

2020-21 Service Agreement

South Eastern Sydney

Local Health District

AND

The Uniting Church in Australia

Property Trust (NSW) for

War Memorial Hospital (Waverley)

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 War Memorial Hospital 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.

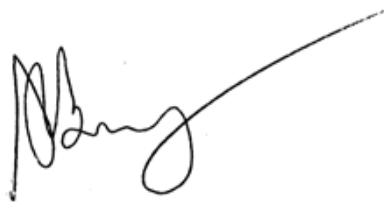
War Memorial Hospital (WMH) agrees to meet the service obligations and performance requirements outlined in this Agreement. South Eastern Sydney Local Health District (SESLHD) Local Health District agrees to provide the funding and other support to WMH outlined in this Agreement.

Parties to the Agreement

Affiliated Health Organisation

The Uniting Church in Australia Property Trust (NSW) for War Memorial Hospital (Waverley)

Saviour Buhagiar
Uniting Director Ageing



Date 04/05/2021 Signed

Gerard Hyde
Uniting War Memorial Hospital Executive Manager


Date 30/4/21 Signed 

Local Health District

Michael Still

Chair

On behalf of the South Eastern Sydney Local Health District Board

Date 28/4/21 Signed 

Tobias Wilson

Chief Executive, South Eastern Sydney Local Health District

Date 27-4-21 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	12
3.4 Local Priorities	14
4. NSW Health Services and Networks.....	16
4.1 Service Planning	16
4.2 Networks and Services Provided to Other Organisations	16
4.3 Districts responsibilities towards AHOs	16
4.4 Key Clinical Services Provided to Other Health Services	19
4.5 Cross District Referral Networks	19
4.6 Supra LHD Services	20
4.7 Nationally Funded Centres	24
5. Budget	25
5.1 Profit and Loss Statement	29
6. Purchased Volumes and Services	30
7. Performance against Strategies and Objectives.....	31
7.1 Key Performance Indicators	31
7.2 Performance deliverables	38
8. Other Relevant Agreements.....	39

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 WMH and SESLHD by clearly setting out the service delivery and performance expectations for the funding and other support provided to the Organisation.
- To enable WMH AHO to contribute to SESLHD'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.

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.

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.

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

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

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:

Quarterly performance meeting will be scheduled between SESLHD and WMH to provide assurance to Governance matters. These matters include but limited to; Quality and Safety, Financial Performance, Patient Experience, Risk Performance.

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

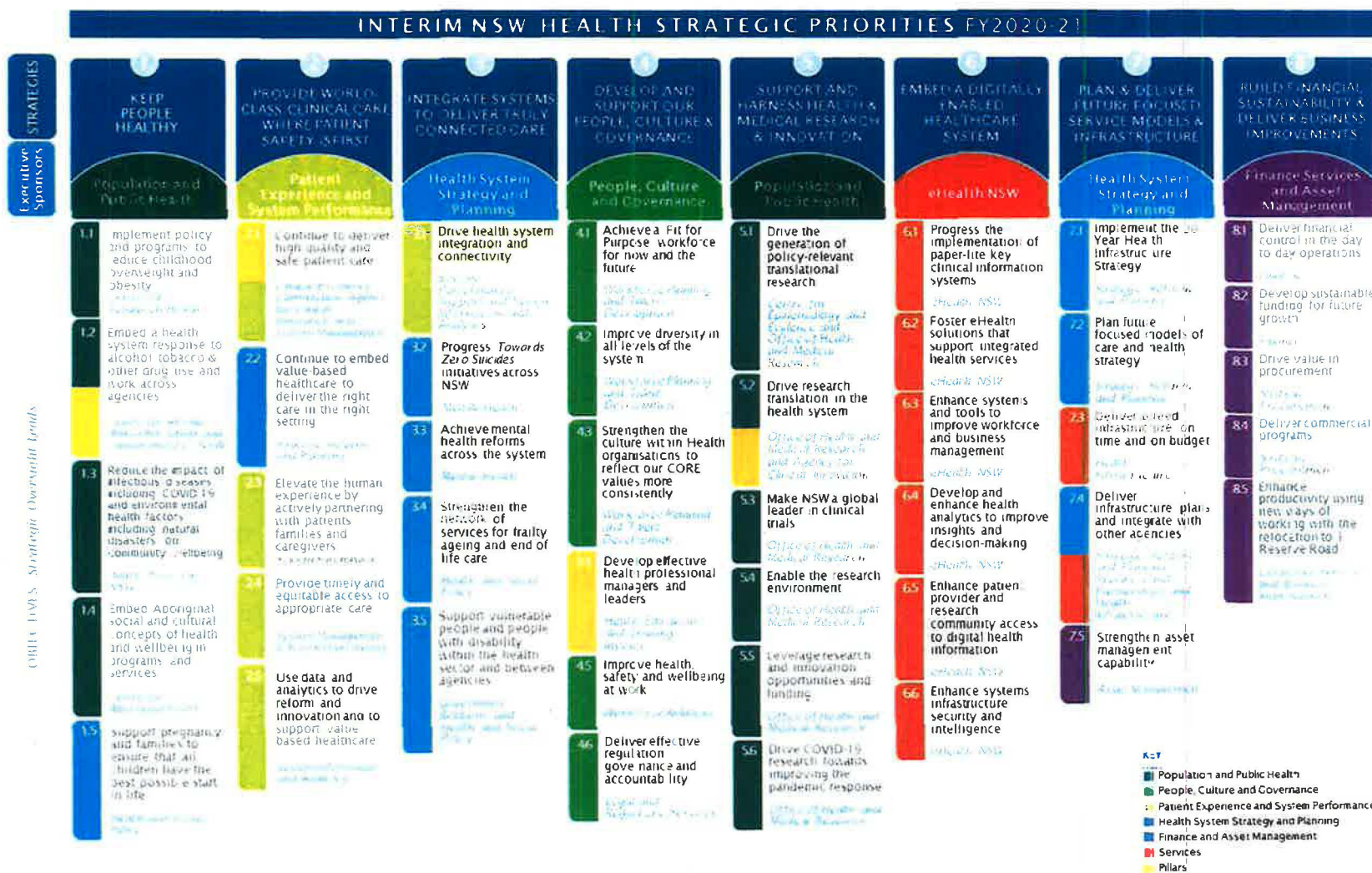
In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

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 (TPF 18-09¹).

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.

¹ <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 2020-21 are as follows:

War Memorial Hospital Clinical Strategic Plan

War Memorial Hospital Services include:

Services are comprised of 24 hour inpatient care, Day Rehabilitation and Monday to Friday outpatient departments. The hospital also has multiple specialist community teams inclusive of our community and Residential Aged Care Facility Geriatric Flying Squad (rapid response service), Young Onset Dementia Service, Transitional Aged Care, Aged Care Assessment Team (ACAT), 7 day a week Day Centre and Elizabeth Hunter Lodge, our 24 hour accommodation service for regional/rural guests, along with the full range of hospital support services.

Other key services include:

- Specialist Geriatric assessment
- Progressive neurological disorders
- Falls management
- Comprehensive Allied Health Services Hydrotherapy
- Dementia services
- Frailty intervention and reconditioning
- Specialised individual and group therapies

War Memorial Hospital comes from a belief that older people deserve the best possible care. Since 1985, WMH has been pioneering and inspiring a holistic approach to the wellbeing of older people with it's specialist focus being aged rehabilitation. WMH has been on a mission to give people the best possible chance to live healthily into older age and to continue to enjoy the life they want to live, where they want to live. WMH delivers a personalised ecosystem of health services for people over the age of 65, leading to better patient outcomes. WMH is in the business of restoring the health of older Australians.

The hospital's flexible, agile approach means they give each and every patient individualised care and attention and a program that affords them the best chance of success. WMH takes both a proactive and reactive approach

to care, depending on the circumstances of each and every person. This is only possible through teamwork and the quality of the suite of multidisciplinary services that have been meticulously developed over the past 98 years.

Specialist Clinical Services:

- Medical Nursing
- Nutrition and Dietetics Occupational Therapy Pharmacy
- Diversional Therapy Physiotherapy Podiatry Psychology
- Social Work Speech Pathology Hydrotherapy Continence

War Memorial Hospital Waverley's key objectives include:

- To provide high quality integrated services for patients and their carers
- To be a Centre of Excellence in the field of Aged Rehabilitation and assessment
- To actively promote healthy ageing
- To be adaptable and flexible to the changing needs of the users of the services
- To incorporate current trends and practices in the provision of services
- To provide training, education and support for staff and students and to participate in relevant clinical research
- To manage the resources available to provide effective and efficient health care
- To promote active participation by patients and their carers in determining appropriate health care treatment
- To evaluate all service delivery to ensure these goals are being met
- Improving care of the sub-acute and chronically ill through more community based integrated care and reducing unnecessary hospital readmissions
- To achieve agreed service measures

As a public health organisation within the SESLHD, War Memorial Hospital is invited to play an active role in District strategic and operational matters relevant to the hospital. To enable this, War Memorial Hospital represents as members on key committees, steering groups and working parties across the Local Health District.

A list of the current committee membership is attached in appendix 1.

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 War Memorial Hospital recognised establishments and recognised services, SESLHD 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, Recruitment and Onboarding (ROB), IMS+ and other NSW Health systems conducive to the fulfilment of the War Memorial Hospital'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 War Memorial Hospital Chief Executive Officer 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 War Memorial Hospital Chief Executive Officer in District senior leadership committees and with pillar and support organisations as required.
- EAP services
- Access to District Training and Development Services & courses

War Memorial Hospital Services

War Memorial Hospital Waverley supports the District's Northern Sector by providing sub-acute aged assessment and rehabilitation, Transitional Aged Care program, ACAT and hosting the SESLHD ACAT Centralised Intake Service, ongoing care and health promotion for people aged over 60 years. The Hospital campus also accommodates the Prince of Wales Hospital Home Dialysis service, Northern Network Access and Referral Centre, Elizabeth Hunter Lodge partner accommodation unit and the Uniting Seniors Gym. War Memorial Hospital is a partner with the District and the St Vincent's Health Network in the development and delivery of planned, coordinated and comprehensive aged care services to people over 65 years in the District's Northern Sector.

WMH services to be provided include:

Clinical Services and specialties

Inpatient rehabilitation

Unit of 35 beds: Admission catchment includes those who live in the Waverley, Woollahra, Randwick and Botany Bay Local Government Areas and the suburbs of Alexandria, Beaconsfield, Rosebery Zetland, Kings Cross, Surry Hills, Elizabeth Bay, Potts Point, Darlinghurst, Sydney, East Sydney, Millers Point and Dawes Point

Non Admitted services - Outpatient services:

- o Geriatric Medical Assessment Service
- o Clinical Psychology: psychological assessment and therapy, neuropsychological assessment, education and research services to inpatient and outpatient
- o Podiatry Services
- o Nutrition and Dietetics services
- o Diversional Therapy
- o Physiotherapy
- o Occupational Therapy
- o Social Work
- o Speech Pathology and Communication Therapy
- o Continence Clinic
- o Parkinson's Disease: multidisciplinary assessment clinic, services and information Program
- o Primary Progressive Aphasia Service
- o Falls Assessment & Injury Prevention Clinic
- o Aquatic Physiotherapy /Hydrotherapy
- o Move and Stay Well exercise program
- o Parkinson's Disease "Speak up group"
- o Carers Group
- o The Geriatric Flying Squad (GF)
- o Dementia Services
- o Day Centre
- o Six day a week Day Care service offering structured individual and small group activities (dementia or frail aged)
- WMH provides a supported transport service for clients attending outpatient appointments
- Equipment lending Pool is coordinated via the Occupational Therapy Department for clients accessing the Outpatient Department.

Geriatric Flying Squad:

A rapid response multidisciplinary team who assess and treat patients in their homes and residential aged care facilities. The GFS facilitate an improved quality of life for many people through improved functional ability, increased confidence and safety to remain living independently in their homes by avoiding unnecessary hospitalisation (thereby reducing client stress and anxiety) and avoiding premature aged care placement.

Aged Care Assessment Team (ACAT):

The primary purpose of ACATs is to assist frail older people to gain access to the types of services most appropriate to meet their care needs. This includes determining the eligibility for some Commonwealth subsidised aged care services; including residential care, Home Care Packages, and Transitional Aged Care Program (TACP). ACATs aim to provide information and refer clients to services that are appropriate and available (including facilitating access to broader community services such as HACC, mental health or disability services) to meet their needs. Waverley ACAT at WMH is one of 4 satellite ACAT hubs comprising SESLHD ACAT. Waverley ACAT provides a service for clients living in the Local Government Areas of Waverley, Woollahra and parts of Inner Sydney. This includes community, hospital and residential aged care clients.

ACAT Centralised Intake Service:

WMH hosts the SESLHD ACAT Centralised Intake Service. The service has a manager employed via the LHD, administrative staff are employed by War Memorial Hospital (Uniting).

Transitional Aged Care Program (TACP):

- War Memorial Hospital Transitional Aged Care Program operates 22 community based places in the northern sector of the SESLHD and 10 residential TAC places for the total SESLHD, accommodated in a Uniting Aged Care Facility in Woollahra. The Residential TAC places are subsidised by the SESLHD via contributions from the SESLHD community packages.
- The TACP services people over 70 who are inpatients in hospital, have completed their acute and sub-acute care, are medically stable, meet the TACP Guidelines as assessed by the ACAT, are ready for discharge at assessment and discharged from hospital directly to TACP.
- WMH TACP residential places are not bound by any District or Network boundaries.
-
- Health Promotion Groups and Programs: Including Lite & Ezy Exercise program, Stepping On Falls Prevention Program, Falls Prevention Exercise group, Tai Chi, Walkwell group program of supervised walks, Soundwaves Parkinson's Aquatic Therapy Group.
- Prince of Wales Hospital (POWH) Home Dialysis services: This POWH satellite service is accommodated at WMH through a contractual rental agreement. This satellite service provides renal dialysis and training for home dialysis. WMH will continue to accommodate this service on its campus on a renewable agreement arrangement.
- Younger Onset Dementia (YOO) service; provides age appropriate activities, service and support to individuals between the ages of 45-65 years with a primary diagnosis of dementia who are independent in mobility, able to self-care and live in their own home. This programme is a unique model, targeting physical activity, socialisation and carer support to improve the quality of life and independence and reduce carer stress
- Elizabeth Hunter Lodge; This is an accommodation service for Regional and Rural NSW patients/carers of metropolitan healthcare facilities such as POWH/RHW/SCH/SVH. It provides budget motel style accommodation throughout the onsite 'Lodge', cottage and self contained units. The EHL staff readily liaise with SESLHD staff in seeking to provide accommodation and support for guests at a time of need. It is supported by Uniting Ageing as a social justice component of our service.
- Northern Network Area Referral Centre: are a shared WMH and POWH service providing a single point of access are triage service for the northern sector of SESLHD.

- Day Rehabilitation Service (iREAP): Integrated Rehabilitation and Enablement Programme partners with primary health, community providers and emergency departments to provide an anticipatory multidisciplinary day rehabilitation programme targeting those at risk of frailty, falls or with complex health needs including neurodegenerative conditions. The innovative model focuses on enablement strategies post programme, health coaching and patients generated goals setting principles to improve quality of life and prevent crisis admissions.

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
Aged Care Assessment Program	<ul style="list-style-type: none"> • St Vincent's Hospital Darlinghurst • Sacred Heart Rehabilitation • Sacred Heart Palliative Care • Sydney/Sydney Eye Hospital

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

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 & 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 LHID 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 & 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 & Transfer of Care (Adults)</i> policy

Supra LHD service	Measurement unit	Locations	Service requirement
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	<p>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.</p> <p>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.</p>
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	<p>Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy</p>
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)	<p>Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy</p>
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (60+8/74 NWAU 2020/21)	<p>Provision of equitable access for referrals as per agreed protocols</p>
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (4+1/289 NWAU 2020/21)	<p>Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy</p>
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	<p>Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i>, <i>NSW Burn Transfer Guidelines (ACI 2014)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies</p>

Supra LHD service	Measurement unit	Locations	Service requirement
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 NSW <i>Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016.
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"> Acute lymphoblastic leukaemia (ALL) for children and young adults: 		Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital	
<ul style="list-style-type: none"> Adult diffuse large B-cell lymphoma (DLBCL) 		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.

SESLHD GENERAL FUND BUDGET 2020/21	War Memorial Hospital			
	DOHRS LINE ITEM GROUP	FY Base Budget	Adjustments	2020/21 FY Allocation
Expense				
510. Employee Related	0	0	0	
515. Visiting Medical Officer	0	0	0	
520. Other Working	0	0	0	
525. Maintenance	0	0	0	
530. Depreciation	0	0	0	
540. Grants	0	0	0	
550. Borrowing Costs	0	0	0	
560. Third Schedules	20,245,137	(53,640)	20,191,497	
570. Other Expenses	0	0	0	
Total Expense	20,245,137	(53,640)	20,191,497	
Revenue				
620. Patient Fees Revenue	(4,672,946)	7,730	(4,665,216)	
625. Other User Charges	0	0	0	
630. Other sources of revenue	0	0	0	
635. Investment Income	0	0	0	
640. Industry Contribution	0	0	0	
Total Revenue	(4,672,946)	7,730	(4,665,216)	
Other Gains / (Losses)				
710. Other Items	0	0	0	
Total Other Gains / (Losses)	0	0	0	
Government Contributions				
750. State Contribution	0	0	0	
760. Crown Acceptance	0	0	0	
770. Equity Transfers	0	0	0	
Total Government Contributions	0	0	0	
RESULT FOR THE YEAR	15,572,191	-45,910	15,526,281	

INITIAL G/F BUDGET ALLOCATION 20/21

War Memorial Hospital	
EXPENSE	
INITIAL EXPENSE ALLOCATION	20,245,137
2020/21 Budget Adjustment	
Escalations with Efficiency	73,507
Reduction in DVA Activity	(25,140)
Thirds top up for ERE escalation	23,144
TMF Adjustments	(125,151)
TOTAL EXPENSE	20,191,497
REVENUE	
INITIAL REVENUE ALLOCATION	(4,672,946)
2020/21 Budget Adjustment	
Patient Fees Price Increase	(8,110)
DVA Volume adjustment	25,140
TACP Price increase	(9,300)
TOTAL REVENUE	(4,665,216)
GOVT CONTRIBUTIONS	
INITIAL GOVERNMENT CONTRIBUTIONS	0
2020/21 Budget Adjustment	
Crown Acceptance of Super	0
Crown Acceptance of LSL	0
State Contribution	0
Equity Transfers	0
TOTAL GOVT CONTRIBUTIONS	0
2020-21 Service Agreement Budget	
NET RESULT	15,526,281



Health
South Eastern Sydney
Local Health District

War Memorial Hospital

The following information is provided in respect to the budget and activity requirements for the financial year 2020/21. The budget represents the initial allocation and may be subject to change as the year progresses.

INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2020-21

2020-21 BUDGET ALLOCATION

	('000)
Keeping people healthy through prevention and health promotion People can access care in out of hospital settings to manage their health and wellbeing People receive timely emergency care People receive high-quality, safe care in our hospitals Our people and systems are continuously improving to deliver the best health outcomes and experiences	\$20,191
Provision for Specific Initiatives	\$0
Restricted Financial Asset Expenses	\$0
Depreciation (General Funds only)	\$0
Total Expenses	\$20,191
Revenue	-\$4,665
Net Result	\$15,526
State Price	\$ 4,727.00

ACTIVITY TARGETS 2020-21

	Target Volume (NWAU20)
Acute	42
Drug & Alcohol	0
ED	0
Mental Health	0
Non Admitted Patients	945
Sub-Acute Services - Admitted	1,802
Total	2,790

FTE BUDGET 2020-21	N/A
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This schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the *NSW Health 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 initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

As this transition will take place across several years, figures listed in this schedule are currently unable to accurately be carried through from LHD/SHN budgets to each facility. Some facility figures will therefore be consolidated at a LHD/SHN level with investment allocation managed locally.

Figures included in this schedule do not include 2020-21 stimulus funding in response to the COVID-19 pandemic.

5.1 Profit and Loss Statement

N/A

6. Purchased Volumes and Services

N/A

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

Strategy 1: Keep people healthy					
Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
1.1	Childhood Obesity – Children with height and weight recorded (%)	70	<65	≥65 and <70	≥70
1.2/1.6	Smoking During Pregnancy - At any time (%):				
	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
1.2	Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	No change or increase from previous year	≥10% decrease on previous year	<10% decrease on previous year	No change or increase from previous year
1.4	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

Strategy 1: Keep people healthy

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
Outcome 1 Keeping people healthy through prevention and health promotion					
1.4	Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
1.2/1.6	Pregnant Women Quitting Smoking - By second half of pregnancy (%)	4% increase on previous year	<1% increase on previous year	≥1% and <4% increase on previous year	≥4% increase on previous year
1.6	Get Healthy Information and Coaching Service - Get Healthy In Pregnancy Referrals (% increase)	Individual - See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target
	BreastScreen participation rates (%)				
	Women aged 50-69 years	55	<45	≥45 and <55	≥55
	Women aged 70-74 years	55	<45	≥45 and <55	≥55

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	N/A to WMH				

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

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

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

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
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

Outcome 3 People receive timely emergency care

2.4	N/A to WMH
2.4	N/A to WMH

Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
3.3	N/A to WMH				
3.4	Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days).	≤5	>6	>5 and ≤6	≤5
3.5	N/A to WMH				
3.5	Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
3.5	N/A to WMH				

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

Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
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
3.3	Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
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 ✔
4.3	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.3	Take action - People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
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 (hands) 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

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

Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
4.3	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1

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
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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				
	Emergency department – NWAU				
	Non-admitted patients – NWAU	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
	Sub-acute services - Admitted – NWAU				
	Mental health – Admitted – NWAU				
	Mental health – Non-admitted – NWAU				
	Alcohol and other drug related Admitted – NWAU	See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
	Alcohol and other drug related Non-Admitted – NWAU				
	Public dental clinical service – DWAU	See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
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

Strategy 8 Build financial sustainability and robust governance					
Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
Other key performance indicators					
Number	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
	N/A				

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

List of SESLHD Committee representation:

Activity Based Management Committee
 ACAT Governance Committee
 ACAT Team Leaders Meetings
 Adult Community eMR Continuous Working Group
 Aged Care & Rehabilitation Clinical Stream Committee
 Allied Health Data Committee
 Blood Committee
 Carers Strategy Steering Committee
 Clinical and Quality Council
 Clinical Costing Group
 Clinical Informatics Steering Committee
 Clinical Forms Committee
 Clinical Placement Coordinators Meeting
 Clinical Nurse Consultant Committee
 Clinical Stream Management Committee
 Continuum of Care Framework Steering Committee
 Deteriorating Patient Committee
 DIAP Implementation Committee
 Director of Nursing
 eMEDS Implementation Management Group
 Environmental Sustainability
 EOC Coordinators meeting
 Food and Nutrition Committee
 Health Records and Medico Legal Committee
 Integrated Care
 Mobility terminology Working Party
 Non Admitted Patient Committee
 NDIS Transition Steering Committee
 NDIS Working Group
 NSW Falls Advisory Committee
 Nurse Manager Education Committee
 Nursing Workforce Managers Meeting
 Occupational Therapy Home Modifications Working Group
 Occupational Therapy Leadership Group
 PAS UI User Group
 Powerchart AAG Working Group
 Pressure Injury Committee
 Psychology Governance Meeting
 Quality Use of Medicines Committee
 Senior Podiatrist Group
 SNAP Co-ordinators Meeting
 Social Work Aged Care Interest Group
 Speech Pathology Managers Group
 Stroke Working Party (SESLHD and SVH)
 Volunteer Co-ordinator Committee
 World Social Work Day Forum Committee