

# Statement of Priorities

2019–20 Agreement between the Minister for Health and Ballarat Health Services

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## Background

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

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four main parts:

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

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2019–20*.

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

## Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

## Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals.
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

This investment will support the implementation of *Health 2040: advancing health, access and care* - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

# Part A: Strategic overview

## Mission statement

### **The Vision of Ballarat Health Services is:**

Excellence in Health Care: Our Patients, Our Staff, Our Community

### **The Mission of Ballarat Health Services is:**

To deliver quality care to the communities we service by providing safe, accessible and integrated health services resulting in positive experiences and outcomes.

### **The Values of Ballarat Health Services are:**

**Teamwork** – We commit to common goals based on open and honest communication while showing concern and support for all. We are dedicated to working together for common interests and responsibilities.

**Respect** – We acknowledge everyone's unique strengths and value diversity. We operate in a spirit of co-operation and honour human dignity.

**Accountability** – We personally commit to delivering our best, taking responsibility for all of our decisions and actions.

**Compassion** – We treat people with kindness and empathy. We care about our patients, our people and our community.

## Service profile

Ballarat Health Services is the main public referral health service to a catchment population of around 250,000 people across the Grampians region and has been providing quality care for more than 160 years.

Ballarat Health Services delivers care across all settings: in hospital and increasingly in the community and people's homes. It is the largest public provider of residential aged care in Australia. Additionally, Ballarat Health Services is the main teaching, training and research provider in the region and does this through affiliations with several universities and teaching institutions.

Ballarat Health Services is the largest employer in Ballarat, which has a population of over 100,000 people. Our workforce is a key strength of our organisation and the broader community.

### **Services:**

Ballarat Health Services provides a comprehensive range of acute services including general medicine, surgery, cardiovascular, emergency care, speciality services, intensive care, oncology, maternity, radiology and pathology services. As demand for services continues to grow Ballarat Health Services has broadened its range of models of care to include community and home-based care such as Hospital in the Home, Residential In Reach, and home-based rehabilitation. Oncology Clinics and chemotherapy sites have been established across the region so that patients can access those services closer to their home towns. Growing demand for elective surgery has seen partnerships develop with other health services across the region to support patients to access care in a timely manner

In 2018–2019 Ballarat Health Services treated 60,920 emergency patients and supported more than 60 patient transfers by air ambulance. This was an increase of 3.3% in emergency presentations from the previous year and with a growing population it is expected that presentations to the emergency department will continue to grow.

Other services include Mental Health Services encompassing inpatient care, extended care, community teams, as well as child/adolescent and family services, sub-acute services, primary and care and community health services and dental.

Ballarat Health Services is the largest public residential aged care provider in Australia with 444 operational beds in ten facilities across five different sites in greater Ballarat. It delivers a comprehensive aged care program and provides nursing home care for permanent and respite residents.

## **2019–20 Capital Developments**

### **Master Plan**

Ballarat Health Services is in the concluding stages of the master planning that encompass the time period until 2037 for the Health Service based off the recently completed Clinical Services Plan. This document will be accompanied by the Model of Care documents for the future service. The 2019-20 year will see the procurement strategy for the major Capital development of the base site of \$461.1 million.

### **The Preventative and Recovery Centre (PARC)**

A 12-bed prevention and recovery centre for Ballarat has commenced building works at a cost of \$6 million. The new centre will provide an alternative to hospital admission for patients in need of acute mental health treatment and support.

## **Strategic planning**

Ballarat Health Services Strategic Plan 2017–2022 is available online at [Strategic Plan 2017-2022 | Ballarat Health Services](#)

## Strategic priorities - Health 2040

In 2019–20 Ballarat Health Services will contribute to the achievement of the Government’s commitments within *Health 2040: Advancing health, access and care* by:

### **Better Health**

<p><b>Goals:</b>  A system geared to prevention as much as treatment  Everyone understands their own health and risks  Illness is detected and managed early  Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p><b>Strategies:</b>  Reduce Statewide Risks  Build Healthy Neighbourhoods  Help people to stay healthy  Target health gaps</p>
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#### **Deliverables:**

- Ballarat Health Services will engage with Primary Care providers through:
  - Participation in the Prevention Lab Stage 2
  - Scoping of Mobile Health Check Services to prevent presentations to emergency department
  - Development and implementation of a Very Intensive Patient Project.
- Develop the framework and implement quarterly regional mortality and morbidity (M&M) review committees building on the principles of the Grampians maternity M&M committee. Commencing with perioperative M&M committee in September 2019, urgent care M&M review in early 2020 and end of life M&M review before end of June 2020.

### **Better Access**

<p><b>Goals:</b>  Care is always being there when people need it  Better access to care in the home and community  People are connected to the full range of care and support they need  Equal access to care</p>	<p><b>Strategies:</b>  Plan and invest  Unlock innovation  Provide easier access  Ensure fair access</p>
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#### **Deliverables:**

- Implement an improved specialist outpatient clinic booking service and system, ensuring improved accessibility, efficiency and accountability in the utilisation of specialist outpatient appointments.
- Extend the Geriatric Evaluation Management services across Acute, Sub Acute and Geriatric Evaluation Management in the Home to meet the needs of the ageing population.

### **Better Care**

<p><b>Goals:</b>  Targeting zero avoidable harm  Healthcare that focusses on outcomes  Patients and carers are active partners in care  Care fits together around people’s needs</p>	<p><b>Strategies:</b>  Put quality First  Join up care  Partner with patients  Strengthen the workforce  Embed evidence  Ensure equal care</p>
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#### **Deliverables:**

- Develop a Regional Director Medical Services model to ensure sustainable alignment between resources available to support the unique work of rural and regional directors of medical services and the key tasks required by health services.
- Develop and implement a patient-centred, accessible and sustainable multi-disciplinary model of care for paediatric medical and surgical patients to streamline the process for paediatric admissions from the emergency department.



## Specific priorities for 2019–20

In 2019–20 Ballarat Health Services will contribute to the achievement of the Government's priorities by:

### ***Supporting the Mental Health System***

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

#### **Deliverable:**

- Implement strategies to enhance timely access and care to mental health services including:
  - Developing new patient flow systems to improve access to mental health beds and reduce demand in the Emergency Department.
  - Developing referral pathways and improve liaison to enhance working partnerships with GPs/ private providers/ Primary Health Networks.
  - Review of community outreach services to provide choice to the consumer of contemporary, evidenced-based mental health care and work with Primary Health Networks and other local providers to provide mental health awareness campaigns.

### ***Addressing Occupational Violence***

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

#### **Deliverable:**

- Implement short and medium-term controls that address the risks identified in the Ballarat Health Services wide full security assessment. Develop comprehensive plans for longer term improvements.
- Continue to provide management of clinical aggression training for all at risk staff every two years and for low risk staff as part of induction programs.

### ***Addressing Bullying and Harassment***

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services*.

#### **Deliverable:**

- Implement the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination* and *Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services* by 30 November 2019.
- Ensure that a minimum of 70% of staff attend in-person values-based behaviour training and communicate the requirement for staff to attend this every three-years.
- Provide further formal processes to address identified issues with bullying and harassment including development of measures in relation to the conduct of independent investigations and targeted interventions at a working group level to identify and address undesirable behaviours.
- Refresh and promote the contact officer program to provide impartial support to staff in a confidential manner and to assist them in understanding grievance and other related internal processes.

### ***Supporting Vulnerable Patients***

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

#### **Deliverable:**

- Implement Year 2 of the communities of kindness model of care in residential aged care and provide an evaluation of the model.

### ***Supporting Aboriginal Cultural Safety***

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

#### **Deliverable:**

- 85% of all staff successfully complete cultural safety training.
- Ballarat Health Services will continue to work with Aboriginal health liaison officers and the Ballarat and district Aboriginal co-operative to identify and implement specific strategies to create a culturally safe environment.

### ***Addressing Family Violence***

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

#### **Deliverable:**

- Collaborate with regional health services and external stakeholders to continue implementation of the Strengthening Hospital Responses to Family Violence initiative, including:
  - Evaluation of existing family violence interventions
  - Devise an implementation plan for the Specialist Family Violence Advisor in Mental Health.
- Embed strategies in the Family Violence Communications Plan to promote participation in the workforce census.

### ***Implementing Disability Action Plans***

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

#### **Deliverable:**

- Implement the Disability Action Plan across all of sites and provide a final copy of the Disability Action Plan to the Department of Health and Human Services.

### ***Supporting Environmental Sustainability***

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

#### **Deliverable:**

- Installation of LED lights in two residential facilities.
- Installation of solar energy 55kw system.
- Continue to educate on the importance of sustainability with a reduction in waste, with greater than 38% of waste being removed from waste to being recycled.

## Part B: Performance Priorities

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

Changes to the key performance measures in 2019–20 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at [www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability](http://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability)

### High quality and safe care

Key performance measure	Target
<b>Accreditation</b>	
Compliance with the Aged Care Standards	Full compliance
<b>Infection prevention and control</b>	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
<b>Patient experience</b>	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patient's perception of cleanliness	70%
<b>Healthcare associated infections (HAI's)</b>	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil
Rate of patients with SAB <sup>1</sup> per 10,000 occupied bed days	≤ 1

Key performance measure	Target
<b>Adverse events</b>	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Unplanned readmission hip replacement	Annual rate ≤ 2.5%
<b>Mental Health</b>	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000

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

Key performance measure	Target
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%
<b>Maternity and Newborn</b>	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
<b>Continuing Care</b>	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

## Strong governance, leadership and culture

Key performance measure	Target
<b>Organisational culture</b>	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

## Timely access to care

Key performance measure	Target
<b>Emergency care</b>	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
<b>Elective surgery</b>	
Percentage of urgency category 1 elective surgery patients admitted within 30 days	100%
Percentage of urgency category 1,2 and 3 elective surgery patients admitted within clinically recommended time	94%
Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category	5% or 15% proportional improvement from prior year
Number of patients on the elective surgery waiting list <sup>2</sup>	1,150
Number of hospital initiated postponements per 100 scheduled elective surgery admissions	≤ 7 /100
Number of patients admitted from the elective surgery waiting list	5,200
<b>Specialist clinics</b>	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

<sup>2</sup> the target shown is the number of patients on the elective surgery waiting list as at 30 June 2020

## Effective financial management

Key performance measure	Target
Operating result (\$m)	0.0
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Public and Private WIES <sup>3</sup> activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

<sup>3</sup> WIES is a Weighted Inlier Equivalent Separation

## Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019–20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
<b>Acute Admitted</b>		
Acute WIES	32,624	156,107
WIES DVA	124	638
WIES TAC	224	1,310
Other Admitted		24,705
<b>Acute Non-Admitted</b>		
Emergency Services		24,775
Home Enteral Nutrition	553	119
Specialist Clinics	66,667	17,375
Specialist Clinics - DVA		24
Other non-admitted		258
<b>Subacute &amp; Non-Acute Admitted</b>		
Subacute WIES - Rehabilitation Public	533	5,722
Subacute WIES - Rehabilitation Private	175	1,747
Subacute WIES - GEM Public	538	5,777
Subacute WIES - GEM Private	132	1,317
Subacute WIES - Palliative Care Public	214	2,294
Subacute WIES - Palliative Care Private	70	698
Subacute WIES - DVA	34	438
Transition Care - Bed days	13,847	2,176
Transition Care - Home days	9,153	527
<b>Subacute Non-Admitted</b>		
Health Independence Program - Public	41,898	9,263
Health Independence Program - DVA		52
Victorian Artificial Limb Program		626
Subacute Non-Admitted Other		838
<b>Aged Care</b>		
Aged Care Assessment Service		2,089
Residential Aged Care	147,893	9,914
HACC	11,107	710
Aged Care Other		1,353

<b>Mental Health and Drug Services</b>		
Mental Health Ambulatory	61,612	26,316
Mental Health Inpatient - Available bed days	14,610	12,813
Mental Health Inpatient - Secure Unit	4,381	2,543
Mental Health Residential	7,305	750
Mental Health Service System Capacity	1	409
Mental Health Subacute	3,655	1,463
Mental Health Other		1,494
Drug Services		141
<b>Primary Health</b>		
Community Health / Primary Care Programs	8,363	6,811
Community Health Other		8,538
<b>Other</b>		
Health Workforce		7,146
Other specified funding		5,602
<b>Total Funding</b>		<b>344,879</b>



## Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2019 – 30 June 2020

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	34,845	259,169
	Admitted mental health services	3,083	
	Admitted subacute services	4,978	
	Emergency services	7,717	
	Non-admitted services	4,817	
Block Funding	Non-admitted mental health services	-	37,126
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	30,999
<b>Total</b>		<b>55,440</b>	<b>327,295</b>

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.
- Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

## Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019–20 financial year; and
- 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. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

## Signature

The Minister and the health service board chairperson agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



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**Jenny Mikakos MP**  
**Minister for Health**

Date: 25/10/2019



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**Ms Natalie Reiter**  
**Chairperson**  
**Ballarat Health Services**

Date: 25/10/2019

