

NSW Health



2024-25 Service Agreement

An agreement between the Secretary, NSW Health
and Hunter New England Local Health District
for the period 1 July 2024 to 30 June 2025



www.health.nsw.gov.au

NSW Health 2024-25 Service Agreement

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 Hunter New England 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* (NSW) 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.

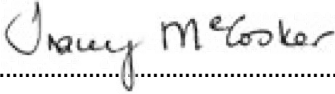
Parties to the agreement

The Organisation

Dr Martin Cohen
Chair
On behalf of the
Hunter New England Local Health District Board

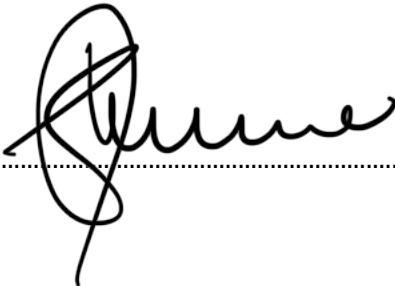
Date 24/07/2024 Signed 

Ms Tracey McCosker PSM
Chief Executive
Hunter New England Local Health District

Date 24/07/2024 Signed 

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 31/7/24 Signed 

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1 Legislation and governance

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 the commitment of all Australian governments to providing universal healthcare for all Australians. This is enshrined in the 2020-2025 Addendum to the National Health Reform Agreement (NHRA). The NHRA outlines the financial arrangements for Australian public hospital services.

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 Clinical Governance in NSW policy (PD2024_010) 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 (Goods and Services) policy (PD2024_009).

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 policy (PD2024_002) and adhere to the roles and responsibilities set out in Early Response to High Consequence Infectious Disease policy (PD2024_005).

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 NSW Aboriginal Health Plan

The *NSW Aboriginal Health Plan 2024–2034* aims to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW, in line with the National Agreement on Closing the Gap, by:

- Guiding how health systems are planned, delivered, and monitored
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations
- Influencing the redesign of health services to achieve health equity
- Providing direction for the elimination of racism in all aspects of health care

The Plan is supported by the NSW Health Governance and Accountability Framework which promotes partnership and shared decision making and is operationalised through the NSW Aboriginal Health Transformation Agenda which NSW Health Organisations have responsibility for actioning.

2.2 Future Health Strategic Framework

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

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 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.

2.3 Regional Health Strategic Plan

The *Regional Health Strategic Plan 2022-2032* (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 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 Strategic 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).

2.4 NSW Health Workforce Plan 2022-2032

The *NSW Health Workforce Plan* describes the NSW Ministry of Health workforce vision and its system priorities:

1. Build positive work environments that bring out the best in everyone.
2. Strengthen diversity in our workforce and decision making.
3. Empower staff to work to their full potential around the future care needs.
4. Equip our people with the skills and capabilities to be an agile, responsive workforce.
5. Attract and retain skilled people who put patients first.
6. Unlock the ingenuity of our staff to build work practices for the future.

State-level leads have been identified to lead specific activities under the first Horizon, on behalf of the system.

However, to achieve the workforce vision, all agencies, Districts, Networks and pillar organisations are responsible for delivering on these six system-wide workforce priorities for the workforce of their organisation.

2.5 Single Digital Patient Record

The Single Digital Patient Record (SDPR) program will transform the digital systems and workflows that NSW public healthcare workers use every day to deliver care. All NSW Health care teams will for the first time be able to access the same information about a patient no matter their location.

To do this, the Single Digital Patient Record will replace the existing 9 electronic medical record platforms, 10 patient administration systems and 5 laboratory information management systems in use today. Building on NSW Health's collective expertise, the program will help evolve digital health service delivery to address the future needs of our patients, workforce and community.

The delivery of the SDPR will be overseen by the Single Digital Patient Record Implementation Authority (SDPRIA) in partnership with eHealth NSW, NSW Health Pathology, the Ministry of Health, Local Health Districts and other health organisations.

To achieve implementation, all agencies, Districts, Networks and pillar organisations will be responsible for collaborating and contributing to the Single Digital Patient Record.

2.6 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

2.7 NSW Performance and Wellbeing Framework

The State is transitioning towards a Performance and Wellbeing Framework that reports on a broad range of indicators to benchmark its delivery of services and track the overall quality of life of the people of NSW. The Framework will also support prioritisation and accountability for the achievement of the goals set. The Performance and Wellbeing Framework comprises eight Wellbeing Themes:

- Healthy
- Skilled
- Prosperous
- Housed
- Secure
- Community
- Connected
- Sustainable

Under the framework, no single agency or portfolio is responsible for delivering on wellbeing indicators.

Each wellbeing theme has 3-4 outcomes that describe what the Government is seeking to achieve for the NSW community. The Health portfolio primarily contributes to the outcomes under the theme 'Healthy', but it also contributes to outcomes under other themes. The 2024-25 Budget presents potential indicators that could track progress against the NSW Outcomes and Wellbeing themes, these will be finalised pending public consultation during 2024-25. The proposed NSW Outcome indicators are interim and are reflective of performance indicators already in the Service Agreement, NSW Health Performance Framework, NSW Health Purchasing Framework and the funding model. A refined outcome indicator list will be set for the 2025-26 Budget.

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](#) (PD2023_035)
- [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](#)

3.2 Critical and specialist care

Service name	Unit	Locations	Service Requirement
Adult Intensive Care Unit – Level 6 services	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (30) St Vincent's (21+1/290 NWAU24) St George (36)	Services to be provided in accordance with the <u>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</u> policy. Units with new beds in 2024/25 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <u>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</u> .
Neonatal Intensive Care Service	Beds/NWAU	Sydney Children's Hospitals Network (SCHN) – SCHN - Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (18) Liverpool (17+1/325 NWAU24) John Hunter (20) Nepean (12) Westmead (24)	Services to be provided in accordance with the <u>NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policy
Paediatric Intensive Care	Beds/NWAU	SCHN – Randwick (18) SCHN - Westmead (24)	Services to be provided in accordance with the <u>NSW</u>

Service name	Unit	Locations	Service Requirement
		John Hunter (7)	<u>Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policy
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 <u>ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care</u>
Mental Health Intensive Care	Access	Hornsby - Mental Health Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit Orange Health Service Bloomfield – Lachlan Adult Mental Health Intensive Care Unit Concord - McKay East Intensive Psychiatric Unit Cumberland – Yaralla Intensive Psychiatric Care Unit Prince of Wales - Mental Health Intensive Care Unit Forensic Hospital, Malabar (second tier referral facility)	Provision of equitable access. Services to be provided in accordance with the <u>Adult Mental Health Intensive Care Networks</u> policy
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 the <u>Tiered Networking Arrangements for Perinatal Care in NSW</u> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN - Westmead	Services to be provided in accordance with the NSW Agency for Clinical Innovation's <u>NSW Burn Transfer Guidelines</u> .
State Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehab SCHN – Westmead and Randwick	Services to be provided in accordance with the <u>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</u> and the <u>NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policies.
Endovascular clot retrieval	Access	Royal Prince Alfred Prince of Wales Royal North Shore Westmead Liverpool John Hunter SCHN	As per the NSW Health strategic report - <u>Planning for NSW NI Services to 2031</u>

3.3 Transplant services

Organ transplant services are 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 1.11 – May 2023*.

Referral pathways for Haematopoietic Stem Cell Transplantation are detailed in the Agency for Clinical Innovation Bone and Marrow Transplant Network's *NSW Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis*.

Service name	Unit	Locations
Heart, Lung and Heart Lung Transplantation	106	St Vincent's
Adult Liver Transplant	Access	Royal Prince Alfred
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead
Paediatric Heart Transplant	Access	Westmead
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's Westmead Royal Prince Alfred Liverpool Royal North Shore SCHN – Randwick SCHN - Westmead
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number	St Vincent's

3.4 Strategic infrastructure

Service name	Locations
Cyclotrons	Royal Prince Alfred Liverpool
Blood and Marrow Transplant Laboratory	St Vincent's - services Gosford NSW Health Pathology – Westmead Institute of Clinical Pathology and Medical Research (ICPMR) – services Nepean, Wollongong and SCHN – Westmead NSW Health Pathology – Prince of Wales – services SCHN - Randwick
Hyperbaric Medicine	Prince of Wales
Biocontainment unit	Westmead

3.5 Implementation of new health technologies

These services are listed in the Service Agreement according to the NSW Health [Guideline for New Health Technologies and Specialised Services](#) (GL2022_012).

When fully implemented, these services will be transitioned into activity-based service provision and may be transitioned to local governance and removed from the Service Agreement.

Service name	Locations
CAR T-cell therapy delivered for the following clinical indications in accordance with individual agreements between the Ministry of Health and delivery sites:	
Acute lymphoblastic leukaemia (ALL)	SCHN Royal Prince Alfred Westmead
Adult diffuse large B-cell lymphoma (DLBCL)	Royal Prince Alfred Westmead
Adult mantle cell lymphoma (MCL)	Royal Prince Alfred Westmead
Gene therapy for inherited retinal blindness	SCHN
Gene therapy for paediatric spinal muscular atrophy	SCHN - Randwick
Telestroke	Prince of Wales
High risk Transcatheter Aortic Valve Implantation (TAVI)	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead

3.6 Nationally Funded Centres

All patients across Australia can be accepted onto Nationally Funded Centre programs in line with the *Nationally Funded Centre Agreement*.

Service name	Locations
Pancreas Transplantation	Westmead
Paediatric Liver Transplantation	SCHN - Westmead
Islet Cell Transplantation	Westmead

3.7 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.

3.8 Affiliated Health Organisations

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

- Calvary Health Care (Newcastle) Limited

Section 130 of the Act provides for Local Health Districts exercising the delegated function (s.129) of determining subsidies for AHOs to enter into performance agreements with AHOs in respect of recognised establishments and established services and may detail performance targets and provide for evaluation and review of results in relation to those targets.

Under s.130, the AHO is to report performance results to the Organisation within 3 months of the end of that year.

While the Act requires a formal annual report, effective performance management will require more frequent reviews of progress against agreed priorities and service performance measures by the parties to the AHO Service Agreement.

To ensure equity across NSW public health organisations in the governance of funding and performance, the Organisation will:

- Include AHO Chief Executive Officers in annual budget planning and negotiations
- Determine subsidies for the AHO, with the key condition of subsidy being the Accounts and Audit Determination for Public Health Organisations
- Include in the annual Service Agreement the operational performance targets, with performance thresholds, for the AHO
- Evaluate and review performance against those targets and thresholds through quarterly meetings with the AHO Chief Executive Officers
- Report those results to the Secretary, NSW Health each year

4 Budget

4.1 Budget Schedule: Part 1

Hunter New England Local Health District		Target Volume	2024/25 BUDGET		Initial Budget 2024/25
			Activity Based Funded Services	Small Hospitals and Other Block Funding	
State Efficient Price - \$5,675 per NWAU24		NWAU24	(\$ '000)	(\$ '000)	(\$ '000)
	Acute Admitted	217,686	\$1,186,450	\$128,401	\$1,314,851
	Emergency Department	63,384	\$341,392	\$49,612	\$391,004
	Sub-Acute Services	16,744	\$83,449	\$20,213	\$103,661
	Non Admitted Services - Incl Dental Services	77,462	\$421,894	\$143,488	\$565,382
A	Total	375,276	\$2,033,185	\$341,714	\$2,374,898
	Mental Health - Admitted	17,483	\$99,824	\$34,534	\$134,358
	Mental Health - Non Admitted	17,337		\$102,883	\$102,883
B	Total	34,820	\$99,824	\$137,417	\$237,241
	Teaching, Training and Research			\$70,005	\$70,005
	Other Non Admitted Patient Services			\$20,058	\$20,058
C	Total			\$90,063	\$90,063
	Other Services			\$159,570	\$159,570
D	Total			\$159,570	\$159,570
E	Restricted Financial Asset Expenses				\$21,379
F	Depreciation (General Funds only)				\$141,751
G	Total Expenses (G=A+B+C+D+E+F)	410,096	\$2,133,009	\$728,764	\$3,024,903
H	Other - Gain/Loss on disposal of assets etc				\$1,610
	GF Revenue - ABF Commonwealth Share				(\$877,246)
	GF Revenue - Block Commonwealth Share				(\$164,482)
	Revenue excluding ABF & Block Commonwealth Share				(\$1,870,961)
I	LHD Revenue				(\$2,912,689)
J	Net Result (J=G+H+I)				\$113,824

The Initial Budget splits have been informed by costs reported in the 2022-23 District and Network Return submission. In line with the devolved health system governance, Districts and Networks have the flexibility to determine the application and reconfiguration of resources between services that will best meet local needs and priorities. The Initial Budget reflects a 5.7% increase compared to the annualised amount of \$2,862.91 M, which was reviewed by Districts and Networks through the forward estimates process in March-April 2024.

4.2 Budget Schedule: Part 2

Hunter New England Local Health District		2024/25
		(\$'000)
Government Grants		
A	Subsidy* - In-Scope ABF State Share	(\$1,067,511)
B	Subsidy - In-Scope Block State Share	(\$215,501)
C	Subsidy - Out of Scope State Share	(\$156,509)
D	Capital Subsidy	(\$9,051)
E	Crown Acceptance (Super, LSL)	(\$41,415)
F	Total Government Contribution (F=A+B+C+D+E)	(\$1,489,987)
Own Source Revenue		
G	GF Revenue	(\$355,217)
H	GF Revenue - ABF Commonwealth Share	(\$877,246)
I	GF Revenue - Block Commonwealth Share	(\$164,482)
J	Restricted Financial Asset Revenue	(\$25,758)
K	Total Own Source Revenue (K=G+H+I+J)	(\$1,422,702)
L	Total Revenue (L=F+K)	(\$2,912,689)
M	Total Expense Budget - General Funds	\$3,003,523
N	Restricted Financial Asset Expense Budget	\$21,379
O	Other Expense Budget	\$1,610
P	Total Expense Budget as per Schedule Part 1 (P=M+N+O)	\$3,026,513
Q	Net Result (Q=L+P)	\$113,824
Net Result Represented by:		
R	Asset Movements	(\$132,550)
S	Liability Movements	\$18,725
T	Entity Transfers	\$0
U	Total (U=R+S+T)	(\$113,824)
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 Districts / Networks and sit outside the National Pool.		

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

Hunter New England Local Health District	ABF		Block	Total	C'wealth Contribution	
	NWAU	\$000	\$000	\$000	\$000	%
Acute Admitted	198,688	\$1,134,294			\$488,419	43.1%
Mental Health - Admitted (Acute and Sub-Acute)	17,316	\$98,865			\$42,567	43.1%
Sub-Acute Services - Admitted	13,996	\$80,917			\$34,405	42.5%
Emergency Department	53,907	\$331,524			\$132,515	40.0%
Non Admitted Patients (Including Dental)	72,955	\$417,596			\$179,339	42.9%
Teaching, Training and Research			\$70,005		\$26,295	37.6%
Mental Health - Non Admitted			\$99,628		\$38,380	38.5%
Other Non Admitted Patient Services - Home Ventilation			\$20,058		\$8,190	40.8%
Block-funded small rural & standalone MH			\$213,434		\$91,616	42.9%
High cost, highly specialised therapies						
Other public hospital programs						
Innovative Models of Care						
Public Health			\$63,057		\$28,462	45.1%
In-Scope for Commonwealth & State NHRA Contributions Total	356,861	\$2,063,197	\$466,182	\$2,529,379	\$1,070,189	42.3%
Acute Admitted	9,288	\$53,178				
Mental Health - Admitted (Acute and Sub-Acute)	167	\$959				
Sub-Acute Services - Admitted	442	\$2,531				
Emergency Department	2,502	\$14,327				
Non Admitted Patients (Including Dental)	656	\$4,298				
State & Other Funding Contributions Total	13,056	\$75,293		\$75,293		
State Only Block			\$257,100	\$257,100		
Restricted Financial Asset Expenses			\$21,379	\$21,379		
Depreciation (General Funds only)			\$141,751	\$141,751		
Total	369,917	\$2,138,490	\$886,413	\$3,024,903	\$1,070,189	35.4%

4.4 Budget Schedule: Capital program

Project Description	Project Code	Reporting Silo	Estimated Total Cost (\$'000)	Estimated Expenditure to 30 June 2024 (\$'000)	Budget Allocation 2024-25 (\$'000)	Balance to Complete (\$'000)
Projects managed by Health Entity						
2024-25 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Establishment of a Residential Eating Disorders Treatment Centre	P56585	Other	13,000	12,500	500	0
JHH Nurse Call Intervention Suite RNC	P57179	LFI	600	150	450	-
JHH Road Network Upgrade	P56368	LFI	7,000	1,896	5,104	0
Minor Works & Equipment >\$10K<\$250K *	P51069	MWE	n.a	n.a	4,889	-
PFP Cyclical Maintenance: Newcastle Mater	P54246	Other	56,288	43,749	1,160	11,379
Regional Cancer Treatment Centres for Radiation Therapy - Armidale	P57249	OTHER	2,702	200	2,502	-
Total Works in Progress			79,590	58,495	14,605	11,379
Total Capital Program managed by health entity			79,590	58,495	14,605	11,379
Projects managed by Health Infrastructure (HI)						
2024-25 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Cessnock Hospital Redevelopment	P56855	HI Silo	137,980	3,992	6,000	127,988
Glen Innes Hospital Upgrade	P56708	HI Silo	50,000	8,842	3,629	37,529
Gunnedah Hospital Redevelopment	P56778	HI Silo	53,000	12,950	21,600	18,450
John Hunter Health and Innovation Precinct	P56517	HI Silo	835,000	336,822	280,000	218,178
Lower Mid North Coast Health Service (Manning and Forster-Tuncurry)	P57306	HI Silo	180,000	2,237	3,300	174,463
Maitland Integrated Community and Community Mental Health Service	P56865	HI Silo	22,000	691	1,243	20,066
Moree Hospital Redevelopment	P56779	HI Silo	105,000	13,799	48,000	43,201
Muswellbrook Hospital Redevelopment Stage 3	P56785	HI Silo	45,000	4,295	15,500	25,205
Total Works in Progress			1,427,980	383,629	379,272	665,079
Total Capital Expenditure Authorisation Limit managed by HI			1,427,980	383,629	379,272	665,079

*** Notes:**

- Expenditure should not exceed to the approved limit without prior authorisation by Ministry of Health
- P51069 Minor Works & Equipment >\$10k<\$250k allocations are subject to review on the submission of FY25 AMP/SAMPs

5 Purchased volumes and services

5.1 Purchased activity

Activity stream	Strategic Outcome	NWAU24
Acute	6	216,808
Emergency Department	6	63,384
Sub-Acute – Admitted	6	16,744
Non-Admitted	6	68,919
Public Dental Clinical Service – Total Dental Activity (DWAU)	6	56,029
Mental Health – Admitted	6	17,483
Mental Health – Non-Admitted	6	17,337
Alcohol and other drug related – Admitted*	6	877
Alcohol and other drug related – Non-Admitted*	6	1,744
Total		410,096

* Alcohol and other drug activity is a subset of acute, sub-acute or non-admitted

5.2 Priority programs - New Policy Proposals (NPP)

The Organisation has received an allocation of the NSW Government investment in NPPs for initiatives that will improve outcomes for the people of NSW.

Funding, allocated as block, activity or mixed, is included in the Organisation's initial budget in Schedule 4 Budget or purchased activity in Section 5.1 Purchased activity.

Program or initiative	Strategic outcome	Allocation method	Benefit / outcome / performance metrics
<p>Response to the Special Commission of Inquiry into the drug 'Ice'</p> <p><i>Multiyear budget allocated in 2023-24 Service Agreement with an additional allocation in 2024-25 for MERIT program expansion</i></p> <ul style="list-style-type: none"> Hospital Consultation Liaison (HCL) enhancement Youth and Substance Use in Pregnancy and Parenting (SUPPS) services extension (including access to sustained home visiting) Multidisciplinary workforce expansion and clinical leadership enhancement Child and Adolescent Drug and Alcohol Service Magistrates Early Referral Into Treatment (MERIT) Program enhancement including 	3.8	Block	<p>Improvement in the following domains, with measures to be developed in collaboration with the Ministry of Health, including:</p> <ul style="list-style-type: none"> Utilisation/access to treatment Quality treatment and integration of care Home visiting at a minimum of 12 months post birth for new SUPPS service/s Outcomes that matter Positive consumer experiences Workforce retention and positive workforce experience MERIT funding guides 2023-24 and 2024-25 outline the performance expectations for this diversion program investment

Program or initiative	Strategic outcome	Allocation method	Benefit / outcome / performance metrics
<p>supplementation, separate to any Ministerially Approved Grant, to the agreed NGOs</p> <ul style="list-style-type: none"> • Drug Court Program (Toronto) 			
<p>Voluntary Assisted Dying - additional services</p>	<p>2.1 and 2.4</p>	<p>Block</p>	<p>The Organisation must:</p> <ul style="list-style-type: none"> • Establish a Voluntary Assisted Dying Pharmacy Service, noting operational links with the NSW Voluntary Assisted Dying Support Services (NVSS) Pharmacy.
<p>Paediatric Allied Health Practitioner enhancement</p>	<p>2.4</p>	<p>Both</p>	<p>The organisation will ensure there is an enhanced paediatric allied health workforce with the appropriate skill mix to deliver developmental services for children for the following outcomes:</p> <ul style="list-style-type: none"> • More children accessing paediatric allied health for developmental concerns in a timely way
<p>Community Mental Health Enhancements</p>	<p>3.6</p>	<p>Block</p>	<p>The organisation will ensure additional workforce with the appropriate skill mix including:</p> <ul style="list-style-type: none"> • Community Mental Health Teams (CMHT) to strengthen capacity to assertively support consumers with mental health needs. • Mental Health and Housing Liaison Officers (MHHLO) to support care coordination and improve consumer outcomes for people at risk of/and or experiencing homelessness. <p>to deliver the following outcomes:</p> <ul style="list-style-type: none"> • Increased service capacity and access to existing Assertive Adult Teams.
<p>Creating Inpatient Capacity - Hospital in the Home (HITH)</p>	<p>2</p>	<p>Activity</p>	<ul style="list-style-type: none"> • District-wide HITH service with central single access • District wide operational governance to support 7-day week clinical service with medical oversight. • Senior Medical Leadership - Generalist Speciality to form medical governance. • Virtual enablement and integration with Face-to-Face service • Implementation of a model of care to support emergency department (ED) diversion to HITH e.g. Rapid Access Clinic to manage Category 3-5 ED presentations and/or differentiate patients suitable for HITH



Program or initiative	Strategic outcome	Allocation method	Benefit / outcome / performance metrics
Creating Inpatient Capacity - Short Stay Units (SSU)	2	Both	<ul style="list-style-type: none"><li data-bbox="1009 281 1498 404">• EDSSU Hospital Access Target of $\geq 60\%$ - NSW public hospital ED patients admitted to a short stay unit should have an ED length of stay ≤ 4 hours<li data-bbox="1009 420 1498 483">• EDSSU turnover: 2.5 patients per treatment space per day




6 Performance against strategic 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 [KPI Data Supplement](#).

1 Patients and carers have positive experiences and outcomes that matter 				
4 Keep communities informed, build engagement, seek feedback 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	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
Communication and engagement experience index - Aboriginal adult admitted patients (Number)	8.0	< 7.8	≥ 7.8 and < 8.0	≥ 8.0
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 				
2 Enable better access to safe, high quality and timely health services 				
5 Expand integration of primary, community and hospital care 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Harm-free admitted care: (Rate per 10,000 episodes of care):				
Hospital acquired pressure injuries	Individual – See Data Supplement			
Fall-related injuries in hospital – Resulting in fracture or intracranial injury	Individual – See Data Supplement			
Healthcare associated infections	Individual – See Data Supplement			
Hospital acquired respiratory complications	Individual – See Data Supplement			
Hospital acquired venous thromboembolism	Individual – See Data Supplement			



2 Safe care is delivered across all settings 				
2 Enable better access to safe, high quality and timely health services 				
5 Expand integration of primary, community and hospital care 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Hospital acquired renal failure	Individual – See Data Supplement			
Hospital acquired gastrointestinal bleeding	Individual – See Data Supplement			
Hospital acquired medication complications	Individual – See Data Supplement			
Hospital acquired delirium	Individual – See Data Supplement			
Hospital acquired incontinence	Individual – See Data Supplement			
Hospital acquired endocrine complications	Individual – See Data Supplement			
Hospital acquired cardiac complications	Individual – See Data Supplement			
3rd or 4th degree perineal lacerations during delivery	Individual – See Data Supplement			
Hospital acquired neonatal birth trauma	Individual – See Data Supplement			
Hospital Access Targets (HAT):				
Discharged from ED within 4 hours (%)	80	< 70	≥ 70 and < 80	≥ 80
Admitted / transferred from ED within 6 hours (%)	80	< 70	≥ 70 and < 80	≥ 80
Admitted to ED Short Stay Unit within 4 hours (%)	60	< 55	≥ 55 and < 60	≥ 60
Admitted to a Psychiatric Emergency Care Centre (PECC) within 4 hours (%)	60	< 55	≥ 55 and < 60	≥ 60
ED extended stay of no greater than 12 hours (%)	95	< 85	≥ 85 and < 95	≥ 95
ED extended stay of no greater than 12 hours – Mental health or self-harm related presentations (%)	95	< 85	≥ 85 and < 95	≥ 95
Emergency department presentations treated within benchmark times (%):				
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
Discharges from Mental Health inpatient 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 				
2 Enable better access to safe, high quality and timely health services 				
5 Expand integration of primary, community and hospital care 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	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
Dental Access Performance – Non-admitted dental patients treated on time (%)	97	< 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 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
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
Discharge against medical advice for Aboriginal inpatients (%)	≥ 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 (%)				
Patients who departed from an ED with a “Did not wait” status	≥ 1 % point decrease on previous year	Increase on previous year	≥ 0 and < 1 % point decrease on previous year	≥ 1 % point decrease on previous year
Patients who departed from an ED with a “Left at own risk” status	≥ 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 previous year	≥ 2 % points higher than previous year	Within 2 % points of previous year	≥ 2 % points lower than previous year

2 Safe care is delivered across all settings 				
2 Enable better access to safe, high quality and timely health services 				
5 Expand integration of primary, community and hospital care 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Non-admitted services provided through virtual care (%)	30	No change or decrease on previous year	> 0 and < 5 % points increase on previous year	≥ 5 % points increase on previous year
Hospital in the Home admitted activity (%)	5	< 3.5	≥ 3.5 and < 5	≥ 5

3 People are healthy and well 				
3 Keep people healthy and well through prevention, early intervention and education 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Childhood Obesity – Children with height/length and weight recorded in inpatient settings (%)	70	< 65	≥ 65 and < 70	≥ 70
Pregnant Women Quitting Smoking - by the second half of pregnancy (%)				
Aboriginal women	4 % points increase on previous year	< 1 % point increase on previous year	≥ 1 and < 4 % point increase on previous year	≥ 4 % point increase on previous year
Non-Aboriginal women	4 % points increase on previous year	< 1 % point increase on previous year	≥ 1 and < 4 % point increase on previous year	≥ 4 % point 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
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
Human Papillomavirus Vaccination: 15 year olds receiving a dose of HPV vaccine (%)	80	< 75	≥ 75 and < 80	≥ 80
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

3 People are healthy and well 				
3 Keep people healthy and well through prevention, early intervention and education 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
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 				
1 Strengthen the regional health workforce 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Workplace Culture - People Matter Survey Culture Index (% variance from previous year)	≥ -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
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 				
6 Harness and evaluate innovation to support a sustainable health system 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	< 55	≥ 55 and < 75	≥ 75
Concordance of trials in Clinical Trial Management System vs REGIS (%)	60	< 50	≥ 50 and < 60	≥ 60

6 The health system is managed sustainably 				
6 Harness and evaluate innovation to support a sustainable health system 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Purchased Activity Volumes - Variance (%):				
Total activity (NWAU)	Individual – See Data Supplement	< -1.5% or > +2.5%	≥ -1.5% and < 0	≥ 0% and ≤ +2.5%
Total activity (NWAU) reportable under NHRA clause A95(b)	Individual – See Data Supplement	< -1.5% or > +2.5%	≥ -1.5% and < 0	≥ 0% and ≤ +2.5%
Purchased Activity Volumes - Variance (%): Public dental clinical service (DWAU)	Individual – See Data Supplement	< -1.5% or > +2.5%	≥ -1.5% and < 0	≥ 0% and ≤ +2.5%
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 (%)	On budget or favourable	> 0.5% unfavourable	> 0 and ≤ 0.5% unfavourable	On budget or favourable
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)	On budget or favourable	> 0.5% unfavourable	> 0 and ≤ 0.5% unfavourable	On budget or favourable
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	< 90% of target	≥ 90% and < 95% of target	≥ 95% of target
Reducing free text orders catalogue compliance (%)	25	> 60	≤ 60 and > 25	≤ 25
Sustainability Towards 2030: Nitrous oxide reduction: emissions per admitted patient service event: % decrease on previous year	5	< 1	≥ 1 and < 5	≥ 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 detailed program operational plans.

6.2.1 Future Health Delivery Actions

Key Objective	Deliverable in 2024-25
2 Safe care is delivered across all settings 	
2.1	Outpatient State-wide Referral Criteria The Organisation will deliver and report quarterly, providing evidence, to the Ministry of Health on: <ul style="list-style-type: none"> • Implementation of ophthalmology, gastroenterology, ENT and orthopaedic State-wide Referral Criteria within its outpatient services (where applicable) • Provide evidence of implementation, including integration within Health Pathways and electronic referrals • Engagement with local Primary Health Network to facilitate uptake of State-wide Referral Criteria across primary care • Participate in randomised, referral audits and post implementation evaluation activities.
3 People are healthy and well 	
3.5	Close the gap by prioritising care and programs for Aboriginal people The Organisation will deliver and report quarterly, providing evidence, to the Ministry of Health on: <ul style="list-style-type: none"> • Development of an innovative program, shared workforce model and/or model of care between the Organisation and Aboriginal Community Controlled Health Organisations

6.2.2 Value based healthcare

Increasing same day surgery for selected procedures, where it is safe to do so

Changes in surgical technique and models of care have led to procedures that traditionally required an overnight stay to transition to same day planned surgery for the majority of patients. As well as established day only surgeries, the Agency for Clinical Innovation, through review of evidence in consultation with clinical experts, has identified a set of procedures that should routinely be scheduled as same day (within 23 hours) unless otherwise indicated.

Reducing patients' stays in hospital for common orthopaedic procedures

The growth in international and local evidence has also identified the opportunity for NSW Health to spread existing care pathways for joint replacements, some of the most common procedures in NSW, that reduce length of stay without compromising patient outcomes.

In line with aspirational targets [on the NSW Health website](#), the organisation will work to safely

- increase the percentage of selected procedures completed as same day cases
- reduce the average length of stay for hip and knee replacements

Achieving these targets will improve access to surgical services across the NSW public health system, improve patient experience and reduce the risk of hospital acquired complications.

These targets do not override clinical decision making and will not contribute to the Organisation's performance level in 2024-25, but will be monitored by the Ministry of Health to inform the implementation process.