

# 2020-21 Service Agreement

AN AGREEMENT BETWEEN:

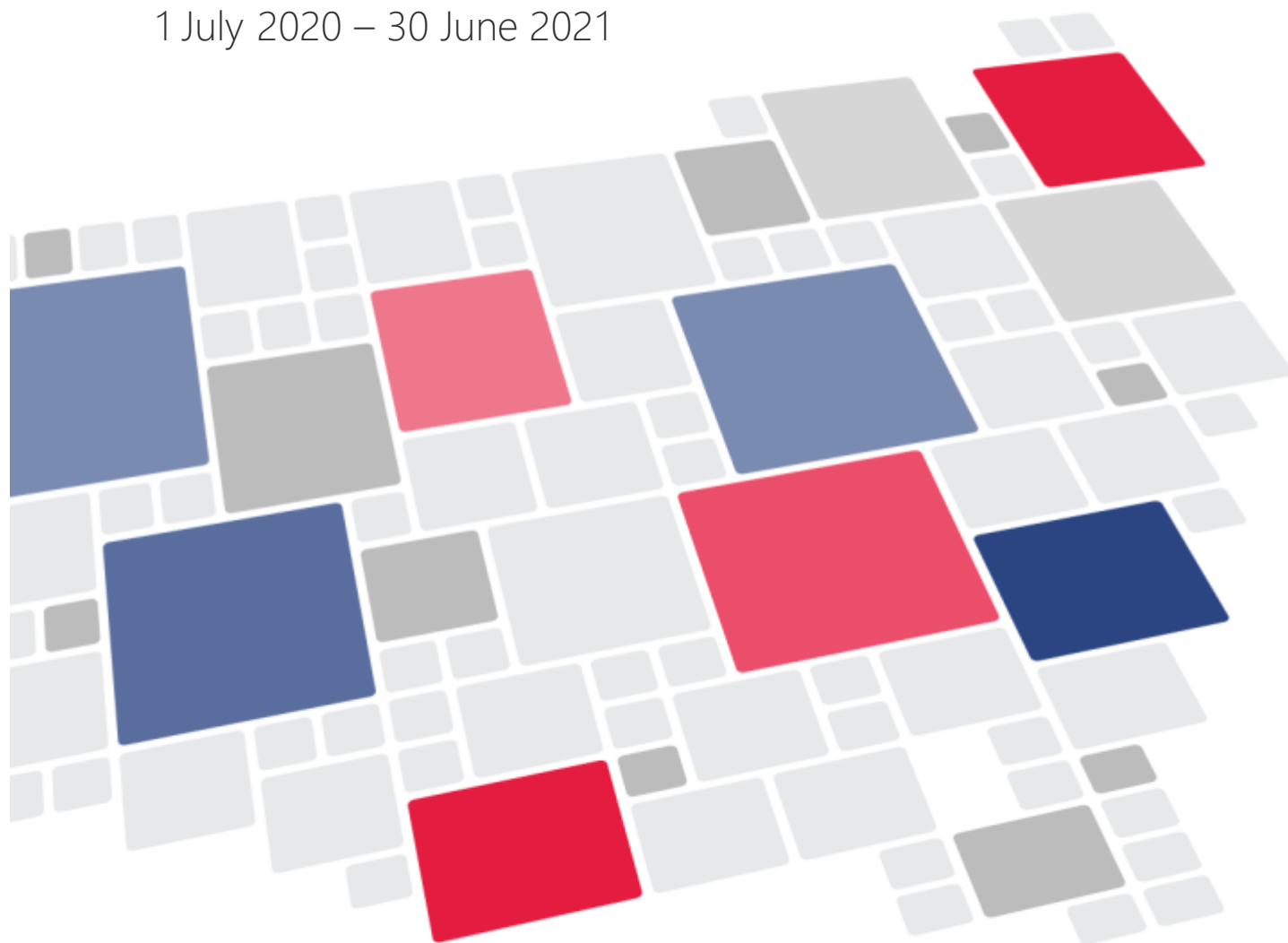
Nepean Blue Mountains Local Health District

AND THE

Hawkesbury District Health Service

FOR THE PERIOD

1 July 2020 – 30 June 2021



# NSW Health Service Agreement – 2020-21

## Principal Purpose

The principal purpose of this Service Agreement is to set out the service and performance expectations for the funding and other support provided to Nepean Hospital (the Organisation) to ensure the provision of equitable, safe, high quality, patient-centred healthcare in respect of its services recognised under the *Health Services Act 1997* supported by the District.

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. It specifies the service delivery and performance requirements expected of the Organisation that will be monitored consistent with the NSW Health Performance Framework.

## Parties to the Agreement

### Hawkesbury District Health Service

Dr Shane Kelly  
Group Chief Executive Officer  
St John of God Health Care



Date ..... **3 February 2021** ..... Signed .....

### Nepean Blue Mountains Local Health District

Ms Kay Hyman  
Chief Executive



Date ..... **3 March 2021** ..... Signed .....

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# 1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of NSW Government and NSW Health priorities.
- To establish with Facilities/Services a performance management and accountability system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, and provide care and treatment to the people who need it, taking into account the particular needs of their diverse communities.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and AHOs include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health.
- To ensure Facilities/Services engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.
- To ensure that Facilities/Services work together with clinical staff about key decisions, such as resource allocation and service planning.

## 2. Legislation, Governance and Performance Framework

### 2.1 Legislation

The *Health Services Act 1997* (the "Act") provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Local Health Districts (ss 8, 9, 10).

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 Local Health Districts in relation to the provision of health services and health support services (s.126). The performance agreement may include provisions of a service agreement.

Under the Act the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) (s.127). As a condition of subsidy all funding provided for specific purposes must be used for those purposes unless approved by the Health Secretary.

### 2.2 Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by the parties.

The Agreement may also be varied by the Secretary or the Minister in exercise of their general powers under the Act, including determination of the role, functions and activities of Local Health Districts (s. 32).

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 by the Ministry of Health in the course of the year.

### 2.3 National Agreement – Hospital funding and health reform

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price. There is a focus on improved patient safety, quality of services and reduced unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. See <http://www.coag.gov.au/agreements>.

### 2.4 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW



Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

#### 2.4.1 Clinical Governance

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

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

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

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_608.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf)

#### 2.4.2 Corporate Governance

The Organisation must ensure services are delivered in a manner consistent with the NSW Health *Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compdium.aspx>

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012\_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

#### 2.4.3 Procurement Governance

The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019\_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health. [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019\\_028](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028)

#### 2.4.4 Safety and Quality Accounts

The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the *National Safety and Quality Health Service Standards* (Version 2.0). The account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.

The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory measures, patient safety priorities, service improvements,

integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

#### 2.4.5 Performance Framework

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

The performance of a Health Service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's Priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework*, available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

### 3. Strategies and Local Priorities

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

#### 3.1 NSW Premier's Priorities

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

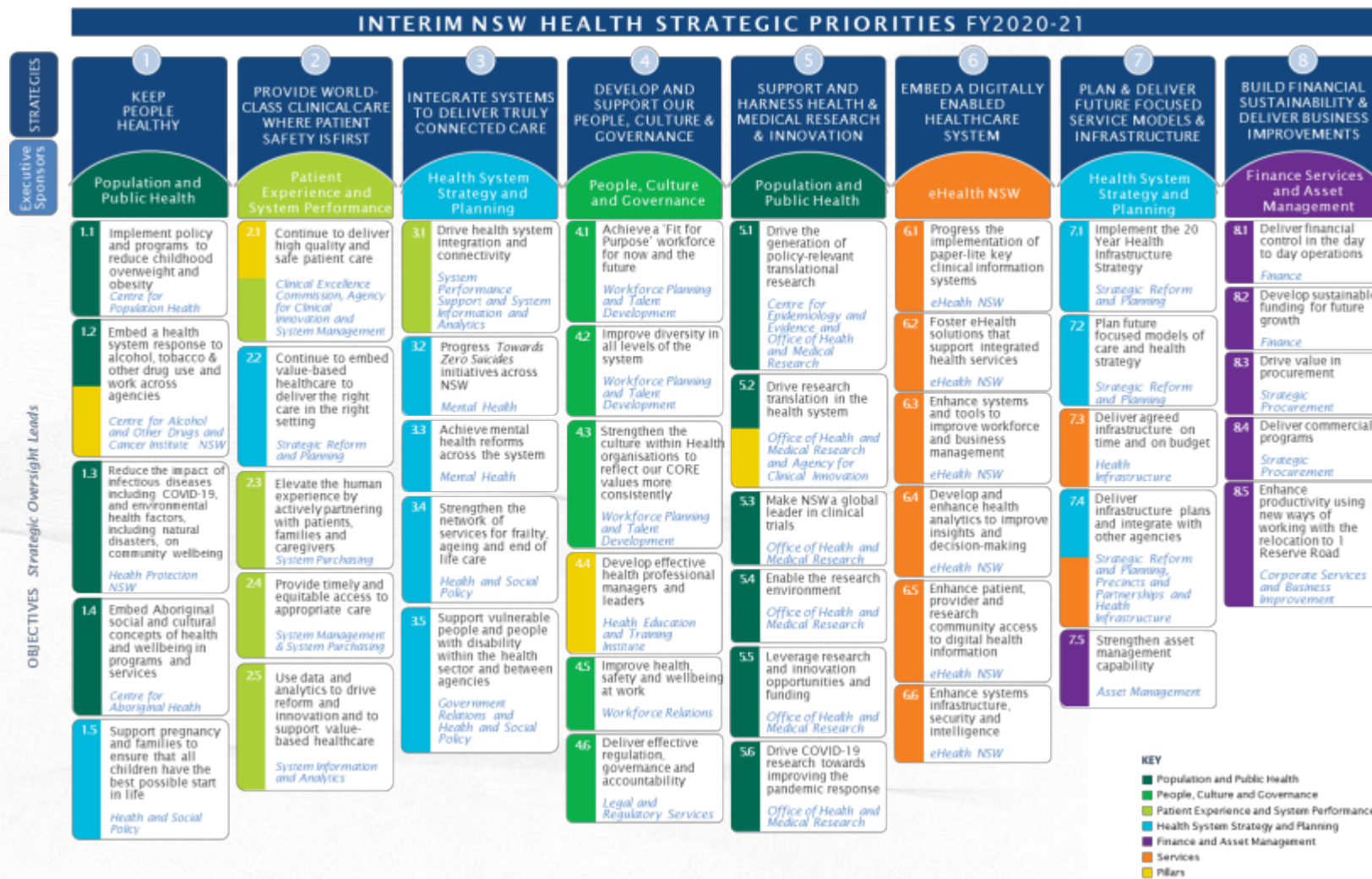
NSW Health is leading the three priorities for improving the health system:



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



### 3.2 NSW Health Strategic Priorities 2020-21



### 3.3 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09<sup>1</sup>).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

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

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

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<sup>1</sup> <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>

Alignment of directions and strategies to outcomes:





## 3.4 Local Priorities

Under the *Health Services Act 1997*, Boards have the function of ensuring that Districts and Networks develop strategic plans to guide the delivery of services, and for approving these plans.

The District is responsible for developing the following plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the District will implement local priorities to meet the needs of their respective populations.

The Organisation's local priorities for 2020-2021 are as follows:

### **Nepean Hospital and Community Based Services – Penrith Redevelopment, Stages 1 and 2**

The major \$1 billion Nepean Hospital and Community Based Services – Penrith Redevelopment, Stage 1 and 2 continues to figure highly in the District's local priorities. Stage 1 build is nearly complete with commissioning and change management planning well under way. Stage II Planning is well underway with the aim of completing the Final Business Case by March 2021.

### **Joint Initiatives with Nepean Blue Mountains Primary Health Network**

The Wentworth House Limited and NBMLHD Integrated Care Joint Board Subcommittee agreed on a number of priorities for the year as follows:

- Transfer of care
  - MyHealth Record
  - Discharge summary quality improvement
- Conjoint Care
  - Health Pathways
  - COPD Quality Care
  - Healthcare Home and Healthcare Neighbourhood
- Mental Health
  - Regional Mental Health and Suicide Prevention Plan: Work continues, in partnership with Nepean Blue Mountains Primary Health Network (NBM PHN) to create and deliver the Nepean Blue Mountains Regional Mental Health and Suicide Prevention Plan. This is now due to be complete by 31 December 2020.
- Priority Populations
- Health of the Community
- Collaborative Commissioning
  - Focus on obesity and diabetes

### **Workforce**

The NBMLHD continues to work to attract the right workforce, particularly with the additional requirements of the Nepean Hospital Redevelopment and other new services. Strategic and detailed workforce planning and implementation for the redevelopment and the organisation as a whole will

continue to progress to ensure the attraction and the retention of the appropriate workforce when needed is realised and to embed a culture of continuous improvement and service excellence.

### **Research**

Enhancing NBMLHD's capacity and capability in research is a priority as a mechanism to attract and retain talent as well as improve clinical care. The NBMLHD aims to focus on working with the NBM Education and Medical Research Foundation to support research in the region.

### **Virtual Care and Community Based Services**

The NBMLHD will continue to leverage the changes brought about by the Covid-19 pandemic with respect to virtual care and providing care at or as close to home as possible. An NBMLHD Community Based Services Plan will be finalised near the end of the fiscal year that will guide key activities to be progressed over the course of 5 years with respect to community based services. Telehealth will be prioritised in an effort to increase its usage where clinically appropriate.


### **Prevention and Promotion**

Prevention and promotion to keeping the community healthy has become more important than ever to mitigate avoidable increases in demand for services. The NBMLHD will continue to deliver health promotion, prevention and protection initiatives for lifestyle factors, mental health, obesity, drug and alcohol and will also focus on violence, neglect and abuse.

The NBMLHD will collaborate with its partners and networks to improve social determinants of health. This includes partners in health and partners outside of health (e.g. social services, education, etc.).



## 4. Budget and Purchased Volumes

 <b>Health</b> Nepean Blue Mountains Local Health District		<b>Hawkesbury District Health Service</b>
<p>The following information is provided in respect to the budget and activity requirements for the financial year 2020/21. The budget represents the initial allocation and may be subject to change as the year progresses.</p>		
<b>INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2020-21</b>		
<b>2020-21 BUDGET ALLOCATION</b>		('000)
	Keeping people healthy through prevention and health promotion People can access care in out of hospital settings to manage their health and wellbeing People receive timely emergency care People receive high-quality, safe care in our hospitals Our people and systems are continuously improving to deliver the best health outcomes and experiences	\$77,787
	Provision for Specific Initiatives	\$67
	Restricted Financial Asset Expenses	\$0
	Depreciation (General Funds only)	\$0
	<b>Total Expenses</b>	<b>\$77,854</b>
	<b>Revenue</b>	<b>\$0</b>
	<b>Net Result</b>	<b>\$77,854</b>
	State Price	\$4,727
	<b>ACTIVITY TARGETS 2020-21</b>	
	Target Volume (NWAU20)	
Acute	9,185	
Drug & Alcohol	0	
ED	3,386	
Mental Health	0	
Non Admitted Patients	1,530	
Sub-Acute Services - Admitted	1,068	
<b>Total</b>	<b>15,169</b>	
<b>FTE BUDGET 2020-21</b>		

This schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the NSW Health Business Plan 2019-20 to 2022-23. The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

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

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

## 5. Performance against Strategies and Objectives

### 5.1 Key Performance Indicators

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

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
✗	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://internal4.health.nsw.gov.au/hird/browse\\_data\\_resources.cfm?selinit=K](http://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K)

Strategy 1: Keep people healthy					
Strategic Priority	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
1.1	Childhood Obesity – Children with height and weight recorded (%)	70	<65	≥65 and <70	≥70
1.2/1.6	Smoking During Pregnancy - At any time (%):				
	Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
	Non-aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on previous year
1.2	Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	No change or increase from previous year	≥10% decrease on previous year	<10% decrease on previous year	No change or increase from previous year
1.4	Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98% of target	≥98% and <100% of target	≥100% of target

## Strategy 1: Keep people healthy

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

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

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ⚠	Performing ✔
2.1	Harm-free admitted care:				
	Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Healthcare associated infections (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired renal failure (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	Individual – See Data Supplement			

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

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
	Hospital acquired medication complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired delirium (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired incontinence (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired endocrine complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
2.1	Discharge against medical advice for Aboriginal in-patients (%)	≥1% decrease on previous year	Increase on previous year	0 and <1% decrease on previous year	≥1% decrease on previous year
2.3	Patient Engagement Index (Number)				
	Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
	Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
2.4	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
2.4	Paediatric Admissions from Elective Surgery Waiting List (Number – % variance from target)	Individual – See Data Supplement	>10% below target	≤10% below target	At or above target
2.4	Emergency Treatment Performance – Admitted (% of patients treated in ≤4 hours)	50	<43	≥43 to <50	≥50



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

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
<b>Outcome 4 People receive high quality, safe care in our hospitals</b>					
2.1	Harm-free admitted care: Fall-related injuries in hospital – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
2.3	Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):				
	All persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
	Aboriginal Persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
2.3	Overall Patient Experience Index (Number)				
	Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
	Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
2.4	Elective Surgery Access Performance - Patients treated on time (%):				
	Category 1	100	<100	N/A	100
	Category 2	97	<93	≥93 and <97	≥97
	Category 3	97	<95	≥95 and <97	≥97
<b>Outcome 3 People receive timely emergency care</b>					
2.4	Emergency Department Presentations Treated within Benchmark Times (%)				
	Triage 1: seen within 2 minutes	100	<100	N/A	100
	Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
	Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
2.4	Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 and <90	≥90



### Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
3.3	Mental Health				
	Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13
	Acute Seclusion Occurrence (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
	Acute Seclusion Duration (Average Hours)	<4.0	>5.5	≥4 and ≤5.5	<4.0
	Frequency of Seclusion (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
3.3	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
3.3	Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	<70	≥70 and <80	≥80
3.3	Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
3.2	Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (Number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
3.4	Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days).	≤5	>6	>5 and ≤6	≤5
3.5	Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%)	100	<90	≥90 and <100	100
3.5	Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
3.5	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

### Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
<b>Outcome 2 People can access care in and out of hospital settings to manage their health and wellbeing</b>					
3.1	Potentially preventable hospital services (%)	2% or greater decrease compared to previous year	Greater than 2% increase	Between 2% increase and 2% decrease	2% or greater decrease
3.3	Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
3.6	Electronic Discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51

### Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
4.3	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.3	Take action - People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.1	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	Recruitment: time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
4.2	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous year	No change	Increase on previous year
4.5	Compensable Workplace Injury – Claims (% change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease

### Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ⚠	Performing ✔
Outcome 5 Our people and systems are continuously improving to deliver the best health outcomes and experiences					
4.3	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1

### Strategy 5: Support and harness health and medical research and innovation

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ⚠	Performing ✔
5.4	Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	95	<75	≥75 and <95	≥95
Outcome 6 Our people and systems are continuously improving to deliver the best health outcomes and experiences					
5.4	Ethics Application Approvals - By the Human Research Ethics Committee within 45 calendar days - Involving more than low risk to participants (%)	95	<75	≥75 and <95	≥95

### Strategy 6: Enable eHealth, health information and data analytics

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ⚠	Performing ✔
6.2	Telehealth Service Access: Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10

## Strategy 7: Deliver Infrastructure for impact and transformation

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ⚡	Performing ✔
	Improvement Measures only – See Data Supplement				

## Strategy 8 Build financial sustainability and robust governance

Strategic Priority	Measure	Target	Not Performing ✘	Under Performing ⚡	Performing ✔
8.1	Purchased Activity Volumes - Variance (%):				
	Acute admitted – NWAU	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
	Emergency department – NWAU				
	Non-admitted patients – NWAU				
	Sub-acute services - Admitted – NWAU				
	Mental health – Admitted – NWAU				
	Mental health – Non-admitted – NWAU				
	Alcohol and other drug related Admitted – NWAU	See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
	Alcohol and other drug related Non-Admitted – NWAU	See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
Public dental clinical service – DWAU	See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%	
8.1	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
8.1	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
8.1	Expenditure Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0%	Variation ≤1.5% to forecast
8.1	Revenue Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0%	Variation ≤1.5% to forecast



## 5.2 Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process key performance indicators and milestones are held in the detailed operational plans developed by the Organisation.

### 5.2.1 Workplace Culture

Determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices:

- The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.
- The Junior Medical Officer Your Training and Wellbeing Matters Survey will monitor the quality of supervision, education and training provided to junior medical officers and their welfare and wellbeing.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will undertake regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver human centred care.

### 4.1.1 Value based healthcare

Value based healthcare is an approach for organising health systems and supports NSW Health's vision. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

NSW Health is implementing value based healthcare by scaling and embedding statewide programs (including Integrated Care, Leading Better Value Care, Collaborative Commissioning, and Commissioning for Better Value), while supporting change through a range of system-wide enablers. Value based healthcare is aligned with our Strategic Priorities and the focus of the NSW Government to deliver better outcomes for the people of NSW.

#### *Leading Better Value Care*

The focus for the Leading Better Value Care program is to continue to sustainably scale and embed existing Tranche 1 and Tranche 2 initiatives. Districts should continue progress on the 2019-20 deliverables, with a specific focus on using virtual care where appropriate to improve the reach, outcomes and experiences from the LBVC initiatives.

The Ministry of Health and Pillar organisations will continue to assist districts by developing statewide enablers and delivering tailored local support activities.

#### *Integrating Care*



It is expected that the Organisation will:

- Record new patient enrolments for all scaled initiatives in the Patient Flow Portal by 31 December 2020 (except Integrated Care- Residential Aged Care facility focussed initiative).
- Transition from the Integrated Care for People with Chronic Conditions model to the Planned Care for Better Health (PCBH) model to deliver a service inclusive of all chronic diseases by delivering the following milestones:
  1. Submit a local implementation plan outlining how the Organisation will meet the four core elements outlined in the PCBH Transformation plan (patient identification, assessment and selection, intervention delivery and monitoring and review) by 15 December 2020
  2. Commence use of the Risk of Hospitalisation algorithm to identify suitable patients replacing the Chronic Conditions Patient Identification Algorithm by 31 March 2020

#### 4.1.2 Towards Zero Suicides

Implementation of the three initiatives:

1. Zero Suicides in Care,
2. Alternatives to Emergency Departments,
3. Assertive Suicide Prevention Outreach

Teams For each of the three initiatives:

- The Organisation will recruit the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide.
- The Organisation will submit an implementation plan to the Ministry that is informed by a local co- design process.
- The Organisation will commence delivering the initiative. Implementation of *Enhancement to Rural*

*Counselling:*

- The Organisation will recruit the minimum required FTE as per the supplementation letter.
- The Organisation will prepare and negotiate with the Ministry an implementation plan for *Enhancement to Rural Counselling*.
- The Organisation will commence delivering the initiative.