Service Agreement 2023-24

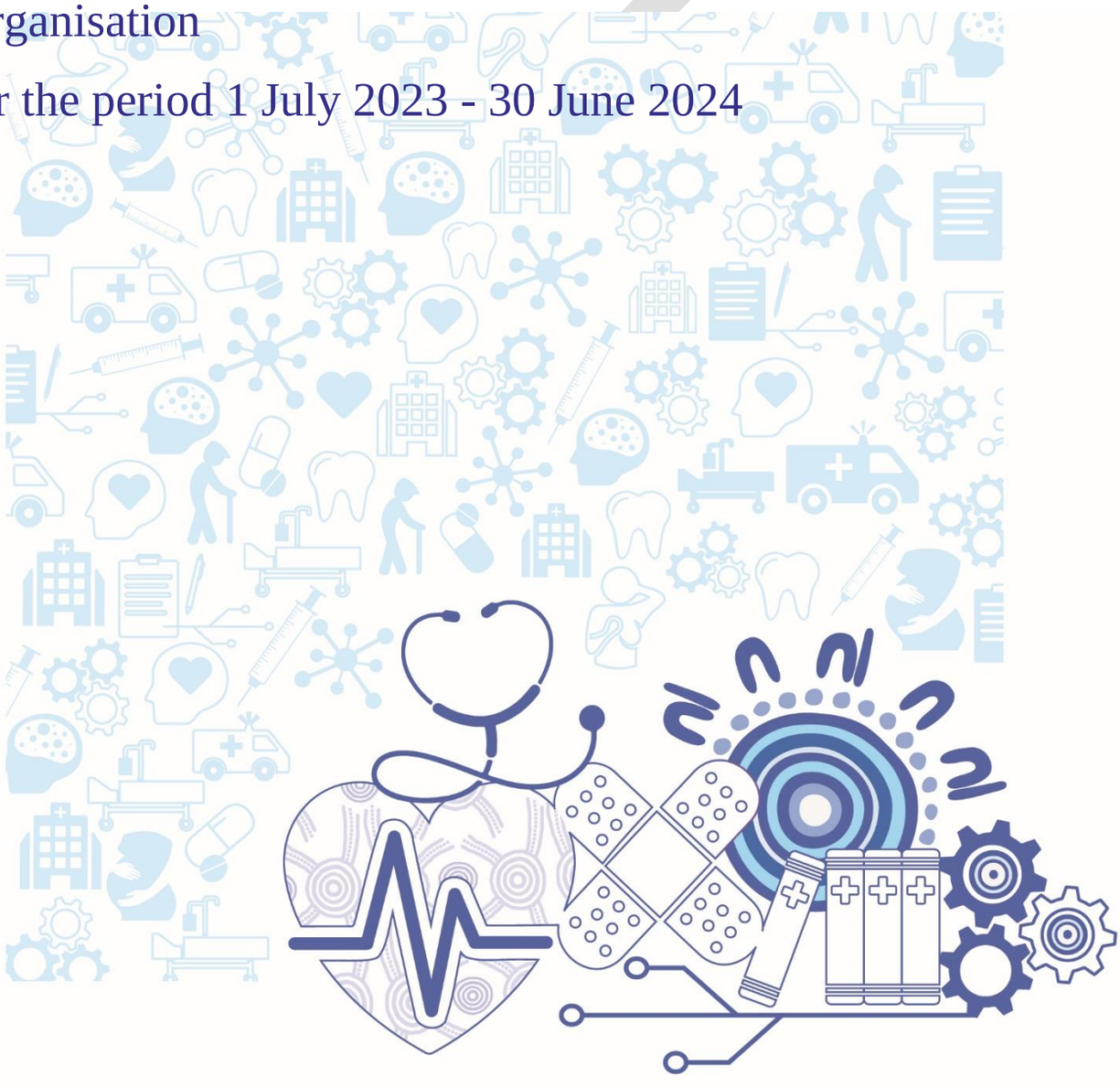
An agreement between the

~~Example~~ Hunter New England Local Health District

and

~~Example~~ Calvary Mater Newcastle Affiliated Health Organisation

for the period 1 July 2023 - 30 June 2024



NSW GOVERNMENT Health

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NSW Health Service Agreement – 2023-24

Principal purpose

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

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

The 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.

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

Parties to the agreement

Affiliated Health Organisation
~~First Name Last Name~~Ms Wendy Hughes
National Chief Operations Officer~~Chair~~

On behalf of the Little Company of Mary Health Care Limited

~~Example Affiliated Health Organisation Board~~

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

Mr Luke Sams
NSW & Qld Regional Chief Executive Officer
On behalf of the Little Company of Mary Health Care Limited

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

Mrs Roslyn Everingham
General Manager~~Chief Executive~~

~~Example~~ Calvary Mater Newcastle Affiliated Health Organisation ~~Board~~

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

~~Example~~ Hunter New England Local Health District
Dr Martin Cohen
Chair
On behalf of the Hunter New England **Error! Reference source not found.**Local Health District Board

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

~~First Name Last Name~~Ms Tracey McCosker
Chief Executive
On behalf of the ~~Example~~ Hunter New England **Error! Reference source not found.**Local Health District

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

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1. Legislation, governance and performance framework

1.1 Legislation

1.1.1 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).

1.1.2 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.

1.1.3 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.

1.1.4 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.

1.2 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.

The parties are to agree on an appropriate local dispute resolution process. Should a dispute be unable to be resolved by the relevant officers the matter should be escalated, in the first instance to the relevant Chief Executives and, if not resolved, subsequently to the Secretary, NSW Health.

If[ER1] 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 Director Public Hospitals , 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. If the dispute is not resolved, it will be escalated subsequently to the Secretary, NSW Health.

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. ~~*Note: The parties may insert a description here of any locally agreed dispute resolution process and refer to further documents, if necessary, which may be attached at Section 8 – Other Relevant Agreements.~~

1.3 National Agreement

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

1.4 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.

1.4.1 Clinical governance

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

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

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

1.4.2 Corporate governance

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

1.4.3 Procurement governance

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

1.4.4 Aboriginal Procurement Policy

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

1.4.5 Public health emergency preparedness and response

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

1.4.6 Performance Framework

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

1.4.7 Performance Review Meetings

The Chief Executive Hunter New England Local Health District will meet quarterly with the General Manager Calvary Mater Newcastle for performance review meetings. Where a performance issue is identified, the frequency of meetings may be increased until the issue is resolved. Depending on the issues under review attendance by the Chair or other board members may also be indicated.

2. Strategic priorities

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

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

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

2.1 Future Health: Strategic Framework

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

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.

Strategic outcomes	Key objectives
Patients and carers have positive experiences and outcomes that matter: People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.	1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care
Safe care is delivered across all settings: Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.	2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs
People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.	3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities 3.8 Invest in wellness, prevention and early detection
Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.	4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future

Strategic outcomes		Key objectives
	**Research and innovation, and digital advances inform service delivery:** Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.	5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence
	**The health system is managed sustainably:** The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.	6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

2.2 Regional Health Strategic Plan 2022-32

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

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

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

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

PRIORITIES		KEY OBJECTIVES
	**4. Keep communities informed, build engagement, seek feedback:** Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.	4.1 **Encourage choice and control over health outcomes** by investing in health literacy, awareness of services and access to information 4.2 **Engage communities through genuine consultation and shared decision-making** in design of services and sustainable local health service development 4.3 **Support culturally appropriate care and cultural safety** for zero tolerance for racism and discrimination in health settings 4.4 **Capture patient experience and feedback** and use these insights to improve access, safety and quality of care 4.5 **Improve transparency of NSW Health decision-making** and how it is perceived and understood by patients and the community
	**5. Expand integration of primary, community and hospital care:** Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.	5.1 **Develop detailed designs for expanded primary care models** and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners 5.2 **Address the employer model** to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities 5.3 **Improve access and equity of services for Aboriginal people and communities** to support decision making at each stage of their health journey 5.4 **Develop 'place-based' health needs assessments and plans** by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs
	**6. Harness and evaluate innovation to support a sustainable health system:** Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.	6.1 **Align NSW and Commonwealth funding and resourcing models** to provide the financial resources to deliver optimal regional health services and health outcomes 6.2 **Fund and implement digital health investments and increase capability of workforce** to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes 6.3 **Undertake research and evaluation** with institutions, industry partners, NGOs, consumers and carers 6.4 **Commit to environmental sustainability footprint** for future regional healthcare

2.3 NSW Government Priorities

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

- Election Commitments
- Charter Letter commitments
- Inquiry recommendations

2.4 NSW Health Outcome and Business Plan

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

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

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

3. NSW Health services and networks

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

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.

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.

3.1 District responsibilities to 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, ~~eRecruitment~~Recruitment and Onboarding (ROB), ~~IIMS II (RiskMan)~~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 ~~Chief Executive Officers~~General Manager in District budget planning and negotiations.
- Access to capital support and the Asset Replacement and Refurbishment Plan where services are situated on NSW Health property
- Engagement and participation of AHO ~~Chief Executive Officers~~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

3.2 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~~*Individualised information to be inserted, where applicable~~	Central Coast LHD Mid North Coast LHD Northern NSW LHD
Haematology	Central Coast LHD Mid North Coast LHD Northern NSW LHD
Toxicology	Mid North Coast LHD Northern NSW LHD
Radiation Therapy	Mid North Coast LHD Northern NSW LHD

3.3 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)
- *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2020_014)
- *Accessing inpatient mental health care for children and adolescents* (IB2023_001)
- *Adult Mental Health Intensive Care Networks* (PD2019_024) State-wide Intellectual Disability Mental Health Hubs - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District).

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
- Support haematology services provided by Manning Haematology Services as detailed in the Memorandum of Understanding which is held with Cancer and Haematology Services
- 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).

3.4 Supra LHD services

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

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

Supra LHD Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (28+2/584 NWAU23) St Vincent's (21) St George (36)	Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* policy. Units with new beds in 2022/23 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 *Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit*
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (17+1/325 NWAU23) Liverpool (17) John Hunter (19+1/325 NWAU23) Nepean (12) Westmead (24)	Services to be provided in accordance with *NSW Critical Care Networks (Perinatal)* policy
Paediatric Intensive Care	Beds/NWAU	SCHN Randwick (13) SCHN Westmead (22+3/1,253 NWAU23) John Hunter (5+2/836 NWAU23)	Services to be provided in accordance with *NSW Critical Care Networks (Paediatrics)* policy

Supra LHD Services	Measurement Unit	Locations	Service requirement
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. Services to be provided in accordance with *Adult Mental Health Intensive Care Networks* policy
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, *Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6*— May 2021
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* and *Critical Care Tertiary Referral Networks (Paediatrics)* policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (47) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access.
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care

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

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

3.5 Nationally Funded Centres

Service name	Locations	Service requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	

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

3.6 Other organisations

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

4. 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.

	2023-24
Initial recurrent budget - 1 July 2023	$156,141,588
2023-24 Adjustments	
TMF Adjustment	$208,555
General Escalation (load 1)	$3,886,983
Purchasing Adjustors	-$143,522
Adjustment to funding: Chronic Lymphoedema Pilot FY21	-$179
General Escalation (load 2)	$1,680,975
Workers Comp TMF	$21,396
1 FTE Haematologist (6 months, $403,065 recurrently)	$201,533
Workforce Resilience	$1,312,500
Better Salary Packaging for healthcare workers	$347,502
Growth: Leap Year (90.386 NWAU) - non-recurrent	$470,640
Growth: Population and Ageing (113.441 NWAU)	$590,687
	$164,718,658

Notes:
The MoH have changed the revenue reporting structure for 2023-24 in that Commonwealth contributions under the National Health Funding Agreement are reported as Own Source Revenue instead of Government Contributions. This includes both Activity Based Funding and Block Funding.
In light of this change, a Revenue/Budget adjustment will be imposed to account for unfavourable NWAU performance against targeted NWAU.

Allocated savings imposed by the MoH for FY24 were $18.5m, none of which has been passed on in the above funding summary.

[ER2]

~~*Note: The AHO and LHD are to agree the content, taking into consideration that Budget information should be sufficient for the AHO to readily understand the budget allocation. Negotiations are to specifically include obligation to share and make transparent all opportunities for application, negotiation and/or disbursement of growth/expansion/enhancement funding.~~

~~*Insert Budget~~

~~4.1 Profit and Loss Statement~~

~~*To be inserted, if applicable~~

5. Purchased volumes and services

5.1 Activity

~~Investment by stream~~	~~Strategic Outcome~~	~~NWAU23~~	~~Performance metric~~
~~Acute~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Emergency Department~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Sub-Acute – Admitted~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Non-Admitted~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Public Dental Clinical Service – Total Dental Activity (DWAU)~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Mental Health – Admitted~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Mental Health – Non-Admitted~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Alcohol and other drug related – Admitted~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~
~~Alcohol and other drug related – Non-Admitted~~	~~6~~	~~TBA~~	~~See KPIs – Strategy 6~~

Product	Target NWAU23
Admitted Patients	17,174
Emergency Department	5,605
Sub and Non Acute	1,571
Non-Admitted Patients	9,275
Alcohol and Other Drugs - Admitted	69
Alcohol and Other Drugs - Non-Admitted	122
TOTAL	33,817

6. Performance against strategies and objectives

6.1 Key performance indicators

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

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

~~Individualised as applicable~~

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

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

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

2 Safe care is delivered across all settings

Measure	Target	Performance Thresholds		
		Not Performing ✖	Under Performing ↘	Performing ✓
Discharge against medical advice for Aboriginal in-patients (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Incomplete emergency department attendances for Aboriginal patients (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Potentially preventable hospital services (%)	≥2 % points lower than benchmark	≥2 % points higher than benchmark	Within 2 % points of benchmark	≥2 % points lower than benchmark
Hospital in the Home admitted activity (%)	5	<3.5	≥3.5 and <5	≥5
Renal Supportive Care enrolment: End-stage kidney disease patient (% variation to target) ~~If currently at <20% enrolment~~	Individual - See Data Supplement	Decrease compared to previous year	Increase Compared to previous year	Target met or exceeded
~~Renal Supportive Care enrolment: End-stage kidney disease patient (% variation to target) If currently >20% enrolment~~	~~Individual - See Data Supplement~~	~~Decrease compared to previous year~~	~~N/A~~	~~Target met or exceeded~~

~~3 People are healthy and well~~

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

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

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

5 Research and innovation, and digital advances inform service delivery

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

6 The health system is managed sustainably

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

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

6.2 Performance deliverables

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

Key Objective	Deliverable in 2023-24	Due by
1 Patients and carers have positive experiences and outcomes that matter		
2 Safe care is delivered across all settings		
3 People are healthy and well		
4 Our staff are engaged and well supported		
5 Research and innovation, and digital advances inform service delivery		
6 The health system is managed sustainably		