

Service Agreement 2023-24

An agreement between the South Eastern
Sydney Local Health District &

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

For the period 1 July 2023 - 30 June 2024



NSW Health Service Agreement – 2023-24

Principal purpose

Service Agreements support partnerships between Local Health Districts and Affiliated Health Organisations. The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to 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.

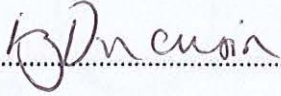
Parties to the agreement

Affiliated Health Organisation

Mary Ducusin

Uniting Director Customer, Risk & Governance

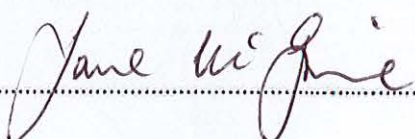
On behalf of the **The Uniting Church in Australia Property Trust (NSW) for War Memorial Hospital (Waverley) Board**

Date 14/2/2024 Signed 

Jane McGuire

Uniting War Memorial Hospital Executive Manager

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

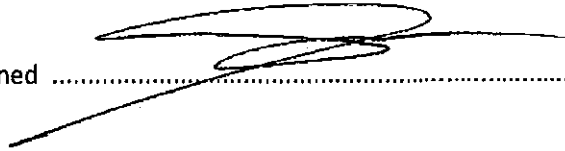
Date 14/2/2024 Signed 

South Eastern Sydney Local Health District

Tobias Wilson

Chief Executive, South Eastern Sydney Local Health District

Date ...22.12.22..... 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.

Quarterly performance meeting will be scheduled between SESLHD and War Memorial Hospital to provide assurance to Governance matters. These matters include but 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 Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined in the Standards (Version 2.0) by the 31 October each year.

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

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

1.4.2 Corporate governance

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

1.4.3 Procurement governance

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

1.4.4 Aboriginal Procurement Policy

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

1.4.5 Public health emergency preparedness and response

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

1.4.6 Performance Framework

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

2. Strategic priorities

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





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

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

2.1 Future Health: Strategic Framework

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

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.

Strategic outcomes	Key objectives
 <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 3.8 Invest in wellness, prevention and early detection
 <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




Strategic outcomes		Key objectives
	<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>	<p>5.1 Advance and translate research and innovation with institutions, industry partners and patients</p> <p>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</p> <p>5.3 Enable targeted evidence-based healthcare through precision medicine</p> <p>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</p>
	<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>	<p>6.1 Drive value based healthcare that prioritises outcomes and collaboration</p> <p>6.2 Commit to an environmentally sustainable footprint for future healthcare</p> <p>6.3 Adapt performance measurement and funding models to targeted outcomes</p> <p>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</p>




2.2 Regional Health Strategic Plan 2022-32

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

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

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

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

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

2.3 NSW Government Priorities

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

- Election Commitments
- Charter Letter commitments
- Inquiry recommendations

2.4 NSW Health Outcome and Business Plan

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

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

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

3. NSW Health services and networks

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.

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

3.4 Supra LHD services

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

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

Supra LHD Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (28+2/584 NWAU23) St Vincent's (21) St George (36)	Services to be provided in accordance with <u>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</u> 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 <u>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</u>

Supra LHD Services	Measurement Unit	Locations	Service requirement
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (17+1/325 NWAU23) Liverpool (17) John Hunter (19+1/325 NWAU23) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Paediatric Intensive Care	Beds/NWAU	SCHN Randwick (13) SCHN Westmead (22+3/1,253 NWAU23) John Hunter (5+2/836 NWAU23)	Services to be provided in accordance with <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 <i>Adult Mental Health Intensive Care Networks</i> policy
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <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.

Supra LHD Services	Measurement Unit	Locations	Service requirement
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
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.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i> Participation in 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.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements Participation in annual reporting process.
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead	Delivery of additional procedures, including targets for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. Establish referral pathways to ensure statewide equity of access Include high risk TAVI patients in surgical waitlists Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience Participate in the annual reporting and any required evaluation activities
CAR T-cell therapy: Acute lymphoblastic leukaemia (ALL) for children and young adults:	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital	As per individual CAR T cell therapy service agreements. Compliance with the annual reporting process.
Adult diffuse large B-cell lymphoma (DLBCL)		Royal Prince Alfred Hospital Westmead hospital	
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	

3.6 Other organisations

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

4. Budget

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

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



General Fund Budget Allocation

SES LHD GENERAL FUND BUDGET 2023/24	War Memorial Hospital		
	FY Base Budget	Adjustments	2023/24 FY Allocation
DOHRS LINE ITEM GROUP			
Expense			
General	16,225,435	675,141	16,900,576
Transitional Aged Care Program (Commonwealth)	2,456,962	(10,328)	2,446,634
Transitional Aged Care Program (State)	735,089	81,677	816,766
Treasury Managed Fund	270,311	23,062	293,373
Aged Care Assessment Program	0	1,031,735	1,031,735
TMF Agency Performance Adjustment (APA)	0	157,261	157,261
Total Expense	19,687,797	1,958,548	21,646,345
Revenue			
Transitional Aged Care Program	(2,456,962)	10,328	(2,446,634)
DVA	(148,246)	(6,010)	(154,256)
MAA	(69,072)	(2,800)	(71,872)
Patient Fee's	(2,142,486)	(85,285)	(2,227,771)
Total Revenue	(4,816,766)	(83,767)	(4,900,533)
RESULT FOR THE YEAR	14,871,031	1,874,781	16,745,812



Health
South Eastern Sydney
Local Health District

General Fund Budget Adjustments

INITIAL G/F BUDGET ALLOCATION 23/24

War Memorial Hospital	
EXPENSE	
INITIAL EXPENSE ALLOCATION	19,687,797
2023/24 Budget Adjustment	
Escalations	
General Escalation	675,141
Total Escalations	675,141
Other Initiatives & Priorities	
TMF Adjustment	23,062
Total Other Initiatives & Priorities	23,062
District Initiatives and Efficiencies	
TACP Budget Realignment	71,349
Interim ACAP Budget - AHOs	952,879
Total District Initiatives and Efficiencies	1,024,228
Subsequent Budget Adjustments (MoH)	
NSW Aged Care Assessment Program ACAP	78,856
TMF Agency Performance Adjustment (APA)	157,261
Total Subsequent Budget Adjustments (MoH)	236,117
TOTAL EXPENSE	21,646,345
REVENUE	
INITIAL REVENUE ALLOCATION	(4,816,766)
2023/24 Budget Adjustment	
Price Increase - General	(94,095)
TACP Budget Realignment	10,328
TOTAL REVENUE	(4,900,533)
NET RESULT	16,745,812



The following information is provided in respect to the budget and activity requirements for the financial year 2023-2024. The budget represents the initial allocation and may be subject to change as the year progresses.

2023-2024 BUDGET ALLOCATION

INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2023-2024

	('000)
Acute Admitted	
Emergency Department	
Sub-Acute Services	
Non Admitted Services - Incl Dental Services	\$21,623
Mental Health - Admitted (Acute and Sub-Acute)	
Mental Health - Non Admitted	
Provision for Specific Initiatives	\$23
Restricted Financial Asset Expenses	\$0
Depreciation (General Funds only)	\$0
Total Expenses	\$21,646
Revenue	-\$4,901
Net Result	\$16,746
State Efficient Price	\$ 5,207

ACTIVITY TARGETS 2023-2024

	Target Volume (NWAU23)
Acute Admitted	42
Emergency Department	0
Sub-Acute Services	1,825
Non Admitted Services - Incl Dental Services	1,078
Mental Health - Admitted (Acute and Sub-Acute)	0
Mental Health - Non Admitted	0
Total	2,945
FTE BUDGET 2023-2024	N/A

4.1 Profit and Loss Statement
N/A

5. Purchased volumes and services

5.1 Activity

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

6. Performance against strategies and objectives


6.1 Key performance indicators

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See:

http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=48373

Those key performance indicators deemed not applicable to War Memorial Hospital have been indicated by a strikethrough.

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

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✓
Harm-free admitted care: (Rate per 10,000 episodes of care)				
Hospital acquired pressure injuries				
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				
Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
Emergency department presentations treated within benchmark times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
Triage 2: seen within 10 minutes	80	<70	≥70 and <80	≥80
Triage 3: seen within 30 minutes	75	<65	≥65 and <75	≥75
Inpatient discharges from ED accessible and rehabilitation beds by midday (%)	35	<30	≥30 to <35	≥35
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90

2 Safe care is delivered across all settings



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

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✓
Aboriginal persons	≤13	>20	>13 and ≤20	≤13
Discharge against medical advice for Aboriginal in-patients (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Incomplete emergency department attendances for Aboriginal patients (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Potentially preventable hospital services (%)	≥2 % points lower than benchmark	≥2 % points higher than benchmark	Within 2 % points of benchmark	≥2 % points lower than benchmark
Hospital in the Home admitted activity (%)	5	<3.5	≥3.5 and <5	≥5
Renal Supportive Care enrolment: End-stage kidney disease patient (% variation to target) If currently at <20% enrolment	Individual—See Data Supplement	Decrease compared to previous year	Increase Compared to previous year	Target met or exceeded
Renal Supportive Care enrolment: End-stage kidney disease patient (% variation to target) If currently >20% enrolment	Individual—See Data Supplement	Decrease compared to previous year	N/A	Target met or exceeded

3 People are healthy and well





Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✓
Childhood Obesity—Children with height/length and weight recorded in inpatient settings (%)	70	<65	≥65 and <70	≥70
Smoking during pregnancy—At any time (number):				
Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
Non-Aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on previous year
Pregnant Women Quitting Smoking—by second half of pregnancy (%)	4 % points increase on previous year	<1 % point increase on previous year	≥1 and <4 % points increase on previous year	≥4 % points increase on previous year

3 People are healthy and well



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

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


5 Research and innovation, and digital advances inform service delivery 				
Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✓
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75

Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	75	<55	≥55 and <75	≥75
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6 The health system is managed sustainably









Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Purchased Activity Volumes - Variance (%):				
Acute admitted (NWAU)				
Emergency department (NWAU)				
Non-admitted patients (NWAU)				
Sub and non-acute services - Admitted (NWAU)	Individual -			
Mental health - Admitted (NWAU)	See Purchased Volumes	< -1.5% or > +4%	≥ -1.5% and <0	≥ 0% and ≤+4%
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 (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15
Capital renewal as a proportion of asset replacement value (%)	1.4	<0.8	≥0.8 and <1.4	≥1.4
Annual Procurement Savings Target Achieved - (% of target achieved)	Individual - See Data Supplement	<90% of target	≥90% and <95% of target	≥95% of target
Reducing free text orders catalogue compliance (%)	25	>60	≤60 and >25	≤25
Reducing off-contract spend (%)	25	>60	≤60 and >25	≤25
Use of Whole of Health contracts (%)	75	<40	≥40 and <75	≥75
Sustainability Towards 2030:				
Desflurane reduction: number of vials of Desflurane purchased as a % of all volatile anaesthetic vials purchased	4	>8	>4 and ≤8	≤4

6 The health system is managed sustainably 				
Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✓
Nitrous oxide reduction: emissions per admitted patient service event: % decrease on previous year	5	<1	≥1 and <5	≥5
Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)	1.5	<1	≥1 and <1.5	≥1.5
Passenger Vehicle Fleet Optimisation (% Cost Reduction)	3	<1	≥1 and <3	≥3
Waste Streams - Resource Recovery and Diversion from Landfill (%)	5	<3	≥3 and <5	≥5

6.2 Performance deliverables

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

Key Objective	Deliverable in 2023-24	Due by
1 Patients and carers have positive experiences and outcomes that matter 		
1.	Build on pilot PREM and PROM activities to enable hospital-wide approach to patient experience and outcome measure data – number of departments using PREM / PROM increased by minimum 100%	October 2024
2.		December 2024

Key Objective	Deliverable in 2023-24	Due by
Expand and leverage Consumer Advisory Group to enable continued co-design of existing and new services and programs; and consumer inclusion in quality improvement initiatives		
2 Safe care is delivered across all settings		
		
3.	Implementation and evaluation of intentional rounding in inpatient rehabilitation unit	May 2024
4.	Deliver on HAC deep dive action plan including pressure injury, falls, and delirium	May 2024
3 People are healthy and well		
		
5.	Complete write up of iREADi model of care implementation tool kit, including evaluation data, to enable spread of model to other settings to meet growing need for early intervention for people with dementia and their carers	September 2024
6.	Commencement and delivery of “End PJ Paralysis” Project in inpatient rehabilitation unit with evaluation including impacts on patient and workforce experience, functional outcomes e.g. FIM, and rehabilitation LOS	November 2024
4 Our staff are engaged and well supported		
		
7.	Develop and deliver on PMES and SAQ actions plans in consultation with WMH staff, building on positive results received in 2023 surveys	May 2024
8.	Development of structured opportunities for professional development including secondments, higher grade duties, rotations etc. both within WMH and SESLHD	July 2024
5 Research and innovation, and digital advances inform service delivery		
		
9.	Implementation of Clinical Trials Management System	June 2024
10.	Leverage our established WMH Research Committee to expand partnerships with academic institutions to enable translational research of community based and sub-acute models of care	December 2024
6 The health system is managed sustainably		
		
11.	Expansion and evaluation of GFS community rapid response model to enable multidisciplinary intervention in and out of hours, to reduce avoidable ED and hospital admissions, through MoH Urgent Care Funding	June 2025
12.		December 2024

Key Objective	Deliverable in 2023-24	Due by
	Partner with Virtual Health Hub to deliver digitally enabled and sustainable WMH models of care in alternate settings e.g. community, outpatient	

Appendix A

War Memorial Hospital Services include:

Services are comprised of 24 hour inpatient care, Day Rehabilitation (IREAP) 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 and ADNeT Memory Clinic
- Progressive neurological disorders PD Clinic
- Falls management including Falls Clinic
- Comprehensive Allied Health Services and Hydrotherapy
- Dementia services including IREADI program for early dementia
- 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 its 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 101 years.

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.

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, Health Promotion and hosting the SESLHD ACAT Centralised Intake Service and SESLHD Integrated Care Planned Care for Better Health service, 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 older people 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, making the most of your memory group for MCI
- o Podiatry
- o Dietetics
- o Diversional Therapy through Day Centre
- o Physiotherapy including Aquatic Physiotherapy / Hydrotherapy, Move and Stay Well exercise program and OASIS outdoor gym.
- o Occupational Therapy
- o Social Work
- o Speech Pathology, including NSW wide Primary Progressive Aphasia Clinic and Parkinson's Disease "Speak up group"
- o Continence Clinic and Advisory Service including continence physiotherapy in partnership with RHW
- o Parkinson's Disease: multidisciplinary assessment clinic, services and information Program
- o Falls Assessment & Injury Prevention Clinic
- o Social Work Carers Group
- o Geriatric Flying Squad (GFS) – community and residential
- o Dementia Services – Memory Clinic through ADNeT, iREADi early / post diagnostic dementia program
- Supported transport service for clients attending outpatient appointments
- Equipment lending Pool, coordinated via the Occupational Therapy Department

Outpatient and Integrated Care Services 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.

o **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.

Integrated Rehabilitation for Early Dementia (iREADi):

This program provides post diagnostic support and rehabilitation for both people with dementia and their carer with a goal orientated and cognitive rehabilitation focus. It proactively provides tools to enable an improved journey with dementia through an initial 9 week group education and reablement program followed by specific rehabilitation with relevant clinical specialties working towards individualised goals.

Transitional Aged Care Program (TACP):

- o War Memorial Hospital Transitional Aged Care Program operates 28 community based places in the northern sector of the SESLHD.
- o 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.
- o WMH TACP residential places are not bound by any District or Network boundaries.

Younger Onset Dementia (YOD) 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

Health Justice Partnership:

A lawyer is based as part of the multidisciplinary team and provides legal services to address issues related to potential, suspected or confirmed elder abuse. The role is funded through a Commonwealth Attorney Grant in partnership with Justice Connect, a not for profit legal firm.

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 and administrative staff employed via the LHD.

Northern Network Area Referral Centre:

- o A shared WMH and POWH service providing a single point of access are triage service for the northern sector of SESLHD.

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.
-

Elizabeth Hunter Lodge;

- o 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.

o

List of SESLHD Committee representation:

Activity Based Management Committee	Falls Committee
Aged Care Reform meeting	NAPSS Committee
ACAT Team Leaders Meetings	NDIS Implementation Committee
Adult Community eMR Continuous Working Group	NSW Falls Advisory Committee
Aged Care & Rehabilitation Clinical Stream Committee	Nurse Midwifery Strategy Committee
Allied Health Data Committee	Nurse Practitioner Governance Committee
Blood Committee	Nursing Workforce Managers Meeting
Carers Strategy Steering Committee	Occupational Therapy Home Modifications Working Group
Clinical Costing Group	Occupational Therapy Leadership Group
Clinical Informatics Steering Committee	PAS UI User Group
SESLHD/ISLHD Electronic Forms Committee & SESLHD Clinical Paper Forms Committee	Pressure Injury Committee
Clinical Placement Coordinators Meeting	Psychology Governance Meeting
Clinical Nurse Consultant Committee	Drug and Therapeutics Committee
Continuum of Care Framework Steering Committee	Senior Podiatrist Group
Deteriorating Patient Committee	SNAP Combined Clinical & Coordinators Meeting
DIAP Implementation Committee	Social Work Aged Care Interest Group
Director of Nursing	Speech Pathology Managers Group
eMEDS Implementation Management Group	Stroke Working Party (SESLHD and SVH)
Emergency Management Committee	POWH Patient Flow Collaborative
Environmental Sustainability	Volunteer Co-ordinator Committee
End of Life & Palliative Care Governance Committee	Voluntary Assisted Dying Governance Committee
Executive Clinical and Quality Council	VTE Working Party
Food and Nutrition Committee	POWH Nurse Practitioner Forum
Health Records and Medico Legal 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	≤5.0	>5.5	>5.0 and ≤5.5	≤5.0
Falls resulting in Injuries in Hospital	≤7.2	>7.8	>7.2 and ≤7.8	≤7.2
Healthcare associated infections	≤109.8	>112.1	>109.8 and ≤112.1	≤109.8
Hospital acquired respiratory complications	≤27.8	>28.9	>27.8 and ≤28.9	≤27.8
Hospital acquired venous thromboembolism	≤7.4	>8.0	>7.4 and ≤8.0	≤7.4
Hospital acquired renal failure	≤0.7	>1.0	>0.7 and ≤1.0	≤0.7
Hospital acquired gastrointestinal bleeding	≤9.0	>9.7	>9.0 and ≤9.7	≤9.0
Hospital acquired medication complications	≤7.9	>8.5	>7.9 and ≤8.5	≤7.9
Hospital acquired delirium	≤38.3	>39.6	>38.3 and ≤39.6	≤38.3
Hospital acquired incontinence	≤2.7	>3.0	>2.7 and ≤3.0	≤2.7
Hospital acquired endocrine complications (malnutrition)	≤28.7	>29.9	>28.7 and ≤29.9	≤28.7
Hospital acquired cardiac complications	≤30.1	>31.3	>30.1 and ≤31.3	≤30.1
Third and fourth degree perineal laceration during delivery	≤342.6	>365.6	>342.6 and ≤365.6	≤342.6
Neonatal birth trauma	≤72.3	>81.2	>72.3 and ≤81.2	≤72.3