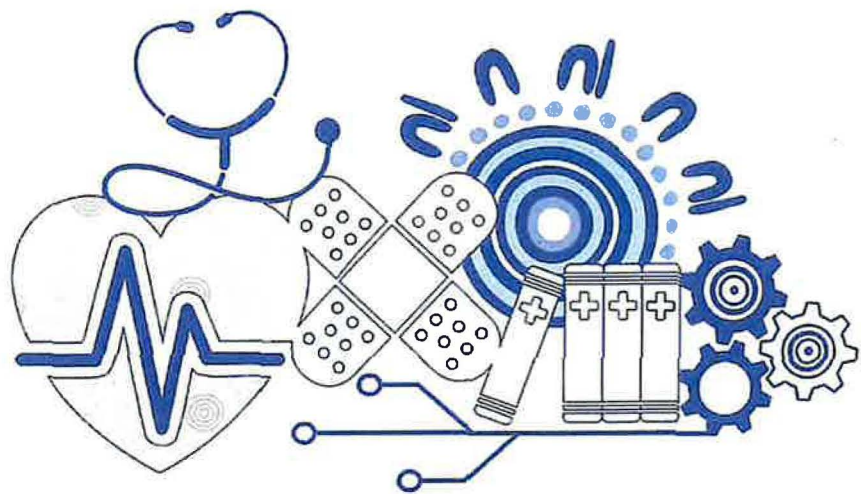


Service Agreement 2023-24

An agreement between the
Sydney Local Health District
and
Tresillian Family Care Centres
for the period 1 July 2023 - 30 June 2024



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NSW Health Service Agreement – 2023-24

Principal purpose

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

Tresillian Family Care Centres agrees to meet the service obligations and performance requirements outlined in this Agreement. Sydney Local Health District agrees to provide the funding and other support to Tresillian Family Care Centres outlined in this Agreement.

Parties to the agreement

Tresillian Family Care Centres

Dr Nick Kowalenko

Chair

On behalf of Tresillian Family Care Centres



Date 12 December 2023 Signed

Robert Mills

Chief Executive Officer

Tresillian Family Care Centres



Date 12 December 2023 Signed

Sydney Local Health District

The Hon, John Ajaka
Chair
On behalf of Sydney Local Health District Board



Date 13.12.2023 Signed

Dr Teresa Anderson AM
Chief Executive
On behalf of Sydney Local Health District



Date 13.12.23 Signed

Contents

1. Legislation, governance and performance framework	5
1.1 Legislation	5
1.2 Variation of the agreement	7
1.3 National Agreement	7
1.4 Governance	7
2. Strategic priorities	9
2.1 Future Health: Strategic Framework	9
2.2 Regional Health Strategic Plan 2022-32	10
2.3 NSW Government Priorities	11
3. NSW Health services and networks	13
3.1 District responsibilities to AHOs	13
3.2 Key Clinical Services Provided to Other Health Services	14
3.3 Cross district referral networks	14
3.4 Supra LHD services	14
3.5 Nationally Funded Centres	18
3.6 Other organisations	18
4. Budget	19
5. Purchased volumes and services	21
5.1 Activity	21
6. Performance against strategies and objectives	22
6.1 Key performance indicators	22
6.2 Performance deliverables	24
7. Other Relevant Agreements.....	26

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.

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

1.3 National Agreement

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

1.4 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

1.4.1 Clinical governance

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

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

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

1.4.2 Corporate governance

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

1.4.3 Procurement governance

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

1.4.4 Aboriginal Procurement Policy

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

1.4.5 Public health emergency preparedness and response

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

1.4.6 Performance Framework

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

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>	<ul 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>	<ul 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>	<ul 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>	<ul 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>	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>	6.1	Drive value based healthcare that prioritises outcomes and collaboration
		6.2	Commit to an environmentally sustainable footprint for future healthcare
		6.3	Adapt performance measurement and funding models to targeted outcomes
		6.4	Align our governance and leaders to support the system and deliver the outcomes of Future Health




2.2 Regional Health Strategic Plan 2022-32

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

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

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

PRIORITIES	KEY OBJECTIVES
 <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

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

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

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

3.1 District responsibilities to AHOs

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

- Continuity of (non-inpatient) acute care services
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport fire services & security services support)
- 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 (provided by Tresillian with PeopleSense)
- 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
Residential Services	State-wide
Virtual Residential Parenting Service	State-wide
Day Services	State-wide
Parents Helpline	State-wide
Home Visiting Service including Extended Home Visiting Program	State-wide
Perinatal and infant mental health service	State-wide

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 <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/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.

Supra LHD Services	Measurement Unit	Locations	Service requirement
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
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</i> — May 2021.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <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> .

Supra LHD Services	Measurement Unit	Locations	Service requirement
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per NSW <i>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.
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

Supra LHD Services	Measurement Unit	Locations	Service requirement
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.

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

 Tresillian		
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.		
INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2023-2024		
2023-2024 BUDGET ALLOCATION	('000)	
	Acute Admitted Emergency Department Sub-Acute Services Non Admitted Services - Incl Dental Services Mental Health - Admitted (Acute and Sub-Acute) Mental Health - Non Admitted	\$14,535
	Provision for Specific Initiatives Restricted Financial Asset Expenses Depreciation (General Funds only)	
	Total Expenses	\$14,535
	Revenue	\$0
	Net Result	\$14,535
	State Efficient Price	
	ACTIVITY TARGETS 2023-2024	
		Target Volume (NWAU23)
	Acute Admitted Emergency Department Sub-Acute Services Non Admitted Services - Incl Dental Services Mental Health - Admitted (Acute and Sub-Acute) Mental Health - Non Admitted Total	N/A
FTE BUDGET 2023-2024	N/A	

4.1 Profit and Loss Statement

N/A

5. Purchased volumes and services

5.1 Activity

N/A

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

1 Patients and carers have positive experiences and outcomes that matter		Performance Thresholds		
Measure	Target	Not Performing ✘	Under Performing ⚠	Performing ✔
N/A				
2 Safe care is delivered across all settings		Performance Thresholds		
Measure	Target	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				
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				

Individual – See Data Supplement




2 Safe care is delivered across all settings 

Measure	Target	Performance Thresholds		
		Not Performing 	Under Performing 	Performing 
Hospital acquired neonatal birth trauma				
Outcome 5 Indicator				
Virtual Care: Non-admitted services provided through virtual care (%)	30	No change or decrease on baseline	>0 and < 5 percentage points increase on baseline	≥5 percentage points increase on baseline
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





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

4 Our staff are engaged and well supported 





Measure	Target	Performance Thresholds		
		Not Performing 	Under Performing 	Performing 
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Employment of Aboriginal Health Practitioners	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 
N/A				

6 The health system is managed sustainably 				
Measure	Target	Performance Thresholds		
		Not Performing 	Under Performing 	Performing 
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 (%)				

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 		
	Patient satisfaction score >80%	
	Net Promoter Score (NPS) > 50	
2 Safe care is delivered across all settings 		
	Tresillian model of care being reviewed across all settings	
3 People are healthy and well 		
	Tresillian health & wellbeing framework reviewed, updated and implemented	
	EAP services contracted to PeopleSense and accessible to all Tresillian staff & their families	
4 Our staff are engaged and well supported 		

Key Objective	Deliverable in 2023-24	Due by
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Staff culture survey conducted biennially by Best Practice Australia (BPA) – Due 2024 and 2026 with target > 50% (culture of ambition)

5 Research and innovation, and digital advances inform service delivery 

One Tresillian initiated research project commenced annually

One partnership initiated research project commenced annually

6 The health system is managed sustainably 

Tresillian services delivered within 1% of budget

7. Other Relevant Agreements

***Relevant Memoranda of Understanding or other Agreements may be attached here.

1. Tresillian and Healthy North Coast PHN and NNSWLHD agreement for the "Tresillian Lismore Family Care Centre" (addendum attached to reflect NNSWLHD clients)
2. Tresillian and Albury Wodonga Health agreement for the "Albury Wodonga Health and Tresillian Parents & Babies Service" (attached)
3. Tresillian and Murrumbidgee Local Health District agreement for the "Tresillian in Murrumbidgee Family Care Centre & Griffith" (attached)
4. Tresillian and Western NSW Local Health District agreement for the "Tresillian Family Care Centre in Dubbo & Cowra" (attached)
5. Tresillian and Sothern NSW Local Health District agreement for the "Tresillian Family Care Centre in Queanbeyan, Moruya & Goulburn" (attached)
6. Tresillian and Far West Local Health District agreement for the "Tresillian Family Care Centre in Broken Hill" (attached)
7. Tresillian and Hunter New England Local Health District agreement for the "Tresillian Family Care Centre in Taree, Muswellbrook & Armidale" (attached)
8. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian Family Care Centre in Coffs Harbour" (attached)
9. Tresillian and Nepean Blue Mountains Local health District agreement for the "Tresillian Residential Unit & Day Service – Nepean"
10. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian Residential Beds at Macksville Hospital" (attached).
11. New Deeds of Variation to the current regional LHD SLA's will be added for the 6 new regional Family Care Centres and Tresillian 2U Vans when signed (attached).
12. Tresillian and NSW Ministry of Health SLA for the Virtual Residential Parenting Service (VRPS)