

# Statement of Priorities 2023-24 for Latrobe Regional Health

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Department  
of Health

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The department proudly acknowledges Victoria's Aboriginal communities and their rich culture and pays respect to their Elders past and present.

We acknowledge Aboriginal people as Australia's first peoples and as the Traditional Owners and custodians of the land and water on which we rely.

We recognise and value the ongoing contribution of Aboriginal people and communities to Victorian life and how this enriches us.

We embrace the spirit of reconciliation, working towards the equality of outcomes and ensuring an equal voice.

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Available at [The Department of Health Statements of Priorities](#)

<<https://www.health.vic.gov.au/funding-performance-accountability/statements-of-priorities>>

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# Background

Statement of Priorities are the key accountability agreements between the Victorian State Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 40G, 65ZFA, 65ZFB and section 26 of the *Health Services Act 1988*.

Statement of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. For 2023-24, the Statement of Priorities also refer to the *Department of Health Strategic Plan 2023-27* (Strategic Plan). The annual agreements support the delivery of, or substantial progress towards, the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

Statement of Priorities consists of four main parts:

- Part A provides the strategic priorities for the health service to contribute to in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health (the department) to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2023-24* (The Framework).

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities each year and present data on the performance of our health system in the public domain.

# Strategic Priorities

The department on behalf of government delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. The department's vision is to create a future where Victorians are the healthiest people in the world. A Victoria where children and people thrive, where workplaces are productive and safe, and where communities are more connected.

The department's job is to support Victorians to stay healthy and safe; and to deliver a world-class healthcare system that ensures every single Victorian can access safe, quality care that leads to better health outcomes for all.

To fulfil these obligations, the department has developed the *Department of Health Strategic Plan 2023-27* (Strategic Plan) with seven guiding strategic priorities, to shape the health system's direction. Health services will contribute to the department's strategic priorities through signing and enacting the Statement of Priorities. The seven strategic priorities are:

- Keeping people healthy and well in the community
- Providing care closer to home
- Keep innovating and improving care
- Improving Aboriginal health and wellbeing
- Moving from competition to collaboration
- A stronger and more sustainable workforce
- A safe and sustainable health, wellbeing and care system

# Government Commitments

The Victorian Budget 2023–24 (the budget) continues to invest in building hospitals, supporting our health system to meet growing demand and supporting our hardworking healthcare workers to ensure Victorians get the care they need, close to home. This budget provides investment in essential services including:

- \$1.5 billion to boost deferred elective surgery and ease the pressure on our hospitals.
- \$776 million for critical bed-based services, alcohol and other drug services, infrastructure, earlier support in community mental health services and the roll-out of the new Mental Health and Wellbeing Act.
- \$320 million to plan the delivery of major investments at seven hospitals across the state to ensure Victorians receive the highest quality healthcare.
- A \$270 million investment in our health workforce to make it free to study nursing and midwifery for nurses that join the public health system.
- A \$201 million system wide boost to support timely emergency care, including more ambulance services and improvements to emergency department programs, to get patients the care they need as quickly as possible.
- \$162 million for better aged care services across regional Victoria, to build new public aged care services in Cohuna, Maffra and Numurkah.
- \$157 million for critical bed-based mental health services across our state including more Hospital in the Home beds for Barwon Health, improving in-home mental health care for acutely unwell residents across the Geelong region.
- \$154 million to give women's health the focus and funding it deserves, including 20 new comprehensive women's health clinics at public hospitals.

# Part A: Department of Health Strategic Plan

The Statement of Priorities are aligned with the [Strategic Plan 2023-27](https://www.health.vic.gov.au/our-strategic-plan-2023-27).  
<<https://www.health.vic.gov.au/our-strategic-plan-2023-27>>.

Latrobe Regional Health will contribute to the Strategic Plan 2023-27 by agreeing to the following priorities:

## Ministerial Priorities

1. Improved health system culture, grounded in respect and safety.
2. A supported, growing, and fit-for-purpose health workforce.
3. A reformed overall health system (community-based and acute health services), with reforms to service models and enablers (structural, financial and cultural), delivering improved patient safety, experiences and outcomes, particularly for people in regional and rural Victoria.
4. A step-change in women's health.
5. Nation-leading reductions in rates of vaping.
6. Improved health equity through:
  - determination and ceding power.
  - Family-centred health models for priority populations.
  - Intersectional improvements in health access and outcomes for priority cohorts.
7. Improved mental health system through:
  - New and transformed integrated services through the implementation of the Royal Commission into Victoria's Mental Health System.
  - Strengthening system guidance, stewardship and commissioning.
  - Realising the vision of the new Mental Health and Wellbeing Act 2022 by driving cultural change.
  - Supporting a culture that embraces lived experience leadership at every level of the mental health and wellbeing system.
  - Investing in suicide prevention and mental health and wellbeing promotion.

## System Priorities

### Excellence in clinical governance

*We aim for the best patient experience and care outcomes by assuring safe practice, leadership of safety, an engaged and capable workforce, and continuing to improve and innovate care.*

#### Goals

- MA1 Develop strong and effective relationships with consumer and clinical partners to drive service improvements.
- MA6 Improve access to timely emergency care by implementing strategies that improve whole of system patient flow to reduce emergency department wait times and improve ambulance to health service handover times.
- MA7 Improve mental health and wellbeing outcomes by implementing Victoria's new and expanded Mental Health and Wellbeing system architecture and services.

- MA11 Develop strong and effective systems to support early and accurate recognition and management of deterioration of paediatric patients.

Health service deliverables:

- MA1 Partner with SCV's Mental Health Improvement Unit on reform including Elimination of Restrictive Practices and Implementation of Zero Suicide Framework.
- MA1 Development of revised terms of reference & membership for Consumer Advisory Committee (CAC) supporting review of key consumer resources to help drive service improvements.
- MA6 Embed internal standards and agreements that support the delivery of patient centred care, through identification of 'how we do things here' to support patient flow.
- MA6 Implement initiatives that support early discharge of patients to appropriate settings to improve timely patient access to care.
- MA7 Implement models of coordinated care to improve access to services and provide support to consumers, families, supporters, and carers across various levels of the mental health system.
- MA7 Successful implementation of the Mental Health and Wellbeing ACT2022.
- MA11 Partner with Safer Care Victoria (SCV) and relevant multidisciplinary groups to establish protocols and auditing processes to manage effective monitoring and escalation of deterioration in paediatric patients via ViCTOR charts.
- MA11 Improve paediatric patient outcomes through implementation of the "ViCTOR track and trigger" observation chart and escalation system, whenever children have observations taken.
- MA11 Implement staff training on the "ViCTOR track and trigger" tool to enhance identification and prompt response to deteriorating paediatric patient conditions.

### **Working to achieve long term financial sustainability**

*Ensure equitable and transparent use of available resources to achieve optimum outcomes.*

#### **Goals**

- MB1 Co-operate with and support Department-led reforms that look towards reducing waste and improving efficiency to address financial sustainability, operational and safety performance, and system management.
- MB2 Development of a health service financial sustainability plan in partnership with the Department with a goal to achieving long term health service safety and sustainability.

Health service deliverables:

- MB1 Implementation of cost-saving initiatives: Identify and implement cost-saving measures such as reducing unnecessary procedures, optimising supply chain management, and streamlining administrative processes.
- MB1 Collaborative partnerships: Collaborate with other health service providers, community organisations, the department and stakeholders to explore opportunities for shared services, joint procurement, and resource sharing to reduce costs and improve efficiency.

- MB2 Financial forecasting and risk management: Develop robust financial forecasting models to project future revenue and expenditure, identify financial risks, and implement risk mitigation strategies to ensure long-term sustainability.
- MB2 Cost containment initiatives: Implement strategies to control costs, such as negotiating favourable contracts with suppliers, optimising workforce utilisation, and managing healthcare technologies and equipment effectively.

### **Improving equitable access to healthcare and wellbeing**

*Ensure that Aboriginal people have access to a health, wellbeing and care system that is holistic, culturally safe, accessible, and empowering.*

*Ensure that communities in rural and regional areas have equitable health outcomes irrespective of locality.*

#### **Goals**

- MC2 Strengthen programs that support Aboriginal people to access early intervention and prevention services.
- MC3 Enhance the provision of appropriate and culturally safe services, programs and clinical trials for and as determined by Aboriginal people, embedding the principles of self-determination.

Health service deliverables:

- MC2 Identify and prioritise the health, wellbeing and service needs of the Aboriginal catchment population and service users - including improved patient identification, discharge planning and outpatient care.
- MC2 Commencement of engagement with all Gippsland Aboriginal Community Controlled Health Organizations and hospitals with development of MoU.
- MC3 Design of clinical practice and treatment guidelines and learning modules that support optimal clinical assessment, treatment, and management of Aboriginal patients, including protocols that recognise cultural needs, patient complexity and condition prevalence.
- MC3 Promote a culturally safe welcoming environment with Aboriginal cultural symbols and spaces demonstrating, recognising, celebrating and respecting Aboriginal communities and culture.



## A stronger workforce

*There is increased supply of critical roles, which supports safe, high-quality care. Victoria is a world leader in employee experience, with a focus on future roles, capabilities and professional development. The workforce is regenerative and sustainable, bringing a diversity of skills and experience that reflect the people and communities it serves. As a result of a stronger workforce, Victorians receive the right care at the right time closer to home.*

### Goals

- MD1 Improve employee experience across four initial focus areas to assure safe, high-quality care: leadership, health and safety, flexibility, and career development and agility.
- MD2 Explore new and contemporary models of care and practice, including future roles and capabilities.

Health service deliverables:

- MD1 Deliver programs to improve employee experience across four initial focus areas: leadership, safety and wellbeing, flexibility, and career development and agility.
- MD1 Implement and/or evaluate a new/expanded wellbeing and safety program and its improvement on workforce wellbeing.
- MD2 Continual monitoring of the broader healthcare landscape to identify opportunities to modernise skills, capabilities, roles and models of care to meet future health sector needs.
- MD2 Development of new models of care to support incoming YPARC & MHAOD.

## Moving from competition to collaboration

*Share knowledge, information and resources with partner health and wellbeing services and care providers. This will allow patients to experience one health, wellbeing and care system through connected digital health information, evidence and data flows, enabled by advanced interoperable platforms.*

### Goals

- ME1 Partner with other organisations (for example community health, ACCHOs, PHNs, General Practice, private health) to drive further collaboration and build a more integrated system.
- ME2 Engage in integrated planning and service design approaches, whilst assuring consistent and strong clinical governance, with partners to join up the system to deliver seamless and sustainable care pathways and build sector collaboration.

Health service deliverables:

- ME1 Engage local ACCHO groups in the identification and delivery of initiatives that improve Aboriginal cultural safety.
- ME1 Work with the relevant PHN and community health providers to develop integrated service models that will provide earlier care to patients and support patients following hospital discharge.
- ME2 Undertake joint clinical service plans with an agreed approach to coordinating the delivery of health services at a regional level as opposed to individual health service planning.

- ME2 Pilot of a shared clinical governance framework for cancer services.

### **Empowering people to keep healthy and safe in the community**

*Support individual health and mental wellbeing by giving people the tools and information they need to stay healthy and well. Work with the local government to respond to health threats and empower the community to proactively respond to health risks.*

#### **Goals**

- EA6 Reduce risk factors contributing to the burden of preventable chronic disease through place-based prevention and population health initiatives delivered and coordinated by LPHUs.
- EA7 Perform authorised health protection functions for the population in their public health catchment.

Health service deliverables:

- EA6 LPHUs deliver population health catchment plans reflecting statewide public health and wellbeing priorities.(BP3 measure). This includes supporting local priorities, where identified through population health needs assessment / Municipal Public Health and Wellbeing Planning.
- EA6 LPHUs work in partnership with organisations and community to target at least two population health priorities. The priorities and indicators are to be agreed with the Department of Health. Wherever possible LPHUs draw on existing evidence-informed programs and services.
- EA7 LPHUs manage and deliver local public health responses to integrated notifiable conditions—including COVID-19—within their catchment.
- EA7 LPHUs receive notifications for integrated notifiable conditions in their catchment.

### **Care close to home**

*Primary and community care is accessible and reduces avoidable escalation in acuity of health conditions. When appropriate, hospital care is delivered in the home, including through digital care and connection, to deliver virtual care, telehealth, and other advanced models of care.*

#### **Goals**

- EB1 Improve pathways through the health system and implement models of care to enable more people to access care closer to, or in their homes.
- EB3 Support improved access to services for people managing chronic disease by improving access to home-based and remote service delivery.

Health service deliverables:

- EB1 Implement and/or evaluate new/expanded models of shared care between health services that enable more people to access care closer to, or in their homes.
- EB1 Implement programs that increase the number of clinical staff capable and confident to deliver at-home care.

- EB3 Implement new home-based and virtual remote models of care for patients managing chronic diseases to keep them well in the community.
- EB3 Development of multidisciplinary meeting to identify suitable cancer patients for clinical trials.

## Part B: Performance Priorities

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

Further information is available at the [Funding, Performance and Accountability webpage](https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework) <<https://www.health.vic.gov.au/funding-performance-accountability/performance-monitoring-framework>>.

### High quality and safe care:

Key Performance Measure	Target
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program <sup>1</sup>	85%
Percentage of healthcare workers immunised for influenza	94%
<b>Continuing care</b>	
Average change in the functional independence measure (FIM) score per day of care for rehabilitation separations	≥ 0.645
<b>Healthcare associated infections (HAI's)</b>	
Rate of central-line-associated blood stream infections (CLABSI) in intensive care units per 1,000 central-line days	Zero
Rate of healthcare-associated <i>S. aureus</i> bloodstream infections per 10,000 bed days	≤ 0.7
<b>Patient experience</b>	
Percentage of patients who reported positive experiences of their hospital stay	95%
<b>Maternity and newborn</b>	
Percentage of full-term babies (without congenital anomalies) who are considered in poor condition shortly after birth (Apgar score <7 to 5 minutes)	≤ 1.4%
Percentage of singleton babies with severe fetal growth restriction (FGR) delivered at 40 or more weeks gestation	≤ 28.6%
<b>Unplanned Readmissions</b>	
Rate of unplanned readmissions to any hospital following a hip replacement procedure	≤ 6%
<b>Aboriginal Health</b>	
Percentage of Aboriginal admitted patients who left against medical advice <sup>2</sup>	25% reduction in gap based on prior year's annual rate

<sup>1</sup> Effective date of target change from 85% to 80% conditional on pending changes to BP3 requirements.

<sup>2</sup> Further work will be undertaken on leave event measures terminology that better captures patient experience and Aboriginal community's holistic understanding of health and wellbeing.

Key Performance Measure	Target
Percentage of Aboriginal emergency department presentations who did not wait to be seen	25% reduction in gap based on prior year's annual rate
<b>Mental Health</b>	
<b>Mental Health Patient Experience</b>	
Percentage of consumers who rated their overall experience of care with a service in the last 3 months as positive	80%
Percentage of mental health consumers reporting they 'usually' or 'always' felt safe using this service	90%
Percentage of families/carers reporting a 'very good' or 'excellent' overall experience of the service	80%
Percentage of families/carers who report they 'always' or 'usually' felt their opinions as a carer were respected	90%
<b>Mental Health Post-Discharge Follow-up</b>	
Percentage of consumers followed up within 7 days of separation – Inpatient (CAMHS)	88%
Percentage of consumers followed up within 7 days of separation – Inpatient (adult)	88%
Percentage of consumers followed up within 7 days of separation - Inpatient (older persons)	88%
<b>Mental Health Readmission</b>	
Percentage of consumers re-admitted within 28 days of separation - Inpatient (adult)	< 14%
Percentage of consumers re-admitted within 28 days of separation - Inpatient (older persons)	< 7%
<b>Mental Health Seclusion</b>	
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (adult)	≤ 8
Rate of seclusion episodes per 1,000 occupied bed days - Inpatient (older persons)	≤ 5

### Strong governance, leadership and culture

Key Performance Measure	Target
<b>Organisational culture</b>	
People matter survey – Percentage of staff with an overall positive response to safety culture survey questions	62%

## Timely access to care

Key Performance Measure	Target
<b>Planned Surgery</b>	
Percentage of urgency category 1 planned surgery patients admitted within 30 days	100%
Percentage of all planned surgery patients admitted within the clinically recommended time	94%
Number of patients on the planned surgery waiting list	1,300
Number of patients admitted from the planned surgery waiting list	6,258
Number of patients (in addition to base) admitted from the planned surgery waiting list	0
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of hospital-initiated postponements per 100 scheduled planned surgery admissions	≤ 7
<b>Emergency Care</b>	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of emergency patients with a length of stay in the ED greater than 24 hours	Zero
<b>Mental Health</b>	
Percentage of mental health-related emergency department presentations with a length of stay of less than 4 hours	81%
Percentage of 'urgent' (category 'C') mental health triage episodes with a face-to-face contact received within 8 hours	80%
<b>Specialist Clinics</b>	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

Key Performance Measure	Target
<b>Home Based Care</b>	
Percentage of admitted bed days delivered at home	Equal to or better than prior year result
Percentage of admitted episodes delivered at least partly at home	Equal to or better than prior year result

### Effective financial management

Key Performance Measure	Target
Operating result (\$M)	(29.96)
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000
Actual number of days of available cash, measured on the last day of each month	14 days

## Part C: Activity and Funding

The performance and financial framework within which state government-funded organisations operate is described in *The Policy and Funding Guidelines – Funding Rules*. The Funding Rules details funding and pricing arrangements and provides modelled budgets and targets for a range of programs. The [Policy and Funding Guidelines](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) webpage <<https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>>.

Period 1 July 2023 – 30 June 2024

**Table 1 Latrobe Regional Health funding summary for 1 July 2023 – 30 June 2024**

Funding Type	Activity	Budget (\$'000)
<b>Consolidated Activity Funding</b>		
Acute admitted, subacute admitted, emergency services, non-admitted NWAU	41,844	195,552
<b>Acute Admitted</b>		
National Bowel Cancer Screening Program NWAU	27	122
Acute admitted DVA	215	1,297
Acute admitted TAC	163	889
Other Admitted	22	5,519
<b>Acute Non-Admitted</b>		
Emergency Services		15
Home Enteral Nutrition NWAU	21	82
Specialist Clinics		4,861
Specialist Clinics - DVA		1
<b>Government Initiatives</b>		
Government Initiatives		1,341
<b>Subacute/Non-Acute, Admitted &amp; Non-admitted</b>		
Subacute Non-Admitted Other		1,892
Victorian Artificial Limb Program		742
Subacute - DVA	97	586
Transition Care - Bed days	9,095	1,542
Transition Care - Home days	7,668	477
<b>Subacute &amp; Non-Acute Other</b>		
Other specified funding		13,282
<b>Aged Care</b>		
Aged Care Other		300



<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory	89,644	48,103
Mental Health Inpatient - Available bed days	16,801	16,566
Mental Health Inpatient - Secure Unit	2,191	1,372
Mental Health Residential	3,653	405
Mental Health Service System Capacity		4,582
Mental Health Subacute	8,768	4,516
Mental Health Other		845
Drug Services		161
<b>Primary Health</b>		
Community Health / Primary Care Programs		4,589
<b>Other</b>		
Health Workforce		5,568
<b>Total Funding</b>		<b>315,204</b>

Please note:

- Base level funding, related services and activity levels, outlined within the Policy and Funding Guidelines are subject to change throughout the year. Further information about the department's approach to funding and price setting for specific clinical activities, and funding policy changes is also available from: [Policy and funding guidelines for health services](https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services) <https://www.health.vic.gov.au/policy-and-funding-guidelines-for-health-services>
- Each funding type row (eg "emergency services") comprises a mix of activity based funding and block grants. Funding depends on the service profile. For further details, refer to the Policy and funding guidelines for health services (see above point for link).
- In situations where a change is required to Part C, changes to the agreement will be actioned through an exchange of letters between the department and the health service's Chief Executive Officer.

## Part D: Commonwealth Funding Contribution

Commonwealth funding contribution is provided by the 2023-24 Commonwealth budget, which is based on estimates. This is updated throughout the year based on updated activity levels, by the Administrator of the National Health Funding Pool.

Commonwealth funding is based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors.

**Table 2 Commonwealth contribution for period: 1 July 2023 – 30 June 2024**

Funding Type	Number of services (NWAU)	Victorian average price per NWAU	Funding allocation (\$)
Emergency Department	6,240	5,383	34,658,686
Acute Admitted	29,540	5,452	145,327,222
Admitted Mental Health	3,428	5,432	18,621,982
Sub-Acute	3,336	4,692	13,778,954
Non-Admitted	2,798	4,966	19,125,273
<b>Total ABF Allocation</b>	45,342		231,512,116
Teaching, Training and Research			8,333,434
Non-Admitted Mental Health			39,773,279
Non-Admitted CAMHS			11,525,838
<b>Total Block Allocation</b>			59,632,551
<b>Total NHRA in-scope funding allocation</b>			291,144,667

Please note:

- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the department and the Health Service Chief Executive Officer. Letters will be made publicly available.

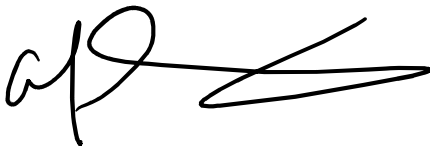
# Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The *National Health Reform Agreement*.
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health *Policy and Funding Guidelines 2023-24*.
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health.
- All applicable policies and guidelines issued by the Department of Health from time to time and notified to the health service.
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health relating to the provision of health services which is in force at any time during the 2023-24 financial year.
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard.
- Where applicable, this includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.
- Specific to DHSV: in relation to the School Dental Project Plan, as agreed and specified by both parties, including meeting the requirements outlined in the School Licence Agreement.
- Any other relevant, applicable statutory, regulatory or accountability rules, policies, plans, procedures or publications.

# Signing Page

The Minister for Health has issued this Statement of Priorities to detail the funding provided to enable Latrobe Regional Health to meet its service obligations and performance requirements as outlined.



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**Hon Mary-Anne Thomas MP**

**Minister for Health**

Date: 6/5/2024