Service Agreement
2021-22

AN AGREEMENT BETWEEN

Nepean Blue Mountains Local Health District

AND THE

Hawkesbury District Health Service

FOR THE PERIOD

1 July 2021 - 30 June 2022

NSW GOVERNMENT

health.nsw.gov.au

NSW Health Service Agreement – 2021-22

Principal Purpose

The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to Hawkesbury District Health Service (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services.

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of 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.

Parties to the agreement

Hawkesbury District Health Service

~~Strephon Billinghurst~~ *DR SHANE KELLY*
GROUP Chief Executive Officer, *ST JOHN OF GOD HEALTH CARE*

Date 01/09/21   Signed _____

Nepean Blue Mountains Local Health District

Ms Kay Hyman
Chief Executive

Date 02/09/21   Signed _____

Contents

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 Facilities/Services 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 the 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

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 reduce 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.

2.4 Governance

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

2.4.1 Clinical governance

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

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

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

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

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

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf

2.4.2 Corporate governance

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

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

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

2.4.3 Procurement governance

Affiliated Health Organisations will develop procurement capabilities and participate in whole of Health and Government procurement programs. The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

The policy is at https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028

2.4.4 Aboriginal Procurement Policy

The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the *Aboriginal Procurement Policy* to all relevant procurement activities. The policy is at: https://buy.nsw.gov.au/policy-library/policies/aboriginal-procurement-policy

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. Strategic 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:

- Improving outpatient and community care
  Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.

- Improving service levels in hospitals
  100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023

- Towards zero suicides - Reduce the rate of suicide deaths in NSW by 20% by 2023

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

3.2 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 – available at https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf).

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 the focus for the period 2019-20 to 2022-23.

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 out of hospital settings to manage their health and wellbeing

3. People receive timely emergency care

4. People receive high-quality, safe care in our hospitals

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

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators

in the Service Agreement, the *NSW Health Performance Framework*, the NSW *Health Purchasing Framework* and the funding model.

3.3 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 Organisation 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 Organisation will implement local priorities to meet the needs of their respective populations.

Affiliated Health Organisations also have particular priorities. Relevant priorities of the Organisation for 2019-20 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 with Stage 1 build due to open in 2022. The District is currently focussing on commissioning of services and planning for the move into the new Tower 1 building. The Final Business Case for Stage II will be finalised as the new fiscal year begins, with the focus then turning to planning for the build and services.

Joint Initiatives with Nepean Blue Mountains Primary Health Network

The Wentworth Health Limited and Nepean Blue Mountains Local Health District 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 Strategic Plan: This plan was finalised in early 2021. Activities from this plan will be prioritised and implemented over the next five years
- Priority Populations
- Health of the Community
- Collaborative Commissioning

        o Focus on obesity and diabetes

Workforce

The Nepean Blue Mountains Local Health District continues to work to attract the right workforce. This will be particularly important with Stage I of the Nepean Hospital Redevelopment opening in 2022, along with 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 Nepean Blue Mountains Local Health District's capacity and capability in research is a priority as a mechanism to attract and retain talent as well as improve clinical care. Nepean Blue Mountains Local Health District is currently developing a Research Strategy to guide and build research activities across the District, including working with the Nepean Blue Mountains Education and Medical Research Foundation to support research in the region.

Virtual care

The Nepean Blue Mountains Local Health District 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. The Nepean Blue Mountains Local Health District ICT Strategy will put in place the foundations to support the increase in virtual care and telehealth, both of which will be prioritised in an effort to increase its usage where clinically appropriate.

Prevention and promotion

Prevention of illness and the promotion of healthy behaviours has become more important than ever to mitigate avoidable increases in demand for services. The Nepean Blue Mountains Local Health District is working to integrate preventive care into service planning across the District. This will increase the focus on health promotion, prevention and protection initiatives for lifestyle factors, mental health, obesity, drug and alcohol and will also focus on violence, neglect and abuse.

Partnerships

The Nepean Blue Mountains Local Health District continues to work with multiple strategic partners in health and those outside of health (e.g. social services, education, private industry, etc.) to meet the priority needs of our population. These partnerships, such as the Western Sydney Health Alliance and the Greater Western Sydney Health Partnership, are aimed at improving social determinants of health and are looking at innovative ways to deliver care closer to home for the communities we serve.

Integration and community care

In line with the NSW Health Future Health Strategy, the Nepean Blue Mountains Local Health District is increasing the focus on integrating care across our services. This will involve collaborating closely with all of our services and facilities as well as with our external partners and will ensure that continuity of care improves and the patient journey is seamless.

4. Budget

4.1 Budget Schedule

Health
NSW Nepean Blue Mountains
Local Health District

Hawkesbury District Health Service

The following information is provided in respect to the budget and activity requirements for the financial year 2021-2022. The budget represents the initial allocation and may be subject to change as the year progresses.

INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2021-2022

	('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	$80,397
Total Expenses	$80,397
Revenue	$0
Net Result	$80,397
State Price (for information only)	$4.931

ACTIVITY TARGETS 2021-2022

	Target Volume (NWAU21)
Acute	9,344
Drug & Alcohol	0
ED	3,559
Mental Health	0
Non Admitted Patients	1,294
Sub-Acute Services - Admitted	1,152
Total	15,349

(Vertical text along left margin:) **2021-2022 BUDGET ALLOCATION**

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 2021-2022 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://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47060

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

NSW Health Outcome 1
Keeping people healthy through prevention and health promotion

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Childhood Obesity – Children with height and weight recorded (%)	70	<65	≥65 and <70	≥70
Smoking During Pregnancy - At any time (%):				
Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
Non-Aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on previous year
Outcome Indicator Pregnant Women Quitting Smoking - by second half of pregnancy (%)	4% increase on previous year	<1% increase on previous year	≥1% and <4% increase on previous year	≥4% increase on previous year
Outcome Indicator Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals (% variance)	Individual – See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target
Outcome Indicator Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	No change or increase from previous year	≥10% decrease on previous year	<10% decrease on previous year	No change 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
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	85	<75	≥75 and <85	≥85 and <100
Outcome Indicator BreastScreen participation rates (%)				
Women aged 50-69 years	55	<45	≥45 and <55	≥55
Women aged 70-74 years	55	<45	≥45 and <55	≥55

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

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Outcome Indicator 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
Mental Health: Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13
Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than target
Outcome Indicator Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
Sustaining NSW Families Programs - Applicable LHDs only - see Data Supplement:				
Families completing the program when child reached 2 years of age (%)	50	<45	≥45 and <50	≥50
Families enrolled and continuing in the program (%)	65	<55	≥55 and <65	≥65
Telehealth Service Access: Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10
Outcome Indicator Electronic discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51

Outcome 3
People receive timely emergency care

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
Outcome Indicator Emergency Department Presentations Treated within Benchmark Times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
Outcome Indicator Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 and <90	≥90

Performance against strategies and objectives
2020–21 Service Agreement

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

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	Individual – See Data Supplement			
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
Outcome Indicator Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Elective Surgery Overdue - Patients (Number):				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
Outcome Indicator Elective Surgery Access Performance - Patients treated on time (%):				
Category 1	100	<100	N/A	100
Category 2	97	<93	≥93 and <97	≥97
Category 3	97	<95	≥95 and <97	≥97
Paediatric Admissions from Elective Surgery Waiting List – % variance from target (Number)	Individual – See Data Supplement	>10% below target	≤10% below target	At or above target

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

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
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 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
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	<70	≥70 and <80	≥80

Outcome Indicator
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):

	Target	Not Performing	Under Performing	Performing
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
Discharge against medical advice for Aboriginal in-patients (%)	≥1% decrease on previous year	Increase on previous year	0 and <1% decrease on previous year	≥1% decrease on previous year

Outcome Indicator
Overall Patient Experience Index (Number)

	Target	Not Performing	Under Performing	Performing
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
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

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

Measure	Target	Not Performing ✖	Under Performing ↘	Performing ✔
Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
Outcome Indicator Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury - Claims (% of change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75
Outcome Indicator Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	75	<55	≥55 and <75	≥75

Finance

Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
Purchased Activity Volumes - Variance (%):				
Outcome 4 indicator Acute admitted (NWAU)	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
Outcome 3 indicator Emergency department (NWAU)				
Outcome 2 indicator Non-admitted patients (NWAU)				
Outcome 4 indicator Sub and non-acute services - Admitted (NWAU)				
Outcome 4 indicator Mental health – Admitted (NWAU)				
Outcome 2 indicator Mental health – Non-admitted (NWAU)				
Outcome 2 indicator Alcohol and other drug related Acute Admitted (NWAU)				
Outcome 2 indicator Alcohol and other drug related Non-Admitted (NWAU)				
Outcome 1 indicator Public dental clinical service (DWAU)				
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue 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

5.2 Performance deliverables

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

NSW Health outcome	Deliverable in 2021-22	Due by
Safety and Quality Accounts		
Outcome 5	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. It includes 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.	31 October 2021
Workplace culture		
Outcome 5	The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.	30 June 2022
Outcome 5	The National Medical Training Survey will be used to monitor the quality of training and supervision medical officers receive and to identify areas where the system can improve its management of doctors in training to provide a safe working environment to deliver high quality care.	30 June 2022
Value Based Healthcare (VBHC)		
Integrated care		
Outcome 2	Facilitate the expansion of the NSW Health Secondary Triage initiative, enhancing support based on the evaluation findings and engagement with District / Network, private providers and primary care services	30 Sept 2021
Outcome 2	At least 50% of Planned Care for Better Health enrolled patients are identified by the Risk of Hospitalisation algorithm embedded in the Patient Flow Portal	30 Sept 2021
Outcome 2	Aligns to state-wide Integrated Care evaluation indicators, key evaluation questions, data plans and data collections.	30 Sept 2021
Outcome 2	Develop an implementation plan of the Emergency Department to Community Initiative	30 Nov 2021
Outcome 2	Implement the collection and use of endorsed Patient Reported Measures for Integrated Care programs in alignment with local readiness and scoping activities	31 Dec 2021
Outcome 2	Integrated Care patient enrolments are to be captured in the Patient Flow Portal (except for those in the Integrated Care – Residential Care Initiative)	31 Dec 2021
Outcome 2	Commence use of the Emergency Department to Community patient identification algorithm	31 Mar 2022

NSW Health outcome	Deliverable in 2021-22	Due by
Leading Better Value Care (LBVC)		
Outcome 2	• Organisations will continue to sustainably scale and embed existing LBVC Tranche 1 and Tranche 2 initiatives, with a focus on using virtual care where appropriate to improve the reach, outcomes and experiences from the LBVC initiatives - specific targets, aligned to the approved monitoring and evaluation plans will be communicated separately and monitored by the Strategic Reform and Planning Branch.	30 June 2022
	• Organisations will implement eMR builds to support LBVC initiatives as they are released by eHealth NSW and the Agency for Clinical Innovation.	30 June 2022
	• Organisations will work together with their respective Primary Health Network and community partners in a one health system approach to design, implement and monitor locally relevant responses to the Statewide Initiative for Diabetes Management's key focus areas.	30 June 2022
Commissioning for Better Value (CBV)		
Outcome 5	Apply a CBV approach to at least one new service that supports patient care to deliver better outcomes and experiences for patients and better value to the health system. • Organisations will consider the outcomes that need to be achieved and design, implement and manage services to deliver them in the most effective way. • Organisations will collaborate with patients, clinicians and other key stakeholders to define the service and outcomes. • Organisations will regularly monitor and evaluate progress in achieving the outcomes.	30 June 2022
Towards Zero Suicides		
Outcome 4	Implement and deliver **Zero Suicides in Care** initiative 1. The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide 2. The Organisation will deliver and report the actions and progress according to the locally co-designed implementation plan	30 June 2022
Outcome 3	Implement and deliver **Alternatives to Emergency Departments** initiative 1. The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide 2. The Organisation will deliver and report the actions and progress according to the locally co-designed implementation plan	30 June 2022
Outcome 2	Implement and deliver **Assertive Suicide Prevention Outreach Teams** initiative 1. The Organisation will recruit the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide 2. The Organisation will submit an implementation plan to the Ministry that is informed by a local co-design process	30 June 2022

Performance against strategies and objectives

NSW Health outcome	Deliverable in 2021-22	Due by
Outcome 2	Implement and deliver **Enhancement to Rural Counselling** initiative 1. The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter 2. The Organisation will deliver and report the actions and progress according to the implementation plan	30 June 2022

NSW Aboriginal Mental Health and Wellbeing Strategy 2020

Outcome 5	The Organisation will co-design a local implementation plan with Aboriginal stakeholders (including consumers, carers, those with lived experience and families) Implementation Plans are to be co-signed by the Director/Manager of Aboriginal Health and the Director of Mental Health and approved by Chief Executives. The Organisation will commence implementation of the Strategy in line with its approved plan.	30 Sept 2021

Asset maintenance

Outcome 5	The organisation will complete an annual review and submission of the local Strategic Asset Management Plan and Asset Management Plan which will inform future asset related decision making.	30 June 2022
	The organisation will evaluate and report annual progress against the local Asset Management Framework Implementation Plan.	30 June 2022
	The organisation will provide an annual Attestation statement against the local Asset Management Framework Implementation Plan progress, leading towards NSW Government Asset management Policy for Public Sector (TPP 19-07) by June 2024.	30 June 2022