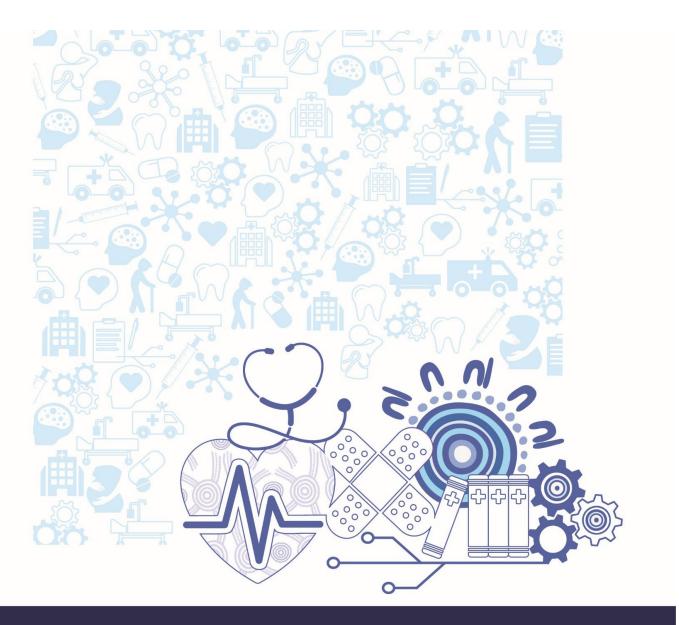
Performance Agreement 2023-24

An agreement between the
Secretary, NSW Health and the
Clinical Excellence Commission
for the period 1 July 2023 – 30 June 2024



NSW Health Performance Agreement – 2023-24

Principal purpose

The principal purpose of the Performance Agreement is to set out the service and performance expectations for funding and other support provided to the Clinical Excellence Commission (the Organisation), to support 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 agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Performance Agreement.

Parties to the	agreement	
The Organisation	n	
Professor Andrew Chair On behalf of the Clinical Excellence		d Allen
Date 27/10/202	23 Signed	CIPMAN INV 3°5
Adjunct Professor Chief Executive Clinical Excellence		
Date 27/10/2	.023 Signed	
NSW Health		
Ms Susan Pearce A Secretary NSW Health	ΔM	
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 establishment of Statutory Health Corporations to enable certain health services and health support services to be provided within the State other than on an area basis (s.11). The Clinical Excellence Commission is a Board governed statutory health corporation established under section 41 and specified in Schedule 2 of the Act.

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).

1.2 Ministerial Determination of Functions

The Performance Agreement recognises that the Clinical Excellence Commission has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Minister 13th July 2012, pursuant to Section 53 of the Health Services Act 1997.

- To provide system wide clinical governance leadership with local health districts and specialty networks, including support of the implementation and ongoing development of local quality systems;
- b) To develop policy and strategy related to improvements of clinical quality and safety across the NSW public health system and promote and support improvement in clinical quality and safety in public and private health services;
- c) To identify, develop and disseminate information about clinical quality and safety in health care on a state wide basis, including (but not limited to):
 - i. Working with the Health Education and Training Institute to provide advice and inform the Institutes development, provision and promotion of training and education programs;
 - ii. Identifying priorities for and promoting the conduct of research about clinical quality and safety in health care;
- d) To review adverse clinical incidents arising in the NSW public health system and develop responses to those incidents including (but not limited to):
 - i. Coordinating responses to specific incidents with system or statewide implications; and
 - ii. Providing advice to the Secretary, Ministry of Health on urgent request or emergent patient safety issues and staff safety issues in a clinical setting;
- e) To monitor clinical quality and safety processes and performance of public health organisations and to report to the Secretary, Ministry of Health and Minister thereon;
- f) To provide the Bureau of Health Information with relevant data about clinical quality and safety in the public health system, to support the Bureau's public reporting function;
- g) To consult broadly with public health organisations, health professionals and members of the community in performing its functions;
- h) To provide advice to the Secretary, Ministry of Health and Minister for Health on issues arising out of its functions
- i) To develop three year Strategic Plans and an Annual Work Plan, linking these activities and priorities of the Commission to the statewide directions and priorities of NSW Health and work in accordance with these plans and Service Compact agreed with the Secretary, Ministry of Health.

1.3 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 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.

1.4 Conditions of Subsidy

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

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 <u>National Safety and Quality Health Service</u> Standards.

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

The NSW Health <u>Patient Safety and Clinical Quality Program</u> (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 <u>NSW Health</u> <u>Corporate Governance and Accountability Compendium</u>.

1.5.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with <u>NSW Health</u> <u>Procurement</u> policy (PD2022_02).

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 <u>Aboriginal Procurement Policy</u> to all relevant procurement activities.

1.5.5 Performance Framework

Performance 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.

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		1.1	Partner with patients and communities to make decisions about their own		
	experiences and outcomes that matter:		care		
	People have more control over their own	1.2	Bring kindness and compassion into the delivery of personalised and		
\ \\\	health, enabling them to make decisions		culturally safe care		
	about their care that will achieve the		Drive greater health literacy and access to information		
	outcomes that matter most to them.		Partner with consumers in co-design and implementation of models of care		
	Safe care is delivered across all settings:	2.1	Deliver safe, high quality reliable care for patients in hospital and other		
~~	Safe, high quality reliable care is delivered by		settings		
()	us and our partners in a sustainable and		Deliver more services in the home, community and virtual settings		
The same	personalised way, within our hospitals, in		Connect with partners to deliver integrated care services		
	communities, at home and virtually.	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:	3.1	Prevent, prepare for, respond to and recover from pandemic and other		
	Investment is made in keeping people healthy		threats to population health		
	to prevent ill health and tackle health		Get the best start in life from conception through to age five		
	inequality in our communities.	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	4.1	Build positive work environments that bring out the best in everyone		
0.0	supported:	4.2	Strengthen diversity in our workforce and decision-making		
	Staff are supported to deliver safe, reliable	4.3	Empower staff to work to their full potential around the future care needs		
AAA	person-centred care driving the best	4.4	Equip our people with the skills and capabilities to be an agile, responsive		
QQ	outcomes and experiences.		workforce		
			Attract and retain skilled people who put patients first		
			Unlock the ingenuity of our staff to build work practices for the future		
	Research and innovation, and digital	5.1	Advance and translate research and innovation with institutions, industry		
· · ·	advances inform service delivery:	E 2	partners and patients Ensure health data and information is high quality, integrated, accessible		
-(scie)_	Clinical service delivery continues to	5.2	Ensure health data and information is high quality, integrated, accessible and utilised		
(22)	transform through health and medical	5 2	Enable targeted evidence-based healthcare through precision medicine		
	research, digital technologies, and data		Accelerate digital investments in systems, infrastructure, security and		
•	analytics.	3.4	intelligence		
	The health system is managed	6.1	Drive value based healthcare that prioritises outcomes and collaboration		
	sustainably:	6.2	Commit to an environmentally sustainable footprint for future healthcare		
((山小))	The health system is managed with an	6.3	Adapt performance measurement and funding models to targeted outcomes		
で 区 区 の に に る に	outcomes-focused lens to deliver a financially	6.4	Align our governance and leaders to support the system and deliver the		
	and environmentally sustainable future.		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 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** 1.1 Invest in and promote rural generalism for allied health professionals, nurses 1. Strengthen the regional health workforce: and doctors Build our regional workforce; provide career 1.2 Prioritise the attraction and retention of healthcare professionals and nonpathways for people to train and stay in the clinical staff in regional NSW regions; attract and retain healthcare staff; 1.3 Tailor and support career pathways for Aboriginal health staff with a focus on address culture and psychological safety, recruitment and retention physical safety and racism in the workplace. $1.4 \quad \hbox{Expand training and upskilling opportunities, including across borders} \ to$ 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 1.6 Nurture culture, psychological and physical safety in all NSW Health workplaces and build positive work environments that allow staff to thrive 2.1 Improve local transport solutions and travel assistance schemes, and address 2. Enable better access to safe, high quality and their affordability, to strengthen equitable access to care timely health services: Improve transport and 2.2 **Deliver appropriate services in the community** that provide more sustainable assistance schemes; deliver appropriate services solutions for access to healthcare closer to home in the community: continue to embed virtual 2.3 Leverage virtual care to improve access, whilst ensuring cultural and digital care as an option to complement face-to-face care and to provide multidisciplinary support to 2.4 Enable seamless cross-border care and streamline pathways to specialist care clinicians in regional settings. 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 3.1 Address the social determinants of health in our communities by partnering 3. Keep people healthy and well through across government, business and community prevention, early intervention and education: 3.2 Invest in mental health and make progress towards zero suicides Prevent some of the most significant causes of 3.3 Invest in maternity care and early childhood intervention and healthcare to poor health by working across government, give children the best start in life community, and other organisations to tackle 3.4 Invest in wellness, prevention and early detection the social determinants of health; prepare and 3.5 Prevent, prepare for, respond to, and recover from pandemics and other respond to threats to population health. threats to population health 4.1 Encourage choice and control over health outcomes by investing in health 4. Keep communities informed, build literacy, awareness of services and access to information engagement, seek feedback: Provide more 4.2 Engage communities through genuine consultation and shared decisioninformation to communities about what health $\textbf{making} \ \text{in design of services and sustainable local health service development}$ services are available and how to access them; 4.3 Support culturally appropriate care and cultural safety for zero tolerance for empower the community to be involved in how racism and discrimination in health settings health services are planned and delivered; 4.4 Capture patient experience and feedback and use these insights to improve increase responsiveness to patient experiences. 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		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	implementation in and National Cabin Controlled Health (designs for expanded primary care models and trial their regional NSW through working with the Commonwealth let, Primary Health Networks, Aboriginal Community Organisations, NGOs and other partners
وکیکن	and non-Government organisations to drive improved access, outcomes and experiences.	across primary care	oyer model to support trainees and staff to work seamlessly e, public, private settings and Aboriginal Community Organisations to deliver care to regional communities
\\\\			d equity of services for Aboriginal people and pport decision making at each stage of their health journey
		with Primary Healt Organisations and	sed' health needs assessments and plans by working closely h Networks, Aboriginal Community Controlled Health other local organisations including youth organisations and rce services to address priority needs
	6. Harness and evaluate innovation to support a sustainable health system: Continue to	-	mmonwealth funding and resourcing models to provide the to deliver optimal regional health services and health
({\(\)})	transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.	workforce to delive	nt digital health investments and increase capability of er connected patient records, enable virtual care, provide ata and streamline processes
-		Undertake research consumers and car	h and evaluation with institutions, industry partners, NGOs, rers
		Commit to environ healthcare	mental sustainability footprint for future regional

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 Performance Agreement, the NSW Health Performance Framework, the NSW Health Purchasing Framework and the funding model.

3. Budget

3.1 Budget Schedule: Part 1

	Clinical Excellence Commission	2023-2024 Initial Budget (\$'000)
Α	Expenditure Budget by Account Group (General Fund)	
	Employee Related	\$24,806
	Goods & Services	-\$1,024
	Depreciation and Amortisation	\$305
	Sub-total Sub-total	\$24,087
В	Other items not included above	
	Additional Escalation to be allocated	\$1,044
	Better salary packaging for healthcare workers	\$86
	Allocated Savings Programs	-\$467
	TMF Adjustment - Workers Compensation	\$1
	TMF Adjustment - Motor Vehicle	\$.2
	IntraHealth - HealthShare 23/24 Adjustment	\$3
	IntraHealth - eHealth 23/24 Adjustment	\$34
	Sub-total Sub-total	\$700
С	RFA Expenses	
D	Total Expenses (D=A+B+C)	\$24,787
E	Other - Gain/Loss on disposal of assets etc	
F	Revenue	-\$24,357
G	Net Result (G=D+E+F)	\$431

3.2 Budget Schedule: Part 2

	Clinical Excellence Commission	2023-2024 Initial Budget (\$'000)
	Government Grants	
Α	Recurrent Subsidy	-\$23,134
В	Capital Subsidy	
С	Crown Acceptance (Super, LSL)	-\$1,166
D	Total Government Contribution (D=A+B+C)	-\$24,300
	Own Source revenue	
Е	GF Revenue	-\$57
F	Restricted Financial Asset Revenue	200000000000000000000000000000000000000
G	Total Own Source Revenue (G=E+F)	-\$57
Н	Total Revenue (H=D+G)	-\$24,357
	Expenses	
1	Total Expense Budget - General Funds	\$24,787
J	Restricted Financial Asset Expense Budget	
K	Other Expense Budget	
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$24,787
М	Net Result (M=H+L)	\$431
	Net Result Represented by:	
N	Asset Movements	-\$305
0	Liability Movements	-\$125
Р	Entity Transfers	
Q	Total (Q=N+O+P)	-\$431

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.

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 generic key performance indicators are provided in the Service Agreement Data Supplement. See:

http://hird.health.nsw.gov.au/hird/view data resource description.cfm?ItemID=48373

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		Performance Thresho		
Measure	Target	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
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					
		Per	Performance Thresholds		
Measure	Target	Not Performing	Under Performing	Performing	
Expenditure Matched to Budget - General Fund - Variance (%)					
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 (%)	iavoarabic				

4.2 Future Health actions and performance deliverables

Future Health actions and performance deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

Key objective / Action code			
1 Patients and	carers have positive experiences and outcomes that matter		
1.2	• Execute Safety System Capability Partnership Agreements (2023-2026) with all LHDs.	30 June 2024	
1.2.1.3.1	Evaluate 2023 symposium on just restorative learning culture to NSW mental health clinicians/teams.	30 June 2024	
1.4.1.3.1	Evaluate and re-design the CEC consumer board sub- committee	30 June 2024	

Key objective / Action code	Deliverable in 2023-24	Due by
2 Safe care is de	elivered across all settings	
2.1	 Continue to develop the safety data system to assist clinicians and managers to identify unwanted clinical variation. 	30 June 2024
	• Support safety culture and capability activities in line with the NSW Health policy directive <i>Clinical care of people who may be suicidal.</i>	30 June 2024

Key objective / Action code	Deliverable in 2023-24	Due by
3 People are heal	thy and well	(4)
3.1.2.4.6	Develop Infection Prevention and Control framework for NSW.	31 December 2023
3.2	Continue to develop the safety data system to assist clinicians and manager to identify unwanted clinical variation in pre-term births.	31 December 2023
3.3	Work in partnership with the Ministry of Health (Mental Health branch) and LHDs/SHNs to support the Towards Zero Suicide priorities under the Zero Suicides in Care (ZSIC) initiative, as well as reduction of seclusion, through the Mental Health Patient Safety program.	30 June 2024
3.4	Produce and promote annual April falls day resources for patients, families, carers and health staff.	30 June 2024

Key objective / Action code	Deliverable in 2023-24	Due by
3.4.1.1.2	 Provide opportunities for NSW Health professionals to attend best-practice fall prevention exercise training. 	30 June 2024
3.4.1.1.3	 Collaborate with ACI and MoH to develop and promote evidence-based fall prevention exercise initiatives and multidisciplinary interventions in community health settings. 	30 June 2024
	Publish a white paper on best practice in falls prevention.	31 December 2023
3.5	Embed and promote cultural safety and appropriateness that reflects Aboriginal social and cultural concepts of health and wellbeing in safety programs.	30 June 2024
3.6	Develop the mental health workforce capability in safety and quality improvement.	30 June 2024

Key objective / Action code	Deliverable in 2023-24	Due by
4 Our staff are engaged and well supported		දුද දුරිද පු <u>ලි</u>
4.1	Launch and promote safety culture framework.	30 June 2024

Key objective / Action code	Deliverable in 2023-24	Due by
5 Research and ir	novation, and digital advances inform service delivery	-
5.1	Support research partnerships in safety and quality.	30 June 2024
5.2	Support, promote and enable safety research, services delivery and innovation.	30 June 2024
5.3.1.5.1	• Lead the oversight and coordination of Therapeutic Goods Administration (TGA) medical devices reform.	30 June 2024

Key objective / Action code	Deliverable in 2023-24	Due by
6 The health system is managed sustainably		
6.2	Consider environmental sustainability principles in statewide polices, programs, guidance, advice, and research grants. Ensure environmental sustainability considerations support the transition to a leading modern, low carbon, low waste, climate resilient health system.	30 June 2024
6.4.2.3.1	Provide leadership to the Inter-Jurisdictional Committee (IJC) on issues relating to safety and quality of healthcare.	30 June 2024

Key objective / Action code	Deliverable in 2023-24	Due by
	Procurement reform	Quarterly
	The Organisation will report on:	quarterly
	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 Goods are serviced for the services are serviced as a service of the servi	
	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).	

Key objective	Deliverable in 2023-24	Due by
Rural Health Strategic Plan: 2. Enable better access to safe, high quality and timely health services		
2.5	• Strengthen health staff capabilities in quality and safety across rural and regional LHDs.	30 June 2024