

# Service Agreement 2022-23

An agreement between the  
Secretary, NSW Health and Mid  
North Coast Local Health District  
for the period 1 July 2022 - 30 June 2023



# NSW Health Service Agreement – 2022-23

## 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 Mid North Coast Local Health District (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services. It facilitates accountability to Government and the community for service delivery and funding.

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, in keeping with NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

The *Health Services Act 1997* 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).

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

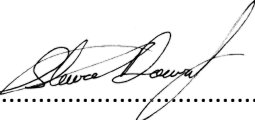
## Parties to the agreement

### The Organisation

Professor Heather Cavanagh  
Chair  
On behalf of the  
Mid North Coast Local Health District Board

Date ..28 July 2022..... Signed ...  .....

Mr Stewart Dowrick  
Chief Executive  
Mid North Coast Local Health District

Date 28/07/2022..... Signed ...  .....

### NSW Health

Ms Susan Pearce  
Secretary  
NSW Health

Date ..... Signed .....

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# 1. Legislation, governance and performance framework

## 1.1 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).

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

## 1.2 Variation of the agreement

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

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.

## 1.3 National Agreement

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

## 1.4 Governance

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

### 1.4.1 Clinical governance

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

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

The NSW Health *Patient Safety and Clinical Quality Program* (PD2005\_608) provides an important framework for improvements to clinical quality.

#### **1.4.2 Corporate governance**

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

#### **1.4.3 Procurement governance**

The Organisation must ensure procurement of goods and services complies with *NSW Health Goods and Services Procurement Policy (PD2019 028)*.

#### **1.4.4 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.

#### **1.4.5 Performance Framework**

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

## 2. Strategic priorities







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

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

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

### 2.1 Future Health: Strategic Framework

The Future Health Strategic Framework is the roadmap for the health system to achieve NSW Health's vision. It will guide the next decade of care in NSW 2022-32, while adapting to and addressing the demands and challenges facing our system. The framework is also a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031.

Strategic outcomes	Key objectives
 <p><b>Patients and carers have positive experiences and outcomes that matter:</b> People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.</p>	<ol style="list-style-type: none"> <li>1.1 Partner with patients and communities to make decisions about their own care</li> <li>1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care</li> <li>1.3 Drive greater health literacy and access to information</li> <li>1.4 Partner with consumers in co-design and implementation of models of care</li> </ol>
 <p><b>Safe care is delivered across all settings:</b> Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.</p>	<ol style="list-style-type: none"> <li>2.1 Deliver safe, high quality reliable care for patients in hospital and other settings</li> <li>2.2 Deliver more services in the home, community and virtual settings</li> <li>2.3 Connect with partners to deliver integrated care services</li> <li>2.4 Strengthen equitable outcomes and access for rural, regional and priority populations</li> <li>2.5 Align infrastructure and service planning around the future care needs</li> </ol>
 <p><b>People are healthy and well:</b> Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ol style="list-style-type: none"> <li>3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health</li> <li>3.2 Get the best start in life from conception through to age five</li> <li>3.3 Make progress towards zero suicides recognising the devastating impact on society</li> <li>3.4 Support healthy ageing ensuring people can live more years in full health and independently at home</li> <li>3.5 Close the gap by prioritising care and programs for Aboriginal people</li> <li>3.6 Support mental health and wellbeing for our whole community</li> <li>3.7 Partner to address the social determinants of ill health in our communities</li> </ol>
 <p><b>Our staff are engaged and well supported:</b> Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ol style="list-style-type: none"> <li>4.1 Build positive work environments that bring out the best in everyone</li> <li>4.2 Strengthen diversity in our workforce and decision-making</li> <li>4.3 Empower staff to work to their full potential around the future care needs</li> <li>4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce</li> <li>4.5 Attract and retain skilled people who put patients first</li> <li>4.6 Unlock the ingenuity of our staff to build work practices for the future</li> </ol>
 <p><b>Research and innovation, and digital advances inform service delivery:</b> Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<ol style="list-style-type: none"> <li>5.1 Advance and translate research and innovation with institutions, industry partners and patients</li> <li>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</li> <li>5.3 Enable targeted evidence-based healthcare through precision medicine</li> <li>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</li> </ol>
 <p><b>The health system is managed sustainably:</b> The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<ol style="list-style-type: none"> <li>6.1 Drive value based healthcare that prioritises outcomes and collaboration</li> <li>6.2 Commit to an environmentally sustainable footprint for future healthcare</li> <li>6.3 Adapt performance measurement and funding models to targeted outcomes</li> <li>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</li> </ol>

## 2.2 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 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.

## 2.3 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period.

NSW Health has identified five state outcomes that it will achieve for the people of NSW:

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. NSW Health services and networks

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

#### 3.1 Cross district referral networks

Districts and Networks are part of a referral network with other relevant services, and must ensure the continued effective operation of these networks, especially the following:

- *Critical Care Tertiary Referral Networks and Transfer of Care (Adults) (PD2018\_011)*
- *Interfacility Transfer Process for Adult Patients Requiring Specialist Care (PD2011\_031)*
- *Critical Care Tertiary Referral Networks (Paediatrics) (PD2010\_030)*
- *Children and Adolescents - Inter-Facility Transfers (PD2010\_031)*
- *Tiered Networking Arrangements for Perinatal Care in NSW (PD2020\_014)*
- *NSW Critical Care Tertiary Referral Networks and Transfer of Care (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).*

#### 3.2 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 to provide equitable access for everyone in NSW.

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

Supra LHD Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (38 + 2/561 NWAU22) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26 + 2/561 NWAU22) St Vincent’s (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy.  Units with new beds in 2022/23 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation’s <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>



Supra LHD Services	Measurement Unit	Locations	Service requirement
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16 + 1/319 NWAU22) Royal Hospital for Women (17) Liverpool (16 + 1/319 NWAU22) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
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
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access. Services to be provided in accordance with <i>Adult Mental Health Intensive Care Networks</i> policy PD2019_024
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 &amp; Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (47) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i> .
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016. Participation in the annual reporting process.

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

### 3.3 Nationally Funded Centres

Service name	Locations	Service requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	As per Nationally Funded Centre Agreement - Access for all patients across Australia accepted onto Nationally Funded Centre program
Paediatric Liver Transplantation – Nationally Funded Centre	SCHN Westmead	
Islet Cell Transplantation – Nationally Funded Centre	Westmead	

### 3.4 Other organisations

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

Where relevant 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*.

## 4. Budget

### 4.1 State Outcome Budget Schedule: Part 1

Mid North Coast Local Health District	Target Volume (includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals / Block Funding / Gross-Up	2022/23 Initial Budget
<b>State Efficient Price: \$5,095 per NWAU22</b>	<b>NWAU22</b>	<b>\$000</b>	<b>\$000</b>	<b>\$000</b>
<b>Outcome 1: Keeping people healthy through prevention and health promotion</b> <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>	<b>2,174</b>	<b>\$11,078</b>	<b>\$8,711</b>	<b>\$19,789</b>
<b>Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing</b> <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>	<b>22,935</b>	<b>\$99,268</b>	<b>\$63,159</b>	<b>\$162,427</b>
<b>Outcome 3: People receive timely emergency care</b> <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>	<b>18,366</b>	<b>\$89,977</b>	<b>\$11,630</b>	<b>\$101,606</b>
<b>Outcome 4: People receive high-quality, safe care in our hospitals</b> <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>	<b>76,591</b>	<b>\$365,471</b>	<b>\$68,560</b>	<b>\$434,031</b>
<b>Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences</b> <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>	<b>0</b>	<b>\$0</b>	<b>\$10,107</b>	<b>\$10,107</b>
<b>A TOTAL OUTCOME BUDGET ALLOCATION</b>	<b>120,066</b>	<b>\$565,793</b>	<b>\$162,166</b>	<b>\$727,960</b>

Mid North Coast Local Health District	2022/23 Initial Budget
<b>B Provision for Specific Initiatives &amp; TMF Adjustments (not included above)</b>	<b>\$11,692</b>
<b>2022/23 New Initiatives</b>	
Brighter Beginnings: Preschool Checks	\$571
Enhance Osteoporosis Refracture (Menopause) Prevention Services	\$157
Enhancing end of life care	\$650
<b>Other Initiatives &amp; Adjustments</b>	
Continued strengthening of palliative care services - Specialist Palliative Care	\$352
Funding for Enhancing Community Care	\$673
Hyperemesis Gravidarum	\$160
IntraHealth Adjustments 22/23	\$1,092
Movement Disorder Positions	\$139
Purchasing Adjustors	(\$362)
Specific Dental Initiatives	\$1,378
State Medicines Formulary	\$168
Stronger Communities Investment (SCI) Pool Funding	\$308
Supporting multi-disciplinary end of life - Workforce Enhancement	\$72
TMF Adjustment 22/23	\$3,473
Towards Zero Suicides	\$1,262
Wellbeing and Health In-Reach Nurse (WHIN) Coordinators Tranche 2	\$261
Year 4 Nursing Hours Election Commitment	\$1,339
<b>C Restricted Financial Asset Expenses</b>	<b>\$967</b>
<b>D Depreciation (General Funds only)</b>	<b>\$35,043</b>
<b>E TOTAL EXPENSES E=(A+B+C+D)</b>	<b>\$775,662</b>
<b>F Other - Gain/Loss on disposal of assets etc</b>	<b>\$594</b>
<b>G LHD Revenue</b>	<b>(\$773,911)</b>
<b>H NET RESULT (H=E+F+G)</b>	<b>\$2,344</b>

## 4.2 State Outcome Budget Schedule: Part 2

		2022/23 Initial Budget
		\$000
<b>Government Contributions:</b>		
<b>A</b>	Subsidy*	(\$568,658)
<b>B</b>	In-Scope Services - Block Funded	(\$73,478)
<b>C</b>	Out of Scope Services - Block Funded	(\$9,251)
<b>D</b>	Capital Subsidy	(\$21,697)
<b>E</b>	Crown Acceptance (Super, LSL)	(\$10,414)
<b>F</b>	<b>Total Government Contributions (F=A+B+C+D+E)</b>	<b>(\$683,497)</b>
<b>Own Source Revenue:</b>		
<b>G</b>	GF Revenue	(\$82,010)
<b>H</b>	Restricted Financial Asset Revenue	(\$8,404)
<b>I</b>	<b>Total Own Source Revenue (I=G+H)</b>	<b>(\$90,414)</b>
<b>J</b>	<b>TOTAL REVENUE (J=F+I)</b>	<b>(\$773,911)</b>
<b>K</b>	Total Expense Budget - General Funds	\$774,695
<b>L</b>	Restricted Financial Asset Expense Budget	\$967
<b>M</b>	Other Expense Budget	\$594
<b>N</b>	<b>TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)</b>	<b>\$776,255</b>
<b>O</b>	<b>NET RESULT (O=J+N)</b>	<b>\$2,344</b>
<b>Net Result Represented by:</b>		
<b>P</b>	Asset Movements	(\$4,197)
<b>Q</b>	Liability Movements	\$1,853
<b>R</b>	Entity Transfers	\$0
<b>S</b>	<b>TOTAL (S=P+Q+R)</b>	<b>(\$2,344)</b>
<b>NOTES:</b>		
* 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.		
** This includes the 25% upfront subsidy payment for Deferred Care to enable health entities to commence the work immediately.		
The minimum cash buffer for unrestricted cash is now zero. All payments-out from local bank accounts are now ceased, and payments are to be managed via the Shared Services accounts payable or payroll teams. All General Fund bank accounts will be swept to zero in line with the published schedule.		

4.3 State Outcome Budget Schedule: NHRA Clause A95(b) Notice: Part 3

**National Health Funding Body Service Agreement**

2022-23 Outcomes Budget Schedule						
Mid North Coast LHD	ABF		Block \$000	Total \$000	C'wealth Contribution	
	NWAU	\$000			\$000	%
Acute Admitted	58,418	\$340,418			\$131,991	38.8%
Mental Health - Admitted (Acute and Sub-Acute)	6,276	\$32,249			\$14,180	44.0%
Sub-Acute Services - Admitted	4,479	\$24,465			\$10,120	41.4%
Emergency Department	16,865	\$92,153			\$38,105	41.3%
Non Admitted Patients (Including Dental)	21,185	\$111,245			\$47,866	43.0%
Teaching, Training and Research			\$9,995		\$3,786	37.9%
Mental Health - Non Admitted			\$21,546		\$8,708	40.4%
Other Non Admitted Patient Services - Home Ventilation			\$0		\$0	
Block-funded small rural & standalone MH			\$44,341		\$13,438	30.3%
High cost, highly specialised therapies			\$0		\$0	
Public Health			\$8,246		\$2,024	24.5%
<b>In-Scope for Commonwealth &amp; State NHRA Contributions Total</b>	<b>107,223</b>	<b>\$600,530</b>	<b>\$84,128</b>	<b>\$684,658</b>	<b>\$270,218</b>	<b>39.5%</b>
Acute Admitted	5,058	\$11,347				
Mental Health - Admitted (Acute and Sub-Acute)	16	\$80				
Sub-Acute Services - Admitted	2,344	\$1,606				
Emergency Department	1,501	\$4,049				
Non Admitted Patients (Including Dental)	1,009	\$2,408				
<b>State &amp; Other Funding Contributions Total</b>	<b>9,928</b>	<b>\$19,491</b>		<b>\$19,491</b>		
<i>State Only Block</i>			\$35,503		\$35,503	
<i>Restricted Financial Asset Expenses</i>			\$967		\$967	
<i>Depreciation (General Funds only)</i>			\$35,043		\$35,043	
<b>Total</b>	<b>117,152</b>	<b>\$620,020</b>	<b>\$155,641</b>	<b>\$775,662</b>	<b>\$270,218</b>	<b>34.8%</b>

**Budget**



#### 4.4 State Outcome Budget Schedule: Capital program

Mid North Coast Local Health District										
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	2022/23 Capital Budget Allocation by Source of Funds			
							MOH Funded 2022/23	Local Funds 2022/23	Revenue 2022/23	Lease Liabilities 2022/23
							\$	\$	\$	\$
<b>2022/23 Capital Projects</b>										
<b>MAJOR NEW WORKS 2022/23</b>										
Kempsey Heritage Building Refurbishment	P56860	Other	2,500,000		2,500,000	2,500,000	2,500,000	-	-	-
Mid North Coast Imaging Service Upgrade	P56866	Other	1,700,000		1,700,000	1,700,000	1,700,000	-	-	-
Mid North Coast Medical Equipment Upgrade	P56867	Other	4,200,000		4,200,000	4,200,000	4,200,000	-	-	-
<b>TOTAL MAJOR NEW WORKS</b>			<b>8,400,000</b>	<b>-</b>	<b>8,400,000</b>	<b>8,400,000</b>	<b>8,400,000</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>WORKS IN PROGRESS</b>										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	40,138,936	28,498,346	11,640,590	11,479,183	11,479,183	-	-	-
Battery Energy Storage System	P56715	LFI	2,084,000	1,659,000	425,000	425,000	-	425,000	-	-
Leasehold Improvement Grant Street	P56807	LFI	450,000	-	450,000	450,000	-	450,000	-	-
Port Macquarie Base Hospital - HVAC Replacement	P56774	LFI	9,740,000	287,264	9,452,736	3,712,736	-	3,712,736	-	-
Regional Treatment Centres for Radiation Therapy - Kempsey Hospital	P56839	LFI	288,300	-	288,300	155,000	-	155,000	-	-
Regional Treatment Centres for Radiation Therapy - Macksville Hospital	P56838	LFI	3,055,766	15,000	3,040,766	450,000	-	450,000	-	-
Regional Treatment Centres for Radiation Therapy - PMB Hospital	P56840	LFI	1,363,700	-	1,363,700	355,000	-	355,000	-	-
Minor Works and Equipment >\$10k<\$250K	P51069	MWE	-	-	-	3,262,000	1,423,000	1,839,000	-	-
Palliative Care Refurbishment	P56532	Other	920,201	525,732	394,469	394,469	394,469	-	-	-
<b>TOTAL WORKS IN PROGRESS</b>			<b>58,040,903</b>	<b>30,985,342</b>	<b>27,055,561</b>	<b>20,683,388</b>	<b>13,296,652</b>	<b>7,386,736</b>	<b>-</b>	<b>-</b>
<b>TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Mid North Coast Local Health District</b>			<b>66,440,903</b>	<b>30,985,342</b>	<b>35,455,561</b>	<b>29,083,388</b>	<b>21,696,652</b>	<b>7,386,736</b>	<b>-</b>	<b>-</b>
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	Budget Est. 2023/24	Budget Est. 2024/25	Budget Est. 2025/26	Balance to Complete
							\$	\$	\$	\$
							\$	\$	\$	\$
<b>2022/23 Capital Projects</b>										
<b>MAJOR WORKS IN PROGRESS</b>										
Coffs Harbour Hospital Expansion	P56166	ARRP	194,000,000	170,538,269	23,461,731	12,725,000	10,736,731	-	-	-
Port Macquarie Hospital Helipad Relocation and Car Park	P56751	HI Silo	21,500,000	9,743,793	11,756,207	8,317,592	3,436,360	-	-	2,255
<b>TOTAL MAJOR WORKS IN PROGRESS</b>			<b>215,500,000</b>	<b>180,282,062</b>	<b>35,217,938</b>	<b>21,042,592</b>	<b>14,173,091</b>	<b>-</b>	<b>-</b>	<b>2,255</b>
<b>TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE</b>			<b>215,500,000</b>	<b>180,282,062</b>	<b>35,217,938</b>	<b>21,042,592</b>	<b>14,173,091</b>	<b>-</b>	<b>-</b>	<b>2,255</b>

**Notes:**

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

**Budget**

## 4.5 Outcome and performance payment schedule

The schedule below lists indicative additional funding available to the Organisation for targeted strategic initiatives to deliver on key performance indicators and specified outcomes. This funding is not included in the *State Outcome Budget Schedule: Parts 1-3* and will be paid to the Organisation according to the Outcome performance metric described in this schedule.

Activity (NWAU22) is indicative only and relates to the funding available to the Organisation. It is not included in *4.1 State Outcome Budget Schedule: Part 1* or the activity targets in *5.1 Activity*.

FTE is the modelled full time equivalent staff required to deliver the targeted initiative.

Program	Strategic Outcome	\$ '000	NWAU22	FTE	Outcome and performance metric
<b>COVID Deferred Care - Elective surgery and endoscopy</b>	2	6,100	1,197	-	Funding based on delivery of increased activity, calculated on a year-to-date basis by comparing removals from the waitlist (due to patient treatment) compared to the 2018/19 baseline. <b>Key performance / outcome indicators</b> <ul style="list-style-type: none"> <li>• Elective Surgery Overdue - Patients (Number)</li> <li>• Elective Surgery Access Performance - Patients treated on time (%)</li> </ul>
<b>COVID Deferred Care - Dental</b>	3	750	147	-	Outcome specific funding paid on evidence of DWAU in excess of baseline target and proportionate reduction in dental waiting list % of patients waiting longer than the maximum recommended waiting time. (Reported and paid monthly)
<b>Workforce - Building and sustaining the rural health workforce</b>	4	11,528	-	-	Funding based on delivery of production of evidence of incentivised positions and improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>• Critical vacancy reduction</li> <li>• Premium labour reduction</li> <li>• Reduction in overtime</li> </ul>
<b>Workforce - COVID-19 Recovery and Workforce Resilience</b>	4	-	-	43	Funding based on production of evidence of improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>• Excess leave</li> <li>• Reduction in excess leave</li> <li>• Reduction in overtime</li> <li>• Return premium labour to base year levels</li> <li>• Increase in labour costs above baseline levels</li> <li>• Evidence of recruitment to backfill leave</li> </ul>

## 5. Purchased volumes and services

### 5.1 Activity

Investment by stream	Strategic Outcome	NWAU22	Performance metric
Acute	6	63,476	See KPIs – Strategy 6
Emergency Department	6	18,366	See KPIs – Strategy 6
Sub-Acute – Admitted	6	6,823	See KPIs – Strategy 6
Non-Admitted	6	18,689	See KPIs – Strategy 6
Mental Health – Admitted	6	6,292	See KPIs – Strategy 6
Mental Health – Non-Admitted	6	2,915	See KPIs – Strategy 6
Alcohol and other drug related – Admitted	6	165	See KPIs – Strategy 6
Alcohol and other drug related – Non-Admitted	6	1,165	See KPIs – Strategy 6
Public Dental Clinical Service – Total Dental Activity (DWAU)	6	19,603	See KPIs – Strategy 6

### 5.2 Election commitment

Elective surgery volumes	Strategic Outcome	Target	Performance metric
Number of Admissions from Surgical Waiting List – Cataract extraction	2	2,399	Achieve activity
Number of Paediatric Admissions from Elective Surgery Waiting List	2	506	Achieve activity
Primary School Mobile Dental Program	Strategic Outcome	Target (DWAU)	Performance metric
Free dental checks for primary school kids	3	2,320.13	Achieve activity

### 5.3 Stronger Communities Investment Pool

Total Stronger Communities Investment funding below (funding envelope to 30 June 2025) includes ongoing funding in the Organisation’s base budget as well as supplementation funding included in Schedule 4.1 *State Outcome Budget Schedule: Part 1*.

Priority area	Strategic Outcome	\$	Performance metric
<b>Stronger Communities Investment Pool (funding envelope to 30 June 2025)</b>			
<i>Total funding below includes recurrent funding in base budgets as well as supplementation funding, outlined in schedule 4.1.</i>			
Child Protection Counselling Services	3	124,068	Operate in accordance with the service model as described in PD2019-_014 Child Protection Counselling Services Policy and Procedures.
Getting on Track in Time – Got it!	3	597,560	<ul style="list-style-type: none"> <li>Recruit and maintain the minimum required FTE per Implementation Plan</li> <li>6 Schools completing Got It! program per year</li> </ul>
Out of Home Care Health Pathway Program	3	308,048	<ul style="list-style-type: none"> <li>Provide access to health assessments, health planning, health interventions, and reviews of health and healthcare plans, for children and young people in statutory out of home care</li> <li>Participate in monitoring and evaluation of program activities and outcomes</li> </ul>


## 6. Performance against strategies and objectives

### 6.1 Key performance indicators

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://internal4.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=47648](http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47648)

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

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
<b>Outcome 4 Indicator</b>				
Overall Patient Experience Index (Number)				
Adult admitted patients	8.7	<8.5	≥8.5 and <8.7	≥8.7
Emergency department	8.6	<8.4	≥8.4 and <8.6	≥8.6
Patient Engagement Index (Number)				
Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	<70	≥70 and <80	≥80

## 2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
Harm-free admitted care: (Rate per 10,000 episodes of care)				
Hospital acquired pressure injuries				
Healthcare associated infections				
Hospital acquired respiratory complications				
Hospital acquired venous thromboembolism				
Hospital acquired renal failure				
Hospital acquired gastrointestinal bleeding				
Hospital acquired medication complications				
Hospital acquired delirium				
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
<b>Outcome 4 Indicator</b> Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
<b>Outcome 3 Indicator</b> 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
Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	≥35	<30	≥30 to <35	≥35
<b>Outcome 3 Indicator</b> Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90

## 2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Elective Surgery Overdue - Patients (Number):				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
<b>Outcome 4 Indicator</b>				
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
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
<b>Outcome 5 Indicator</b>				
Electronic discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51
Virtual Care: Non-admitted services provided through virtual care (%)	30	No change or decrease on baseline	>0 and < 5 percentage points increase on baseline	≥5 percentage points increase on baseline
<b>Outcome 2 Indicator</b>				
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
<b>Outcome 4 Indicator</b>				
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):				
All persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Aboriginal persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Mental Health: Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13

## 2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
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
<b>Outcome 2 Indicator</b> Potentially preventable hospital services (%)	≥2% lower than benchmark	2% higher than benchmark	Within 2% of benchmark	≥2% lower than benchmark
Hospital in the Home Admitted Activity (%)	5	<3.5	≥3.5 and <5	≥5
Renal Supportive Care Enrolment: End-Stage Kidney Disease Patient (% variation to target)	Individual - See Data Supplement	Decrease Compared to previous year	N/A	Target met or exceeded



### 3 People are healthy and well



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Childhood Obesity – Children with height/length and weight recorded (%)	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
<b>Outcome 1 Indicator</b> 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
<b>Outcome 1 Indicator</b> 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
<b>Outcome 1 Indicator</b> Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	Maintain or increase from previous year	≥10% decrease on previous year	Up to <10% decrease on previous year	Maintain or increase from previous year
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98%	≥98% and <100%	≥100%
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	85	<75	≥75 and <85	≥85 and <100
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
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

### 3 People are healthy and well



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
<b>Outcome 1 Indicator</b>				
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

### 4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
<b>Outcome 5 Indicator</b>				
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 over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

## 5 Research and innovation, and digital advances inform service delivery



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75
<b>Outcome 5 Indicator</b> 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

## 6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Purchased Activity Volumes - Variance (%):				
Acute admitted (NWAU)	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
Emergency department (NWAU)				
Non-admitted patients (NWAU)				
Sub and non-acute services - Admitted (NWAU)				
Mental health – Admitted (NWAU)				
Mental health – Non-admitted (NWAU)				
Alcohol and other drug related Acute Admitted (NWAU)				
Alcohol and other drug related Non-Admitted (NWAU)				
Public dental clinical service (DWAU)				
Expenditure Matched to Budget - General Fund - Variance (%)	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 (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15
Capital renewal as a proportion of asset replacement value (%)	1.4	<0.8	≥0.8 and <1.4	≥1.4
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90%	≥90% and <95%	≥ 95%

## 6.2 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.

Strategic outcome	Deliverable in 2022-23	Due by
<b>Safety and Quality Accounts</b>		
2	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).	31 Oct 2022
<b>Value Based Healthcare (VBHC)</b>		
Integrated care		
2	Alternate Referral Pathways - at least two pathways implemented to accept referral directly from the NSW Ambulance Virtual Clinical Care Centre for low acuity community needs, from one of the following categories: Mental Health, Palliative Care, Disability, Aged Care and HITH	30 Sept 2022
2	All Integrated Care enrolled patients are offered: <ul style="list-style-type: none"> <li>• Patient Reported Outcome Measures at point of enrolment</li> <li>• Patient Reported Outcome Measures at point of unenrolment</li> <li>• Patient Reported Experience Measures at unenrolment</li> </ul>	Reported quarterly
<b>Leading Better Value Care (LBVC)</b>		
2	The Organisation will: <ul style="list-style-type: none"> <li>• Report on progress to sustainably scale and embed existing LBVC Tranche 1 and Tranche 2 initiatives listed, with a focus on using virtual care where appropriate, to achieve specified performance improvement in reach, outcomes and experiences, as specified in the KPI and Improvement Measure Data Supplement Part 2. <ul style="list-style-type: none"> <li>○ Osteoarthritis Chronic Care Program (OACCP)</li> <li>○ Osteoporosis Refracture Prevention (ORP)</li> <li>○ Hip Fracture (HYPOFRACTIONATION)</li> <li>○ High Risk Foot Services (HRFS)</li> <li>○ Direct Access Colonoscopy (DAC)</li> <li>○ Chronic Wound Management (CWM)</li> </ul> </li> <li>• Implement eMR builds to support LBVC initiatives as they are released by eHealth NSW and the Agency for Clinical Innovation</li> <li>• Partner with the Organisation's Primary Health Network and community partners on the Statewide Initiative for Diabetes Management in a one health system approach to deliver the key focus areas: <ul style="list-style-type: none"> <li>○ Establish a joint local Diabetes Management Governance committee in partnership with PHN and community partners</li> <li>○ Develop a joint local strategy and implementation plan</li> <li>○ Provide a copy of the strategy and implementation plan to the Ministry of Health for statewide monitoring</li> </ul> </li> </ul>	30 Jun 2023 Quarterly  As released  Nov 22 Mar 23 Mar 23
<b>Commissioning for Better Value (CBV)</b>		
2	The organisations will apply a Commissioning for Better Value (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.	Reported quarterly

### Performance against strategies and objectives

Strategic outcome	Deliverable in 2022-23	Due by
<b>Data Governance Reform</b>		
5	Ensure all data custodians have completed the following learning modules accessed through My Health Learning: <ul style="list-style-type: none"> <li>• Privacy – It's Yours to Keep</li> <li>• Privacy – Handling Personal &amp; Health Information</li> <li>• Cyber Security Fundamentals</li> </ul>	Sep 2022
5	Data custodians will be required to complete the Data Custodian Induction Program and the 5 Safes Framework Assessment Tool module.	Sep 2022
5	Implement a process and system that will capture when data requests have been received and when they are fulfilled. This will include information and reasons why requests have been declined.	Dec 2022
<b>Procurement Reform</b>		
6	The Organisation will comply with NSW Government Procurement Policy Framework and NSW Health Procurement Policy. Any breaches in compliance will need to be reported to the Ministry of Health's Strategic Procurement Branch.	Quarterly
<b>NSW Premier's Priorities</b>		
Toward Zero Suicides (TZS)		
3	Implement the <b>Zero Suicides in Care</b> initiative The Organisation will: <ol style="list-style-type: none"> <li>1. recruit and maintain the minimum required FTE as per the supplementation letter, including suicide prevention peer workers</li> <li>2. provide training to relevant staff according to relevant Zero Suicides in Care policies</li> <li>3. deliver and report on actions and progress according to a local implementation plan.</li> </ol>	30 Sep 2022 Ongoing As requested
	Implement the <b>Safe Haven</b> initiative The Organisation will: <ol style="list-style-type: none"> <li>1. recruit and maintain the minimum required FTE as per the supplementation letter, including suicide prevention peer workers</li> <li>2. deliver and report on actions and progress according to a local implementation plan.</li> </ol>	30 Sep 2022 As requested
	Implement the <b>Suicide Prevention Outreach Teams</b> initiative The Organisation will: <ol style="list-style-type: none"> <li>1. recruit and maintain the minimum required FTE as per the supplementation letter, including suicide prevention peer workers</li> <li>2. deliver and report on actions and progress according to a local implementation plan.</li> </ol>	30 Sep 2022 As requested
	Implement the <b>Enhancement to Rural Counselling</b> initiative The Organisation will: <ol style="list-style-type: none"> <li>1. recruit and maintain the minimum required FTE as per the supplementation letter</li> <li>2. deliver and report on the actions and progress according to a local implementation plan</li> </ol>	30 Sep 2022 As requested
<b>Prevention and response to violence, abuse and neglect</b>		
3	The Organisation will undertake or partner in a minimum of 5 community engagement, education and prevention activities for violence, abuse and neglect. For example, this may include Love Bites, 16 days of activism, Sorry Day, Child Protection Week, and supporting local Strong Aboriginal Women, Strong Aboriginal Men or Weaving the Net Programs.	30 Jun 2023

Strategic outcome	Deliverable in 2022-23	Due by
3	The Organisation will complete the annual self-assessment against the Integrated Violence, Abuse and Neglect Framework (PD2019_041)	30 Jun 2023
3	The Organisation will have established integrated 24/7 psychosocial, medical and forensic responses for victims of domestic and family violence, child physical abuse and neglect, and sexual assault. The organisation will advise progress against this outcome at their scheduled presentation on local implementation of VAN Redesign at the PARVAN Senior Executive Steering Committee meeting.	30 Jun 2023
<b>Palliative care initiatives</b>		
1	Implement new palliative care funding enhancement initiatives: The Organisation will recruit <ul style="list-style-type: none"> <li>the minimum required FTE as funding allocation and guidelines for regional and rural specialist palliative care initiative</li> <li>to the minimum FTE as per funding allocation and guidelines for the multidisciplinary community care for people with late stage chronic and degenerative conditions initiative (applies to all districts and SVHN only)</li> </ul>	30 Dec 2022
1	Implement funding enhancements to improve access and choices in end of life and palliative care: <ul style="list-style-type: none"> <li>The Organisation will recruit remaining new FTE palliative care nurses to be recruited in 2022/23 as per supplementation letters provided in November 2019.</li> </ul>	30 Sep 2022
<b>NSW Aboriginal Mental Health and Wellbeing Strategy 2020-25</b>		
3	Continue implementation of the <b>Aboriginal Mental Health and Wellbeing Strategy</b> in line with its approved implementation plan: <ol style="list-style-type: none"> <li>deliver and report the actions and progress on locally co-designed implementation plans to the NSW Ministry of Health.</li> <li>participate in the statewide evaluation of the Strategy, led by the NSW Ministry of Health.</li> </ol>	28 Feb 2023 As requested
<b>Aboriginal Mental Health</b>		
3	Implement the <b>Aboriginal Mental Health Care Navigator</b> initiative: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE per the supplementation letter</li> <li>deliver and report the actions and progress according to the implementation plan</li> </ol>	30 Sep 2022 30 Jun 2023
3	Implement the <b>Aboriginal Mental Health Peer Worker</b> initiative: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE per the supplementation letter</li> <li>deliver and report the actions and progress according to the implementation plan</li> </ol>	30 Sep 2022 30 Jun 2023
<b>Pathways to Community Living Initiative – PCLI</b>		
	1. The Organisation will recruit and maintain the minimum required FTE per the supplementation letter for additional Stage 2 PCLI 2021-22 and 2023-24	30 Sep 2022
<b>NSW Service Plan for People with Eating Disorders 2021-2025</b>		
3	<b>NSW Service Plan for People with Eating Disorders</b> - The Organisation will deliver on the approved implementation plan. <ul style="list-style-type: none"> <li>Report six-monthly on progress with the delivery of their local eating disorders plan.</li> </ul>	30 Dec 2022; 30 Jun 2023
<b>Mental Health Children and Young People - Safeguards</b>		
3	The <b>Safeguards</b> initiative: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE as per the supplementation letter</li> </ol>	30 Sep 2022

Strategic outcome	Deliverable in 2022-23	Due by
	2. deliver and report the actions and progress according to the implementation plan	30 Jun 2023
<b>Asset maintenance</b>		
6	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 Jun 2023
6	The organisation will complete an annual Asset Management Maturity Assessment to support the development of its Asset Management Framework Implementation Plan.	30 Jun 2023
6	The organisation will evaluate and report annual progress against the local Asset Management Framework Implementation Plan.	30 Jun 2023
6	The organisation will incorporate a whole of lifecycle approach to decision making for maintenance, renewal and future investments based on a balance of cost risk and performance.	30 Jun 2023
<b>Improvements to security in hospitals</b>		
2	Final implementation of the recommendations of the Anderson Report	Dec 2022
	Completion of all security audits (SIAT) of all required facilities	Dec 2022
	Actions required to address identified non-compliance with security standards, identified during security audits, completed	Jun 2023
<b>Workplace culture</b>		
4	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 Jun 2023