

# 2020-21 Service Agreement

AN AGREEMENT BETWEEN:

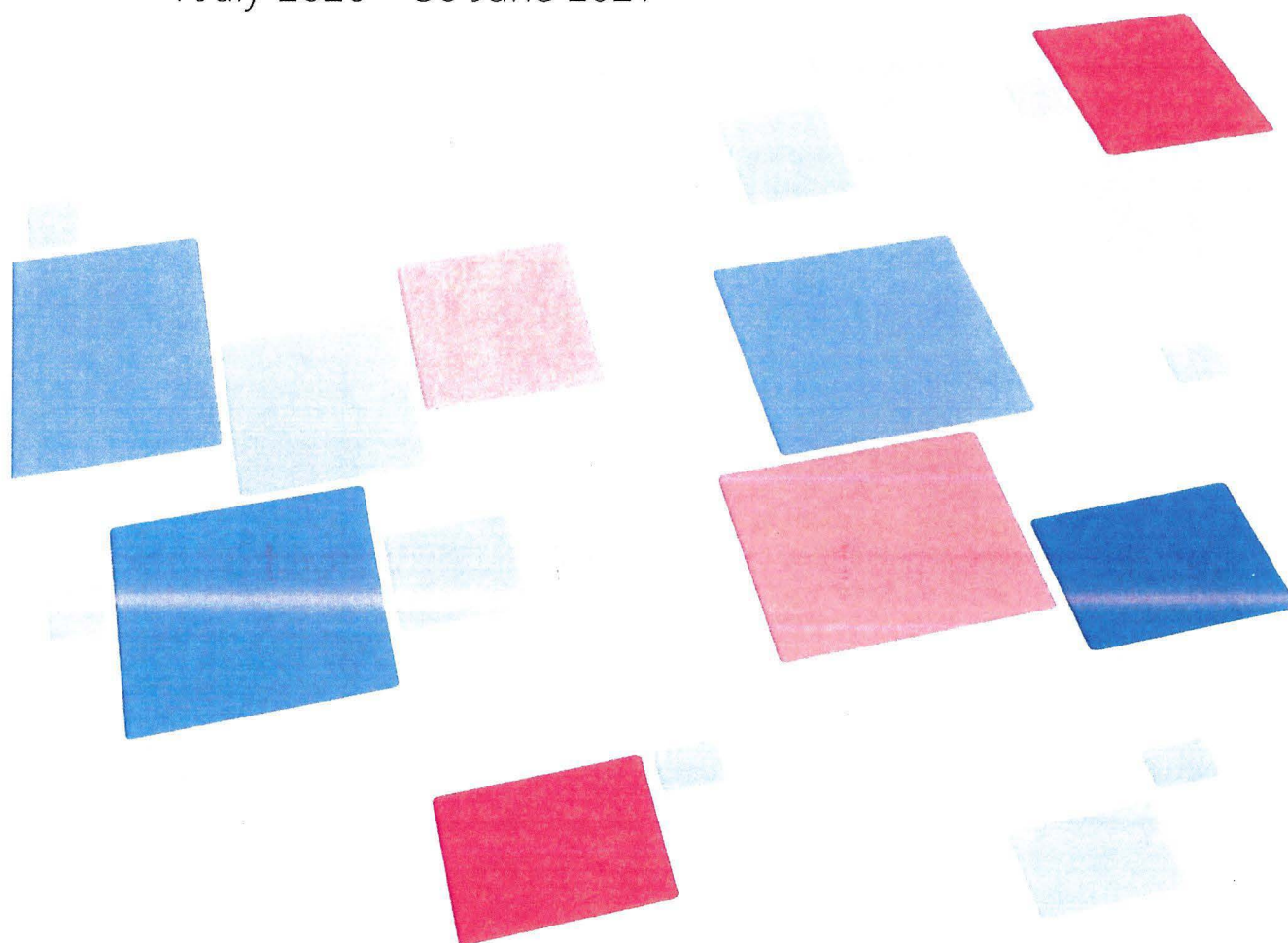
Hunter New England Local Health District

AND THE

Calvary Mater Newcastle Affiliated Health Organisation

FOR THE PERIOD

1 July 2020 – 30 June 2021



# NSW Health Service Agreement – 2020-21

## Principal Purpose

Service Agreements support partnerships between Local Health Districts and Affiliated Health Organisations. The principal purpose of this Service Agreement is to set out the service and performance expectations for the funding and other support provided to Calvary Mater Newcastle Affiliated Health Organisation (AHO) (the Organisation) to ensure the provision of equitable, safe, high quality, patient-centred healthcare in respect of its services recognised under the *Health Services Act 1997* supported by the District.

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. It specifies the service delivery and performance requirements expected of the Organisation that will be monitored consistent with the NSW Health Performance Framework.

The Agreement recognises and respects the health care philosophy of the AHO. In some instances there may be a Memorandum of Understanding or other agreement that operates within the context of this Agreement.

Calvary Mater Newcastle agrees to meet the service obligations and performance requirements outlined in this Agreement. Hunter New England Local Health District agrees to provide the funding and other support to Calvary Mater Newcastle outlined in this Agreement.


## Parties to the Agreement

### Affiliated Health Organisation

Mr Matt Hanrahan

Deputy National Chief Executive Officer

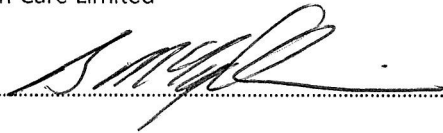
On behalf of the Little Company of Mary Health Care Limited

Date 21/05/2021 Signed 

Mr Bryan McLoughlin

NSW Regional Chief Executive Officer

On behalf of the Little Company of Mary Health Care Limited

Date 07 May 2021 Signed 

Mr Mark Jeffrey

General Manager

On behalf of the Calvary Mater Newcastle

Date 21/4/21 Signed 

**Hunter New England Local Health District**

Associate Professor Lyn Fragar

Chair

On behalf of the Hunter New England Local Health District Board



Date 25/05/2021 Signed .....

Mr Michael DiRienzo

Chief Executive

On behalf of the Hunter New England Local Health District



Date 25/05/2021 Signed .....

# Contents

NSW Health Service Agreement – 2020-21.....	i
1. Objectives of the Service Agreement.....	1
2. Legislation, Governance and Performance Framework.....	2
2.1 Legislation	2
2.2 Variation of the Agreement	4
2.3 National Agreement – Hospital funding and health reform	4
2.4 Governance	4
3. Strategies and Local Priorities .....	7
3.1 NSW Premier’s Priorities	7
3.2 NSW Health Strategic Priorities 2020-21	8
3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23	9
3.4 Local Priorities	11
4. NSW Health Services and Networks .....	13
4.1 Service Planning	13
4.2 Networks and Services Provided to Other Organisations	13
4.3 Districts responsibilities towards AHOs	13
4.4 Key Clinical Services Provided to Other Health Services	14
4.5 Cross District Referral Networks	14
4.6 Supra LHD Services	16
4.7 Nationally Funded Centres	19
5. Budget.....	20
6. Purchased Volumes and Services.....	21
7. Performance against Strategies and Objectives .....	22
7.1 Key Performance Indicators	22
7.2 Performance deliverables	27
8. Other Relevant Agreements .....	29



# 1. Objectives of the Service Agreement

As part of the Public Health Service, Affiliated Health Organisations provide a valued range of services, and support the Districts and Networks in delivering their service obligations:

- To give effect to the partnership between Calvary Mater Newcastle and Hunter New England Local Health District by clearly setting out the service delivery and performance expectations for the funding and other support provided to the Organisation.
- To enable Calvary Mater Newcastle to contribute to Hunter New England Local Health District's delivery of high quality, effective services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To articulate responsibilities and accountabilities across all NSW Health entities and AHOs for the delivery of the priorities of the NSW Government and NSW Health.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and AHOs include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health. These CORE values do not replace but work in conjunction with the Affiliated Health Organisation's mission and values: Hospitality, Healing, Stewardship and Respect.

## 2. Legislation, Governance and Performance Framework

### 2.1 Legislation

#### 2.1.1 Preamble

The *Health Services Act 1997* (the "Act") provides the framework for the NSW public health system. Section 7 of the Act provides that the public health system constitutes, inter alia, Local Health Districts and Affiliated Health Organisations in respect of their recognised services and recognises establishments (s.6). The Act defines Local Health Districts and Affiliated Health Organisations as public health organisations (s.7).

A Local Health District is a public health organisation that facilitates the conduct of public hospitals and health institutions in a specific geographical area for the provision of public health services for that specific area.

The principal reason for recognising services and establishments or organisations as Affiliated Health Organisations is to enable certain non-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they control hospitals, health institutions, health services or health support services that significantly contribute to the operation of the system (s.13).

#### 2.1.2 Local Health Districts

The *Health Services Act 1997* provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Districts (ss. 9, 10, 14).

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).

The Act allows the Health Secretary to enter into performance agreements with Districts and Networks in relation to the provision of health services and health support services (s.126). The performance agreement may include provisions of a service agreement.

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.

#### 2.1.3 Service Agreements between Local Health Districts and Affiliated Health Organisations

This Service Agreement constitutes the performance agreement under section 130 of the Act. Section 130 provides for Local Health Districts exercising the delegated function of determining subsidies for Affiliated Health Organisations to enter into performance agreements with Affiliated Health Organisations 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.

Section 130 of the Act addresses performance agreements between local health districts and affiliated health organisations:

- (1) A Local Health District exercising a function delegated under section 129 in respect of an affiliated health organisation may enter into a performance agreement with the Affiliated Health Organisation in respect of its recognised establishments and recognised services.
- (2) A performance agreement:
  - (a) may set operational performance targets for the Affiliated Health Organisation in the exercise of specified functions in relation to the health services concerned during a specified period, and
  - (b) may provide for the evaluation and review of results in relation to those targets.
- (3) The Affiliated Health Organisation must, as far as practicable, exercise its functions in accordance with the performance agreement.
- (4) The Affiliated Health Organisation is to report the results of the organisation's performance under a performance agreement during a financial year to the local health district within 3 months of the end of that year.
- (5) The Local Health District is to evaluate and review the results of the organisation's performance for each financial year under the performance agreement and to report those results to the Secretary, NSW Health.
- (6) The Secretary, NSW Health may make such recommendations to the Minister concerning the results reported to the Secretary, NSW Health under subsection (5) as the Secretary, NSW Health thinks fit.

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 Service Agreement.

#### 2.1.4 Subsidy and financial framework

In accordance with Section 127 (Determination of Subsidies) of the *Health Services Act 1997*, the Minister for Health approves the initial cash subsidies to NSW Health Public Health Organisations for the relevant financial year.

All NSW Health public health organisations must ensure that the subsidy is expended strictly in accordance with the Minister's approval and must comply with other conditions placed upon the payment of the subsidy.

The key condition of subsidy is the *Accounts and Audit Determination for Public Health Organisations*. Under section 127(4) of the *Health Services Act 1997* the Secretary, NSW Health, as delegate of the Minister, has determined that it shall be a condition of the receipt of Consolidated Fund Recurrent Payments and Consolidated Fund Capital Payments that every public health organisation receiving such monies shall comply with the applicable requirements of the *Accounts and Audit Determination and the Accounting Manual for Public Health Organisations*.

The Secretary, NSW Health may impose further conditions for Consolidated Fund Payments as may be deemed appropriate in relation to any public health organisation.

Under the Accounts and Audit Determination the governing body of a public health organisation must ensure:

- the proper performance of its accounting procedures including the adequacy of its internal controls;
- the accuracy of its accounting, financial and other records;



- the proper compilation and accuracy of its statistical records; and
- the due observance of the directions and requirements of the Secretary, NSW Health and the Ministry as laid down in applicable circulars, policy directives and policy and procedure manuals issued by the Minister, the Secretary, NSW Health and the Ministry.

## 2.2 Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by all the parties. The Agreement may also be varied by the Secretary or the Minister as provided in the *Health Services Act 1997*. 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 in the course of the year.

If a dispute arises out of or relates to the Service Agreement, or the breach, termination validity or subject matter thereof, the parties agree to endeavour to settle the dispute within a reasonable timeframe, firstly by negotiation, between the General Manager, Calvary Mater Newcastle, and Executive Director – Greater Metropolitan Health Services, HNE Health; secondly, by negotiation with the Deputy National Chief Executive Officer, Little Company of Mary Health Care and Chief Executive, HNE Health; then thirdly, by negotiation between Board Chairpersons. If mediation is required, this is to be administered by the Australian Commercial Disputes Centre (ACDC) or other mutually agreed mediation agency before having recourse to litigation. The mediator shall be a person agreed by the parties.

Notwithstanding the existence of a dispute, each party shall continue to perform its obligations under this Agreement during the dispute resolution process to the fullest extent possible.

## 2.3 National Agreement – Hospital funding and health reform

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price. There is a focus on improved patient safety, quality of services and reduced unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. See <http://www.coag.gov.au/agreements>.

## 2.4 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.

### 2.4.1 Clinical Governance

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

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

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.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_608.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf)

#### 2.4.2 Corporate Governance

The Organisation must ensure services are delivered in a manner consistent with the NSW Health *Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012\_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

#### 2.4.3 Procurement Governance

Affiliated Health Organisations will develop procurement capabilities and participate in whole of Health and Government procurement programs. The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019\_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

[https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019\\_028](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028)

#### 2.4.4 Safety and Quality Accounts

The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the *National Safety and Quality Health Service Standards* (Version 2.0). The account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.

The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.



#### 2.4.5 Governance Requirements for Affiliated Health Organisations

Affiliated Health Organisations are to have appropriate corporate and clinical governance arrangements in place to fulfil their statutory obligations and ensure good corporate and clinical governance, as outlined in relevant legislation, applicable NSW Health policy directives, and policy and procedure manuals.

Specific governance requirements relating to the Organisation to ensure effective operation of this Agreement are as follows:

- *Calvary Mater Newcastle reports to the following Organisations to meet their governance requirement:*
  - *Little Company of Mary Health Care National Board*
  - *Hunter New England Local Health District in regard to activity, KPI, clinical indicators, policy compliance, etc.*

#### 2.4.6 Performance Framework

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

The performance of a Health Service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's Priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework*, available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

### 3. Strategies and Local 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.

#### 3.1 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.

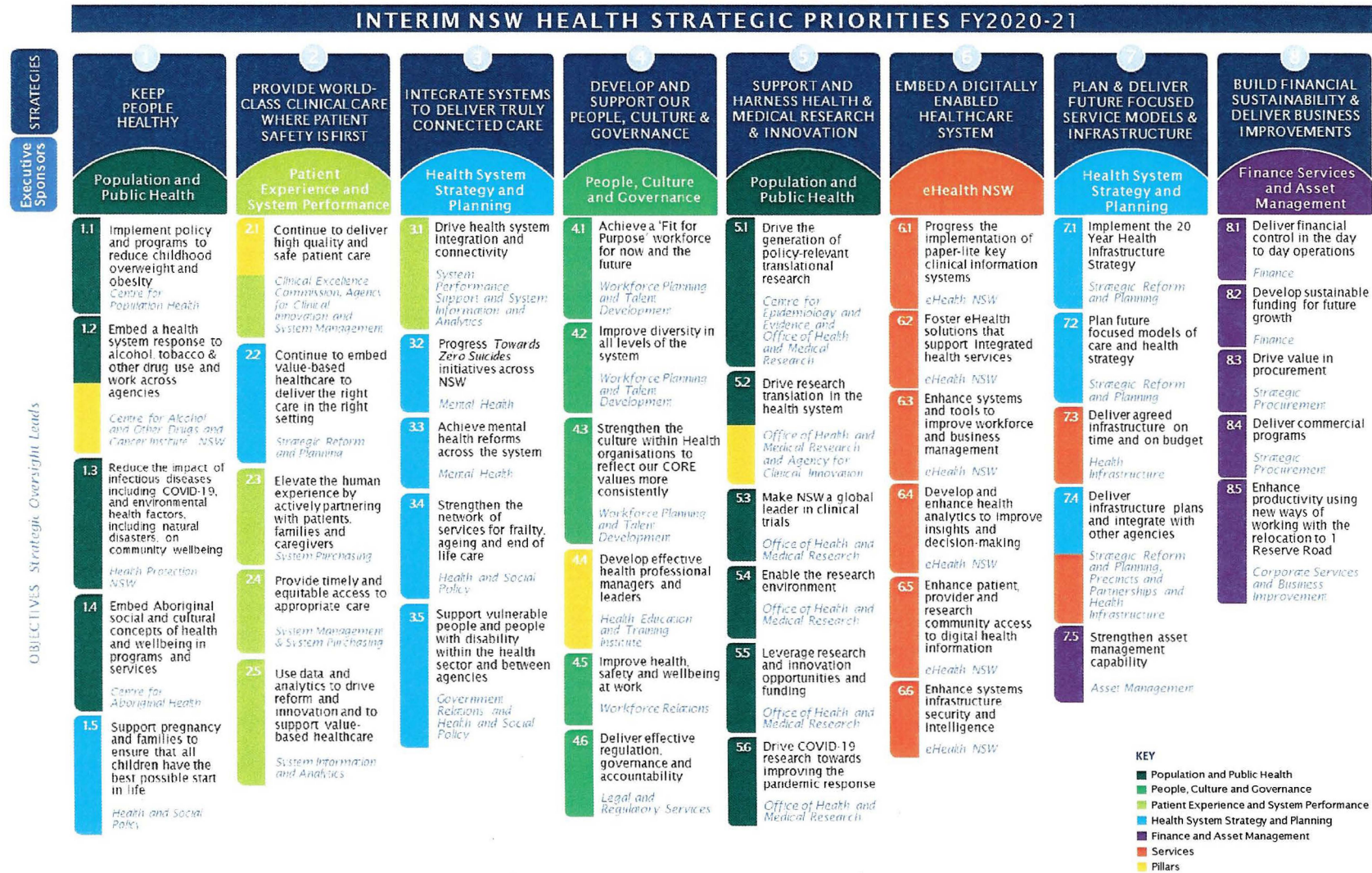
NSW Health is leading the three priorities for improving the health system:



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.



### 3.2 NSW Health Strategic Priorities 2020-21



### 3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09<sup>1</sup>).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

1. Keeping people healthy through prevention and health promotion
2. People can access care in and 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 Service Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

---

<sup>1</sup> <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>



Alignment of directions and strategies to outcomes:

**Delivering Innovation  
The Directions** 

**1** Keeping People Healthy

**Outcome 1**  
Keeping people healthy through prevention and health promotion

**2** Provide world class clinical care where patient safety is first

**Outcome 3**  
People receive timely emergency care

**Outcome 4**  
People receive high-quality, safe care in our hospitals

**3** Integrate systems to deliver truly integrated care

**Outcome 2**  
People can access care in out of hospital settings to manage their health and wellbeing

**Making it Happen  
The Strategies** 

**4** Develop and support our people and culture

**5** Support and harness health and medical research and innovation

**6** Enable eHealth, health information and data analytics

**7** Deliver infrastructure for impact and transformation

**8** Build financial sustainability and robust governance

**Outcome 5**  
Our people and systems are continuously improving to deliver the best health outcomes and experiences



### 3.4 Local Priorities

Under the *Health Services Act 1997*, Boards have the function of ensuring that Districts and Networks develop strategic plans to guide the delivery of services, and for approving these plans.

The Districts and Networks is responsible for developing the following plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the Districts and Networks will implement local priorities to meet the needs of their respective populations.

Affiliated Health Organisations also have particular priorities. Relevant priorities of the Organisation for 2019-20 are as follows:

#### **People and Culture**

*Objective:* To improve employee engagement, cultural alignment and meet critical performance measures to deliver the vision, mission and values.

##### *Local Strategy*

1. Staff engagement survey.
2. Comply with WH&S targets in accordance with Calvary National Work Health and Safety Policy.
3. Clinical leaders and managers are accountable for their performance.
4. Develop and implement strategies to improve the health and well-being of our staff.
5. Articulate the CMN approach to Excellence in Care.
6. Articulate and demonstrate daily behaviours and practices anchored in the Mission and Values of Calvary.

#### **Excellence in Care**

*Objective:* To provide care that meets the needs of the individual and communities we serve at the highest possible standard.

##### *Local Strategy*

1. Improve equity of access and service delivery.
2. Sustainability of whole of hospital patient flow approach to manage demand, optimise flow and effect continuity of care.
3. Collaborate with internal and external partners, develop and implement strategies to further understand re-admission rate and reduce where possible, reduce avoidable hospital admissions.
4. Meet KPIs as outlined in the Service Agreement.
5. Meet Elective Surgery Access Performance targets.
6. Meet Emergency Treatment Performance targets.
7. Implement improvements in outpatient services management and systems.

### **Wise Stewardship**

*Objective:* To use the resources entrusted to us to sustain and extend our mission and reinvest in our services.

#### *Local Strategy*

1. Develop and implement a criteria led direct admission and discharge process.
2. Explore all opportunities for, and implement, nurse-led clinics, including the role of Nurse Practitioners.
3. Support clinicians to accurately record clinical conditions and activity to ensure accurate Activity Based Management.
4. Participate on work to improve COPD, diabetes, care in the last year of life and suicide prevention.
5. Oversee delivery of Private Public Partnership (PPP) contractual obligations.

### **Service Development and Innovation**

*Objective:* Through innovation becoming a core competency, to rigorously service needs and gaps and to seek new opportunities aligned to the vision.

#### *Local Strategy*

1. Progress the use of the Patient Flow Portal by all staff to further enhance hospital performance.
2. Develop collaborative patient flow models for Greater Newcastle to ensure capacity at times of unequal demand.
3. Encourage new sustainable technology to support clinical needs.
4. Ensure operational plans for all units/services include Close the Gap and Culturally and Linguistically Diverse initiatives and measures.

### **Community Engagement**

*Objective:* To make a valid contribution to the community.

#### *Local Strategy*

1. Engage with the community and external stakeholders, to improve the patient journey for people requiring palliative and end of life care.
2. Publicly recognise, promote and celebrate the achievements of CMN.
3. Continue to develop and strengthen the role of the Community Advisory Council.
4. Ensure there is consumer representation across CMN committees.
5. Develop and maintain integral relationships with Church communities and agencies for the benefit of the Mission.
6. Continue implementation plan for the Consumer and Community Engagement Framework.

## 4. NSW Health Services and Networks

### 4.1 Service Planning

Affiliated Health Organisations and Districts are to collaborate in short, medium and long term planning processes relevant to the Organisation, including consideration of any capital and procurement

### 4.2 Networks and Services Provided to Other Organisations

Each NSW Health service including AHOs are 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 as agreed.

### 4.3 Districts responsibilities towards AHOs

In keeping with the AHO's recognised establishments and recognised services, Districts must negotiate, on the same basis as other facilities within the District, access to the following:

- Continuity of (non-inpatient) acute care services
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport)
- Training programs, particularly mandatory training, run by the Health Education and Training Institute
- NSW support programs offered by pillar organisations
- eMR, ROB, ims+, MedChart, eRIC and other NSW Health systems conducive to the fulfilment of the AHO's service, quality and safety and clinical training obligations.
- Agreed and clearly articulated information management support for IT hardware, software and systems support and integration
- Engagement and participation of AHO General Manager in District budget planning and negotiations.
- Access to capital support and the Assess Replacement and Refurbishment Plan where services are situated on NSW Health property
- Engagement and participation of AHO General Manager in District senior leadership committees and with pillar and support organisations as required.
- EAP services
- Access to District Training and Development Services & courses

#### 4.4 Key Clinical Services Provided to Other Health Services

The Organisation is also to ensure continued provision of access by other Districts and Networks, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

Service	Recipient Health Service
Medical Oncology	Northern New South Wales
	Mid North Coast
	Central Coast
Haematology	Northern New South Wales
	Mid North Coast
	Central Coast
Toxicology	Northern New South Wales
	Mid North Coast
Radiation Therapy	Northern New South Wales
	Mid North Coast

#### 4.5 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)
- *Critical Care Tertiary Referral Networks (Paediatrics)* - (PD2010\_030)
- *Children and Adolescents - Inter-Facility Transfers* - (PD2010\_031)
- *Critical Care Tertiary Referral Networks (Perinatal)* - (PD2010\_069)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018\_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018\_011)
- *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* - (PD2011\_016)
- *Adult Mental Health Intensive Care Networks* - (PD2019\_024)
- State-wide Intellectual Disability Mental Health Hubs

Calvary Mater Newcastle is the principal referral hospital for Medical Oncology, Radiation Oncology, Haematology, Toxicology and Specialist Palliative Care services. It forms the central hub of the Hunter New England Cancer Network with responsibility (through the Clinical Cancer Network Leadership Committee and the Director of Cancer Services) to the whole of the LHD.

As the principal provider of cancer services, the Calvary Mater Newcastle will provide support to LHD oncology clinicians by:

- Offering advice as requested by Specialist Oncologists servicing rural centres
- Accepting referrals from rural centres for patients requiring tertiary level care
- Provide clinical support and professional development opportunities to cancer clinicians in rural sites
- Provide remote tertiary consultative services using appropriate technology (eg. Telephone, Telehealth) for solo practitioners in current non-metropolitan sites to ensure safe, high quality patient care
- Support haematology services provided by the North West Cancer Centre as detailed in the Memorandum of Understanding
- Improve patient throughput and reduce waiting times for chemotherapy treatment, particularly in the Greater Metropolitan catchment area.

The Calvary Mater Newcastle will participate actively in Hunter New England Clinical Networks and Streams (as appropriate).



## 4.6 Supra LHD Services

Supra LHD Services are provided across District, Network and Health Service boundaries and are characterised by a combination of the following factors:

- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment
- Services are provided from limited sites across NSW
- Services are high cost with low-volume activity
- Individual clinicians or teams in Supra LHD services have specialised skills
- Provision of the service is dependent on highly specialised equipment and/or support services
- Significant investment in infrastructure is required

Ensuring equitable access to Supra LHD Services will be a key focus.

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

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (36+1/290 NWAU 2020/21) Royal Prince Alfred (51) Concord (16) Prince of Wales (22+1/290 NWAU 2020/21) John Hunter (25+1/290 NWAU 2020/21) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy. Units with new beds in 2020-21 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 <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access.

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0</i> — April 2016
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26+ 13/166 NWAU 2020/21) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals.  Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.1</i> — May 2017.

Supra LHD service	Measurement unit	Locations	Service requirement
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 <i>NSW Critical Care Networks (Perinatal)</i> policy
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16) Liverpool (14+ 1/330 NWAU 2020/21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (60+8/74 NWAU 2020/21)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (4+ 1/289 NWAU 2020/21)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> , <i>NSW Burn Transfer Guidelines (ACI 2014)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016.

Supra LHD service	Measurement unit	Locations	Service requirement
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i>
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access	Prince of Wales	As per individual service agreements
CAR T-cell therapy:	Access		As per individual service agreements
<ul style="list-style-type: none"> <li>Acute lymphoblastic leukaemia (ALL) for children and young adults:</li> </ul>		Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital	
<ul style="list-style-type: none"> <li>Adult diffuse large B-cell lymphoma (DLBCL)</li> </ul>		Royal Prince Alfred Hospital	

## 4.7 Nationally Funded Centres

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

## 5. Budget

Local Health Districts have responsibility for funding AHO service delivery across district borders where an organisation has statewide or cross-border sites listed in Schedule 3 of the Health Services Act 1997. The Budget includes an indicative split based on service delivery.

The Local Health District also undertakes to advise the AHO of opportunities for additional funding as they arise at any time, through the life of this Agreement.

	<u>2020/21</u>
Initial recurrent base - 1 July 2020	\$144,321,854
<b><u>2020-21 Adjustments</u></b>	
Escalation	\$655,164
Growth	
COVID-19 Response	\$2,449,287
Revenue impact of PHI adjustment	\$2,547,000
	<u>\$149,973,305</u>



## 6. Purchased Volumes and Services

<b><u>2020/21 NWAU Targets</u></b>					
<b>Stream</b>	<b>2019/20 Target in NWAU19</b>	<b>NWAU20 conversion rates</b>	<b>2019/20 Target estimate in NWAU20</b>	<b>2020/21 Target in NWAU20</b>	<b>Difference</b>
Acute Admitted	17,572	1.0105	17,756	17,354	-402
Emergency Department	5,433	1.0149	5,513	5,316	-197
Non Admitted	7,422	1.1170	8,291	8,764	473
Sub and Non Acute	1,240	1.0567	1,310	1,345	35
AOD_ Admitted	33	1.0062	33	78	44
AOD_ Non Admitted	176	0.9028	159	131	-28
	31,876		33,063	32,988	-75

**Notes:**  
 - 2020/21 NWAU Targets in NWAU20 are reportable from Jan-21 YTD.

## 7. Performance against Strategies and Objectives

### 7.1 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.

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
✗	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://internal4.health.nsw.gov.au/hird/browse\\_data\\_resources.cfm?selinit=K](http://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K)

Strategy 2: Provide world class clinical care where patient safety is first					
Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
2.1	Harm-free admitted care:				
	Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Healthcare associated infections (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired renal failure (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	Individual – See Data Supplement			

Strategy 2: Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
	Hospital acquired medication complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired delirium (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired incontinence (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired endocrine complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
2.1	Discharge against medical advice for Aboriginal in-patients (%)	≥1% decrease on previous year	Increase on previous year	0 and <1% decrease on previous year	≥1% decrease on previous year
2.3	Patient Engagement Index (Number)				
	Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
	Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
2.4	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
2.4	Emergency Treatment Performance – Admitted (% of patients treated in ≤4 hours)	50	<43	≥43 to <50	≥50

Strategy 2: Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
<b>Outcome 4 People receive high quality, safe care in our hospitals</b>					
2.1	Harm-free admitted care:  Fall-related injuries in hospital – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
2.3	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
2.3	Overall Patient Experience Index (Number)				
	Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
	Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
2.4	Elective Surgery Access Performance - Patients treated on time (%):				
	Category 1	100	<100	N/A	100
	Category 2	97	<93	≥93 and <97	≥97
	Category 3	97	<95	≥95 and <97	≥97
<b>Outcome 3 People receive timely emergency care</b>					
2.4	Emergency Department Presentations Treated within Benchmark Times (%)				
	Triage 1: seen within 2 minutes	100	<100	N/A	100
	Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
	Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
2.4	Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 and <90	≥90



### Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
3.4	Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days).	≤5	>6	>5 and ≤6	≤5
<b>Outcome 2 People can access care in and out of hospital settings to manage their health and wellbeing</b>					
3.1	Potentially preventable hospital services (%)	2% or greater decrease compared to previous year	Greater than 2% increase	Between 2% increase and 2% decrease	2% or greater decrease
3.6	Electronic Discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51

### Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
4.1	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	Recruitment: 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
4.2	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous year	No change	Increase on previous year
4.5	Compensable Workplace Injury – Claims (% change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease

Strategy 5: Support and harness health and medical research and innovation					
Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
5.4	Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	95	<75	≥75 and <95	≥95
Outcome 6 Our people and systems are continuously improving to deliver the best health outcomes and experiences					
5.4	Ethics Application Approvals - By the Human Research Ethics Committee within 45 calendar days - Involving more than low risk to participants (%).	95	<75	≥75 and <95	≥95

Strategy 6: Enable eHealth, health information and data analytics					
Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
6.2	Telehealth Service Access: Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10

Strategy 7: Deliver Infrastructure for impact and transformation					
Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
	Improvement Measures only – See Data Supplement				

## Strategy 8 Build financial sustainability and robust governance

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
8.1	Purchased Activity Volumes - Variance (%):				
	Acute admitted – NWAU	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
	Emergency department – NWAU				
	Non-admitted patients – NWAU				
	Sub-acute services - Admitted – NWAU	See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
	Alcohol and other drug related Admitted – NWAU				
Alcohol and other drug related Non-Admitted – NWAU					
8.1	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
8.1	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
8.1	Expenditure Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0%	Variation ≤1.5% to forecast
8.1	Revenue Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0%	Variation ≤1.5% to forecast

## 7.2 Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process key performance indicators and milestones are held in the detailed operational plans developed by the Organisation.

### 7.2.1 Workplace Culture

Determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices:

- The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.

- The Junior Medical Officer Your Training and Wellbeing Matters Survey will monitor the quality of supervision, education and training provided to junior medical officers and their welfare and wellbeing.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will undertake regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver human centred care.



## 8. Other Relevant Agreements

Public Private Partnership Agreement