to which subsection (2) applies including, without limiting the generality of the foregoing, the payment of the expenses of enforcing or obtaining or endeavouring to enforce or obtain such satisfaction, is guaranteed by the Government of Victoria.
- (4) An amount required by the Treasurer to satisfy a guarantee given under subsection (3) shall be paid out of the Consolidated Fund which is hereby to the necessary extent appropriated accordingly and any amount recovered by the Treasurer in respect of an amount so paid by the Treasurer shall be paid into the Consolidated Fund.

Division 4—Public hospitals

31 Incorporation

Each public hospital, by operation of this Act—

- (a) is a body corporate with perpetual succession; and
- (b) shall have an official seal; and
- (c) may sue and be sued in its corporate name; and
- (d) is capable of purchasing, taking, holding, selling, leasing, taking on lease, exchanging and disposing of real and personal property; and
- (e) is capable of doing and suffering all acts and things which bodies corporate may by law do or suffer.

S. 31A
inserted by
No. 53/1990
s. 8.

31A Public hospitals do not represent Crown

A public hospital does not represent, and shall not be taken to be part of, the Crown.

32 Objects and functions of public hospitals

The objects of a public hospital are—

- (a) in the case of a public hospital listed in Schedule 1 at the commencement of this section—the objects of the hospital as existing immediately before that commencement as altered or added to from time to time by the hospital with the approval of the Secretary; and
- (b) in any other case—as approved for the time being by the hospital and the Secretary.

S. 32(a)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 32(b)
amended by
No. 46/1998
s. 7(Sch. 1).

33 Board of directors

- (1) There shall be a board of directors of each public hospital.
- (2) The functions of the board of a public hospital are—
- (a) other than in the case of the Queen Elizabeth Centre and the Tweddle Child and Family Health Service, to develop statements of priorities and strategic plans for the operation of the public hospital and to monitor compliance with those statements and plans; and
 - (b) in the case of the Queen Elizabeth Centre and the Tweddle Child and Family Health Service, to enter into health service agreements, if the board considers it appropriate, and to develop strategic plans for the operation of the public hospital and to monitor compliance with those agreements and plans; and
 - (c) to develop financial and business plans, strategies and budgets to ensure the accountable and efficient provision of health services by the public hospital and the long term financial viability of the public hospital; and
 - (d) to establish and maintain effective systems to ensure that the health services provided meet the needs of the communities served by the public hospital and that the views of users and providers of health services are taken into account; and

S. 33
(Heading)
inserted by
No. 52/2017
s. 9(1).

S. 33(1)
amended by
No. 52/2017
s. 9(2).

S. 33(2)
substituted by
No. 52/2017
s. 9(3).

- (e) to monitor the performance of the public hospital to ensure that—
 - (i) the public hospital operates within its budget; and
 - (ii) its audit and accounting systems accurately reflect the financial position and viability of the public hospital; and
 - (iii) the public hospital adheres to—
 - (A) its financial and business plans; and
 - (B) its strategic plans; and
 - (C) its statements of priorities or, in the case of the Queen Elizabeth Centre and the Tweddle Child and Family Health Service, any health service agreements entered into; and
 - (iv) effective and accountable risk management systems are in place; and
 - (v) effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of health services provided by the public hospital; and
 - (vi) any problems identified with the quality, safety or effectiveness of the health services provided are addressed in a timely manner; and
 - (vii) the public hospital continuously strives to improve the quality and safety of the health services it provides and to foster innovation; and

- (viii) any committees established or appointed by the board operate effectively; and
- (f) during each financial year, to monitor the performance of the chief executive officer of the public hospital (including at least one formal assessment in relation to that financial year), having regard to the objectives, priorities and key performance outcomes specified in—
 - (i) the public hospital's statement of priorities under section 40G; or
 - (ii) in the case of the Queen Elizabeth Centre and the Tweddle Child and Family Health Service, any health service agreements entered into; and
- (g) to establish the organisational structure, including the management structure, of the public hospital; and
- (h) to develop arrangements with other relevant agencies and service providers to enable effective and efficient service delivery and continuity of care; and
- (i) to ensure that the Minister and 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 public hospital; and
- (j) to establish the following committees—
 - (i) a Finance Committee, an Audit Committee and a Quality and Safety Committee; or
 - (ii) a Finance and Audit Committee and a Quality and Safety Committee; and
- (k) to facilitate health education; and

S. 33(2A)
inserted by
No. 53/1990
s. 9.

- (l) to adopt a code of conduct for staff of the public hospital; and
- (m) to provide appropriate training for directors; and
- (n) any other functions conferred on the board by or under this Act.

S. 33(2B)
inserted by
No. 52/2017
s. 9(4).

- (2A) The board of a public hospital has such powers as are necessary to enable it to carry out its functions, including the power to make, amend or revoke by-laws.
- (2B) In performing its functions and exercising its powers, the board of a public hospital must have regard to—
 - (a) the needs and views of patients and other users of the health services provided by the public hospital and of the community served by the public hospital; and
 - (b) the need to ensure that the public hospital uses its resources in an effective and efficient manner; and
 - (c) the need to ensure that resources of the Victorian health sector generally are used effectively and efficiently.
- (3) The board of a public hospital shall consist of—
 - (a) not less than 6 and not more than 12 natural persons—
 - (i) in the case of the first board of a public hospital added to Schedule 1 after the commencement of this section, nominated by the Minister; and
 - (ii) in any other case, nominated by the Minister after consideration of a name or names submitted by the board; and

- (b) if the hospital is associated with a university and is prescribed as a clinical school of that university, a natural person nominated by the Minister from a panel of three names submitted to the board by the council of the university.
- (4) If the board does not submit a name or names for the purposes of subsection (3)(a) within 60 days after receiving a request to do so from the Minister, the Minister may nominate a natural person or natural persons for the purposes of that subsection.
- (5) For the purposes of subsection (3)(a)—
- (a) before the board submits a name or names, the board must cause a notice to be published in a newspaper circulating generally in the area where the hospital is situated inviting nominations for membership of the board; and
 - (b) if more than one name is submitted, the board must list the names in order of its preference.
- (6) For the purposes of subsection (3)(b), where the council of a university submits names to the board of a hospital, the board must give those names to the Minister, together with any recommendations.
- (7) The directors of a board shall be appointed by the Governor in Council.

S. 33(7)
amended by
No. 52/2017
s. 9(5).

Health Services Act 1988
No. 49 of 1988
Part 3—Agencies

S. 33(8)
amended by
Nos 23/1994
s. 118(Sch. 1
item 25.5) (as
amended by
No. 74/2000
s. 3(Sch. 1
item 77.3)),
52/2017
s. 9(5).

- (8) The number of registered medical practitioners appointed to a board must not exceed one quarter of the number of directors of the board (excluding the directors referred to in subsection (3)(b)).

S. 33(9)
repealed by
No. 99/1995
s. 23.

* * * * *

S. 33(10)
substituted by
No. 52/2017
s. 9(6).

- (10) In nominating a person for appointment to a board, the Minister must—
- (a) ensure that both men and women are adequately represented on the board; and
 - (b) have regard to any prescribed matters; and
 - (c) for the period of 3 years from the commencement of section 9(6) of the **Health Legislation Amendment (Quality and Safety) Act 2017**, consider the desirability of limiting the term of re-appointment of a director so that the combined term of the director's initial appointment, any re-appointment and any proposed re-appointment does not exceed 9 consecutive years.

(11) The **Public Administration Act 2004** (other than Part 3 of that Act) applies to a director of a board in respect of the office of director.

S. 33(11)
amended by
No. 46/1998
s. 7(Sch. 1),
substituted by
Nos 108/2004
s. 117(1)
(Sch. 3
item 96.2),
80/2006
s. 26(Sch.
item 48.1),
amended by
No. 52/2017
s. 9(7).

34 Terms and conditions of appointment

(1) A director of a board of a public hospital holds office for the term, not exceeding three years, specified in the instrument of appointment and is eligible for re-appointment, subject to section 34A.

S. 34(1)
amended by
No. 52/2017
s. 10(1).

(2) A director of a board is entitled to be paid—

S. 34(2)
substituted by
No. 68/1996
s. 26,
amended by
No. 52/2017
s. 10(2).

(a) expenses incurred in holding office as a director of the board; and

S. 34(2)(a)
amended by
No. 52/2017
s. 10(2).

(b) such remuneration as is specified in the instrument of appointment.

(3) Despite subsection (2)(b), a director of a board who is also a member of the Legislative Council or a member of the Legislative Assembly is not entitled to be paid remuneration as a director of the board.

S. 34(3)
inserted by
No. 68/1996
s. 26,
amended by
No. 52/2017
s. 10(3).

S. 34A
inserted by
No. 52/2017
s. 11.

34A Eligibility for re-appointment

- (1) A director of a board of a public hospital is only eligible for re-appointment if the combined term of the initial appointment, any re-appointment and any proposed re-appointment does not exceed 9 consecutive years.
- (2) Despite subsection (1), a director may be re-appointed if the Minister is satisfied that exceptional circumstances exist which justify the re-appointment.
- (3) This section applies in relation to a re-appointment made on or after the third anniversary of the commencement of this section.

35 Removal and resignation

S. 35(1)
amended by
No. 52/2017
s. 12.

- (1) A director of a board of a public hospital may resign by writing signed by that person and delivered to the Governor in Council.
- (2) The Governor in Council, on the recommendation of the Minister, may remove a director, or all directors, of a board from office.

S. 35(2)
amended by
Nos 52/2017
s. 12, 34/2019
s. 57(1).

S. 35(3)
inserted by
No. 34/2019
s. 57(2).

- (3) The Minister must recommend the removal of a director of a board from office if the Minister is satisfied that—
 - (a) the director is physically or mentally unable to fulfil the role of a director of a board; or
 - (b) the director has been convicted or found guilty of an offence, the commission of which, in the opinion of the Minister, makes the director unsuitable to be a director of a board; or
 - (c) the director has been absent, without leave of the board, from all meetings of the board held during a period of 6 months; or

- (d) the director is an insolvent under administration.

35A Chairperson of board

S. 35A
inserted by
No. 52/2017
s. 13.

- (1) The board of a public hospital may—
- (a) elect one of its directors to be the chairperson of the board; and
 - (b) remove from office the chairperson elected under this subsection.
- (2) As soon as practicable after the board of a public hospital elects a director to be chairperson or removes the chairperson from office, the board must give written notice to the Secretary of the election or removal.
- (3) The Minister may—
- (a) appoint a director of the board of a public hospital to be the chairperson of the board; and
 - (b) remove from office the chairperson of the board of a public hospital, irrespective of whether the chairperson is appointed by the Minister or elected by the board.
- (4) As soon as practicable after the Minister appoints a director to be chairperson or removes the chairperson from office (irrespective of whether the chairperson is appointed by the Minister or elected by the board), the Minister must give written notice to the board of the appointment or removal.

36 Annual meetings

- (1) The chief executive officer of a public hospital must convene an annual meeting of the hospital to be held on or after 1 July and on or before 31 December (or, if the Secretary in writing

S. 36(1)
amended by
Nos 46/1998
s. 7(Sch. 1),
42/2005 s. 10.

approves a later date, on or before that later date) in each year.

(2) The chief executive officer of the hospital must cause notice of the annual meeting to be published in a newspaper circulating generally in the area where the public hospital is situated giving notice—

(a) of the date, time and place of the meeting; and

(b) that the meeting is open to the public.

(3) At each annual meeting of a public hospital, the board—

(a) must submit the report of operations and financial statements prepared in accordance with Part 7 of the **Financial Management Act 1994**;

(b) must report on the health services provided to the community in the preceding year and on health services proposed to be provided in the following year; and

(c) must report on such other matters as are prescribed.

S. 36(3)(a)
substituted by
No. 46/1995
s. 7.

37 Procedure of board

Subject to this Part, the procedure of a board of a public hospital is in the discretion of the board.

38 Directorship of the board not office of profit

A director of a board of a public hospital shall not be taken to hold an office or place of profit under the Crown which would—

S. 38
(Heading)
inserted by
No. 52/2017
s. 14(1).

S. 38
amended by
No. 52/2017
s. 14(2)(a).

- | | |
|---|---|
| (a) prevent the director sitting or voting as a member of the Legislative Council or Legislative Assembly; or | S. 38(a)
amended by
No. 52/2017
s. 14(2)(b). |
| (b) make void the director's election to the Council or the Assembly; or | S. 38(b)
amended by
No. 52/2017
s. 14(2)(c). |
| (c) prevent the director continuing to be a member of the Council or the Assembly; or | S. 38(c)
amended by
No. 52/2017
s. 14(2)(b). |
| (d) subject the director to liability to a penalty under the Constitution Act 1975 . | S. 38(d)
amended by
No. 52/2017
s. 14(2)(b). |

38A Immunity

S. 38A
inserted by
No. 52/2004
s. 12.

- | | |
|---|--|
| (1) A director of the board of a public hospital is not personally liable for anything done or omitted to be done in good faith—

(a) in the exercise of a power or the discharge of a duty under this Act; or

(b) in the reasonable belief that the act or omission was in the exercise of a power or the discharge of a duty under this Act. | S. 38A(1)
amended by
No. 52/2017
s. 15. |
| (2) Any liability resulting from an act or omission that would but for subsection (1) attach to a director of the board of a public hospital attaches instead to the public hospital. | S. 38A(2)
amended by
No. 52/2017
s. 15. |

39 Guidelines of Minister

The Minister may publish in the Government Gazette guidelines relating to the role and procedure of boards of public hospitals and how they may carry out their functions.

S. 39
repealed by
No. 52/2004
s. 13,
new s. 39
inserted by
No. 52/2017
s. 16.

40 Validity of acts or decisions

An act or decision of a board of a public hospital is not invalid by reason only of—

S. 40(a)
amended by
No. 52/2017
s. 17(a).

(a) a defect or irregularity in or in connection with the appointment or election of a director of the board; or

S. 40(b)
amended by
No. 52/2017
s. 17(b).

(b) a vacancy in the directorship of the board.

New s. 40A
inserted by
No. 52/2004
s. 14.

40A Notice of proposed direction

- (1) If the Minister proposes to issue the board of a public hospital with a direction under section 40B, the Minister must give a copy of the proposed direction to the board at least 7 days before issuing the direction.
- (2) The board of a public hospital may give the Minister comments in relation to the proposed direction before the day on which the direction is to be issued.
- (3) The Minister must take into account the comments of the board of a public hospital in determining—
 - (a) whether to issue the direction; and
 - (b) if the direction is to be issued, the content of the direction.

New s. 40B
inserted by
No. 52/2004
s. 14.

40B Minister may issue directions

- (1) Subject to subsection (4), the Minister may issue written directions to the board of a public hospital on any matter in relation to the public hospital that the Minister considers necessary or expedient if the Minister considers that the direction—
 - (a) is in the public interest; and
 - (b) will give effect to the objectives of this Act.

- (2) A direction may be given generally in relation to public hospitals or in relation to a specified public hospital or a specified class of public hospitals.
- (3) The board of a public hospital must comply with any direction issued to it.
- (4) A direction issued under this section must not—
 - (a) refer to the health care or health services provided or proposed to be provided to a particular person; or
 - (b) refer to the employment or engagement of a particular person by a public hospital; or
 - (c) require the supply of goods or services to a public hospital by any particular person or organisation unless the supply is in accordance with a tender process.
- (5) The Minister must cause copies of each direction issued to be made available on request to members of the public.

40C Appointment of delegate to board

New s. 40C
inserted by
No. 52/2004
s. 14.

- (1) The Minister may appoint not more than 2 delegates to the board of a public hospital if the Minister considers that such an appointment will assist the board to improve the performance of the public hospital or, in the case of a new public hospital, will assist the orderly establishment of the public hospital or the performance of the public hospital.
- (2) A delegate is not a director of the board of a public hospital.

S. 40C(1)
amended by
No. 52/2017
s. 18(1).

S. 40C(2)
amended by
No. 52/2017
s. 18(2).

S. 40C(3)
amended by
No. 52/2017
s. 18(3)(a).

(3) In determining if an appointment of a delegate under subsection (1) will assist the board to improve the performance of the public hospital or, in the case of a new public hospital, will assist the orderly establishment of the public hospital or the performance of the public hospital, the Minister must have regard to—

S. 40C(3)(a)
amended by
No. 52/2017
s. 18(3)(b).

(a) the financial performance of the public hospital or the future financial performance of the new public hospital; and

S. 40C(3)(b)
amended by
Nos 52/2017
s. 18(3)(c),
4/2022 s. 6.

(b) the safety and quality of the health services provided by the public hospital or to be provided by the new public hospital, including compliance with the duty of candour; and

S. 40C(3)(c)
amended by
No. 52/2017
s. 18(3)(d).

(c) whether the public hospital is complying, or the new public hospital will comply, with the health service agreement to which it is a party; and

(d) whether the board has requested such an appointment.

(4) The Minister may appoint a delegate irrespective of whether the board has requested such an appointment.

(5) The instrument of appointment of a delegate—

(a) must be published in the Government Gazette; and

(b) must specify the terms and conditions of appointment; and

(c) may specify any remuneration to which the delegate is entitled.

(6) A delegate—

- (a) subject to subsections (7) and (8), holds office for the period specified in the instrument of appointment, being a period of not more than 12 months from the date of appointment; and
- (b) is eligible for re-appointment; and
- (c) is entitled to be reimbursed reasonable expenses incurred in holding office as delegate; and
- (d) is in respect of the office of delegate subject to the **Public Administration Act 2004** (other than Part 3 of that Act).

S. 40C(6)(d) substituted by Nos 108/2004 s. 117(1) (Sch. 3 item 96.3), 80/2006 s. 26(Sch. item 48.2).

(7) A delegate may resign by writing signed by that person and delivered to the Minister.

(8) The Minister may revoke the appointment of a delegate.

40D Functions of delegate

New s. 40D inserted by No. 52/2004 s. 14.

The functions of a delegate to the board of a public hospital are—

- (a) to attend meetings of the board and observe its decision-making processes; and
- (b) to provide advice or information to the board to assist it in understanding its obligations under this Act; and
- (c) to advise the Minister and the Secretary on any matter relating to the public hospital or the board.

New s. 40E
inserted by
No. 52/2004
s. 14.

40E Obligations of board to delegate

The board of a public hospital must—

- (a) permit a delegate appointed to the board to attend any meeting of the board; and
- (b) provide a delegate appointed to the board with information or a copy of any notice or other document provided to the directors of the board at the same time as such information, notice or other document is provided to the directors.

S. 40E(b)
amended by
No. 52/2017
s. 19.

New s. 40F
inserted by
No. 52/2017
s. 20.

40F Strategic plans

- (1) The Secretary may direct the board of a public hospital to prepare and submit to the Secretary for approval a strategic plan for the operation of the public hospital.
- (2) The board of a public hospital must comply with a direction of the Secretary under subsection (1).
- (3) The Secretary may—
 - (a) approve a strategic plan; or
 - (b) refuse to approve a strategic plan.
- (4) The board of a public hospital must advise the Secretary if it wishes to exercise its functions in a manner inconsistent with its approved strategic plan.

New s. 40G
inserted by
No. 52/2017
s. 20.

40G When statement of priorities to be prepared

- (1) For each financial year, the board of a public hospital must—
 - (a) prepare, in consultation with the Secretary, a proposed statement of priorities in relation to the public hospital in accordance with section 40H; and
 - (b) submit the proposed statement of priorities to the Secretary.

- (2) If the board of the public hospital and the Secretary fail to agree on a statement of priorities before 1 October of the financial year to which the statement of priorities relates, the Secretary may make a statement of priorities in relation to the public hospital in accordance with section 40H.
- (3) A statement of priorities may be varied at any time if the board of the public hospital and the Secretary so agree.
- (4) If the board of the public hospital and the Secretary fail to agree to a proposed variation of a statement of priorities within 28 days after the variation is proposed, the Secretary may—
 - (a) vary the statement of priorities; or
 - (b) refuse to vary the statement of priorities.
- (5) A member of the public may request the Secretary to provide a copy of a statement of priorities or any variation made to a statement of priorities.
- (6) The Secretary must comply with a request made under subsection (5).
- (7) This section does not apply to—
 - (a) the Queen Elizabeth Centre; or
 - (b) the Tweddle Child and Family Health Service.

40H Content of statement of priorities

A public hospital's statement of priorities under section 40G must—

- (a) be consistent with the strategic plan approved by the Secretary for the operation of the public hospital; and

New s. 40H
inserted by
No. 52/2017
s. 20.

- (b) specify for the financial year to which it relates—
 - (i) the services to be provided by the public hospital and the funds to be provided to the public hospital; and
 - (ii) the objectives, priorities and key performance outcomes to be met by the public hospital; and
 - (iii) the performance indicators, targets or other measures against which the public hospital's performance is to be assessed and monitored; and
 - (iv) how and when the public hospital must report to the Secretary on its performance in relation to the specified objectives, priorities and key performance outcomes; and
 - (v) any other matters that, from time to time, are agreed by the Secretary and the board of the public hospital or are determined by the Secretary.

New s. 40I
inserted by
No. 52/2017
s. 20.

40I Functions of the chief executive officer of public hospital

- (1) The functions of the chief executive officer of a public hospital are—
 - (a) to manage the public hospital in accordance with—
 - (i) the financial and business plans, strategies and budgets developed by the board; and
 - (ii) the instructions of the board; and

- (b) to prepare material for consideration by the board including the following—
 - (i) statements of priorities, other than in the case of the Queen Elizabeth Centre and the Tweddle Child and Family Health Service;
 - (ii) strategic plans, business plans, strategies and budgets; and
 - (c) to ensure that the board and any committees established or appointed by the board are assisted and provided with relevant information to enable them to perform their functions effectively and efficiently; and
 - (d) to implement effective and accountable systems to monitor and improve the quality, safety and effectiveness of health services provided by the public hospital; and
 - (e) to ensure that the public hospital continuously strives to improve the quality and safety of the health services it provides and to foster innovation; and
 - (f) to ensure that the board's decisions are implemented effectively and efficiently throughout the public hospital; and
 - (g) to inform the board in a timely manner of any issues of public concern or risks that affect or may affect the public hospital; and
 - (h) to inform the board, the Secretary and the Minister without delay of any significant issues of public concern or significant risks affecting the public hospital.
- (2) In performing the chief executive officer's functions under this section, the chief executive officer must have regard to—

- (a) the needs and views of patients and other users of the health services provided by the public hospital and of the community served by the public hospital; and
- (b) the need to ensure that the public hospital uses its resources in an effective and efficient manner; and
- (c) the need to ensure that resources of the Victorian public health sector generally are used effectively and efficiently.

Pt 3 Div. 4A
(Heading and
ss 40A–40L)
inserted by
No. 46/1995
s. 8,
amended by
Nos 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 13)),
66/1998 s. 7,
44/2001
s. 3(Sch.
item 61.1),
repealed by
No. 52/2004
s. 15.

* * * * *

Division 5—Public hospitals and denominational hospitals

41 Powers and duties

- (1) The powers of a public hospital or denominational hospital include all such powers as are necessary to enable the hospital to carry out its objects and do all things it is required or permitted to do under this Act and, without limiting the generality of the foregoing, power—

- (a) to undertake commercial exploitation of any research or intellectual property rights undertaken by or belonging to the hospital for any purpose relating to the carrying on of the hospital; and
 - (b) to be a member of or form or participate in the formation of a company, association, trust or partnership, the objects or purposes of which include one or more objects or purposes that are incidental or conducive to the exercise of any other powers of the hospital; and
 - (c) to enter into a joint venture with another person or other persons if the objects or purposes of the joint venture include one or more objects or purposes that are incidental or conducive to the exercise of the powers of the hospital; and
 - (d) in the case of a denominational hospital, to do such other things as are consistent with this Act and are conferred on the hospital under its constitution.
- (2) The board of a public hospital or denominational hospital must not dismiss or suspend any registered medical practitioner employed or engaged by the hospital unless the board—
- (a) where there has been an allegation against the registered medical practitioner, inquires into any matter alleged; and
 - (b) gives the registered medical practitioner an opportunity to be heard.

S. 41(2)
amended by
No. 23/1994
s. 118(Sch. 1
item 25.6).

42 Hospital must comply with directions of Secretary

S. 42(1)
amended by
No. 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 14)).

(1) The Secretary, for the purpose of carrying out functions and powers under this Act or for carrying out the objectives of this Act, may in writing give directions to a public hospital or denominational hospital in relation to all or any of the following matters—

- (a) the purposes which the hospital should serve or refrain from serving and those to which it should give priority;
- (b) the manner in which and extent to which the hospital should provide training for persons engaged or intending to engage in health care;
- (c) the number and type of persons which the hospital should employ or from whom it should obtain services and their conditions of employment or service;

S. 42(1)(ca)
inserted by
No. 8/2020
s. 4(1).

(ca) the requirements for specified persons, or a specified class of persons, employed or engaged by the hospital to be vaccinated against or prove immunity to specified diseases, including the consequences of non-compliance for those persons as employees or persons engaged by the hospital;

(d) the number and types of patients the hospital should treat;

S. 42(1)(e)
amended by
No. 39/2000
s. 7(a).

(e) the facilities, services, equipment or supplies which the hospital should employ or should refrain from employing;

S. 42(1)(f)
amended by
No. 39/2000
s. 7(b).

(f) the extent to which and the conditions on which the hospital should make use of facilities, services, equipment or supplies provided by another hospital or should allow

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- another hospital to make use of its facilities, services, equipment or supplies;
- (fa) the extent to which and the conditions on which a hospital is required to obtain or purchase facilities, services, equipment or supplies provided by another hospital or another person or body; S. 42(1)(fa) inserted by No. 39/2000 s. 7(c).
- (fb) a requirement that a public hospital appoint HPV as its agent for the purposes of obtaining or purchasing goods and services and the conditions on which the appointment is to be made; S. 42(1)(fb) inserted by No. 18/2001 s. 6(1).
- (g) the manner in which, and extent to which, the admission of patients, patient care and treatment should be co-ordinated between hospitals, supported residential services, registered funded agencies and health service establishments; S. 42(1)(g) amended by No. 49/2010 s. 222.
- (h) the accounts and records which should be kept by the hospital and the returns and other information which should be supplied to the Secretary; S. 42(1)(h) amended by No. 46/1998 s. 7(Sch. 1) (as amended by No. 12/1999 s. 3(Sch. 1 item 14)).
- (i) the inspection of its facilities and its accounts and records by the Secretary; S. 42(1)(i) amended by No. 46/1998 s. 7(Sch. 1) (as amended by No. 12/1999 s. 3(Sch. 1 item 14)).
- (ia) the carrying out of audits for case mix funding purposes; S. 42(1)(ia) inserted by No. 112/1993 s. 7.
- (ib) action to be taken to ensure that the health services provided are safe, patient-centred and appropriate; S. 42(1)(ib) inserted by No. 52/2017 s. 21.

S. 42(1)(ic)
inserted by
No. 52/2017
s. 21.

(ic) a requirement that the hospital provide the Secretary specified information by a specified date and in the specified manner to ensure that the objectives of the Act are being met;

(j) action to be taken or avoided to enable the State to comply with the terms of any agreement made between it and the Commonwealth of Australia or any other State.

(2) A direction may be given generally or in relation to public hospitals, denominational hospitals or a specified hospital or class of hospitals.

S. 42(2A)
inserted by
No. 18/2001
s. 6(2).

(2A) The Secretary must ensure that a direction under subsection (1)(fa) to a public hospital is not inconsistent with an HPV direction or a purchasing policy that applies to the public hospital.

S. 42(2B)
inserted by
No. 8/2020
s. 4(2).

(2B) A direction under subsection (1)(ca), or compliance by a hospital or a person with that direction, does not constitute discrimination on the basis of political belief or activity or religious belief or activity for the purposes of the **Equal Opportunity Act 2010**.

S. 42(3)
amended by
No. 46/1998
s. 7(Sch. 1).

(3) The Secretary must give a copy of a direction under this section to each public hospital or denominational hospital to which it applies.

(4) The board of a public hospital or denominational hospital must comply with a direction under this section that applies to that hospital.

(5) A direction applying to a hospital under this section has effect despite anything to the contrary in any health service agreement or interim funding statement having effect in relation to that hospital.

43 Public hospitals and denominational hospitals excluded from Corporations legislation

S. 43
substituted by
No. 44/2001
s. 3(Sch.
item 61.2).

The following matters are declared to be excluded matters for the purposes of section 5F of the Corporations Act in relation to the whole of the Corporations legislation—

- (a) a public hospital;
- (b) a denominational hospital, other than a denominational hospital that is a company within the meaning of the Corporations Act.

Note

This section ensures that neither the Corporations Act nor Part 3 of the ASIC Act will apply in relation to a public hospital or denominational hospital (other than a denominational hospital that is a Corporations Act company). Section 5F of the Corporations Act provides that if a State law declares a matter to be an excluded matter in relation to the whole of the Corporations legislation, then that legislation will not apply in relation to that matter in the State concerned.

44 Trustees' power to transfer certain property

- (1) The trustees of any real or personal property held on trust for the general purposes of a residential care service may enter into agreements to enable the whole or any part of that real or personal property to vest in a public hospital or denominational hospital.
- (2) An agreement entered into under subsection (1) has no effect unless it has been approved by the Governor in Council.

S. 44(1)
amended by
No. 73/1997
s. 6(2).

44A Statement of priorities for denominational hospitals

S. 44A
inserted by
No. 52/2004
s. 16.

The board of a denominational hospital and the Minister may agree to a statement of priorities in respect of a financial year that specifies the matters referred to in section 65ZFB with any necessary modifications to that section.

Pt 3 Div. 6
(Heading and
ss 45–51)
amended by
Nos 1/1989
s 4(c), 53/1990
s. 10, 23/1994
s. 118(Sch. 1
item 25.7),
17/1997 s. 3,
46/1998
s. 7(Sch. 1),
1/2001 s. 3,
23/2002
s. 194(2),
108/2004
s. 117(1)
(Sch. 3
item 96.4),
substituted as
Pt 3 Div. 6
(Heading and
ss 45–57D) by
No. 79/2008
s. 8.

Division 6—Registered community health centres

S. 45
substituted by
No. 79/2008
s. 8.

45 Application for registration

- (1) A company limited by guarantee may apply to the Secretary for registration as a registered community health centre.
- (2) An application must include the following—
 - (a) the name by which the applicant is incorporated and its Australian Company Number; and
 - (b) the date of the applicant's incorporation; and
 - (c) the address of the registered office of the applicant; and
 - (d) the name and address of each member of the applicant's board of directors; and
 - (e) the date on which each member of the applicant's board of directors was appointed; and

- (f) details of all assets held by the applicant including the capacity in which they are held.
- (3) An application must be accompanied by—
- (a) a copy of the applicant's current constitution; and
 - (b) a copy of the applicant's current objects or statement of purposes and the date on which they were approved by its board of directors; and
 - (c) a declaration that the applicant has complied with all applicable financial and other reporting requirements of the Act under which it was incorporated in relation to the year immediately before making the application; and
 - (d) a declaration that the applicant has complied with any taxation reporting requirements of the Australian Taxation Office applicable to the applicant.

46 Further information

- (1) The Secretary may require an applicant to provide any further information that the Secretary considers appropriate to an application by that applicant.
- (2) The Secretary may refuse an application for registration if the applicant does not provide the further information required within a reasonable time after the requirement is made.

S. 46
substituted by
No. 79/2008
s. 8.

47 Registration criteria

- (1) In determining an application for registration, the Secretary must have regard to whether the applicant—

S. 47
substituted by
No. 79/2008
s. 8.

- (a) is able to provide by suitably qualified health professionals or social workers at least one community health service; and
 - (b) has links with the local community to which it provides, or will provide, at least one community health service demonstrated, for example, by—
 - (i) a member of the local community being a member of the applicant's board of directors; or
 - (ii) a partnership between the applicant and another local agency; or
 - (iii) having the capacity to meet the specific health needs of certain classes of persons living in the local community; and
 - (c) has appropriate governance and governance policies; and
 - (d) is able to meet the performance standards determined under section 51.
- (2) In this section, a *community health service* includes, but is not limited to—
- (a) a medical service; or
 - (b) a dental service; or
 - (c) an allied health service; or
 - (d) a community health nursing service; or
 - (e) a health promotion and illness prevention program.

48 Registration

S. 48
substituted by
No. 79/2008
s. 8.

- (1) The Secretary may register an applicant if the Secretary is satisfied that—
 - (a) the application complies with this Division; and
 - (b) registration is appropriate, having regard to the registration criteria set out in section 47 and any other relevant matter.
- (2) Registration of a community health centre remains current until it is—
 - (a) revoked under section 55(b); or
 - (b) cancelled under section 57B.

49 Conditions on registration

S. 49
substituted by
No. 79/2008
s. 8.

The Secretary may impose any conditions on the registration of a community health centre that the Secretary considers appropriate.

50 Refusal of registration

S. 50
substituted by
No. 79/2008
s. 8.

- (1) If the Secretary is not satisfied that the registration criteria set out in section 47 have been met, the Secretary may refuse to register the applicant as a registered community health centre.
- (2) The Secretary must give the applicant a written statement of the reasons for the decision to refuse to register it as a registered community health centre.
- (3) A statement of reasons must be given to the applicant within 28 days after the Secretary refuses to register the applicant as a registered community health centre.

S. 51
substituted by
No. 79/2008
s. 8.

51 Minister may determine performance standards

- (1) The Minister may, from time to time, determine performance standards to be met by registered community health centres.
- (2) The Minister must ensure that each performance standard is published in the Government Gazette.
- (3) A performance standard takes effect—
 - (a) on the day that is 30 days after the day on which the performance standard is published in the Government Gazette; or
 - (b) if a later day is specified in the determination under subsection (1), on that later day.
- (4) The Minister may amend or revoke a performance standard by determination published in the Government Gazette.
- (5) An amendment or revocation of a performance standard takes effect—
 - (a) on the day that is 30 days after the day on which the determination under subsection (4) is published in the Government Gazette; or
 - (b) if a later day is specified in the determination, on that later day.

S. 52
inserted by
No. 79/2008
s. 8.

52 Subject matter of performance standards

Performance standards may be made in respect of any matter relating to the operation of registered community health centres including, but not limited to—

- (a) governance; or
- (b) management; or
- (c) financial management; or
- (d) risk management; or
- (e) quality accreditation and service delivery.

53 Community health centre to comply with performance standards

A registered community health centre must comply with the performance standards determined by the Minister.

S. 53
inserted by
No. 79/2008
s. 8.

54 Secretary may give directions

(1) This section applies if the Secretary is of the opinion that a registered community health centre has—

- (a) breached a term or condition of any agreement for public funding of the provision of a community health service by the centre; or
- (b) failed to meet a performance standard; or
- (c) failed to comply with a condition of registration; or
- (d) failed to continue to meet the registration criteria set out in section 47.

(2) The Secretary, by notice in writing, may direct the registered community health centre within the period specified in the notice—

- (a) to remedy the breach of the term or condition of the agreement for public funding of the provision of a community health service; or
- (b) to meet the performance standard; or
- (c) to comply with the condition of registration; or
- (d) to meet the registration criteria.

S. 54
inserted by
No. 79/2008
s. 8.

S. 55
inserted by
No. 79/2008
s. 8.

55 What happens if a registered community health centre fails to comply with the Secretary's direction?

If the Secretary is of the opinion that a registered community health centre has failed to comply with the Secretary's direction under section 54, the Secretary may—

- (a) stop payments made under any agreement for public funding of provision of a community health service until the centre complies with the agreement;
- (b) revoke the registration of the community health centre in accordance with section 56.

S. 56
inserted by
No. 79/2008
s. 8.

56 Secretary may revoke registration

- (1) The Secretary must not revoke the registration of a registered community health centre under section 55(b) unless the Secretary—
 - (a) has given notice in writing to the centre in accordance with subsection (2); and
 - (b) has considered any submission made by the centre as to why its registration should not be revoked.
- (2) The notice under subsection (1) must specify that—
 - (a) the Secretary intends to revoke the registered community health centre's registration and include the reasons for doing so; and
 - (b) the registered community health centre may make a submission in writing to the Secretary within 14 days after the notice is given.
- (3) If the Secretary decides to revoke the registered community health centre's registration after considering any submission made by the centre,

the Secretary must give the centre a second written notice stating that the registration is revoked on the date specified in the second written notice.

57 Displacement of other laws—appointment of administrator

S. 57
inserted by
No. 79/2008
s. 8.

This section and section 57A are declared to be Corporations legislation displacement provisions for the purposes of section 5G of the Corporations Act in relation to the provisions of Chapter 5 of that Act.

Note

Section 5G of the Corporations Act provides that if a State law declares a provision of a State law to be a Corporations legislation displacement provision for the purposes of that section, any provision of the Corporations legislation with which the State provision would otherwise be inconsistent does not operate to the extent necessary to avoid the inconsistency.

57A Appointment of administrator

S. 57A
inserted by
No. 79/2008
s. 8.

- (1) This section applies if the Minister is of the opinion that a registered community health centre—
 - (a) is inefficiently or incompetently managed; or
 - (b) has breached a term or condition of any agreement for public funding of the provision of a community health service by the centre; or
 - (c) has failed to meet a performance standard; or
 - (d) has failed to comply with a condition of registration; or
 - (e) has failed to continue to meet the registration criteria; or
 - (f) has failed to comply with a direction given by the Secretary under section 54.

- (2) The Governor in Council may, on the recommendation of the Minister, by Order published in the Government Gazette, appoint a person as administrator of a company that is the registered community health centre in relation to its provision of at least one community health service.
- (3) The Minister must not make a recommendation under subsection (2) unless the Minister has given reasonable notice in the circumstances to the registered community health centre specifying in writing—
 - (a) the ground on which the Minister intends to make a recommendation to appoint an administrator; and
 - (b) that the registered community health centre may apply in accordance with section 57C for review of the Minister's decision to make a recommendation to appoint an administrator.
- (4) An administrator appointed under this section is deemed to be the board of directors of the registered community health centre to the extent that the Minister considers it necessary for the purpose of the centre providing at least one community health service.
- (5) On the day on which an administrator is appointed under this section in respect of the registered community health centre for the purpose of the centre providing at least one community health service, the members of the board of directors cease to constitute the board of directors to the extent that the administrator is deemed to be the board of directors.

- (6) If an administrator is appointed in respect of part of the business of the company that is the registered community health centre, the administrator and the board of directors must ensure that there is in place a process for consultation and decision-making to enable the continuity of operation of the whole of the business of the company that is so registered.
- (7) If an administrator appointed under this section recommends that an agreement for public funding of the registered community health centre (if any) should be terminated, the Secretary may terminate that agreement with immediate effect.
- (8) The salary of the administrator and any expenses of the administrator necessarily incurred in an administration under this section are to be paid by the Secretary.
- (9) The Governor in Council may, on the recommendation of the Minister, by Order published in the Government Gazette, extend the appointment of an administrator appointed under this section for a further period as is specified in the Order.
- (10) The Governor in Council may, by Order published in the Government Gazette, declare that on the day specified in the Order—
 - (a) the board of directors is reinstated as the board of directors of the registered community health centre, or if its members ceased to hold office, is to be re-established; and
 - (b) the administrator ceases to be the administrator appointed under this section.

S. 57B
inserted by
No. 79/2008
s. 8.

57B Cancellation of registration of community health centre

- (1) A registered community health centre may apply in writing to the Secretary for the cancellation of its registration.
- (2) If an application is made under subsection (1), the Secretary must cancel the registration of the registered community health centre.

S. 57C
inserted by
No. 79/2008
s. 8.

57C Application for review by VCAT

- (1) An applicant may apply to VCAT for a review of a decision by the Secretary to refuse an application for registration under section 50.
- (2) A registered community health centre may apply to VCAT for a review of a decision by—
 - (a) the Secretary to revoke registration under section 55(b); or
 - (b) the Minister to recommend the appointment of an administrator under section 57A.
- (3) An application for review must be made within 28 days after the later of—
 - (a) the day on which the decision is made; or
 - (b) if, under the **Victorian Civil and Administrative Tribunal Act 1998**, the registered community health centre requests a statement of reasons for the decision, the day on which the statement of reasons is given to the centre or the centre is informed under section 46(5) of that Act that a statement of reasons will not be given.

57D Register of registered community health centres

S. 57D
inserted by
No. 79/2008
s. 8.

- (1) The Secretary must keep a register of registered community health centres.
- (2) The Secretary must include the following in the register of registered community health centres in respect of each centre—
 - (a) the name of the registered community health centre; and
 - (b) the address of the registered community health centre; and
 - (c) contact information for the registered community health centre; and
 - (d) in relation to the company that is the registered community health centre—
 - (i) the name by which the company is incorporated and its Australian Company Number; and
 - (ii) the date of the company's incorporation; and
 - (iii) the address of the registered office of the company; and
 - (iv) the name and address of each member of the company's board of directors; and
 - (v) the date on which each member of the company's board of directors was appointed; and
 - (vi) a copy of the company's current constitution; and
 - (vii) a copy of the company's current objects or statement of purposes and the date of which they were approved by its board of directors.

- (3) A registered community health centre must notify the Secretary in writing within 28 days if there is any change to the information recorded in the register of registered community health centres in respect of the centre or the company that is the registered community health centre.
- (4) The Secretary must make available for public inspection during normal office hours the following information from the register in relation to each registered community health centre—
- (a) the name of the registered community health centre; and
 - (b) the address of the registered community health centre; and
 - (c) contact information for the registered community health centre.

Pt 3 Div. 7
(Heading and
ss 52–56)
repealed by
No. 31/1994
s. 4(Sch. 2
item 40),
new Pt 3
Div. 7
(Heading and
ss 52–57B)
inserted by
No. 68/1996
s. 27,
amended by
Nos 46/1998
s. 7(Sch. 1),
11/2002
s. 3(Sch. 1
item 32),
repealed by
No. 52/2004
s. 17.

* * * * *

Division 8—Censure etc.

* * * * *

S. 57
repealed by
No. 88/1994
s. 10.

58 Powers of Minister

(1) If the Minister is satisfied that a registered funded agency—

- (a) is inefficiently or incompetently managed; or
- (b) is failing to provide an effective health service; or
- (c) has negligently failed to comply with a health service agreement or interim funding statement; or

(caa) in the case of a public hospital, has failed—

- (i) to provide safe, patient-centred and appropriate health services; or
- (ii) to foster continuous improvement in the quality and safety of the care and health services it provides; or

S. 58(1)(caa)
inserted by
No. 52/2017
s. 22.

(ca) in the case of a public hospital, has failed to comply with an HPV direction or a purchasing policy that applies to the hospital; or

S. 58(1)(ca)
inserted by
No. 18/2001
s. 7.

(cb) in the case of a public health service—

- (i) has substantially failed to meet any of the objectives, priorities or key performance outcomes specified in its current statement of priorities under section 65ZFA or in its statements of priorities under section 65ZFA in relation to the last 2 financial years; and

S. 58(1)(cb)
inserted by
No. 52/2004
s. 18.

S. 58(1)(cc)
inserted by
No. 52/2004
s. 18.

S. 58(1)(d)
amended by
No. 46/1998
s. 7(Sch. 1).

- (ii) has failed to identify and adequately address any problems relating to the failure referred to in subparagraph (i) in a timely manner; or
 - (cc) in the case of a public hospital or public health service, has failed to comply with a direction issued by the Minister under section 40B or 66A; or
 - (d) in the case of a public hospital or denominational hospital has failed to comply with a direction of the Secretary—
- the Minister may do any one or more of the following—
- (e) censure the agency in accordance with section 59;
 - (f) except in the case of a denominational hospital—
 - (i) direct that the admission of patients to the agency be suspended in accordance with section 60; or
 - (ii) recommend to the Governor in Council that an administrator of the agency be appointed in accordance with section 61; or
 - (iii) recommend to the Governor in Council that the agency be closed in accordance with section 62.
- (2) If the Minister is of the opinion that the closure of a registered funded agency is desirable for the purposes of implementing a scheme for the improvement of any local or State-wide health service, the Minister may recommend to the Governor in Council that the agency be closed in accordance with section 62.

59 Censure

- (1) If the Minister proposes to censure a registered funded agency, the Minister—
 - (a) must give notice in writing to the agency of his or her proposal; and
 - (b) must consider any submissions, whether oral or in writing, made to the Minister by the agency within 7 days after the giving of the notice; and
 - (c) may consider any other submissions and any matters the Minister considers appropriate—
before deciding whether or not to censure the agency.
- (2) If the Minister decides to censure the agency, the Minister must—
 - (a) give notice in writing of the censure to the agency; and
 - (b) cause to be tabled in each House of the Parliament within 7 sitting days of the House after the notice is given to the agency—
 - (i) a copy of the notice; and
 - (ii) a report of the circumstances leading to the censure; and
 - (iii) a copy of any written submissions made by the agency.

60 Suspension of admissions

- (1) If the Minister decides that the admission of patients or any class of patients to a registered funded agency should be suspended, the Minister—

- (a) may in writing direct the agency to suspend such admissions forthwith or on and after a specified date; and
 - (b) must consider any submissions, whether oral or in writing, made to the Minister by the agency within 7 days after the giving of the direction and may consider any other submissions and any matters the Minister considers appropriate; and
 - (c) must decide whether or not the suspension should be withdrawn or confirmed and, if confirmed, the period for which the suspension should operate; and
 - (d) must give notice of his or her decision to the agency.
- (2) Subsection (1) does not apply to a denominational hospital.

61 Appointment of administrator

- (1) If the Minister proposes that a registered funded agency should be administered by an administrator, the Minister—
- (a) must give notice in writing to the agency of his or her proposal; and
 - (b) must consider any submissions, whether oral or in writing, made to the Minister by the agency within 7 days after the giving of the notice; and
 - (c) may consider any other submissions and any other matters the Minister considers appropriate—

before deciding whether or not to recommend the appointment of an administrator.

- (2) If the Minister decides to recommend the appointment of an administrator, the Governor in Council, on the recommendation of the Minister, may appoint an administrator of the agency for such period and subject to such terms and conditions as are specified in the appointment.
- (3) An administrator of an agency appointed under this section has and may exercise all the powers and is subject to all the duties of the board of the agency.
- (4) On the appointment of an administrator, the members of the board of the agency cease to hold office.
- (5) If the Minister recommends to the Governor in Council that the appointment of the administrator of an agency should be revoked, the Governor in Council may by notice published in the Government Gazette declare that the appointment will be revoked on the date specified in the notice, being a date not less than 28 days after the publication of the notice.
- (6) If a notice is published under subsection (5) in relation to an agency—
 - (a) members of the board of the agency shall be elected or appointed in accordance with this Part, the regulations or the rules of the agency, as the case requires; and
 - (b) on the date specified in the notice—
 - (i) the appointment of the administrator is revoked; and
 - (ii) the board of the agency is re-established.
- (7) This section does not apply to a denominational hospital.

62 Closure

- (1) If the Minister proposes that a registered funded agency should be closed, the Minister must cause a report of the proposal to be prepared and made available to persons who request it.
- (2) A report under subsection (1) must include—
 - (a) a statement of the circumstances giving rise to the proposal; and
 - (b) a statement of any other available options in relation to continuing the services of the agency.
- (3) If a report under subsection (1) relates to a registered funded agency that is an incorporated association under the **Associations Incorporation Reform Act 2012** or a company within the meaning of the Corporations Act that is taken to be registered in Victoria, the Minister must cause a copy of the report to be given to the Registrar of Incorporated Associations or ASIC within the meaning of the ASIC Act, as the case requires.
- (4) The Minister, after consideration of any submissions made on a report under subsection (1) within 90 days after the report is made available to interested persons—
 - (a) must decide whether or not to recommend the closure of the agency; and
 - (b) must give notice in writing of his or her decision to—
 - (i) the agency; and
 - (ii) in a case to which subsection (3) applies, to the Registrar of Incorporated Associations or ASIC within the meaning of the ASIC Act, as the case requires.

S. 62(3)
amended by
Nos 44/2001
s. 3(Sch.
item 61.3),
36/2011 s. 34,
20/2012
s. 226(Sch. 5
item 15(1)).

S. 62(4)(b)(ii)
amended by
No. 36/2011
s. 34.

(5) The Governor in Council, on the recommendation of the Minister, may by Order published in the Government Gazette direct that the registered funded agency be closed on and after the date fixed in the Order.

(6) If an Order is published under subsection (5)—

(a) in the case of an agency that is an incorporated association, the Order has effect as if it were an order of the Supreme Court for the winding up of the association under Part 10 of the **Associations Incorporation Reform Act 2012**; and

S. 62(6)(a)
amended by
No. 20/2012
s. 226(Sch. 5
item 15(2)).

(b) in the case of an agency that is a company within the meaning of the Corporations Act that is taken to be registered in Victoria, the Order has effect as if it were an order of the Court for the winding up of the company under Part 5.4A of the Corporations Act; and

S. 62(6)(b)
substituted by
No. 44/2001
s. 3(Sch.
item 61.4).

(c) in the case of an agency that is incorporated in any other manner, the Order has effect in the manner specified in the Order; and

(d) in any other case—

(i) the agency shall be closed subject to and in accordance with the directions contained in the Order; and

(ii) the property of the agency becomes the property of the Crown and may be dealt with or disposed of accordingly; and

(iii) the liabilities of the agency become liabilities of the Crown.

(7) This section does not apply to a denominational hospital.

**Division 8A—Audits of public hospitals,
public health services, multi purpose services
and denominational hospitals**

Pt 3 Div. 8A
(Heading and
ss 63–63D)
inserted by
No. 52/2004
s. 19.

63 Definition

In this Division, *agency* means—

- (a) a public hospital; or
- (b) a multi purpose service; or
- (c) a denominational hospital.

New s. 63
inserted by
No. 52/2004
s. 19.

63A Secretary may commission audits

(1) Having regard to the objectives of this Act and the public interest, the Secretary may commission an audit under this Division of an agency to determine whether the agency—

- (a) is effectively using the public funds allocated to it; or
- (b) is providing safe, patient-centred and appropriate health services; or

S. 63A
inserted by
No. 52/2004
s. 19.

S. 63A(1)(b)
substituted by
No. 52/2017
s. 23.

- (ba) is fostering continuous improvement in the quality and safety of the care and health services it provides; or
- (c) in the case of a public health service, is meeting the objectives, priorities and key performance outcomes specified in its current statement of priorities under section 65ZFA; or
- (d) in the case of a denominational hospital to which a statement of priorities applies, is meeting the objectives, priorities and key performance outcomes specified in its

S. 63A(1)(ba)
inserted by
No. 52/2017
s. 23.

current statement of priorities under section 44A.

- (2) If the Secretary commissions an audit, the Secretary must set the terms of reference for the audit, including when the auditor is to report to the Secretary.
- (3) An auditor under this Division must report to the Secretary in accordance with subsection (2).

63B Appointment or engagement of auditors

S. 63B
inserted by
No. 52/2004
s. 19.

- (1) The Secretary may appoint an employee under Part 3 of the **Public Administration Act 2004** or engage any other person with the qualifications, skills or expertise which, in the opinion of the Secretary, are appropriate to carry out an audit under this Division.
- (2) The Secretary must specify the terms and conditions on which a person is engaged to carry out an audit under this Division.
- (3) The Secretary must give written notice to the chief executive officer of an agency in respect of which an audit will be carried out under this Division stating—
 - (a) that an audit will be carried out and the terms of reference for the audit; and
 - (b) the name of the auditor who has been appointed or engaged to carry out the audit.
- (4) The Secretary must issue to an auditor a copy of the auditor's authorisation to act as an auditor under this Division.

S. 63B(1)
amended by
No. 108/2004
s. 117(1)
(Sch. 3
item 96.5).

S. 63C
inserted by
No. 52/2004
s. 19.

63C Powers of auditors

- (1) An auditor may at any time, with such assistance as he or she reasonably requires, for the purpose of carrying out an audit under this Division enter the premises of an agency and may—
 - (a) inspect the premises; and
 - (b) inspect, take possession of, make copies of or take extracts from any document; and
 - (c) ask questions of any—
 - (i) person who is engaged or employed in or by the agency;
 - (ii) member or director of the board of the agency.
- (2) If any document is seized under subsection (1), the auditor must return the document to the agency within 7 days after it is seized.
- (3) A person must not refuse or fail to give full and true answers to the best of that person's knowledge to any questions asked by an auditor in the performance or exercise of any power under this Division.
Penalty: 60 penalty units.
- (4) An answer given pursuant to a requirement under subsection (3) is not admissible in evidence against the person in criminal proceedings other than proceedings under this section.
- (5) A person must not obstruct or hinder an auditor in the performance or exercise of the auditor's powers under this Division.
Penalty: 60 penalty units.

- (6) An auditor must produce a copy of his or her authorisation to act as an auditor if requested to do so.

63D Confidentiality requirements

S. 63D
inserted by
No. 52/2004
s. 19.

- (1) A person who is, or at any time has been, an auditor under this Division must not, except to the extent necessary to perform any official duties or to perform or exercise any function or power under this Act, either directly or indirectly, make a record of or divulge or communicate to any person any information that is or was acquired by the person by reason of being, or having been, an auditor or make use of any such information for any purpose other than the performance of official duties or the performance or exercise of that function or power.

Penalty: 100 penalty units.

- (2) Subsection (1) does not preclude a person from—
- (a) producing a document to a court in the course of criminal proceedings; or
 - (b) divulging or communicating to a court in the course of any criminal proceedings any matter or thing coming under the notice of the person in the performance of official duties or in the performance or exercise of a function or power referred to in subsection (1); or
 - (c) producing a document or divulging or communicating information with the prior consent of the person to whom it relates, or if that person has died, with the consent of the senior available next of kin of that person.

Division 9—Amalgamation of registered funded agencies

* * * * *

S. 63
repealed by
No. 88/1994
s. 11.

64 Proposal for amalgamation

S. 64(1)
amended by
No. 46/1998
s. 7(Sch. 1),
substituted by
No. 52/2017
s. 24(1).

- (1) This section applies if the Secretary considers that—
- (a) the provision of health services by 2 or more registered funded agencies (none of which is a denominational hospital) may be more effective if the agencies were amalgamated; or
 - (b) governance of the quality and safety of health services provided by 2 or more registered funded agencies (none of which is a denominational hospital) may be more effective if the agencies were amalgamated.

S. 64(1A)
inserted by
No. 52/2017
s. 24(1).

- (1A) The Secretary must cause to be prepared a report outlining proposals and options for the more effective provision of health services or the more effective governance of the quality or safety of health services provided, as the case may be, including the proposal for amalgamation.

S. 64(2)
amended by
No. 52/2017
s. 24(2).

- (2) A proposal for amalgamation under subsection (1A) may be made in respect of—
- (a) two or more registered funded agencies of the kind mentioned in a paragraph of subsection (3); or
 - (b) a combination of two or more agencies of any kind mentioned in subsection (3).

- (3) For the purposes of subsection (2), the kinds of registered funded agencies are—
- (a) an agency which is an unincorporated body;
 - (b) an agency which is incorporated under this Act;
 - (c) an agency which is an incorporated association under the **Associations Incorporation Reform Act 2012**;
S. 64(3)(c) amended by No. 20/2012 s. 226(Sch. 5 item 15(3)).
 - (d) an agency that is a company within the meaning of the Corporations Act that is taken to be registered in Victoria.
S. 64(3)(d) substituted by No. 44/2001 s. 3(Sch. item 61.5).
- (4) The Secretary must cause copies of each report under subsection (1A)—
- (a) to be given to each registered funded agency concerned; and
 - (b) to be made available on request to members of the public.
- (5) Any person may make submissions to the Secretary on the report before the expiration of the period specified in the report (not being less than 60 days after a copy is given to each registered funded agency concerned).
S. 64(4) amended by Nos 46/1998 s. 7(Sch. 1), 52/2017 s. 24(2).
- (6) If, after considering any submissions made to the Secretary on the report during the period referred to in subsection (5), the Secretary considers the proposal for amalgamation should be implemented in whole or in part, the Secretary must advise the Minister accordingly.
S. 64(5) amended by No. 46/1998 s. 7(Sch. 1).
- S. 64(6) amended by No. 46/1998 s. 7(Sch. 1).

S. 64(7)
amended by
Nos 46/1998
s. 7(Sch. 1),
52/2017
s. 24(3).

- (7) The Secretary must not advise the Minister to implement the proposal for amalgamation in whole or in part unless the Secretary is satisfied that the amalgamation is likely to result in the more effective provision of health services, or the more effective governance of the quality or safety of health services provided, having regard to—
- (a) the possible benefits to Victoria in the form of improved health services throughout Victoria or in any part of Victoria; and
 - (b) the possible economic consequences of amalgamation.

S. 64(8)
inserted by
No. 46/1995
s. 9,
amended by
No. 46/1998
s. 7(Sch. 1),
repealed by
No. 52/2017
s. 24(4).

* * * * *

S. 64A
inserted by
No. 112/1993
s. 8.

64A Voluntary amalgamations

- (1) The governing bodies of 2 or more registered funded agencies (including denominational hospitals) may agree to amalgamate under this Division only if—
- (a) the bodies and the agencies are authorised to do so by any Acts or other documents creating them and the amalgamation is made in accordance with those Acts or other documents; and
 - (b) apart from this Division, there is no law of the Commonwealth or the State under which they could amalgamate.

- (1A) The board of directors of a registered community health centre and the governing body of a registered funded agency (including a denominational hospital) may agree to amalgamate under this Division only if—
- (a) the board and the governing body are authorised to do so by any Acts or other documents creating them and the amalgamation is made in accordance with those Acts or other documents; and
 - (b) apart from this Division, there is no law of the Commonwealth or the State under which they could amalgamate.
- (2) The agencies, or the registered community health centre and the agency, must submit the agreement to the Secretary.
- (3) The Secretary, must not advise the Minister to approve an agreement under subsection (4), unless the Secretary is satisfied that—
- (a) the amalgamation will result in the provision of better health services, or the more effective governance of the quality or safety of health services provided, throughout Victoria or in any part of Victoria; and
 - (b) the amalgamation is otherwise in the public interest.
- (4) The Minister, on the Secretary's advice, may approve the agreement.

S. 64A(1A)
inserted by
No. 79/2008
s. 9(1).

S. 64A(2)
amended by
Nos 46/1998
s. 7(Sch. 1),
79/2008
s. 9(2).

S. 64A(3)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 64A(3)(a)
amended by
No. 52/2017
s. 25.

S. 64A(4)
amended by
No. 46/1998
s. 7(Sch. 1).

65 Governor in Council may order amalgamation

S. 65(1)
amended by
Nos 112/1993
s. 9(1),
46/1998
s. 7(Sch. 1).

(1) The Governor in Council, on the recommendation of the Minister made after receiving advice from the Secretary under section 64(6) or section 64A, may by Order published in the Government Gazette direct that two or more registered funded agencies be amalgamated.

(2) Where an Order is made under subsection (1)—

(a) on a date specified in the Order—

(i) the incorporation of each registered funded agency to which the Order relates that is an incorporated body shall be cancelled; or

(ii) each registered funded agency to which the Order relates that is an unincorporated body shall cease to exist—

as the case requires; and

(b) on that date a new registered funded agency of the kind specified in the Order having a board or committee of management constituted as specified in the Order shall come into existence by operation of the Order as if on that date—

(i) it had been incorporated under this Act; or

(ii) it had been registered as an incorporated association under the **Associations Incorporation Reform Act 2012**; or

(iii) an unincorporated body had been formed; and

S. 65(2)(b)(ii)
substituted by
No. 20/2012
s. 226(Sch. 5
item 15(4)).

- (c) on that date, the property of each registered funded agency that is the subject of the Order vests in the new registered funded agency without the necessity for any conveyance, transfer or assignment and so vests subject to—
- (i) any trust; and
 - (ii) any restriction, limitation, mortgage, charge, encumbrance, lien, lease, covenant, contract or liability—
- to which the property was subject immediately before that date; and
- (d) on that date, all debts and liabilities, whether certain or contingent, of a registered funded agency that is the subject of the Order existing at that date become the debts and liabilities of the new registered funded agency; and
- (e) on and from that date, each registered funded agency to which the Order relates must be taken, for the purposes of any trust in relation to that agency, not to have had its incorporation cancelled or to have ceased to exist and the new registered funded agency must be taken to be the same body as that agency for those purposes; and
- (f) without limiting the effect of paragraph (e), on and from that date, an instrument creating a trust in relation to—
- (i) a registered funded agency to which the Order relates; or
- S. 65(2)(d) amended by No. 66/1998 s. 8(1).**
- S. 65(2)(e) inserted by No. 66/1998 s. 8(1).**
- S. 65(2)(f) inserted by No. 66/1998 s. 8(1).**

(ii) a former agency of which such a registered funded agency is the successor agency—

continues to have effect according to its tenor as if the trust were in relation to the new registered funded agency.

S. 65(3)
amended by
No. 112/1993
s. 9(2).

(3) An Order under subsection (1) may include such other provisions not inconsistent with this Division as are necessary or expedient, including—

S. 65(3)(a)
inserted by
No. 112/1993
s. 9(2).

(a) provisions giving effect to any agreement under section 64A; and

S. 65(3)(b)
inserted by
No. 112/1993
s. 9(2).

(b) provisions relating to the construction of references in documents to any amalgamated denominational hospitals.

(4) An Order under subsection (1) must declare the new registered funded agency to be either a public hospital or an incorporated association if the Order relates to the amalgamation of two or more agencies all of which are agencies of any of the following kinds—

(a) a public hospital;

(b) an incorporated association under the **Associations Incorporation Act 1981**;

S. 65(4)(c)
amended by
No. 112/1993
s. 9(3),
substituted by
No. 44/2001
s. 3(Sch.
item 61.6).

(c) a company within the meaning of the Corporations Act that is taken to be registered in Victoria; or

S. 65(4)(d)
inserted by
No. 112/1993
s. 9(3).

(d) a denominational hospital referred to in section 64A that is a body corporate.

(5) In the case of a denominational hospital, an Order under subsection (1) has effect despite anything to the contrary in any Act or subordinate instrument.

S. 65(5)
inserted by
No. 112/1993
s. 9(4).

(6) Subsection (2), as amended by section 8(1) of the **Health Services (Further Amendment) Act 1998**, has effect with respect to—

S. 65(6)
inserted by
No. 66/1998
s. 8(2).

(a) an Order made under subsection (1) before the commencement of that section of that Act; and

(b) an instrument of a kind referred to in subsection (2)(f) of this section—

in the same way as it would if it had been in force as so amended at the time when the Order was made and must be taken to have always had that effect on and from that time.

Division 9A—Aggregation of metropolitan hospitals

Pt 3 Div. 9A
(Heading and
ss 65A–65O)
inserted by
No. 46/1995
s. 10.

65A Definitions

S. 65A
inserted by
No. 46/1995
s. 10.

In this Division—

aggregated hospital, in relation to an Order under section 65C, means a metropolitan hospital the incorporation of which is cancelled under the Order;

effective date, in relation to an Order under section 65C, means the date on which the aggregation is effected, being a date specified in the Order;

instrument means a document and an oral agreement;

liabilities means all liabilities, duties and obligations, whether actual, contingent or prospective;

new hospital, in relation to an Order under section 65C, means the metropolitan hospital that comes into existence under the Order;

old instrument means an instrument subsisting immediately before the effective date of an Order under section 65C—

- (a) to which an aggregated hospital was a party; or
- (b) that was given to or in favour of an aggregated hospital; or
- (c) that refers to an aggregated hospital; or
- (d) under which—
 - (i) money is, or may become, payable to or by an aggregated hospital; or
 - (ii) other property is to be, or may become liable to be, transferred to or by an aggregated hospital;

property means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description;

rights means all rights, powers, privileges and immunities, whether actual, contingent or prospective;

transferred aggregated hospital employee means a person who, by reason of section 65L(1), is regarded as being employed by a new hospital with effect from the effective date of an Order under section 65C.

S. 65A def. of
*transferred
aggregated
hospital
employee*
amended by
No. 99/1995
s. 20(a).

65B Extra-territorial operation

It is the intention of the Parliament that the operation of this Division should, as far as possible, include operation in relation to the following—

- (a) land situated outside Victoria, whether in or outside Australia;
- (b) things situated outside Victoria, whether in or outside Australia;
- (c) acts, transactions and matters done, entered into or occurring outside Victoria, whether in or outside Australia;
- (d) things, acts, transactions and matters (wherever situated, done, entered into or occurring) that would, apart from this Division, be governed or otherwise affected by the law of the Commonwealth, another State, a Territory or a foreign country.

S. 65B
inserted by
No. 46/1995
s. 10.

65C Aggregation

- (1) If the Minister considers that the provision of health services by 2 or more metropolitan hospitals may be more effective if the hospitals were aggregated, the Minister may recommend that an Order be made under subsection (2).
- (2) The Governor in Council, by Order published in the Government Gazette, may, on the recommendation of the Minister, direct that 2 or more metropolitan hospitals be aggregated.
- (3) An Order under subsection (2), may not be made on or after the first anniversary of the date on which section 10 of the **Health Services (Metropolitan Hospitals) Act 1995** comes into operation.

S. 65C
inserted by
No. 46/1995
s. 10.

- (4) If an Order is made under subsection (2), on a date specified in the Order—
- (a) the incorporation of each metropolitan hospital to which the Order relates is cancelled;
 - (b) a new hospital with the name specified in the Order comes into existence;
 - (c) Schedule 3 is amended—
 - (i) by the omission of the name of each metropolitan hospital the incorporation of which is cancelled by the Order; and
 - (ii) by the addition of the name of the new hospital, in the appropriate alphabetical position.
- (5) The board of a metropolitan hospital that comes into existence under an Order under subsection (2) consists of the persons (being not less than 6 and not more than 9) named in the Order and, for the purposes of Division 4A, the Order constitutes the instrument of appointment and may include terms and conditions of appointment.
- (6) If an Order under subsection (2) specifies by-laws of the metropolitan hospital that comes into existence under the Order, the by-laws have effect as if made by the board of the hospital.
- (7) The Governor in Council, in an Order under subsection (2) or in another Order published in the Government Gazette on the recommendation of the Minister, may appoint a person to act as the first chief executive officer of a new metropolitan hospital that comes into existence in accordance with this section.

- (8) A person appointed to act as chief executive officer of a metropolitan hospital appointed in accordance with subsection (7) is deemed to have been appointed by the board of the hospital.
- (9) An Order under subsection (2) may include such other provisions not inconsistent with this Division as are necessary or expedient.

65D New metropolitan hospital to be successor in law

S. 65D
inserted by
No. 46/1995
s. 10.

On the coming into existence of a metropolitan hospital under an Order under section 65C—

- (a) all property and rights of the aggregated hospitals, wherever located, vest in the new hospital; and
- (b) all liabilities of the aggregated hospitals, wherever located, become liabilities of the new hospital; and
- (c) the new hospital becomes the successor in law of the aggregated hospitals; and
- (d) on and from the effective date of the Order, an aggregated hospital to which the Order relates must, for the purposes of any trust in relation to that hospital, be taken not to have had its incorporation cancelled and the new hospital must be taken to be the same body as the aggregated hospital for those purposes.

S. 65D(c)
amended by
No. 66/1998
s. 9(1).

S. 65D(d)
inserted by
No. 66/1998
s. 9(1).

65E Substitution of party to agreement

S. 65E
inserted by
No. 46/1995
s. 10.

Where, under section 65D, the rights and liabilities of an aggregated hospital under an agreement vest in, or become liabilities of, the new hospital—

- (a) the new hospital becomes, on the effective date of the Order, a party to the agreement in place of the aggregated hospital; and

- (b) on and after the effective date of the Order, the agreement has effect as if the new hospital had always been a party to the agreement.

S. 65F
inserted by
No. 46/1995
s. 10.
amended by
No. 66/1998
s. 9(2) (ILA
s. 39B(1)).

65F Old instruments

- (1) Each old instrument continues to have effect according to its tenor on and after the effective date of an Order under section 65C as if a reference in the instrument to an aggregated hospital were a reference to the new hospital.
- (2) Without limiting the effect of subsection (1), on and from the effective date of an Order under section 65C, an instrument creating a trust in relation to—
- (a) an aggregated hospital to which the Order relates; or
 - (b) a former agency of which such an aggregated hospital is the successor agency—
- continues to have effect according to its tenor as if the trust were in relation to the new hospital.

S. 65F(2)
inserted by
No. 66/1998
s. 9(2).

S. 65FA
inserted by
No. 66/1998
s. 10.

65FA Trusts in relation to aggregated hospitals

Sections 65D and 65F, as amended by section 9 of the **Health Services (Further Amendment) Act 1998**, have effect with respect to—

- (a) an Order made under section 65C before the commencement of that section of that Act; and
- (b) an instrument of a kind referred to in section 65F(2)—

in the same way as they would if they had been in force as so amended at the time when the Order was made and must be taken to have always had that effect on and from that time.

65G Proceedings

If, immediately before the effective date of an Order under section 65C, proceedings (including arbitration proceedings) to which an aggregated hospital was a party were pending or existing in any court or tribunal, then, on and after the publication of the Order, the new hospital is substituted for the aggregated hospital as a party to the proceedings and has the same rights in the proceedings as the aggregated hospital had.

S. 65G
inserted by
No. 46/1995
s. 10.

65H Interests in land

Without prejudice to the generality of this Division and despite anything to the contrary in any other Act or law, if, immediately before the effective date of an Order under section 65C, an aggregated hospital is the registered proprietor of an interest in land under the **Transfer of Land Act 1958**, on and after that date—

S. 65H
inserted by
No. 46/1995
s. 10.

- (a) the new hospital is to be taken to be the registered proprietor of that interest in land; and
- (b) the new hospital has the same rights and remedies in respect of that interest as the aggregated hospital had.

65I Amendment of Register

- (1) The Registrar of Titles, on being requested to do so and on delivery of any relevant certificate of title or instrument, must make any amendments in the Register that are necessary because of the operation of this Division.

S. 65I
inserted by
No. 46/1995
s. 10.

* * * * *

S. 65I(2)(3)
repealed by
No. 85/1998
s. 24(Sch.
item 32).

S. 65J
inserted by
No. 46/1995
s. 10.

65J Taxes

No stamp duty or other tax is chargeable under any Act in respect of anything effected by or done under this Division or in respect of any act or transaction connected with or necessary to be done by reason of this Division, including a transaction entered into or an instrument made, executed, lodged or given.

S. 65K
inserted by
No. 46/1995
s. 10.

65K Evidence

(1) Documentary or other evidence that would have been admissible for or against the interests of an aggregated hospital if an Order had not been made under section 65C, is admissible for or against the interests of the new hospital.

S. 65K(2)
amended by
No. 69/2009
s. 54(Sch. Pt 1
item 30.1).

(2) The **Evidence Act 2008** applies with respect to the books of account of an aggregated hospital and to entries made in those books of account before the effective date of an Order under section 65C, as if those books of account and entries were business records.

S. 65K(3)
repealed by
No. 69/2009
s. 54(Sch. Pt 1
item 30.5).

* * * * *

S. 65L
inserted by
No. 46/1995
s. 10.

65L Transfer of aggregated hospital staff to new hospital

- (1) A person who, immediately before the effective date of an Order under section 65C, was an employee of an aggregated hospital is to be regarded as—
- (a) having been employed by the new hospital with effect from that date; and
 - (b) having been so employed on the same terms and conditions as those that applied to the person, immediately before that date, as an employee of the aggregated hospital; and

- (c) having accrued an entitlement to benefits, in connection with that employment by the new hospital, that is equivalent to the entitlement that the person had accrued, as an employee of the aggregated hospital immediately before that date.
- (2) The service of a transferred aggregated hospital employee as an employee of the new hospital is to be regarded for all purposes as having been continuous with the service of the employee, immediately before the effective date of the Order under section 65C, as an employee of the aggregated hospital.
- (3) A transferred aggregated hospital employee is not entitled to receive any payment or other benefit by reason only by having ceased to be an employee of the aggregated hospital because of this Division.
- (4) A certificate purporting to be signed by the chief executive officer of the new hospital certifying that a person named in the certificate was, with effect from the effective date of the Order under section 65C, employed, by virtue of this section by the new hospital is admissible in evidence in any proceedings and is conclusive proof of the matters stated in it.

S. 65L(4)
amended by
No. 99/1995
s. 20(b).

65M Future terms and conditions of transferred employees

S. 65M
inserted by
No. 46/1995
s. 10.

Nothing in section 65L prevents—

- (a) any of the terms and conditions of employment of a transferred aggregated hospital employee from being altered by or under any law, award or agreement with effect from any time after the effective date of the Order under section 65C; or

S. 65M(a)
amended by
No. 99/1995
s. 20(c).

- (b) a transferred aggregated hospital employee from resigning, or the termination of a transferred aggregated hospital employee's employment, at any time after the effective date of the Order in accordance with the then existing terms and conditions of the employee's employment by the new hospital.

S. 65N
inserted by
No. 46/1995
s. 10.

65N Validity of things done under this Division

Nothing effected by this Division or suffered under this Division—

- (a) is to be regarded as placing any person in breach of contract or confidence or as otherwise making any of them guilty of a civil wrong; or
- (b) is subject to compliance with or is to be regarded as placing any person in breach of or as constituting a default under any Act or other law or any provision in any agreement, arrangement or understanding including, without limiting the generality of the foregoing, any provision prohibiting, restricting or regulating the assignment or transfer of any property or right or the disclosure of any information; or
- (c) is to be regarded as fulfilling any condition which allows a person to exercise a power, right or remedy in respect of or to terminate any agreement or obligation; or
- (d) is to be regarded as giving rise to any remedy for a party to a contract or an instrument or as causing or permitting the termination of any contract or instrument because of a change in the beneficial or legal ownership of any property, right or liability; or

- (e) is to be regarded as causing any contract or instrument to be void or otherwise unenforceable; or
- (f) is to be regarded as frustrating any contract; or
- (g) releases any surety or other obligee wholly or in part from any obligation.

65O Operation of Division not subject to review

Nothing done under this Division gives rise to any cause or right of action or application before any court or tribunal.

S. 65O
inserted by
No. 46/1995
s. 10.

Division 9B—Public health services

Pt 3 Div. 9B
(Heading and
ss 65P–65ZG)
inserted by
No. 39/2000
s. 8.

Pt 3 Div. 9B
(Heading)
substituted by
No. 52/2004
s. 20.

65P Incorporation

Each public health service, by operation of this Act—

- (a) is a body corporate with perpetual succession; and
- (b) shall have an official seal; and
- (c) may sue and be sued in its corporate name; and
- (d) is capable of purchasing, taking, holding, selling, leasing, taking on lease, exchanging and disposing of real and personal property; and

S. 65P
inserted by
No. 39/2000
s. 8,
amended by
No. 52/2004
s. 21.

(e) is capable of doing and suffering all acts and things which bodies corporate may by law do or suffer.

S. 65Q
(Heading)
inserted by
No. 52/2004
s. 22(1).

65Q Public health services do not represent the Crown

A public health service does not represent, and shall not be taken to be part of, the Crown.

S. 65Q
inserted by
No. 39/2000
s. 8,
amended by
No. 52/2004
s. 22(2).

S. 65R
(Heading)
inserted by
No. 52/2004
s. 23(1).

65R Objects of public health services

S. 65R
inserted by
No. 39/2000
s. 8.

(1) Subject to section 184, the objects of a public health service are the objects approved by the board of the public health service and the Secretary.

S. 65(1)
amended by
No. 52/2004
s. 23(2)(a).

(2) Section 24 applies to the amendment or alteration of the objects of a public health service.

S. 65(2)
amended by
No. 52/2004
s. 23(2)(b).

S. 65S
inserted by
No. 39/2000
s. 8.

65S Board of directors

(1) There shall be a board of directors of each public health service.

S. 65S(1)
amended by
No. 52/2004
s. 24(1).

- (2) The functions of the board of a public health service are—
- (a) to develop statements of priorities and strategic plans for the operation of the public health service and to monitor compliance with those statements and plans;
 - (b) to develop financial and business plans, strategies and budgets to ensure the accountable and efficient provision of health services by the public health service and the long term financial viability of the public health service;
 - (c) to establish and maintain effective systems to ensure that the health services provided meet the needs of the communities served by the public health service and that the views of users and providers of health services are taken into account;
 - (d) to monitor the performance of the public health service to ensure that—
 - (i) the public health service operates within its budget;
 - (ii) its audit and accounting systems accurately reflect the financial position and viability of the public health service;
 - (iii) the public health service adheres to its financial and business plans, strategic plans and statements of priorities;
 - (iv) effective and accountable risk management systems are in place;
 - (v) effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of

S. 65S(2)
substituted by
No. 52/2004
s. 24(2).

S. 65S(2)(d)(v)
amended by
No. 52/2017
s. 26(1)(a).

- health services provided by the public health service;
- S. 65S(2)(d)(vi) amended by No. 52/2017 s. 26(1)(a).** (vi) any problems identified with the quality, safety or effectiveness of the health services provided are addressed in a timely manner;
- S. 65S (2)(d)(vii) amended by No. 52/2017 s. 26(1)(b).** (vii) the public health service continuously strives to improve the quality and safety of the health services it provides and to foster innovation;
- (viii) committees established or appointed under this Division operate effectively;
- S. 65S(2)(e) substituted by No. 52/2017 s. 26(2).** (e) subject to the Secretary's approval, to appoint a chief executive officer and to determine the chief executive officer's remuneration and the terms and conditions of appointment;
- S. 65S(2)(f) substituted by No. 52/2017 s. 26(2).** (f) during each financial year, to monitor the performance of the chief executive officer 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 under section 65ZFA;
- (g) to establish the organisational structure, including the management structure, of the public health service;
- (h) to develop arrangements with other relevant agencies and service providers to enable effective and efficient service delivery and continuity of care;

- (i) to ensure that the Minister and 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 public health service;
 - (j) to establish a Finance Committee, an Audit Committee and a Quality and Safety Committee; **S. 65S(2)(j) amended by No. 52/2017 s. 26(3).**
 - (k) to facilitate health research and education;
 - (l) to adopt a code of conduct for staff of the public health service;
 - (m) to provide appropriate training for directors;
 - (n) any other functions conferred on the board by or under this Act.
- (3) The board of a public health service has such powers as are necessary to enable it to carry out its functions, including the power, subject to section 24, to make, amend or revoke by-laws. **S. 65S(3) amended by No. 52/2004 s. 24(3).**
- (4) In performing its functions and exercising its powers, the board of a public health service must have regard to—
- (a) the needs and views of patients and other users of the health services that the public health service provides and the community that the public health service serves; and
 - (b) the need to ensure that the public health service uses its resources in an effective and efficient manner; and
 - (c) the need to ensure that resources of the Victorian public health sector generally are used effectively and efficiently. **S. 65S(4)(c) amended by No. 52/2017 s. 26(4).**

65T Directors

S. 65T
inserted by
No. 39/2000
s. 8.

S. 65T(1)
amended by
No. 52/2004
s. 25.

- (1) The board of a public health service shall consist of not less than 6 and not more than 9 persons appointed by the Governor in Council on the recommendation of the Minister.
- (2) The Governor in Council, on the recommendation of the Minister, may appoint one of the directors of the board to be the chairperson of the board.
- (3) In making a recommendation under this section, the Minister must ensure that—

S. 65T(3)(ab)
inserted by
No. 52/2017
s. 27.

- (a) the board includes at least one person who is able to reflect the perspectives of users of health services; and
- (ab) for a period of 3 years from the commencement of section 27 of the **Health Legislation Amendment (Quality and Safety) Act 2017**, the desirability of limiting the term of re-appointment of a director so that the combined term of the director's initial appointment, any re-appointment and any proposed re-appointment does not exceed 9 consecutive years is considered; and

S. 65T(3)(ac)
inserted by
No. 52/2017
s. 27.

- (ac) regard is had to any prescribed matters; and

(b) women and men are adequately represented.

- (4) In considering a recommendation for the purposes of subsection (3)(a), the Minister must give preference to a person—

- (a) who is not a registered health practitioner within the meaning of the Health Practitioner Regulation National Law; and
- (b) who is not currently or has not recently been employed or engaged in the provision of health services.
- (5) The **Public Administration Act 2004** (other than Part 3 of that Act) applies to a director of a board of a public health service in respect of the office of director.

S. 65T(4)(a)
amended by
No. 22/2016
s. 234.

S. 65T(5)
amended by
No. 52/2004
s. 25,
substituted by
Nos 108/2004
s. 117(1)
(Sch. 3
item 96.6),
80/2006
s. 26(Sch.
item 48.3).

65U Terms and conditions

S. 65U
inserted by
No. 39/2000
s. 8.

- (1) A director of a board of a public health service holds office for the term, not exceeding 3 years, specified in the instrument of appointment and is eligible for re-appointment.
- (2) A director of a board of a public health service must not serve more than 9 consecutive years as director of that board unless the Minister is satisfied that exceptional circumstances exist that justify a further re-appointment of the director.
- (3) A director of a board is entitled to be paid—
- (a) reasonable expenses incurred in holding office as a director of the board; and
- (b) such remuneration as is specified in the instrument of appointment.

S. 65U(1)
amended by
No. 52/2004
s. 26.

S. 65U(2)
amended by
Nos 52/2004
s. 26, 42/2005
s. 11, 52/2017
s. 28.

65V Removal and resignation

S. 65V
inserted by
No. 39/2000
s. 8.

S. 65V(1)
amended by
No. 52/2004
s. 27.

- (1) A director of a board of a public health service may resign by writing signed by that person and delivered to the Governor in Council.
- (2) The Governor in Council, on the recommendation of the Minister, may remove a director, or all directors, of a board from office.
- (3) The Minister must recommend the removal of a director of a board from office if the Minister is satisfied that—
 - (a) the director is physically or mentally unable to fulfil the role of a director of a board; or
 - (b) the director has been convicted or found guilty of an offence, the commission of which, in the opinion of the Minister, makes the director unsuitable to be a director of a board; or
 - (c) the director has been absent, without leave of the board, from all meetings of the board held during a period of 6 months; or
 - (d) the director is an insolvent under administration.

S. 65V(3)(d)
amended by
Nos 44/2001
s. 3(Sch.
item 61.7),
4/2008
s. 32(Sch.
item 14.1).

65W Disclosure of interest

S. 65W
inserted by
No. 39/2000
s. 8.

- (1) If a director of a board of a public health service has a direct or indirect pecuniary interest in a matter being considered, or about to be considered, by the board, the director, as soon as practicable after the relevant facts come to the director's knowledge, must disclose the nature of the interest at a meeting of the board.
- (2) The person presiding at the meeting must cause the declaration to be recorded in the minutes of the meeting.
- (3) A director who has a conflict of interest in a matter—
 - (a) must not be present during any deliberations on the matter; and
 - (b) is not entitled to vote on the matter.
- (4) If a director votes on a matter in contravention of subsection (3)(b), his or her vote must be disallowed.
- (5) This section does not apply in relation to a matter relating to the supply of goods or services to the director if the goods or services are, or are to be, available to members of the public on the same terms and conditions.

S. 65W(1)
amended by
No. 52/2004
s. 28.

65X Procedure of board

Subject to this Part, the procedure of a board of a public health service is in the discretion of the board.

S. 65X
inserted by
No. 39/2000
s. 8,
amended by
No. 52/2004
s. 29.

S. 65XA
inserted by
No. 52/2004
s. 30.

65XA Chief executive officer

S. 65XA(1)
repealed by
No. 52/2017
s. 29.

* * * * *

- (2) The chief executive officer of a public health service is subject to the direction of the board in controlling and managing the public health service.

S. 65XAB
inserted by
No. 52/2017
s. 30.

65XAB Guidelines of Minister

The Minister may publish in the Government Gazette guidelines relating to the role and procedure of boards of public health services and how they may carry out their functions.

S. 65XB
inserted by
No. 52/2004
s. 30.

65XB Functions of the chief executive officer

- (1) The functions of the chief executive officer are—
- (a) to manage the public health service in accordance with—
 - (i) the financial and business plans, strategies and budgets developed by the board; and
 - (ii) the instructions of the board;
 - (b) to prepare material for consideration by the board including statements of priorities, strategic plans, business plans, strategies and budgets;
 - (c) to ensure that the board and the committees established or appointed under this Division are assisted and provided with relevant information to enable them to perform their functions effectively and efficiently;

- (d) to implement effective and accountable systems to monitor and improve the quality, safety and effectiveness of health services provided by the public health service; **S. 65XB(1)(d) amended by No. 52/2017 s. 31(1).**
 - (e) to ensure that the public health service continuously strives to improve the quality and safety of the health services it provides and to foster innovation; **S. 65XB(1)(e) amended by No. 52/2017 s. 31(2).**
 - (f) to ensure that the board's decisions are implemented effectively and efficiently throughout the public health service;
 - (g) to inform the board in a timely manner of any issues of public concern or risks that affect or may affect the public health service;
 - (h) to inform the board, the Secretary and the Minister without delay of any significant issues of public concern or significant risks affecting the public health service.
- (2) In performing his or her functions, the chief executive officer must have regard to—
- (a) the needs and views of patients and other users of the health services that the public health service provides and the community that the public health service serves; and
 - (b) the need to ensure that the public health service uses its resources in an effective and efficient manner; and
 - (c) the need to ensure that resources of the Victorian public health sector generally are used effectively and efficiently. **S. 65XB(2)(c) amended by No. 52/2017 s. 31(3).**

S. 65Y
inserted by
No. 39/2000
s. 8.

65Y Immunity

S. 65Y(1)
amended by
No. 52/2004
s. 31(a).

- (1) A director of a board of a public health service is not personally liable for anything done or omitted to be done in good faith—
 - (a) in the exercise of a power or the discharge of a duty under this Act; or
 - (b) in the reasonable belief that the act or omission was in the exercise of a power or the discharge of a duty under this Act.

S. 65Y(2)
amended by
No. 52/2004
s. 31(b).

- (2) Any liability resulting from an act or omission that would but for subsection (1) attach to a director of the board of a public health service attaches instead to the public health service.

S. 65Z
inserted by
No. 39/2000
s. 8,
amended by
No. 52/2004
s. 32.

65Z Validity of acts or decisions

An act or decision of a board of a public health service is not invalid by reason only of—

- (a) a defect or irregularity in or in connection with the appointment of a director of the board; or
- (b) a vacancy in the directorship of the board.

S. 65ZAA
inserted by
No. 52/2004
s. 33.

65ZAA Appointment of delegate to board

S. 65ZAA(1)
amended by
No. 52/2017
s. 32(1).

- (1) The Minister may appoint not more than 2 delegates to the board of a public health service if the Minister considers that such an appointment will assist the board to improve the performance of the public health service or, in the case of a new public health service, will assist the orderly establishment of the public health service or the performance of the public health service.

- (2) A delegate is not a director of the board of a public health service.
- (3) In determining if an appointment of a delegate under subsection (1) will assist the board to improve the performance of the public health service or, in the case of a new public health service, will assist the orderly establishment of the public health service or the performance of the public health service, the Minister must have regard to—
- (a) the need to ensure that the public health service is meeting, or that the new public health service will meet, the objectives, priorities and key performance outcomes specified in the service's statement of priorities under section 65ZFA; and
 - (ab) the quality and safety of the health services provided by the public health service or to be provided by the new public health service, including compliance with the duty of candour; and
- (b) whether the board has requested such an appointment.
- (4) The Minister may appoint a delegate irrespective of whether the board has requested such an appointment.
- (5) The instrument of appointment of a delegate—
- (a) must be published in the Government Gazette; and
 - (b) must specify the terms and conditions of appointment; and
 - (c) may specify any remuneration to which the delegate is entitled.

S. 65ZAA(3)
amended by
No. 52/2017
s. 32(2)(a).

S. 65ZAA(3)(a)
amended by
No. 52/2017
s. 32(2)(b).

S. 65ZAA
(3)(ab)
inserted by
No. 52/2017
s. 32(2)(c),
amended by
No. 4/2022
s. 7.

(6) A delegate—

- (a) subject to subsections (7) and (8), holds office for the period specified in the instrument of appointment, being a period of not more than 12 months from the date of appointment; and
- (b) is eligible for re-appointment; and
- (c) is entitled to be reimbursed reasonable expenses incurred in holding office as delegate; and
- (d) is in respect of the office of delegate subject to the **Public Administration Act 2004** (other than Part 3 of that Act).

S. 65ZAA(6)(d)
substituted by
Nos 108/2004
s. 117(1)
(Sch. 3
item 96.7),
80/2006
s. 26(Sch.
item 48.4).

- (7) A delegate may resign by writing signed by that person and delivered to the Minister.
- (8) The Minister may revoke the appointment of a delegate.

S. 65ZAB
inserted by
No. 52/2004
s. 33.

65ZAB Functions of delegate

The functions of a delegate to the board of a public health service are—

- (a) to attend meetings of the board and observe its decision-making processes; and
- (b) to provide advice or information to the board to assist it in understanding its obligations under this Act; and
- (c) to advise the Minister and the Secretary on any matter relating to the public health service or the board.

65ZAC Obligations of board to delegate

S. 65ZAC
inserted by
No. 52/2004
s. 33.

The board of a public health service must—

- (a) permit a delegate appointed to the board to attend any meeting of the board or any meeting of its committees established or appointed under this Division; and
- (b) provide a delegate appointed to the board with information or a copy of any notice or other document provided to the directors of the board or to the members of any of the board's committees established or appointed under this Division at the same time as such information, notice or other document is provided to the directors or members.

65ZA Advisory committees

S. 65ZA
inserted by
No. 39/2000
s. 8.

- (1) The board of a public health service —
 - (a) must appoint at least one community advisory committee; and
 - (b) must appoint a primary care and population health advisory committee; and
 - (c) may appoint such other advisory committees as it determines.
- (2) The board of a public health service must appoint its community advisory committee and its primary care and population health advisory committee within 6 months after the establishment of the public health service.
- (3) The board of a public health service must include in its report of operations under Part 7 of the **Financial Management Act 1994**, a report on the activities of its advisory committees.

S. 65ZA(1)
amended by
No. 52/2004
s. 34(a).

S. 65ZA(2)
amended by
No. 52/2004
s. 34(b).

S. 65ZA(3)
amended by
No. 52/2004
s. 34(c).

S. 65ZB
inserted by
No. 39/2000
s. 8.

65ZB Community advisory committee

S. 65ZB(1)
amended by
No. 52/2004
s. 35(a).

(1) Subject to this section, a community advisory committee consists of such number of members as the board of the public health service determines.

S. 65ZB(2)
amended by
No. 52/2004
s. 35(b).

(2) The board of a public health service must ensure that the persons appointed to a community advisory committee are persons who are able to represent the views of the communities served by the public health service.

(3) In appointing persons to a community advisory committee, a board must give preference to a person—

S. 65ZB(3)(a)
amended by
No. 22/2016
s. 235.

(a) who is not a registered health practitioner within the meaning of the Health Practitioner Regulation National Law; and

(b) who is not currently or has not recently been employed or engaged in the provision of health services.

S. 65ZB(4)
amended by
No. 52/2004
s. 35(c).

(4) The board of a public health service must appoint a person to fill a vacancy in the membership of a community advisory committee within 3 months after the vacancy arises.

S. 65ZC
inserted by
No. 39/2000
s. 8.

65ZC Primary care and population health advisory committee

S. 65ZC(1)
amended by
No. 52/2004
s. 36(a).

(1) Subject to this section, a primary care and population health advisory committee consists of such number of members as the board of the public health service determines.

S. 65ZC(2)
amended by
No. 52/2004
s. 36(b).

(2) A board of a public health service must ensure that its primary care and population health advisory committee consists of persons who

between them have the following knowledge and expertise—

- | | |
|---|--|
| (a) expertise in or knowledge of the provision of primary health services in the areas served by the public health service; | S. 65ZC(2)(a) amended by No. 52/2004 s. 36(b). |
| (b) expertise in identifying health issues affecting the population served by the public health service and designing strategies to improve the health of that population; | S. 65ZC(2)(b) amended by No. 52/2004 s. 36(b). |
| (c) knowledge of the health services provided by local government in the areas served by the public health service. | S. 65ZC(2)(c) amended by No. 52/2004 s. 36(b). |
| (3) The board of a public health service must appoint a person to fill a vacancy in the membership of its primary care and population health advisory committee within 3 months after the vacancy arises. | S. 65ZC(3) amended by No. 52/2004 s. 36(c). |

65ZD Guidelines of Secretary

The Secretary may publish guidelines relating to the composition, role, functions and procedure of advisory committees.

S. 65ZD inserted by No. 39/2000 s. 8.

65ZE Procedure of advisory committees

Subject to any guidelines of the Secretary, the procedure of an advisory committee of a public health service is in its discretion.

S. 65ZE inserted by No. 39/2000 s. 8, amended by No. 52/2004 s. 37.

65ZF Strategic plans

- (1) The board of a public health service must at the direction of the Minister and at the time or times determined by the Minister, prepare and submit to

S. 65ZF inserted by No. 39/2000 s. 8.

S. 65ZF(1) amended by No. 52/2004 s. 38(a).

the Minister for approval a strategic plan for the operation of the public health service.

- (2) A strategic plan must be prepared in accordance with the guidelines established by the Minister from time to time.
- (3) The Minister may—
 - (a) approve a strategic plan; or
 - (b) approve a strategic plan with amendments; or
 - (c) refuse to approve a strategic plan.
- (4) The board of a public health service must advise the Minister if it wishes to exercise its functions in a manner inconsistent with its approved strategic plan.

S. 65ZF(4)
amended by
No. 52/2004
s. 38(b).

S. 65ZFA
inserted by
No. 52/2004
s. 39.

65ZFA When statement of priorities to be prepared

- (1) In respect of each financial year, the board of a public health service must—
 - (a) prepare, in consultation with the Secretary, a proposed statement of priorities in relation to the public health service in accordance with section 65ZFB; and
 - (b) submit the proposed statement of priorities to the Minister.
- (2) If the board of the public health service and the Minister fail to agree on a statement of priorities before 1 October of the financial year to which the statement of priorities relates, the Minister may make a statement of priorities in relation to the public health service in accordance with section 65ZFB.
- (3) A statement of priorities may be varied at any time if the board of the public health service and the Minister so agree.

- (4) If the board of the public health service and the Minister fail to agree to a proposed variation of a statement of priorities within 28 days after the variation is proposed, the Minister may—
 - (a) vary the statement of priorities; or
 - (b) decline to vary the statement of priorities.
- (5) The Minister must cause copies of each statement of priorities and any variation to be made available on request to members of the public.

65ZFB Content of statement of priorities

S. 65ZFB
inserted by
No. 52/2004
s. 39.

A public health service's statement of priorities under section 65ZFA must—

- (a) be consistent with the strategic plan approved by the Minister for the operation of the service; and
- (b) specify in respect of the financial year to which it relates—
 - (i) the services to be provided by the public health service and the funds to be provided to the public health service; and
 - (ii) the objectives, priorities and key performance outcomes to be met by the public health service; and
 - (iii) the performance indicators, targets or other measures against which the public health service's performance is to be assessed and monitored; and
 - (iv) how and when the public health service must report to the Minister and the Secretary on its performance in relation to the specified objectives, priorities and key performance outcomes; and

- (v) such other matters as, from time to time, are agreed by the Minister and the board of the public health service or are determined by the Minister.

S. 65ZG
inserted by
No. 39/2000
s. 8.

65ZG Annual meetings

S. 65ZG(1)
amended by
Nos 52/2004
s. 40(a),
42/2005 s. 12.

- (1) The board of a public health service must ensure that the chief executive officer convenes an annual meeting of the public health service to be held on or after 1 July and on or before 31 December (or, if the Secretary in writing approves a later date, on or before that later date) in each year.

S. 65ZG(2)
amended by
No. 52/2004
s. 40(a).

- (2) Nothing in subsection (1) requires an annual meeting of a public health service to be held before the public health service has been a public health service for 12 months.

S. 65ZG(3)
amended by
No. 52/2004
s. 40(a).

- (3) The chief executive officer of the public health service must cause notice of the annual meeting to be published in a newspaper circulating generally in the area where the public health service is situated giving notice—

- (a) of the date, time and place of the meeting;
and
(b) that the meeting is open to the public.

S. 65ZG(4)
amended by
No. 52/2004
s. 40(b).

- (4) At each annual meeting of a public health service, the board—
(a) must submit the report of operations and financial statements prepared in accordance with Part 7 of the **Financial Management Act 1994**; and

- (b) must report on the health services provided to the community in the preceding year and on health services proposed to be provided in the following year; and
- (c) must report on such other matters as are prescribed.

66 Notice of proposed direction

New s. 66
inserted by
No. 52/2004
s. 41.

- (1) If the Minister proposes to issue the board of a public health service with a direction under section 66A, the Minister must give a copy of the proposed direction to the board at least 7 days before giving the direction.
- (2) The board of a public health service may give the Minister comments in relation to the proposed direction before the day on which the direction is to be issued.
- (3) The Minister must take into account the comments of the board of a public health service in determining—
 - (a) whether to issue the direction; and
 - (b) if the direction is to be issued, the content of the direction.

66A Minister may issue directions

S. 66A
inserted by
No. 52/2004
s. 41.

- (1) Subject to subsection (4), the Minister may issue written directions to the board of a public health service on any matter in relation to the public health service that the Minister considers necessary or expedient if the Minister considers that the direction—
 - (a) is in the public interest; and
 - (b) will give effect to the objectives of this Act.

- (2) A direction may be given generally in relation to public health services or in relation to a specified public health service or a specified class of public health services.
- (3) The board of a public health service must comply with any direction issued to it.
- (4) A direction issued under this section must not—
 - (a) refer to the health care or health services provided or proposed to be provided to a particular person; or
 - (b) refer to the employment or engagement of a particular person by a public health service; or
 - (c) require the supply of goods or services to a public health service by any particular person or organisation unless the supply is in accordance with a tender process.
- (5) The Minister must cause copies of each direction issued to be made available on request to members of the public.

Division 10—Compulsory acquisition of land

* * * * *

S. 66
repealed by
No. 73/1997
s. 6(3).

67 Acquisition

- (1) The Minister may purchase or compulsorily acquire land for the purposes of a registered funded agency if, after inquiry and report by the Secretary, the Minister considers it necessary or desirable to do so.

* * * * *

S. 67(1)
substituted by
No. 75/1994
s. 14(1),
amended by
No. 46/1998
s. 7(Sch. 1).

S. 67(2)
repealed by
No. 75/1994
s. 14(2)(a).

(3) The **Land Acquisition and Compensation Act 1986** applies to this Act and for that purpose—

- (a) the **Health Services Act 1988** is the special Act; and
- (b) the Minister is the Authority.

S. 67(3)(b)
amended by
No. 75/1994
s. 14(2)(b).

(4) The agency—

(a) in the case of a disputed claim—

- (i) must pay the undisputed amount to the Victorian Civil and Administrative Tribunal or the Supreme Court (as the case requires); and

S. 67(4)(a)(i)
amended by
Nos 91/1994
s. 25(a),
52/1998
s. 311(Sch. 1
item 36.2).

- (ii) must pay to the Minister within the period specified by the Minister, any further amount which the Tribunal or the Court orders to be paid to the claimant; and

S. 67(4)(a)(ii)
amended by
No. 91/1994
s. 25(b).

- (b) in any other case, must pay to the Minister before the acquisition is made any amount required to pay compensation under this Division.

68 Acquired land to vest in the Crown

Any land acquired under this Act by the Minister—

- (a) vests in the Crown under section 24 of the **Land Acquisition and Compensation Act 1986** despite anything to the contrary in that section; and
- (b) may be dealt with as unalienated land of the Crown.

S. 68
amended by
No. 75/1994
s. 14(3).

69 Power to reserve and grant land to agency

Any land vested in the Crown under this Division—

- (a) may be reserved in accordance with the **Crown Land (Reserves) Act 1978**; and
- (b) subject to such terms (if any) and subject to such covenants, conditions, exceptions and reservations as the Governor in Council thinks fit, may be vested by the Governor in Council in the registered funded agency for its purposes.

Pt 3 Div. 11
(Heading and
ss 69AA–
69AAF)
inserted by
No. 22/2014
s. 6.

Division 11—Leasing and licensing powers

S. 69AA
inserted by
No. 22/2014
s. 6.

69AA Meaning of *hospital site*

In this Division, *hospital site* means—

- (a) land reserved under the **Crown Land (Reserves) Act 1978** for any of the purposes described in section 4(1)(zc) of that Act; and
- (b) any other land reserved for hospitals, health care agencies and services for any other purposes administered by the Minister.

S. 69AAB
inserted by
No. 22/2014
s. 6.

69AAB Application of Division

- (1) This Division has effect despite anything to the contrary in the **Land Act 1958** and the **Crown Land (Reserves) Act 1978**.
- (2) The powers of the committee of management or trustees of a hospital site are in addition to, and do not limit, the powers of—

- (a) that committee of management as a committee of management under the **Crown Land (Reserves) Act 1978**; or
- (b) those trustees as trustees under the **Crown Land (Reserves) Act 1978** or under any other instrument appointing them as trustees of that land.

69AAC Power to grant leases for up to 35 years

S. 69AAC
inserted by
No. 22/2014
s. 6.

- (1) Subject to the written approval of the Minister, the committee of management or trustees of a hospital site may grant a lease of that site or any part of that site.
- (2) The Minister must not approve the grant of a lease under subsection (1) unless the Minister is satisfied that—
 - (a) the purpose for which the lease is to be granted is not inconsistent with, or detrimental to, the purposes for which the land is reserved; and
 - (b) any proposed use, development, improvements or works under the lease are of a substantial nature and of a value which justifies a longer term lease; and
 - (c) the granting of a longer term lease is in the public interest.
- (3) A lease granted under this section may be for a term not exceeding 35 years.
- (4) A lease granted under this section—
 - (a) may contain options for the lessee to renew the lease for a further term or terms, but the aggregate of the original term and the further term or terms must not exceed 35 years; and

- (b) may contain provision for a lessee to remain in occupation of the land under the same terms and conditions as existed under the lease, at the discretion of the lessor, for a period of not more than 3 months from the expiry of the lease; and
- (c) is subject to any covenants, exceptions, reservations and conditions that are determined by the committee of management or trustees of the hospital site and approved in writing by the Minister.

S. 69AAD
inserted by
No. 22/2014
s. 6.

69AAD Power to grant licences over land

- (1) Subject to the written approval of the Minister, the committee of management or trustees of a hospital site may grant a licence to enter and use any part of that site.
- (2) The Minister must not approve a licence under subsection (1) unless the Minister is satisfied that the purpose for which the licence is to be granted is not detrimental to the purposes for which the land is reserved.
- (3) A licence granted under this section—
 - (a) may be for a period not exceeding the lesser of—
 - (i) 35 years; or
 - (ii) the term for which a lease under section 69AAC is granted in respect of the hospital site or part of that site; and
 - (b) is subject to the terms and conditions determined by the committee of management or trustees of the hospital site and approved in writing by the Minister.

69AAE Determination to grant lease or licence under this Division to be published and tabled

S. 69AAE
inserted by
No. 22/2014
s. 6.

- (1) The Minister must not approve the grant of a lease under section 69AAC or a licence under section 69AAD unless—
 - (a) the Minister, by determination published in the Government Gazette, has given notice of his or her intention to do so; and
 - (b) the determination has been laid before, but not disallowed by, either House of Parliament.
- (2) The Minister must lay the determination made under subsection (1) before each House of Parliament within 6 sitting days after it is published.

69AAF Parliamentary scrutiny of the leasing and licensing of certain land

S. 69AAF
inserted by
No. 22/2014
s. 6.

- (1) A determination under section 69AAE that is laid before each House of Parliament is disallowed if—
 - (a) a notice of a resolution to disallow the determination is given in a House of the Parliament on or before the 5th sitting day of that House after the determination is laid before the House; and
 - (b) the resolution is passed by that House on or before the 10th sitting day of that House after the giving of the notice of the resolution.
- (2) A notice under subsection (1) may be expressed to apply to the whole or to any part of the determination.
- (3) A resolution that is passed under subsection (1) has effect according to its terms.

- (4) If a House of Parliament is prorogued or the Legislative Assembly is dissolved—
- (a) the prorogation or dissolution does not affect the power of the House to pass a resolution under subsection (1); and
 - (b) the calculation of sitting days of the House is to be made as if there had been no prorogation or dissolution.

Part 3A—Public hospital patient services agreements

Pt 3A
(Heading and
ss 69A–69I)
inserted by
No. 68/1996
s. 28.

Division 1—Definitions

69A Definitions

In this Part—

contractor means a party to an agreement with the Minister under section 69B(1);

hospital means any premises where persons are provided with or offered health services as public hospital patients in accordance with an agreement with the Minister under section 69B(1);

sub-contractor means a sub-contractor of a contractor or of a sub-contractor.

S. 69A
inserted by
No. 68/1996
s. 28.

Division 2—Agreements

69B Minister may enter into public hospital patient services agreements

- (1) The Minister may, for and on behalf of the Crown—
 - (a) enter into an agreement with a person or body for the provision by that person or body of health services to public hospital patients from premises which, under the agreement, will be required to become a privately-operated hospital; or
 - (b) enter into an agreement with a person or body which is ancillary to an agreement entered into under paragraph (a), including an agreement with any person or body

S. 69B
inserted by
No. 68/1996
s. 28.

providing financial accommodation (within the meaning of the **Borrowing and Investment Powers Act 1987**) or a guarantee in respect of an agreement entered into under paragraph (a).

- (2) The Minister must obtain the written approval of the Treasurer before entering into an agreement under subsection (1).
- (3) Nothing in this section—
- (a) limits, or takes away, any other power of the Minister, whether under this or any other Act or otherwise, to enter into agreements for the provision of health services; or
 - (b) limits, or takes away, any power of the Secretary under this Act to enter into health service agreements.
- (4) The Minister must not enter into an agreement under subsection (1) on or after the day on which section 42 of the **Health Services (Governance and Accountability) Act 2004** comes into operation.
- (5) Subsection (4) does not apply to an agreement for the provision of health services to public hospital patients from the New Mildura Base Hospital.

S. 69B(3)(b)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 69B(4)
inserted by
No. 52/2004
s. 42.

S. 69B(5)
inserted by
No. 52/2004
s. 42.

S. 69C
inserted by
No. 68/1996
s. 28.

69C Matters that may be included in agreement

- (1) An agreement under section 69B(1)(a) may provide for—
- (a) the design, construction, commissioning and ownership of the hospital;
 - (b) the management and operation of the hospital;
 - (c) the maintenance and repair of the hospital;
 - (d) the services to be provided by the contractor to public hospital patients;

- (e) the fees, costs and charges to be paid to the contractor;
 - (f) objectives and performance standards in relation to the provision of health services;
 - (g) consultation by the contractor, as specified in the agreement, with a body representative of community views identified, or appointed or selected in the manner specified, in the agreement;
 - (h) the submission of periodic reports in relation to the contractor's operations under the agreement;
 - (i) the extent of indemnities by parties to the agreement;
 - (j) the office the holder of which is to be the principal officer for the purposes of the application of the **Freedom of Information Act 1982** to the contractor as a provider of health services to public hospital patients;
 - (k) the office the holder of which is to be the principal officer for the purposes of the application of the **Ombudsman Act 1973** to the contractor as a provider of health services to public hospital patients.
- (2) An agreement under section 69B(1), including an agreement under section 69B(1)(a), may contain—
- (a) a provision dealing with financial arrangements;
 - (b) a provision specifying liabilities, risks and insurances;
 - (c) a provision leaving any matter to be determined, approved or dispensed with by a specified person or body;

- (d) a provision providing for the assignment to the Minister, the Crown or any other person of any right or interest;
- (e) a provision providing for the creation of any security over property;
- (f) a provision providing for the Minister to delegate powers and functions under the agreement;
- (g) a provision providing for sub-contracting;
- (h) a provision requiring the provision by the contractor of a performance bond;
- (i) a provision providing for the suspension of obligations under the agreement in specified circumstances, except the obligations referred to in subsection (1)(i), (j) and (k);
- (j) a provision providing for—
 - (i) the Minister, the Crown or any other person or body to take over, or nominate any other person or body to take over, rights or obligations under the agreement or any other agreement or under any transaction;
 - (ii) the transfer of land to the Minister, the Crown or any other person or body in the circumstances set out in the agreement;
- (k) a provision providing for rights of access to the hospital;
- (l) any other provisions that are not inconsistent with this Act or the regulations.

69D Agreement to run with land

S. 69D
inserted by
No. 68/1996
s. 28.

- (1) An agreement entered into under section 69B(1) under which the owner of land covenants to transfer that land to the Minister, the Crown or any other person or body in the circumstances set out in the agreement must be under seal and must bind the owner of the land to those covenants.
- (2) Sections 181, 182 and 183 of the **Planning and Environment Act 1987** apply to that agreement as if a reference in those sections to the responsible authority were a reference to the transferee of the land.
- (3) Land which is transferred to the Minister or the Crown in accordance with an agreement under section 69B(1) is deemed to be unalienated land of the Crown freed and discharged from all trusts, limitations, reservations, restrictions, encumbrances, estates and interests.
- (4) No compensation is payable by the Crown in respect of the transfer of land to the Minister or the Crown in accordance with an agreement under section 69B(1) except compensation (if any) which is expressly provided for in that agreement.

69E Rights of access

S. 69E
inserted by
No. 68/1996
s. 28.

- (1) A contractor or sub-contractor must give the Minister, the Secretary and any authorised officer free and unfettered access at all times, together with any assistants and equipment that the Minister, the Secretary or authorised officer considers necessary—
 - (a) to the hospital; and
 - (b) to all public hospital patients receiving health services at the hospital; and

S. 69E(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(c) to all documents in the possession of the contractor or sub-contractor relating to the provision of health services to public hospital patients at the hospital—

for the purpose of ensuring compliance with this Act or the regulations or the agreement under section 69B(1).

Penalty: 50 penalty units.

(2) A contractor or sub-contractor must give an administrator appointed under section 69F free and unfettered access at all times, together with any assistants and equipment that the administrator considers necessary—

(a) to the hospital; and

(b) to all public hospital patients receiving health services at the hospital; and

(c) to all documents in the possession of the contractor or sub-contractor relating to the provision of health services to public hospital patients at the hospital—

for the purpose of enabling the administrator to carry out his or her functions and exercise his or her powers under that section.

Penalty: 50 penalty units.

(3) Nothing in this section limits, or takes away, any function or power conferred on a person (including a person on whom a function or power is conferred by this section), whether under this or any other Act or otherwise including the agreement under section 69B(1).

69F Right of intervention in management

S. 69F
inserted by
No. 68/1996
s. 28.

- (1) The Minister may intervene in the management of a hospital if he or she considers that it is necessary to do so for the protection of the health or safety of public hospital patients receiving or requiring services at the hospital.
- (2) If the Minister intervenes in the management of a hospital, he or she may appoint an administrator to manage the hospital until the Minister determines that the health or safety of public hospital patients receiving or requiring services at the hospital no longer requires the appointment of an administrator.
- (3) If an administrator is appointed under subsection (2), then for the period of that appointment—
 - (a) the contractor or a sub-contractor must act in relation to the management or operation of the hospital in accordance with the directions of the administrator; or
 - (b) the contractor or a sub-contractor must as directed by the administrator, cease to act in relation to the management or operation of the hospital completely or to the extent specified in the direction.

Penalty: 50 penalty units.

- (4) A person engaged or employed by the contractor or a sub-contractor to act in relation to the management or operation of the hospital must comply with the directions of the administrator in doing so.

Penalty: 50 penalty units.

- (5) An administrator appointed under subsection (2) has and may carry out or exercise for the period of the appointment all of the functions or powers of the contractor or any sub-contractor, in relation to

the management or operation of the hospital,
under this Act or the regulations or the agreement
under section 69B(1).

- (6) Without limiting subsection (5), the administrator has power to do anything necessary for the protection of the health or safety of public hospital patients receiving or requiring health services at the hospital in accordance with the agreement under section 69B(1).
- (7) The Secretary must provide the administrator with any assistance necessary to the carrying out of his or her functions or exercise of his or her powers under this section.
- (8) Nothing in this section limits, or takes away, any function or power conferred on a person (including a person on whom a function or power is conferred by this section), whether under this or any other Act or otherwise including the agreement under section 69B(1).

S. 69F(7)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 69G
inserted by
No. 68/1996
s. 28.

69G Application of FOI Act

- (1) The **Freedom of Information Act 1982** applies to a contractor or a sub-contractor in its capacity as a provider of health services to public hospital patients at the hospital in accordance with an agreement under section 69B(1) or a sub-contract agreement as if—
- (a) the contractor or sub-contractor were an agency within the meaning of that Act; and
- (b) the holder of the office specified in the agreement under section 69B(1) or in the sub-contract agreement for the purposes of the application of the **Freedom of Information Act 1982** were the principal officer of that agency; and
- (c) the Minister were the responsible Minister of that agency; and

- (d) the persons employed by the contractor or sub-contractor were officers of that agency.
- (2) Nothing in this section applies the **Freedom of Information Act 1982** to a contractor or sub-contractor—
 - (a) in any capacity other than that mentioned in subsection (1); or
 - (b) with respect to any period during which health services were not actually being provided by the contractor or sub-contractor to public hospital patients at the hospital.

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S. 69H
inserted by
No. 68/1996
s. 28,
repealed by
No. 82/2012
s. 290.

69I Application of Land Act

Section 137 of the **Land Act 1958** does not apply to a proposed lease of Crown land for the purpose of a hospital.

S. 69I
inserted by
No. 68/1996
s. 28.

Part 4—Health service establishments

Division 1—Approval in principle

70 Application

S. 70(1)
amended by
Nos 46/1998
s. 7(Sch. 1),
52/2017
s. 33(1)(a).

(1) A person must apply to the Secretary for approval in principle of—

S. 70(1)(a)
substituted by
No. 53/1990
s. 11.

(a) the use of particular land or premises as a specified kind of health service establishment; or

S. 70(1)(b)
substituted by
No. 99/1995
s. 14(1).

(b) premises proposed to be constructed for use as a health service establishment of a particular kind; or

S. 70(1)(ba)
inserted by
No. 99/1995
s. 14(1),
amended by
No. 52/2017
s. 33(1)(b).

(ba) alterations or extensions to premises used or proposed to be used as a health service establishment.

S. 70(1)(c)
repealed by
No. 52/2017
s. 33(1)(c).

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S. 70(1A)
inserted by
No. 52/2017
s. 33(2).

(1A) A person may apply to the Secretary for approval in principle of a variation of the registration of a health service establishment being either or both of the following—

(a) an alteration in the number of beds to which the registration relates;

- (b) in the case of a day procedure centre or private hospital—
- (i) a variation of the kinds of prescribed health services that may be carried on at, or from, the premises; or
 - (ii) a variation of the number of beds that may be used for specified kinds of prescribed health services.
- (2) An application under subsection (1) or (1A)—
- (a) must be in the prescribed form; and
 - (b) must be accompanied by the prescribed fee.
- (3) A person making application for approval in principle must, at the time of the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.
- (4) An applicant for approval in principle must give the Secretary—
- (a) any further information relating to the application that the Secretary requests including information about any proposed proprietor of and, if the proposed proprietor is a body corporate, any director or officer of the body corporate who may exercise control over the health service establishment to which the application relates; and
 - (b) any design sketches and construction drawings, plans or specifications relating to the premises proposed to be constructed, altered or extended that the Secretary requests.
- S. 70(2) amended by No. 52/2017 s. 33(3).**
- S. 70(4) amended by Nos 99/1995 s. 14(2)(a)(b), 46/1998 s. 7(Sch. 1).**
- S. 70(4)(a) amended by No. 46/1998 s. 7(Sch. 1).**
- S. 70(4)(b) inserted by No. 99/1995 s. 14(2)(b), amended by No. 46/1998 s. 7(Sch. 1).**

71 Criteria for grant of approval in principle

S. 71(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(1) In determining whether to grant or refuse to grant approval in principle relating to a health service establishment, the Secretary must consider—

(a) in the case of an application for approval of the use of land or premises—

(i) any relevant guidelines under Part 2;
and

(ii) the suitability of the location of the land or premises for the carrying on of the establishment having regard to the availability of other community services and the safety and amenity of the environment; and

(iii) whether the carrying on of an establishment may result in more than adequate health services of any kind becoming available in an area as defined in the guidelines under Part 2; and

S. 71(1)(a)(iv)
inserted by
No. 99/1995
s. 14(3)(a).

(iv) if design sketches have been supplied, whether the design of the premises to be constructed, or of the alterations or extensions, are satisfactory having regard to the type of health service establishment to be carried on in the premises; and

S. 71(1)(a)(v)
inserted by
No. 55/2006
s. 6(1).

(v) the security of tenure which the applicant holds over the land or premises; and

S. 71(1)(b)
repealed by
No. 99/1995
s. 14(3)(b),
new s. 71(1)(b)
inserted by
No. 55/2006
s. 6(2).

(b) if the applicant is or was previously a proprietor, or is or was previously a director of a body corporate that is or was previously a proprietor, of any other health service establishment, or is or was previously

associated with any other health service establishment in a managerial capacity—

- (i) the extent and nature of the applicant's involvement in the other health service establishment; and
- (ii) the number of complaints, if any, that have been brought within the previous 3 years by or on behalf of residents of the other health service establishment (regardless of who received the complaints) and how the complaints have been dealt with; and
- (iii) the financial management of the other health service establishment; and
- (iv) the applicant's compliance with any reporting requirements under this Act that relate to the other health service establishment; and
- (v) whether the applicant has carried on the other health service establishment in accordance with this Act, the regulations and, if the establishment is registered under this Act, any conditions to which the registration of the establishment is subject; and
- (vi) whether the applicant has been convicted or found guilty of an offence under this Act or the regulations in relation to the other health service establishment; and
- (vii) the capacity of the applicant to meet any requirements for the registration under this Act of the other health service establishment; and

S. 71(1)(c)(iii)
amended by
No. 99/1995
s. 14(3)(c).

S. 71(1)(c)(iv)
inserted by
No. 99/1995
s. 14(3)(c),
amended by
No. 52/2017
s. 34(1).

S. 71(1)(d)
inserted by
No. 52/2017
s. 34(2).

- (c) in the case of an application for variation of the registration of the health service establishment—
- (i) any relevant guidelines under Part 2; and
 - (ii) the suitability of the location of the land or premises for the carrying on of the establishment having regard to the availability of other community services and the safety and amenity of the environment; and
 - (iii) whether variation of the registration may result in more than adequate health services of any kind becoming available in an area as defined in the guidelines under Part 2; and
 - (iv) if design sketches have been supplied, whether the design of the premises to be constructed, or of the alterations or extensions, are satisfactory having regard to the type of health service establishment to be carried on in the premises; and
- (d) in relation to an application made under section 70(1), whether—
- (i) any relevant planning permit has been issued; and
 - (ii) the design of the premises proposed to be constructed is satisfactory, having regard to the kind of health services to be provided at, or from, the premises; and
 - (iii) the plans for the proposed premises comply with the health service establishment premises guidelines; and

- (e) whether the applicant has met the prescribed requirements in relation to health service establishments.
- (2) The Secretary must not grant approval in principle for the use of land or premises as a health service establishment or for the variation of the registration of a health service establishment if the Secretary considers that—
- (a) the person (whether a natural person or a body corporate) who is or is likely to be the proprietor of the health service establishment is not likely to have, or to continue to have, the financial capacity to carry on the health service establishment, or to carry on the health service establishment if the registration is varied; or
- (b) if the person who is or is likely to be the proprietor of the health service establishment—
- (i) is a natural person, that person is not a fit and proper person to be such a proprietor, or to be a proprietor of the health service establishment if the registration is varied; or
- (ii) is a body corporate, that any director or other officer of the body corporate who exercises or may exercise control over the health service establishment is not a fit and proper person to be such a proprietor, or to be a proprietor of the health service establishment if the registration is varied, or to exercise such control.
- S. 71(1)(e) inserted by No. 52/2017 s. 34(2).**
- S. 71(2) amended by No. 46/1998 s. 7(Sch. 1), substituted by No. 55/2006 s. 6(3).**

S. 71(3)
inserted by
No. 99/1995
s. 14(4),
amended by
No. 46/1998
s. 7(Sch. 1).

(3) If construction drawings, plans or specifications have been supplied, in determining whether to grant or refuse to grant approval in principle relating to a health service establishment, the Secretary must consider whether the standard and style of construction work proposed is satisfactory having regard to the type of health service establishment to be carried on in the premises.

S. 71(4)
inserted by
No. 49/2010
s. 223.

(4) In this section, *other health service establishment* includes a supported residential service.

72 Decision on application

S. 72(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(1) The Secretary must decide whether to grant (whether or not subject to conditions) or to refuse to grant an application under section 70.

S. 72(2)
amended by
No. 46/1998
s. 7(Sch. 1).

(2) The Secretary must give notice in writing to the applicant of his or her decision within the period determined under section 104.

73 Certificate of approval in principle

S. 73
amended by
No. 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 15(a)).

If the Secretary approves an application under section 70, he or she must issue a certificate of approval in principle stating—

- (a) the name of the person to whom it is issued; and
- (b) any conditions to which it is subject; and
- (c) in the case of the approval of land or premises—
 - (i) the kind of establishment for which the approval is granted; and
 - (ii) the number of beds (if any) for which the approval is granted; and

(iii) if the approval relates to use of land or premises for a day procedure centre or private hospital—

(A) the kinds of health care; and

(B) the number of beds for particular kinds of prescribed health services—

for which the approval is granted; and

* * * * *

S. 73(d)
repealed by
No. 99/1995
s. 14(5).

(e) in the case of the approval in principle of a variation of registration, particulars of the variation; and

(f) the period during which the approval continues in force (being one year or, if the Secretary considers it appropriate that the period be longer or shorter, the period specified by the Secretary).

S. 73(f)
amended by
No. 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 15(a)).

74 Transfer or variation of certificate

(1) The Secretary, on the application of the person who is the holder for the time being of a certificate of approval in principle relating to a health service establishment may—

S. 74(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(a) vary the certificate or any condition to which it is subject; or

(b) approve the transfer of the certificate to another person.

(2) Sections 70 and 71 apply to an application for variation or transfer of a certificate as if the application were an application for approval in principle.

S. 74(3)
inserted by
No. 53/1990
s. 12,
amended by
No. 46/1998
s. 7(Sch. 1).

(3) The person who is the holder for the time being of a certificate of approval in principle must produce the certificate to the Secretary for endorsement by the Secretary of the particulars of—

S. 74(3)(a)
substituted by
No. 18/2004
s. 6(a).

(a) the variation under subsection (1)(a) of the certificate or any condition to which the certificate is subject; or

S. 74(3)(b)
amended by
No. 18/2004
s. 6(b).

(b) the transfer under subsection (1)(b) of the certificate to that person.

75 Revocation of certificate

S. 75(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(1) If the Secretary is satisfied that—

(a) a person to whom an approval in principle relates has ceased to be a fit and proper person to carry on, or to have the financial capacity to carry on, an establishment of the kind to which the approval relates; or

(b) where an approval in principle relates to a body corporate, any director or other officer of the body corporate who exercises or may exercise control over the body corporate has ceased to be a fit and proper person to exercise control over an establishment of the kind to which the approval relates—

the Secretary, by notice in writing given to the person or body corporate, may revoke the certificate.

S. 75(2)
amended by
Nos 99/1995
s. 14(6),
46/1998
s. 7(Sch. 1),
18/2004 s. 7.

(2) Except as provided in subsection (1), section 76 or section 86, the Secretary cannot revoke a certificate of approval in principle.

76 Voluntary revocation of certificate

- (1) If a certificate of approval in principle relating to a health service establishment has been issued, the proprietor of the establishment may apply to the Secretary for revocation of the certificate.
- (2) On an application under subsection (1), the Secretary must, by notice in writing given to the proprietor, revoke the certificate.

New s. 76
inserted by
No. 99/1995
s. 15,
amended by
No. 46/1998
s. 7(Sch. 1).

S. 76(2)
amended by
No. 46/1998
s. 7(Sch. 1).

* * * * *

Pt 4 Div. 2
(Heading and
ss 76–81)
amended by
No. 53/1990
ss 13, 14(1)(2),
repealed by
No. 99/1995
s. 14(7).

Division 3—Registration

82 Application

- (1) A person who intends to be the proprietor of a health service establishment may apply to the Secretary for registration of premises as a health service establishment of a particular kind.
- (2) An application under subsection (1)—
 - (a) must be in the prescribed form; and
 - (b) must be accompanied by the prescribed fee.
- (3) An applicant for registration must give the Secretary any further information relating to the application that the Secretary requests.

S. 82(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 82(3)
amended by
No. 46/1998
s. 7(Sch. 1).

83 Criteria for registration

- (1) In determining whether to register or refuse to register premises as a health service establishment, the Secretary must consider—
 - (a) any relevant guidelines under Part 2; and

S. 83(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 83(1)(c)(ii)
amended by
No. 55/2006
s. 7(1).

S. 83(1)(d)
amended by
No. 55/2006
s. 7(1).

S. 83(1)(i)
substituted by
No. 52/2017
s. 35(1).

- (b) whether the carrying on of the establishment may result in more than adequate health services of any kind becoming available in the area; and
- (c) whether the applicant—
 - (i) is a fit and proper person to carry on the establishment; and
 - (ii) has and is likely to continue to have the financial capacity to carry on the establishment; and
- (d) if the applicant is a body corporate, whether each director or other officer of the body corporate who exercises or may exercise control over the body corporate is a fit and proper person to carry on or exercise control over the establishment; and
- (e) the suitability of the location of the premises for the carrying on of the establishment having regard to the availability of other community services and the safety and amenity of the environment; and
- (f) the suitability of the design and construction of the premises for the particular kind of establishment; and
- (g) the suitability of the fittings and equipment of the premises for the particular kind of establishment; and
- (h) whether the proposed arrangements for the management and staff of the establishment are suitable; and
- (i) whether the applicant has complied with the health service establishment premises guidelines; and

- (ia) whether the applicant—
- (i) will provide, safe, patient-centred and appropriate health services; and
 - (ii) will foster continuous improvement in the quality and safety of care and health services provided; and
- (j) whether appropriate arrangements have been or will be made for evaluating, monitoring and improving the quality of health services provided by the establishment; and
- (k) if the applicant is not the owner in fee simple of the premises, whether the arrangements under which the premises are or are to be occupied are satisfactory for the proper carrying on by the proprietor of the establishment; and
- (l) whether all conditions to which the approval in principle is subject have been met; and
- (m) the security of the applicant's tenure over the premises at which, or from which, the applicant proposes to carry on the health service establishment; and
- (n) if the applicant is or was previously a proprietor, or is or was previously a director of a body corporate that is or was previously a proprietor, of any other health service establishment, or is or was previously associated with any other health service establishment in a managerial capacity—

S. 83(1)(ia)
inserted by
No. 52/2017
s. 35(1).

S. 83(1)(k)
amended by
No. 99/1995
s. 16(1).

S. 83(1)(l)
inserted by
No. 99/1995
s. 16(1),
amended by
No. 55/2006
s. 7(2).

S. 83(1)(m)
inserted by
No. 55/2006
s. 7(3),
amended by
No. 52/2017
s. 35(2).

S. 83(1)(n)
inserted by
No. 55/2006
s. 7(3).

- (i) the extent and nature of the applicant's involvement in the other health service establishment; and
- (ii) the number of complaints, if any, that have been brought within the previous 3 years by or on behalf of residents of the other health service establishment (regardless of who received the complaints) and how the complaints have been dealt with; and
- (iii) the financial management of the other health service establishment; and
- (iv) the applicant's compliance with any reporting requirements under this Act that relate to the other health service establishment; and
- (v) whether the applicant has carried on the other health service establishment in accordance with this Act, the regulations and, if the establishment is registered under this Act, any conditions to which the registration of the establishment is subject; and
- (vi) whether the applicant has been convicted or found guilty of an offence under this Act or the regulations in relation to the other health service establishment; and
- (vii) the capacity of the applicant to meet any requirements for the registration under this Act of the other health service establishment.

- (2) The Secretary must not refuse to register premises as a health service establishment on any ground that is inconsistent with any approval in principle in force under Division 1.

S. 83(2)
amended by
Nos 99/1995
s. 16(2)(a)(b),
46/1998
s. 7(Sch. 1).

- (3) In this section, *other health service establishment* includes a supported residential service.

S. 83(3)
inserted by
No. 49/2010
s. 224.

84 Decision on application

- (1) The Secretary must decide whether to register (whether or not subject to conditions) or to refuse to register premises to which an application under section 82 relates.
- (2) The Secretary must notify the applicant of his or her decision within the period determined under section 104.

S. 84(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 84(2)
amended by
No. 46/1998
s. 7(Sch. 1).

85 Certificate of registration

If the Secretary decides to register premises to which an application under section 82 relates, he or she must issue a certificate of registration stating—

S. 85
amended by
No. 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 15(b)).

- (a) the kind of health service establishment that may be carried on at, or from, the premises; and
- (b) the name of the proprietor; and
- (c) any conditions to which the registration is subject; and
- (d) whether, from the registered premises, a prescribed health service may be provided at other premises and, if so, the prescribed health service and the kind of those other premises; and

S. 85(a)
amended by
Nos 52/2017
s. 36(1),
4/2022 s. 32.

S. 85(d)
repealed by
No. 88/1994
s. 12, new
s. 85(d)
inserted by
No. 52/2017
s. 36(2).

* * * * *

S. 85(e)
repealed by
No. 88/1994
s. 12.

- (f) the number of beds (if any) to which the registration relates; and
- (g) if the premises are registered as a day procedure centre or private hospital—
 - (i) the kinds of prescribed health services that may be carried on on the premises; and
 - (ii) the number of beds that may be used for specified kinds of prescribed health services; and
- (h) the period for which the registration is granted (being two years or, if the Secretary considers it appropriate that the period be longer or shorter, the period specified by the Secretary).

S. 85(h)
amended by
No. 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 15(b)).

86 Change of directors etc.

- (1) If a person ceases to be, or is appointed as, a director of or other officer having control of a proprietor that is a body corporate, the proprietor must within 30 days after the change occurs give the Secretary particulars of the change.

Penalty: 50 penalty units.

- (2) The Secretary may determine whether a person who is, or is appointed as, a director of or other officer having control over a proprietor that is a body corporate is a fit and proper person to carry on or exercise control over a health service establishment.

- (3) In making a determination under subsection (2), the Secretary must consider any relevant criteria that the Secretary would be required to consider in determining whether an applicant under section 71 is a fit and proper person for the purposes of that section.

S. 86
amended by
Nos 46/1998
s. 7(Sch. 1),
18/2004 s. 8
(LA s. 39B(1)).

S. 86(2)
inserted by
No. 18/2004
s. 8.

S. 86(3)
inserted by
No. 18/2004
s. 8.

- (4) If an approval in principle has been granted in respect of a health service establishment and the Secretary subsequently determines that a person referred to in subsection (2) is not a fit and proper person to carry on or exercise control over the health service establishment, the Secretary, by notice in writing given to the person, may revoke the certificate of approval in principle.

S. 86(4)
inserted by
No. 18/2004
s. 8.

87 Annual fees

- (1) The proprietor of a registered health service establishment must—
- (a) not later than 7 days after the date of issue of the certificate of registration of the establishment or, if the registration has been renewed, of renewal of registration; and
 - (b) not later than 7 days after each anniversary of that date—
- pay to the Secretary the prescribed annual fee payable in respect of establishments of that class.
- (2) If the proprietor of a registered health service establishment fails to comply with subsection (1), the proprietor is liable to pay—
- (a) the prescribed annual fee payable in respect of establishments of that class; and
 - (b) an additional fee of one half of the prescribed annual fee.

S. 87(1)
amended by
No. 46/1998
s. 7(Sch. 1).

88 Renewal of registration

- (1) The proprietor of a health service establishment registered under this Division may apply to the Secretary for the renewal of the registration of the establishment before the expiration of the registration.
- (2) An application under subsection (1)—
- (a) must be in the prescribed form; and

S. 88(1)
amended by
Nos 53/1990
s. 15(1),
46/1998
s. 7(Sch. 1).

S. 88(2)(b)
substituted by
No. 53/1990
s. 15(2).

(b) must be accompanied—

- (i) if the application is made at least three months before the expiration of the registration, by the prescribed fee; or
- (ii) if the application is made within the period of three months before the expiration of the registration, by the prescribed fee and an additional fee of one half of the prescribed fee.

(3) A person making application for renewal of the registration of a health service establishment must, at the time of the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.

S. 88(4)
amended by
No. 46/1998
s. 7(Sch. 1).

(4) The proprietor must give to the Secretary any further information relating to the application that the Secretary requests.

S. 88(5)
amended by
No. 46/1998
s. 7(Sch. 1).

(5) A health service establishment in respect of which an application is made under this section, is deemed to continue to be registered under this Division despite the expiry of its registration until the Secretary makes a decision in relation to the application.

S. 89
amended by
Nos 46/1998
s. 7(Sch. 1),
49/2010
s. 225(2) (ILA
s. 39B(1)).

89 Criteria for renewal of registration

- (1) In determining whether to renew or refuse to renew the registration of a health service establishment, the Secretary must consider whether—
- (a) the quality of the health services provided at the establishment since it was last registered is satisfactory; and
 - (b) the proprietor—
 - (i) is a fit and proper person to continue to be the proprietor of the establishment; and

- (ii) has and is likely to continue to have the financial capacity to carry on the establishment; and
- (c) if the proprietor is a body corporate, each director or other officer of the body corporate who exercises or may exercise control over the body corporate is a fit and proper person to continue to exercise or to have power to exercise control over the establishment; and
- (d) the establishment is carried on in conformity with any Act or law relating to or affecting the carrying on of health service establishments; and
- (e) the conditions to which the registration is subject have been complied with; and
- (f) the proprietor—
 - (i) is providing safe, patient-centred and appropriate health services; and
 - (ii) is fostering continuous improvement in the quality and safety of care and health services provided; and
 - (iii) is complying with the health service establishment premises guidelines; and
- (g) the security of the proprietor's tenure over the premises in which the proprietor carries on the establishment will continue to enable the proprietor to carry on the establishment in those premises; and
- (h) the proprietor has been convicted or found guilty of an offence under this Act or the regulations; and
- (i) if the proprietor is or was previously a proprietor, or is or was previously a director of a body corporate that is or was previously

S. 89(1)(f)
amended by
Nos 53/1990
s. 18(a),
55/2006
s. 8(1),
repealed by
No. 49/2010
s. 225(1),
new s. 89(1)(f)
inserted by
No. 52/2017
s. 37(1).

S. 89(1)(g)
inserted by
No. 55/2006
s. 8(2).

S. 89(1)(h)
inserted by
No. 55/2006
s. 8(2).

S. 89(1)(i)
inserted by
No. 55/2006
s. 8(2).

a proprietor, of any other health service establishment, or is or was previously associated with any other health service establishment in a managerial capacity—

- (i) the extent and nature of the proprietor's involvement in the other health service establishment; and
- (ii) the number of complaints, if any, that have been brought within the previous 3 years by or on behalf of residents of the other health service establishment (regardless of who received the complaints) and how the complaints have been dealt with; and
- (iii) the financial management of the other health service establishment; and
- (iv) the proprietor's compliance with any reporting requirements under this Act that relate to the other health service establishment; and
- (v) the proprietor has carried on the other health service establishment in accordance with this Act, the regulations and, if the health service establishment is registered under this Act, any conditions to which the registration of the health service establishment is subject; and
- (vi) the proprietor has been convicted or found guilty of an offence under this Act or the regulations in relation to the other health service establishment; and
- (vii) the proprietor has the capacity to meet any requirements for the registration under this Act of the other health service establishment.

- (1A) In addition to the matters referred to in subsection (1), in determining whether to renew or refuse to renew the registration of a health service establishment, the Secretary must consider any action that has been taken in relation to the health service establishment under Division 4 or 5 of Part 4. **S. 89(1A) inserted by No. 52/2017 s. 37(2).**
- (2) In this section, *other health service establishment* includes a supported residential service. **S. 89(2) inserted by No. 49/2010 s. 225(2).**

90 Decision on application

- (1) The Secretary must decide whether to approve (whether or not subject to conditions) or to refuse to approve an application under section 88 for renewal of the registration of a health service establishment. **S. 90(1) amended by No. 46/1998 s. 7(Sch. 1).**
- (2) The Secretary must notify the proprietor of his or her decision within the period determined under section 104. **S. 90(2) amended by No. 46/1998 s. 7(Sch. 1).**

91 Certificate of renewal

If the Secretary renews the registration of a health service establishment, he or she must issue a certificate of renewal of registration stating—

- (a) the name of the proprietor; and
- (b) any conditions to which the renewal is subject; and
- (c) the period for which the renewal is granted (being two years or, if the Secretary considers it appropriate that the period be longer or shorter, the period specified by the Secretary). **S. 91(c) amended by No. 46/1998 s. 7(Sch. 1).**

92 Variation of registration

S. 92(1)
amended by
No. 46/1998
s. 7(Sch. 1).

- (1) The proprietor of a health service establishment registered under this Division may apply to the Secretary for the variation of the registration of the establishment.
- (2) An application under subsection (1)—
 - (a) must be in the prescribed form; and
 - (b) must be accompanied by the prescribed fee; and
 - (c) may be an application for—
 - (i) change of the kind of establishment to which the registration applies; or
 - (ii) transfer of the certificate to another person who intends to become the proprietor of that establishment; or
 - (iii) variation of any condition to which the registration is subject; or
 - (iv) an alteration in the number of beds to which the registration relates; or
 - (v) if the registration relates to a day procedure centre or private hospital, for variation—
 - (A) of the kinds of prescribed health services that may be carried on on the premises; or
 - (B) of the number of beds that may be used for specified kinds of prescribed health services.
- (3) A person making application for variation of the registration of a health service establishment must, at the time of making the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.

S. 92(2)(c)(ii)
amended by
No. 53/1990
s. 16.

- (4) The proprietor must give to the Secretary any further information relating to the application that the Secretary requests. S. 92(4)
amended by
No. 46/1998
s. 7(Sch. 1).

93 Criteria for variation of registration

- (1) In determining whether to vary or to refuse to vary the registration of a health service establishment, the Secretary must consider any relevant criteria that the Secretary would be required to consider in determining any application under this Part. S. 93(1)
amended by
No. 46/1998
s. 7(Sch. 1).
- (2) If an application under section 92 relates to any matter for which an approval in principle under Division 1 is in force, the Secretary must not refuse to vary the registration on any ground inconsistent with that approval in principle. S. 93(2)
amended by
Nos 99/1995
s. 17(a)–(c),
46/1998
s. 7(Sch. 1).

94 Decision on application

- (1) The Secretary must decide whether to approve (whether or not subject to conditions) or to refuse to approve an application under section 92 for the variation of the registration of a health service establishment. S. 94(1)
amended by
No. 46/1998
s. 7(Sch. 1).
- (2) The Secretary must give notice in writing to the proprietor of his or her decision within the period determined under section 104. S. 94(2)
amended by
No. 46/1998
s. 7(Sch. 1).

95 Variation of registration without application

If the Secretary considers that the registration of a health service establishment should be varied by—

- (a) altering the number of beds for which it is registered; or
- (b) in the case of a day procedure centre or private hospital—
- (i) altering the kinds of prescribed health services; or

S. 95
amended by
No. 46/1998
s. 7(Sch. 1).

(ii) altering the number of beds for kinds of prescribed health services—

for which it is registered; or

(c) altering or adding to the conditions of registration—

the Secretary may, after consultation with the proprietor, vary the registration accordingly by giving to the proprietor notice in writing of his or her decision.

S. 95A
inserted by
No. 99/1995
s. 13.

95A Cancellation of registration

S. 95A(1)
amended by
No. 46/1998
s. 7(Sch. 1).

- (1) The proprietor of a health service establishment registered under this Division may apply to the Secretary for the cancellation of the registration of the establishment.
- (2) A person making application under subsection (1) must, at the time of the application, give notice in writing of the application to any other person who has an interest in the land as owner or lessee.
- (3) If an application is made under subsection (1)—

S. 95A(3)(a)
amended by
No. 46/1998
s. 7(Sch. 1).

(a) the Secretary must cancel the registration of the health service establishment; and

S. 95A(3)(b)
amended by
Nos 46/1998
s. 7(Sch. 1),
18/2004
s. 9(1).

(b) the proprietor must produce the certificate of registration or certificate of renewal of registration to the Secretary for cancellation.

96 Endorsement of certificate of registration

If the Secretary varies the registration of a health service establishment—

(a) the proprietor must return the certificate of registration or certificate of renewal of registration to the Secretary; and

(b) the Secretary must issue a new certificate of registration in accordance with section 85 or a new certificate of renewal of registration in accordance with section 91, as the case may be, which is endorsed with particulars of the variation.

S. 96
amended by
No. 46/1998
s. 7(Sch. 1).

S. 96(a)
amended by
Nos 46/1998
s. 7(Sch. 1),
18/2004
s. 9(2),
52/2017
s. 38(1).

S. 96(b)
amended by
No. 46/1998
s. 7(Sch. 1),
substituted by
No. 52/2017
s. 38(2).

97 Legal personal representatives

(1) If a proprietor of a health service establishment dies, a person who is, or persons who are, named as, or intends or intend to make application to become, the legal personal representative or representatives of the proprietor may, within 28 days after the death or such longer period as the Secretary allows, make application to the Secretary to carry on the establishment until the expiration of the period of one year after the death.

(2) The Secretary must grant an application under subsection (1) unless he or she has any reason to believe that if the applicant, or any of the applicants, were to make an application for variation of the registration of the establishment to transfer the certificate to the applicant or applicants, the Secretary would refuse the application.

S. 97(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 97(2)
amended by
No. 46/1998
s. 7(Sch. 1).

- (3) The granting of an application under this section has effect as the variation of the certificate of registration for the period to which the application relates.

Division 4—Censure etc.

S. 98
repealed by
No. 88/1994
s. 13.

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S. 99
amended by
Nos 53/1990
ss 17(1), 18(b),
88/1994 s. 14,
repealed by
No. 49/2010
s. 226(1).

* * * * *

S. 100
amended by
No. 88/1994
s. 14(a),
repealed by
No. 49/2010
s. 226(1),
new s. 100
inserted by
No. 52/2017
s. 39.

100 Suspension of registration of health service establishment in relation to provision of specified prescribed health service

- (1) The Secretary may suspend the registration of a health service establishment in relation to the provision of a specified prescribed health service if the Secretary is satisfied that—
- (a) the proprietor of the health service establishment is providing the specified prescribed health service in a manner that poses serious risk to patient health or safety; or
 - (b) the proprietor of the health service establishment has failed to provide the specified prescribed health service in accordance with this Act, the regulations or any conditions of registration; or
 - (c) the proprietor of the health service establishment is not likely to continue to provide the specified prescribed health service in accordance with this Act, the

- regulations or any conditions of registration;
or
- (d) the proprietor of the health service establishment has been convicted of an offence against this Act or the regulations; or
 - (da) the proprietor of the health service establishment has failed to comply with a direction of the Secretary under section 105A; or
 - (e) in the case of a proprietor who is a natural person, the proprietor of the health service establishment has ceased to be a fit and proper person to carry on the health service establishment; or
 - (f) in the case of a proprietor that is a body corporate, a director or other officer of the body corporate who exercises or may exercise control over the health service establishment has ceased to be, or is not, a fit and proper person.
- (2) If under this section the Secretary determines to suspend the registration of a health service establishment in relation to the provision of a specified prescribed health service, the Secretary must give the proprietor of the health service establishment a written notice that states—
- (a) the reason for the suspension; and
 - (b) the date on which the suspension takes effect; and
 - (c) that the Secretary will lift the suspension if the Secretary is satisfied that the reason for the suspension no longer exists.

S. 100(1)(da)
inserted by
No. 8/2020
s. 5.

- (3) A suspension of registration under this section only prevents the health service establishment from providing the specified prescribed health service.

S. 101
amended by
Nos 88/1994
s. 14, 52/1998
s. 311(Sch. 1
item 36.3),
repealed by
No. 49/2010
s. 226(1),
new s. 101
inserted by
No. 52/2017
s. 39.

101 Suspension of registration of health service establishment

- (1) The Secretary may suspend the registration of a health service establishment if the Secretary is satisfied that—
- (a) the proprietor of the health service establishment is operating the health service establishment in a manner that poses serious risk to patient health or safety; or
 - (b) the proprietor of the health service establishment has failed to carry on the health service establishment in accordance with this Act, the regulations or any conditions of registration; or
 - (c) the proprietor of the health service establishment is not likely to continue to carry on the health service establishment in accordance with this Act, the regulations or any conditions of registration; or
 - (d) the proprietor of the health service establishment has been convicted of an offence against this Act or the regulations; or
 - (da) the proprietor of the health service establishment has failed to comply with a direction of the Secretary under section 105A; or
 - (e) in the case of a proprietor who is a natural person, the proprietor of the health service establishment has ceased to be a fit and proper person to carry on the health service establishment; or

S. 101(1)(da)
inserted by
No. 8/2020
s. 6.

- (f) in the case of a proprietor that is a body corporate, a director or other officer of the body corporate who exercises or may exercise control over the health service establishment has ceased to be, or is not, a fit and proper person.
- (2) If under this section the Secretary determines to suspend the registration of a health service establishment, the Secretary must give the proprietor of the health service establishment a written notice that states—
 - (a) the reason for the suspension; and
 - (b) the date on which the suspension takes effect; and
 - (c) that the Secretary will lift the suspension if the Secretary is satisfied that the reason for the suspension no longer exists.

102 Revocation of registration of health service establishment

- (1) If the Minister is satisfied that the proprietor of a health service establishment—
 - (a) has failed to carry on the establishment in accordance with this Act, the regulations or any conditions of registration; or
 - (ab) has failed to comply with the requirements of an approved accreditation scheme; or
 - (ac) has operated, or is operating, the health service establishment in a manner that poses serious risk to patient health or safety; or
 - (b) is not likely to continue to carry on the establishment in accordance with this Act, the regulations or any conditions applying to the registration of the establishment; or

S. 102(1)(ab)
inserted by
No. 52/2017
s. 40.

S. 102(1)(ac)
inserted by
No. 52/2017
s. 40.

Health Services Act 1988
No. 49 of 1988
Part 4—Health service establishments

S. 102(1)(c)
amended by
No. 53/1990
s. 17(2).

(c) has been convicted of an offence against this Act or the regulations; or

S. 102(1)(caa)
inserted by
No. 8/2020
s. 7.

(caa) has failed to comply with a direction of the Secretary under section 105A; or

S. 102(1)(ca)
inserted by
No. 53/1990
s. 17(2).

(ca) in the case of a proprietor who is a natural person, has ceased to be a fit and proper person to carry on the establishment; or

S. 102(1)(cb)
inserted by
No. 53/1990
s. 17(2).

(cb) in the case of a proprietor who is a body corporate, any director or other officer of the body corporate who exercises or may exercise control over the establishment has ceased to be or is not a fit and proper person to carry on or exercise control over the establishment—

the Minister may give notice in writing to the proprietor—

(d) revoking the registration on the expiration of 28 days after the day on which the notice is given; or

(e) in a case to which paragraph (a) or (b) applies stating an intention to revoke the registration unless within a period (not being less than 28 days) specified in the notice satisfactory arrangements are made to remedy any failure to comply, or to be able to continue to comply, with this Act, the regulations or any conditions of registration.

(2) In determining whether to give a notice under subsection (1), the Minister must consider—

(a) the conduct of the proprietor; and

- (b) the seriousness of any breaches of this Act, the regulations or any conditions applying to registration; and
- (c) whether any such breaches could have been avoided by the exercise of reasonable care; and
- (d) any circumstances that may prevent the proprietor from being able to continue to carry on the health service establishment in accordance with this Act, the regulations or any conditions of registration.

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S. 103
amended by
Nos 88/1994
s. 14, 46/1998
s. 7(Sch. 1),
18/2004 s. 10,
55/2006 s. 9,
repealed by
No. 49/2010
s. 226(1).

Division 5—General

104 Notification of decisions by Chief General Manager

- (1) Where, under this Part, the Secretary is required to give notice of a decision within the period determined under this section, the Secretary must give the notice—
 - (a) within 60 days after receiving the application to which the decision relates, being an application in accordance with the requirements of this Part; or
 - (b) if the Secretary has requested the applicant to give further information, within 28 days after the information last requested is given to the Secretary—

S. 104(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 104(1)(b)
amended by
No. 46/1998
s. 7(Sch. 1).

whichever is the later.

S. 104(2)
amended by
No. 46/1998
s. 7(Sch. 1).

(2) If—

S. 104(2)(a)
amended by
No. 46/1998
s. 7(Sch. 1).

(a) the Secretary has made two or more requests for further information from the applicant; and

(b) not less than four months have elapsed since the applicant made the application—

the applicant may give notice in writing to the Secretary requiring that a decision be made.

S. 104(3)
amended by
No. 46/1998
s. 7(Sch. 1).

(3) If the Secretary does not make a decision within 28 days after a request is made under subsection (2), the Secretary shall be deemed to have refused the application.

S. 104A
inserted by
No. 18/2004
s. 11.

104A Application deemed withdrawn

(1) If, in the course of considering an application made under this Part, the Secretary has made 2 or more requests for further information from the applicant and the applicant has failed to provide the requested information within 4 months after the second request and has not given notice to the Secretary under section 104(2), the Secretary may notify the applicant in writing that the application is deemed to be withdrawn unless the requests are complied with within 14 days after the notice is given to the applicant.

(2) An application is deemed to be withdrawn if, within 14 days after the Secretary gives the applicant a notice referred to in subsection (1), an applicant fails to comply with the requests for further information.

105 Directions of Secretary

(1) The Secretary may in writing direct the proprietor of a health service establishment to comply with a prescribed standard relating to establishments of that kind or to the type of health care provided in the establishment.

S. 105(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(2) The proprietor of an establishment to whom a direction under subsection (1) applies must comply with the direction.

Penalty: 50 penalty units.

(3) The Secretary may direct in writing the proprietor of a health service establishment to provide specified information by a specified date and in a specified manner to ensure that the objectives of this Act are being met.

S. 105(3)
inserted by
No. 52/2017
s. 41.

(4) The proprietor of a health service establishment to whom a direction under subsection (3) has been given must not without reasonable excuse fail to comply with the direction.

S. 105(4)
inserted by
No. 52/2017
s. 41.

Penalty: 60 penalty units in the case of a natural person;

300 penalty units in the case of a body corporate.

(5) The proprietor of a health service establishment must not, without reasonable excuse and in purported compliance with a direction under subsection (3), give information that is false or misleading in a material particular.

S. 105(5)
inserted by
No. 52/2017
s. 41.

Penalty: 60 penalty units in the case of a natural person;

300 penalty units in the case of a body corporate.

S. 105A
inserted by
No. 8/2020
s. 8.

105A Directions of Secretary regarding vaccinations or immunity

- (1) The Secretary, for the purpose of protecting the health and safety of patients, may in writing direct the proprietor of a health service establishment to require persons employed or engaged by the health service establishment to be vaccinated against, or prove immunity to, a disease.
- (2) A direction under subsection (1) may be given generally or in relation to a specified health service establishment or class of health service establishment.
- (3) A direction under subsection (1) must specify—
 - (a) the persons or class of persons to whom the requirement is to apply; and
 - (b) the disease in relation to which the persons or class of persons are to be vaccinated or prove immunity.

S. 106
amended by
Nos 53/1990
s. 18(c)(d),
68/1996
s. 29(1),
46/1998
s. 7(Sch. 1),
18/2004 s. 12,
55/2006 s. 10,
repealed by
No. 49/2010
s. 226(1),
new s. 106
inserted by
No. 52/2017
s. 42.

106 Health service establishment premises guidelines

- (1) The Secretary may approve guidelines in relation to the design, construction, fittings and equipment of premises, or of parts of premises, at which a health service establishment is located.
- (2) The Secretary must cause a notice of approval of guidelines under subsection (1) to be published—
 - (a) in the Government Gazette; and
 - (b) on the Department's Internet site.
- (3) A notice of approval of guidelines must state—
 - (a) where a copy of the health service establishment premises guidelines may be obtained; and

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- (b) the date on which the health service establishment premises guidelines take effect; and
 - (c) whether the health service establishment premises guidelines operate as at the date of the approval or as amended from time to time.
- (4) The proprietor of a health service establishment must not, without reasonable excuse, fail to comply with the requirements of any applicable health service establishment premises guidelines.

*	*	*	*	*	S. 106A inserted by No. 18/2004 s. 13, amended by No. 55/2006 s. 11, repealed by No. 49/2010 s. 226(1).
*	*	*	*	*	S. 106B inserted by No. 18/2004 s. 13, repealed by No. 49/2010 s. 226(1).
*	*	*	*	*	S. 106C inserted by No. 55/2006 s. 12, repealed by No. 49/2010 s. 226(1).

S. 107
amended by
Nos 88/1994
s. 15, 68/1996
s. 29(2),
13/1998 s. 4
(ILA s. 39B(1)),
46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 15(c)),
repealed by
No. 49/2010
s. 226(1),
new s. 107
inserted by
No. 52/2017
s. 42.

107 Approval of accreditation scheme

- (1) The Secretary may approve an accreditation scheme in relation to a specified kind of health service establishment.
- (2) The Secretary must cause a notice of approval of an accreditation scheme under subsection (1) to be published—
 - (a) in the Government Gazette; and
 - (b) on the Department's Internet site.
- (3) A notice of approval of an accreditation scheme must state—
 - (a) where a copy of the accreditation scheme may be obtained; and
 - (b) the date on which the accreditation scheme takes effect; and
 - (c) the kind of health service establishment to which the accreditation scheme applies.

S. 107A
inserted by
No. 52/2017
s. 42.

107A Proprietor to comply with approved accreditation scheme

The proprietor of a health service establishment must not, without reasonable excuse, fail to comply with the requirements of an applicable approved accreditation scheme.

Penalty: 60 penalty units in the case of a natural person;

300 penalty units in the case of a body corporate.

S. 107B
inserted by
No. 52/2017
s. 42.

107B Proprietor to notify Secretary of failure to obtain accreditation or of revocation of accreditation

- (1) The proprietor of a health service establishment who is notified that the proprietor's application for accreditation under an approved accreditation scheme is refused must not, without reasonable

excuse, fail to give notice of the refusal to the Secretary within 24 hours after receiving the notification.

Penalty: 60 penalty units in the case of a natural person;
300 penalty units in the case of a body corporate.

- (2) The proprietor of a health service establishment who is notified that the health service establishment's accreditation under an approved accreditation scheme is revoked must not, without reasonable excuse, fail to give notice of the revocation to the Secretary within 24 hours after receiving the notification.

Penalty: 60 penalty units in the case of a natural person;
300 penalty units in the case of a body corporate.

108 Application for approval of alterations to clinical area

- (1) The proprietor of a health service establishment whose premises include a clinical area substantially altered, renovated or extended after registration of the premises was granted must not, without reasonable excuse, fail to apply to the Secretary for permission to use that altered, renovated or extended clinical area.

Penalty: 60 penalty units in the case of a natural person;
300 penalty units in the case of a body corporate.

- (2) An application under subsection (1)—
(a) must be in the prescribed form; and
(b) must be accompanied by the prescribed fee.

S. 108
amended by
Nos 46/1988
s. 7(Sch. 1),
88/1994
s. 15(1),
repealed by
No. 49/2010
s. 226(2),
new s. 108
inserted by
No. 52/2017
s. 42.

- (3) The proprietor must give to the Secretary any further information relating to the application that the Secretary requests.

S. 108A
inserted by
No. 73/1997
s. 8 (as
amended by
No. 13/1998
s. 14(1)),
repealed by
No. 49/2010
s. 226(2),
new s. 108A
inserted by
No. 52/2017
s. 42.

108A Decision on application for approval of alterations to clinical area

- (1) In determining whether to approve or refuse the use of a substantially altered, renovated or extended clinical area, the Secretary—
- (a) may carry out an inspection of the clinical area; and
 - (b) must consider—
 - (i) any relevant registration criteria set out in section 83; and
 - (ii) any report made following an inspection of the clinical area.
- (2) The Secretary must decide whether to approve or refuse the use of a substantially altered, renovated or extended clinical area of a health service establishment.
- (3) The Secretary must give written notice to the proprietor of the decision within the period determined under section 104.

S. 108B
inserted by
No. 73/1997
s. 8 (as
amended by
No. 13/1998
s. 13(1)(2)),
repealed by
No. 49/2010
s. 226(2),
new s. 108B
inserted by
No. 52/2017
s. 42.

108B Offence to use altered, renovated or extended clinical area without approval

The proprietor of a health service establishment whose premises include a clinical area that is substantially altered, renovated or extended must not, without reasonable excuse, use that clinical area if the Secretary has not granted approval of that use under section 108A.

Penalty: 60 penalty units in the case of a natural person;
300 penalty units in the case of a body corporate.

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*	*	*	*	*	S. 108C inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 13(3)(4) (ILA s. 39B(1)), repealed by No. 49/2010 s. 226(2).
*	*	*	*	*	S. 108D inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(2)), repealed by No. 49/2010 s. 226(2).
*	*	*	*	*	S. 108E inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(3)), repealed by No. 49/2010 s. 226(2).
*	*	*	*	*	S. 108F inserted by No. 73/1997 s. 8 (as amended by Nos 13/1998 s. 14(4), 52/1998 s. 311(Sch. 1 item 37)), 18/2004 s. 14, 55/2006 s. 13, repealed by No. 49/2010 s. 226(2).

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S. 108G inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(5)), repealed by No. 49/2010 s. 226(2).	*	*	*	*	*
S. 108H inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(6)), substituted by Nos 18/2004 s. 15, 55/2006 s. 14, repealed by No. 49/2010 s. 226(2).	*	*	*	*	*
S. 108HA—HD inserted by No. 55/2006 s. 14, repealed by No. 49/2010 s. 226(2).	*	*	*	*	*
S. 108I inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(7)(a)(b)), repealed by No. 49/2010 s. 226(2).	*	*	*	*	*
S. 108J inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(8)), repealed by No. 49/2010 s. 226(2).	*	*	*	*	*

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*	*	*	*	*	S. 108K inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(9)), repealed by No. 49/2010 s. 226(2).
*	*	*	*	*	S. 108L inserted by No. 73/1997 s. 8 (as amended by No. 13/1998 s. 14(10)), amended by No. 18/2004 s. 16, repealed by No. 49/2010 s. 226(2).
*	*	*	*	*	Ss 108M– 108S inserted by No. 55/2006 s. 15, repealed by No. 49/2010 s. 226(2).

109 Records

- (1) The proprietor of a health service establishment must cause to be kept in the prescribed manner and to be retained for the prescribed period the prescribed particulars of—
 - (a) persons who receive care in the establishment and the type of care received;
and
 - (b) staff employed in the establishment.

S. 109(1A)
inserted by
No. 55/2006
s. 16(1).

- (1A) The proprietor of a health service establishment must, for the prescribed period, retain—
- (a) any document or record that the proprietor is required to prepare under this Act or the regulations; and
 - (b) any other document or record prescribed for the purposes of this Act.

S. 109(2)
amended by
Nos 13/1998
s. 5, 55/2006
s. 16(2)(a)(b).

- (2) A person must not during the prescribed period destroy or damage any document or record kept for the purposes of subsection (1) or (1A).

Penalty: 120 penalty units.

S. 109(3)
inserted by
No. 18/2004
s. 17,
repealed by
No. 49/2010
s. 226(3).

* * * * *

S. 109(4)
inserted by
No. 18/2004
s. 17,
amended by
No. 52/2017
s. 43.

- (4) Any record kept for the purposes of this section must be in a format that is readily accessible for inspection by an authorised officer or a community (residential services) visitor.

S. 110
amended by
Nos 46/1998
s. 7(Sch. 1) (as
amended by
No. 12/1999
s. 3(Sch. 1
item 15(d)),
52/1998
s. 311(Sch. 1
items 36.4,
36.5) (ILA
s. 39B(1)).

110 Reviews

- (1) A person whose interests are affected by the relevant decision may apply to the Victorian Civil and Administrative Tribunal for review of a decision of the Minister or the Secretary under this Part—
- (a) to approve or refuse to approve an application; or
 - (b) to impose conditions on the approval of an application; or

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	*	*	*	*	*		
						S. 110(1)(c)(d) amended by No. 88/1994 s. 16, repealed by No. 49/2010 s. 226(3).	
(e) to revoke the registration of a health service establishment; or							
	*	*	*	*	*	S. 110(1)(f) amended by No. 88/1994 s. 16, repealed by No. 49/2010 s. 226(3).	
	*	*	*	*	*	S. 110(1)(fa) inserted by No. 55/2006 s. 17, repealed by No. 49/2010 s. 226(3).	
	*	*	*	*	*	S. 110(1)(g) amended by Nos 1/1989 s. 4(d), 46/1998 s. 7(Sch. 1) (as amended by No. 12/1999 s. 3(Sch. 1 item 15(d)), repealed by No. 49/2010 s. 226(3).	
(2) An application for review must be made within 28 days after the later of—						S. 110(2) inserted by No. 52/1998 s. 311(Sch. 1 item 36.5).	
(a) the day on which the decision is made;							
(b) if, under the Victorian Civil and Administrative Tribunal Act 1998 , the person requests a statement of reasons for the decision, the day on which the statement of reasons is given to the person or the person is							

informed under section 46(5) of that Act that a statement of reasons will not be given.

S. 110A
inserted by
No. 52/2017
s. 44.

110A Minister may grant exemption from requirements of Act

- (1) The Minister may exempt the proprietor of a health service establishment from any or all provisions of this Act or the regulations if the Minister reasonably believes that granting the exemption would not adversely affect the health or safety of patients.
- (2) An exemption granted under subsection (1)—
 - (a) must be in writing and be published in the Government Gazette; and
 - (b) must specify the provisions of this Act or the regulations from which the proprietor is exempt; and
 - (c) must specify the period during which the exemption applies; and
 - (d) may be subject to any condition that the Minister considers to be appropriate for the purposes of protecting the health or safety of patients.
- (3) The Minister, at any time by written notice to the proprietor of the health service establishment, may vary, suspend or revoke an exemption granted under subsection (1) if the Minister is satisfied that—
 - (a) the health or safety of patients is adversely affected; or
 - (b) the proprietor of the health service establishment has contravened a condition specified under subsection (2)(d).

- (4) A notice of variation, suspension or revocation given under subsection (3) must be published in the Government Gazette.

110B Provision of safe health services

S. 110B
inserted by
No. 52/2017
s. 44.

- (1) The proprietor of a health service establishment must not, without reasonable excuse, fail to ensure that safe, patient-centred and appropriate health services are provided at, or from, the health service establishment.

Penalty: 60 penalty units in the case of a natural person;
300 penalty units in the case of a body corporate.

- (2) The proprietor of a health service establishment must ensure that continuous improvement in the quality and safety of care and health services provided by the health service is fostered.

110C Provision of prescribed information to the Secretary

S. 110C
inserted by
No. 52/2017
s. 44.

The proprietor of a health service establishment must not, without reasonable excuse, fail to provide to the Secretary any prescribed information in relation to the health service establishment within the prescribed time.

Penalty: 20 penalty units in the case of a natural person;
100 penalty units in the case of a body corporate.

110D Proprietor to inform Secretary of serious risk to patient health or safety

S. 110D
inserted by
No. 52/2017
s. 44.

The proprietor of a health service establishment must not, without reasonable excuse, fail to inform the Secretary that there is a serious risk to patient health or safety in relation to health services provided at, or from, the health service

establishment as soon as practicable after the proprietor—

- (a) receives notice of a serious risk from an agency administering an approved accreditation scheme in relation to the health service establishment; or
- (b) has any other reason to believe that there is a serious risk to patient health or safety.

Penalty: 20 penalty units in the case of a natural person;
100 penalty units in the case of a body corporate.

S. 111
amended by
Nos 13/1998
s. 6, 46/1998
s. 7(Sch. 1),
18/2004 s. 18,
substituted by
No. 34/2019
s. 54.

111 Offences relating to carrying on a health service establishment

- (1) A person must not carry on a health service establishment at or from premises that are not registered as a health service establishment.

Penalty: In the case of an individual, 240 penalty units;

In the case of a body corporate,
1200 penalty units.

- (2) A person must not carry on a health service establishment unless the person has a current certificate of registration or a current certificate of renewal for that health service establishment.

Penalty: In the case of an individual, 240 penalty units;

In the case of a body corporate,
1200 penalty units.

(3) In subsection (2)—

certificate of registration means a certificate of registration issued by the Secretary under section 85 that names a person as the proprietor of the health service establishment to which the registration relates;

certificate of renewal means a certificate of renewal issued by the Secretary under section 91 that names a person as the proprietor of the health service establishment to which the renewal of registration relates.

Note

See section 4 regarding the carrying on of a health service establishment. The term *health service establishment* is defined in section 3(1).

112 Offence to provide excess beds or accommodation

The proprietor of a health service establishment must not provide in the establishment more beds, or accommodation for more persons, than the number of beds for which the establishment is registered.

Penalty: 240 penalty units and 15 penalty units for each day the offence continues after conviction or service by the Secretary on the proprietor of notice of contravention of this section, whichever first occurs.

S. 112
amended by
Nos 13/1998
s. 7, 46/1998
s. 7(Sch. 1).

113 Offences relating to day procedure centres and private hospitals

The proprietor of a day procedure centre or private hospital must not provide in the centre or hospital—

- (a) any kind of prescribed health services for the provision of which the centre or hospital is not registered; or

S. 113
amended by
No. 46/1998
s. 7(Sch. 1).

(b) more beds for any kind of prescribed health services than the number for which the centre or hospital is registered in respect of that kind of care.

Penalty: 50 penalty units and 15 penalty units for each day the offence continues after conviction or service by the Secretary on the proprietor of notice of contravention of this section, whichever first occurs.

S. 114
amended by
No. 13/1998
s. 8.

114 Offence to contravene condition of registration

The proprietor of a health service establishment must not contravene a condition to which registration of the establishment is subject.

Penalty: 240 penalty units.

115 Offence to build etc. without approval in principle

S. 115(1)
amended by
Nos 99/1995
s. 18(a),
13/1998 s. 9.

(1) A person must not enter into an agreement or arrangement for the construction, alteration or extension of a health service establishment unless an approval in principle under this Part is in force in respect of that construction, alteration or extension.

Penalty: 120 penalty units.

S. 115(2)
amended by
Nos 99/1995
s. 18(b),
13/1998 s. 9.

(2) The proprietor of a health service establishment must not authorise or permit the construction, alteration or extension of any part of the establishment unless an approval in principle under this Part is in force in respect of that construction, alteration or extension.

Penalty: 120 penalty units.

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- (3) A person must not enter into an agreement or arrangement for the alteration or extension of premises proposed to be used as a health service establishment unless an approval in principle under this Part is in force in respect of that alteration or extension.

Penalty: 120 penalty units.

S. 115(3)
inserted by
No. 53/1990
s. 19,
amended by
Nos 99/1995
s. 18(c),
13/1998 s. 9.

Pt 4A
(Heading and
ss 115A–
115V)
inserted by
No. 99/1995
s. 6.

Part 4A—Multi purpose services

S. 115A
inserted by
No. 99/1995
s. 6.

115A Declaration and incorporation

S. 115A(1)
amended by
No. 68/1996
s. 30.

(1) The Governor in Council may, by Order published in the Government Gazette, declare a body that provides, or proposes to provide, services of a kind referred to in section 115C(2) and that is not a privately-operated hospital to be a multi purpose service.

S. 115A(1A)
inserted by
No. 66/1998
s. 11(1).

- (1A) Without limiting subsection (1), an Order made under that subsection may provide that on and from the date specified in the Order as the date on which the Order takes effect—
- (a) all property and rights of a body to which the Order relates, wherever located, vest in the multi purpose service;
 - (b) all liabilities of the body, wherever located, become liabilities of the multi purpose service;
 - (c) the multi purpose service becomes the successor in law of the body;
 - (d) except for the purposes of any trust in relation to the body, the incorporation of the body is cancelled or the body ceases to exist (as the case requires).

(1B) An Order under subsection (1) has effect as if, on and from the date specified in the Order as the date on which the Order takes effect—

S. 115A(1B)
inserted by
No. 66/1998
s. 11(1).

(a) for the purposes of any trust in relation to the body, the multi purpose service is the same body as the body to which the Order relates; and

(b) without limiting the effect of paragraph (a), an instrument creating a trust in relation to—

(i) the body to which the Order relates; or

(ii) a former agency of which that body is the successor agency—

continues to have effect according to its tenor as if the trust were in relation to the multi purpose service.

(2) Each multi purpose service, by operation of this Act—

(a) is a body corporate with perpetual succession; and

(b) shall have an official seal; and

(c) may sue and be sued in its corporate name; and

(d) is capable of purchasing, taking, holding, selling, leasing, taking on lease, exchanging and disposing of real and personal property; and

(e) is capable of doing and suffering all acts and things which bodies corporate may by law do or suffer.

S. 115A(3)
inserted by
No. 66/1998
s. 11(2).

- (3) An Order made under this section before the commencement of section 11(1) of the **Health Services (Further Amendment) Act 1998** has, and must be taken to have always had, effect as if on and from the date specified in the Order as the date on which the Order took effect—
- (a) all property and rights of the body to which the Order relates, wherever located, vested in the multi purpose service referred to in the Order;
 - (b) all liabilities of the body, wherever located, became liabilities of the multi purpose service;
 - (c) the multi purpose service became the successor in law of the body;
 - (d) except for the purposes of any trust in relation to the body, the incorporation of the body was cancelled.

S. 115A(4)
inserted by
No. 66/1998
s. 11(3).

- (4) On and from the date on which an Order referred to in subsection (3) took effect—
- (a) for the purposes of any trust in relation to the body, the multi purpose service referred to in the Order is, and must be taken to have always been, the same body as the body to which the Order relates; and
 - (b) without limiting the effect of paragraph (a), an instrument creating a trust in relation to—
 - (i) the body to which the Order relates; or
 - (ii) a former agency of which that body is the successor agency—continues, and must be taken to have always continued, to have effect according to its tenor as if the trust were in relation to the multi purpose service.

115B Multi purpose services do not represent Crown

A multi purpose service does not represent, and shall not be taken to be part of, the Crown.

S. 115B
inserted by
No. 99/1995
s. 6.

115C Objects and functions of multi purpose services

- (1) The objects of a multi purpose service are as approved for the time being by the board of the multi purpose service.
- (2) The functions of a multi purpose service are the provision of any or a combination of the following—
 - (a) public hospital services;
 - (b) health services;
 - (c) aged care services;
 - (d) community care services.

S. 115C
inserted by
No. 99/1995
s. 6.

115D Powers

The powers of a multi purpose service include all such powers as are necessary to enable the service to carry out its objects and do all things it is required or permitted to do under this Act, its by-laws and any agreement to which it is a party and, without limiting the generality of the foregoing, include power—

- (a) to undertake commercial exploitation of any research or intellectual property rights undertaken by or belonging to the service for any purpose relating to the carrying on of the service; and
- (b) to be a member of or form or participate in the formation of a company, association, trust or partnership, the objects or purposes of which include one or more objects or purposes that are incidental or conducive to the exercise of any other powers of the service; and

S. 115D
inserted by
No. 99/1995
s. 6.

- (c) to enter into a joint venture with another person or other persons if the objects or purposes of the joint venture include one or more objects or purposes that are incidental or conducive to the exercise of the powers of the service.

115E Board of directors

S. 115E
(Heading)
inserted by
No. 52/2017
s. 45(1).

S. 115E
inserted by
No. 99/1995
s. 6.

S. 115E(1)
amended by
No. 52/2017
s. 45(2).

- (1) There shall be a board of directors of each multi purpose service.

- (2) The functions of the board of a multi purpose service are—

S. 115E(2)(b)
amended by
No. 52/2017
s. 45(3)(a).

- (a) to oversee and manage the service; and
(b) to ensure that the services provided by the service comply with the requirements of this Act, the objects of the service, its by-laws and any agreement entered into by the service; and

S. 115E(2)(c)
inserted by
No. 52/2017
s. 45(3)(b).

- (c) to enter into service agreements under section 115O or health service agreements, if the board considers it appropriate; and

S. 115E(2)(d)
inserted by
No. 52/2017
s. 45(3)(b).

- (d) to develop strategic plans for the operation of the multi purpose service and to monitor compliance with those agreements and plans; and

S. 115E(2)(e)
inserted by
No. 52/2017
s. 45(3)(b).

- (e) to develop financial and business plans, strategies and budgets to ensure the accountable and efficient provision of health services by the multi purpose service and the

long term financial viability of the multi purpose service; and

- (f) to establish and maintain effective systems to ensure that—
- S. 115E(2)(f)
inserted by
No. 52/2017
s. 45(3)(b).
- (i) the health services provided meet the needs of the communities served by the multi purpose service; and
 - (ii) the views of users and providers of health services are taken into account; and
- (g) to monitor the performance of the multi purpose service to ensure that—
- S. 115E(2)(g)
inserted by
No. 52/2017
s. 45(3)(b).
- (i) the multi purpose service operates within its budget; and
 - (ii) its audit and accounting systems accurately reflect the financial position and viability of the multi purpose service; and
 - (iii) the multi purpose service adheres to—
 - (A) its financial and business plans; and
 - (B) its strategic plans; and
 - (C) any service agreements entered into under section 115O or any health service agreements entered into; and
 - (iv) effective and accountable risk management systems are in place; and
 - (v) effective and accountable systems are in place to monitor and improve the quality, safety and effectiveness of health services provided by the multi purpose service; and

- (vi) any problems identified with the quality, safety or effectiveness of the health services provided are addressed in a timely manner; and
 - (vii) the multi purpose service continuously strives to improve the quality and safety of the health services it provides and to foster innovation; and
 - (viii) committees established or appointed by the board operate effectively; and
- S. 115E(2)(h)
inserted by
No. 52/2017
s. 45(3)(b).
- (h) subject to the Secretary's approval, to appoint a chief executive officer of the multi purpose service and to determine the chief executive officer's remuneration and terms and conditions of appointment; and
- S. 115E(2)(i)
inserted by
No. 52/2017
s. 45(3)(b).
- (i) during each financial year, to monitor the performance of the chief executive officer of the multi purpose 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 any service agreements entered into under section 115O or any health service agreements entered into by the multi purpose service; and
- S. 115E(2)(j)
inserted by
No. 52/2017
s. 45(3)(b).
- (j) to establish the organisational structure, including the management structure, of the multi purpose service; and
- S. 115E(2)(k)
inserted by
No. 52/2017
s. 45(3)(b).
- (k) to develop arrangements with other relevant agencies and service providers to enable effective and efficient service delivery and continuity of care; and
- S. 115E(2)(l)
inserted by
No. 52/2017
s. 45(3)(b).
- (l) to ensure that the Minister and 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 multi purpose service; and

- (m) to establish the following committees—
- (i) a Finance Committee, an Audit Committee and a Quality and Safety Committee; or
 - (ii) a Finance and Audit Committee and a Quality and Safety Committee; and
- (n) to facilitate health education; and
- (o) to adopt a code of conduct for staff of the multi purpose service; and
- (p) to provide appropriate training for directors; and
- (q) any other functions conferred on the board by or under this Act.
- (2A) In performing its functions and exercising its powers, the board of a multi purpose service must have regard to—
- (a) the needs and views of patients and other users of the health services provided by the multi purpose service and of the community served by the multi purpose service; and
 - (b) the need to ensure that the multi purpose service uses its resources in an effective and efficient manner; and

S. 115E(2)(m)
inserted by
No. 52/2017
s. 45(3)(b).

S. 115E(2)(n)
inserted by
No. 52/2017
s. 45(3)(b).

S. 115E(2)(o)
inserted by
No. 52/2017
s. 45(3)(b).

S. 115E(2)(p)
inserted by
No. 52/2017
s. 45(3)(b).

S. 115E(2)(q)
inserted by
No. 52/2017
s. 45(3)(b).

S. 115E(2A)
inserted by
No. 52/2017
s. 45(4).

- (c) the need to ensure that resources of the Victorian public health sector generally are used effectively and efficiently.
- (3) The board of a multi purpose service has such powers as are necessary to enable it to carry out its functions, including the power to make, amend or revoke by-laws.
- (4) The board of a multi purpose service shall consist of not less than 6 and not more than 12 natural persons—
 - (a) in the case of the first board of a multi purpose service, nominated by the Minister; and
 - (b) in any other case, nominated by the Minister after consideration of a name or names submitted by the board.

S. 115E(4A)
inserted by
No. 52/2017
s. 45(5).

- (4A) For the purposes of subsection (4), the Minister or the board (as the case may be) must consider, for the period of 3 years from the commencement of section 45(5) of the **Health Legislation Amendment (Quality and Safety) Act 2017**, when nominating a person for the board, the desirability of limiting the term of a re-appointment of a director so that the combined term of the director's initial appointment, any re-appointment and any proposed re-appointment does not exceed 9 consecutive years.
- (5) If the board does not submit a name or names for the purposes of subsection (4) within 60 days after receiving a request to do so from the Minister, the Minister may nominate a natural person or natural persons for the purposes of that subsection.

S. 115E(5A)
inserted by
No. 52/2017
s. 45(6).

- (5A) For the purposes of subsections (4) and (5), the Minister or the board (as the case may be) must have regard to any prescribed matters when nominating a person or submitting a name.

- (6) The directors of a board shall be appointed by the Governor in Council. S. 115E(6) amended by No. 52/2017 s. 45(7).
- (7) The **Public Administration Act 2004** (other than Part 3 of that Act) applies to a director of a board in respect of the office of director. S. 115E(7) amended by No. 46/1998 s. 7(Sch. 1) (as amended by No. 12/1999 s. 3(Sch. 1 item 16)), substituted by Nos 108/2004 s. 117(1) (Sch. 3 item 96.8), 80/2006 s. 26(Sch. item 48.5), amended by No. 52/2017 s. 45(8).

115F Terms and conditions of appointment

S. 115F inserted by No. 99/1995 s. 6.

- (1) A director of a board of a multi purpose service holds office for the term, not exceeding 3 years, specified in the instrument of appointment and is eligible for re-appointment, subject to section 115FA. S. 115F(1) amended by No. 52/2017 s. 46(1).
- (2) A director of a board is entitled to be paid expenses incurred in holding office as a director of the board and such remuneration as specified in the instrument of appointment. S. 115F(2) amended by No. 52/2017 s. 46(2).
- (3) A person appointed to a board of a multi purpose service to fill a vacancy which arises otherwise than by expiry of a director's term of office holds office for the remainder of that director's term. S. 115F(3) amended by No. 52/2017 s. 46(3).

S. 115FA
inserted by
No. 52/2017
s. 47.

115FA Eligibility for re-appointment

- (1) A director of a board of a multi purpose service is only eligible for re-appointment if the combined term of the initial appointment, any re-appointment and any proposed re-appointment does not exceed 9 consecutive years.
- (2) Despite subsection (1), a director may be re-appointed if the Minister is satisfied that exceptional circumstances exist which justify the re-appointment.
- (3) This section applies in relation to re-appointments made on or after the third anniversary of the commencement of this section.

S. 115G
inserted by
No. 99/1995
s. 6.

115G Removal and resignation

S. 115G(1)
amended by
No. 52/2017
s. 48.

- (1) A director of a board of a multi purpose service may resign by writing signed by that person and delivered to the Governor in Council.

S. 115G(2)
amended by
Nos 52/2017
s. 48, 34/2019
s. 58(1).

- (2) The Governor in Council, on the recommendation of the Minister, may remove a director, or all directors, of a board from office.

S. 115G(3)
inserted by
No. 34/2019
s. 58(2).

- (3) The Minister must recommend the removal of a director of a board from office if the Minister is satisfied that—
 - (a) the director is physically or mentally unable to fulfil the role of a director of a board; or
 - (b) the director has been convicted or found guilty of an offence, the commission of which, in the opinion of the Minister, makes the director unsuitable to be a director of a board; or

- (c) the director has been absent, without leave of the board, from all meetings of the board held during a period of 6 months; or
- (d) the director is an insolvent under administration.

115GA Chairperson of board

S. 115GA
inserted by
No. 52/2017
s. 49.

- (1) The board of a multi purpose service may—
 - (a) elect one of its directors to be the chairperson of the board; and
 - (b) remove from office the chairperson elected under this subsection.
- (2) As soon as practicable after the board of a multi purpose service elects a director to be chairperson or removes the chairperson from office, the board must give written notice to the Secretary of the election or removal.
- (3) The Minister may—
 - (a) appoint a director of the board of a multi purpose service to be the chairperson of the board; and
 - (b) remove from office the chairperson of the board of a multi purpose service, irrespective of whether the chairperson is appointed by the Minister or elected by the board.
- (4) As soon as practicable after the Minister appoints a director to be chairperson or removes the chairperson from office (irrespective of whether the chairperson is appointed by the Minister or elected by the board), the Minister must give written notice to the board of the appointment or removal.

S. 115H
inserted by
No. 99/1995
s. 6.

115H Annual meetings

S. 115H(1)
amended by
Nos 46/1998
s. 7(Sch. 1),
79/2008 s. 10.

- (1) The board of a multi purpose service must ensure that the chief executive officer convenes an annual meeting of the multi purpose service to be held on or after 1 July and on or before 31 December in each year.
- (2) The chief executive officer of the multi purpose service must cause notice of the annual meeting to be published in a newspaper circulating generally in the area where the multi purpose service is situated giving notice—
 - (a) of the date, time and place of the meeting;
and
 - (b) that the meeting is open to the public.
- (3) At each annual meeting of a multi purpose service, the board—
 - (a) must submit the report of operations and financial statements prepared in accordance with Part 7 of the **Financial Management Act 1994**; and
 - (b) must report on the services provided to the community in the preceding year and on services proposed to be provided in the following year; and
 - (c) must report on such other matters that are prescribed.

S. 115I
inserted by
No. 99/1995
s. 6.

115I Procedure of board

Subject to this Part, the procedure of a board of a multi purpose service is in the discretion of the board.

115J Directorship of board not office of profit

A director of a board of a multi purpose service shall not be taken to hold an office or place of profit under the Crown which would—

- (a) prevent the director sitting or voting as a member of the Legislative Council or Legislative Assembly; or
- (b) make void the director's election to the Council or the Assembly; or
- (c) prevent the director continuing to be a member of the Council or the Assembly; or
- (d) subject the director to liability to a penalty under the **Constitution Act 1975**.

S. 115J
(Heading)
inserted by
No. 52/2017
s. 50(1).

S. 115J
inserted by
No. 99/1995
s. 6,
amended by
No. 52/2017
s. 50(2)(a).

S. 115J(a)
amended by
No. 52/2017
s. 50(2)(b).

S. 115J(b)
amended by
No. 52/2017
s. 50(2)(c).

S. 115J(c)
amended by
No. 52/2017
s. 50(2)(b).

S. 115J(d)
amended by
No. 52/2017
s. 50(2)(b).

115JA Immunity

- (1) A director of a board of a multi purpose service is not personally liable for anything done or omitted to be done in good faith—
 - (a) in the exercise of a power or the discharge of a duty under this Act; or
 - (b) in the reasonable belief that the act or omission was in the exercise of a power or the discharge of a duty under this Act.

S. 115JA
inserted by
No. 52/2004
s. 43.

S. 115JA(1)
amended by
No. 52/2017
s. 51.

S. 115JA(2)
amended by
No. 52/2017
s. 51.

- (2) Any liability resulting from an act or omission that would but for subsection (1) attach to a director of the board of a multi purpose service attaches instead to the multi purpose service.

S. 115JB
inserted by
No. 52/2017
s. 52.

115JB Chief executive officer

- (1) Subject to the Secretary's approval, the board of a multi purpose service must appoint or re-appoint a chief executive officer of the multi purpose service and determine the remuneration of the chief executive officer and the terms and conditions of the chief executive officer's employment.
- (2) A vacancy in the office of the chief executive officer of a multi purpose service must be filled as soon as possible.
- (3) The chief executive officer of a multi purpose service is subject to the direction of the board in controlling and managing the multi purpose service.

S. 115JC
inserted by
No. 52/2017
s. 52.

115JC Functions of the chief executive officer

- (1) The functions of the chief executive officer are—
 - (a) to manage the multi purpose service in accordance with—
 - (i) the financial and business plans, strategies and budgets developed by the board; and
 - (ii) the instructions of the board; and
 - (b) to prepare material for consideration by the board including any service agreements entered into under section 115O or any health service agreements entered into, strategic plans, business plans, strategies and budgets; and

- (c) to ensure that the board and any committees established or appointed by the board are assisted and provided with relevant information to enable them to perform their functions effectively and efficiently; and
 - (d) to implement effective and accountable systems to monitor and improve the quality, safety and effectiveness of health services provided by the multi purpose service; and
 - (e) to ensure that the multi purpose service continuously strives to improve the quality and safety of the health services it provides and to foster innovation; and
 - (f) to ensure that the board's decisions are implemented effectively and efficiently throughout the multi purpose service; and
 - (g) to inform the board in a timely manner of any issues of public concern or risks that affect or may affect the multi purpose service; and
 - (h) to inform the board, the Secretary and the Minister without delay of any significant issues of public concern or significant risks affecting the multi purpose service.
- (2) In performing the chief executive officer's functions, the chief executive officer must have regard to—
- (a) the needs and views of patients and other users of the health services that the multi purpose service provides and the community that the multi purpose service serves; and
 - (b) the need to ensure that the multi purpose service uses its resources in an effective and efficient manner; and

- (c) the need to ensure that resources of the Victorian public health sector generally are used effectively and efficiently.

S. 115K
inserted by
No. 99/1995
s. 6,
repealed by
No. 52/2004
s. 44.

* * * * *

S. 115L
inserted by
No. 99/1995
s. 6.

115L Validity of acts or decisions

An act or decision of a board of a multi purpose service is not invalid by reason only of—

S. 115L(a)
amended by
No. 52/2017
s. 53(a).

- (a) a defect or irregularity in or in connection with the appointment of a director of the board; or

S. 115L(b)
amended by
No. 52/2017
s. 53(b).

- (b) a vacancy in the directorship of the board.

S. 115M
inserted by
No. 99/1995
s. 6,
amended by
No. 46/1998
s. 7(Sch. 1),
substituted by
No. 52/2017
s. 54.

115M Multi purpose service must comply with directions of Secretary

- (1) For the purpose of carrying out functions and powers under this Act or for carrying out the objectives of this Act, the Secretary may give written directions to a multi purpose service in relation to all or any of the following matters—
- (a) the purposes of the multi purpose service, including those to which it must give priority;
- (b) the manner in which, and extent to which, the multi purpose service must provide training for persons engaged or intending to engage in health care;

- (c) the number and type of persons which the multi purpose service must employ or from whom it must obtain services and their conditions of employment or service;
- (d) the number and types of patients the multi purpose service must treat;
- (e) the facilities, services, equipment or supplies which the multi purpose service must or must not use;
- (f) the extent to which, and the conditions on which, the multi purpose service must make use of facilities, services, equipment or supplies provided by another multi purpose service;
- (g) the extent to which, and the conditions on which, the multi purpose service must allow another multi purpose service to make use of its facilities, services, equipment or supplies;
- (h) the extent to which, and the conditions on which, a multi purpose service is required to obtain or purchase facilities, services, equipment or supplies provided by another multi purpose service or another person or body;
- (i) a requirement that a multi purpose service appoint HPV as its agent for the purposes of obtaining or purchasing goods and services and the conditions on which the appointment is to be made;
- (j) a requirement that a multi purpose service provide the Secretary specified information by a specified date and in the specified manner to ensure that the objectives of the Act are being met;

- (k) the manner in which, and extent to which, the admission of patients, patient care and treatment must be coordinated between multi purpose services, hospitals, supported residential services, registered funded agencies and health service establishments;
 - (l) the accounts and records which must be kept by the multi purpose service and the returns and other information which must be supplied to the Secretary;
 - (m) the inspection of its facilities and its accounts and records by the Secretary;
 - (n) the carrying out of audits for case mix funding purposes;
 - (o) action to be taken to ensure that the health services provided are safe, patient-centred and appropriate;
 - (p) action to be taken or avoided to enable the State to comply with the terms of any agreement made between it and the Commonwealth or any other State or a Territory.
- (2) A direction may be given generally in relation to multi purpose services or to a specified multi purpose service or class of multi purpose services.
- (3) The Secretary must ensure that a direction under subsection (1)(h) or (i) to a multi purpose service is not inconsistent with a HPV direction or a purchasing policy that applies to the multi purpose service.
- (4) The Secretary must give a copy of a direction under this section to each multi purpose service to which it applies.

- (5) The board of a multi purpose service must comply with a direction under this section that applies to that multi purpose service.
- (6) A direction applying to a multi purpose service under this section has effect despite anything to the contrary in any health service agreement or interim funding statement having effect in relation to that multi purpose service.

115MA Guidelines of Minister

The Minister may publish in the Government Gazette guidelines relating to the role and procedure of boards of multi purpose services and how they may carry out their functions.

S. 115MA
inserted by
No. 52/2017
s. 54.

115MB Appointment of delegate to board

- (1) The Minister may appoint not more than 2 delegates to the board of a multi purpose service if the Minister considers that such an appointment will assist the board to improve the performance of the multi purpose service or, in the case of a new multi purpose service, will assist the orderly establishment of the multi purpose service or the performance of the multi purpose service.
- (2) A delegate is not a director of the board of a multi purpose service.
- (3) In determining if an appointment of a delegate under subsection (1) will assist the board to improve the performance of the multi purpose service or, in the case of a new multi purpose service, will assist the orderly establishment of the multi purpose service or the performance of the multi purpose service, the Minister must have regard to—
 - (a) the financial performance of the multi purpose service or the future financial performance of the new multi purpose service; and

S. 115MB
inserted by
No. 52/2017
s. 54.

S. 115MB
(3)(b)
amended by
No. 4/2022
s. 8.

- (b) the quality and safety of the health services provided by the multi purpose service or to be provided by the new multi purpose service, including compliance with the duty of candour; and
 - (c) whether the multi purpose service is complying, or the new multi purpose service will comply, with the health service agreement to which it is a party; and
 - (d) whether the board has requested such an appointment.
- (4) The Minister may appoint a delegate irrespective of whether the board has requested such an appointment.
- (5) The instrument of appointment of a delegate—
- (a) must be published in the Government Gazette; and
 - (b) must specify the terms and conditions of appointment; and
 - (c) may specify any remuneration to which the delegate is entitled.
- (6) A delegate—
- (a) subject to subsections (7) and (8), holds office for the period specified in the instrument of appointment, being a period of not more than 12 months from the date of appointment; and
 - (b) is eligible for re-appointment; and
 - (c) is entitled to be reimbursed reasonable expenses incurred in holding office as delegate; and
 - (d) is in respect of the office of delegate subject to the **Public Administration Act 2004** (other than Part 3 of that Act).

- (7) A delegate may resign by writing signed by that person and delivered to the Minister.
- (8) The Minister may revoke the appointment of a delegate.

115MC Functions of delegate

S. 115MC
inserted by
No. 52/2017
s. 54.

The functions of a delegate to the board of a multi purpose service are—

- (a) to attend meetings of the board and observe its decision-making processes; and
- (b) to provide advice or information to the board to assist it in understanding its obligations under this Act; and
- (c) to advise the Minister and the Secretary on any matter relating to the multi purpose service or the board.

115MD Obligations of board to delegate

S. 115MD
inserted by
No. 52/2017
s. 54.

The board of a multi purpose service must—

- (a) permit a delegate appointed to the board to attend any meeting of the board or any meeting of its committees established or appointed; and
- (b) provide a delegate appointed to the board with information or a copy of any notice or other document provided to the directors of the board or to the members of any of the board's committees at the same time as the information, notice or other document is provided to the directors or members.

115N Rules of multi purpose service

S. 115N
inserted by
No. 99/1995
s. 6,
amended by
No. 66/1998
s. 16.

A multi purpose service must not—

- (a) change its name; or
- (b) change its objects; or

(c) make, amend or alter its by-laws—
without the approval in writing of the Secretary.

S. 115NA
inserted by
No. 52/2017
s. 55.

115NA Strategic plans

- (1) The Secretary may direct the board of a multi purpose service—
 - (a) to prepare a strategic plan for the operation of the multi purpose service; and
 - (b) to submit the strategic plan to the Secretary for approval.

S. 115NA(1)(b)
amended by
No. 4/2022
s. 30.

- (2) The board of a multi purpose service must comply with a direction of the Secretary under this section.
- (3) The Secretary may—
 - (a) approve a strategic plan; or
 - (b) refuse to approve a strategic plan.
- (4) The board of a multi purpose service must advise the Secretary if it wishes to exercise its functions in a manner inconsistent with its approved strategic plan.

S. 115O
inserted by
No. 99/1995
s. 6.

115O Service agreements

- (1) A multi purpose service may enter into a service agreement for the provision of services in respect of each financial year with the Commonwealth and the State.
- (2) The terms of a service agreement shall be in accordance with this Part and as agreed between the multi purpose service and the Commonwealth and the State.
- (3) A service agreement shall be in respect of one year or such other period as is specified in the agreement.

- (4) A service agreement may specify—
- (a) particulars of services to be provided by the multi purpose service, including particulars of the type, frequency, scope and standard of services; and
 - (b) particulars of the organisation and management of the multi purpose service; and
 - (c) limits or controls on expenditure or the entering into of contracts or agreements by the multi purpose service; and
 - (d) particulars of grants, subsidies or other assistance provided or to be provided to the multi purpose service by the Commonwealth or the State during or in respect of a financial year; and
 - (e) any other relevant matters.

115P Health service agreements

A multi purpose service may enter into a health service agreement under section 26 as if the multi purpose service were a registered funded agency.

S. 115P
inserted by
No. 99/1995
s. 6.

115Q Powers of Minister

If the Minister is satisfied that a multi purpose service—

- (a) is inefficiently or incompetently managed; or
- (b) is failing to carry out its functions, or failing to carry them out effectively; or
- (ba) has failed to provide safe, patient-centred and appropriate health services; or
- (bb) has failed to foster continuous improvement in the quality and safety of the care and health services it provides; or

S. 115Q
inserted by
No. 99/1995
s. 6.

S. 115Q(ba)
inserted by
No. 52/2017
s. 56.

S. 115Q(bb)
inserted by
No. 52/2017
s. 56.

- (c) has negligently failed to comply with an agreement entered into under section 115O or 115P—

the Minister may do either or both of the following—

- (d) recommend to the Governor in Council that an administrator of the service be appointed in accordance with section 115R; or
- (e) recommend to the Governor in Council that the service be closed in accordance with section 115S.

S. 115R
inserted by
No. 99/1995
s. 6.

115R Appointment of administrator

- (1) If the Minister proposes that a multi purpose service should be administered by an administrator, the Minister—
 - (a) must give notice in writing to the service of his or her proposal; and
 - (b) must consider any submissions, whether oral or in writing, made to the Minister by the service within 7 days after the giving of the notice; and
 - (c) may consider any other submissions and any other matters the Minister considers appropriate—before deciding whether or not to recommend the appointment of an administrator.
- (2) If the Minister decides to recommend the appointment of an administrator, the Governor in Council, on the recommendation of the Minister, may by notice published in the Government Gazette appoint an administrator of the multi purpose service for such period and subject to such terms and conditions as are specified in the appointment.

- (3) An administrator of a multi purpose service appointed under this section has and may exercise all the powers and is subject to all the duties of the board of the service.
- (4) On the appointment of an administrator, the members of the board of the multi purpose service cease to hold office.
- (5) If the Minister recommends to the Governor in Council that the appointment of the administrator of a multi purpose service should be revoked, the Governor in Council may by notice published in the Government Gazette declare that the appointment will be revoked on the date specified in the notice, being a date not less than 28 days after the publication of the notice.
- (6) If a notice is published under subsection (5) in relation to a multi purpose service—
 - (a) members of the board of the service shall be appointed in accordance with this Part; and
 - (b) on the date specified in the notice—
 - (i) the appointment of the administrator is revoked; and
 - (ii) the board of the service is re-established.

115S Closure

- (1) If the Minister proposes that a multi purpose service should be closed, the Minister must cause a report of the proposal to be prepared and made available to persons who request it.
- (2) A report under subsection (1) must include—
 - (a) a statement of the circumstances giving rise to the proposal; and

S. 115S
inserted by
No. 99/1995
s. 6.

- (b) a statement of any other available options in relation to continuing the services of the multi purpose service.
- (3) The Minister, after consideration of any submissions made on a report under subsection (1) within 90 days after the report is made available to interested persons—
 - (a) must decide whether or not to recommend the closure of the multi purpose service; and
 - (b) must give notice in writing of his or her decision to the service.
- (4) The Governor in Council, on the recommendation of the Minister, may by Order published in the Government Gazette direct that the multi purpose service be closed on and after the date fixed in the Order.
- (5) If an Order is published under subsection (4)—
 - (a) the multi purpose service shall be closed subject to and in accordance with the directions contained in the Order; and
 - (b) except as otherwise provided in any service agreement—
 - (i) the property of the service becomes the property of the State and may be dealt with or disposed of accordingly; and
 - (ii) the liabilities of the service become liabilities of the State.

S. 115SA
inserted by
No. 52/2017
s. 57.

115SA Proposal for amalgamation

- (1) This section applies if the Secretary considers that—
 - (a) the provision of health services by 2 or more bodies, each being a registered funded agency or a multi purpose service, may be

- more effective if the bodies were amalgamated; or
- (b) governance of the quality and safety of health services provided by 2 bodies, each being a registered funded agency or a multi purpose service, may be more effective if the bodies were amalgamated.
- (2) The Secretary must cause to be prepared a report outlining proposals and options for the more effective provision of health services or the more effective governance of the quality or safety of health services, as the case may be, including the proposal for amalgamation.
 - (3) The Secretary must cause copies of each report under subsection (2)—
 - (a) to be given to each body concerned; and
 - (b) to be made available on request to members of the public.
 - (4) Any person may make submissions to the Secretary on the report before the expiration of the period specified in the report (not being less than 60 days after a copy is given to each body concerned).
 - (5) If, after considering any submissions made to the Secretary on the report during the period referred to in subsection (4), the Secretary considers the proposal for amalgamation should be implemented in whole or in part, the Secretary must advise the Minister accordingly.
 - (6) The Secretary must not advise the Minister to implement the proposal for amalgamation in whole or in part unless the Secretary is satisfied that the amalgamation is likely to result in the more effective provision of health services, or the more effective governance of the quality or safety of health services, having regard to—

- (a) the possible benefits to Victoria in the form of improved health services throughout Victoria or in any part of Victoria; and
- (b) the possible economic consequences of amalgamation.

S. 115T
(Heading)
inserted by
No. 52/2017
s. 58(1).

115T Voluntary amalgamations

- (1) The governing bodies of 2 or more bodies, each being a registered funded agency or a multi purpose service, may agree that the bodies should amalgamate under this Part only if—

S. 115T
inserted by
No. 99/1995
s. 6.

- (a) the bodies and the agencies or the services, as the case may be, are not prohibited from doing so by any Acts or other documents creating them and the amalgamation is made in accordance with those Acts or other documents; and
- (b) apart from this Part, there is no law of the Commonwealth or the State under which they could amalgamate.

S. 115T(2)
amended by
No. 66/1998
s. 16.

- (2) The governing bodies of the agencies or multi purpose services must submit the agreement to the Secretary.

S. 115T(3)
amended by
No. 46/1998
s. 7(Sch. 1).

- (3) The Secretary must not advise the Minister to approve the agreement unless the Secretary is satisfied that—

S. 115T(3)(a)
amended by
No. 52/2017
s. 58(2).

- (a) the amalgamation will result in the provision of better health services in any part of Victoria or the more effective governance of the quality or safety of health services provided; and
- (b) the amalgamation is otherwise in the public interest.

- (4) The Minister, on the advice of the Secretary, may approve the agreement.

S. 115T(4)
amended by
No. 46/1998
s. 7(Sch. 1).

115U Governor in Council may order amalgamation

S. 115U
inserted by
No. 99/1995
s. 6.

- (1) The Governor in Council, on the recommendation of the Minister made after receiving advice from the Secretary under section 115SA or 115T, may by Order published in the Government Gazette direct that—

S. 115U(1)
amended by
Nos 46/1998
s. 7(Sch. 1),
52/2017 s. 59.

- (a) 2 or more registered funded agencies be amalgamated and declare the amalgamated body to be a multi purpose service; or
- (b) a multi purpose service and one or more registered funded agencies, or 2 or more multi purpose services, be amalgamated and declare the amalgamated body to be—
- (i) a multi purpose service; or
- (ii) a public hospital; or
- (iii) an incorporated association.

- (2) If an Order is made under subsection (1)—

- (a) on a date specified in the Order—
- (i) the incorporation of each registered funded agency to which the Order relates that is an incorporated body shall be cancelled; or
- (ii) each registered funded agency to which the Order relates that is an unincorporated body shall cease to exist; or

(iii) each multi purpose service to which the Order relates shall cease to exist—

as the case requires; and

(b) on that date a new body of the kind specified in the Order having a board or committee of management constituted as specified in the Order shall come into existence by operation of the Order as if on that date—

(i) in the case of a multi purpose service or public hospital, it had been incorporated under this Act; or

(ii) in the case of an incorporated association, it had been registered as an incorporated association under the **Associations Incorporation Reform Act 2012**; and

(c) on that date the property of each registered funded agency and multi purpose service that is the subject of the Order vests in the new body without the necessity for any conveyance, transfer or assignment and so vests subject to—

(i) any trust; and

(ii) any restriction, limitation, mortgage, charge, encumbrance, lien, lease, covenant, contract or liability—

to which the property was subject immediately before that date; and

(d) on that date all debts and liabilities, whether certain or contingent, of a registered funded agency or multi purpose service that is the subject of the Order existing at that date become the debts and liabilities of the new body; and

S. 115U
(2)(b)(ii)
substituted by
No. 20/2012
s. 226(Sch. 5
item 15(5)).

S. 115U(2)(d)
amended by
No. 66/1998
s. 11(4).

- (e) on and from that date, each registered funded agency or multi purpose service to which the Order relates must be taken, for the purposes of any trust in relation to that agency or service, not to have had its incorporation cancelled or to have ceased to exist and the new body must be taken to be the same body as that agency or service for those purposes; and
- (f) without limiting the effect of paragraph (e), on and from that date, an instrument creating a trust in relation to—
- (i) a registered funded agency or multi purpose service to which the Order relates; or
 - (ii) a former agency of which such a registered funded agency or multi purpose service is the successor agency—
- continues to have effect according to its tenor as if the trust were in relation to the new body.
- (3) An Order under subsection (1) may include such other provisions not inconsistent with this Part or, in the case of a public hospital or an incorporated association, Part 3 as are necessary or expedient, including provisions giving effect to any agreement under section 115T.
- (4) Subsection (2), as amended by section 11(4) of the **Health Services (Further Amendment) Act 1998**, has effect with respect to—
- (a) an Order made under subsection (1) before the commencement of that section of that Act; and

S. 115U(2)(e)
inserted by
No. 66/1998
s. 11(4).

S. 115U(2)(f)
inserted by
No. 66/1998
s. 11(4).

S. 115U(4)
inserted by
No. 66/1998
s. 11(5).

(b) an instrument of a kind referred to in subsection (2)(f) of this section—

in the same way as it would if it had been in force as so amended at the time when the Order was made and must be taken to have always had that effect on and from that time.

S. 115V
inserted by
No. 99/1995
s. 6.

115V Transitional

(1) In this section—

liabilities means all liabilities, duties and obligations, whether actual, contingent or prospective;

property means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description;

rights means all rights, powers, privileges and immunities, whether actual, contingent or prospective;

the appointed day means the day on which the **Miscellaneous Acts (Health and Justice) Amendment Act 1995** comes into operation.

(2) On the appointed day the following public hospitals are deemed to have been declared under section 115A(1) to be multi purpose services—

Far East Gippsland Health and Support Service

The Otway Health and Community Services

Upper Murray Health and Community Services.

(3) The objects of a multi purpose service referred to in subsection (2) are its objects as existing immediately before the appointed day as altered or added to from time to time by the board of the service.

- (4) The by-laws of a multi purpose service referred to in subsection (2) are its by-laws as existing immediately before the appointed day as amended from time to time.
- (5) Each member of the board of a public hospital that on the appointed day becomes a multi purpose service continues as a member of the board of the multi purpose service for the remainder of the term of office specified in the instrument of his or her appointment.
- (6) On the coming into existence of a multi purpose service under this section—
- (a) all property and rights of the body it was before the appointed day, wherever located, vest in the multi purpose service; and
 - (b) all liabilities of the body it was before the appointed day, wherever located, become liabilities of the multi purpose service; and
 - (c) the multi purpose service becomes the successor in law of the body it was before the appointed day; and **S. 115V(6)(c) amended by No. 66/1998 s. 11(6).**
 - (d) on and from the appointed day, the multi purpose service must be taken, for the purposes of any trust in relation to the body it was before the appointed day, to be the same body as that body; and **S. 115V(6)(d) inserted by No. 66/1998 s. 11(6).**
 - (e) without limiting the effect of paragraph (d), on and from the appointed day, an instrument creating a trust in relation to— **S. 115V(6)(e) inserted by No. 66/1998 s. 11(6).**
 - (i) the body that the multi purpose service was before the appointed day; or

(ii) a former agency of which such a body is the successor agency—

continues to have effect according to its tenor as if the trust were in relation to the multi purpose service.

S. 115V(7)
inserted by
No. 66/1998
s. 11(7).

(7) Subsection (6), as amended by section 11(6) of the **Health Services (Further Amendment) Act 1998**, has effect with respect to—

- (a) a declaration that is by force of subsection (2) of this section deemed to have been made; and
- (b) an instrument of a kind referred to in subsection (6)(e) of this section—

in the same way as it would if it had been in force as so amended at the time that the declaration was deemed to have been made and must be taken to have always had that effect on and from that time.

Part 5A—Quality and safety

Division 1—Chief Quality and Safety Officer

Pt 5A
(Headings
and ss 116–
128ZJ)
inserted by
No. 4/2022
s. 5.

116 Chief Quality and Safety Officer

New s. 116
inserted by
No. 4/2022
s. 5.

- (1) There is to be a Chief Quality and Safety Officer.
- (2) The Chief Quality and Safety Officer must be appointed by the Secretary.
- (3) A person is eligible to be appointed as the Chief Quality and Safety Officer if—
 - (a) the person is employed under Part 3 of the **Public Administration Act 2004**; and
 - (b) the Secretary is satisfied that the person has the appropriate knowledge and experience to perform the functions of the Chief Quality and Safety Officer.
- (4) The Chief Quality and Safety Officer is responsible to the Secretary for the performance of the functions and duties set out in this Part.

117 Functions of the Chief Quality and Safety Officer

New s. 117
inserted by
No. 4/2022
s. 5,
amended by
No. 17/2023
s. 67(1).

The functions of the Chief Quality and Safety Officer are—

- (a) to conduct quality and safety reviews of services provided in or by health service entities; and
- (b) to provide information to the Secretary concerning quality and safety reviews of services provided in or by health service entities; and
- (c) to work co-operatively with other bodies or persons that have roles or functions relating to the oversight or regulation of quality and

safety in health service entities including the following—

- (i) the Chief Health Officer;
 - (ii) the chief psychiatrist;
 - (iii) the Health Complaints Commissioner within the meaning of the **Health Complaints Act 2016**;
 - (iv) the Mental Health Complaints Commissioner within the meaning of the **Mental Health Act 2014**;
 - (v) a coroner within the meaning of the **Coroners Act 2008**;
 - (vi) the Australian Health Practitioner Regulation Agency established by section 23 of the Health Practitioner Regulation National Law;
- (d) to issue guidelines to health service entities concerning the provision of services.

New s. 118
inserted by
No. 4/2022
s. 5.

118 Powers of the Chief Quality and Safety Officer

The Chief Quality and Safety Officer has power to do all things that are necessary or convenient to be done for or in connection with, or incidental to, the performance of the Chief Quality and Safety Officer's functions under this Act and the regulations.

New s. 119
inserted by
No. 4/2022
s. 5.

119 Contractors

The Secretary may enter into an agreement or an arrangement with any person or body for the purpose of obtaining appropriate expertise to assist the Chief Quality and Safety Officer in the performance of the Chief Quality and Safety Officer's powers, duties or functions under this Act or the regulations.

120 Power of Chief Quality and Safety Officer to delegate

New s. 120
inserted by
No. 4/2022
s. 5.

The Chief Quality and Safety Officer by instrument may delegate any power, duty or function of the Chief Quality and Safety Officer, other than this power of delegation, to—

- (a) any person employed under Part 3 of the **Public Administration Act 2004**; or
- (b) any person engaged under section 119.

Note

See also section 42A of the **Interpretation of Legislation Act 1984**.

Division 2—Authorised quality and safety officers

121 Authorised quality and safety officers

New s. 121
inserted by
No. 4/2022
s. 5.

- (1) The Chief Quality and Safety Officer, by instrument, may appoint as an authorised quality and safety officer for the purposes of this Part—
 - (a) a person employed under Part 3 of the **Public Administration Act 2004**; or
 - (b) a person engaged by the Secretary to assist the Chief Quality and Safety Officer in the performance of the Chief Quality and Safety Officer's functions.
- (2) The Chief Quality and Safety Officer must not appoint a person to be an authorised quality and safety officer under this section unless the Chief Quality and Safety Officer is satisfied that the person has the appropriate knowledge and experience to perform the duties and functions of an authorised quality and safety officer.
- (3) The Chief Quality and Safety Officer may give a direction to an authorised quality and safety officer in relation to the performance of the authorised quality and safety officer's functions or

duties or the exercise of the authorised quality and safety officer's powers under this Act or the regulations.

New s. 122
inserted by
No. 4/2022
s. 5.

122 Identity cards

- (1) The Chief Quality and Safety Officer must issue an identity card to each authorised quality and safety officer appointed by the Chief Quality and Safety Officer.
- (2) An identity card issued to an authorised quality and safety officer under this section must—
 - (a) contain a photograph of the authorised quality and safety officer; and
 - (b) contain the signature of the authorised quality and safety officer; and
 - (c) be signed by the Chief Quality and Safety Officer.

New s. 123
inserted by
No. 4/2022
s. 5.

123 Production of identity card

- (1) Subject to subsection (3), an authorised quality and safety officer must produce the officer's identity card for inspection before exercising a power under this Act or the regulations.
- (2) Subject to subsection (3), an authorised quality and safety officer must produce the officer's identity card for inspection when asked to do so by the occupier of any premises during the exercise of a power under this Act or the regulations.
- (3) However, if it is impracticable for an authorised quality and safety officer to produce the officer's identity card for inspection when exercising a power under this Act or the regulations, the authorised quality and safety officer is not required to do so.

Division 3—Quality and safety reviews and protected quality and safety reviews

124 Quality and safety review

**New s. 124
inserted by
No. 4/2022
s. 5.**

- (1) The Chief Quality and Safety Officer may conduct a review of the quality and safety of services provided in or by one or more health service entities if the Chief Quality and Safety Officer is of the opinion that one or more of the following grounds apply—
 - (a) the health, safety or wellbeing of a person is or was endangered as a result of the provision of the services; or
 - (b) the review may assist to identify organisational or physical structures, functions, workplace culture and outcomes of the provision of health services that could be improved; or
 - (c) the review may assist to identify systemic issues or trends that may be addressed in order to improve the quality and safety of the provision of health services.
- (2) The Secretary may request the Chief Quality and Safety Officer to conduct a review of the quality and safety of services provided in or by one or more health service entities if the Secretary considers that one or more of the grounds set out in subsection (1)(a), (b) or (c) apply.
- (3) After having regard to the matters specified in subsection (4), the Chief Quality and Safety Officer—
 - (a) must determine whether a review under subsection (1) or (2) is to be conducted as—
 - (i) a standard quality and safety review; or

- (ii) a protected quality and safety review;
and
 - (b) may terminate a standard quality and safety review at any time and commence a protected quality and safety review in respect of the same subject matter.
- (4) For the purposes of determining whether the circumstances warrant that a protected quality and safety review be conducted, the Chief Quality and Safety Officer must consider the reasonableness and necessity of providing additional protections to ensure open and honest engagement with the review process by persons involved in the services being reviewed having regard to the reputation, privacy, safety and wellbeing of those persons.
- (5) The purposes of a quality and safety review are—
 - (a) to collect and analyse information relating to the quality and safety of the health service entity that is the subject of the review; and
 - (b) to monitor and review the quality and safety of the health service entity that is the subject of the review including any health, safety or wellbeing issues that may place a person at risk; and
 - (c) to identify the factors that may have led or contributed to any event, including the following—
 - (i) any relevant factors that are external to the health service entities involved in the event;
 - (ii) organisational and management factors relating to the health service entities involved in the event;

- (iii) working environment factors, including the assignment and performance of tasks, technology used by the health service entities, team management and staffing allocation;
 - (iv) factors relating to the patients to whom health services were provided by the health services involved in the event; and
- (d) to provide a report to the Secretary in accordance with section 128D.
- (6) Subject to this Part, the process for conducting a quality and safety review is determined at the discretion of the Chief Quality and Safety Officer.

125 Principles that apply to quality and safety reviews

**New s. 125
inserted by
No. 4/2022
s. 5.**

The following principles apply to quality and safety reviews—

- (a) the reporting and acknowledgement of errors that occur in the course of providing a health service is to be encouraged by ensuring that the review process focuses on systemic issues rather than individual fault;
- (b) health service entities should be accountable to patients for the services they provide;
- (c) improvements that may be made to the organisational or physical structures, functions, workplace culture and outcomes of the provision of the health service should be the focus of the review;
- (d) the review should be conducted as soon as practicable and the Chief Quality and Safety Officer should specify the likely duration of the review when the review is commenced;

- (e) the review should encourage good communication and sharing of information between people involved in providing the health service.

New s. 126
inserted by
No. 4/2022
s. 5.

126 Scope of quality and safety review

A quality and safety review may be in relation to—

- (a) any aspect of the health service provided by one or more health service entities; or
- (b) the health services that are provided to a specified person; or
- (c) a specified practice or matter concerning the health services provided by one or more health service entities.

New s. 127
inserted by
No. 4/2022
s. 5.

127 Notice requirements for quality and safety review

- (1) The Chief Quality and Safety Officer must give written notice of a quality and safety review to any health service entity to which the review is likely to relate within a reasonable time before commencing the review.
- (2) A notice under this section must set out—
 - (a) the scope and objectives of the proposed review; and
 - (b) the date on which the review is proposed to commence; and
 - (c) the expected duration of the proposed review; and
 - (d) whether the review is a protected quality and safety review or a standard quality and safety review.

- (3) Despite subsection (1), the Chief Quality and Safety Officer may, if satisfied that it is necessary in the circumstances, dispense with giving notice of the review to the health service entity.

128 Powers of entry

**New s. 128
inserted by
No. 4/2022
s. 5.**

- (1) The Chief Quality and Safety Officer, or an authorised quality and safety officer at the direction of the Chief Quality and Safety Officer, may enter the premises of a health service entity at any time for the purpose of conducting a quality and safety review.
- (2) If the Chief Quality and Safety Officer, or an authorised quality and safety officer at the direction of the Chief Quality and Safety Officer, enters the premises of a health service entity under the powers conferred by this Act, the Chief Quality and Safety Officer or the authorised quality and safety officer may do any one or more of the following—
- (a) inspect, examine or make enquiries at the premises;
 - (b) examine or inspect any thing (including a document or part of a document) at the premises;
 - (c) bring any equipment or materials to the premises that may be required;
 - (d) take any photographs or make any audio or visual recordings at the premises, including a photograph or a recording of a person if the Chief Quality and Safety Officer or the authorised quality and safety officer has that person's consent to do so;
 - (e) use any equipment at the premises;
 - (f) make copies of, or take extracts from, any document kept at the premises;

- (g) do any other thing that is reasonably necessary for the purpose of performing or exercising the functions or powers of the Chief Quality and Safety Officer under this Act or the regulations.

S. 128A
inserted by
No. 4/2022
s. 5.

128A Power to give written direction to persons to produce documents or answer questions

- (1) The Chief Quality and Safety Officer, or an authorised quality and safety officer at the direction of the Chief Quality and Safety Officer, may give the following persons a written direction at any time for the purpose of conducting a quality and safety review—
- (a) a member of staff of a health service entity;
 - (b) a person who provides health services from the health service entity.
- (2) A written direction referred to in subsection (1) may direct a person—
- (a) to produce a document or part of a document that is in the possession or control of the person; or
 - (b) to answer any questions asked by the Chief Quality and Safety Officer or authorised quality and safety officer.

S. 128B
inserted by
No. 4/2022
s. 5.

128B Health service entity staff and representatives to give any reasonable assistance

- (1) This section applies to the following persons—
- (a) a member of staff of a health service entity;
 - (b) a person who provides health services from the health service entity.
- (2) A person to whom this section applies must provide the Chief Quality and Safety Officer, or an authorised quality and safety officer at the direction of the Chief Quality and Safety Officer,

with any reasonable assistance that the Chief Quality and Safety Officer or authorised quality and safety officer requires to perform any duties or functions or exercise any powers under this Act or the regulations.

128C Protection against self-incrimination

S. 128C
inserted by
No. 4/2022
s. 5.

A natural person may refuse or fail to give information or do any other thing that the person is required to do by or under this Part if giving the information or doing the other thing would tend to incriminate the person.

128D Quality and safety review reports and recommendations

S. 128D
inserted by
No. 4/2022
s. 5.

- (1) After completing a quality and safety review in respect of a health service entity, the Chief Quality and Safety Officer must prepare a written report of the findings of the review.
- (2) A report prepared under this section—
 - (a) must specify the findings of the Chief Quality and Safety Officer resulting from the review; and
 - (b) may include recommendations that the Chief Quality and Safety Officer considers appropriate to improve the quality and safety of services provided by one or more of the health services entities to which the review relates; and
 - (c) must be clearly designated as either a standard quality and safety review report or a protected quality and safety review report, as applicable.
- (3) The Chief Quality and Safety Officer must provide a copy of a report prepared under this section to any health service entity to which the

report relates as soon as practicable after the quality and safety review is completed.

- (4) If a report prepared under this section contains recommendations, a health service entity to which the report relates must provide a written response not later than 10 business days after receipt of the report setting out the action that has been, is, or will be, taken in relation to the recommendations.
- (5) After receiving a written response under subsection (4), the Chief Quality and Safety Officer may—
 - (a) continue to monitor a health service entity; and
 - (b) request further information from the health service entity; and
 - (c) conduct another quality and safety review relating to the health service entity.

S. 128E
inserted by
No. 4/2022
s. 5.

128E Report and response to be given to the Secretary

- (1) The Chief Quality and Safety Officer must give the Secretary a copy of—
 - (a) a report prepared under section 128D(1); and
 - (b) any response prepared under section 128D(4).
- (2) The Secretary may have regard to any report and response referred to under subsection (1) for the purposes of performing functions and exercising powers under this Act or any other Act.

S. 128F
inserted by
No. 4/2022
s. 5.

128F Publication and response

- (1) Subject to subsection (2), if the Secretary is of the opinion that it is in the public interest to do so, the Secretary may publish—
 - (a) a copy of a report prepared under section 128D(1); and

- (b) any response prepared under section 128D(4).
- (2) The Secretary must not publish a report or any response under subsection (1) if the report or response contains any information that identifies or is likely to lead to the identification of a person, other than role titles or specialist areas of practice, unless the person consents in writing to the publication.

128G Summary of protected quality and safety review

S. 128G
inserted by
No. 4/2022
s. 5.

- (1) The Chief Quality and Safety Officer may prepare a summary of a protected quality and safety review report prepared under section 128D(1).
- (2) A copy of the report prepared under section 128D(1) or a summary of the report prepared under subsection (1) may be provided to any of the following persons—
 - (a) a prescribed person for a prescribed purpose;
 - (b) a person who, in the opinion of the Chief Quality and Safety Officer, has a sufficient personal or professional interest in the subject matter of the report including—
 - (i) a patient; or
 - (ii) a person nominated by the patient; or
 - (iii) if a patient is deceased or lacks capacity, the immediate family, carer or next of kin of the patient.
- (3) A summary under this section may set out—
 - (a) the facts established during the protected quality and safety review; and
 - (b) the recommendations made by the Chief Quality and Safety Officer as a result of the protected quality and safety review.

Division 4—Guidelines

S. 128H
inserted by
No. 4/2022
s. 5.

128H Chief Quality and Safety Officer may make guidelines

- (1) The Chief Quality and Safety Officer may make guidelines for the purpose of—
 - (a) addressing any systemic issues identified during a quality and safety review; and
 - (b) improving the quality or safety of services provided by health service entities.
- (2) Guidelines under subsection (1)—
 - (a) may be expressed to apply to all health service entities or, if the issues addressed in the guidelines relate to a particular class or classes of health service entity, the class or classes specified in the guidelines; and
 - (b) must be published on an appropriate Internet site.

Division 5—Confidentiality

S. 128I
inserted by
No. 4/2022
s. 5.

128I Confidentiality obligations applying in respect of information from protected quality and safety review

- (1) This section applies to the following persons—
 - (a) a person who is, or has been, the Chief Quality and Safety Officer;
 - (b) a person who is, or has been, appointed as an authorised quality and safety officer.
- (2) Subject to subsection (3), a person to whom this section applies must not, other than in the performance of the functions under this Act relating to a protected quality and safety review—

- (a) directly or indirectly make a record of, or divulge or communicate to any person, any information gained by or conveyed to the person by reason of the conducting of a protected quality and safety review that may identify a health service entity or any other person; or
 - (b) make use of the information for any purpose.
Penalty: 10 penalty units.
- (3) Nothing in this section prevents the Chief Quality and Safety Officer from using or disclosing information gained or conveyed by reason of conducting a protected quality and safety review—
- (a) if the Chief Quality and Safety Officer is satisfied that the use or disclosure is necessary to prevent serious harm to a person's health or safety; or
 - (b) with the written authority of the Secretary, if the Secretary is satisfied that the disclosure is in the public interest; or
 - (c) in accordance with section 128G; or
 - (d) in the prescribed circumstances (if any).
- (4) Subsection (2) has effect despite anything to the contrary in section 40 of the **Audit Act 1994**.
- (5) A person to whom this section applies must not be required—
- (a) to produce before any court or tribunal or any board, agency or other person any document that has come into the person's possession or under the person's control in the performance of the functions under this Act relating to a protected quality and safety review; or

- (b) to divulge or communicate to any court or tribunal or any board, agency or other person any matter or thing that has come under the person's notice in the performance of the functions under this Act relating to a protected quality and safety review.
- (6) The **Freedom of Information Act 1982** does not apply to a document or any information referred to in subsection (5).
- (7) Part 5 and HPP 6 of the **Health Records Act 2001** do not apply to a document or any information referred to in subsection (5).
- (8) Nothing in this section prevents a person to whom this section applies from including de-identified information in any document.
- (9) In this section—
- de-identified*, in relation to information, means information that no longer relates to—
- (a) an identifiable individual or an individual who can be reasonably identified; or
 - (b) an identifiable health service entity from which or in relation to which the information was obtained.

S. 128J
inserted by
No. 4/2022
s. 5.

128J Confidentiality of documents

- (1) A person must not, and cannot, be required to produce before any court or tribunal or any board, agency or other person any document in the person's possession or under the person's control that is the original or a copy of a document that was—
- (a) created for the sole purpose of providing information in the course of conducting a protected quality and safety review; and

- (b) produced or provided in the course of conducting a protected quality and safety review by or on behalf of that person.
- (2) Except in the case of information or reports published by the Secretary, the following is not admissible in any action or proceedings before any court or tribunal or any board, agency or other person—
 - (a) evidence of any other information or reports obtained by or in the possession of the Chief Quality and Safety Officer or authorised quality and safety officers in the course of conducting a protected quality and safety review;
 - (b) evidence of or about a document to which subsection (1) applies;
 - (c) a report or summary of a report provided to a person under section 128G(2).
- (3) The **Freedom of Information Act 1982** does not apply to a document or any information referred to in subsection (1) or (2).
- (4) Part 5 and HPP 6 of the **Health Records Act 2001** do not apply to a document or any information referred to in subsection (1) or (2).

128K Patient's access to medical file preserved

Nothing in this Part affects the right of a patient to access the patient's own medical file, whether or not that file is examined or referred to in the report of a protected quality and safety review.

S. 128K
inserted by
No. 4/2022
s. 5.

Division 6—Referral of matters

128L Notice to chief psychiatrist or Chief Health Officer

- (1) The Chief Quality and Safety Officer may refer a matter to the chief psychiatrist or the Chief Health Officer if the Chief Quality and Safety Officer

S. 128L
inserted by
No. 4/2022
s. 5.

reasonably believes that the matter is relevant to the statutory responsibilities of the chief psychiatrist or the Chief Health Officer.

- (2) After referring a matter under subsection (1), the Chief Quality and Safety Officer may—
- (a) continue to conduct the quality and safety review; or
 - (b) leave the appropriate course of conduct to be determined by the chief psychiatrist or the Chief Health Officer, as applicable.

Division 7—Liability

S. 128M
inserted by
No. 4/2022
s. 5.

128M Protection from liability for persons involved in quality and safety review

- (1) A person is not personally liable for the giving of information, in good faith, to a quality and safety review in the reasonable belief that the giving of the information was for the purposes of a quality and safety review.
- (2) Any liability resulting from the giving of information that would, but for subsection (1), attach to a person attaches instead to the State.

Division 8—SAPSE reviews

S. 128N
inserted by
No. 4/2022
s. 5.

128N SAPSE reviews

If a serious adverse patient safety event occurs, a SAPSE review may be conducted by a SAPSE review panel appointed in accordance with this Division.

S. 128O
inserted by
No. 4/2022
s. 5.

128O Scope of SAPSE review

A SAPSE review must—

- (a) establish the facts of the serious adverse patient safety event, including any relevant surrounding context; and

- (b) identify the factors that may have led or contributed to the serious adverse patient safety event, including but not limited to the following—
 - (i) any relevant factors that are external to the health service entities involved in the event;
 - (ii) organisational and management factors relating to the health service entities involved in the event;
 - (iii) working environment factors, including the assignment and performance of tasks, technology used by the health service entities, team management and staffing allocation;
 - (iv) factors relating to the patients to whom health services were provided by the health service entities involved in the event; and
- (c) identify any remedial measures that may be taken in relation to the serious adverse patient safety event, and any measures to prevent similar events from occurring in future and improve the quality and safety of the health services provided by the health service entities involved in the event.

128P Appointment of SAPSE review panel

- (1) The chief executive officer (however named) of a health service entity—
 - (a) may appoint a SAPSE review panel on the chief executive officer's own motion; and
 - (b) must appoint a SAPSE review panel if directed to do so by the Secretary; and

S. 128P
inserted by
No. 4/2022
s. 5.

- (c) subject to subsection (3), must appoint a joint SAPSE review panel if directed to do so by the Secretary.
- (2) Subject to subsection (3), in the case of a serious adverse patient event that involves 2 or more health service entities, the chief executive officers (however named) of those health service entities may agree to appoint a joint SAPSE review panel in accordance with the regulations.
- (3) If the Secretary directs that a joint SAPSE review panel must be appointed and the chief executive officers (however named) of the health service entities involved in the serious adverse patient event are unable to agree to appoint a joint SAPSE review panel, the Secretary may appoint the panel in accordance with the regulations.

S. 128Q
inserted by
No. 4/2022
s. 5.

128Q Membership of SAPSE review panel

- (1) The membership of a SAPSE review panel—
 - (a) must include a person who is not employed or engaged by the health service entity that appointed the panel; and
 - (b) must not include any person who was directly involved in the event that is the subject of the review; and
 - (c) may include independent experts; and
 - (d) may include consumer representatives; and
 - (e) must comply with any prescribed requirements.
- (2) Each member appointed to the SAPSE review panel must have appropriate skills and experience to conduct a SAPSE review.

128R Protection from liability for SAPSE review panel members

S. 128R
inserted by
No. 4/2022
s. 5.

- (1) A person who is a member of a SAPSE review panel is not personally liable for anything done or omitted to be done in good faith—
 - (a) in the performance of a function under this Act as a member of a SAPSE review panel; or
 - (b) in the reasonable belief that the act or omission was in the performance of a function under this Act as a member of a SAPSE review panel.
- (2) Any liability resulting from an act or omission that, but for subsection (1), would attach to the person attaches instead to—
 - (a) the health service entity or entities that appointed the SAPSE review panel; or
 - (b) if section 128P(3) applies, the health services entities that would have appointed the SAPSE review panel but for the fact that they were unable to agree on the appointments.
- (3) Without limiting subsection (1), no liability for defamation is incurred by the person because of—
 - (a) any statement made orally or in writing in the performance of the person's functions in relation to a SAPSE review; or
 - (b) any report or information published in the context of a SAPSE review.

128S Protection from liability for participants in SAPSE review

S. 128S
inserted by
No. 4/2022
s. 5.

- (1) A person who provides information to a SAPSE review panel is not personally liable for the giving of information, in good faith, to a SAPSE review

panel in the reasonable belief that the information was necessary for the purposes of the SAPSE review.

- (2) Any liability resulting from the giving of information that, but for subsection (1), would attach to the person attaches instead to—
 - (a) the health service entity or entities that appointed the SAPSE review panel; or
 - (b) if section 128P(3) applies, the health services entities that would have appointed the SAPSE review panel but for the fact that they were unable to agree on the appointments.
- (3) Without limiting subsection (1), no liability for defamation is incurred by the person because of the giving of information by the person to a SAPSE review panel in good faith.

S. 128T
inserted by
No. 4/2022
s. 5.

128T Serious adverse patient safety event review report

- (1) A SAPSE review panel must prepare and produce a report for the health service entities which appointed it as soon as practicable after completing an investigation into a serious adverse patient safety event.
- (2) A report under subsection (1) must contain one or more of the following elements as considered appropriate by the SAPSE review panel—
 - (a) a description of the serious adverse patient safety event;
 - (b) analysis identifying why the event happened and any factors that contributed to the event;
 - (c) any recommendations about changes or improvements in a policy, procedure or practice relating to the provision of a health service that are intended to reduce the

- likelihood of, or prevent, the same type of event happening again;
- (d) any prescribed matter or requirement.
- (3) A report under subsection (1) must not contain—
- (a) the name or address of the following—
- (i) a person involved in providing the relevant health service;
- (ii) a person who received the relevant health service;
- (iii) a member of the SAPSE review panel;
- (b) any other prescribed information.

128U Confidentiality of SAPSE review documents and report

S. 128U
inserted by
No. 4/2022
s. 5.

- (1) A person (other than under subsection (3) or in prescribed circumstances) must not be required to produce before any court or tribunal or any board, agency or other person—
- (a) a report prepared under section 128T; or
- (b) any document in the person's possession or under the person's control that is the original or a copy of a document that was—
- (i) created for the sole purpose of providing information in the course of conducting a SAPSE review; and
- (ii) provided in the course of conducting a SAPSE review by or on behalf of that person.
- (2) Subject to subsection (3), the following is not admissible in any action or proceedings before any court or tribunal or any board, agency or other person—

- (a) evidence of any other information or reports obtained by or in the possession of a serious adverse patient safety review panel in the course of conducting a SAPSE review;
 - (b) evidence of or about a document to which subsection (1) applies;
 - (c) a report prepared under section 128T.
- (3) A report prepared under section 128T may be produced to a coroner or the Coroners Court (as appropriate) for the purposes of—
- (a) an investigation under Division 1 of Part 4 of the **Coroners Act 2008**; or
 - (b) an inquest (within the meaning of the **Coroners Act 2008**) in respect of a death.
- (4) The **Freedom of Information Act 1982** does not apply to a document or any information referred to in subsection (1) or (2).
- (5) Part 5 and HPP 6 of the **Health Records Act 2001** do not apply to a document or any information referred to in subsection (1) or (2).
- (6) Nothing in this section prevents a person to whom this section applies from including de-identified information in any document.
- (7) In this section—
- de-identified*, in relation to information, means information that no longer relates to—
- (a) an identifiable individual or an individual who can be reasonably identified; or
 - (b) an identifiable health service entity from which or in relation to which the information was obtained.

128V Disclosure of report

S. 128V
inserted by
No. 4/2022
s. 5.

- (1) A health service entity which has received a report under section 128T must disclose the report as follows—
 - (a) if the Secretary or any person nominated by the Secretary requests a copy of the report, to the Secretary or that person;
 - (b) if any prescribed person for a prescribed purpose requests a copy of the report, to the prescribed person.
- (2) A health service entity which has received a report under section 128T must—
 - (a) offer a copy of the report to the persons specified in subsection (3); and
 - (b) provide a copy of the report to the persons who accept the offer made under paragraph (a).
- (3) For the purposes of subsection (2), the following persons, who in the reasonable opinion of the chief executive officer (however described) of a health service entity have a sufficient personal or professional interest in the subject of the report, are specified—
 - (a) a patient;
 - (b) a person nominated by the patient;
 - (c) the immediate family, carer or next of kin of a patient, if the patient is deceased or lacks capacity.

128W Person cannot be compelled to give particular information in evidence

S. 128W
inserted by
No. 4/2022
s. 5.

A person, other than in prescribed circumstances, must not be compelled to divulge or communicate in a proceeding, or in compliance with a

requirement under an Act or legal process, any of the following—

- (a) whether or not the person gave information to a SAPSE review panel for the purposes of a SAPSE review;
- (b) what information the person gave to a SAPSE review panel for the purposes of a SAPSE review;
- (c) information the person was given, or questions the person was asked, by a SAPSE review panel for the purposes of a SAPSE review.

S. 128X
inserted by
No. 4/2022
s. 5.

128X Confidentiality obligations applying to member of SAPSE review panel

- (1) This section applies to a person who is, or has been, a member of a SAPSE review panel.
- (2) A person to whom this section applies must not disclose any information acquired by the person in the performance of functions under this Act relating to a SAPSE review, except in the circumstances set out in subsection (3).

Penalty: 10 penalty units.

- (3) A person to whom this section applies may disclose information acquired by the person in the performance of functions under this Act relating to a SAPSE review—
 - (a) in the course of exercising the person's functions as a panel member; or
 - (b) for the purpose of any recommendation made by the panel; or
 - (c) for the purpose of any required or discretionary disclosure of the SAPSE review panel under this Part; or

(d) for a prescribed purpose or in prescribed circumstances.

128Y Identity of SAPSE review panel members not to be disclosed

S. 128Y
inserted by
No. 4/2022
s. 5.

A health service entity that has appointed a SAPSE review panel, or a member of staff of that entity, must not disclose the identity of any member of that panel other than in a proceeding for an offence under this Part.

Penalty: In the case of an individual, 10 penalty units;

In the case of a body corporate,
50 penalty units.

128Z Restrictions on SAPSE reviews

S. 128Z
inserted by
No. 4/2022
s. 5.

- (1) If the members of a SAPSE review panel have reason to suspect that its review may relate to an adverse event that involves a prohibited act, the SAPSE review panel must suspend its activities and comply with any procedures prescribed for the purposes of this section as to suspension or recommencement of the review.
- (2) To avoid doubt, nothing in this section prevents a member of a SAPSE review panel from discharging a mandatory reporting obligation (however described), including but not limited to an obligation under the following—
 - (a) the Health Practitioner Regulation National Law;
 - (b) section 184 of the **Children, Youth and Families Act 2005**.
- (3) In this section—

impairment has the same meaning as in the Health Practitioner Regulation National Law;

prohibited act means—

- (a) an act that is an offence and that appears to have been committed by a member of the staff of the health services entity that is the subject of the review; or
- (b) an act that is attributable to a member of the staff of the health services entity that is the subject of the review, or any other person involved in the adverse event, having an impairment; or
- (c) an act that constitutes the abuse of a patient; or
- (d) an act that appears to be a deliberately unsafe act (other than an act that might be reasonably undertaken in the provision of a health service); or
- (e) a prescribed act.

S. 128ZA
inserted by
No. 4/2022
s. 5.

128ZA Section 139 does not apply

To avoid doubt, section 139 does not apply to this Division.

Division 9—Duty of candour

S. 128ZB
inserted by
No. 4/2022
s. 5,
amended by
No. 17/2023
s. 67(2).

128ZB Definitions

In this Division—

apology means an expression of compassion, regret or sympathy in connection with any matter, whether or not the apology admits or implies an admission of fault in connection with the matter;

civil proceeding includes—

- (a) a proceeding before a tribunal; and

- (b) a proceeding under an Act regulating the practice or conduct of a profession or occupation; and
- (c) a proceeding of a Royal Commission, whether established under the **Inquiries Act 2014** or under the prerogative of the Crown; and
- (d) a proceeding of a Board of Inquiry or Formal Review established under the **Inquiries Act 2014**;

patient, in circumstances where the patient lacks capacity or has died, includes—

- (a) the patient's immediate family, carer or next of kin; and
- (b) a person nominated by the patient.

128ZC Duty of candour

- (1) If a patient suffers a serious adverse patient safety event in the course of receiving health services, the health service entity responsible for providing those services owes a duty of candour to the patient and must do the following unless the patient has opted out in accordance with subsection (2)—
 - (a) provide the patient with—
 - (i) a written account of the facts regarding the serious adverse patient safety event; and
 - (ii) an apology for the harm suffered by the patient; and
 - (iii) a description of the health service entity's response to the event; and

S. 128ZC
inserted by
No. 4/2022
s. 5.

- (iv) the steps that the health service entity has taken to prevent re-occurrence of the event; and
- (v) any prescribed information; and
- (b) comply with any steps set out in the Victorian Duty of Candour Guidelines.
- (2) A patient referred to in subsection (1) may choose not to receive information in accordance with this Division by providing the health service entity with a signed statement.
- (3) A patient who has signed a statement in accordance with subsection (2) may later elect to receive information under subsection (1).

S. 128ZD
inserted by
No. 4/2022
s. 5.

128ZD Apology not admission of liability

- (1) In a civil proceeding where the death or injury of a person is in issue or is relevant to an issue of fact or law, an apology—
 - (a) does not constitute an express or implied admission of liability for the death or injury; and
 - (b) is not relevant to the determination of fault or liability in connection with that proceeding.
- (2) Subsection (1) applies whether the apology—
 - (a) is made orally or in writing; or
 - (b) is made before or after the civil proceeding was in contemplation or commenced.
- (3) Evidence of an apology made by or on behalf of a person or a health service entity in connection with any matter alleged to have been caused by the person or health service entity is not admissible in any civil or disciplinary proceedings as evidence of the fault or liability of the person or

health service entity in connection with that matter.

- (4) Nothing in this section affects the admissibility of a statement with respect to a fact in issue or tending to establish a fact in issue.

128ZE Non-compliance with duty of candour

The Minister or the Secretary may take into account the failure of a health service entity to comply with the duty of candour when assessing the following matters under this Act—

- (a) whether the entity provides safe, patient-centred and appropriate health services;
- (b) the quality and safety of health services provided by the entity.

S. 128ZE
inserted by
No. 4/2022
s. 5.

128ZF Victorian Duty of Candour Guidelines

- (1) The Minister may make guidelines (to be known as the Victorian Duty of Candour Guidelines) that set out the steps a health service entity must take to discharge the duty of candour.
- (2) The Victorian Duty of Candour Guidelines are a legislative instrument for the purposes of the **Subordinate Legislation Act 1994**.

S. 128ZF
inserted by
No. 4/2022
s. 5.

Division 10—Statements

128ZG Meaning of relevant health service entity

In this Division—

relevant health service entity means the following—

- (a) a public hospital;
- (b) a public health service;
- (c) a multi purpose service;
- (d) a denominational hospital;

S. 128ZG
inserted by
No. 4/2022
s. 5.

- (e) a private hospital;
- (f) a day procedure centre.

S. 128ZH
inserted by
No. 4/2022
s. 5.

128ZH Statement about failure to comply with duty of candour

- (1) The Minister may publish a statement setting out the name of a relevant health service entity if, in the Minister's opinion—
 - (a) the relevant health service entity has failed to comply with the duty of candour on 2 or more occasions; and
 - (b) the failure to comply is of a serious nature.
- (2) A statement under subsection (1) must be published on the Internet site of the Department.

S. 128ZI
inserted by
No. 4/2022
s. 5.

128ZI Submissions on publication of statement

- (1) Before publishing a statement under section 128ZH, the Minister must give the relevant health service entity a reasonable opportunity to make oral or written submissions on the proposed publication of the statement.
- (2) The Minister must give the relevant health service entity written notice of the opportunity to make submissions.
- (3) A notice under subsection (2) must set out—
 - (a) whether or not oral or written submissions or both may be made; and
 - (b) if written submissions may be made, the time within which and the place to which the submissions must be made; and
 - (c) if oral submissions may be made, the time and place for making the submissions.
- (4) A notice under subsection (2) must be given within a reasonable time to allow for the preparation of the submissions and, where

Health Services Act 1988
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Part 5A—Quality and safety

necessary, for attendance at the place for making
submissions.

* * * * *

Pt 5
(Heading and
ss 116–128)
amended by
Nos 53/1990
s. 20, 42/1993
s. 20(1),
68/1996 s. 31,
46/1998
s. 7(Sch. 1),
51/2001
ss 6, 7,
18/2004 s. 19,
108/2004
s. 117(1)
(Sch. 3
item 96.9),
repealed by
No. 49/2010
s. 226(4).

Pt 6
(Heading and
ss 129–134)
amended by
No. 88/1994
s. 17(1)
(a)(b)(2),
repealed by
No. 11/1995
s. 3(2)(Sch. 2),
new Pt 6
(Heading and
ss 129–134N)
inserted by
No. 18/2001
s. 8.

Part 6—Health Purchasing Victoria

Division 1—Establishment

New s. 129
inserted by
No. 18/2001
s. 8.

129 Establishment of Health Purchasing Victoria

- (1) Health Purchasing Victoria is established.
- (2) HPV—
 - (a) is a body corporate with perpetual succession;
 - (b) has a common seal;
 - (c) may sue and be sued in its corporate name;
 - (d) may acquire, hold and dispose of real and personal property;
 - (e) may do and suffer all things that a body corporate may, by law, do and suffer.
- (3) The common seal must be kept as directed by HPV and must not be used except as authorised by HPV.
- (4) All courts must take judicial notice of the common seal on a document and, until the contrary is proved, must presume that the seal was properly affixed.

130 HPV represents the Crown

HPV is a public authority that represents the Crown and holds its property on behalf of the Crown.

New s. 130
inserted by
No. 18/2001
s. 8.

Division 2—General functions and powers

131 Functions of HPV

HPV has the following functions—

- (a) to supply or facilitate access to the supply of goods and services to public hospitals and other health or related services on best value terms;
- (b) in relation to the supply of goods and services to public hospitals and the management and disposal of goods by public hospitals—
 - (i) to develop, implement and review policies and practices to promote best value and probity; and
 - (ii) to provide advice, staff training and consultancy services;
- (c) to provide advice, staff training and consultancy services in relation to the supply of goods and services to, and the management and disposal of goods by, health or related services other than public hospitals;
- (d) to monitor compliance by public hospitals with purchasing policies and HPV directions and to report irregularities to the Minister;
- (e) to foster improvements in the use and application of purchasing systems and trading by electronic transactions by health or related services;

New s. 131
inserted by
No. 18/2001
s. 8.

- (f) to establish and maintain a database of purchasing data of public hospitals and supply markets for access by public hospitals;
- (g) to ensure that probity is maintained in purchasing, tendering and contracting activities in public hospitals;
- (h) any other functions conferred on HPV by this or any other Act.

New s. 132
inserted by
No. 18/2001
s. 8.

132 Powers of HPV

- (1) HPV has all the powers necessary to perform its functions.
- (2) Without limiting subsection (1), HPV may—
 - (a) enter into contracts or arrangements, including joint ventures, on its own behalf or on behalf of one or more health or related services;
 - (b) call and award tenders and advertise;
 - (c) give written directions to one or more public hospitals—
 - (i) relating to the purchase of goods and services by public hospitals and the management and disposal of goods by public hospitals;
 - (ii) to ensure that probity is maintained in purchasing, tendering and contracting activities;
 - (d) require the chief executive officer of a public hospital to audit compliance with purchasing policies and HPV directions and provide audit reports to HPV;

- (e) require the chief executive officer of a public hospital to provide HPV with information and data relating to the supply of goods and services and the management and disposal of goods;
 - (f) employ staff, appoint agents and act as agent;
 - (g) establish advisory committees to assist HPV in the performance of its functions;
 - (h) exercise any other powers conferred on HPV by this or any other Act.
- (3) A public hospital must comply with an HPV direction that applies to it, except to the extent that the direction is inconsistent with the terms of any contract that was entered into by the public hospital before the direction was given to the hospital by HPV.
- (4) The chief executive officer of a public hospital must provide to HPV on request within 28 days or any longer period specified in the request—
- (a) audit reports referred to in subsection (2)(d);
 - (b) information and data referred to in subsection (2)(e).

133 Factors to which HPV must have regard in performing functions and exercising powers

New s. 133
inserted by
No. 18/2001
s. 8.

In performing functions and exercising powers under this Act, HPV must have regard to each of the following matters—

- (a) the clinical needs of patients and other users of health or related services;
- (b) the ability of suppliers to supply goods and services required by health or related services;

- (c) the price, quality and accessibility of goods and services supplied or proposed to be supplied to health or related services;
- (d) the individual conditions and requirements of health or related services;
- (e) the effect of tendering and contracting processes on the viability of small and medium-sized businesses;
- (f) local employment growth or retention.

Division 3—Purchasing policies

134 Purchasing policies

New s. 134
inserted by
No. 18/2001
s. 8.

- (1) HPV may prepare, make, amend and revoke instruments, to be known as "purchasing policies", with respect to policies and practices (including probity) relating to the supply of goods and services to public hospitals and the management and disposal of goods by public hospitals.
- (2) A purchasing policy—
 - (a) may be of general or limited application;
 - (b) may differ according to differences in time, place or circumstance;
 - (c) may confer a discretionary authority or impose a duty on a specified person or class of persons;
 - (d) may leave anything to be approved by or to the satisfaction of a specified person or class of persons;
 - (e) may apply, adopt or incorporate any matter contained in any document, code, standard, rule, specification or method formulated, issued, prescribed or published by any person whether—

- (i) wholly or partially or as amended by the policy; or
 - (ii) as formulated, issued, prescribed or published at the time the policy is made or at any time before then; or
 - (iii) as formulated, issued, prescribed or published from time to time;
- (f) may provide in a specified case or class of cases for the exemption of public hospitals or classes of public hospitals from any of the provisions of the policy, whether unconditionally or on specified conditions and either wholly or to such an extent as is specified.
- (3) A public hospital must comply with each purchasing policy to the extent that it applies to the public hospital.

134A HPV may exempt public hospitals from policies

HPV may, by notice published in the Government Gazette, exempt a public hospital or a class of public hospital from complying with a purchasing policy or part of a purchasing policy.

S. 134A
inserted by
No. 18/2001
s. 8,
amended by
No. 42/2005
s. 13.

134B Procedure for making and notification of purchasing policies

- (1) HPV must give written notice of its intention to make, amend or revoke a purchasing policy to—
- (a) each public hospital that will be affected by the making, amendment or revocation; and
 - (b) any other person that HPV considers will be affected by the making, amendment or revocation.

S. 134B
inserted by
No. 18/2001
s. 8.

- (2) HPV may give the notice referred to in subsection (1) by publishing it in a newspaper generally circulating in Victoria or in any other manner that HPV considers is likely to bring the notice to the attention of the relevant person.
- (3) The notice must—
 - (a) contain a copy of the proposed policy or amendment (or in the case of a proposed revocation, the policy proposed to be revoked) or specify where a copy can be obtained; and
 - (b) invite comments or submissions within the time (being not less than 14 days after the giving or publication of the notice) specified in the notice.
- (4) In making, amending or revoking a policy, HPV must take into account any comments or submissions made within the time specified in the notice.
- (5) HPV must cause notice of the making, amendment or revocation of a policy to be forwarded to the Minister and published in the Government Gazette.
- (6) HPV must include in its report of operations for a financial year under Part 7 of the **Financial Management Act 1994**—
 - (a) details of the making, amendment or revocation of any purchasing policies during the financial year; and
 - (b) a list of all purchasing policies in force at any time during the financial year; and
 - (c) details of any purchasing policy or part of a purchasing policy disallowed by the Minister during the financial year.

134C Disallowance of purchasing policies

S. 134C
inserted by
No. 18/2001
s. 8.

- (1) The Minister may at any time, by notice in writing given to HPV and published in the Government Gazette, disallow a purchasing policy or part of a purchasing policy.
- (2) The disallowance takes effect on the publication of the notice.
- (3) Subject to subsection (4), if a purchasing policy or part of a purchasing policy is disallowed, the disallowance has the same effect as a revocation of the purchasing policy or part.
- (4) If a purchasing policy or part of a purchasing policy is disallowed—
 - (a) any purchasing policy or part that had been revoked by the disallowed purchasing policy or part is revived as from the beginning of the day on which the purchasing policy or part was disallowed; and
 - (b) any purchasing policy or part that had been amended by the disallowed purchasing policy or part takes effect without that amendment as from the beginning of the day on which the purchasing policy or part was disallowed in all respects as if the disallowed purchasing policy or part had not been made.

Division 4—Membership and procedure

134D Members of HPV

- (1) HPV consists of the following members appointed by the Governor in Council on the recommendation of the Minister—
 - (a) a chairperson who, in the Minister's opinion has knowledge of or experience in purchasing, logistics or supply chain management;

S. 134D
inserted by
No. 18/2001
s. 8,
amended by
Nos 52/2004
s. 45, 108/2004
s. 117(1)
(Sch. 3
item 96.10),
substituted by
No. 42/2005
s. 14.

- (b) the chief executive officer of a public health service (other than a public hospital referred to in paragraph (c)(ii));
 - (c) the chief executive officer of a public hospital that—
 - (i) is listed in Schedule 1; or
 - (ii) was an old public hospital within the meaning of section 232 and became a public health service on or after 1 July 2004;
 - (d) a person employed in the Department who is nominated by the Secretary to the Department;
 - (e) a person employed in the Department administered by the Treasurer who is nominated by the Secretary to that Department;
 - (f) between 3 and 7 people who, in the opinion of the Minister, have knowledge, skills or experience relevant to the functions of HPV.
- (2) In making recommendations for appointment to the Governor in Council, the Minister must ensure that HPV has—
- (a) adequate knowledge and understanding of the operations and perspectives of rural and metropolitan public health services and hospitals; and
 - (b) expertise in financial management.
- (3) The **Public Administration Act 2004** (other than Part 3 of that Act) applies to a member in respect of the office of member.

S. 134D(3)
substituted by
No. 80/2006
s. 26(Sch.
item 48.6).

- (4) Despite the reconstitution of the membership of HPV under section 14 of the **Health Legislation (Miscellaneous Amendments) Act 2005**—
- (a) HPV is deemed to be the same body after as before its reconstitution under that section; and
 - (b) a person who was a member of HPV immediately before the commencement of that section continues to be a member of HPV subject to and in accordance with this Act.

134E Terms and conditions

- (1) A member of HPV holds office for the term, not exceeding 3 years, specified in the instrument of appointment and is eligible for re-appointment.
- (1A) A member of HPV must not serve more than 9 consecutive years as a member of HPV unless the Minister is satisfied that exceptional circumstances exist that justify a further re-appointment of the member.
- (2) A member of HPV is entitled to be paid—
 - (a) reasonable expenses incurred in holding office as member; and
 - (b) such remuneration as is specified in the instrument of appointment.
- (3) Subsection (2)(b) does not apply to a member who is—
 - (a) employed by a public health service or a hospital listed in Schedule 1; or
 - (b) an employee in the public service within the meaning of the **Public Administration Act 2004**.

S. 134E
inserted by
No. 18/2001
s. 8.

S. 134E(1A)
inserted by
No. 34/2019
s. 59.

S. 134E(3)(a)
amended by
No. 52/2004
s. 46.

S. 134E(3)(b)
amended by
No. 108/2004
s. 117(1)
(Sch. 3
item 96.11).

S. 134F
inserted by
No. 18/2001
s. 8.

134F Removal and resignation

- (1) A member of HPV may resign by writing signed by that person and delivered to the Governor in Council.
- (2) If a member referred to in section 134D(1)(b) or (c) ceases to be employed by a public health service or a hospital listed in Schedule 1 (as the case may be) or a member referred to in section 134D(1)(d) or (e) ceases to be employed by the relevant Department, the office of the member becomes vacant on the day that is 3 months after the day on which the member ceased to be so employed.
- (3) The Governor in Council, on the recommendation of the Minister, may remove a member, or all members, from office.
- (4) The Minister must recommend the removal of a member if the Minister is satisfied that the member—
 - (a) is physically or mentally unable to fulfil the role of member; or
 - (b) has been convicted or found guilty of an offence, the commission of which, in the Minister's opinion, makes the person unsuitable to be a member; or
 - (c) has been absent, without leave of HPV, from all meetings of HPV held during a period of 6 months; or
 - (d) is an insolvent under administration.

S. 134F(2)
amended by
No. 52/2004
s. 47.

S. 134F(4)(d)
amended by
Nos 44/2001
s. 3(Sch.
item 61.8),
4/2008
s. 32(1)(Sch.
item 14.2).

134G Procedure of HPV

S. 134G
inserted by
No. 18/2001
s. 8.

- (1) The chairperson of HPV, or in his or her absence a member elected by the members present, must preside at a meeting of HPV.
- (2) A majority of members of HPV for the time being constitutes a quorum of HPV.
- (3) The person presiding at a meeting of HPV has a deliberative vote and, if voting is equal, a second or casting vote.
- (4) Except as otherwise provided in this Division, the procedure of HPV is in the discretion of HPV.

134H Validity of HPV decisions

S. 134H
inserted by
No. 18/2001
s. 8.

An act or decision of HPV is not invalid by reason only of—

- (a) a defect or irregularity in or in connection with the appointment of a member of HPV;
or
- (b) a vacancy in the membership of HPV.

134I Members' pecuniary interests

S. 134I
inserted by
No. 18/2001
s. 8.

- (1) A member of HPV who has a direct or indirect pecuniary interest in a matter being considered or about to be considered by HPV must, as soon as practicable after the relevant facts have come to his or her knowledge, declare the nature of the interest at a meeting of HPV.

Penalty: 5 penalty units.

- (2) The person presiding at the meeting must cause the declaration to be recorded in the minutes of the meeting.

- (3) A member who has a conflict of interest in a matter—
 - (a) must not be present during any deliberations on the matter; and
 - (b) is not entitled to vote on the matter.
- (4) If a member votes on a matter in contravention of subsection (3)(b), his or her vote must be disallowed.
- (5) For the purposes of this section, a member is not to be regarded as having a pecuniary interest in a contract or arrangement only because that contract or arrangement may benefit—
 - (a) a public hospital in which the member is employed; or
 - (b) a company or other body in which the member has a beneficial interest that does not exceed 1% of the total nominal value of beneficial interests in that company or body.

S. 134J
inserted by
No. 18/2001
s. 8.

134J Improper use of information

A person who is, or has been, a member of HPV must not make improper use of any information acquired in the course of his or her duties to obtain directly or indirectly any pecuniary or other advantage for himself or herself or for any other person.

Penalty: 5 penalty units.

S. 134K
inserted by
No. 18/2001
s. 8.

134K Delegation

HPV may, by instrument, delegate to a member or an employee of HPV any of its powers except—

- (a) the power to make, amend or revoke purchasing policies under section 134;
- (b) this power of delegation.

Division 5—General

134L Directions of the Minister or Secretary

- (1) The Minister may give directions in writing to HPV in relation to any of its functions or powers.
- (2) Without limiting the subject-matter of directions under subsection (1), directions may be given setting limits or controls on expenditure, borrowing and entering into contracts and joint ventures.
- (3) The Secretary may give directions in writing to HPV regarding the terms and conditions on which HPV may employ staff.
- (4) A copy of each direction must be included in HPV's report of operations for a financial year under Part 7 of the **Financial Management Act 1994**.
- (5) HPV must comply with each direction of the Minister or Secretary.

S. 134L
inserted by
No. 18/2001
s. 8.

134M Strategic plans

- (1) HPV must, at the direction of the Minister and at the time or times determined by the Minister, prepare and submit to the Minister for approval a strategic plan for HPV's operations.
- (2) A strategic plan must be prepared in accordance with the guidelines established by the Minister from time to time.
- (3) The Minister may—
 - (a) approve a strategic plan; or
 - (b) approve a strategic plan with amendments;
or
 - (c) refuse to approve a strategic plan.

S. 134M
inserted by
No. 18/2001
s. 8.

- (4) HPV must advise the Minister if it wishes to perform its functions in a manner inconsistent with its approved strategic plan.

S. 134N
inserted by
No. 18/2001
s. 8.

134N Existing supply contracts

- (1) A public hospital is not required to comply with an HPV direction or a purchasing policy to the extent that the direction or policy is inconsistent with the terms of any contract relating to the supply of goods or services to the public hospital entered into before 1 July 2001 and in force on that day.
- (2) However, a public hospital must not agree to a variation or novation of, or exercise an option to extend or renew, a contract referred to in subsection (1) on or after 1 July 2001 without the written consent of HPV.

S. 134O
inserted by
No. 98/2003
s. 8,
amended by
No. 21/2012
s. 239(Sch. 6
item 21),
substituted by
No. 22/2014
s. 7.

134O HPV—trade practices

For the purposes of Part IV of the Competition and Consumer Act 2010 of the Commonwealth and the Competition Code within the meaning of the **Competition Policy Reform (Victoria) Act 1995**, the following conduct is authorised—

- (a) anything done by HPV in carrying out its functions or exercising its powers under this Part, including, but not limited to, the conduct of HPV in negotiating, entering into or performing agreements or arrangements, for the supply, or in facilitating access to the supply, of goods or services to a public hospital or other health or related service; and
- (b) anything done by a public hospital, a board of a public hospital or a person engaged or employed by a public hospital—
- (i) in complying with a HPV direction or a purchasing policy; or

- (ii) in negotiating, entering into or performing an agreement or arrangement for the supply of goods or services facilitated by HPV in accordance with this Part; and
- (c) anything done by a health or related service in negotiating, entering into or performing an agreement or arrangement for the supply of goods or services facilitated by HPV in accordance with this Part; and
- (d) the conduct of any other prescribed activity by a person specified in paragraph (a), (b) or (c) or by a prescribed person.

* * * * *

Pt 6A
(Heading and
ss 134P–
134U)
inserted by
No. 17/2011
s. 4,
amended by
Nos 22/2016
s. 236, 52/2017
ss 60–66,
repealed by
No. 4/2022
s. 9.

Pt 6B
(Heading and
ss 134V–
134ZD)
inserted by
No. 34/2019
s. 85.

Part 6B—Information sharing for quality and safety purposes

S. 134V
inserted by
No. 34/2019
s. 85.

134V Definitions

In this Part—

confidential information means—

- (a) health information within the meaning of the **Health Records Act 2001**; or
- (b) personal information within the meaning of the **Privacy and Data Protection Act 2014**; or
- (c) sensitive information within the meaning set out in Schedule 1 to the **Privacy and Data Protection Act 2014**; or
- (d) unique identifiers within the meaning set out in Schedule 1 to the **Privacy and Data Protection Act 2014**; or
- (e) identifiers within the meaning of the **Health Records Act 2001**;

S. 134V def. of
*health service
entity*
amended by
No. 29/2021
s. 36,
repealed by
No. 4/2022
s. 10.¹

* * * * *

quality and safety body means a prescribed entity that has functions relating to quality and safety of health service entities;

quality and safety purpose has the meaning set out in section 134W;

special adviser means an entity appointed as a special adviser by the Secretary or a quality and safety body under section 134Z.

134W Meaning of quality and safety purpose

S. 134W
inserted by
No. 34/2019
s. 85.

For the purposes of this Part, each of the following is a quality and safety purpose—

- (a) collecting and analysing information relating to the quality and safety of health service entities;
- (b) monitoring and review of the quality and safety of health service entities and associated risks;
- (c) reporting to the Secretary or to a quality and safety body in relation to the—
 - (i) performance of a health service entity; or
 - (ii) risk to an individual or the community associated with the performance of a health service entity;
- (d) incident reporting and performance reporting in relation to health service entities;
- (e) incident response, including case review, in relation to health service entities.

134X Disclosure of confidential information to Secretary or quality and safety body for a quality and safety purpose

S. 134X
inserted by
No. 34/2019
s. 85.

- (1) The Secretary may disclose confidential information to a quality and safety body for a quality and safety purpose.
- (2) A quality and safety body may disclose confidential information for a quality and safety purpose—

- (a) to the Secretary; or
 - (b) to another quality and safety body.
- (3) A health service entity may disclose confidential information for a quality and safety purpose—
- (a) to the Secretary; or
 - (b) to a quality and safety body.
- (4) If the Secretary or a quality and safety body requests a health service entity to disclose confidential information for a quality and safety purpose, the Secretary or quality and safety body may disclose any confidential information to the health service entity that may assist it to identify the confidential information it holds that is relevant to a purpose specified in the request.

S. 134Y
inserted by
No. 34/2019
s. 85.

134Y Secretary or quality and safety body may collect and use confidential information for a quality and safety purpose

- (1) The Secretary may collect and use for any quality and safety purpose any confidential information disclosed to the Secretary under this Part.
- (2) A quality and safety body may collect and use for any quality and safety purpose any confidential information disclosed to the quality and safety body under this Part.

S. 134Z
inserted by
No. 34/2019
s. 85.

134Z Secretary or quality and safety body may appoint entity as special adviser for quality and safety purposes

- (1) The Secretary or a quality and safety body may appoint an entity as a special adviser for one or more specified quality and safety purposes in relation to a specified health service entity or class of health service entity.

- (2) The appointment may include conditions relating to—
 - (a) the kind of confidential information that may be collected, used or disclosed; and
 - (b) how confidential information is to be collected, used or disclosed.

134ZA Collection, use and disclosure of confidential information if special adviser appointed

S. 134ZA
inserted by
No. 34/2019
s. 85.

- (1) A special adviser may do any of the following for a quality and safety purpose specified in the special adviser's appointment—
 - (a) collect and use confidential information from—
 - (i) a health service entity or a health service entity in a class of health service entity specified in the appointment; and
 - (ii) the Secretary or quality and safety body (whichever of them appointed the special adviser); and
 - (iii) if the special adviser is appointed jointly with another special adviser, that other special adviser;
 - (b) disclose confidential information—
 - (i) to the Secretary or quality and safety body (whichever of them appointed the special adviser); and
 - (ii) if the special adviser is appointed jointly with another special adviser, that other special adviser.
- (2) If a special adviser requests a health service entity to disclose confidential information for a quality and safety purpose specified in the appointment, the special adviser may disclose any confidential

information to the health service entity that may assist it to identify the confidential information it holds that is relevant to a purpose specified in the request.

- (3) Each of the following may disclose confidential information to a special adviser for a quality and safety purpose specified in the special adviser's appointment—
- (a) the Secretary or quality and safety body (whichever of them appointed the special adviser);
 - (b) a health service entity or health service entity in a class of health service entity specified in the appointment.

S. 134ZB
inserted by
No. 34/2019
s. 85.

134ZB Minister may authorise collection, use and disclosure of confidential information between health service entities

- (1) The Minister, by instrument, may authorise a health service entity or a health service entity in a class of health service entity to do any of the following for one or more specified quality and safety purposes—
- (a) collect and use confidential information from another health service entity or a health service entity in a class of health service entity specified in the instrument;
 - (b) disclose confidential information to another health service entity or a health service entity in a class of health service entity specified in the instrument.
- (2) The instrument must specify—
- (a) the health service entities or class or classes of health service entity to which it applies; and

- (b) the quality and safety purposes for which the health service entity may disclose confidential information.
- (3) The instrument may include conditions relating to—
 - (a) the kind of confidential information that may be collected, used or disclosed; and
 - (b) how the confidential information is to be collected, used or disclosed.
- (4) The instrument takes effect on the date specified in the instrument.
- (5) The instrument must be published in the Government Gazette as soon as practicable after the day on which it is made, unless the instrument identifies or would enable the identification of an individual to whom the confidential information relates.

134ZC Collection, use or disclosure authorised to extent necessary for purpose

S. 134ZC
inserted by
No. 34/2019
s. 85.

A person or entity who is authorised under this Part to collect, use or disclose confidential information for a quality and safety purpose must not collect, use or disclose the information except to the extent necessary to achieve that purpose.

134ZD Collection, use or disclosure in good faith protected

S. 134ZD
inserted by
No. 34/2019
s. 85.

The collection, use or disclosure of confidential information under this Part in good faith and with reasonable care—

- (a) does not for any purpose constitute unprofessional conduct or a breach of professional ethics on the part of the individual by whom it was made; and

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(b) does not make the individual by whom it was made subject to any liability in respect of it.

Part 7—Miscellaneous provisions

Division 1—Hospitals and charities fund

135 Definition

In this Division, *agency* includes an ambulance service under the **Ambulance Services Act 1986**.

S. 135
amended by
No. 38/1998
s. 14(1).

136 Hospitals and Charities Fund

(1) There shall be established in the Public Account as part of the Trust Fund an account to be known as the Hospitals and Charities Fund.

(2) There shall be paid into the Fund—

(a) all money standing to the credit of the Hospitals and Charities Fund under the **Hospitals and Charities Act 1958** immediately before the commencement of this Act; and

* * * * *

S. 136(2)(b)
repealed by
No. 31/1994
s. 3(Sch. 1
item 33(a)).

(c) all money authorised under this Act, the **Racing Act 1958**, the **Gambling Regulation Act 2003** or any other Act to be paid, or otherwise made available for payment, into the Fund.

S. 136(2)(c)
amended by
Nos 31/1994
s. 3(Sch. 1
item 33(b)),
73/2000 s. 100,
114/2003
s. 12.1.3
(Sch. 6
item 6).

(3) There shall be paid out of the Fund—

(a) all liabilities of the Hospitals and Charities Fund under the **Hospitals and Charities Act 1958** that have not been met before the commencement of this section; and

S. 136(3)(b)
amended by
No. 38/1998
s. 14(2).

(b) amounts determined by the Minister as payable under this Act to or on behalf of an agency; and

S. 136(3)(ba)
inserted by
No. 38/1998
s. 14(2).

(ba) amounts determined by the Minister as payable to any person or body providing education and training associated with ambulance and related services under any agreement or arrangement made with the Secretary under the **Ambulance Services Act 1986**; and

S. 136(3)(c)
amended by
Nos 42/1993
s. 23(1),
48/2006
s. 42(Sch.
item 17).

(c) amounts determined by the Minister for Community Services as payable under this Act to or on behalf of an agency; and

(d) any other money authorised under this Act, the **Racing Act 1958** or any other Act to be paid out of the Fund.

S. 137
amended by
Nos 1/1989
s. 4(e),
42/1993
s. 23(1),
48/2006
s. 42(Sch.
item 17).

137 Payments out of Fund to agencies

In making determinations under section 136(3)(b) or (c), the Minister or the Minister for Community Services must have regard to—

- (a) the services provided by the agency and the extent to which the agency has provided or promoted or will provide or promote health or community services;
- (b) any prescribed matters—

and may have regard to such other matters as the Minister or the Minister for Community Services thinks fit.

Division 2—Payment of fees to certain agencies

138 Payment of fees

(1) A person who is accommodated in, or receives health care or other services from, a public hospital, privately-operated hospital, denominational hospital or multi purpose service is liable to pay to the agency—

S. 138(1)
amended by
Nos 88/1994
s. 18(a),
99/1995
s. 7(a),
68/1996 s. 32.

(a) the fee (if any) prescribed in respect of that accommodation, care or service; or

(b) if no such fee is prescribed, the fee (if any)—

S. 138(1)(b)
amended by
No. 88/1994
s. 18(b),
substituted by
No. 99/1995
s. 7(b).

(i) determined by the hospital; or

(ii) subject to any agreement under section 26 or 115O and any by-laws, determined by the multi purpose service—

in respect of that accommodation, care or service.

(2) A person is not liable to pay a fee under subsection (1) in respect of accommodation, health care or other service if, under the regulations, the person is not liable to pay a fee in respect of that accommodation, care or service.

Division 2A—Conditions of certain public service staff

Pt 7 Div. 2A
(Heading and
ss 138A–
138C)
inserted by
No. 124/1993
s. 27.

138A Definition

In this Division *Public Service Determinations* means the Public Service Determinations 1985 as in force under the **Public Service Act 1974** immediately before its repeal.

S. 138A
inserted by
No. 124/1993
s. 27.

S. 138B
inserted by
No. 124/1993
s. 27.

138B Remuneration and allowances

- (1) On and from the commencement of this section, the terms and conditions applying to a person whose remuneration is determined by reference to Schedule 5 of the Public Service Determinations and set out in regulation 4.5(2) of the Public Service Regulations 1985 and determinations 2.9 and 5.10 of the Public Service Determinations cease to form part of an individual employment agreement referred to in clause 22(4) of Schedule 6 of the **Public Sector Management Act 1992**.
- (2) Nothing in subsection (1) affects—
 - (a) any rights accrued under the terms and conditions set out in regulation 4.5(2) of the Public Service Regulations 1985 or determinations 2.9 and 5.10 of the Public Service Determinations immediately before the commencement of this section; or
 - (b) an election made under determination 5.10(2) of the Public Service Determinations before the commencement of this section or any rights accruing as a result of that election.
- (3) This section has effect despite anything to the contrary in the **Public Sector Management Act 1992**.

S. 138C
inserted by
No. 124/1993
s. 27.

138C No compensation payable

No compensation is payable to any person because of a term or condition ceasing to form part of an individual employment agreement pursuant to section 138B(1).

Division 3—General

139 Quality assurance

- (1) The Minister, by notice published in the Government Gazette, may declare that a specified committee, council or other body (whether corporate or unincorporate) established by one or more registered funded agencies, health service establishments, multi purpose services, mental health and wellbeing service providers or professional associations is an approved quality assurance body for the purposes of this Part and, by like notice, may revoke the declaration.
- (2) The Minister must not approve a committee, council or other body unless he or she is satisfied—
- (a) that, in the case of a committee, council or body which is not a mental health and wellbeing service provider owned or managed by the Department, it is established under the by-laws or constitution of one or more registered funded agencies, health service establishments, multi purpose services, mental health and wellbeing service providers or professional associations; and
- (b) that its functions include the assessment and evaluation of the quality of health services provided by the registered funded agencies, health service establishments, multi purpose services, mental health and wellbeing service providers or members of a professional association, including the review of clinical practices or clinical competence of persons providing those services; and

S. 139(1)
amended by
Nos 53/1990
s. 21(a),
99/1995
s. 8(1),
26/2014
s. 455(Sch.
item 13.2),
39/2022
s. 837(a).

S. 139(2)(a)
amended by
Nos 53/1990
s. 21(b)(i)(ii),
42/1993
s. 21(1),
99/1995
s. 8(2)(a),
26/2014
s. 455(Sch.
item 13.3),
39/2022
s. 837(b)(c).

S. 139(2)(b)
amended by
Nos 53/1990
s. 21(b)(iii),
99/1995
s. 8(2)(b),
26/2014
s. 455(Sch.
item 13.4),
39/2022
s. 837(d).

- (c) that the carrying out of its functions and powers would be facilitated by the provision of certain immunities in respect of proceedings; and
- (d) that it is in the public interest that persons be prohibited from disclosing information given to it in the course of the carrying out of its functions.

S. 139(2A)
inserted by
No. 53/1990
s. 21(c).

(2A) In subsections (1) and (2)—

S. 139(2A)
def. of
*mental health
service
provider*
inserted by
No. 26/2014
s. 455(Sch.
item 13.5(a)),
substituted as
*mental health
and wellbeing
service
provider* by
No. 39/2022
s. 837(e).

mental health and wellbeing service provider has the same meaning as in section 3(1) of the **Mental Health and Wellbeing Act 2022**;

S. 139(2A)
def. of
*professional
association*
amended by
No. 42/1993
s. 21(2).

professional association means an association, society, college or other body, membership of which consists principally of health care providers, whether or not of a particular class or classes;

S. 139(2A)
def. of
*psychiatric
service*
repealed by
No. 26/2014
s. 455(Sch.
item 13.5(b)).

* * * * *

S. 139(3)
amended by
No. 53/1990
s. 21(d)(i)(iii).

(3) A person who is or has been a member, officer or employee of a committee, council or other body in respect of which a declaration under subsection

(1) has been made must not either directly or indirectly—

(a) make a record of or divulge or communicate to any person any information gained by or conveyed to that person by reason only of being such a member, officer or employee while the declaration was in force; or

S. 139(3)(a)
amended by
No. 53/1990
s. 21(d)(ii).

(b) make use of any such information—

except to the extent necessary for the performance of the functions of that committee, council or body or of the person as such a member, officer or employee.

Penalty: 50 penalty units.

(3A) Subsection (3) has effect despite anything to the contrary in section 40 of the **Audit Act 1994**.

S. 139(3A)
inserted by
No. 42/1993
s. 21(3),
amended by
Nos 2/1994
s. 26, 12/2019
s. 20.

(4) A person who is or has been a member, officer or employee of a committee, council or other body in respect of which a declaration under subsection (1) has been made shall not be required by reason only of being such a member, officer or employee—

S. 139(4)
amended by
No. 53/1990
s. 21(e)(i)(ii).

(a) to produce before any court, tribunal, board, agency or person any document in his or her possession or under his or her control by reason only of being such a member, officer or employee while the declaration was in force; or

S. 139(4)(a)
amended by
No. 53/1990
s. 21(e)(iii).

(b) to divulge or communicate to any court, tribunal, board, agency or person any matter or thing coming under his or her notice by reason only of being such a member, officer

S. 139(4)(b)
amended by
No. 53/1990
s. 21(e)(iii).

or employee while the declaration was in force.

S. 139(4A)
inserted by
No. 42/1993
s. 21(4).

(4A) Subsections (3) and (4) do not apply to information that does not identify, either expressly or by implication, a particular individual or particular individuals.

S. 139(4B)
inserted by
No. 42/1993
s. 21(4).

(4B) Subsection (4) does not apply to a document that does not identify, either expressly or by implication, a particular individual or particular individuals.

S. 139(5)
amended by
No. 53/1990
s. 21(f)(i)(ii).

(5) Evidence of any information or document concerning the proceedings or prepared for the purposes of a committee, council or other body at any time when a declaration under this section was in force in respect of it is not admissible in any action or proceedings before any court, tribunal, board, agency or person.

S. 139(6)
inserted by
No. 53/1990
s. 21(g).

(6) If there is an inconsistency between this section and a provision of any other Act or law, this section prevails to the extent of the inconsistency.

140 Proclaimed services

(1) If the Minister considers that a person or body other than the proprietor of a health service establishment or a registered funded agency providing a service for use solely or mainly by persons who are—

- (a) chronically ill, senile or mentally ill; or
- (b) suffering brain damage; or
- (c) alcoholic or dependent on drugs—

is abusing or exploiting persons using the service, the Minister may recommend to the Governor in Council that the service be declared a proclaimed service.

- (2) On the recommendation of the Minister, the Governor in Council, by proclamation—
- (a) may declare a service specified in the proclamation to be a proclaimed service; and
 - (b) may impose conditions or requirements on the carrying on of that proclaimed service.
- (3) The Minister must not make a recommendation under this section unless the Minister—
- (a) has given notice in writing to the person or body stating—
 - (i) the reason why it is intended to make a proclamation under this section; and
 - (ii) that the person or body may object in writing to the Minister within 14 days after the notice is given to the person or body and may request to be heard; and
 - (b) has considered any such objection and, where requested, given the objector an opportunity to be heard.
- (4) A person must not carry on a proclaimed service in contravention of any conditions or requirements specified in the proclamation.

Penalty applying to this subsection: 100 penalty units.

141 Confidentiality

(1) In this section—

S. 141(1)
def. of
*person to
whom this
section
applies*
amended by
No. 112/1993
s. 10(1),
substituted as
*relevant
person* by
No. 67/2003
s. 4(1)(a),
amended by
No. 52/2004
s. 48(1).

relevant person means—

- (a) a relevant health service; or
- (b) the board of a relevant health service;
or
- (c) a person who is or has been a member
of the board of a relevant health
service; or
- (ca) a person who is or has been a delegate
to a board of a public hospital
appointed under section 40C; or
- (cb) a person who is or has been a delegate
to a board of a public health service
appointed under section 65ZAA; or
- (d) a person who is or has been the
proprietor of a relevant health service;
or
- (e) a person who is or has been engaged or
employed in or by a relevant health
service, or performs work for a relevant
health service;

S. 141(1)
def. of
*relevant
health service*
amended by
Nos 88/1994
s. 19, 99/1995
s. 9, 79/2008
s. 11(1).

relevant health service means—

- (a) a public hospital or denominational
hospital; or
- (b) a private hospital; or
- (c) a multi purpose service; or
- (d) a day procedure centre; or
- (e) a registered community health centre.

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- (2) A relevant person must not, except to the extent necessary—
- (a) to carry out functions under this or any other Act; or
 - (b) to exercise powers under this or any other Act in relation to a relevant health service; or
 - (c) to give any information he or she is expressly authorised, permitted or required to give under this or any other Act—
- S. 141(2)
amended by
No. 67/2003
s. 4(1)(b)
- S. 141(2)(c)
amended by
No. 53/1990
s. 22.
- give to any other person, whether directly or indirectly, any information acquired by reason of being a relevant person if a person who is or has been a patient in, or has received health services from, a relevant health service could be identified from that information.
- Penalty: 50 penalty units.
- (2A) For the purposes of subsection (2)(c), "any other Act" does not include the Health Privacy Principles in the **Health Records Act 2001** or Part 3 or Part 5 of that Act.
- S. 141(2A)
inserted by
No. 2/2001
s. 103(1).
- (2B) Subsection (2) does not apply to a person (other than an independent contractor) who is a relevant person in relation to a relevant health service who gives information in accordance with HPP 2 of the Health Privacy Principles in the **Health Records Act 2001** to another person (other than an independent contractor) who is a relevant person in relation to that relevant health service.
- S. 141(2B)
inserted by
No. 67/2003
s. 4(2).
- (3) Subsection (2) does not apply—
- (a) to the giving of information with the prior consent (which may be express or implied) of the person to whom it relates or, if that person has died, with the consent (which may be express or implied) of the senior available next of kin of that person; or
- S. 141(3)(a)
amended by
No. 67/2003
s. 4(3)(a).

- (b) to the giving of information to a court in the course of criminal proceedings; or
- (c) to the giving of information concerning the condition of a person who is a patient in, or is receiving health services from, a relevant health service if the information—
 - (i) is communicated in general terms; or
 - (ii) is communicated by a member of the medical staff of a relevant health service to the next of kin or a near relative of the patient in accordance with the recognised customs of medical practice; or
- (d) to the giving of information to the Australian Red Cross Society for the purpose of tracing blood, or blood products derived from blood, infected with any disease or the donor or recipient of any such blood; or
- (e) to the giving of information—
 - (i) required in connection with the further treatment of a patient; or
 - (ii) subject to the regulations (if any), by a person engaged or employed by or on behalf of a public hospital or a denominational hospital by means of an electronic records system established for the purpose of enabling the sharing of information in or between public hospitals and denominational hospitals for the treatment of patients at any time; or
- (ea) to the giving of information in accordance with an agreement under section 53(1) or 69B(1); or

S. 141(3)(e)
substituted by
No. 2/2001
s. 103(2)(a).

S. 141(3)(ea)
inserted by
No. 68/1996
s. 33.

- (eb) to the giving of information as described in HPP 2.2(a), 2.2(f), 2.2(h), 2.2(k), 2.2(l) or 2.5 of the Health Privacy Principles in the **Health Records Act 2001**; or
- S. 141(3)(eb) inserted by No. 2/2001 s. 103(2)(b), amended by No. 67/2003 s. 4(3)(b).
- (ec) to the giving of information relating to a notification, claim or potential claim to a person or body providing insurance or indemnity (including discretionary indemnity) for any liability of the relevant health service or a person who is a relevant person in relation to the relevant health service arising from the provision of services by, on behalf of or at the relevant health service; or
- S. 141(3)(ec) inserted by No. 67/2003 s. 4(3)(c).
- (f) to the giving of information to the Australian Statistician; or
- (g) to the giving of information acquired by an agency concerning a person's medical condition or treatment for the purposes of medical or social research if—
- (i) the use to which the information will be put and the research methodology have been approved by an ethics committee established under the by-laws of the agency; and
- (ii) the giving of information does not conflict with any prescribed requirements; and
- S. 141(3)(g)(ii) amended by No. 2/2001 s. 103(2)(c)(i).
- (iii) the giving of information is in accordance with HPP 2.2(g) of the Health Privacy Principles in the **Health Records Act 2001**; or
- S. 141(3)(g)(iii) inserted by No. 2/2001 s. 103(2)(c)(ii).

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- S. 141(3)(ga)
inserted by
No. 112/1993
s. 10(2),
amended by
No. 52/2004
s. 48(2)(a).
- (ga) to the giving of information to a case mix auditor under Division 1A of Part 3 of this Act;
- S. 141(3)(gaa)
inserted by
No. 52/2004
s. 48(2)(b).
- (gaa) to the giving of information to an auditor under Division 8A of Part 3 of this Act;
- S. 141(3)(gb)
inserted by
No. 39/2000
s. 9(1),
amended by
No. 52/2004
s. 48(2)(a).
- (gb) to the giving of information to or by a person, or a person in a class of persons, designated under subsection (5) in the course of carrying out support functions designated under subsection (5); or
- S. 141(3)(gc)
inserted by
No. 23/2017
s. 39.
- (gc) to the giving of information to or by an information sharing entity in accordance with Part 5A of the **Family Violence Protection Act 2008**; or
- S. 141(3)(gd)
inserted by
No. 11/2018
s. 32.
- (gd) to the giving of information to or by an information sharing entity or a restricted information sharing entity in accordance with Part 6A of the **Child Wellbeing and Safety Act 2005**; or
- S. 141(3)(ge)
inserted by
No. 11/2018
s. 32.
- (ge) to the giving of information to or by a Child Link user or the Secretary to the Department of Education and Training in accordance with Part 7A of the **Child Wellbeing and Safety Act 2005**; or
- (h) to the giving of information to a person to whom in the opinion of the Minister it is in the public interest that the information be given.

(3A) A person must not use or collect, or attempt to use or collect, information about a person from an electronic records system referred to in subsection (3)(e)(ii) if that second-mentioned person could be identified from that information unless—

S. 141(3A)
inserted by
No. 2/2001
s. 103(3).

- (a) the use or collection is by a person engaged or employed by or on behalf of a public hospital or a denominational hospital; and
- (b) the use or collection is—
 - (i) to enable the treatment of that second-mentioned person at or by that hospital; or
 - (ii) to charge or bill that second-mentioned person for treatment at or by that hospital; and
- (c) the use or collection is in accordance with the regulations (if any).

Penalty: 50 penalty units.

(4) A person who receives information by reason of the giving of information under subsection (3)(g) must not give to any other person, whether directly or indirectly, any information so received unless the giving of the information—

- (a) has been approved by the ethics committee referred to in subsection (3); and
- (b) does not conflict with any prescribed requirements; and
- (c) the giving of information in accordance with HPP 2.2(g) of the Health Privacy Principles in the **Health Records Act 2001**.

S. 141(4)(b)
amended by
No. 2/2001
s. 103(4)(a).

S. 141(4)(c)
inserted by
No. 2/2001
s. 103(4)(b).

Penalty: 50 penalty units.

S. 141(5)
inserted by
No. 39/2000
s. 9(2).

S. 141(5)(a)
amended by
No. 67/2003
s. 4(3)(d).

S. 141(5)(a)(iii)
amended by
No. 79/2008
s. 11(2).

(5) For the purposes of subsection (3)(gb), the Governor in Council, may by Order published in the Government Gazette designate—

(a) a person, or a class or classes of persons, engaged by—

(i) a public hospital or denominational hospital; or

(ii) a multi-purpose service; or

(iii) a registered community health centre; and

(b) support functions carried out or to be carried out by those persons.

142 Agencies etc. incorporated under other Acts

If a registered funded agency or health service establishment is incorporated under any other Act or law, any provisions of this Act that are inconsistent with any provisions of the other Act or law apply to the agency or establishment despite the inconsistency in addition to, or in substitution for, as the case requires, the provisions of the other Act or law.

S. 143
repealed by
No. 88/1994
s. 20,
new s. 143
inserted by
No. 18/2004
s. 20,
amended by
No. 46/2008
s. 277(1).

143 Delegation by Minister

If the Minister is not the Minister referred to in section 15 of the **Public Health and Wellbeing Act 2008**, the Minister may, by instrument, delegate to any person or class of persons employed in the Department or to any other officer or class of officers in the public service any power or function of the Minister under this or any other Act or under the regulations under this or any other Act, other than this power of delegation.

144 Inquiry by Secretary

- (1) The Secretary may at any time make or cause to be made such inquiries as he or she thinks fit as to any matter arising in the performance of any of the functions imposed or powers conferred on the Secretary.
- (2) For the purposes of an inquiry under this Act—
- (a) the Secretary has the powers conferred by sections 14 to 16, 20 and 20A of the **Evidence (Miscellaneous Provisions) Act 1958**, as in force immediately before their repeal, upon a board appointed by the Governor in Council; and
- (b) the board of a registered funded agency or health service establishment or proprietor of a health service establishment must permit the Secretary or an authorised officer to have access to any document in the possession or under the control of the agency or establishment; and
- (c) an Australian legal practitioner or any other person authorised in writing by a registered funded agency or a health service establishment may represent—
- (i) the board of the agency or establishment;
- (ii) any officer of the agency or establishment;
- (iii) the proprietor of the establishment.

S. 144(1)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 144(2)(a)
amended by
Nos 46/1998
s. 7(Sch. 1),
69/2009
s. 54(Sch. Pt 2
item 25),
67/2014
s. 147(Sch. 2
item 20).

S. 144(2)(b)
amended by
Nos 46/1998
s. 7(Sch. 1),
18/2004
s. 21(a).

S. 144(2)(c)
amended by
No. 35/1996
s. 453(Sch. 1
item 38),
substituted by
No. 18/2004
s. 21(b),
amended by
Nos 18/2005
s. 18(Sch. 1
item 49),
17/2014
s. 160(Sch. 2
item 48).

S. 145
amended by
No. 46/1998
s. 7(Sch. 1).

145 Authorised officers

The Secretary may in writing appoint a person who is an employee of the public service or employed in the Department as an authorised officer for the purposes of this Act and may, in like manner, revoke any such appointment.

146 Identity cards

S. 146(1)
amended by
No. 46/1998
s. 7(Sch. 1).

(1) The Secretary must issue an identity card to each authorised officer.

(2) An identity card issued to an officer must—

- (a) contain a photograph of the officer; and
- (b) contain the signature of the officer; and
- (c) be signed by the Secretary.

S. 146(2)(c)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 146(3)
substituted by
No. 18/2004
s. 22.

- (3) An authorised officer must produce his or her identity card for inspection—
- (a) before exercising a power under this Act; and
 - (b) at any time during the exercise of a power under this Act if asked to do so.

Penalty: 10 penalty units.

147 Powers of authorised officers

- (1) An authorised officer may at any time, with such assistance as he or she reasonably requires, for the purpose of ascertaining—
- (a) whether this Act and the regulations are being complied with; and

(b) whether the agency or establishment is ensuring the well-being of persons accommodated in or receiving care from the agency or establishment—

enter the premises of a registered funded agency or health service establishment and may—

(c) inspect the premises; and

(d) inspect, take possession of, make copies of or take extracts from any document; and

(e) examine or seize any thing relevant to that purpose; and

(ea) require a proprietor or any member of staff of the health service establishment—

**S. 147(1)(ea)
inserted by
No. 18/2004
s. 23(1).**

(i) to answer a question to the best of that person's knowledge, information and belief;

(ii) to take reasonable steps to produce documents; and

(f) ask questions of any person accommodated in or receiving health care from the agency or establishment for the purpose of ascertaining whether the person's well-being is being adequately cared for by the agency or establishment.

(2) If any thing is seized by an authorised officer under subsection (1)—

(a) the authorised officer must give notice of the seizure in the prescribed form to the person apparently in charge of it or, if there is no such person, to the proprietor of the premises; and

(b) return the thing or document to the agency or establishment within 48 hours after it is seized.

S. 147(3)
inserted by
No. 18/2004
s. 23(2).

- (3) If an authorised officer requires a person referred to in subsection (1)(ea) to answer a question to the best of that person's knowledge, information and belief, the authorised officer must advise the person that it is a reasonable excuse for that person to refuse to comply with the request if it would tend to incriminate that person.

S. 147A
inserted by
No. 99/1995
s. 19.

147A Entry to unregistered premises—search warrant

- (1) An authorised officer may apply to a magistrate for the issue of a search warrant in relation to particular premises if the officer believes on reasonable grounds that a person is carrying on business at those premises as a health service establishment in contravention of section 111.
- (2) If the magistrate to whom the application is made is satisfied by evidence on oath or affirmation, whether oral or by affidavit, that there are reasonable grounds for suspecting that a person is carrying on business at the premises as a health service establishment in contravention of section 111, the magistrate may issue a search warrant.
- (3) A search warrant issued under this section must be directed to the applicant for it and must authorise him or her, and any assistants he or she reasonably requires, to enter the premises, or the part of the premises, named or described in the warrant to search for any article, thing or material of a kind named or described in the warrant which there is reasonable ground to believe will afford evidence as to the commission of an offence against section 111.
- (4) In addition to any other requirement, a search warrant issued under this section must state—
- (a) any conditions to which the warrant is subject; and

S. 147A(2)
amended by
No. 6/2018
s. 68(Sch. 2
item 65).

- (b) whether entry is authorised to be made any time of the day or night or during stated hours of the day or night; and
 - (c) a date, not being later than 7 days after the date of issue of the warrant, on which the warrant ceases to have effect.
- (5) A search warrant must be issued in accordance with the **Magistrates' Court Act 1989** and in the form prescribed under that Act.
- (6) The rules to be observed with respect to search warrants mentioned in the **Magistrates' Court Act 1989** extend and apply to warrants under this section.

148 Immunity

An authorised officer is not liable for any loss or damage arising from the exercise in good faith of the powers under this Part.

149 Offence to obstruct or hinder

- (1) A person must not obstruct or hinder an authorised officer in the exercise of the authorised officer's powers under this Act.

Penalty: 240 penalty units.

- (2) A person is not guilty of an offence under subsection (1) if the authorised officer exercising a power under this Act—

- (a) failed to produce his or her identity card in accordance with section 146(3); or
- (b) failed to warn the person of the effect of subsection (1).

150 Impersonating etc. an authorised officer

A person must not—

- (a) impersonate an authorised officer in the exercise of powers under this Act; or

S. 149
amended by
Nos 13/1998
s. 10(1),
18/2004 s. 24
(ILA s. 39B(1)).

S. 149(2)
inserted by
No. 18/2004
s. 24.

S. 150
amended by
No. 13/1998
s. 10(2).

(b) falsely hold himself or herself out to be an authorised officer.

Penalty: 120 penalty units.

151 False and misleading statements

S. 151(1)
amended by
No. 13/1998
s. 11(1).

(1) A person must not, in purported compliance with this Act, give information or make a statement that is false or misleading in a material particular.

Penalty: 120 penalty units.

S. 151(2)
amended by
No. 13/1998
s. 11(1).

(2) A person must not make a false or misleading entry in a document required by this Act to be kept by a registered funded agency or health service establishment.

Penalty: 120 penalty units.

(3) It is a defence in proceedings under this section to prove that the person did not know that the information statement or entry was false or misleading.

S. 152
amended by
No. 13/1998
s. 11(2).

152 Defacing documents etc.

A person must not, without lawful authority, destroy or damage any notice or document given or prepared or kept in accordance with this Act.

Penalty: 120 penalty units.

S. 152A
inserted by
No. 68/1996
s. 34.

152A Offences by bodies corporate etc.

If a body corporate is guilty of an offence against this Act or the regulations made under this Act, any person who is concerned or takes part in the management of the body corporate who was in any way, by act or omission, directly or indirectly knowingly concerned in or party to the commission of the offence is also guilty of the offence.

153 Police assistance

A police officer must on the request of an authorised officer assist the authorised officer in the performance of the duties of the authorised officer.

S. 153
amended by
No. 37/2014
s. 10(Sch.
item 78.2).

154 Service of documents

(1) A notice (other than an infringement notice) or other document required or authorised by this Act or the regulations to be served on or given to a person shall be deemed to have been duly served on or given to the person—

S. 154(1)
amended by
No. 32/2006
s. 94(Sch.
item 25(1)(a)).

- (a) if delivered personally to or left with an adult person at the last known place of abode or business of the person on or to whom the notice or document is to be served or given or, if there is no adult person present, by affixing the notice or document to a conspicuous part of the premises; or
- (b) if sent to the person by post.

(2) A notice (other than an infringement notice) or other document required or authorised by this Act or the regulations to be served or given to the proprietor of an agency may be served or given in accordance with this section—

S. 154(2)
amended by
No. 32/2006
s. 94(Sch.
item 25(1)(b)).

- (a) without the name of the proprietor, if it is addressed to the proprietor;
- (b) if there are two or more proprietors by being so served on or given to one of them.

S. 154(3)
amended by
No. 44/2001
s. 3(Sch.
item 61.9).

- (3) The provisions of this section are in addition to and not in derogation of any other provisions of this Act relating to the service of documents or the provisions of sections 109X and 601CX of the Corporations Act.

Note to s. 154
inserted by
No. 32/2006
s. 94(Sch.
item 25(2)).

Note

Service of infringement notices is dealt with by the **Infringements Act 2006**.

155 Infringement notice

S. 155(1)
amended by
No. 32/2006
s. 94(Sch.
item 25(3)).

- (1) An authorised officer may serve an infringement notice on a person whom the officer believes has committed a prescribed offence against the regulations requiring the person to pay the prescribed penalty for that infringement, being an amount not exceeding one-fifth of the maximum penalty applicable to the offence.

S. 155(2)
substituted by
No. 32/2006
s. 94(Sch.
item 25(4)).

- (2) An offence referred to in subsection (1) for which an infringement notice may be served is an infringement offence within the meaning of the **Infringements Act 2006**.

S. 155(3)
substituted by
No. 32/2006
s. 94(Sch.
item 25(5)).

- (3) For the purposes of subsection (1), an infringement notice must be in the form required by the **Infringements Act 2006** and may contain any additional prescribed details.

S. 155(4)
repealed by
No. 32/2006
s. 94(Sch.
item 25(6)).

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S. 155(5)
amended by
No. 57/1989
s. 5(3),
repealed by
No. 32/2006
s. 94(Sch.
item 25(6)).

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					S. 155(6) repealed by No. 32/2006 s. 94(Sch. item 25(6)).
156	Power to bring proceedings				S. 156 amended by No. 37/2014 s. 10(Sch. item 78.2).
	An authorised officer of the Department or a police officer may bring proceedings for an offence against this Act.				
156A	Extension of time limit for proceedings for certain offences				S. 156A inserted by No. 73/1997 s. 9 (as amended by No. 13/1998 s. 15).
	Despite anything to the contrary in any Act, proceedings against sections 108A, 108D to 108L and 115 of this Act may be commenced within 3 years after the commission of the alleged offence.				
157	Evidentiary				
	(1) In proceedings under this Act, no proof is required—				
	(a) of an order or authority to bring proceedings; or				
	(b) of the appointment of an authorised officer of the Department.				
	(2) A copy of an order, direction, authority, decision or notice made or given under this Act by the Minister or the Secretary and signed and certified by the Minister or the Secretary to be a true copy and to have been so made or given is evidence of the making or giving of the order, direction, authority, decision or notice.				S. 157(2) amended by No. 46/1998 s. 7(Sch. 1).
157AA	Supreme Court—limitation of jurisdiction—section 138C				S. 157AA inserted by No. 124/1993 s. 28.
	It is the intention of this section to alter or vary section 85 of the Constitution Act 1975 to the extent necessary to prevent the Supreme Court				

from entertaining an action for compensation in circumstances where section 138C provides that no compensation is payable.

S. 157A
inserted by
No. 42/1993
s. 20(2).

**157A Supreme Court—limitation of jurisdiction—
section 126A**

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the bringing before the Supreme Court of an action of the kind referred to in section 126A.

S. 157B
inserted by
No. 112/1993
s. 11.

**157B Supreme Court—limitation of jurisdiction—
section 18F**

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the bringing of an action before the Supreme Court of the kind referred to in section 18F.

S. 157C
inserted by
No. 46/1995
s. 11.

**157C Supreme Court—limitation of jurisdiction—
sections 17AA, 40J or 65O**

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the Supreme Court entertaining an action, proceedings or an application referred to in section 17AA, 40J or 65O.

S. 157D
inserted by
No. 99/1995
s. 10.

**157D Supreme Court—limitation of jurisdiction—
section 115K**

It is the intention of this section to alter or vary section 85 of the **Constitution Act 1975** to the extent necessary to prevent the bringing before the Supreme Court of an action or other proceedings of the kind referred to in section 115K.

S. 157E
inserted by
No. 68/1996
s. 35.

157E Supreme Court—limitation of jurisdiction

It is the intention of section 69D(4) to alter or vary section 85 of the **Constitution Act 1975**.

157F Supreme Court—limitation of jurisdiction

It is the intention of sections 17AA(2) (as substituted by section 6 of the **Health Services (Further Amendment) Act 1998**) and 178 to alter or vary section 85 of the **Constitution Act 1975**.

S. 157F
inserted by
No. 66/1998
s. 12.

157G Supreme Court—limitation of jurisdiction

It is the intention of section 226 to alter or vary section 85 of the **Constitution Act 1975**.

S. 157G
inserted by
No. 39/2000
s. 10.

157H Supreme Court—limitation of jurisdiction

It is the intention of sections 243 and 270 to alter or vary section 85 of the **Constitution Act 1975**.

S. 157H
inserted by
No. 52/2004
s. 49.

158 Regulations

- (1) The Governor in Council may make regulations for or with respect to prescribing—
- (a) the kind or kinds of care which may be provided to persons in private hospitals or day procedure centres;
 - (b) maximum fees for accommodation in, or health care or any other services provided by, a public hospital, denominational hospital or supported residential service;
 - (c) circumstances in which or persons by whom a fee is not chargeable or payable for accommodation in or health care or other services provided by a public hospital or denominational hospital;
 - (ca) requirements, guidelines and standards to be complied with by health service establishments in relation to governance of these establishments;

S. 158(1)(b)
amended by
No. 88/1994
s. 21(a)(i).

S. 158(1)(ca)
inserted by
No. 34/2019
s. 60.

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S. 158(1)(d)
substituted by
No. 53/1990
s. 23(a),
amended by
No. 52/2017
s. 67(a).

(d) requirements to be complied with for cleanliness and hygiene and the standards of care in health service establishments;

S. 158(1)(da)
inserted by
No. 52/2017
s. 67(b).

(da) requirements to be complied with by health service establishments in relation to the quality and safety of the health services they provide;

(e) requirements to be complied with for the welfare of persons accommodated in or receiving health care or other services from health service establishments, including but not limited to matters of personal hygiene, nutrition, comfort, privacy and respectful treatment;

(f) fire precautions to be complied with in health service establishments, including emergency procedures and the provision of equipment, access and fire escapes;

S. 158(1)(g)
substituted by
No. 53/1990
s. 23(b).

(g) requirements for staffing of health service establishments, including but not limited to appointments, numbers, qualifications, rostering and staffing arrangements;

(h) requirements for the provision and maintenance of facilities, equipment, furnishings and fittings in health service establishments;

S. 158(1)(i)
amended by
No. 53/1990
s. 23(c).

(i) requirements for suitable storage facilities for food and medicines in health service establishments;

(j) requirements for meal arrangements and for the supervision of medication in health service establishments;

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- (k) requirements for or prohibiting advertising of private hospitals and supported residential services, including prohibiting or regulating the use of the words "private hospital" and "supported residential service"; **S. 158(1)(k) amended by Nos 53/1990 s. 23(d), 88/1994 s. 21(a)(ii).**
- (l) requirements to be complied with in relation to advising next of kin or other responsible persons concerned with the condition of a person accommodated in or receiving health care or other services from health service establishments;
- (m) requirements for the provision of and the display of information and documents in health service establishments; **S. 158(1)(m) amended by No. 53/1990 s. 23(e).**
- (n) records to be kept by registered funded agencies and proprietors of health service establishments, including the form of records, the time when or period within which entries are to be made in the records and the period for which records are to be retained;
- (na) requirements or conditions relating to the giving or the use or collection of information for the purposes of section 141(3)(e)(ii) or section 141(3A) including, but not limited to, prescribing a class or classes of person who may give, use or collect that information; **S. 158(1)(na) inserted by No. 2/2001 s. 103(5).**
- (o) returns to be made to the Secretary by proprietors of health service establishments; **S. 158(1)(o) amended by No. 46/1998 s. 7(Sch. 1).**

Health Services Act 1988
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- S. 158(1)(oa)
inserted by
No. 1/2001
s. 4(1),
repealed by
No. 79/2008
s. 12, new
s. 158(1)(oa)
inserted by
No. 4/2022
s. 11.
- (oa) information required to be provided by health service establishments (including private hospitals and day procedure centres) specifying details of the compliance of the health service entity with the duty of candour;
- S. 158(1)(ob)
inserted by
No. 4/2022
s. 11.
- (ob) the composition and size of a SAPSE panel;
- S. 158(1)(oc)
inserted by
No. 4/2022
s. 11.
- (oc) the composition and size of a multi-agency SAPSE panel;
- S. 158(1)(od)
inserted by
No. 4/2022
s. 11.
- (od) requirements that must be satisfied in order to comply with the duty of candour;
- (p) penalties not exceeding 100 penalty units for breaches of the regulations;
- (q) any matter or thing required or permitted by this Act to be prescribed or necessary to be prescribed to give effect to this Act.
- (2) The regulations—
- (a) may be of general or limited application; and
- (b) may differ according to differences in time, place or circumstances; and
- S. 158(2)(ba)
inserted by
No. 53/1990
s. 23(f),
amended by
No. 46/1998
s. 7(Sch. 1).
- (ba) may leave any matter or thing to be from time to time determined, applied, dispensed with or regulated by the Secretary, a municipal council or public authority or an officer of such a council or authority; and

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(bb) may prescribe fees payable for accommodation in, or health care or any other service provided by a public hospital or denominational hospital in terms of being a percentage of the pension and rental allowance under any Commonwealth law as payable from time to time; and

S. 158(2)(bb) inserted by No. 53/1990 s. 23(f), amended by No. 88/1994 s. 21(b).

* * * * *

S. 158(2)(c) repealed by No. 42/1993 s. 22(1).

(2A) The regulations may apply adopt or incorporate any matter contained in any document, code, standard, rule, specification or method (including any document fixing a fee) formulated, issued, prescribed or published by any person whether—

S. 158(2A) inserted by No. 42/1993 s. 22(2).

(a) wholly or partially or as amended by the regulations; and

(b) as formulated, issued, prescribed or published at the time the regulations are made or at any time before then; and

(c) as formulated, issued, prescribed or published from time to time.

* * * * *

S. 158(2B) inserted by No. 1/2001 s. 4(2), amended by No. 23/2002 s. 194(3)(a), repealed by No. 79/2008 s. 12.

Health Services Act 1988
No. 49 of 1988
Part 7—Miscellaneous provisions

S. 158(2C)
inserted by
No. 1/2001
s. 4(2),
amended by
No. 23/2002
s. 194(3)(b),
repealed by
No. 79/2008
s. 12.

* * * * *

S. 158(3)
amended by
No. 78/2010
s. 24(Sch. 1
item 15.1).

(3) Regulations made under this section may be disallowed, in whole or in part, by resolution of either House of Parliament.

S. 158(4)
repealed by
No. 78/2010
s. 24(Sch. 1
item 15.2).

* * * * *

Part 8—Transitional provisions

159 Saving of Hospitals and Charities (Fees) Regulations 1986

Despite the repeal of the **Hospitals and Charities Act 1958**, the Hospitals and Charities (Fees) Regulations 1986 continue in force (except insofar as they are inconsistent with this Act) as if they had been made under this Act and may be amended or repealed as if they had been so made.

159A Saving of hospital by-laws

S. 159A
inserted by
No. 53/1990
s. 24.

- (1) Despite the repeal of the **Hospitals and Charities Act 1958**, any by-law made under section 62 of that Act and existing as at 14 May 1989 continues in force as if it were a by-law under this Act and may be amended or revoked accordingly.
- (2) A by-law purporting to have been made on or after 14 May 1989 by the board of a public hospital is deemed to be and always to have been as valid as if, when it was made, section 33(2A) had been in operation.

160 Private hospitals etc. registered under Health Act 1958

- (1) A private hospital within the meaning of Division 3 of Part X of the **Health Act 1958** registered under that Division immediately before the commencement of this section—

- (a) if it is classed as a hospital under that Division, is deemed to be—
 - (i) a private hospital registered under this Act; or
 - (ii) a day procedure centre registered under this Act—

S. 160(1)(a)
amended by
No. 46/1998
s. 7(Sch. 1).

as the Secretary determines; or

- (b) if it is classed as a nursing home under that Division, is deemed to be registered under this Act as a nursing home.
- (2) A special accommodation house within the meaning of Division 3A of Part XII of the **Health Act 1958** registered under that Division immediately before the commencement of this section is deemed to be a supported residential service registered under this Act.
- (3) Where, by reason of this section, premises are deemed to be registered under this Act as a private hospital, nursing home, day procedure centre or supported residential service—
- (a) the premises are deemed to be registered for the period expiring when registration under the **Health Act 1958** would have expired unless the registration is sooner revoked under this Act; and
- (b) the person in whose name the premises were registered under the **Health Act 1958** is deemed to be the proprietor of the hospital, home, centre or service; and
- (c) subject to any variation of the registration under this Act, the number of beds, the kinds of prescribed care and other particulars of registration are deemed to be the particulars applying to the registration under the **Health Act 1958**; and
- (d) the Secretary must issue a certificate of registration accordingly; and
- (e) this Act applies to the hospital, home, centre or service as if the premises had been registered under this Act; and

S. 160(3)(b)
amended by
No. 53/1990
s. 25(a).

S. 160(3)(d)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 160(3)(e)
amended by
No. 53/1990
s. 25(b).

- (f) the Secretary may, on his or her own motion or on the application of any interested person, alter the particulars of the registration of the premises to correct errors or for any other reasonable cause.

S. 160(3)(f)
amended by
No. 46/1998
s. 7(Sch. 1).

161 Existing nursing homes and hostels not registered under the Health Act 1958

- (1) A nursing home within the meaning of this Act in existence immediately before the commencement of this section but not registered under the **Health Act 1958** is deemed to be registered under this Act.
- (2) A hostel within the meaning of this Act in existence immediately before the commencement of this section but not registered under the **Health Act 1958** is deemed to be registered under this Act.
- (3) Where, by reason of this section, a nursing home or hostel is deemed to be registered under this Act—
- (a) the home or hostel is deemed to be registered for such period, not exceeding two years after the commencement of this section, as the Secretary determines unless the registration is sooner revoked under this Act; and
- (b) the person who was the proprietor immediately before the commencement of this section is deemed to be approved as the proprietor, subject to any variation of the registration; and
- (c) subject to any variation of the registration, the number of beds for which the home or hostel is registered is the number determined by the Secretary having regard to the number in respect of which payments under an Act

S. 161(1)
amended by
No. 53/1990
s. 26(a).

S. 161(2)
amended by
No. 53/1990
s. 26(b).

S. 161(3)(a)
amended by
Nos 53/1990
s. 26(c)(i),
46/1998
s. 7(Sch. 1).

S. 161(3)(c)
amended by
Nos 53/1990
s. 26(c)(ii),
46/1998
s. 7(Sch. 1).

of the Commonwealth are payable at the date of commencement of this section; and

- (d) subject to any variation of the registration under this Act, the particulars of the registration are deemed to be the particulars applying to the carrying on of the home or hostel before the commencement of this section; and
- (e) the Secretary must issue a certificate of registration accordingly; and
- (f) this Act applies to the home or hostel as if it had been registered under this Act; and
- (g) the Secretary may in consultation with the proprietor determine any necessary particulars of registration.

S. 161(3)(e)
amended by
No. 46/1998
s. 7(Sch. 1).

S. 161(3)(g)
amended by
No. 46/1998
s. 7(Sch. 1).

162 Applications under Health Act 1958

An application made under the **Health Act 1958** before the commencement of this section but not dealt with before that commencement is deemed to be an application made under this Act.

163 Building approval in force under Health Act 1958

An approval in force under section 182 of the **Health Act 1958** immediately before the commencement of this section has effect according to its tenor as a design approval issued under this Act and remains in force for the period—

- (a) expiring when the approval under the **Health Act 1958** would have expired; or
- (b) of one year after the commencement of this section—

whichever is the shorter.

164 Transitional provision for Commonwealth building approval

If, immediately before the commencement of this section, there was in force under an Act of the Commonwealth an approval in principle relating to a proposal for approval of premises as a nursing home or hostel, the approval in principle has effect, while so in force, as an approval in principle under this Act in relation to the use of premises as a nursing home or hostel, subject to the same conditions as to number of beds and kinds of health care as the approval under the Act of the Commonwealth is subject.

165 Residential statements

Section 106(3) as amended by section 12(3) of the **Health Services (Supported Residential Services) Act 2004** only applies to a person who becomes a resident after the commencement of section 12(3) of that Act.

S. 165 amended by No. 53/1990 s. 18(e)(i)(ii), substituted by No. 18/2004 s. 25.

166 Transitional provision for public hospitals

- (1) Subject to sections 166A and 166B, a public hospital that, immediately before the commencement of this section, was a hospital or public hospital under the **Hospitals and Charities Act 1958** continues to be the same body after as before that commencement.

S. 166(1) amended by No. 31/1990 s. 3(1)(a).

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S. 166(2) repealed by No. 31/1990 s. 3(1)(b).

166A Peter MacCallum Cancer Institute

- (1) The Peter MacCallum Cancer Institute is deemed to be and always to have been the successor in law of the Cancer Institute and the Cancer Institute Board.

S. 166A inserted by No. 31/1990 s. 3(2).

- (2) A decision purporting to have been made on or after 14 May 1989 by the members constituting the Cancer Institute Board immediately before that date and made before the appointment of a new board of the Peter MacCallum Cancer Institute on 14 June 1989 is deemed to be and always to have been a decision of the Peter MacCallum Cancer Institute.

S. 166B
inserted by
No. 31/1990
s. 3(2).

166B Fairfield Hospital

- (1) The Fairfield Hospital is deemed to be and always to have been the successor in law of the Queen's Memorial Infectious Diseases Hospital at Fairfield and the Fairfield Hospital Board.
- (2) A decision purporting to have been made on or after 14 May 1989 by the members constituting the Fairfield Hospital Board immediately before that date and made before the appointment of a new board of the Fairfield Hospital on 14 June 1989 is deemed to be and always to have been a decision of the Fairfield Hospital.

S. 167
substituted by
No. 31/1990
s. 4.

167 Tweddle Baby Hospital

- (1) In this section, *operative day* means the day of publication in the Government Gazette of an Order under section 8(1) adding the Tweddle Child and Family Health Service to the list of hospitals in Schedule 1.
- (2) On the operative day, The Tweddle Baby Hospital, a company limited by guarantee, is dissolved.
- (3) On and from the operative day, the Tweddle Child and Family Health Service is the successor in law of The Tweddle Baby Hospital.

- (4) From the operative day, the objects of the Tweddle Child and Family Health Service are the objects of The Tweddle Baby Hospital as existing immediately before the operative day and are deemed to have been approved by the Secretary for the purposes of section 32(b). **S. 167(4) amended by Nos 42/1993 s. 23(2), 46/1998 s. 7(Sch. 1).**
- (5) From the operative day, the persons holding office as directors of The Tweddle Baby Hospital immediately before the operative day are deemed, for the purposes of section 33, to have been appointed as the first board of management of the Tweddle Child and Family Health Service for the term of 12 months.
- (6) From the operative day, the persons holding office as the chief executive officer (by whatever name called) of The Tweddle Baby Hospital immediately before the operative day is deemed to have been approved by the Secretary for the purposes of section 25. **S. 167(6) amended by No. 46/1998 s. 7(Sch. 1).**
- (7) A decision purporting to have been made on or after 14 May 1989 by the persons purporting to hold office as directors of The Tweddle Baby Hospital and made before the day on which the **Health Services (Amendment) Act 1990** receives the Royal Assent is deemed to be and always to have been a decision of The Tweddle Baby Hospital.

168 Transitional provision for community health centres

A community health centre within the meaning of section 43A of the **Hospitals and Charities Act 1958** in existence immediately before the commencement of this section is deemed to be an agency registered under Division 2 of Part 3.

S. 168 amended by No. 53/1990 s. 27(1).

169 Transitional provision for boards of public hospitals

S. 169(1)
amended by
No. 31/1990
s. 3(3).

(1) Subject to sections 166A and 166B, the board of a public hospital as constituted immediately before the commencement of this section continues to be the board of the hospital.

S. 169(2)
amended by
No. 1/1989
s. 4(f).

(2) Except as provided in section 170 a person holding office as a member of a board of a public hospital continues as a member of the board for the remainder of the term for which he or she holds office unless he or she sooner resigns or is removed from office.

170 New boards of certain public hospitals

(1) This section applies to a public hospital that, immediately before the commencement of this section, was not included in Table A of the Fifth Schedule to the **Hospitals and Charities Act 1958**.

(2) On the expiration of one month after the commencement of this section—

(a) the members of the board of a public hospital to which this section applies cease to hold office; and

(b) section 33 applies in relation to the appointment or election of members of a new board as if, on that expiration, the public hospital had been added to Schedule 1.

S. 170(3)
inserted by
No. 31/1990
s. 5.

(3) This section does not apply to The Tweddle Baby Hospital.

171 Transitional provisions for boards of community health centres

(1) The board of a community health centre as constituted immediately before the commencement of this section continues as the

board of the centre until the next annual meeting of the centre.

- (2) A person holding office as a member of a board of a community health centre continues as a member of the board until the next annual meeting unless he or she sooner resigns or is removed from office as if he or she were a member of a board elected or appointed under this Act.
- (3) A vacancy on a board of a community health centre must not be filled before the next annual meeting unless it is necessary to do so to maintain a number of members of the board that is not less than the number that would be required for the board if it were constituted under this Act.
- (4) A vacancy filled in accordance with subsection (3) may be filled in the manner determined by the Secretary. **S. 171(4) amended by No. 46/1998 s. 7(Sch. 1).**
- (5) At the first annual meeting of a community health centre held after the commencement of this section—
- (a) the offices of all members of the board fall vacant; and **S. 171(5)(a) amended by No. 53/1990 s. 27(2)(b).**
- (b) each person elected or appointed in accordance with this Act to fill a vacancy on the board holds office for the term specified in the instrument of appointment, the regulations or the by-laws of the centre to the intent that, as nearly as possible, one third of the positions of elected members are or become vacant at each of the next three annual meetings. **S. 171(5)(b) amended by No. 53/1990 s. 27(2)(c).**

S. 172
amended by
No. 46/1998
s. 7(Sch. 1).

172 Transitional provision for chief executive officers

A person holding office as the chief executive officer (by whatever name called) of an agency immediately before the commencement of this section that, upon the commencement of a provision of this Act is, or is deemed to be, a registered funded agency, is deemed to have been approved by the Secretary for the purposes of section 25.

173 Bodies incorporated under Hospitals and Charities Act 1958

- (1) An institution or other body incorporated under the **Hospitals and Charities Act 1958** or any corresponding previous enactment and that is not incorporated under this Act continues to be an incorporated institution or body by reason of that Act or enactment until—
 - (a) it becomes incorporated under any other Act or law; or
 - (b) it has ceased to exist; or
 - (c) 30 June 1994—

S. 173(1)(c)
amended by
No. 2/1992
s. 3.

whichever first occurs.

- (2) Any rule or by-law of an institution or other body to which subsection (1) applies in force immediately before the commencement of this section continues in force as such a rule or by-law, except insofar as it is inconsistent with this Act or the regulations.

(3) Despite its repeal, the **Hospitals and Charities Act 1958** is deemed to continue in force so far as—

- (a) it applies to or affects incorporated benevolent societies and institutions, the committees or boards of such societies and institutions and all other matters governing or making provision for the affairs of such societies and institutions; and
- (b) is necessary for the purposes of this section—

except to the extent of any inconsistency with this Act or the regulations.

174 Administrators

A person holding office immediately before the commencement of this section as—

- (a) an administrator of a community health centre appointed under section 43A of the **Hospitals and Charities Act 1958**; or
- (b) an administrator of a scheduled hospital appointed under section 63J of that Act—

continues to be an administrator for the purposes of this Act as if the administrator had been appointed under this Act and, in the case of an administrator appointed under section 43A of the **Hospitals and Charities Act 1958**, the community health centre were a registered funded agency within the meaning of this Act.

175 Guarantees

Despite the repeal of the **Hospitals and Charities Act 1958**, sections 68A and 68B of that Act continue in force in relation to guarantees given under those sections before the commencement of this section.

New s. 176
inserted by
No. 83/1997
s. 3.

176 St Andrew's Hospital

- (1) The **St Andrew's Hospital Act 1978** and the **St Andrew's Hospital (Guarantee) Act 1978** are repealed.
- (2) The Secretary is the successor in law of St Andrew's Hospital.

S. 176(2)
amended by
No. 46/2008
s. 277(2).

New s. 177
inserted by
No. 66/1998
s. 13.

177 Transitional provisions (1998 amendments)

S. 177(1)
repealed by
No. 52/2004
s. 50(1).

* * * * *

- (2) The amendments of this Act made by the **Health Services (Further Amendment) Act 1998** (other than sections 6 and 7 of that Act) apply with respect to a trust (as defined in section 3(1)) in relation to a body, whether the trust was created before, on or after the commencement of section 13 of that Act.

New s. 178
inserted by
No. 66/1998
s. 13.

178 Saving provision: validity of things done by trustees

- (1) Anything done or omitted to be done before the commencement day by a trustee of a trust (as defined in section 3(1)) that would not have constituted a breach of trust had the **Health Services (Further Amendment) Act 1998** been enacted at the time at which the thing was done or omitted to be done is not to be regarded as constituting a breach of trust and the trustee is not liable for breach of trust on account of that act or omission.

- (2) Nothing effected by the **Health Services (Further Amendment) Act 1998** is to be regarded as making a trustee of a trust (as defined in section 3(1)) liable for breach of trust on account of anything done or omitted to be done before the commencement day by the trustee that would not have constituted a breach of trust had the **Health Services (Further Amendment) Act 1998** never been enacted and on and from that day the trustee is not liable for breach of trust on account of that act or omission.
- (3) In this section *commencement day* means the day on which section 13 of the **Health Services (Further Amendment) Act 1998** comes into operation.

178A Transitional provisions—Health Records Act 2001

S. 178A
inserted by
No. 2/2001
s. 104.

- (1) Section 141(3)(g) as amended by the **Health Records Act 2001** does not apply to the giving of information for the purposes of medical or social research if the use to which the information will be put and the research methodology has been approved by an ethics committee under that section before the commencement of that amendment even if the giving of the information occurs after that commencement.
- (2) Section 141(4) as amended by the **Health Records Act 2001** does not apply to the giving of information, the giving of which has been approved as required by that section before the commencement of that amendment, even if the giving of the information occurs after that commencement.

S. 178B
inserted by
No. 79/2008
s. 13.

178B Transitional provisions—registered community health centres

- (1) A former body is deemed to be a registered community health centre for a period of 90 days on and from the commencement of section 8 of the **Health Services Amendment Act 2008**.
- (2) Despite the substitution of Division 6 of Part 3 by section 8 of the **Health Services Amendment Act 2008**, any amount payable immediately before the commencement of that section by a former body as a result of or in connection with the provision to the former body of financial accommodation to which section 30(2) applied, continues to be guaranteed by the Government of Victoria under section 30(3).
- (3) In this section, *former body* means a body that, immediately before the commencement of section 8 of the **Health Services Amendment Act 2008**, was a community health centre as defined in section 3 (as in force immediately before that commencement).

S. 178C
inserted by
No. 52/2017
s. 68.

178C Transitional provisions—Health Legislation Amendment (Quality and Safety) Act 2017

- (1) Despite the change of the name of the Health Innovation and Reform Council to the Better Care Victoria Board, the Better Care Victoria Board is the same body as the Health Innovation and Reform Council in existence immediately before the commencement of section 61 of the **Health Legislation Amendment (Quality and Safety) Act 2017**.
- (2) On and from the commencement of section 61 of the **Health Legislation Amendment (Quality and Safety) Act 2017**, a reference in any Act (other than the **Health Legislation Amendment (Quality and Safety) Act 2017**),

subordinate instrument or other document, unless the context otherwise requires, to the Health Innovation and Reform Council is to be construed as a reference to the Better Care Victoria Board.

- (3) On and from the commencement of section 61 of the **Health Legislation Amendment (Quality and Safety) Act 2017**, the members and the chairperson of the Health Innovation and Reform Council in office immediately before that commencement continue in office as a member or as chairperson of the Better Care Victoria Board, as the case may be, on the same terms and conditions as those on which they were originally appointed for the remainder of their original terms.
- (4) On and from the commencement of section 61 of the **Health Legislation Amendment (Quality and Safety) Act 2017**, a committee of the Health Innovation and Reform Council appointed immediately before that commencement continues in existence and is taken to be a committee appointed by the Better Care Victoria Board.

Pt 9
(Heading and
ss 176–186)
amended by
No. 1/1989
s. 4(g) (as
amended by
No. 42/1993
s. 67),
repealed by
No. 42/1993
s. 23(3),
new Pt 9
(Heading and
ss 179–229)
inserted by
No. 39/2000
s. 11.

Part 9—Transitional provisions relating to metropolitan health services

Division 1—Preliminary

New s. 179
inserted by
No. 39/2000
s. 11.

179 Definitions

In this Part—

instrument includes a document and an oral agreement;

liabilities means all liabilities, duties and obligations, whether actual, contingent or prospective;

property means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description;

rights means all rights, powers, privileges and immunities, whether actual, contingent or prospective.

New s. 180
inserted by
No. 39/2000
s. 11.

180 Extra-territorial operation

It is the intention of the Parliament that the operation of this Part should, as far as possible, include operation in relation to the following—

- (a) land situated outside Victoria, whether in or outside Australia;

- (b) things situated outside Victoria, whether in or outside Australia;
- (c) acts, transactions and matters done, entered into or occurring outside Victoria, whether in or outside Australia;
- (d) things, acts, transactions and matters (wherever situated, done, entered into or occurring) that would, apart from this Part, be governed or otherwise affected by the law of the Commonwealth, another State, a Territory or a foreign country.

Division 2—Establishment of metropolitan health services

181 Order establishing a metropolitan health service

- (1) The Governor in Council, by Order published in the Government Gazette may, on the recommendation of the Minister, establish a metropolitan health service.
- (2) If an Order is made under subsection (1)—
 - (a) a new metropolitan health service with the name specified in the Order comes into existence; and
 - (b) Schedule 5 is amended by the addition of the name of the new metropolitan health service in the appropriate alphabetical position.

New s. 181
inserted by
No. 39/2000
s. 11.

182 Establishment of first board

- (1) Despite section 65T, the board of a metropolitan health service that comes into existence under an Order under section 181 consists of the persons (being not less than 6 and not more than 9) named in the Order.

New s. 182
inserted by
No. 39/2000
s. 11.

- (2) For the purposes of Division 9B of Part 3, the Order under section 181 constitutes the instrument of appointment of the directors of the board and may include terms and conditions of appointment.

New s. 183
inserted by
No. 39/2000
s. 11.

183 Appointment of first chief executive officer

- (1) The Governor in Council, by Order published in the Government Gazette, may on the recommendation of the Minister, appoint a person to act as the first chief executive officer of a metropolitan health service established by Order under section 181.
- (2) The Order may specify the period (being not more than 6 months) of appointment and the terms and conditions of appointment of the chief executive officer.
- (3) If a person is appointed to act as chief executive officer of a metropolitan health service under subsection (1)—
- (a) the person is deemed to have been appointed by the board of the metropolitan health service; and
 - (b) the appointment is deemed to be approved by the Secretary under section 25.

New s. 184
inserted by
No. 39/2000
s. 11.

184 First by-laws of metropolitan health service

- (1) The Governor in Council, by Order published in the Government Gazette, may on the recommendation of the Minister, specify the by-laws of a metropolitan health service established by Order under section 181.
- (2) The by-laws must specify the objects including the core objects, of the metropolitan health service.

(3) By-laws of a metropolitan health service specified in an Order under subsection (1) have effect as if made by the board of the metropolitan health service and approved by the Secretary under section 24.

185 Limited period to make Orders

An Order under this Division may not be made after the day that is 12 months after the date of commencement of the **Health Services (Governance) Act 2000**.

New s. 185 inserted by No. 39/2000 s. 11.

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Pt 9 Div. 3 (Heading and ss 186–189) inserted by No. 39/2000 s. 11, repealed by No. 79/2008 s. 14.

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Pt 9 Div. 4 (Heading and ss 190–192) inserted by No. 39/2000 s. 11, repealed by No. 52/2004 s. 50(2).

Division 5—Transfer of property, rights and liabilities of metropolitan hospitals on cancellation of incorporation

193 Definitions

In this Division—

transferring hospital, in relation to an Order under section 181, means a metropolitan hospital the incorporation of which is cancelled under the Order;

New s. 193 inserted by No. 39/2000 s. 11.

effective date, in relation to an Order under section 181, means the date specified in the Order to be the effective date of that Order;

new health service, in relation to an Order under section 181, means the metropolitan health service which comes into existence under that Order;

old instrument means an instrument subsisting immediately before the effective date of an Order under section 181—

- (a) to which a transferring hospital was a party; or
- (b) that was given to or in favour of a transferring hospital; or
- (c) that refers to a transferring hospital; or
- (d) under which—
 - (i) money is, or may become, payable to or by a transferring hospital; or
 - (ii) other property is to be, or may become liable to be, transferred to or by a transferring hospital;

transferred hospital employee means a person who, by reason of section 204(1), is regarded as being employed by a new health service with effect from the effective date of an Order under section 181.

New s. 194
inserted by
No. 39/2000
s. 11.

194 Cancellation of incorporation of metropolitan hospital

- (1) If the Minister recommends to the Governor in Council the establishment of a metropolitan health service by Order under section 181, the Minister may also recommend to the Governor in Council that the Order cancel the incorporation of a metropolitan hospital.

- (2) If the Minister recommends the cancellation of the incorporation of a metropolitan hospital, the Governor in Council may provide for the cancellation of the incorporation in an Order made under section 181.

195 Transfer from metropolitan hospital to metropolitan health service

New s. 195
inserted by
No. 39/2000
s. 11.

If an Order is made under section 181 cancelling the incorporation of a metropolitan hospital, then on a date specified in the Order—

- (a) the incorporation of the metropolitan hospital to which the Order relates is cancelled; and
- (b) Schedule 3 is amended by the omission of the name of that metropolitan hospital; and
- (c) the directors of the board of the metropolitan hospital go out of office; and
- (d) the chief executive officer of the metropolitan hospital goes out of office.

196 New metropolitan health service to be successor in law

New s. 196
inserted by
No. 39/2000
s. 11.

On the coming into existence of a metropolitan health service under an Order under section 181 which also cancels the incorporation of a metropolitan hospital—

- (a) all property and rights of the transferring hospital, wherever located, vest in the new health service; and
- (b) all liabilities of the transferring hospital, wherever located, become liabilities of the new health service; and
- (c) the new health service becomes the successor in law of the transferring hospital; and

- (d) on and from the effective date of the Order, the transferring hospital must, for the purposes of any trust in relation to that hospital, be taken not to have had its incorporation cancelled and the new health service must be taken to be the same body as the transferring hospital for those purposes.

New s. 197
inserted by
No. 39/2000
s. 11.

197 Substitution of party to agreement

Where, under section 196, the rights and liabilities of a transferring hospital under an agreement vest in, or become liabilities of, a new health service—

- (a) the new health service becomes, on the effective date of the Order, a party to the agreement in place of the transferring hospital; and
- (b) on and after the effective date of the Order, the agreement has effect as if the new health service had always been a party to the agreement.

New s. 198
inserted by
No. 39/2000
s. 11.

198 Old instruments

- (1) Each old instrument (including an instrument made under an Act) has effect and continues to have effect according to its tenor on and after the effective date of an Order under section 181 as if a reference in the instrument to a transferring hospital were a reference to the new health service.
- (2) Without limiting the effect of subsection (1), on and from the effective date of an Order under section 181, an instrument creating a trust in relation to—
 - (a) a transferring hospital to which the Order relates; or

(b) a former agency of which such a transferring hospital is the successor agency—

has effect and continues to have effect according to its tenor as if the trust were in relation to the new health service.

199 Proceedings

If, immediately before the effective date of an Order under section 181, proceedings (including arbitration proceedings) to which a transferring hospital was a party were pending or existing in any court or tribunal, then, on and after the publication of the Order, the new health service is substituted for the transferring hospital as a party to the proceedings and has the same rights in the proceedings as the transferring hospital had.

New s. 199
inserted by
No. 39/2000
s. 11.

200 Interests in land

Without prejudice to the generality of this Division and despite anything to the contrary in any other Act or law, if, immediately before the effective date of an Order under section 181, a transferring hospital is the registered proprietor of an interest in land under the **Transfer of Land Act 1958**, on and after that date—

- (a) the new health service is to be taken to be the registered proprietor of that interest in land; and
- (b) the new health service has the same rights and remedies in respect of that interest as the transferring hospital had.

New s. 200
inserted by
No. 39/2000
s. 11.

201 Amendment of Register

The Registrar of Titles, on being requested to do so and on delivery of any relevant certificate of title or instrument, must make any amendments in the Register that are necessary because of the operation of this Division.

New s. 201
inserted by
No. 39/2000
s. 11.

S. 202
inserted by
No. 39/2000
s. 11.

202 Taxes

No stamp duty or other tax is chargeable under any Act in respect of anything effected by or done under this Division or in respect of any act or transaction connected with or necessary to be done by reason of this Division, including a transaction entered into or an instrument made, executed, lodged or given.

S. 203
inserted by
No. 39/2000
s. 11.

203 Evidence

- (1) Documentary or other evidence that would have been admissible for or against the interests of a transferring hospital if an Order had not been made under section 181, is admissible for or against the interests of the new health service.
- (2) The **Evidence Act 2008** applies with respect to the books of account of a transferring hospital and to entries made in those books of account before the effective date of an Order under section 181, as if those books of account and entries were business records.

S. 203(2)
amended by
No. 69/2009
s. 54(Sch. Pt 1
item 30.2).

S. 203(3)
repealed by
No. 69/2009
s. 54(Sch. Pt 1
item 30.5).

* * * * *

S. 204
inserted by
No. 39/2000
s. 11.

204 Transfer of hospital employees to new health service

- (1) A person who, immediately before the effective date of an Order under section 181, was an employee (other than the chief executive officer) of a transferring hospital is to be regarded as—
 - (a) having been employed by the new health service with effect from that date; and
 - (b) having been so employed on the same terms and conditions as those that applied to the person, immediately before that date, as an employee of the transferring hospital; and

- (c) having accrued an entitlement to benefits, in connection with that employment by the new health service, that is equivalent to the entitlement that the person had accrued, as an employee of the transferring hospital immediately before that date.
- (2) The service of a transferred hospital employee as an employee of the new health service is to be regarded for all purposes as having been continuous with the service of the employee, immediately before the effective date of the Order under section 181, as an employee of the transferring hospital.
- (3) A transferred hospital employee is not entitled to receive any payment or other benefit by reason only of having ceased to be an employee of the transferring hospital because of this Division.
- (4) A certificate purporting to be signed by the chief executive officer of the new health service certifying that a person named in the certificate was, with effect from the effective date of the Order under section 181, employed, by virtue of this section by the new health service is admissible in evidence in any proceedings and is conclusive proof of the matters stated in it.

205 Future terms and conditions of transferred employees

S. 205
inserted by
No. 39/2000
s. 11.

Nothing in section 204 prevents—

- (a) any of the terms and conditions of employment of a transferred hospital employee from being altered by or under any law, award or agreement with effect from any time after the effective date of the Order under section 181; or

- (b) a transferred hospital employee from resigning, or the termination of a transferred hospital employee's employment, at any time after the effective date of the Order in accordance with the then existing terms and conditions of the employee's employment by the new health service.

Division 6—Transfer of property, rights and liabilities before cancellation of incorporation of metropolitan hospital

206 Definitions

S. 206
inserted by
No. 39/2000
s. 11.

In this Division—

effective date, in relation to an Order under section 208, 214 or 215, means the date specified in the Order to be the effective date of that Order;

former hospital property means property, rights or liabilities of a metropolitan hospital that, under this Division, have vested in, or become liabilities of, a metropolitan health service or community health centre;

old instrument means an instrument subsisting immediately before the effective date of an Order under section 208—

- (a) to which a transferring hospital was a party; or
- (b) that was given to or in favour of a transferring hospital; or
- (c) that refers to a transferring hospital; or
- (d) under which—
 - (i) money is, or may become, payable to or by a transferring hospital; or

- (ii) other property is to be, or may become liable to be, transferred to or by a transferring hospital;

staff transfer date in relation to a list referred to in section 220 means the date fixed by the Minister under section 219 as the staff transfer date for the purposes of that list;

transferred hospital employee means a person who, by reason of section 221 is regarded as being employed by a metropolitan health service or a community health centre with effect from the relevant staff transfer date;

transferring hospital, in relation to an Order under section 208, means the metropolitan hospital specified in the Order.

207 Division to prevail

If there is any inconsistency between this Division and Division 9A of Part 3, this Division prevails to the extent of the inconsistency.

S. 207
inserted by
No. 39/2000
s. 11.

208 Transfer Order

- (1) The Governor in Council, by Order published in the Government Gazette, may, on the recommendation of the Minister—
- (a) allocate to a metropolitan health service such of the property, rights and liabilities of a metropolitan hospital as are specified in the Order; or
 - (b) allocate to a community health centre such of the property, rights and liabilities of a metropolitan hospital as are specified in the Order.

S. 208
inserted by
No. 39/2000
s. 11.

(2) Without limiting subsection (1), an Order under that subsection may allocate property, rights and liabilities by reference—

- (a) to a campus of a metropolitan hospital or other place; or
- (b) to a class or category of property, rights or liabilities; or
- (c) to a combination of paragraphs (a) and (b).

S. 209
inserted by
No. 39/2000
s. 11.

209 Property rights and liabilities transferred to metropolitan health service or community health centre

If an Order is made under section 208, then on the effective date of the Order—

- (a) all property and rights of the transferring hospital specified in the Order vest in the metropolitan health service or community health centre specified in the Order; and
- (b) all liabilities of the transferring hospital specified in the Order become liabilities of the metropolitan health service or community health centre specified in the Order; and
- (c) the metropolitan health service or community health centre specified in the Order becomes the successor in law of the transferring hospital in relation to the property, rights and liabilities specified in the Order.

210 Substitution of party to agreement

If, under section 209, the rights and liabilities of a transferring hospital under an agreement vest in, or become liabilities of, a metropolitan health service or community health centre—

- (a) the metropolitan health service or community health centre becomes, on the effective date of the relevant Order under section 208, a party to the agreement in place of the transferring hospital; and
- (b) on and after the effective date of the relevant Order under section 208, the agreement has effect as if the metropolitan health service or community health centre had always been a party to the agreement.

S. 210
inserted by
No. 39/2000
s. 11.

211 Proceedings

If, immediately before the effective date of an Order under section 208, proceedings relating to former hospital property (including arbitration proceedings) to which a transferring hospital was a party were pending or existing in any court or tribunal, then, on and after the effective date of the relevant Order, the metropolitan health service or community health centre specified in the Order is substituted for the transferring hospital as a party to the proceedings and has the same rights in the proceedings as the transferring hospital had.

S. 211
inserted by
No. 39/2000
s. 11.

212 Interests in land

Without prejudice to the generality of this Division and despite anything to the contrary in any other Act or law, if immediately before the effective date of an Order under section 208, a transferring hospital is, in relation to former hospital property, the registered proprietor of an interest in land under the **Transfer of Land Act 1958**, then on and after that date—

S. 212
inserted by
No. 39/2000
s. 11.

- (a) the metropolitan health service or community health centre specified in the Order is to be taken to be the registered proprietor of that interest in land; and
- (b) the metropolitan health service or community health centre specified in the Order has the same rights and remedies in respect of that interest as the transferring hospital had.

S. 213
inserted by
No. 39/2000
s. 11.

213 Old instruments

- (1) Each old instrument relating to property rights and liabilities of a metropolitan hospital that, under this Division, have vested in, or become liabilities of, a metropolitan health service or community health centre has effect and continues to have effect according to its tenor on and after the effective date of the relevant Order under section 208 as if a reference in the instrument to the transferring hospital were a reference to the metropolitan health service or community health centre specified in the Order.
- (2) This section does not apply to an instrument creating a trust to which section 214 or 215 applies.

S. 214
inserted by
No. 39/2000
s. 11.

214 Trusts in respect of metropolitan hospitals existing on 31 July 1995

- (1) The Governor in Council, by Order published in the Government Gazette, may, on the recommendation of the Minister, designate a metropolitan health service as the successor of a metropolitan hospital existing on 31 July 1995 and designated in the Order, for the purposes of any trust in relation to that metropolitan hospital.
- (2) The Minister must not recommend the designation of a metropolitan health service or metropolitan hospital under subsection (1) unless the Minister

is satisfied that the metropolitan health service is the appropriate successor for the metropolitan hospital having regard, where relevant, to the campuses operated or to be operated by the metropolitan health service.

(3) On and from the effective date of an Order under this section, an instrument creating a trust in relation to—

(a) a metropolitan hospital designated in the Order; or

(b) a former agency of which the metropolitan hospital is the successor agency—

has effect and continues to have effect according to its tenor as if the trust were in relation to the metropolitan health service designated in the Order as the successor of the metropolitan hospital.

(4) On and from the effective date of an Order under this section, a metropolitan health service designated in the Order must, for the purposes of any trust in relation to a metropolitan hospital designated in the Order, be taken to be the same body as that metropolitan hospital.

(5) This section has effect despite anything to the contrary in sections 65D and 65F.

215 Trusts in respect of metropolitan hospitals created on or after 1 August 1995

S. 215
inserted by
No. 39/2000
s. 11.

(1) The Governor in Council, by Order published in the Government Gazette, may, on the recommendation of the Minister, designate a metropolitan health service as the successor of a metropolitan hospital created on or after 1 August 1995 and designated in the Order, for the purposes of any trust or class or category of trusts specified in the Order in relation to the metropolitan hospital.

- (2) The Minister must not recommend the designation of a metropolitan health service or metropolitan hospital under subsection (1) unless the Minister is satisfied that the metropolitan health service is the appropriate successor for the metropolitan hospital having regard, where relevant, to the campuses operated or to be operated by the metropolitan health service.
- (3) On and from the effective date of an Order under this section, an instrument creating a trust specified, or in a class or category specified, in the Order in relation to a metropolitan hospital designated in the Order has effect and continues to have effect according to its tenor as if the trust were in relation to the metropolitan health service designated in the Order as the successor of the metropolitan hospital.
- (4) On and from the effective date of an Order under this section, a metropolitan health service designated in the Order must, for the purposes of any trust specified, or in a class or category specified, in the Order in relation to a metropolitan hospital designated in the Order, be taken to be the same body as that metropolitan hospital.
- (5) This section has effect despite anything to the contrary in sections 65D and 65F.

S. 216
inserted by
No. 39/2000
s. 11.

216 Amendment of the Register

The Registrar of Titles, on being requested to do so and on delivery of any relevant certificate of title or instrument, must make any amendments in the Register that are necessary because of the operation of this Division.

217 Taxes

No stamp duty or other tax is chargeable under any Act in respect of anything effected by or done under this Division or in respect of any act or transaction connected with or necessary to be done by reason of this Division, including a transaction entered into or an instrument made, executed, lodged or given.

S. 217
inserted by
No. 39/2000
s. 11.

218 Evidence

(1) Documentary or other evidence that would have been admissible for or against the interests of a transferring hospital if an Order had not been made under section 208, is admissible for or against the interests of the metropolitan health service or community health centre specified in the Order.

S. 218
inserted by
No. 39/2000
s. 11.

(2) The **Evidence Act 2008** applies with respect to the books of account of a transferring hospital and to entries made in those books of account before the effective date of an Order under section 208, whether or not they relate to former hospital property, as if those books of account and entries were business records.

S. 218(2)
amended by
No. 69/2009
s. 54(Sch. Pt 1
item 30.3).

* * * * *

S. 218(3)
repealed by
No. 69/2009
s. 54(Sch. Pt 1
item 30.5).

219 Staff transfer date

(1) The Minister, by notice published in the Government Gazette, may determine a date that is to be the staff transfer date for the purposes of a list under section 220.

S. 219
inserted by
No. 39/2000
s. 11.

(2) The Minister may give more than one notice under this section in respect of a metropolitan hospital.

S. 220
inserted by
No. 39/2000
s. 11.

220 List of staff

- (1) Before the relevant staff transfer date, the Secretary must prepare a list of employees (other than the chief executive officer) of a metropolitan hospital who are to become employees of a metropolitan health service or community health centre on that date.
- (2) The list may specify the employees—
 - (a) by name or position; or
 - (b) by class or category; or
 - (c) by reference to a campus of a metropolitan hospital or other place; or
 - (d) by any combination of paragraphs (a) to (c).
- (3) The list must specify the metropolitan health service or community health centre which on the staff transfer date is to become the employer of each employee specified on the list.
- (4) Nothing in this section prevents a person specified on a list as an employee of a metropolitan hospital from resigning or being dismissed at any time before the relevant staff transfer date in accordance with the terms and conditions of his or her employment.

S. 221
inserted by
No. 39/2000
s. 11.

221 Transfer of staff

- (1) A person listed as an employee of a metropolitan hospital in a list prepared under section 220 who was such an employee immediately before the relevant staff transfer date is to be regarded as—
 - (a) having been employed by the metropolitan health service or community health centre specified in the list with effect from the staff transfer date; and

- (b) having been so employed on the same terms and conditions as those that applied to the person, immediately before the staff transfer date, as an employee of the metropolitan hospital; and
 - (c) having accrued an entitlement to benefits, in connection with that employment with the metropolitan health service or community health centre, that is equivalent to the entitlement that the person had accrued, as an employee of the metropolitan hospital immediately before the staff transfer date.
- (2) The service of a transferred hospital employee as an employee of the metropolitan health service or community health centre is to be regarded for all purposes as having been continuous with the service of the transferred hospital employee, immediately before the relevant staff transfer date, as an employee of the metropolitan hospital.
- (3) A transferred hospital employee is not entitled to receive any payment or other benefit by reason only of having ceased to be an employee of a metropolitan hospital because of this Division.
- (4) A certificate purporting to be signed by the chief executive officer of the metropolitan health service or community health centre certifying that a person named in the certificate was, with effect from the relevant staff transfer date, employed, by virtue of this section by the metropolitan health service or community health centre named in the certificate is admissible in evidence in any proceedings and is conclusive proof of the matters stated in it.

S. 222
inserted by
No. 39/2000
s. 11.

222 Future terms and conditions of transferred employees

Nothing in section 221 prevents—

- (a) any of the terms and conditions of employment of a transferred hospital employee from being altered by or under any law, award or agreement with effect from any time after the relevant staff transfer date; or
- (b) a transferred hospital employee from resigning, or the termination of a transferred hospital employee's employment, at any time after the relevant staff transfer date in accordance with the then existing terms and conditions of his or her employment by the metropolitan health service or community health centre.

S. 223
inserted by
No. 39/2000
s. 11.

223 Abolition of metropolitan hospital

- (1) An administrator appointed under Division 4 in respect of a metropolitan hospital may recommend to the Minister that the incorporation of that metropolitan hospital be cancelled.
- (2) If a recommendation is made under subsection (1) and the Minister is satisfied that as far as practicable the property, rights and liabilities of the metropolitan hospital have been transferred to another agency or other agencies, the Minister may recommend to the Governor in Council that the incorporation of the metropolitan hospital be cancelled.
- (3) The Governor in Council, on a recommendation under subsection (2), may by Order published in the Government Gazette, cancel the incorporation of a metropolitan hospital.

- (4) If an Order is made under this section, then on the date specified in the Order—
- (a) the incorporation of the metropolitan hospital to which the Order relates is cancelled; and
 - (b) Schedule 3 is amended by the omission of the name of the metropolitan hospital.

224 Effect of Order

S. 224
inserted by
No. 39/2000
s. 11.

- (1) On the cancellation of the incorporation of a metropolitan hospital under section 223—
- (a) all property and rights of the metropolitan hospital, wherever located, vest in the Crown; and
 - (b) all liabilities of the metropolitan hospital, wherever located, become liabilities of the Crown; and
 - (c) the Crown becomes the successor in law of the metropolitan hospital in respect of that property and those rights and liabilities; and
 - (d) this Division applies as if any reference—
 - (i) to an Order under section 208 were a reference to an Order under section 223; and
 - (ii) to former hospital property were a reference to property, rights and liabilities vested in the Crown under this subsection; and
 - (iii) to a metropolitan health service were a reference to the Crown.
- (2) This section does not apply to a trust.

Division 7—General

S. 225
inserted by
No. 39/2000
s. 11.

225 Validity of things done under this Part

Nothing effected by this Part or suffered under this Part—

- (a) is to be regarded as placing any person in breach of contract or confidence or as otherwise making any of them guilty of a civil offence; or
- (b) is subject to compliance with or is to be regarded as placing any person in breach of or as constituting a default under any Act or other law or any provision in any agreement, arrangement or understanding including, without limiting the generality of the foregoing, any provision prohibiting, restricting or regulating the assignment or transfer of any property or right or the disclosure of any information; or
- (c) is to be regarded as fulfilling any condition which allows a person to exercise a power, right or remedy in respect of or to terminate any agreement or obligation; or
- (d) is to be regarded as giving rise to any remedy for a party to a contract or an instrument or as causing or permitting the termination of any contract or instrument because of a change in the beneficial or legal ownership of any property, right or liability; or
- (e) is to be regarded as causing any contract or instrument to be void or otherwise unenforceable; or
- (f) is to be regarded as frustrating any contract; or
- (g) releases any surety or other obligee wholly or in part from any obligation.

226 Operation of provisions not subject to review

Nothing done under Division 2, 3, 5 or 6 or section 190 gives rise to any cause or right of action or application before any court or tribunal.

S. 226
inserted by
No. 39/2000
s. 11.

227 Application of property cy-pres not affected

(1) Nothing in section 198(2) in relation to an Order under section 181 affects the operation of—

(a) an order of a court for the application of property cy-pres made before the effective date of that Order; or

(b) a scheme or authority for the application of property cy-pres sanctioned or given by the Attorney-General under the **Charities Act 1978** before the effective date of that Order.

(2) Nothing in section 214 or 215 in relation to an Order under section 214 or 215 affects the operation of—

(a) an order of a court for the application of property cy-pres made before the effective date of that Order; or

(b) a scheme or authority for the application of property cy-pres sanctioned or given by the Attorney-General under the **Charities Act 1978** before the effective date of that Order.

S. 227
inserted by
No. 39/2000
s. 11.

228 Application to trusts whenever created

The amendments made to this Act by the **Health Services (Governance) Act 2000** apply with respect to a trust (within the meaning of section 3(1)) in relation to a body, whether the trust was created before, on or after the commencement of section 11 of that Act.

S. 228
inserted by
No. 39/2000
s. 11.

S. 229
inserted by
No. 39/2000
s. 11.

229 Saving of quality assurance bodies

- (1) This section applies to a committee, council or other body established by one or more metropolitan hospitals and declared to be an approved quality assurance body under section 139.
- (2) The Minister, by notice published in the Government Gazette, may declare that a designated committee, council or body to which this section applies is to be taken to be a body established by a designated metropolitan health service.
- (3) On the publication of a notice under subsection (2)—
 - (a) the notice has effect according to its tenor; and
 - (b) the declaration of the designated committee, council or body under section 139 continues to have effect and may be revoked in accordance with that section.
- (4) This section has effect despite anything to the contrary in the by-laws of the designated metropolitan health service.

Part 10—Further transitionals

Pt 10
(Heading and
ss 187–193)
repealed by
No. 42/1993
s. 23(3),
new Pt 10
(Heading and
s. 230)
inserted by
No. 1/2001
s. 5.

230 Transitional provision for boards of community health centres

S. 230
inserted by
No. 1/2001
s. 5.

- (1) The board of a community health centre as constituted immediately before 1 April 2001 (including a board established under section 186) continues as the board of the centre until the next annual general meeting of the centre.
- (2) A person holding office as a member of a board of a community health centre referred to in subsection (1) continues as a member of the board until the next annual general meeting unless he or she sooner resigns or is removed from office.
- (3) A vacancy on a board of a community health centre referred to in subsection (1) must not be filled before the next annual general meeting unless it is necessary to do so to ensure that there are at least 7 members of the board.
- (4) A vacancy filled in accordance with subsection (3) may be filled in the manner determined by the Secretary.
- (5) The board of a community health centre referred to in subsection (1) must hold an annual general meeting in relation to the financial year ending on 30 June 2001 in the third or fourth week of October 2001.

- (6) At the first annual general meeting of a community health centre held after 1 April 2001—
- (a) the offices of all members of the board fall vacant; and
 - (b) each vacancy must be filled in accordance with Division 6 of Part 3 as in force at the date of the annual general meeting; and
 - (c) each person elected or appointed to fill a vacancy holds office in accordance with Division 6 of Part 3 as in force at the date of the annual general meeting.
- (7) The Minister must consult with the members of a board who were in office immediately before the annual general meeting referred to in subsection (6) before nominating a person as a board member to the Governor in Council for the purposes of appointing members to a board under section 46(2)(b).

Part 11—Deemed publication

Pt 11
(Heading and
ss 194–198)
amended by
No. 1/1989
s. 4(h),
repealed by
No. 42/1993
s. 23(3),
new Pt 11
(Heading and
s. 231)
inserted by
No. 67/2003
s. 5.

231 Deemed publication of Order in Council

The Order in Council made under section 8(1)(c) on 30 September 1997 changing the name of the Numurkah and District War Memorial Hospital to the Numurkah District Health Service is deemed to have been published on 2 October 1997 in the Government Gazette as if the words "Numurkah and District Health Service" were "Numurkah District Health Service".

S. 231
inserted by
No. 67/2003
s. 5.

Pt 12
(Heading and
ss 199–201)
repealed by
No. 42/1993
s. 23(3),
new Pt 12
(Heading and
ss 232–243)
inserted by
No. 52/2004
s. 51.

S. 232
inserted by
No. 52/2004
s. 51.

Part 12—Transitional provisions relating to public health services

232 Definitions

In this Part—

commencement day means the day on which section 53(1) of the **Health Services (Governance and Accountability) Act 2004** comes into operation;

effective date, in relation to an Order under this Part, means the date specified in the Order to be the effective date of that Order;

instrument includes a document and an oral agreement;

metropolitan health service means a body that was listed in Schedule 5 immediately before the commencement day or premises occupied by such a body;

old metropolitan health service instrument means an instrument subsisting immediately before the commencement day—

- (a) to which a metropolitan health service was a party; or
- (b) that was given to or in favour of a metropolitan health service; or
- (c) that refers to a metropolitan health service; or

- (d) under which—
- (i) money is, or may become, payable to or by a metropolitan health service; or
 - (ii) other property is to be, or may become liable to be, transferred to or by a metropolitan health service;

old public hospital means—

- (a) Ballarat Health Services; or
- (b) Barwon Health; or
- (c) Bendigo Health Care Group; or
- (d) Goulburn Valley Health; or
- (e) Latrobe Regional Hospital; or
- (f) a public hospital referred to in an Order under section 239;

old public hospital instrument means an instrument subsisting immediately before the effective date of an Order under section 239 in the case of an old public hospital referred to in paragraph (f) of the definition of ***old public hospital*** or immediately before 1 July 2004 in the case of any other old public hospital—

- (a) to which an old public hospital was a party; or
- (b) that was given to or in favour of an old public hospital; or
- (c) that refers to an old public hospital; or

(d) under which—

(i) money is, or may become, payable to or by an old public hospital; or

(ii) other property is to be, or may become liable to be, transferred to or by an old public hospital;

property means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description.

S. 233
inserted by
No. 52/2004
s. 51.

233 Extra-territorial operation

It is the intention of the Parliament that the operation of this Part should, as far as possible, include operation in relation to the following—

- (a) land situated outside Victoria, whether in or outside Australia;
- (b) things situated outside Victoria, whether in or outside Australia;
- (c) acts, transactions and matters done, entered into or occurring outside Victoria, whether in or outside Australia;
- (d) things, acts, transactions and matters (wherever situated, done, entered into or occurring) that would, apart from this Part, be governed or otherwise affected by the law of the Commonwealth, another State, a Territory or a foreign country.

S. 234
inserted by
No. 52/2004
s. 51.

234 Public health service same body as former metropolitan health service

A body listed in Schedule 5, that on the commencement day becomes a public health service, is taken to be the same body that it was before that day, despite it ceasing to be a metropolitan health service.

235 Certain public health services same body as certain former public hospitals

S. 235
inserted by
No. 52/2004
s. 51.

- (1) A body, that on 1 July 2004 becomes a public health service, is taken to be the same body that it was before that date, despite it ceasing to be a public hospital.
- (2) A body, that on the effective date of an Order under section 239 becomes a public health service, is taken to be the same body that it was before that date, despite it ceasing to be a public hospital and any change to its name.

236 First directors of boards of certain public health service

S. 236
inserted by
No. 52/2004
s. 51.

- (1) Without limiting the effect of section 234, the directors of the board of a metropolitan health service (that on the commencement day becomes a public health service) continue to hold office as directors of the board of that public health service on and after that day for the period for which they were appointed, subject to section 65V, and on the same terms and conditions that applied to them immediately before that day.
- (2) Without limiting the effect of section 235—
 - (a) the members of the board of a public hospital (that on 1 July 2004 becomes a public health service) continue to hold office as directors of that public health service on and after that date for the period for which they were appointed, subject to section 65V, and on the same terms and conditions that applied to them immediately before that date; and
 - (b) the member of the board of a public hospital (that on 1 July 2004 becomes a public health service) who immediately before that date was the chairperson or president (by whatever name so called) of the board is

taken to have been appointed the chairperson of the board of that public health service until 31 October 2004.

S. 237
inserted by
No. 52/2004
s. 51.

237 Old instruments referring to metropolitan health service

- (1) Each old metropolitan health service instrument (including an instrument made under an Act) has effect and continues to have effect according to its tenor on and after the commencement day as if a reference in the instrument to a metropolitan health service were a reference to the public health service that the metropolitan health service becomes on that day.
- (2) Without limiting the effect of subsection (1), on and after the commencement day, an instrument creating a trust in relation to—
 - (a) a metropolitan health service; or
 - (b) a former agency of which a metropolitan health service is the successor agency—

has effect and continues to have effect according to its tenor as if the trust were in relation to the public health service that the metropolitan health service becomes on that day.

S. 238
inserted by
No. 52/2004
s. 51.

238 Old instruments referring to public hospitals

- (1) Subsections (2) and (3) apply to a body that is a public health service and, immediately before 1 July 2004, was a public hospital.
- (2) Each old public hospital instrument (including an instrument made under an Act) that relates to the body has effect and continues to have effect according to its tenor on and after 1 July 2004 as if a reference in the instrument to the body were a reference to the body as the public health service that the body becomes on that date.

(3) Without limiting the effect of subsection (2), on and after 1 July 2004, an instrument creating a trust in relation to—

(a) the body; or

(b) a former agency of which the body is the successor agency—

has effect and continues to have effect according to its tenor as if the trust were in relation to the public health service that the body becomes on that date.

(4) Subsections (5) and (6) apply to a body that is a public health service and, immediately before the effective date of an Order under section 239 in relation to that body, was a public hospital.

(5) Each old public hospital instrument (including an instrument made under an Act) that relates to the body has effect and continues to have effect according to its tenor on and after the effective date of an Order under section 239 as if a reference in the instrument to the body were a reference to the body as the public health service that the body becomes on that date.

(6) Without limiting the effect of subsection (5), on and after the effective date of an Order under section 239, an instrument creating a trust in relation to—

(a) the body; or

(b) a former agency of which the body is the successor agency—

has effect and continues to have effect according to its tenor as if the trust were in relation to the public health service that the body becomes on that date.

S. 239
inserted by
No. 52/2004
s. 51.

239 Order establishing a public health service

- (1) If, following consultation with the board of a public hospital, the Minister considers that it is in the public interest that the public hospital become a public health service, the Minister may recommend that an Order be made under subsection (3).
- (2) In making a recommendation under subsection (1), the Minister must have regard to—
 - (a) the nature and scope of the health services provided by the public hospital; and
 - (b) the size of the public hospital's budget; and
 - (c) any proposal for major redevelopment of the public hospital or major capital investment by the Crown in the public hospital; and
 - (d) any other matter that the Minister considers relevant.
- (3) The Governor in Council, by Order published in the Government Gazette, on the recommendation of the Minister under subsection (1), may establish a public health service by the name specified in the Order.
- (4) If an Order is made under subsection (3)—
 - (a) the public hospital whose name is specified in the Order becomes a public health service; and
 - (b) Schedule 1 is amended by the omission of the name of the public hospital whose name is specified in the Order; and
 - (c) Schedule 5 is amended by the addition of the name specified in the Order of the new public health service in the appropriate alphabetical position.

240 Establishment of first board of certain public health services

S. 240
inserted by
No. 52/2004
s. 51.

If, on the effective date of an Order under section 239, a public hospital becomes a public health service—

- (a) the members of the board of the public hospital go out of office; and
- (b) a board must be appointed in accordance with section 65T.

241 First by-laws

S. 241
inserted by
No. 52/2004
s. 51.

(1) If, on the effective date of an Order under section 239 or on 1 July 2004, a public hospital becomes a public health service—

- (a) the by-laws of the public hospital are taken to have been revoked; and
- (b) the Governor in Council, by Order published in the Government Gazette, on the recommendation of the Minister, may specify the by-laws, including the core objects, of the public health service.

(2) The by-laws of a public health service specified in an Order under subsection (1) are taken to have been made by the board of the public health service and approved by the Secretary under section 24.

242 Registrar of Titles

S. 242
inserted by
No. 52/2004
s. 51.

The Registrar of Titles, on being requested to do so and on delivery of any relevant certificate of title or instrument, must make any amendments in the Register that are necessary because of the operation of this Part.

S. 243
inserted by
No. 52/2004
s. 51.

243 Operation of provisions not subject to review

Nothing done under this Part gives rise to any cause or right of action or application before any court or tribunal.

Part 13—Re-organisation of public hospitals and public health services

Pt 13
(Heading and
ss 244–273)
inserted by
No. 52/2004
s. 51.

244 Definitions

S. 244
inserted by
No. 52/2004
s. 51.

In this Part—

agency means—

- (a) a public hospital; or
- (b) a public health service;

effective date, in relation to an Order under this Part, means the date specified in the Order to be the effective date of that Order;

instrument includes a document and an oral agreement;

liabilities means all liabilities, duties and obligations, whether actual, contingent or prospective;

old instrument means an instrument subsisting immediately before the effective date of an Order under section 248—

- (a) to which a transferring agency was a party; or
- (b) that was given to or in favour of a transferring agency; or
- (c) that refers to a transferring agency; or
- (d) under which—
 - (i) money is, or may become, payable to or by a transferring agency; or
 - (ii) other property is to be, or may become liable to be, transferred to or by a transferring agency;

property means a legal or equitable estate or interest (whether present or future and whether vested or contingent) in real or personal property of any description;

receiving agency means an agency to which property, rights or liabilities are transferred under this Part;

rights means all rights, powers, privileges and immunities, whether actual, contingent or prospective;

staff transfer date in relation to a list referred to in section 263 means the date fixed by the Minister under section 262 as the staff transfer date for the purposes of that list;

transferred hospital employee means a person who, by reason of section 264 is regarded as being employed by a receiving agency with effect from the relevant staff transfer date;

transferring agency means an agency from which property, rights or liabilities are transferred under this Part.

S. 245
inserted by
No. 52/2004
s. 51.

245 Extra-territorial operation

It is the intention of the Parliament that the operation of this Part should, as far as possible, include operation in relation to the following—

- (a) land situated outside Victoria, whether in or outside Australia;
- (b) things situated outside Victoria, whether in or outside Australia;
- (c) acts, transactions and matters done, entered into or occurring outside Victoria, whether in or outside Australia;

- (d) things, acts, transactions and matters (wherever situated, done, entered into or occurring) that would, apart from this Part, be governed or otherwise affected by the law of the Commonwealth, another State, a Territory or a foreign country.

246 Part to prevail

If there is any inconsistency between this Part and Division 9 of Part 3 or Division 5 or 6 of Part 9, this Part prevails to the extent of the inconsistency.

S. 246
inserted by
No. 52/2004
s. 51.

247 Minister to consider report

- (1) If the Minister proposes to recommend under this Part the re-organisation of an agency or the services it provides, the Minister must cause a report of the proposal to be prepared and made available to the board of each agency affected by the proposal.
- (2) The Minister, after consideration of any written submission made on a report under subsection (1) within 30 days after the report is made available and having regard to the objectives of this Act and the public interest, may make a recommendation under section 248.
- (3) Despite subsections (1) and (2), the Minister, having regard to the objectives of this Act and public interest, may make a recommendation under section 248 at any time in relation to Women's and Children's Health.

S. 247
inserted by
No. 52/2004
s. 51.

248 Order in Council

- (1) The Governor in Council, by Order published in the Government Gazette, on the recommendation of the Minister, may do one or more of the following—
 - (a) establish an agency;

S. 248
inserted by
No. 52/2004
s. 51.

- (b) appoint a person to act as the first chief executive officer of an agency established by Order under this section and may specify the period (being not more than 6 months) of appointment and the terms and conditions of appointment;
 - (c) specify the by-laws, including the core objects, of an agency established by Order under this section;
 - (d) allocate to an agency or agencies (whether or not established by Order under this section) such of the property, rights and liabilities (wherever located) of another agency (whether or not its incorporation is cancelled by Order under this section) as are specified in the Order;
 - (e) cancel the incorporation of an agency from which property, rights and liabilities are transferred.
- (2) Without limiting subsection (1)(d), an Order may allocate property, rights and liabilities by reference—
- (a) to a campus of an agency or other place; or
 - (b) to a class or category of property, rights or liabilities; or
 - (c) to a combination of paragraphs (a) and (b).
- (3) Before making a recommendation to make an Order under subsection (1)(e), the Minister must be satisfied that as far as practicable the property, rights and liabilities, wherever located, of the transferring agency whose incorporation is to be cancelled, have been transferred to another agency or agencies.

249 Amendment of Schedules if new agency established

S. 249
inserted by
No. 52/2004
s. 51.

If an agency is established by Order under section 248—

- (a) a new agency with the name specified in the Order comes into existence; and
- (b) in the case of a new public hospital, Schedule 1 is amended by the addition of the name of the new public hospital in the appropriate alphabetical position; and
- (c) in the case of a new public health service, Schedule 5 is amended by the addition of the name of the new public health service in the appropriate alphabetical position.

250 Establishment of first board

S. 250
inserted by
No. 52/2004
s. 51.

(1) If a public hospital is established by Order under section 248—

- (a) despite section 33(3) to (11), the board of the public hospital consists of the persons (being not less than 6 and not more than 12) named in the Order; and
- (b) for the purposes of Division 4 of Part 3, the Order constitutes the instrument of appointment of the members of the board and may include terms and conditions of appointment.

(2) If a public health service is established by Order under section 248—

- (a) despite section 65T, the board of the public health service consists of the persons (being not less than 6 and not more than 9) named in the Order; and

- (b) for the purposes of Division 9B of Part 3, the Order constitutes the instrument of appointment of the directors of the board and may include terms and conditions of appointment.

S. 251
inserted by
No. 52/2004
s. 51.

251 First by-laws of agency

If, by Order under section 248, an agency is established and the agency's by-laws are specified, the by-laws are taken to have been made by the board of the agency and approved by the Secretary under section 24.

S. 252
inserted by
No. 52/2004
s. 51.

252 Appointment of first chief executive officer

If, by Order under section 248, an agency is established and a chief executive officer of the agency is appointed, the appointment is taken to have been made by the board of the agency and approved by the Secretary under section 25.

S. 253
inserted by
No. 52/2004
s. 51.

253 Cancellation of agency's incorporation

- (1) If the incorporation of a public hospital is cancelled by Order under section 248—
 - (a) Schedule 1 is amended by the omission of the name of that public hospital; and
 - (b) the members of the board of the public hospital go out of office; and
 - (c) the chief executive officer of the public hospital goes out of office.
- (2) If the incorporation of a public health service is cancelled by Order under section 248—
 - (a) Schedule 5 is amended by the omission of the name of that public health service; and
 - (b) the directors of the board of the public health service go out of office; and

- (c) the chief executive officer of the public health service goes out of office.
- (3) If the incorporation of an agency is cancelled by Order under section 248 and all its property, rights and liabilities have not been allocated to another agency, on the effective date of the Order—
 - (a) the remaining property and rights of the agency, wherever located, vest in the Crown; and
 - (b) the remaining liabilities of the agency, wherever located, become liabilities of the Crown; and
 - (c) the Crown becomes the successor in law of the agency in respect of that property and those rights and liabilities; and
 - (d) this Part applies as if any reference—
 - (i) to property, rights and liabilities of a transferring agency whose incorporation is cancelled by Order under section 248 were a reference to property, rights and liabilities vested in the Crown under this subsection; and
 - (ii) to a receiving agency were a reference to the Crown.
- (4) Subsection (3) does not apply to a trust.

254 Vesting of property, rights and liabilities

If property, rights or liabilities are allocated by Order under section 248 from one agency to another agency, on the effective date of the Order—

- (a) all the property and rights specified in the Order of the transferring agency vest in the receiving agency; and

S. 254
inserted by
No. 52/2004
s. 51.

- (b) all the liabilities specified in the Order of the transferring agency become liabilities of the receiving agency; and
- (c) the receiving agency becomes the successor in law of the transferring agency in respect of that property and those rights and liabilities.

S. 255
inserted by
No. 52/2004
s. 51.

255 Substitution of party to agreement

If, under section 253 or 254, the rights and liabilities of a transferring agency under an agreement vest in, or become liabilities of, a receiving agency—

- (a) the receiving agency becomes, on the effective date of the relevant Order, a party to the agreement in place of the transferring agency; and
- (b) on and after the effective date of the relevant Order, the agreement has effect as if the receiving agency had always been a party to the agreement.

S. 256
inserted by
No. 52/2004
s. 51.

256 Proceedings

- (1) This section applies if—
 - (a) property or rights of a transferring agency vest in a receiving agency under section 253 or 254; or
 - (b) liabilities of a transferring agency become the liabilities of a receiving agency under section 253 or 254.
- (2) If, immediately before the effective date of the relevant Order, proceedings relating to the property, rights or liabilities (including arbitration proceedings) to which the transferring agency was a party were pending or existing in any court or tribunal, then, on and after that date, the receiving agency is substituted for the transferring agency as

a party to the proceedings and has the same rights in the proceedings as the transferring agency had.

257 Interests in land

S. 257
inserted by
No. 52/2004
s. 51.

- (1) This section applies if property of a transferring agency vests in a receiving agency under section 253 or 254.
- (2) Without prejudice to the generality of this Part and despite anything to the contrary in any other Act or law, if immediately before the effective date of the relevant Order, a transferring agency is, in relation to the property, the registered proprietor of an interest in land under the **Transfer of Land Act 1958**, then on and after that date—
 - (a) the receiving agency is taken to be the registered proprietor of that interest in land; and
 - (b) the receiving agency has the same rights and remedies in respect of that interest as the transferring agency had.
- (3) The Registrar of Titles, on being requested to do so and on delivery of any relevant certificate of title or instrument, must make any amendments in the Register that are necessary because of the operation of this Part.

258 Old instruments

S. 258
inserted by
No. 52/2004
s. 51.

- (1) Each old instrument relating to property, rights and liabilities of a transferring agency that, under this Part, have vested in, or become liabilities of, a receiving agency has effect and continues to have effect according to its tenor on and after the effective date of the relevant Order as if a reference in the instrument to the transferring agency were a reference to the receiving agency.

- (2) This section does not apply to an instrument creating a trust to which section 266 applies.

S. 259
inserted by
No. 52/2004
s. 51.

259 Taxes

No duty or other tax is chargeable under any Act in respect of anything affected by or done under this Part or in respect of any act or transaction connected with or necessary to be done by reason of this Part, including a transaction entered into or an instrument made, executed, lodged or given.

S. 260
inserted by
No. 52/2004
s. 51.

260 Evidence

- (1) This section applies if—
- (a) property or rights of a transferring agency vest in a receiving agency under section 253 or 254; or
 - (b) liabilities of a transferring agency become the liabilities of a receiving agency under section 253 or 254.
- (2) Documentary or other evidence that would have been admissible for or against the interests of a transferring agency if the relevant Order had not been made under section 248, is admissible for or against the interests of the receiving agency.
- (3) The **Evidence Act 2008** applies with respect to the books of account of a transferring agency and to entries made in those books of account before the effective date of the relevant Order under section 248, whether or not they relate to the property, rights or liabilities, as if those books of account and entries were business records.

S. 260(3)
amended by
No. 69/2009
s. 54(Sch. Pt 1
item 30.4).

S. 260(4)
repealed by
No. 69/2009
s. 54(Sch. Pt 1
item 30.5).

* * * * *

261 Saving of quality assurance bodies

S. 261
inserted by
No. 52/2004
s. 51.

- (1) This section applies to a committee, council or other body established by one or more transferring agencies and declared to be an approved quality assurance body under section 139.
- (2) The Minister, by notice published in the Government Gazette, may declare that a designated committee, council or body to which this section applies is to be taken to be a body established by a designated receiving agency.
- (3) On the publication of a notice under subsection (2)—
 - (a) the notice has effect according to its tenor; and
 - (b) the declaration of the designated committee, council or body under section 139 continues to have effect and may be revoked in accordance with that section.
- (4) This section has effect despite anything to the contrary in the by-laws of the designated receiving agency.

262 Staff transfer date

S. 262
inserted by
No. 52/2004
s. 51.

- (1) The Minister, by notice published in the Government Gazette, may determine a date that is to be the staff transfer date for the purposes of a list under section 263.
- (2) The Minister may give more than one notice under this section in respect of a transferring agency.

S. 263
inserted by
No. 52/2004
s. 51.

263 List of staff

- (1) Before the relevant staff transfer date, the Secretary must prepare a list of employees (other than the chief executive officer) of a transferring agency who are to become employees of a receiving agency on that date.
- (2) The list may specify the employees—
 - (a) by name or position; or
 - (b) by class or category; or
 - (c) by reference to a campus of a transferring agency or other place; or
 - (d) by any combination of paragraphs (a) to (c).
- (3) The list must specify the receiving agency which on the staff transfer date is to become the employer of each employee specified in the list.
- (4) Nothing in this section prevents a person specified in a list as an employee of a transferring agency from resigning or being dismissed at any time before the relevant staff transfer date in accordance with the terms and conditions of his or her employment.

S. 264
inserted by
No. 52/2004
s. 51.

264 Transfer of staff

- (1) A person listed as an employee of a transferring agency in a list prepared under section 263 who was such an employee immediately before the relevant staff transfer date is to be regarded as—
 - (a) having been employed by the receiving agency specified in the list with effect from the staff transfer date; and
 - (b) having been so employed on the same terms and conditions as those that applied to the person, immediately before the staff transfer date, as an employee of the transferring agency; and

- (c) having accrued an entitlement to benefits, in connection with that employment with the receiving agency, that is equivalent to the entitlement that the person had accrued, as an employee of the transferring agency immediately before the staff transfer date.
- (2) The service of a transferred hospital employee as an employee of the receiving agency is to be regarded for all purposes as having been continuous with the service of the transferred hospital employee, immediately before the relevant staff transfer date, as an employee of the transferring agency.
- (3) A transferred hospital employee is not entitled to receive any payment or other benefit by reason only of having ceased to be an employee of a transferring agency because of this Part.
- (4) A certificate purporting to be signed by the chief executive officer of the receiving agency certifying that a person named in the certificate was, with effect from the relevant staff transfer date, employed, by virtue of this section by the receiving agency named in the certificate is admissible in evidence in any proceedings and is conclusive proof of the matters stated in it.

265 Future terms and conditions of transferred employees

S. 265
inserted by
No. 52/2004
s. 51.

Nothing in section 264 prevents—

- (a) any of the terms and conditions of employment of a transferred hospital employee from being altered by or under any law, award or agreement with effect from any time after the relevant staff transfer date;
or

- (b) a transferred hospital employee from resigning, or the termination of a transferred hospital employee's employment, at any time after the relevant staff transfer date in accordance with the then existing terms and conditions of his or her employment by the receiving agency.

S. 266
inserted by
No. 52/2004
s. 51.

266 Trusts in respect of transferring agencies

- (1) The Governor in Council, by Order published in the Government Gazette, on the recommendation of the Minister, may designate an agency as the successor of a designated transferring agency, for the purposes of any trust or class or category of trusts specified in the Order in relation to the transferring agency.
- (2) The Minister must not recommend the designation of an agency under subsection (1) unless the Minister is satisfied that the agency is the appropriate successor for the transferring agency having regard, where relevant, to the campuses operated or to be operated by the designated agency.
- (3) On and after the effective date of an Order under this section, an instrument creating a trust specified, or in a class or category specified, in the Order in relation to—
 - (a) a transferring agency designated in the Order; or
 - (b) a former agency of which the transferring agency is the successor agency—

has effect and continues to have effect according to its tenor as if the trust were in relation to the agency designated in the Order as the successor of the transferring agency.

- (4) On and after the effective date of an Order under this section, an agency designated in the Order must, for the purposes of any trust specified, or in a class or category specified, in the Order in relation to a transferring agency designated in the Order, be taken to be the same body as that transferring agency.

267 Application of property cy-pres not affected

S. 267
inserted by
No. 52/2004
s. 51.

Nothing in section 266 in relation to an Order under that section affects the operation of—

- (a) an order of a court for the application of property cy-pres made before the effective date of that Order; or
- (b) a scheme or authority for the application of property cy-pres sanctioned or given by the Attorney-General under the **Charities Act 1978** before the effective date of that Order.

268 Application to trusts whenever created

S. 268
inserted by
No. 52/2004
s. 51.

The amendments made to this Act by the **Health Services (Governance and Accountability) Act 2004** apply with respect to a trust (within the meaning of section 3(1)) in relation to a body, whether the trust was created before, on or after the commencement of section 51 of that Act.

269 Validity of things done under this Part

S. 269
inserted by
No. 52/2004
s. 51.

Nothing done under or by this Part—

- (a) is to be regarded as placing any person in breach of contract or confidence or as otherwise making any person guilty of a civil offence; or
- (b) is subject to compliance with or is to be regarded as placing any person in breach of or as constituting a default under any Act or other law or any provision in any agreement, arrangement or understanding including,

without limiting the generality of the foregoing, any provision prohibiting, restricting or regulating the assignment or transfer of any property or right or the disclosure of any information; or

- (c) is to be regarded as fulfilling any condition which allows a person to exercise a power, right or remedy in respect of or to terminate any agreement or obligation; or
- (d) is to be regarded as giving rise to any remedy for a party to a contract or an instrument or as causing or permitting the termination of any contract or instrument because of a change in the beneficial or legal ownership of any property, right or liability; or
- (e) is to be regarded as causing any contract or instrument to be void or otherwise unenforceable; or
- (f) is to be regarded as frustrating any contract; or
- (g) releases any surety or other obligor wholly or in part from any obligation.

S. 270
inserted by
No. 52/2004
s. 51.

270 Operation of provisions not subject to review

Nothing done under this Part gives rise to any cause or right of action or application before any court or tribunal.

S. 271
inserted by
No. 52/2004
s. 51.

271 Appointment of administrator

- (1) If the Minister proposes to make a recommendation under section 248, or has made a recommendation under section 248, and the Minister considers that the appointment of an administrator of an agency will assist the efficient re-organisation of an agency or the services it provides, the Minister may make a recommendation under subsection (2).

- (2) The Governor in Council, on the recommendation of the Minister, may do one of the following—
 - (a) appoint an administrator for an agency;
 - (b) appoint an administrator for an agency and remove the agency's chief executive officer from office.
- (3) The appointment of an administrator may be for such period and subject to such terms and conditions as are specified in the instrument of appointment.
- (4) On the appointment of an administrator to an agency under this section—
 - (a) the directors or members of the board of the agency cease to hold office; and
 - (b) in the case of a public hospital, sections 33(3) to (11), 34 and 35 cease to apply in relation to the board of the public hospital and continue not to apply during the period of appointment of the administrator; and
 - (c) in the case of a public health service, sections 65T, 65U and 65V cease to apply in relation to the board of the public health service and continue not to apply during the period of appointment of the administrator.
- (5) Section 61 does not apply to the appointment of an administrator under this Part.
- (6) Sections 61 and 62 do not apply to an agency for which an administrator has been appointed under this Part.
- (7) The Governor in Council, on the recommendation of the Minister, may at any time revoke the appointment of an administrator and if necessary appoint a new administrator for an agency.

S. 272
inserted by
No. 52/2004
s. 51.

272 Functions of administrator

- (1) The functions of an administrator of an agency are—
 - (a) to carry out the functions of the board of the agency; and
 - (b) to facilitate the transfer of property, rights and liabilities of an agency to another agency or other agencies under this Part.
- (2) An administrator of an agency appointed under this Part has and may exercise all the powers and functions and is subject to all the duties of the board of the agency under, and comprises that board for the purposes of, this Act and the by-laws of the agency.

S. 273
inserted by
No. 52/2004
s. 51.

273 Direction of Secretary

An administrator appointed under this Part is subject to the direction of the Secretary in the exercise of the administrator's functions and powers and the performance of the administrator's duties under this Part.

Schedules

Schedule 1—Public hospitals

Sch. 1
amended².

Section 3

Alexandra District Health
Bairnsdale Regional Health Service
Bass Coast Health
Beaufort and Skipton Health Service
Beechworth Health Service
Benalla Health
Boort District Health
Casterton Memorial Hospital
Central Gippsland Health Service
Central Highlands Rural Health
Cohuna District Hospital
Colac Area Health
Dhelkaya Health
East Grampians Health Service
East Wimmera Health Service
Echuca Regional Health
Gippsland Southern Health Service
Great Ocean Road Health
Heathcote Health
Hesse Rural Health Service
Heywood Rural Health
Inglewood and Districts Health Service
Kerang District Health
Kilmore District Health

Health Services Act 1988
No. 49 of 1988
Schedule 1—Public hospitals

Kooweerup Regional Health Service
Kyabram District Health Service
Mansfield District Hospital
Maryborough District Health Service
Mildura Base Public Hospital
Moyne Health Services
Northeast Health Wangaratta
NCN Health
Omeo District Health
Portland District Health
Queen Elizabeth Centre, The
Rochester and Elmore District Health Service
Rural Northwest Health
Seymour Health
South Gippsland Hospital
South West Healthcare
Swan Hill District Health
Tallangatta Health Service
Terang and Mortlake Health Service
Tweddle Child and Family Health Service
West Gippsland Healthcare Group
West Wimmera Health Service
Western District Health Service
Yarram and District Health Service
Yarrawonga Health
Yea and District Memorial Hospital

Health Services Act 1988
No. 49 of 1988
Schedule 1A—Multi purpose services

Schedule 1A—Multi purpose services

Alpine Health

Corryong Health

Mallee Track Health and Community Service

Orbost Regional Health

Robinvale District Health Services

Timboon and District Healthcare Service

Sch. 1A
inserted by
No. 34/2019
s. 62,
amended by
GG 29.4.21
p. 865.

Health Services Act 1988
No. 49 of 1988
Schedule 2—Denominational hospitals

Schedule 2—Denominational hospitals

Section 3

Sch. 2
amended by
GGs 23.5.90
p. 1623, 1.8.90
p. 2389,
20.2.91 p. 331,
4.9.91 p. 2478,
9.9.93 p. 2512,
SG (No. 21)
6.3.01 p. 1,
GGs 5.7.01
p. 1605,
22.12.05
p. 3053,
13.3.08 p. 548,
31.7.08
p. 1856,
11.5.17 p. 874.

Calvary Health Care Bethlehem Limited

Mercy Hospitals Victoria Limited

St Vincent's Hospital (Melbourne) Limited

Health Services Act 1988
No. 49 of 1988
Schedule 3—Metropolitan hospitals

Schedule 3—Metropolitan hospitals

Sections 3 and 8

Austin and Repatriation Medical Centre

Dental Health Services Victoria

Inner and Eastern Health Care Network

North Western Health Care Network

Peninsula Health Care Network

Southern Health Care Network

Women's and Children's Health Care Network

Sch. 3
inserted by
No. 46/1995
s. 13,
amended by
GGs 27.7.95
pp 1977–1983,
21.12.95
p. 3655,
SG (No. 56)
23.5.96 p. 1,
GG 25.9.97
pp 2708, 2709,
SG (No. 139)
3.11.97 p. 1,
GG 18.12.97
p. 3749.

Health Services Act 1988
No. 49 of 1988
Schedule 4—Privately-operated hospitals

Sch. 4
inserted by
No. 68/1996
s. 36,
amended by
GGs 27.8.98
p. 2322,
24.8.00
p. 2163,
No. 34/2019
s. 63.

Schedule 4—Privately-operated hospitals

Mildura Base Hospital

Health Services Act 1988
No. 49 of 1988
Schedule 5—Public health services

Schedule 5—Public health services

Albury Wodonga Health	Sch. 5 (Heading) substituted by No. 52/2004 s. 53(1).
Alfred Health	Sch. 5 inserted by No. 39/2000 s. 12, amended by SG (No. 96) 30.6.00 pp 3–11, GG 17.4.03 p. 808, No. 52/2004 s. 53(2)(a)–(c), SG (No. 159) 30.6.04 p. 1, GGs 9.6.05 p. 1220, 19.6.08 pp 1374, 1375, SG (No. 251) 10.9.08 p. 1, GG 2.4.09 p. 862 ³ , SGs (No. 213) 30.6.09 p. 1, (No. 191) 30.5.13 p. 1, No. 34/2019 s. 64, SG (No. 599) 29.10.21 p. 2, GG 4.5.23 p. 694.
Austin Health	
Barwon Health	
Bendigo Health	
Dental Health Services Victoria	
Eastern Health	
Goulburn Valley Health	
Grampians Health	
Latrobe Regional Health	
Melbourne Health	
Monash Health	
Northern Health	
Peninsula Health	
Peter MacCallum Cancer Institute	
The Royal Children's Hospital	
The Royal Victorian Eye and Ear Hospital	
The Royal Women's Hospital	
Western Health	

Sch. 6
inserted by
No. 8/2013
s. 4.

Schedule 6—Women's health services

Section 3

The following incorporated associations—

Gippsland Women's Health Service Inc.
Multicultural Centre for Women's Health Inc.
Women's Health and Wellbeing Barwon South West Inc.
Women's Health East Inc.
Women's Health Goulburn North-East Incorporated
Women's Health Grampians Inc.
Women's Health Loddon Mallee Inc.
Women's Health in the North Inc.
Women's Health in the South-East Inc.
Women's Health Victoria Inc.
Women's Health West Inc.

Endnotes

1 General information

See www.legislation.vic.gov.au for Victorian Bills, Acts and current authorised versions of legislation and up-to-date legislative information.

Minister's second reading speech—

Legislative Assembly: 24 March 1988

Legislative Council: 22 April 1988

The long title for the Bill for this Act was "A Bill relating to health services, to repeal the **Hospitals and Charities Act 1958**, to make consequential amendments to certain Acts, to amend the **Cancer Act 1958** and for other purposes."

The **Health Services Act 1988** was assented to on 24 May 1988 and came into operation as follows:

Section 196 on 1 October 1987: section 2(2); sections 1–3, 6, 8–17, 52–56, 139, 193–195, 197–201 on 1 July 1988: Government Gazette 29 June 1988 page 1896; section 27 on 1 July 1989: Government Gazette 3 May 1989 page 998; sections 18–26, 28–51, 57–69, 135–138, 140–142, 144–154, 156–159, 166–176, 177(1) (*except* (b)(c)), 178, 180, 182–192 on 14 May 1989: Government Gazette 3 May 1989 page 998; rest of Act (*except* Part 6) on 1 February 1991: Special Gazette (No. 9) 31 January 1991 page 2; Part 6 was never proclaimed and was repealed by section 3(2)(Schedule 2) of the **Statute Law Revision Act 1995**, No. 11/1995.

INTERPRETATION OF LEGISLATION ACT 1984 (ILA)

Style changes

Section 54A of the ILA authorises the making of the style changes set out in Schedule 1 to that Act.

References to ILA s. 39B

Sidenotes which cite ILA s. 39B refer to section 39B of the ILA which provides that where an undivided section or clause of a Schedule is amended by the insertion of one or more subsections or subclauses, the original section or clause becomes subsection or subclause (1) and is amended by the insertion of the expression "(1)" at the beginning of the original section or clause.

Interpretation

As from 1 January 2001, amendments to section 36 of the ILA have the following effects:

- **Headings**

All headings included in an Act which is passed on or after 1 January 2001 form part of that Act. Any heading inserted in an Act which was passed before 1 January 2001, by an Act passed on or after 1 January 2001, forms part of that Act. This includes headings to Parts, Divisions or Subdivisions in a Schedule; sections; clauses; items; tables; columns; examples; diagrams; notes or forms. See section 36(1A)(2A).

- **Examples, diagrams or notes**

All examples, diagrams or notes included in an Act which is passed on or after 1 January 2001 form part of that Act. Any examples, diagrams or notes inserted in an Act which was passed before 1 January 2001, by an Act passed on or after 1 January 2001, form part of that Act. See section 36(3A).

- **Punctuation**

All punctuation included in an Act which is passed on or after 1 January 2001 forms part of that Act. Any punctuation inserted in an Act which was passed before 1 January 2001, by an Act passed on or after 1 January 2001, forms part of that Act. See section 36(3B).

- **Provision numbers**

All provision numbers included in an Act form part of that Act, whether inserted in the Act before, on or after 1 January 2001. Provision numbers include section numbers, subsection numbers, paragraphs and subparagraphs. See section 36(3C).

- **Location of "legislative items"**

A "legislative item" is a penalty, an example or a note. As from 13 October 2004, a legislative item relating to a provision of an Act is taken to be at the foot of that provision even if it is preceded or followed by another legislative item that relates to that provision. For example, if a penalty at the foot of a provision is followed by a note, both of these legislative items will be regarded as being at the foot of that provision. See section 36B.

- **Other material**

Any explanatory memorandum, table of provisions, endnotes, index and other material printed after the Endnotes does not form part of an Act. See section 36(3)(3D)(3E).

2 Table of Amendments

This publication incorporates amendments made to the **Health Services Act 1988** by Acts and subordinate instruments.

Health Acts (Amendment) Act 1989, No. 1/1989 (as amended by No. 42/1993)

Assent Date: 21.3.89
Commencement Date: Ss 3–5 on 24.5.88: s. 2(1); rest of Act on 21.3.89:
s. 2(2)
Current State: All of Act in operation

Magistrates' Court (Consequential Amendments) Act 1989, No. 57/1989

Assent Date: 14.6.89
Commencement Date: S. 4(1)(a)–(e)(2) on 1.9.89: Government Gazette
30.8.89 p. 2210; rest of Act on 1.9.90: Government
Gazette 25.7.90 p. 2217
Current State: All of Act in operation

Health Services (Amendment) Act 1990, No. 31/1990

Assent Date: 13.6.90
Commencement Date: Ss 3, 5 on 14.5.89: s. 2(1); rest of Act on 13.6.90:
s. 2(2)
Current State: All of Act in operation

Health Services (Further Amendment) Act 1990, No. 53/1990

Assent Date: 7.11.90
Commencement Date: Ss 9, 27 on 14.5.89: s. 2(1); rest of Act on 7.11.90:
s. 2(2)
Current State: All of Act in operation

Hospitals and Charities (Extension) Act 1992, No. 2/1992

Assent Date: 28.4.92
Commencement Date: 28.4.92
Current State: All of Act in operation

Health and Community Services (General Amendment) Act 1993, No. 42/1993

Assent Date: 1.6.93
Commencement Date: S. 23(1) on 14.5.89: s. 2(2); ss 19–22, 23(2)(3) on
1.10.93: Government Gazette 16.9.93 p. 2548
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Health Services (Amendment) Act 1993, No. 112/1993

Assent Date: 7.12.93
Commencement Date: 7.12.93
Current State: All of Act in operation

Health and Community Services (Further Amendment) Act 1993, No. 124/1993

Assent Date: 7.12.93
Commencement Date: All of Act (*except* Pt 3 (ss 4–8)) on 7.12.93: s. 2(1);
Pt 3 on 18.12.94: Government Gazette 15.12.94
p. 3308
Current State: All of Act in operation

Health Services Act 1988
No. 49 of 1988
Endnotes

Audit Act 1994, No. 2/1994

Assent Date: 27.4.94
Commencement Date: Pt 1 (ss 1–3) on 27.4.94: s. 2(1); rest of Act on 1.7.94: s. 2(2)
Current State: All of Act in operation

Medical Practice Act 1994, No. 23/1994 (as amended by No. 74/2000)

Assent Date: 17.5.94
Commencement Date: Ss 1, 2 on 17.5.94: s. 2(1); rest of Act on 1.7.94: Government Gazette 23.6.94 p. 1672
Current State: All of Act in operation

Financial Management (Consequential Amendments) Act 1994, No. 31/1994

Assent Date: 31.5.94
Commencement Date: Ss 1, 2 on 31.5.94: s. 2(1); s. 3, Sch. 1 (*except* item 60) on 7.7.94: Government Gazette 7.7.94 p. 1878—see **Interpretation of Legislation Act 1984**; Sch. 1 item 60 was never proclaimed, repealed by 75/1994: s. 13; s. 4, Sch. 2 on 1.1.95: Government Gazette 28.7.94 p. 2055
Current State: All of Act in operation

Financial Management (Amendment) Act 1994, No. 75/1994

Assent Date: 22.11.94
Commencement Date: S. 7(6) on 10.5.94: s. 2(1); rest of Act on 1.1.95 s. 2(2)
Current State: All of Act in operation

Health Services (Amendment) Act 1994, No. 88/1994

Assent Date: 6.12.94
Commencement Date: Ss 1, 2 on 6.12.94: s. 2(1); rest of Act on 2.3.95: Government Gazette 2.3.95 p. 431
Current State: All of Act in operation

Valuation of Land (Amendment) Act 1994, No. 91/1994

Assent Date: 6.12.94
Commencement Date: S. 25 on 23.1.95: Government Gazette 19.1.95 p. 121
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Statute Law Revision Act 1995, No. 11/1995

Assent Date: 26.4.95
Commencement Date: 26.4.95
Current State: All of Act in operation

Health Services (Metropolitan Hospitals) Act 1995, No. 46/1995

Assent Date: 14.6.95
Commencement Date: 14.6.95
Current State: All of Act in operation

Miscellaneous Acts (Health and Justice) Amendment Act 1995, No. 99/1995

Assent Date: 5.12.95
Commencement Date: 5.12.95
Current State: All of Act in operation

Health Services Act 1988

No. 49 of 1988

Endnotes

Legal Practice Act 1996, No. 35/1996

Assent Date: 6.11.96
Commencement Date: S. 453(Sch. 1 item 38) on 1.1.97: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Acts (Further Amendment) Act 1996, No. 68/1996

Assent Date: 17.12.96
Commencement Date: Pt 6 (ss 18–36) on 17.12.96: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Community Health Centres) Act 1997, No. 17/1997

Assent Date: 6.5.97
Commencement Date: Ss 1, 2 on 6.5.97: s. 2(1); s. 3 on 1.9.97: s. 2(2)
Current State: All of Act in operation

Health Services (Amendment) Act 1997, No. 73/1997 (as amended by Nos 13/1998, 52/1998)

Assent Date: 25.11.97
Commencement Date: Ss 4–6 on 18.12.97: Government Gazette 18.12.97 p. 3613; ss 8, 9 on 2.11.98: Government Gazette 29.10.98 p. 2639
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Mental Health (Victorian Institute of Forensic Mental Health) Act 1997, No. 77/1997

Assent Date: 25.11.97
Commencement Date: S. 6 on 1.1.98: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (St Andrew's Hospital) Act 1997, No. 83/1997

Assent Date: 2.12.97
Commencement Date: S. 3 on 7.5.98: Government Gazette 23.4.98 p. 880
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Amendment) Act 1998, No. 13/1998

Assent Date: 28.4.98
Commencement Date: 28.4.98
Current State: All of Act in operation

Ambulance Services (Amendment) Act 1998, No. 38/1998

Assent Date: 26.5.98
Commencement Date: S. 14(2) on 30.6.98: Government Gazette 25.6.98 p. 1562; s. 14(1) on 1.12.99: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Act 1988
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Public Sector Reform (Miscellaneous Amendments) Act 1998, No. 46/1998
(as amended by No. 12/1999)

Assent Date: 26.5.98
Commencement Date: S. 7(Sch. 1) on 1.7.98: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Tribunals and Licensing Authorities (Miscellaneous Amendments) Act 1998, No. 52/1998

Assent Date: 2.6.98
Commencement Date: S. 311(Sch. 1 item 36) on 1.7.98: Government Gazette 18.6.98 p. 1512
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Further Amendment) Act 1998, No. 66/1998

Assent Date: 4.11.98
Commencement Date: Ss 4, 5, 7–14, 16 on 4.11.98: s. 2(1): s. 6 on 21.12.98: Government Gazette 17.12.98 p. 3053
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Transfer of Land (Single Register) Act 1998, No. 85/1998

Assent Date: 17.11.98
Commencement Date: S. 24(Sch. item 32) on 1.1.99: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Public Sector Reform (Further Amendments) Act 1999, No. 12/1999⁴

Assent Date: 11.5.99
Commencement Date: S. 4(Sch. 2 item 7) on 11.5.99: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Dental Practice Act 1999, No. 26/1999

Assent Date: 1.6.99
Commencement Date: S. 107(Sch. item 4) on 1.7.00: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Governance) Act 2000, No. 39/2000

Assent Date: 6.6.00
Commencement Date: Ss 4–12 on 30.6.00: Special Gazette (No. 88) 23.6.00 p. 11
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Public Lotteries Act 2000, No. 73/2000

Assent Date: 21.11.00
Commencement Date: S. 100 on 1.7.01: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Act 1988
No. 49 of 1988
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Health Services (Amendment) Act 2001, No. 1/2001

Assent Date: 27.3.01
Commencement Date: 1.4.01: s. 2
Current State: All of Act in operation

Health Records Act 2001, No. 2/2001

Assent Date: 10.4.01
Commencement Date: S. 103(1)(2)(b) on 1.3.02: Government Gazette 28.2.02 p. 318; ss 103(2)(a)(c)(3)–(5), 104 on 1.7.02: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Health Purchasing Victoria) Act 2001, No. 18/2001

Assent Date: 29.5.01
Commencement Date: 1.7.01: s. 2
Current State: All of Act in operation

Corporations (Consequential Amendments) Act 2001, No. 44/2001

Assent Date: 27.6.01
Commencement Date: S. 3(Sch. item 61) on 15.7.01: s. 2
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Community Visitors Legislation (Miscellaneous Amendments) Act 2001, No. 51/2001

Assent Date: 25.9.01
Commencement Date: Ss 6, 7 on 1.2.02: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Statute Law (Further Revision) Act 2002, No. 11/2002

Assent Date: 23.4.02
Commencement Date: S. 3(Sch. 1 item 32) on 24.4.02: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Electoral Act 2002, No. 23/2002

Assent Date: 12.6.02
Commencement Date: S. 194 on 1.9.02: Government Gazette 29.8.02 p. 2333
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Legislation (Amendment) Act 2003, No. 67/2003

Assent Date: 14.10.03
Commencement Date: Ss 4, 5 on 15.10.03: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Legislation (Further Amendment) Act 2003, No. 98/2003

Assent Date: 2.12.03
Commencement Date: S. 13 on 3.12.03: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Act 1988
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Gambling Regulation Act 2003, No. 114/2003

Assent Date: 16.12.03
Commencement Date: S. 12.1.3(Sch. 6 item 6) on 1.7.04: Government Gazette 1.7.04 p. 1843
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Supported Residential Services) Act 2004, No. 18/2004

Assent Date: 18.5.04
Commencement Date: Ss 5, 10, 11, 20 on 1.9.04: Special Gazette (No. 189) 1.9.04 p. 1; ss 4, 6–9, 12–19, 21–25 on 31.12.04: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services (Governance and Accountability) Act 2004, No. 52/2004

Assent Date: 22.6.04
Commencement Date: Ss 4–51, 53(1) on 23.6.04: s. 2(1); ss 52, 53(2) on 1.7.04: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Public Administration Act 2004, No. 108/2004

Assent Date: 21.12.04
Commencement Date: S. 117(1)(Sch. 3 item 96) on 5.4.05: Government Gazette 31.3.05 p. 602
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Legal Profession (Consequential Amendments) Act 2005, No. 18/2005

Assent Date: 24.5.05
Commencement Date: S. 18(Sch. 1 item 49) on 12.12.05: Government Gazette 1.12.05 p. 2781
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Legislation (Miscellaneous Amendments) Act 2005, No. 42/2005

Assent Date: 2.8.05
Commencement Date: Ss 8–14 on 3.8.05: s. 2
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Professions Registration Act 2005, No. 97/2005

Assent Date: 7.12.05
Commencement Date: S. 182(Sch. 4 item 27) on 1.7.07: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Infringements (Consequential and Other Amendments) Act 2006, No. 32/2006

Assent Date: 13.6.06
Commencement Date: S. 94(Sch. item 25) on 1.7.06: Government Gazette 29.6.06 p. 1315
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Act 1988
No. 49 of 1988
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**Children, Youth and Families (Consequential and Other Amendments) Act 2006,
No. 48/2006**

Assent Date: 15.8.06
Commencement Date: S. 42(Sch. item 17) on 23.4.07: s. 2(3)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Health Services (Supported Residential Services) Act 2006, No. 55/2006

Assent Date: 15.8.06
Commencement Date: Ss 9, 17 on 12.10.06: Government Gazette 12.10.06
p. 2171; ss 4–8, 10–16 on 1.1.07: s. 2(3)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

**Public Sector Acts (Further Workplace Protection and Other Matters) Act 2006,
No. 80/2006**

Assent Date: 10.10.06
Commencement Date: S. 26(Sch. item 48) on 11.10.06: s. 2(1)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Motor Car Traders Amendment Act 2008, No. 4/2008

Assent Date: 4.3.08
Commencement Date: S. 32(Sch. item 14) on 1.12.08: s. 2(2)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Relationships Act 2008, No. 12/2008

Assent Date: 15.4.08
Commencement Date: S. 73(1)(Sch. 1 item 30) on 1.12.08: s. 2(2)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Public Health and Wellbeing Act 2008, No. 46/2008

Assent Date: 2.9.08
Commencement Date: S. 277 on 1.1.10: s. 2(2)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Health Services Legislation Amendment Act 2008, No. 79/2008

Assent Date: 11.12.08
Commencement Date: S. 10 on 12.12.08: s. 2(1); ss 6–9, 11–14 on 31.3.09:
Government Gazette 19.2.09 p. 328
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

**Statute Law Amendment (Evidence Consequential Provisions) Act 2009,
No. 69/2009**

Assent Date: 24.11.09
Commencement Date: S. 54(Sch. Pt 1 item 30), (Sch. Pt 2 item 25) on 1.1.10:
s. 2(2)
Current State: This information relates only to the provision/s
amending the **Health Services Act 1988**

Health Services Act 1988
No. 49 of 1988
Endnotes

Statute Law Amendment (National Health Practitioner Regulation) Act 2010, No. 13/2010

Assent Date: 30.3.10
Commencement Date: S. 51(Sch. item 29) on 1.7.10: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health and Human Services Legislation Amendment Act 2010, No. 29/2010

Assent Date: 8.6.10
Commencement Date: S. 58 on 1.7.10: Special Gazette (No. 235) 23.6.10 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Supported Residential Services (Private Proprietors) Act 2010, No. 49/2010

Assent Date: 24.8.10
Commencement Date: Ss 219–226 on 1.7.12: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Subordinate Legislation Amendment Act 2010, No. 78/2010

Assent Date: 19.10.10
Commencement Date: S. 24(Sch. 1 item 15) on 1.1.11: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Amendment (Health Innovation and Reform Council) Act 2011, No. 17/2011

Assent Date: 31.5.11
Commencement Date: 1.3.12: s. 2(2)
Current State: All of Act in operation

Consumer Acts Amendment Act 2011, No. 36/2011

Assent Date: 23.8.11
Commencement Date: S. 34 on 24.8.11: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Associations Incorporation Reform Act 2012, No. 20/2012

Assent Date: 1.5.12
Commencement Date: S. 226(Sch. 5 item 15) on 26.11.12: Special Gazette (No. 384) 20.11.12 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Australian Consumer Law and Fair Trading Act 2012, No. 21/2012

Assent Date: 8.5.12
Commencement Date: S. 239(Sch. 6 item 21) on 1.7.12: Special Gazette (No. 214) 28.6.12 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Integrity and Accountability Legislation Amendment Act 2012, No. 82/2012

Assent Date: 18.12.12
Commencement Date: S. 290 on 10.2.13: Special Gazette (No. 32) 6.2.13 p. 2
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

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Health Services Amendment (Health Purchasing Victoria) Act 2013, No. 8/2013

Assent Date: 26.2.13
Commencement Date: 27.2.13: s. 2
Current State: All of Act in operation

Legal Profession Uniform Law Application Act 2014, No. 17/2014

Assent Date: 25.3.14
Commencement Date: S. 160(Sch. 2 item 48) on 1.7.15: Special Gazette (No. 151) 16.6.15 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Amendment Act 2014, No. 22/2014

Assent Date: 1.4.14
Commencement Date: Ss 4–7 on 15.4.14: Special Gazette (No. 122) 15.4.14 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Mental Health Act 2014, No. 26/2014

Assent Date: 8.4.14
Commencement Date: S. 455(Sch. items 13, 36) on 1.7.14: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Victoria Police Amendment (Consequential and Other Matters) Act 2014, No. 37/2014

Assent Date: 3.6.14
Commencement Date: S. 10(Sch. item 78) on 1.7.14: Special Gazette (No. 200) 24.6.14 p. 2
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Inquiries Act 2014, No. 67/2014

Assent Date: 23.9.14
Commencement Date: S. 147(Sch. 2 item 20) on 15.10.14: Special Gazette (No. 364) 14.10.14 p. 2
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Complaints Act 2016, No. 22/2016

Assent Date: 3.5.16
Commencement Date: Ss 233–236 on 1.2.17: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Family Violence Protection Amendment (Information Sharing) Act 2017, No. 23/2017

Assent Date: 14.6.17
Commencement Date: S. 39 on 26.2.18: Special Gazette (No. 40) 6.2.18 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

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Health Legislation Amendment (Quality and Safety) Act 2017, No. 52/2017

Assent Date: 24.10.17
Commencement Date: Ss 6–32, 45–59 on 1.4.18: Special Gazette (No. 96) 6.3.18 p. 1; ss 3–5, 33–44, 60–68 on 1.7.18: s. 2(4)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Oaths and Affirmations Act 2018, No. 6/2018

Assent Date: 27.2.18
Commencement Date: S. 68(Sch. 2 item 65) on 1.3.19: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Children Legislation Amendment (Information Sharing) Act 2018, No. 11/2018

Assent Date: 10.4.18
Commencement Date: S. 32 on 27.9.18: Special Gazette (No. 405) 4.9.18 p. 1
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Audit Amendment Act 2019, No. 12/2019

Assent Date: 4.6.19
Commencement Date: S. 20 on 1.7.19: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Guardianship and Administration Act 2019, No. 13/2019

Assent Date: 4.6.19
Commencement Date: S. 221(Sch. 1 item 20) on 1.3.20: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Legislation Amendment and Repeal Act 2019, No. 34/2019

Assent Date: 22.10.19
Commencement Date: Ss 55–64 on 23.10.19: s. 2(1); ss 54, 85 on 27.8.20: s. 2(3)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Health Services Amendment (Mandatory Vaccination of Healthcare Workers) Act 2020, No. 8/2020

Assent Date: 24.3.20
Commencement Date: Ss 3–8 on 25.3.20: s. 2
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Non-Emergency Patient Transport Amendment Act 2021, No. 29/2021

Assent Date: 10.8.21
Commencement Date: S. 36 on 30.9.21: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

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Health Legislation Amendment (Quality and Safety) Act 2022, No. 4/2022

Assent Date: 1.3.22
Commencement Date: Ss 4–11, 30–32 on 30.11.22: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Mental Health and Wellbeing Act 2022, No. 39/2022

Assent Date: 6.9.22
Commencement Date: Ss 832–837 on 1.9.23: s. 2(2)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

Children and Health Legislation Amendment (Statement of Recognition, Aboriginal Self-determination and Other Matters) Act 2023, No. 17/2023

Assent Date: 27.6.23
Commencement Date: S. 67 on 28.6.23: s. 2(1)
Current State: This information relates only to the provision/s amending the **Health Services Act 1988**

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3 Explanatory details

¹ S. 134V def. of *health service entity* (*repealed*): The amendment proposed by section 836 of the **Mental Health and Wellbeing Act 2022**, No. 39/2022 is not included in this publication due to the earlier repeal of the section 134V definition of *health service entity* by section 10 of the **Health Legislation Amendment (Quality and Safety) Act 2022**, No. 4/2022.

Section 836 reads as follows:

836 Definitions—Part 6B

In section 134V of the **Health Services Act 1988**,
in the definition of *health service entity*—

(a) in paragraph (i), omit "established by
section 328 of the **Mental Health
Act 2014**";

(b) after paragraph (i) insert—

"(ia) Youth Mental Health and Wellbeing
Victoria; or".

² Sch. 1 amended by GGs 10.8.88 p. 2433, 19.10.88 p. 3182, 2.11.88 p. 3281, 14.12.88 p. 3769, 22.3.89 p. 658, 20.9.89 p. 2427, 11.10.89 p. 2597, 18.10.89 p. 2666, 24.1.90 p. 222, 7.3.90 p. 705, 31.10.90 p. 3356, 6.2.91 p. 243, 24.4.91 p. 1100, 8.5.91 p. 1246, 29.5.91 p. 1414, 26.6.91 p. 1712, 18.12.91 p. 3541, 22.1.92 p. 149, 29.1.92 p. 212, 17.6.92 p. 1504, 22.7.92 p. 1900, 5.8.92 pp 2082, 2085, 7.10.92 p. 2998, 17.6.93 p. 1560, 26.8.93 p. 2406, 28.10.93 pp 2927, 2928, SG (No. 95) 21.12.93 p. 5, GGs 24.3.94 p. 756, 28.7.94 p. 2098, 15.9.94 pp 2503, 2504, 22.9.94 p. 2290, 20.10.94 p. 2830, 27.10.94 p. 2905, 1.12.94 p. 3191, 8.12.94 p. 3264, 22.12.94 pp 3486, 3487, 12.1.95 p. 40, 23.3.95 pp 671, 672, 6.4.95 pp 821, 822, 20.4.95 pp 930, 931, No. 46/1995 s. 12, GGs 15.6.95 p. 1439, 22.6.95 pp 1531, 1532, 29.6.95 pp 1681, 1682, 17.8.95 pp 2177, 2178, SG (No. 108) 31.10.95 pp 1, 2, No. 99/1995 s. 11, GGs 21.12.95 p. 3656, 29.2.96 p. 505, 20.6.96 p. 1578, 27.6.96 p. 1648, 26.9.96 pp 2568, 2569, 31.10.96 pp 2854, 2855, 19.12.96 pp 3330–3334, 30.1.97 p. 245, 22.5.97 p. 1182, 19.6.97 pp 1416, 1417, 2.10.97 p. 2759, 27.11.97 p. 3266, 12.3.98 p. 547, 19.3.98 pp 594, 595, 26.3.98 pp 693–697, 25.6.98 pp 1656, 1657, 12.11.98 p. 2775, 21.1.99 p. 111, 25.2.99 p. 515, 1.7.99 pp 1559–1562, 12.8.99 p. 1888, 2.12.99 p. 2570, SG (No. 101) 5.7.00 p. 1, GGs 15.3.01 p. 458, 28.6.01 p. 1499, 17.1.02 p. 70, 24.1.02 p. 130, 20.6.02 p. 1399, 10.10.02 p. 2735, 19.12.02 p. 3327, 12.6.03 p. 1368, 26.6.03 p. 1640, No. 52/2004 s. 52, SG (No. 153) 29.6.04 p. 1, GGs 19.8.04 p. 2343, 30.6.05 p. 1461, 12.2.09 pp 301, 302, SGs (No. 213) 30.6.09 p. 1, (No. 214) 30.6.09 p. 1, (No. 260) 29.7.09 p. 1, GGs 23.6.11 pp 1433, 1434, 7.7.11 p. 1607, 14.7.11 p. 1651, SG (No. 299) 22.9.11 p. 1, GGs 4.9.14 p. 2027, 18.6.15 p. 1387, SGs (No. 214) 1.7.16 p. 1,

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SG (No. 325) 23.6.21 p. 1, SG (No. 599) 29.10.21 p. 2, SG (No. 94) 24.2.22
p. 2.

³ Sch. 5: The Order published in the Government Gazette on 2 April 2009 at
page 862 is effective from the date of publication in the Government Gazette.

⁴ Table of Amendments (**Public Sector Reform (Further Amendments)
Act 1999**): The amendment proposed to sections 115N and 115T(2) by
section 4 (Sch. 2 item 7) of the **Public Sector Reform (Further
Amendments) Act 1999**, No. 12/1999 (*repealed*) is not included in this
publication due to the earlier amendment of sections 115N and 115T(2) by
section 16 of the **Health Services (Further Amendment) Act 1998**,
No. 66/1998 (*repealed*).