

NSW Health Service Agreement – 2021-22

Principal purpose

The purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to St Vincent's Hospital Sydney Limited (St Vincent's Health Network (the Organisation)), to ensure the provision of equitable, safe, high quality and human-centred healthcare services. The St Vincent's Health Network comprises the following company:

St Vincent's Hospital Sydney Limited (ACN 054 038 872), in relation to its recognised establishments, St Vincent's Hospital, Darlinghurst, Sacred Heart Health Service, Darlinghurst and St Joseph's Hospital (Auburn)

declared by an order pursuant to section 62B of the Health Services Act 1997 (NSW) to be recognised as the St Vincent's Health Network (referred to in this Agreement as "St Vincent's Health Network" or "Network" or "Health Service" or "Organisation").

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.

Through execution of the Agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Service Agreement.

Parties to the agreement

The Organisation

Mr Paul McClintock AO
Chair
On behalf of the
St Vincent's Hospital Sydney Limited Board

Date 31/08/2021 Signed 

Associate Professor Anthony Schembri AM
Chief Executive
St Vincent's Hospital Sydney Limited

Date 31.08.2021 Signed 

NSW Health
Ms Elizabeth Koff
Secretary
NSW Health

Date Signed

Contents

NSW Health Service Agreement – 2021-22.....	2
1. Objectives of the Service Agreement.....	4
2. Legislation, governance and performance framework	5
2.1 Legislation	5
2.2 Memoranda of Understanding	5
2.3 Variation of the agreement	6
2.4 National Agreement	6
2.5 Governance	7
3. Strategic and local priorities	9
3.1 NSW Premier’s Priorities	9
3.2 NSW Health Outcome and Business Plan	9
3.3 Local priorities	10
4. NSW health services and networks.....	13
4.1 Services	13
4.2 Networks and services provided to other organisations	13
4.3 Cross district referral networks	14
4.4 Supra LHD services	15
4.5 Nationally Funded Centres	19
5. Budget.....	20
5.1 State Outcome Budget Schedule: Part 1	20
5.2 State Outcome Budget Schedule: Part 2	21
5.3 State Outcome Budget Schedule: NHRA Clause A95(b) Notice	22
5.4 State Outcome Budget Schedule: Capital program	23
6. Purchased volumes and services.....	24
6.1 Activity	24
6.2 NSW Health strategic priorities	24
7. Performance against strategies and objectives.....	25
7.1 Key performance indicators	25
7.2 Performance deliverables	32

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 Local Health Districts (Districts) and Speciality Health Networks (Networks) and Affiliated Health Organisations (AHO) 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 Networks 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
- The St Vincent's Network supports NSW Health's core values in the operation of the Network. However, NSW Health acknowledges that the values of the Network are determined by the Board of St Vincent's Health Australia and are set out in the St Vincent's Health Australia Code of Conduct as amended from time to time.
- To ensure Districts and Networks engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.
- To ensure that Districts and Networks work together with clinical staff about key decisions, such as resource allocation and service planning.

The St Vincent's Network supports NSW Health's core values in the operation of the Network. However, NSW Health acknowledges that the values of the Network are determined by the Board of St Vincent's Health Australia and are set out in the St Vincent's Health Australia Code of Conduct as amended from time to time. The values currently described in the Code of Conduct are compassion, justice, integrity and excellence.

NSW Health acknowledges that the Network:

- operates facilities under the care and stewardship of Mary Aikenhead Ministries and are part of the healing ministry of the Catholic Church. A significant part of the mission of the Network includes the provision of services to the poor, disadvantaged and marginalised members of the community; and
- must (including in its delivery of services and clinical planning) act in accordance with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia, the St Vincent's Health Australia Code of Conduct and operate under the vision, mission and ethical framework of Mary Aikenhead Ministries.

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 the recognition of affiliated health organisations. Under the Act St Vincent's Hospital Sydney Limited is an affiliated health organisation in respect of three recognised establishments and services: St Vincent's Hospital, Darlinghurst; Sacred Heart Health Service, Darlinghurst and; St Joseph's Hospital (Auburn). In respect of their recognised establishments, the affiliated health organisations are "public health organisations" as defined in the Health Services Act 1997.

St Vincent's Hospital Sydney Limited (St Vincent's Health Network) is recognised as a network under the Health Services Act 1997 for the purposes of the National Health Reform Agreement.

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 public health organisations 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 Memoranda of Understanding

The Minister for Health of the State of New South Wales, South Eastern Sydney Area Health Service, St Vincent's Hospital Sydney Limited and Sacred Heart Hospice Limited entered into a Memorandum of Understanding dated 11 March 2003.

St Joseph's Hospital Limited and Western Sydney Area Health Service entered into a memorandum of Understanding dated 4 September 2003. (Collectively, "**2003 MOUs**")

The assets of Sacred Heart Hospice Limited and St Joseph's Hospital Limited were transferred to St Vincent's Hospital Sydney Ltd on 1 July 2013 as part of a company consolidation. Under Schedule 3 of the Health Services Act 1997 St Vincent's Hospital Sydney Limited is identified as an Affiliated Health Organisation and Sacred Heart Health Service, St Joseph's Hospital (Auburn) and St Vincent's Hospital (Darlinghurst) are listed as corresponding recognised establishments or services. The Order declaring St Vincent's Hospital Sydney Limited to be recognised as the St Vincent's Health Network was published in the NSW Government Gazette No 67, Week 23/2013, p 2353.

The relevant parts of the "2003 MOUs" (as they continue to apply to the Minister for Health and St Vincent's Hospital Sydney Limited) remain in effect, subject to the comments below.

- The parties acknowledge that the funding arrangements of this Agreement supersede the funding arrangements in the "2003 MOUs".

- Funding is provided directly from the Minister, via the Secretary, NSW Ministry of Health and the National Health Funding Authority to St Vincent's Health Network and arrangements are no longer through the South Eastern Sydney Local Health District.
- The affiliated health organisation forming St Vincent's Health Network are companies incorporated under the Corporations Act 2001 (Commonwealth) ("Corporations Act") and regulated under the Australian Charities and not for Profit Commission Act 2012 (and related regulations) and the directors and officers of the company have statutory governance and compliance obligations under that legislation. The company and directors and officers rely upon this Agreement and the 2003 MOUs for the purposes of discharging their duties under the Corporations Act, including in relation to solvency.
- The St Vincent's Health Network must act in keeping with the Code of Ethical Standards for Catholic Health and Aged Care Services in Australia and the St Vincent's Health Australia Code of Conduct.
- The "2003 MOUs" contain important recognitions concerning the company forming St Vincent's Health Network and also forming part of the St Vincent's Health Australia Group (previously known as the Sisters of Charity Health Service). The parties acknowledge that these recognitions are not intended to be amended by the terms of this Agreement.

Subject to the Agreement and the "2003 MOUs", St Vincent's Health Network agrees to comply with the requirements of applicable Government and Ministry of Health conditions, policies and procedures which are notified to the St Vincent's Health Network and are relevant to non-declared affiliated health organisations. Where an affiliated health organisation forming part of the St Vincent's Health Network considers a particular condition, policy or procedure notified to St Vincent's Health Network is not referable to it, it will notify the Secretary and will provide reasons and the parties will work together to seek to resolve outstanding issues (if any).

2.3 Variation of the agreement

The Agreement may be amended at any time by agreement in writing between the Organisation and the Ministry of Health.

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) to be communicated in writing to the Organisation.

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.

2.4 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.

2.5 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.

2.5.1 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

2.5.2 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.

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

2.5.4 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>

2.5.5 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

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 current period.

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.

The Organisation's local priorities for 2021-2022 are as follows:

DARLINGHURST CLINICAL SERVICES STRATEGY



SIX STRATEGIC COMMITMENTS

Our future is precision healthcare, providing innovative, personalised care through targeted interventions, leveraging genomics, advanced imaging, microbiome and metabolic analysis.

We will establish new ambulatory models of integrated care, providing patients with specialist interdisciplinary teams that treat the whole person and are fully integrated with primary care.

To provide all of NSW with access to specialist care, we will use telehealth and virtual care delivery to patients and support to clinicians in remote and rural areas.



We will be a destination for world-class treatment, research and training, with a Centre of Excellence in Heart Lung Vascular and other preeminent clinical services.

We will continue to advocate for and deliver compassionate care and service of the poor and vulnerable in the spirit of Mary Aikenhead and the Sisters of Charity.

Leveraging the capabilities of our co-located public and private healthcare campus, we will develop more cost effective models of care.

PUBLIC HOSPITAL OBJECTIVES



Strengthening acute hospital and aged care

OBJECTIVE

- / Reform hospital-based models of care to improve safety and experience, and drive operational efficiency
- / Foster partnerships to facilitate growth in referral networks
- / Leverage Campus Precinct strengths to build world-class centres of excellence
- / Optimise and leverage campus assets to increase shared facilities and services
- / Create academic and research projects to advance translational research and embed innovation and research into clinical service delivery
- / Modernise facilities to support new models of care

BY 2025

- / 3-4 world-class centres of excellence established
- / Campus wide strategy / clinical service plans / masterplans realised
- / New models of care developed and implemented
- / Clear role delineation and growth in the acute setting
- / Progress major capital projects: ACMQ, Cahill-Cator and West Street



Taking care to the community

- / Grow community services by expanding capacity, reach and range through delivery of shared care models, virtual and face-to-face mobile care teams
- / Develop centralised St Vincent's Ill Home operating model
- / Consider new non-acute care services including wellness and preventive health, private mental health, alcohol and drug and disability support.
- / Implement new outreach services for our vulnerable populations and extend continuum of care

- / 25% per annum increase in scale
- / Established integrated operational model for St Vincent's Ill Home
- / New service offerings launched for private and / or aged care / disability markets
- / Support cross divisional development of community health and wellbeing hubs concept
- / Establish holistic transitional housing and care services for homeless populations through new partnerships



Expanding ambulatory care

- / Implement new models of care and fit for purpose facilities for rapid diagnosis and treatment in the hospital setting
- / Collaborate to prototype ambulatory day centres in growth corridors to meet clinical areas of need and vulnerability
- / Drive optimal business model and revenue optimisation for non-admitted care

- / Funding pathway identified for new ambulatory facilities
- / Existing Campus ambulatory facilities optimised
- / Rapid Care models developed for one-stop shop ambulatory, rapid diagnosis and treatment
- / Fully embed virtual outpatients



Driving digital care

- / Evolve virtual care strategy beyond care substitution developing digital care pathways and solutions for patients and clinicians
- / Invest in digital health innovation
- / Support EMR and technology infrastructure improvements
- / Develop machine learning and AI technology to drive improvement in patient outcomes
- / Grow capability in data analytics and AI
- / Create centralised telehealth hub inclusive of teletriage
- / Invest in technology to support research

- / Participate in technology innovation hub
- / Secure government funding and implement CMI
- / Local implementation of IT modernisation
- / Embed data analytics into clinical care decision making
- / Improved access to teletriage
- / IT platform to support clinical trials database

4. NSW health services and networks

NSW Health acknowledges that St Vincent's Hospital Sydney Limited operates St Vincent's Correctional Health at the Parklea Correctional Centre through a relationship with MTC Broadpectrum and Corrections NSW, but it is not allocated activity or funding from the NSW Health under this Agreement

4.1 Services

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.

The Organisation is to enter into an annual Service Agreement with Affiliated Health Organisations (AHOs) in receipt of subsidies in respect of services recognised under Schedule 3 of the *Health Services Act 1997*.

NSW Health acknowledges that:

- the Network's strategic and operational planning is also developed as part of the strategic and operational plan for St Vincent's Health Australia group.
- HealthShare and e-Health NSW services may be provided to the Network, under mutually agreed terms given the Organisation's status as a separate legal entity and an affiliated health organisation.
- as the Network operates as part of the St Vincent's Health Australia group of companies the Network may receive services from and provide services to other facilities within the St Vincent's Health Australia group.

The Organisation will also maintain up to date details of:

- Non-Government Organisations (NGOs) for which the commissioning agency is the Organisation, noting that NGOs for which the commissioning agency is the NSW Ministry of Health are included in NSW Health Annual Reports.
- Primary Health Networks with which the Organisation has a relationship.

4.2 Networks and services provided to other organisations

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.

St Vincent's Hospital Sydney Limited and Murrumbidgee Local Health District entered into a Partnership Agreement dated 2 May 2016.

SVHA takes a collaborative approach to health care and research on the Darlinghurst Campus working with partners Victor Chang Cardiac Research Institute, Garvan Institute of Medical Research and St Vincent's Private Hospital Sydney and the St Vincent's Clinic.

4.3 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)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018_011)
- *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* - (PD2011_016)
- *Adult Mental Health Intensive Care Networks* - (PD2019_024)
- *State-wide Intellectual Disability Mental Health Hubs* - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District)

4.4 Supra LHD services

Under the *NSW Framework for New Health Technologies and Specialised Services (GL2018_023)*, Supra LHD services are provided across District and Network boundaries and are characterised by a combination of the following factors:

- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment
- Services are provided from limited sites across NSW
- Services are high cost with low-volume activity
- Individual clinicians or teams in Supra LHD services have specialised skills
- Provision of the service is dependent on highly specialised equipment and/or support services
- Significant investment in infrastructure is required

Ensuring equitable access to Supra LHD services is a key focus. Supra LHD services are expected to establish efficient and effective referral networks to ensure all eligible patients in NSW have access regardless of their location.

Annual reporting processes are being trialled with selected services in 2021-22. These reports are being developed in collaboration with clinical teams and host districts and networks to ensure they are tailored to the requirements of specific services.

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 service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (37 + 1/286 NWAU21) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26) 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 2020-21 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>

Supra LHD service	Measurement unit	Locations	Service requirement
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.
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i>
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (39+8/103 NWAU21) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care

Supra LHD service	Measurement unit	Locations	Service requirement
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6</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
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16+1/323 NWAU21) Liverpool (15+1/323 NWAU21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided 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
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District

Supra LHD service	Measurement unit	Locations	Service requirement
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016. Participation in the annual reporting process.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i> Participation in annual reporting process. Participation in the annual reporting process.
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements Participation in annual reporting process. Participation in the annual reporting process.

Supra LHD service	Measurement unit	Locations	Service requirement
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore SESLHD John Hunter Liverpool Westmead	Delivery of additional procedures, including targeted for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: <ul style="list-style-type: none"> • Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. • Establish referral pathways to ensure statewide equity of access • Include high risk TAVI patients in surgical waitlists • Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience • Participate in the annual reporting and any required evaluation activities
CAR T-cell therapy: <ul style="list-style-type: none"> • Acute lymphoblastic leukaemia (ALL) for children and young adults: • Adult diffuse large B-cell lymphoma (DLBCL) 	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital Royal Prince Alfred Hospital Westmead hospital	As per individual CAR T cell therapy service agreements. Compliance with the annual reporting process.
Gene therapy for inherited retinal blindness	Access	SCHN	As per individual service delivery agreement currently in development
Gene therapy for paediatric spinal muscular atrophy	Access	SCHN Randwick	As per individual service delivery agreement currently in development

4.5 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	

5. Budget

5.1 State Outcome Budget Schedule: Part 1

St Vincent's Health Network	Target Volume (includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals / Block Funding / Gross-Up	Cost-Price Adjustment	2021-22 Initial Budget
State Efficient Price: \$4,931 per NWAU21	NWAU21	\$000	\$000	\$000	\$000
Outcome 1: Keeping people healthy through prevention and health promotion <i>Preventive and population health are critical to keeping people healthier. This outcome covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</i>	42	\$207	\$2,761	\$0	\$2,969
Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing <i>Healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.</i>	16,666	\$73,304	\$97,302	\$0	\$170,607
Outcome 3: People receive timely emergency care <i>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</i>	7,430	\$36,639	\$0	\$983	\$37,622
Outcome 4: People receive high-quality, safe care in our hospitals <i>This outcome reflects the State's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.</i>	53,485	\$263,734	\$19,677	\$10,163	\$293,574
Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences <i>A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation are essential to continuously improve outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</i>	0	\$0	\$19,670	\$0	\$19,670
A TOTAL OUTCOME BUDGET ALLOCATION	77,624	\$373,885	\$139,411	\$11,146	\$524,442
B Provision for Specific Initiatives & TMF Adjustments (not included above)*					(\$89,495)
Allocated Savings Programs					(\$2,100)
Assertive Community Care					\$606
Dental NPA and Base Services					\$26
Excess Demand - Highly Specialised Services					\$162
Hyperemesis Gravidarum					\$62
PACER					\$505
Patient Experience Officers					\$189
Purchasing Adjustors					(\$96)
Third Schedule Gross-Up					(\$89,436)
TMF Adjustments 21/22					\$82
Virtual Mental Health					\$505
C Restricted Financial Asset Expenses					\$0
D Depreciation (General Funds only)					\$0
E TOTAL EXPENSES (E=A+B+C+D)					\$434,947
F Other - Gain/Loss on disposal of assets etc					\$0
G LHD Revenue					(\$434,947)
H NET RESULT (H=E+F+G)					(\$0)

5.2 State Outcome Budget Schedule: Part 2

		2021/22 Initial Budget
		\$'000
Government Contributions:		
A	Subsidy*	(\$335,635)
B	In-Scope Services - Block Funded	(\$24,684)
C	Out of Scope Services - Block Funded	(\$74,629)
D	Capital Subsidy	\$0
E	Crown Acceptance (Super, LSL)	\$0
F	Total Government Contributions (F=A+B+C+D+E)	(\$434,947)
Own Source Revenue:		
G	GF Revenue	\$0
H	Restricted Financial Asset Revenue	\$0
I	Total Own Source Revenue (I=G+H)	\$0
J	TOTAL REVENUE (J=F+I)	(\$434,947)
K	Total Expense Budget - General Funds	\$434,947
L	Restricted Financial Asset Expense Budget	
M	Other Expense Budget	
N	TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)	\$434,947
O	NET RESULT (O=J+N)	(\$0)
Net Result Represented by:		
P	Asset Movements	\$0
Q	Liability Movements	\$0
R	Entity Transfers	
S	TOTAL (S=P+Q+R)	\$0
NOTES:		
<p>Based on final June 2021 cash balances, adjustments will be made from July 2021 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.</p> <p>The minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health.</p> <p>The Ministry will closely monitor cash at bank balances during the year, excess cash will be swept back to the Ministry of Health regularly and made available to be allocated to the central payments bank accounts as required.</p> <p>Compliance with the General Sector Finance Act (2018), NSW Treasury and NSW Health policy and directives will also be monitored.</p> <p>* The subsidy amount does not include items E and G, which are revenue receipts retained by the LHDs/SHNs and sit outside the National Pool.</p>		

5.3 State Outcome Budget Schedule: NHRA Clause A95(b) Notice

2021-22 National Health Funding Body Service Agreement

	National Reform Agreement In-Scope	Commonwealth Funding Contribution
	NWAU	\$000
Acute admitted services	42,587	
Admitted mental health	4,275	
Sub-acute (admitted)	5,155	
Emergency	6,586	
Non-admitted	13,197	
Activity Based Funding	71,800	
Block Funding Total		\$14,830

5.4 State Outcome Budget Schedule: Capital program

Vicents Health Network										
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Reporting Site	Estimated Total Cost 2021/22	Estimated Expenditure to 30 June 2021	Cost to Complete at 30 June 2021	Capital Budget Allocation 2021/22	2021/22 Capital Budget Allocation by Source of Funds			
							MUM funded 2021/22	Local Funds 2021/22	Revenue 2021/22	Lease Liabilities 2021/22
							\$	\$	\$	\$
WORKS IN PROGRESS										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	17,498,910	14,274,191	3,224,719	4,059,154	4,059,154	-	-	-
Minor Works and Equipment-\$10k-\$250k	P51069	MWE	750,000	-	-	750,000	750,000	-	-	-
TOTAL WORKS IN PROGRESS			18,248,910	14,274,191	3,224,719	4,809,154	4,809,154	-	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY St Vincents Health Network			18,248,910	14,274,191	3,224,719	4,809,154	4,809,154	-	-	-

Notes:

Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above

6. Purchased volumes and services

6.1 Activity

Investment by stream	Outcome	NWAU21	Performance metric
Acute	4	43,594	See KPIs – Strategy 8
Emergency Department	3	7,430	See KPIs – Strategy 8
Sub-Acute – Admitted	4	5,356	See KPIs – Strategy 8
Non-Admitted	4	9,990	See KPIs – Strategy 8
Public Dental Clinical Service – Total Dental Activity (DWAU)	4	335	See KPIs – Strategy 8
Mental Health – Admitted	4	4,535	See KPIs – Strategy 8
Mental Health – Non-Admitted	2	1,800	See KPIs – Strategy 8
Alcohol and other drug related – Admitted	4	1,656	See KPIs – Strategy 8
Alcohol and other drug related – Non-Admitted	2	3,220	See KPIs – Strategy 8

6.2 NSW Health strategic priorities

Investment	Outcome	\$ '000	Performance metric
Real time prescription monitoring (RTPM) – Pain and Substance Use Advisory Service (PSUAS)	2	1,064 (including GST)	Design, implement and operate a telephone clinical advice service for primary care clinicians, to support them when managing patients with high-risk prescription medication use, in particular those patients identified as at risk by the RTPM system, according to the separate Service Agreement, which describes the Key Deliverables and KPIs identified in the PSUAS Statement of Requirements.

7. Performance against strategies and objectives

7.1 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 ✔
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
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 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

NSW Health 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

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	Individual – See Data Supplement			
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				
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 (%):				
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)				
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 survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Outcome Indicator Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury - Claims (% of change)	≥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)				

7.2 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	<p>The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the <i>National Safety and Quality Health Service Standards</i> (Version 2.0).</p> <p>The Account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.</p> <p>It includes key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures.</p> <p>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.</p>	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 organisation 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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	<p>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.</p> <ul style="list-style-type: none"> 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	<p>Implement and deliver Zero Suicides in Care initiative</p> <ol style="list-style-type: none"> The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide The Organisation will deliver and report the actions and progress according to the locally co-designed implementation plan 	30 June 2022
Outcome 3	<p>Implement and deliver Alternatives to Emergency Departments initiative</p> <ol style="list-style-type: none"> The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide The Organisation will deliver and report the actions and progress according to the locally co-designed implementation plan 	30 June 2022
Outcome 2	<p>Implement and deliver Assertive Suicide Prevention Outreach Teams initiative</p> <ol style="list-style-type: none"> The Organisation will recruit the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide 	30 June 2022

NSW Health outcome	Deliverable in 2021-22	Due by
	2. The Organisation will submit an implementation plan to the Ministry that is informed by a local co-design process	
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

+