Service Agreement 2023-24

An agreement between the
Secretary, NSW Health and
Northern NSW Local Health District
for the period 1 July 2023 - 30 June 2024

NSW GOVERNMENT Health

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NSW Health Service Agreement – 2023-24

Principal purpose

The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to Northern NSW Local Health District (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services. It facilitates accountability to government and the community for service delivery and funding.

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, in keeping with NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

The *Health Services Act 1997* allows the Health Secretary to enter into performance agreements with public health organisations in relation to the provision of health services and health support services (s.126).

Through execution of the agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Service Agreement.

Parties to the agreement

The Organisation

Mr Peter Carter
Chair
On behalf of the
Northern NSW Local Health District Board

Date 13/10/2023 Signed .....

Ms Tracey Maisey
Chief Executive
Northern NSW Local Health District

Date 13/10/2023 Signed .....

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 31/10/23 Signed .....

Contents

1. Legislation, governance and performance framework

1.1 Legislation

The *Health Services Act 1997* (the Act) provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Local Health Districts (ss. 8, 9, 10).

Under the Act, the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

Under the Act, the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) (s.127). As a condition of subsidy, all funding provided for specific purposes must be used for those purposes unless approved by the Health Secretary.

1.2 Variation of the agreement

The Agreement may be amended at any time by agreement in writing between the Organisation and the NSW Ministry of Health.

The Agreement may also be varied by the Secretary or the Minister in the exercise of their general powers under the Act, including determination of the role, functions and activities of Local Health Districts (s. 32).

Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued by the Ministry of Health in the course of the year.

1.3 Conditions of Subsidy

The Organisation is required to comply with the various Conditions of Subsidy set out in the *Financial Requirements and Conditions of Subsidy (Government Grants)*.

1.4 National Agreement

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price.

1.5 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

1.5.1 Clinical governance

NSW public health services are accredited against the *National Safety and Quality Health Service Standards*. The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined in the Standards (Version 2.0) by the 31 October each year.

The *Australian Safety and Quality Framework for Health Care* provides a set of guiding principles that can assist health services with their clinical governance obligations.

The NSW Health *Patient Safety and Clinical Quality Program* (PD2005_608) provides an important framework for improvements to clinical quality.

1.5.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health Corporate Governance and Accountability Compendium*.

1.5.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with *NSW Health Procurement* policy (PD2022_020*).*

1.5.4 Aboriginal Procurement Policy

The NSW Government supports employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via government procurement of goods, services and construction. NSW Government agencies must apply the *Aboriginal Procurement Policy* to all relevant procurement activities.

1.5.5 Public health emergency preparedness and response

The Organisation must comply with standards set out in *Public Health Emergency Response Preparedness Minimum Standards* (PD2019_007) and adhere to the roles and responsibilities set out in *Early Response to High Consequence Infectious Disease* (PD2023_008)

1.5.6 Performance Framework

Service Agreements are a central component of the NSW Health Performance Framework which documents how the Ministry of Health monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance and other requirements.

2. Strategic priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.

It is recognised that the Organisation will identify and implement local priorities to meet the needs of their respective populations taking into consideration the needs of their diverse communities and alignment with the broader NSW Health strategic priorities. In doing so they will:

- work together with clinical staff about key decisions, such as resource allocation and service planning
- engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.

2.1 Future Health: Strategic Framework

The *Future Health Strategic Framework* is the roadmap for the health system to achieve NSW Health's vision.

Strategic outcomes	Key objectives
Patients and carers have positive experiences and outcomes that matter: People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.	1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care
Safe care is delivered across all settings: Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.	2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs
People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.	3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities 3.8 Invest in wellness, prevention and early detection
Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.	4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future
Research and innovation, and digital advances inform service delivery: Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.	5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence
The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.	6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.

2.2 Regional Health Strategic Plan 2022-32

The *Regional Health Strategic Plan* (the Plan) outlines NSW Health's strategies to ensure people living in regional, rural and remote NSW can access high quality, timely healthcare with excellent patient experiences and optimal health outcomes. The Plan aims to improve health outcomes for regional, rural and remote NSW residents over the next decade, from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the plan such as South Western Sydney and Nepean Blue Mountains. The Regional Health Strategic Plan is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The Regional Health Plan Priority Framework outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

PRIORITIES		KEY OBJECTIVES
	**1. Strengthen the regional health workforce**: Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.	1.1 **Invest in and promote rural generalism** for allied health professionals, nurses and doctors 1.2 **Prioritise the attraction and retention** of healthcare professionals and non-clinical staff in regional NSW 1.3 **Tailor and support career pathways for Aboriginal health staff** with a focus on recruitment and retention 1.4 **Expand training and upskilling opportunities, including across borders** to build a pipeline of regionally based workers 1.5 **Accelerate changes to scope of practice whilst maintaining quality and safety**, encouraging innovative workforce models and recognition of staff experience and skills 1.6 **Nurture culture, psychological and physical safety** in all NSW Health workplaces and build positive work environments that allow staff to thrive
	**2. Enable better access to safe, high quality and timely health services:** Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.	2.1 **Improve local transport solutions and travel assistance schemes**, and address their affordability, to strengthen equitable access to care 2.2 **Deliver appropriate services in the community** that provide more sustainable solutions for access to healthcare closer to home 2.3 **Leverage virtual care** to improve access, whilst ensuring cultural and digital barriers are addressed 2.4 **Enable seamless cross-border care and streamline pathways to specialist care** ensuring access to the best patient care regardless of postcode 2.5 **Drive and support improved clinical care, safety and quality outcomes** for patients in hospitals and other settings 2.6 **Align infrastructure and sustainable service planning** around the needs of staff and communities and to enable virtual care
	**3. Keep people healthy and well through prevention, early intervention and education:** Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.	3.1 **Address the social determinants of health** in our communities by partnering across government, business and community 3.2 **Invest in mental health and make progress towards zero suicides** 3.3 **Invest in maternity care and early childhood** intervention and healthcare to give children the best start in life 3.4 **Invest in wellness, prevention and early detection** 3.5 **Prevent, prepare for, respond to, and recover from pandemics** and other threats to population health
	**4. Keep communities informed, build engagement, seek feedback:** Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.	4.1 **Encourage choice and control over health outcomes** by investing in health literacy, awareness of services and access to information 4.2 **Engage communities through genuine consultation and shared decision-making** in design of services and sustainable local health service development 4.3 **Support culturally appropriate care and cultural safety** for zero tolerance for racism and discrimination in health settings 4.4 **Capture patient experience and feedback** and use these insights to improve access, safety and quality of care 4.5 **Improve transparency of NSW Health decision-making** and how it is perceived and understood by patients and the community

PRIORITIES		KEY OBJECTIVES
	**5. Expand integration of primary, community and hospital care:** Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.	5.1 **Develop detailed designs for expanded primary care models** and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners 5.2 **Address the employer model** to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities 5.3 **Improve access and equity of services for Aboriginal people and communities** to support decision making at each stage of their health journey 5.4 **Develop 'place-based' health needs assessments and plans** by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs
	**6. Harness and evaluate innovation to support a sustainable health system:** Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.	6.1 **Align NSW and Commonwealth funding and resourcing models** to provide the financial resources to deliver optimal regional health services and health outcomes 6.2 **Fund and implement digital health investments and increase capability of workforce** to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes 6.3 **Undertake research and evaluation** with institutions, industry partners, NGOs, consumers and carers 6.4 **Commit to environmental sustainability footprint** for future regional healthcare

2.3 NSW Government Priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to Health is monitored by the Ministry of Health including:

- Election Commitments
- Charter Letter commitments
- Inquiry recommendations

2.4 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period. In 2022 NSW Health's Outcome Structure was realigned to the Future Health strategic framework. The revised state outcomes are:

- People are healthy and well
- Safe care is delivered within our community
- Safe emergency care is delivered
- Safe care is delivered within our hospitals
- Our staff are engaged and well supported
- Research and innovation and digital advances inform service delivery

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Service Agreement, the NSW Health Performance Framework, the NSW Health Purchasing Framework and the funding model.

3. NSW Health services and networks

Each NSW Health service is a part of integrated networks of clinical services that aim to ensure timely access to appropriate care for all eligible patients. The Organisation must ensure effective contribution, where applicable, to the operation of statewide and local networks of retrieval, specialty service transfer and inter-district networked specialty clinical services.

3.1 Cross district referral networks

Districts and Networks are part of a referral network with other relevant services, and must ensure the continued effective operation of these networks, especially the following:

- *Critical Care Tertiary Referral Networks and Transfer of Care (Adults)* (PD2018_011)
- *Interfacility Transfer Process for Adult Patients Requiring Specialist Care* (PD2011_031)
- *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* (PD2023_019)
- *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2020_014)
- *Accessing inpatient mental health care for children and adolescents* (IB2023_001)
- *Adult Mental Health Intensive Care Networks* (PD2019_024)
- State-wide Intellectual Disability Mental Health Hubs - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District).

3.2 Supra LHD services

Under the *New Health Technologies and Specialised Services* policy (GL2022_012), Supra LHD services are provided across District and Network boundaries to provide equitable access for everyone in NSW.

The following information is included in all Service Agreements to provide an overview of recognised Supra LHD services and Nationally Funded Centres in NSW.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (28+2/588 NWAU23) St Vincent's (21) St George (36)	Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* policy. Units with new beds in 2023/24 will need to demonstrate networked arrangements with identified partner Level 4 Adult ICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's *Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit*

Supra LHD Services	Measurement Unit	Locations	Service requirement
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (17+1/324 NWAU23) Liverpool (17) John Hunter (19+1/324 NWAU23) Nepean (12) Westmead (24)	Services to be provided in accordance with *NSW Critical Care Networks (Perinatal)* policy
Paediatric Intensive Care	Beds/NWAU	SCHN Randwick (13+1/446 NWAU23) SCHN Westmead (22+2/841 NWAU23) John Hunter (5+2/841 NWAU23)	Services to be provided in accordance with *NSW Critical Care Networks (Paediatrics)* policy
Mental Health Intensive Care	Access	Hornsby - MHICU Mater, Hunter New England – Psychiatric ICU Bloomfield - Orange Lachlan ICU Concord - McKay East Psychiatric ICU Cumberland – Yaralla Psychiatric ICU Prince of Wales - MHICU Forensic Hospital Malabar *(second tier referral facility)*	Provision of equitable access. Services to be provided in accordance with *Adult Mental Health Intensive Care Networks* policy
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, *Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6*— May 2021
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* and *Critical Care Tertiary Referral Networks (Paediatrics)* policies.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38+10/142 NWAU23) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (47) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access.
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, *Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6*— May 2021.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with *NSW Critical Care Networks (Perinatal)* policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)*, *Critical Care Tertiary Referral Networks (Paediatrics)* policies and the NSW Agency for Clinical Innovation's *NSW Burn Transfer Guidelines*.
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per NSW *Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis*, BMT Network, Agency for Clinical Innovation, 2016.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN Royal North Shore	As per the NSW Health strategic report - *Planning for NSW NI Services to 2031*

Supra LHD Services	Measurement Unit	Locations	Service requirement
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead	Delivery of additional procedures, including targets for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: • Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. • Establish referral pathways to ensure statewide equity of access • Include high risk TAVI patients in surgical waitlists • Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience Participate in the any required evaluation activities
CAR T-cell therapy: Acute lymphoblastic leukaemia (ALL) for children and young adults: Adult diffuse large B-cell lymphoma (DLBCL)	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital Royal Prince Alfred Hospital Westmead Hospital	As per individual CAR T cell therapy service agreements. Compliance with the required reporting process.
Gene therapy for inherited retinal blindness	Access	SCHN	As per individual service delivery agreement currently in development.
Gene therapy for paediatric spinal muscular atrophy	Access	SCHN Randwick	Provision of equitable access for all referrals.

3.3 Nationally Funded Centres

Service name	Locations	Service requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	As per Nationally Funded Centre Agreement - Access for all patients across Australia accepted onto Nationally Funded Centre program
Paediatric Liver Transplantation – Nationally Funded Centre	SCHN Westmead	
Islet Cell Transplantation – Nationally Funded Centre	Westmead	

3.4 Other organisations

The Organisation is to maintain up to date information for the public on its website regarding its facilities and services including population health, inpatient services, community health, other non-inpatient services and multipurpose services (where applicable), in accordance with approved role delineation levels.

Where relevant the Organisation is to enter into an annual Service Agreement with Affiliated Health Organisations (AHOs) in receipt of subsidies in respect of services recognised under Schedule 3 of the *Health Services Act 1997*.

4. Budget

4.1 Budget Schedule: Part 1A

	Northern NSW Local Health District		2023/24 BUDGET				Comparative Data		
		Target Volume	Activity Based Funded Services	Small Hospitals and Other Block Funding	Initial Budget 2023/24	Annualised Budget *	Variance	Base Volume
	State Efficient Price - $5,207 per NWAU23	NWAU23	($ '000)	($ '000)	($ '000)	($ '000)	%	NWAU23
	Acute Admitted	79,761	$409,270	$25,878	$435,148	$403,212		76,714
	Emergency Department	27,052	$135,588	$24,221	$159,809	$151,029		26,499
	Sub-Acute Services	8,371	$43,585	$10,419	$54,005	$51,090		8,194
	Non Admitted Services - Incl Dental Services	22,535	$115,442	$79,803	$195,245	$185,678		22,082
A	***Total***	**137,718**	**$703,885**	**$140,322**	**$844,207**	**$791,009**	**6.7%**	**133,489**
	Mental Health - Admitted (Acute and Sub-Acute)	8,114	$42,249	$1,971	$44,219	$41,816		7,966
	Mental Health - Non Admitted	7,512		$37,806	$37,806	$36,305		7,492
B	***Total***	**15,626**	**$42,249**	**$39,776**	**$82,025**	**$78,121**	**5.0%**	**15,458**
	Teaching, Training and Research			$27,696	$27,696	$26,673		
	Other Non Admitted Patient Services				$0			
C	***Total***			**$27,696**	**$27,696**	**$26,673**	**3.8%**	
	Other Services			$43,831	$43,831	$42,213		
D	***Total***			**$43,831**	**$43,831**	**$42,213**	**3.8%**	
E	**Specific Initiatives (Refer to Part 1 B)**				**$39,254**	**$7,673**		
F	**Restricted Financial Asset Expenses**				**$1,358**	**$1,358**		
G	**Depreciation (General Funds only)**				**$39,320**	**$39,320**		
H	**Total Expenses (H=A+B+C+D+E+F+G)**				**$1,077,691**	**$986,367**	**9.3%**	
I	**Other - Gain/Loss on disposal of assets etc**				**$301**	**$301**		
	GF Revenue - ABF Commonwealth Share				($332,007)			
	GF Revenue - Block Commonwealth Share				($33,128)			
	Revenue excluding ABF & Block Commonwealth Share				($680,578)			
J	**LHD Revenue** ***Total***				**($1,045,714)**	**($942,830)**		
K	**Net Result (K=H+I+J)**				**$32,279**	**$43,838**		

Budget Schedule: Part 1B

Northern NSW Local Health District	Initial Budget 2023/24 ($ '000)	Annualised Budget * ($ '000)
Specific Initiatives		
Better salary packaging for healthcare workers	$1,079	
Adult Survivors Program - Clinical Coordinator and Program Manager	$342	
Allocation of 1112 FTE nurses and midwives**	$3,703	
Building and Sustaining the Rural and Regional Workforce	$7,749	
Enhancing End of Life Care	$1,496	
Mental Health Bilateral - Aftercare Coordinators	$187	
Nurse Practitioner Rural Positions Funding	$1,246	
Nurse Practitioner Rural Positions Funding - Rural Generalist	$534	
Pregnancy Connect	$237	
Sexual Assault Nurse Examiners (SANEs)	$298	
Transitional Aged Care Program Uplift Funding	$1,106	
IntraHealth Adjustments 23/24	$3,842	
TMF Adjustment 23/24	$809	
Tweed Valley Hospital – Commissioning	$15,982	
Purchasing Adjustors	($852)	
Comprehensive Expenditure Review Savings Allocation	($6,175)	
Public Health Unit ongoing COVID-19 public health response activities	$200	$200
Workforce Resilience	$7,473	$7,473
Total	**$39,254**	**$7,673**

Note:

* Annualised budget is notional and included for comparison only.

** This funding represents an interim pro-rata allocation the period 1 July 2023 to 31 January 2024 (7 months) pending finalisation of the Safe Staffing Levels implementation plan.

4.2 Budget Schedule: Part 2

	Northern NSW Local Health District	2023/24 ($ '000)
	Government Grants	
A	Subsidy* - In-Scope ABF State Share	($431,029)
B	Subsidy - In-Scope Block State Share	($51,370)
C	Subsidy - Out of Scope State Share	($84,448)
D	Capital Subsidy	($3,877)
E	Crown Acceptance (Super, LSL)	($13,762)
F	**Total Government Contribution (F=A+B+C+D+E)**	**($584,486)**
	Own Source Revenue	
G	GF Revenue	($93,730)
H	GF Revenue - ABF Commonwealth Share	($332,007)
I	GF Revenue - Block Commonwealth Share	($33,128)
J	Restricted Financial Asset Revenue	($2,362)
K	**Total Own Source Revenue (K=G+H+I+J)**	**($461,227)**
L	**Total Revenue (L=F+K)**	**($1,045,714)**
M	Total Expense Budget - General Funds	$1,076,333
N	Restricted Financial Asset Expense Budget	$1,358
O	Other Expense Budget	$301
P	**Total Expense Budget as per Schedule Part 1 (P=M+N+O)**	**$1,077,993**
Q	**Net Result (Q=L+P)**	**$32,279**
	Net Result Represented by:	
R	Asset Movements	($33,957)
S	Liability Movements	$1,677
T	Entity Transfers	$0
U	**Total (U=R+S+T)**	**($32,279)**
Note:		
The Ministry will closely monitor cash at bank balances to ensure funds for payments are available as required for central payment of payroll and creditors in alignment with NSW Treasury requirements. * The subsidy amount does not include items E and G, which are revenue receipts retained by the LHDs/SHNs and sit outside the National Pool.		

4.3 Budget Schedule: NHRA Clause A95(b) Notice: Part 3

Northern NSW Local Health District	ABF		Block	Total	C'wealth Contribution	
	NWAU	$000	$000	$000	$000	%
Acute Admitted	75,936	$445,017			$181,824	40.9%
Mental Health - Admitted (Acute and Sub-Acute)	8,043	$44,035			$19,259	43.7%
Sub-Acute Services - Admitted	7,802	$46,887			$18,682	39.8%
Emergency Department	24,927	$153,728			$59,686	38.8%
Non Admitted Patients (Including Dental)	21,949	$125,064			$52,555	42.0%
Teaching, Training and Research			$27,676		$10,351	37.4%
Mental Health - Non Admitted			$32,384		$13,317	41.1%
Other Non Admitted Patient Services - Home Ventilation						
Block-funded small rural & standalone MH			$28,432		$9,460	33.3%
High cost, highly specialised therapies						
Public Health			$18,800		$5,551	29.5%
In-Scope for Commonwealth & State NHRA Contributions Total	**138,657**	**$814,732**	**$107,292**	**$922,024**	**$370,687**	**40.2%**
Acute Admitted	3,826	$13,872				
Mental Health - Admitted (Acute and Sub-Acute)	71	$367				
Sub-Acute Services - Admitted	568	$2,958				
Emergency Department	2,125	$5,793				
Non Admitted Patients (Including Dental)	586	$2,261				
State & Other Funding Contributions Total	**7,175**	**$25,252**		**$25,252**		
State Only Block			$89,737	**$89,737**		
Restricted Financial Asset Expenses			$1,358	**$1,358**		
Depreciation (General Funds only)			$39,320	**$39,320**		
Total	**145,832**	**$839,984**	**$237,708**	**$1,077,691**	**$370,687**	**34.4%**

4.4 Budget Schedule: Capital program

Project Description	Project Code	Reporting Silo	Estimated Total Cost ($'000)	Estimated Expenditure to 30 June 2023 ($'000)	Budget Allocation 2023-24 ($'000)	Balance to Complete ('000)
Projects managed by Health Entity						
Works in Progress						
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	32,834	29,893	**1,791**	1,149
Lismore Base Hospital Linear Accelerator Replacement	P56913	LFI	3,446	-	**-**	3,446
Tweed Heads Hospital Linear Accelerator	P57092	LFI	5,000	-	**5,000**	-
The Tweed Heads Hospital Education Hub	P57137	LFI	7,414	3,802	**3,612**	-
Casino Dental Clinic Refurbishment	P56892	MW	244	-	**244**	-
Casino Dental Clinic Upgrade Stage 2	P57116	MW	250	-	**250**	-
Byron Central Hosp- Sub-acute MH IPU Refurbishment	P57017	MW	115	-	**115**	-
Lismore Mental Health Unit - MH Inpatient Unit Refurb	P57018	MW	245	-	**245**	-
Kyogle MPS New Lounge Room	P56986	MW	750	550	**200**	-
Pottsville HealthOne - Medical Records Store Conversion	P57021	MW	205	-	**205**	-
Minor Works and Equipment>$10k<$250K	P51069	MW	-	-	**498**	-
Electric fleet campaign	P57165	Other	328	-	**328**	-
Total Works in Progress			**50,831**	**34,245**	**12,489**	**4,595**
Total Capital Program managed by health entity			**50,831**	**34,245**	**12,489**	**4,595**
Projects managed by Health Infrastructure						
Works in Progress						
Ballina District Hospital Redevelopment	P56956	HI Silo	2,000	507	**1,493**	-
Grafton Base Hospital Redevelopment	P56974	HI Silo	263,800	1,143	**8,324**	254,333
Lismore Hospital Redevelopment Stage 3A, 3B and 3C	P55028	HI Silo	312,750	306,587	**6,163**	-
Tweed Hospital and Integrated Ambulatory Services Redevelopment	P56291	HI Silo	723,331	608,898	**105,696**	8,737
Total Works in Progress			**1,301,881**	**917,136**	**121,675**	**263,070**
Total Capital Expenditure Authorisation Limit managed by Health Infrastructure			**1,301,881**	**917,136**	**121,675**	**263,070**

Notes:
Expenditure should not exceed the approved limit without prior authorisation by Ministry of Health.

5. Purchased volumes and services

5.1 Activity

Investment by stream	Strategic Outcome	NWAU23	Performance metric
Acute	6	79,253	See KPIs – Strategy 6
Emergency Department	6	27,052	See KPIs – Strategy 6
Sub-Acute – Admitted	6	8,371	See KPIs – Strategy 6
Non-Admitted	6	17,810	See KPIs – Strategy 6
Public Dental Clinical Service – Total Dental Activity (DWAU)	6	24,001	See KPIs – Strategy 6
Mental Health – Admitted	6	8,114	See KPIs – Strategy 6
Mental Health – Non-Admitted	6	7,512	See KPIs – Strategy 6
Alcohol and other drug related – Admitted	6	508	See KPIs – Strategy 6
Alcohol and other drug related – Non-Admitted	6	1,886	See KPIs – Strategy 6

5.2 Priority programs

Program Title	Strategic Outcome	$	NWAU23	Performance metric
World Class End of Life Care				
Enhancing end of life care (EEOLC) 2	2.1 / 2.2	610,000	-	Implement the enhancement funding in line with applicable funding guidelines, including employing additional staff. Increase activity in enhanced services, to include additional non-admitted activity. Provide implementation plans for allocations on time, including identification of services to be enhanced. Provide responses to monitoring requests by the Ministry of Health.
EEOLC 3	2.1 / 2.2	492,156	18	
EEOLC Pain 1	2.1 / 2.2	300,000	-	
Transitional Aged Care Program (TACP) (Funding includes Commonwealth, DVA supplement and State funding)	3.4	10,186,263	-	Maintain occupancy at 100% claimable care days. District total = 31,476
Mental Health Bilateral - Aftercare Coordinators	3.6	186,611	-	Recruit and retain 1x HSM3 FTE Aftercare Coordinator

Program Title	Strategic Outcome	$	NWAU23	Performance metric
Response to the **Special Commission of Inquiry into the drug 'Ice'** (addressing treatment gaps, strengthening integration, and improving health and social outcomes associated with alcohol and other drug use). • Substance Use in Pregnancy and Parenting (SUPPS) establishment (including access to sustained home visiting) • Hospital Consultation Liaison (HCL)enhancement • Youth AOD services expansion • Workforce expansion (including NP, peer, nurse educator, RN) • Medical Workforce expansion and Clinical Leadership and Traineeship Program	3.8	3,500,000	-	The organisation will submit a completed Ice Inquiry implementation plan as per the Supplementation letters to Districts (due on 27 July 2023) and Implementation report as per Ice Inquiry letters to Districts (due on 10 November 2023 and 10 May 2024, then six-monthly reporting). Indicators: • Recruit and maintain FTE identified in the district Ice Inquiry proposal and Implementation Plan • Establishment/expansion of service/s as per Implementation Plan • Progress towards collecting outcome measure (Australian Treatment Outcomes Profile) for the new/enhanced service/s • Progress towards collecting patient experience measure for the new/enhanced service/s • Program specific activity measure: number of people receiving the service/s • Number of services provided (closed episodes)
Diversion Programs **Magistrates Early Referral Into Treatment (MERIT) Program** • MERIT priority access residential rehabilitation (RR) services The Buttery Namatjira Haven	3.8	 35,770 35,770	 - -	• Monitor and access quality and service delivery impacts. • Establish performance expectations using the standard core performance indicators. • Support the organisation to deliver the MERIT program in line with the NSW Health MERIT model of Care and DCJ MERIT Operational Guide • Develop and implement strategies to meet the needs of MERIT priority populations. • See MERIT funding guide provided to district for full supplementation and performance expectation information

6. Performance against strategies and objectives

6.1 Key performance indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health strategic priorities.

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See:
http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=48373

1 Patients and carers have positive experiences and outcomes that matter				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Overall Patient Experience Index (Number)				
Adult admitted patients	8.7	<8.5	≥8.5 and <8.7	≥8.7
Emergency department	8.6	<8.4	≥8.4 and <8.6	≥8.6
Patient Engagement Index (Number)				
Adult admitted patients	8.7	<8.5	≥8.5 and <8.7	≥8.7
Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
Mental Health Consumer Experience: Mental health consumers with a score of very good or excellent (%)	80	<70	≥70 and <80	≥80

2 Safe care is delivered across all settings				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Harm-free admitted care: (Rate per 10,000 episodes of care)				
Hospital acquired pressure injuries	Individual – See Data Supplement			
Healthcare associated infections				
Hospital acquired respiratory complications				
Hospital acquired venous thromboembolism				
Hospital acquired renal failure				
Hospital acquired gastrointestinal bleeding				
Hospital acquired medication complications				
Hospital acquired delirium				
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
Emergency department presentations treated within benchmark times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
Triage 2: seen within 10 minutes	80	<70	≥70 and <80	≥80
Triage 3: seen within 30 minutes	75	<65	≥65 and <75	≥75
Inpatient discharges from ED accessible and rehabilitation beds by midday (%)	35	<30	≥30 to <35	≥35
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90

2 Safe care is delivered across all settings				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Elective surgery overdue - patients (Number):				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
Elective Surgery Access Performance - Patients treated on time (%):				
Category 1	100	<100	N/A	100
Category 2	97	<93	≥93 and <97	≥97
Category 3	97	<95	≥95 and <97	≥97
Dental Access Performance – Non-admitted dental patients treated on time (%)	100	<90	≥90 and <97	≥97
Mental Health: Acute seclusion				
Occurrence (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
Duration (Average hours)	<4.0	>5.5	≥4.0 and ≤5.5	<4.0
Frequency (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
Mental health: Involuntary patients absconded from an inpatient mental health unit – Incident Types 1 and 2 (Rate per 1,000 bed days)	<0.8	≥1.4	≥0.8 and <1.4	<0.8
Virtual Care: Non-admitted services provided through virtual care (%)	30	No change or decrease on baseline	>0 and < 5 % points increase on baseline	≥5 % points increase on baseline
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)				
All persons	75	<60	≥60 and <75	≥75
Aboriginal persons	75	<60	≥60 and <75	≥75
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):				
All persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Aboriginal persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Mental Health: Acute readmission - Within 28 days (%)				
All persons	≤13	>20	>13 and ≤20	≤13
Aboriginal persons	≤13	>20	>13 and ≤20	≤13

2 Safe care is delivered across all settings

Measure	Target	Performance Thresholds		
		Not Performing ✖	Under Performing ↘	Performing ✓
Discharge against medical advice for Aboriginal in-patients (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Incomplete emergency department attendances for Aboriginal patients (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Potentially preventable hospital services (%)	≥2 % points lower than benchmark	≥2 % points higher than benchmark	Within 2 % points of benchmark	≥2 % points lower than benchmark
Hospital in the Home admitted activity (%)	5	<3.5	≥3.5 and <5	≥5
Renal Supportive Care enrolment: End-stage kidney disease patient (% variation to target)	Individual - See Data Supplement	Decrease compared to previous year	Increase Compared to previous year	Target met or exceeded

3 People are healthy and well

Measure	Target	Performance Thresholds		
		Not Performing ✖	Under Performing ↘	Performing ✓
Childhood Obesity – Children with height/length and weight recorded in inpatient settings (%)	70	<65	≥65 and <70	≥70
Smoking during pregnancy - At any time (number):				
Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
Non-Aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on previous year
Pregnant Women Quitting Smoking - by second half of pregnancy (%)	4 % points increase on previous year	<1 % point increase on previous year	≥1 and <4 % points increase on previous year	≥4 % points increase on previous year
Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals (% variance)	Individual - See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target
Children fully immunised at one year of age (%)				
Aboriginal children	95	<90	≥90 and <95	≥95
Non-Aboriginal children	95	<90	≥90 and <95	≥95

3 People are healthy and well				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✘	**Under Performing** ↘	**Performing** ✓
Children fully immunised at five years of age (%)				
Aboriginal children	95	<90	≥90 and <95	≥95
Non-Aboriginal children	95	<90	≥90 and <95	≥95
Human Papillomavirus Vaccination: 15 year olds receiving a dose of HPV vaccine (%)	80	<75	≥75 and <80	≥80
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	Maintain or increase from previous year	≥10% decrease on previous year	Up to 10% decrease on previous year	Maintain or increase from previous year
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98% of target	≥98% and <100% of target	≥100% of target
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
Domestic Violence Routine Screening – Routine screens conducted (%)	70	<60	≥60 and <70	≥70
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	85	<75	≥75 and <85	≥85
Sustaining NSW Families Programs				
Families completing the program when child reached 2 years of age (%)	50	<45	≥45 and <50	≥50
Families enrolled and continuing in the program (%)	65	<55	≥55 and <65	≥65
Mental health peer workforce employment – Full time equivalents (FTEs) (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than target
BreastScreen participation rates - Women aged 50-74 years (%)	50	<45	≥45 and <50	≥50

4 Our staff are engaged and well supported				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5 % points decrease on previous survey	No change or increase from previous survey.	>0 and <5 % points decrease on previous survey	≥5 % points decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3.43	<2.0	≥2.0 and <3.43	≥3.43
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

5 Research and innovation, and digital advances inform service delivery				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75
Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	75	<55	≥55 and <75	≥75

6 The health system is managed sustainably				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Purchased Activity Volumes - Variance (%):				
Acute admitted (NWAU)	Individual - See Purchased Volumes	< -1.5% or > +4%	≥ -1.5% and <0	≥ 0% and ≤+4%
Emergency department (NWAU)				
Non-admitted patients (NWAU)				
Sub and non-acute services - Admitted (NWAU)				
Mental health – Admitted (NWAU)				
Mental health – Non-admitted (NWAU)				
Alcohol and other drug related Acute Admitted (NWAU)				
Alcohol and other drug related Non-admitted (NWAU)				
Public dental clinical service (DWAU)				
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15
Capital renewal as a proportion of asset replacement value (%)	1.4	<0.8	≥0.8 and <1.4	≥1.4
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90% of target	≥90% and <95% of target	≥95% of target

6 The health system is managed sustainably				
Measure	**Target**	**Performance Thresholds**		
		Not Performing ✖	**Under Performing** ↘	**Performing** ✓
Reducing free text orders catalogue compliance (%)	25	>60	≤60 and >25	≤25
Reducing off-contract spend (%)	25	>60	≤60 and >25	≤25
Use of Whole of Health contracts (%)	75	<40	≥40 and <75	≥75
Sustainability Towards 2030:				
Desflurane reduction: number of vials of Desflurane purchased as a % of all volatile anaesthetic vials purchased	4	>8	>4 and ≤8	≤4
Nitrous oxide reduction: emissions per admitted patient service event: % decrease on previous year	5	<1	≥1 and <5	≥5
Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)	1.5	<1	≥1 and <1.5	≥1.5
Passenger Vehicle Fleet Optimisation (% Cost Reduction)	3	<1	≥1 and <3	≥3
Waste Streams - Resource Recovery and Diversion from Landfill (%)	5	<3	≥3 and <5	≥5

6.2 Performance deliverables

Key deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

Key Objective	Deliverable in 2023-24	Due by
2 Safe care is delivered across all settings		
2.1	**Outpatient State-wide Referral Criteria** The Organisation will deliver and report to the Ministry on: • Implement Ophthalmology and Gastroenterology State-wide Referral Criteria within its outpatient services (where applicable). Provide evidence of implementation, including integration within HealthPathways and electronic referrals. • Engage with local Primary Health Network to facilitate uptake of State-wide Referral Criteria across primary care. Provide evidence of engagement and promotion. • Participate in randomised, referral audits and post implementation evaluation activities.	Quarterly
3 People are healthy and well		
3.1	The Organisation will work towards maintaining or improving key indicators and activities as outlined in the *NSW Service Standards for Health Protection Functions in Local Health Districts and Specialty Health Networks 2023-24*	Six monthly
3.3	**Towards Zero Suicides** The Organisation will deliver and report to the Ministry on: • Recruit and maintain the minimum required FTEs for each of the initiatives: Zero Suicides in Care, Safe Haven, Suicide Prevention Outreach Teams (SPOT) and Rural Counsellors, as per the supplementation letter, including suicide prevention peer workers. • Continue implementation of Zero Suicides in Care: Suicide Care Pathway implementation plans or operationalize pathway. Implementation plan to embed a Just and Restorative culture. • Continue delivery of Safe Haven initiative. Provide evidence of integration and promotion. • Continue delivery of SPOT. Provide evidence of integration and promotion. • Continue delivery of Rural Counsellors. Provide evidence of integration and promotion. • Support referral to the local Aftercare service provider where appropriate. Provide evidence of referrals where applicable	Quarterly

Key Objective	Deliverable in 2023-24	Due by
3.5 and 3.6	**NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025** The Organisation will deliver and report annually to the Ministry on: • Continue implementation of the NSW Aboriginal Mental Health and Wellbeing Strategy in line with its implementation plan • Participate in the statewide evaluation of the Strategy led by the NSW Ministry of Health	15 December 2023
3.6	**Pathways to Community Living Initiative (PCLI)** The Organisation will: • Submit six-monthly census reports to the Ministry on for the reporting periods: o July to December 2023 o January to June 2024 (due 31 July 2024) • Implement PCLI Stage 1 and Stage 2: o Lead PCLI assessments, data entry and reporting o Attendance at statewide and local governance meetings o Networking and collaboration to support inter-district patient transfers and transitions • Recruit and maintain minimum required FTE, as per relevant supplementation letters across Stage 1 and Stage 2 (from 2015/16) • Participate in the implementation of the PCLI Stage Two Specialist Living Support (SLS) program including statewide planning, implementation, and workforce development processes.	31 January 2024 30 June 2024 30 June 2024 30 June 2024
3.6	**NSW Service Plan for People with Eating Disorders 2021-2025** The Organisation will: • Implement the NSW Service Plan for People with Eating Disorders 2021-2025. • Report on progress against implementation for the periods o July to December 2023 o January to June 2024 (due 31 July 2024)	30 June 2024 31 January 2024
3.6	**Safeguards** The Organisation will deliver and report to the Ministry on actions and progress to: • Maintain the minimum required FTE, as per the supplementation letter • Deliver Safeguards according to the Guiding Principles and Statewide Model of Care	Monthly and quarterly

Key Objective	Deliverable in 2023-24	Due by

3.6	**Housing and Mental Health Agreement 2022 (HMHA22)**
	The Organisation will:
	• Establish District and Local level governance according to the HMHA22 Governance Framework requirements.
	• Develop District and Local Implementation Plans with the Department of Communities and Justice and other partners and submit these to the NSW Housing and Mental State Steering Committee by September 2023, according to the HMHA22 Governance Framework requirements.
	• Report on progress against implementation for the periods
	  ○ July to December 2023
	  ○ January to June2024 (due 31 July 2024)
		
		30 June 2024
		
		30 June 2024
		
		31 January 2024

3.5	**Close the gap by prioritising care and programs for Aboriginal people** • Establish a key point of contact and a process to respond to urgent requests from Stolen Generations Organisations to escalate health concerns from Survivors and their families • Recruit an (Executive) Director role (Health Manager Level 6 recommended) for Aboriginal health that reports to the Chief Executive, participates in Executive leadership decision making structures and is appropriately resourced • Develop shared workforce models/resources with Aboriginal Community Controlled Health Services to support outreach and clinical pathways • Address racism by ensuring accountability structures for reporting and addressing racism are culturally safe and hold all staff to account • Increase the number of Aboriginal specialists and clinicians, including supporting training and development	 31 December 2023 31 December 2023 31 December 2023 31 December 2023 31 December 2023

Key Objective	Deliverable in 2023-24	Due by
6 The health system is managed sustainably		
	Procurement reform The Organisation will report on: Procurement capability • Local resources and training to uplift procurement capability of non-procurement staff • Procurement staff attend Procurement Academy training Procurement compliance • Goods and services procurements and Information and Communication Technology (ICT) procurements valued over $30,000 and outside existing arrangements are tested against the Risk Assessment Tool • Disclosure requirements for contracts (including purchase orders) valued over $150,000 are met: - Contracts/purchase orders are disclosed on eTendering - Contracts/purchase orders are saved on PROcure, where relevant • Procurements outside existing arrangements that are valued over $250,000 are referred to HealthShare or eHealth NSW to conduct the procurement (unless an exemption applies) • The ICT Purchasing Framework contract templates (Core & contracts; Master ICT Agreement/ICT Agreement contracting framework) are used when engaging suppliers on the ICT Services Scheme (where relevant) unless an exemption applies. Social and sustainable procurement • Spend and contracts with Aboriginal businesses • Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued >$7.5m through the Department of Customer Services (DCS) reporting portal (unless an exemption applies). • Achieve and report on Small and Medium Enterprise participation of 25% of project addressable spend for goods and services contracts valued >$3m through the DCS portal (unless an exemption applies).	Quarterly