

# Statement of Service 2022-23

An agreement between the  
Secretary, NSW Health and  
HealthShare NSW

for the period 1 July 2022 - 30 June 2023



# NSW Health Statement of Service – 2022-23

## Principal purpose

The principal purpose of the Statement of Service is to set out the service and performance expectations for funding and other support provided to HealthShare NSW (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services.

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of 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*.

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

## Parties to the agreement

### The Organisation

Mr John Roach PSM  
Chair  
On behalf of the  
HealthShare NSW Board

Date ..... Signed .....

Ms Carmen Rechbauer  
Chief Executive  
HealthShare NSW

Date 10/08/2022 ..... Signed  .....

### NSW Health

Ms Susan Pearce  
Secretary  
NSW Health

Date ..... Signed .....

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# 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 the provision of health support services (s.126B).

The Statement of Service recognises the Delegation of Functions to the HealthShare NSW Board signed on 29 November 2012 by the then Director-General of NSW Health in her capacity as the Health Administration Corporation.

A copy of the Delegation of Functions is appended to this Statement of Service in section 5.

## 1.2 Variation of the statement

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

The Statement 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 support organisations.

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 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.

### 1.3.1 Clinical governance

NSW public health services are accredited against the *National Safety and Quality Health Service Standards*.

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.

### 1.3.2 Corporate governance

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

### 1.3.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with *NSW Health Goods and Services Procurement Policy (PD2019 028)*, the *NSW Public Works and Procurement Act 1912*,

the *Government Information (Public Access) Act 2009* and the broader requirements of the NSW Government Procurement Policy Framework.

### 1.3.4 Aboriginal Procurement Policy

The NSW Government support 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 by:

- Assisting NSW Health meet its target to direct spend and contracts to Aboriginal businesses by giving first consideration to Aboriginal businesses for procurements valued under \$250,000
- Requiring suppliers to direct a minimum 1.5% of project value on contracts valued at or above \$7.5 million to Aboriginal participation, and ensuring suppliers report quarterly on their progress toward this commitment

### 1.3.5 Small and Medium Enterprise (SME) and Regional Procurement Policy

The *SME and Regional Procurement Policy* aims to increase SME participation in procurement opportunities within the NSW Government and improve economic, ethical, environmental and social outcomes. NSW Government agencies must apply the *SME and Regional Procurement Policy* to all relevant procurements as follows:

- NSW Government agencies must first consider purchasing from an SME for procurements up to \$3m, where the agency is permitted to directly purchase goods and services from a supplier, including from prequalification schemes and panels.
- NSW Government agencies may negotiate directly with and engage an SME or regional supplier for goods and services up to \$150,000, including where there is a whole-of-government arrangement in place.
- For contracts valued at \$3m or more, suppliers are required to submit an SME and Local Participation Plan and report quarterly on their engagement with SME and Regional suppliers.

### 1.3.6 Enforceable Procurement Provisions (EPP)

The *Enforceable Procurement Provisions* arise from obligations under Australia's international trade agreements and requirements are stated in the *Enforceable Procurement Provisions Direction* (PDD 2019-05). The EPP directions require that an open approach to market, a procurement panel established by an open approach to market, or a procurement list established under the board direction be used for all covered procurements.

### 1.3.7 Modern Slavery

From 1 January 2022, the *NSW Modern Slavery Act 2018* requires reasonable steps to be taken to ensure that goods and services procured by and for government agencies are not the product of modern slavery. Agencies should assess the level of modern slavery risk as far down its supply chains as reasonably practicable. Responsible procurement principles should be embedded into category management strategies for high risk categories.

### 1.3.8 Performance Framework





Statements of Service 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 and support organisations 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.

### 2.1 Future Health: Strategic Framework

The Future Health Strategic Framework is the roadmap for the health system to achieve NSW Health's vision. It will guide the next decade of care in NSW 2022-32, while adapting to and addressing the demands and challenges facing our system. The framework is also a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031.

Strategic outcomes	Key objectives
 <p><b>Patients and carers have positive experiences and outcomes that matter:</b> 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.</p>	<ul style="list-style-type: none"> <li>1.1 Partner with patients and communities to make decisions about their own care</li> <li>1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care</li> <li>1.3 Drive greater health literacy and access to information</li> <li>1.4 Partner with consumers in co-design and implementation of models of care</li> </ul>
 <p><b>Safe care is delivered across all settings:</b> 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.</p>	<ul style="list-style-type: none"> <li>2.1 Deliver safe, high quality reliable care for patients in hospital and other settings</li> <li>2.2 Deliver more services in the home, community and virtual settings</li> <li>2.3 Connect with partners to deliver integrated care services</li> <li>2.4 Strengthen equitable outcomes and access for rural, regional and priority populations</li> <li>2.5 Align infrastructure and service planning around the future care needs</li> </ul>
 <p><b>People are healthy and well:</b> Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ul style="list-style-type: none"> <li>3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health</li> <li>3.2 Get the best start in life from conception through to age five</li> <li>3.3 Make progress towards zero suicides recognising the devastating impact on society</li> <li>3.4 Support healthy ageing ensuring people can live more years in full health and independently at home</li> <li>3.5 Close the gap by prioritising care and programs for Aboriginal people</li> <li>3.6 Support mental health and wellbeing for our whole community</li> <li>3.7 Partner to address the social determinants of ill health in our communities</li> </ul>
 <p><b>Our staff are engaged and well supported:</b> Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ul style="list-style-type: none"> <li>4.1 Build positive work environments that bring out the best in everyone</li> <li>4.2 Strengthen diversity in our workforce and decision-making</li> <li>4.3 Empower staff to work to their full potential around the future care needs</li> <li>4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce</li> <li>4.5 Attract and retain skilled people who put patients first</li> <li>4.6 Unlock the ingenuity of our staff to build work practices for the future</li> </ul>
 <p><b>Research and innovation, and digital advances inform service delivery:</b> Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<ul style="list-style-type: none"> <li>5.1 Advance and translate research and innovation with institutions, industry partners and patients</li> <li>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</li> <li>5.3 Enable targeted evidence-based healthcare through precision medicine</li> <li>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</li> </ul>
 <p><b>The health system is managed sustainably:</b> The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ul style="list-style-type: none"> <li>6.1 Drive value based healthcare that prioritises outcomes and collaboration</li> <li>6.2 Commit to an environmentally sustainable footprint for future healthcare</li> <li>6.3 Adapt performance measurement and funding models to targeted outcomes</li> <li>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</li> </ul>

## 2.2 NSW Premier's Priorities

In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading three priorities for improving the health system:

### **Improving outpatient and community care**

Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.

### **Improving service levels in hospitals**

100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023

### **Towards zero suicides**

Reduce the rate of suicide deaths in NSW by 20% by 2023.

NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

## 2.3 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.

NSW Health has identified five state outcomes that it will achieve for the people of NSW:

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

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 Statement of Service, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

### 3. Budget

#### 3.1 State Outcome Budget Schedule: Part 1

HealthShare NSW - Budget 2022-23		
		2022-23 Initial Budget (\$'000)
A	<b>Expenditure Budget by Account Group (General Fund)</b>	
	Employee Related	\$563,189
	Goods & Services	\$553,021
	Repairs, Maintenance & Renewals	\$25,745
	Depreciation	\$36,389
	Grants	\$68
	Borrowing Costs	\$481
	<b>Sub-total</b>	<b>\$1,178,893</b>
B	<b>Other items not included above</b>	
	Additional Escalation to be allocated	\$29,056
	Allocated Savings Programs	-\$2,256
	TMF Adjustments	\$6,851
	IntraHealth - eHealth 22/23 Adjustment	\$1,980
	HealthShare 22/23 IntraHealth Adjustment	\$13,296
<b>Sub-total</b>	<b>\$48,927</b>	
C	<b>RFA Expenses</b>	<b>\$</b>
D	<b>Total Expenses (D=A+B+C)</b>	<b>\$1,227,821</b>
E	<b>Other - Gain/Loss on disposal of assets etc</b>	<b>\$273</b>
F	<b>Revenue</b>	<b>-\$1,222,505</b>
G	<b>Net Result (G=D+E+F)</b>	<b>\$5,588</b>



## 3.2 State Outcome Budget Schedule: Part 2

		2022/23
HealthShare NSW		(\$'000)
	<u>Government Grants</u>	
A	Recurrent Subsidy	-\$58,876
B	Capital Subsidy	-\$940
C	Crown Acceptance (Super, LSL)	-\$14,703
<b>D</b>	<b>Total Government Contribution (D=A+B+C)</b>	<b>-\$74,519</b>
	<u>Own Source revenue</u>	
E	GF Revenue	-\$1,147,986
F	Restricted Financial Asset Revenue	\$
<b>G</b>	<b>Total Own Source Revenue (G=E+F)</b>	<b>-\$1,147,986</b>
<b>H</b>	<b>Total Revenue (H=D+G)</b>	<b>-\$1,222,505</b>
I	Total Expense Budget - General Funds	\$1,227,821
J	Restricted Financial Asset Expense Budget	\$
K	Other Expense Budget	\$273
<b>L</b>	<b>Total Expense Budget as per Schedule A Part 1 (L=I+J+K)</b>	<b>\$1,228,093</b>
		\$
<b>M</b>	<b>Net Result (M=H+L)</b>	<b>\$5,588</b>
	<u>Net Result Represented by:</u>	
N	Asset Movements	-\$12,608
O	Liability Movements	\$7,020
P	Entity Transfers	\$
<b>Q</b>	<b>Total (Q=N+O+P)</b>	<b>-\$5,588</b>
<b>Note:</b>		
The minimum cash buffer for unrestricted cash is now zero. All payments-out from local bank accounts are now ceased, and payments are to be managed via the Shared Services accounts payable or payroll teams. All General Fund bank accounts will be swept to zero in line with the published schedule.		

## 3.3 State Outcome Budget Schedule: Capital program

HealthShare NSW										
PROJECTS MANAGED BY HEALTH SERVICE  2022/23 Capital Projects	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	2022/23 Capital Budget Allocation by Source of Funds			
						MOH Funded 2022/23	Local Funds 2022/23	Revenue 2022/23	Lease Liabilities 2022/23	
			\$	\$	\$	\$	\$	\$	\$	\$
<b>WORKS IN PROGRESS</b>										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	1,106,890	20,000	1,086,890	940,000	940,000	-	-	-
Enable Capital Equipment	P56823	LFI	2,584,000	466,160	2,117,840	750,840	-	750,840	-	-
FHS Capital including Fleet	P56820	LFI	12,707,000	2,333,000	10,374,000	5,359,000	-	5,359,000	-	-
Linen Equipment & Stock	P56821	LFI	72,434,449	9,806,449	62,628,000	12,499,000	-	12,499,000	-	-
Linen Fleet	P56822	LFI	18,479,000	533,000	17,946,000	6,764,000	-	6,764,000	-	-
PTS Fleet	P56824	LFI	22,569,000	1,403,000	21,166,000	10,531,000	-	10,531,000	-	-
<b>TOTAL WORKS IN PROGRESS</b>			<b>129,880,339</b>	<b>14,561,609</b>	<b>115,318,730</b>	<b>36,843,840</b>	<b>940,000</b>	<b>35,903,840</b>	<b>-</b>	<b>-</b>
<b>TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HealthShare NSW</b>			<b>129,880,339</b>	<b>14,561,609</b>	<b>115,318,730</b>	<b>36,843,840</b>	<b>940,000</b>	<b>35,903,840</b>		
<b>Notes:</b>										
<i>Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above</i>										

## Budget

2022–23 Statement of Service

### 3.4 Outcome and performance payment schedule

The schedule below lists indicative additional funding available to the Organisation for targeted strategic initiatives to deliver on key performance indicators and specified outcomes. This funding is not included in the *State Outcome Budget Schedule: Parts 1-3* and will be paid to the Organisation according to the outcome and performance metric described in this schedule.

FTE is the modelled full time equivalent staff required to deliver the targeted initiative.

Program	Strategic Outcome	\$ '000	FTE	Outcome and performance metric
<b>Workforce - Building and sustaining the rural health workforce</b>	4	10,034	-	Funding based on delivery of production of evidence of incentivised positions and improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>• Critical vacancy reduction</li> <li>• Premium labour reduction</li> <li>• Reduction in overtime</li> </ul>
<b>Workforce - COVID-19 Recovery and Workforce Resilience</b>	4	-	73	Funding based on production of evidence of improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>• Excess leave</li> <li>• Reduction in excess leave</li> <li>• Reduction in overtime</li> <li>• Return premium labour to base year levels</li> <li>• Increase in labour costs above baseline levels</li> <li>• Evidence of recruitment to backfill leave</li> </ul>


## 4. Performance against strategies and objectives

### 4.1 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=47648](http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47648)

**Outcome Indicators:** These key performance indicators are reported to NSW Treasury under the *NSW Health Outcome and Business Plan*.

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
<b>Outcome 5 Indicator</b> 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% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% 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	<1.8	≥1.8 and <3	≥3
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

## 6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
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 (%)				
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90%	≥90% and <95%	≥95%

## 4.2 Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

Deliverable in 2022-23	Due by
<b>1 Patients and carers have positive experiences and outcomes that matter</b>	
Implement the principles and learnings for food service delivery at agreed key sites aligned to patient cohorts, which improves patient experience.	June 2023
Evaluate and finalise texture modified food products aligned to patient cohorts, establishing commercial arrangements for future delivery.	June 2023
<b>2 Safe care is delivered across all settings</b>	
Pilot a reservation model of booking vehicles in one LHD, by improving the functionality of the Computer Aided Dispatch (CAD) system.	June 2023
<b>3 People are healthy and well</b>	
Conduct a current state analysis of clinical engagement and connection across HSNSW to identify clinical risks and gaps in connection, and develop an Engagement and Connection map	June 2023
<b>4 Our staff are engaged and well supported</b>	
Develop an injury predictive prototype model to identify potential sites with a higher risk of staff injury/incidents.	June 2023
The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.	June 2023
Future proof and stabilise the organisation through the reshaping of its structure and the realignment of its functions.	December 2022
Establish and implement safety performance dashboard to introduce visibility of lead and lag safety performance.	December 2022
<b>5 Research and innovation, and digital advances inform service delivery</b>	
Making the key systems data available in real-time to business units following approval.	June 2023
Establish HealthShare foundational ICT capabilities, including implementing ISMS, in partnership with eHealth.	June 2023
Expand the use of real time data to enhance operational practice through the development of real time dashboards, to provide visibility on key insights to PTS operational management, LHDs and MoH.	December 2022
Establish a digitalised process to receive invoices from suppliers, and continue with the Cash Transformation Program to establish a payments portal for NSW Health.	June 2023
<b>6 The health system is managed sustainably</b>	
Continue the consolidation of contact centres within HealthShare to have standardised training, governance, quality assurance and reporting, by integrating all applicable call centres operations into the existing Customer Service Desk.	June 2023

### Performance against strategies and objectives

Deliverable in 2022-23		Due by
Standardise Commonwealth Paid Parental Leave services across NSW Health and transition the services to be managed by HealthShare NSW.		December 2022
Complete the discovery and transition of selected high volume and/or low complexity NSW Health accounts into the Auto-Reconciliation Tool.		June 2023
Establish the operating model, resources and prioritised work program for a centralised Capital Assets and Service Planning (CASP) team.		December 2022
Optimise back of house services at key sites, leveraging the principles and learnings from the Task Allocation system pilot, and develop roadmap for broader rollout.		June 2023
Implement procurement reform's key deliverables, from SmartChain and DeliverEASE programs and identify future state-wide warehousing and logistics requirements for NSW Health.		June 2023
<b>Secretary's flagship reforms</b>		
Outcome 6	Implement procurement reform's key deliverables, from SmartChain and DeliverEASE programs and identify future state-wide warehousing and logistics requirements for NSW Health.	June 2023
Outcome 5	Making the key systems data available in real-time to business units following approval.	June 2023
<b>NSW Premier's Priorities</b>		
Outcome 1	Pilot a reservation model of booking vehicles in one LHD, by improving the functionality of the Computer Aided Dispatch (CAD) system	June 2023
Outcome 6	Optimise back of house services at key sites, leveraging the principles and learnings from the Task Allocation system pilot, and develop roadmap for broader rollout.	June 2023

## 5. Supplementary Document - Delegation of Functions

### DELEGATION OF FUNCTIONS

#### HealthShare NSW Board

#### Section 126B Health Services Act 1997

##### Recitals

- A. Pursuant to section 8A of the Health Administration Act 1982 the Director General determined on 29 March 2006 (reconfirmed on 31 December 2010) that the Health Administration Corporation may exercise the Director-General's powers, authorities, duties and functions to provide services under section 126B of the Health Services Act 1997;
- B. HealthShare NSW is an administrative unit of the Public Health System Support Division of the Health Administration Corporation, originally established on and from 24 April 2007 (renamed as HealthShare NSW on 1 August 2012) and vested with certain of the Director-General's service provider functions under section 126B of the Health Services Act 1997;
- C. The Director-General established the HealthShare NSW Board as an appointed body under section 126C of that Act by instrument dated 29 June 2012.

##### Functions of HealthShare NSW Board

Pursuant to section 126B(4) of the Health Services Act 1997 I, Mary Foley, Director-General, NSW Ministry of Health hereby delegate to the HealthShare Board the following functions in respect of the governance and oversight of HealthShare NSW:

- (i) to ensure effective and comprehensive corporate governance frameworks are established to support the maintenance and improvement of standards of services provided by Health Share NSW and to approve those frameworks;
- (ii) to approve systems to support the efficient and economic operation of Health Share NSW;
- (iii) to provide strategic oversight of and monitor HealthShare NSW's financial and operational performance in accordance with the objectives and measures set by the Director General from time to time;
- (iv) to liaise with the Chief Executives of local health districts and specialty network governed health corporations in relation to the quality and price of the services provided by HealthShare NSW;
- (v) advise on strategies and business improvements that will support improved efficiency and customer service by HealthShare NSW, within the overall strategic framework and requirements set by Government;
- (vi) ensure that robust financial and other internal reporting mechanisms are in place which provide adequate, accurate and timely information about HealthShare NSW to the Board and the NSW Ministry of Health;
- (vii) provide such advice to the Director-General on the provision of shared services within NSW Health as requested from time to time.

Signed this 29th day of November 2012



Dr Mary Foley  
**Director-General**  
**NSW Ministry of Health**  
 In her capacity as the  
**Health Administration Corporation**