

NSW Health Service Agreement – 2022-23

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 War Memorial Hospital 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.

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

Parties to the agreement

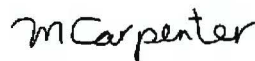
Affiliated Health Organisation

Mary Carpenter

Uniting Director Governance, Risk & Quality

On behalf of the **The Uniting Church in Australia Property Trust (NSW) for War Memorial Hospital (Waverley) Board**

Date 28 March 2023 Signed



Jane McGuire

Uniting War Memorial Hospital A/Executive Manager

On behalf of **The Uniting Church in Australia Property Trust (NSW) for War Memorial Hospital (Waverley)**

Date 29 March 2023 Signed



South Eastern Sydney Local Health District

Michael Still

Chair

On behalf of the South Eastern Sydney Local Health District Board

Date Signed

Tobias Wilson

Chief Executive, South Eastern Sydney Local Health District

Date 9-5-23 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.

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. SESLHD will include War Memorial Hospital in the distribution of such communications in alignment with other District hospitals.

Quarterly performance meeting will be scheduled between SESLHD and War Memorial Hospital to provide assurance to Governance matters. These matters include but are not limited to Quality and Safety, Financial Performance, Patient Experience, Risk Performance.

The outline of services delivered via War Memorial Hospital AHO is listed in Appendix A.

1.4.1 Clinical governance

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

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

The NSW Health Patient Safety and Clinical Quality Program (PD2005 608) provides an important framework for improvements to clinical quality.

1.4.2 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 Goods and Services Procurement Policy (PD2019 028).

1.4.4 Aboriginal Procurement Policy

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

1.4.5 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.

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

Strategic outcomes	Key objectives
 <p>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.</p>	<ol style="list-style-type: none"> 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
 <p>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.</p>	<ol style="list-style-type: none"> 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
 <p>People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ol style="list-style-type: none"> 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
 <p>Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ol style="list-style-type: none"> 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
 <p>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.</p>	<ol style="list-style-type: none"> 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
 <p>The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ol style="list-style-type: none"> 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 NSW Premier's Priorities

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

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

Improving outpatient and community care

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

Improving service levels in hospitals

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

Towards zero suicides

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

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

2.3 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period.

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

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

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

3. NSW health services and networks

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, IIMS II (RiskMan) 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 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 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. Waverley ACAT operates from WMH and is one of 4 ACAT hubs, governed by SESLHD.

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

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)
- NSW Critical Care Tertiary Referral Networks and Transfer of Care (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 - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District).

3.4 Supra LHD services

Under the NSW Framework for New Health Technologies and Specialised Services (GL2018 023), 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 (38 + 2/561 NWAU22) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26 + 2/561 NWAU22) 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 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 <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16 + 1/319 NWAU22) Royal Hospital for Women (17) Liverpool (16 + 1/319 NWAU22) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy

Supra LHD Services	Measurement Unit	Locations	Service requirement
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
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 PD2019_024
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 1.6— May 2021</i>
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. 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, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i> .
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high-risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
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 <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
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 <i>NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , 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 - <i>Planning for NSW NI Services to 2031</i> Participation in annual reporting process. Participation in the annual reporting process.
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.

Supra LHD Services	Measurement Unit	Locations	Service requirement
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. Participation in the 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	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	

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. The Australian Goods and Services Tax (GST) is outlined in Appendix B.



General Fund Budget Allocation

SES LHD GENERAL FUND BUDGET 2022/23	War Memorial Hospital		
	FY Base Budget	Adjustments	2022/23 FY Allocation
DOHRS LINE ITEM GROUP			
Expense			
General (Including TACP State Contribution)	16,554,928	448,808	17,003,736
Aged Care Assessment Program	0	1,044,759	1,044,759
Transitional Aged Care Program	2,398,206	58,756	2,456,962
Treasury Managed Fund	196,125	74,186	270,311
Purchasing Adjustors	0	(2,303)	(2,303)
Total Expense	19,149,259	1,624,206	20,773,465
Revenue			
Transitional Aged Care Program	(2,398,206)	(58,756)	(2,456,962)
DVA	(162,215)	13,969	(148,246)
MAA	(69,072)	0	(69,072)
Patient Fee's	(2,091,250)	(51,236)	(2,142,486)
Total Revenue	(4,720,743)	(96,023)	(4,816,766)
RESULT FOR THE YEAR	14,428,516	1,528,183	15,956,699

Note: Purchasing Adjustors is a one off adjustment

INITIAL G/F BUDGET ALLOCATION 22/23

War Memorial Hospital	
EXPENSE	
INITIAL EXPENSE ALLOCATION	19,149,259
2022/23 Budget Adjustment	
Escalations	
General Escalation	464,352
Total Escalations	464,352
Activity Growth	
Purchasing Adjustors	(2,303)
Total Activity Growth	(2,303)
Other Initiatives & Priorities	
TMF Adjustment	74,186
Total Other Initiatives & Priorities	74,186
Other Adjustments	
NSW Aged Care Assessment Program	1,044,759
NWAU Adjustment from 1 Jan - 30 Jun 2023	43,212
Total Other Adjustments	1,087,971
TOTAL EXPENSE	20,773,465
REVENUE	
INITIAL REVENUE ALLOCATION	(4,720,743)
2022/23 Budget Adjustment	
Price Increase - General	(51,236)
DVA Adjustment	13,969
TACP Adjustment	(58,756)
TOTAL REVENUE	(4,816,766)
NET RESULT	15,956,699



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 2022-2023. The budget represents the initial allocation and may be subject to change as the year progresses.

INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2022-2023

2022-2023 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	\$20,699
People receive high-quality, safe care in our hospitals	
Our people and systems are continuously improving to deliver the best health outcomes and experiences	
Provision for Specific Initiatives	\$74
Restricted Financial Asset Expenses	\$0
Depreciation (General Funds only)	\$0
Total Expenses	\$20,773
Revenue	-\$4,817
Net Result	\$15,957
State Price	\$ 5,095

ACTIVITY TARGETS 2022-2023

	Target Volume (NWAU22)
Acute	42
Drug & Alcohol	0
ED	0
Mental Health	0
Non Admitted Patients	1,010
Sub-Acute Services - Admitted	1,829
Total	2,881
FTE BUDGET 2022-2023	N/A

This schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the *NSW Health Outcome and Business Plan 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 2022-2023 stimulus funding in response to the COVID-19 pandemic.

4.1 Profit and Loss Statement

N/A

5. Purchased volumes and services

5.1 Activity

Investment by stream	Strategic Outcome	NWAU22	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

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=47648

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

The agreement includes all key performance indicators with a line strike through indicators where the service is not delivered by the War Memorial Hospital.

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Outcome 4 Indicator				
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	8.5	<8.2	≥8.2 and <8.5	≥8.5
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				
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		Individual – See Data Supplement		
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
Outcome 4 Indicator				
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
Outcome 3 Indicator				
Emergency Department Presentations Treated within Benchmark Times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	≥35	<30	≥30 to <35	≥35


2 Safe care is delivered across all settings 

Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
Outcome 3 Indicator Transfer of care—Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90
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
Outcome 4 Indicator 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
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
Outcome 5 Indicator Electronic discharge summaries sent electronically and accepted by General Practitioners (%)				
Virtual Care: Non-admitted services provided through virtual care (%)	51	<49	≥49 and <51	≥51
	30	No change or decrease on baseline	>0 and < 5 percentage points increase on baseline	≥5 percentage points increase on baseline
Outcome 2 Indicator Mental Health Acute Post-Discharge Community Care— Follow up within seven days (%)				
	75	<60	≥60 and <75	≥75
Outcome 4 Indicator 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

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✓
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 (%)	≤13	>20	>13 and ≤20	≤13
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
Outcome 2 Indicator Potentially preventable hospital services (%)	≥2% lower than benchmark	2% higher than benchmark	Within 2% of benchmark	≥2% lower than benchmark
Hospital in the Home Admitted Activity (%)	5	<3.5	≥3.5 and <5	≥5
If LHD currently at <20% enrolment				
Renal Supportive Care Enrolment: End-Stage Kidney Disease Patient (% variation to target)	Individual – See Data Supplement	Decrease Compared to previous year	Increase Compared to previous year	Target met or exceeded
If LHD currently >20% enrolment				
Renal Supportive Care Enrolment: End-Stage Kidney Disease Patient (% variation to target)	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 (%)	70	<65	≥65 and <70	≥70
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
Outcome 1 Indicator 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
Outcome 1 Indicator 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
Outcome 1 Indicator Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
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%	≥98% and <100%	≥100%
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	Individual—See Data Supplement	Less than target	N/A	Equal to or greater than specified target
NSW Health First 2000 Days Implementation Strategy—Delivery of the 1-4 week health check (%)	85	<75	≥75 and <85	≥85 and <100
Sustaining NSW Families Programs—Applicable LHDs 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

3 People are healthy and well





Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
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
Outcome 1 Indicator				
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

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
Outcome 5 Indicator				
Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
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
Outcome 5 Indicator 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	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
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 (%)				
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%	≥90% and <95%	≥ 95%

6.2 Performance deliverables

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

Refer to *Appendix C - Data supplementation* regarding the SESLHD KPI targets as a guide.

7. Appendix

Appendix A

War Memorial Hospital Services:

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 its specialist focus on aged rehabilitation. WMH's mission is to give people the best possible chance to live healthily into older age and 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 (or younger people identifying as Aboriginal or Torres Strait Islander, or with Geriatric syndromes), leading to a better patient experience and outcomes. WMH is in the business of restoring the health of older Australians.

The hospital's flexible, agile approach means they give 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 person. This is made possible through the quality of the suite of multidisciplinary services, our teamwork, and our strong connections to the community.

War Memorial Hospital Waverley's key objectives are:

- 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 promote active participation by patients and their carer's in determining appropriate health care treatment
- To be adaptable and flexible to the changing needs of the users of the services, with a co-design approach to all service planning and delivery
- To incorporate current trends and practices in the provision of services
- To provide training, education and support to enable professional development for staff and students
- To lead and participate in relevant clinical research
- To manage available resources and encourage partnerships to provide effective and efficient health care
- To provide more community based integrated care services to reduce unnecessary hospital admissions
- To evaluate all service delivery to ensure these goals are being met
- To achieve agreed service measures and deliver on our Strategic Plan

War Memorial Hospital partners with SESLHD and the St Vincent's Health Network in the development and delivery of planned, co-ordinated and comprehensive aged care services to people over 65 years in the District's Northern Sector. Services are comprised of a 35 bed subacute inpatient rehabilitation unit, Day Rehabilitation program (iREAP) and outpatient allied health, medical and nursing services. The hospital also has multiple specialist community teams inclusive of our community and residential Transitional Aged Care Program (TAC), Geriatric Flying Squad (rapid response service to the community

and residential aged care facilities), Younger Onset Dementia (YOD) program and Day Centre. Waverley ACAT at WMH is one of 4 satellite ACAT hubs comprising the SESLHD ACAT and assists frail older people to gain access to the services most appropriate to meet their care needs. These clinical services offerings are enabled by the full range of hospital support services.

Elizabeth Hunter Lodge, our 24 hour accommodation service, provides low cost accommodation for regional/rural guests. The Hospital campus also accommodates the Prince of Wales Hospital Home Dialysis service, SESLHD Integrated Care Planned Care for Better Health team, Northern Network Access and Referral Centre, Aged Care Assessment Program, (ACAP), Men's Shed, and the Uniting Seniors Gym.

Key services and specialities include:

- Specialist Geriatric assessment including Memory clinic
- Progressive neurological disorders including Parkinson's Clinic and iREAP
- Falls Clinic and ongoing management including Stepping On and iREAP
- Comprehensive Allied Health Services (Hydrotherapy, Speech Pathology, Psychology, Podiatry, Physiotherapy, Dietetics, Diversional Therapy, Occupational Therapy and Social Work)
- Dementia services (early dementia program 'iREADi', Memory Group, carer group, Day Centre and YOD program)
- Primary Progressive Aphasia Program (PPA)
- Continence Advisory Service
- Health Justice Partnership (elder abuse)
- Frailty intervention and reconditioning
- Driver Assessment service
- Individual and group rehabilitation
- Health Promotion

WMH services are delivered to those living within 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. The Ronald Coleman Lodge Residential Transitional Aged Care Program (10 beds), YOD, iREADi, iREAP and PPA programs are available to all patients living within SESLHD and beyond, due to the uniqueness of these services within the District.

As a public health organisation within the SESLHD, War Memorial Hospital plays 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.

List of SESLHD Committee representation:

o ABM Committee	o NAP Committee
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o Adult Community eMR Continuous Working Group	o NDIS Transition Steering Committee
o Aged Care & Rehabilitation Clinical Stream Committee	o NDIS Working Group
o AH Analytics (Dashboard Discussions)	o Nursing Workforce Managers Meeting
o Allied Health Data Committee	o OT Home Modifications Focus Group
o Allied Health Research Committee	o OT Leadership Group
o April Falls Working Party	o OT Pressure Care Focus Group
o Burudi Muru Yagu Aboriginal Health Plan Committee	o OT Student Committee
o Carers Strategy Steering Committee	o PAS UI User Group
o Care Opinion Interest Group	o Patient Experience Working Group
o CGU/ CPIU Managers Meeting	o Performance Managers meeting
o Clinical Forms Committee	Physiotherapy Leaders Group
o Clinical Informatics Steering Committee	Powerchart AAG Working Group
o Clinical and Quality Council	o POWH Monthly Nurse Practitioner Forum
o Collaborative Research Committee	o Psychology Education and Supervision Committee
o Complaint Managers Meeting	o QARS Working Group
o DIAP Implementation Committee	o Quality Use of Medicines Committee
o DON's Meeting	o Safety Attitudes Questionnaire Steering Committee
o Emergency Management Meeting	o Safety Improvement Forum
o eMR-eMM Pharmacy Working Group	o Senior Podiatrist Group
o Falls Community of Practice	o SNAP Co-ordinators Meeting
o Falls Procedure Working Party	o Social Work Aged Care Interest Group
o Falls Steering Committee	o Speech Pathology Managers Group
o Food and Nutrition Committee	o Stroke Working Party (SESLHD and SVH)
o Health Records and Medico Legal Committee	o Volunteer Co-ordinator Committee
o Medication Safety Working Party	o VTE Working Group
o Multicultural Health Services/ Diversity Health Coordinators Meeting	o World Social Work Day Forum Committee

Appendix B

a) Australian Goods and Services Tax (GST)

Definitions and interpretation

(a) In this clause **[insert GST clause number]**:

Adjustment Note includes any document or record treated by the Commissioner of Taxation as an adjustment note or as enabling the claiming of an input tax credit for which an entitlement otherwise arises;

Australian Business Number has the same meaning as in A New Tax System (Australian Business Number) Act 1999 (Cth);

GST includes any replacement or subsequent similar tax;

GST Act means A New Tax System (Goods and Services Tax) Act 1999 (Cth);

New Tax System changes has the same meaning as in the Trade Practices Act 1974 (Cth); and

Tax Invoice includes any document or record treated by the Commissioner of Taxation as a tax invoice or as enabling the claiming of an input tax credit for which an entitlement otherwise arises.

(b) Terms defined in the GST Act have the same meaning in this clause **[insert GST clause number]** unless provided otherwise.

GST pass on

If GST is or will be imposed on a supply made under or in connection with this agreement, the supplier may, to the extent that the consideration otherwise provided for that supply under this agreement is not stated to include an amount in respect of GST on the supply:

(a) increase the consideration otherwise provided for that supply under this agreement by the amount of that GST; or

(b) otherwise recover from the recipient the amount of that GST.

Later adjustment to price or GST

If there is an adjustment event in relation to a supply which results in the amount of GST on a supply being different from the amount in respect of GST already recovered by the supplier, as appropriate, the supplier:

(a) may recover from the recipient the amount by which the amount of GST on the supply exceeds the amount already recovered; or

(b) must refund to the recipient the amount by which the amount already recovered exceeds the amount of GST on the supply; and

(c) must issue an Adjustment Note in relation to the supply to the recipient within 28 days of the adjustment event where the recipient is not required to issue an Adjustment Note in relation to the supply.

Tax invoices/Adjustment Notes

The right of the supplier to recover any amount in respect of GST under this agreement on a supply is subject to the issuing of the relevant Tax Invoice or Adjustment Note to the recipient except where the recipient is required to issue the Tax Invoice or Adjustment Note.

Reimbursements

Costs incurred by a supplier that are required to be reimbursed or indemnified by a recipient, or used as the basis for calculation of consideration for a supply, under this agreement must exclude any amount in respect of GST included in the costs for which an entitlement arises to claim an input tax credit.

Appendix C)

Data supplementation

The AHO will develop internal target ranges (facility level).

The below table outlines the SESLHD KPI targets as a guide.

KPI per 10,000 episodes of care	Target	Not Performing ✘	Under Performing ⚡	Performing ✔
Hospital acquired pressure injuries	< 6.6	> 7.2	>6.6 and < 7.2	< 6.6
Falls resulting in Injuries in Hospital	< 6.4	> 6.9	>6.4 and < 7.9	< 6.4
Healthcare associated infections	< 114.9	> 117.2	> 114.9 and < 117.2	< 114.9
Hospital acquired respiratory complications	< 21	> 21.9	> 21 and < 21.9	< 21
Hospital acquired venous thromboembolism	< 8	> 8.6	> 8 and < 8.6	< 8
Hospital acquired renal failure	< 0.7	> 0.9	> 0.7 and < 0.9	< 0.7
Hospital acquired gastrointestinal bleeding	< 10.5	> 11.2	>10.5 and < 11.2	< 10.5
Hospital acquired medication complications	< 12.4	> 13.2	> 12.4 and < 13.2	< 12.4
Hospital acquired delirium	< 42.7	> 44.1	> 42.7 and < 44.1	< 42.7
Hospital acquired incontinence	< 5.5	> 6.1	> 5.5 and < 6.1	< 5.5
Hospital acquired endocrine complications (malnutrition)	< 25.9	> 27	>25.9 and < 27	< 25.9
Hospital acquired cardiac complications	< 30.5	> 31.7	> 30.5 and < 31.7	< 30.5