# 2020-21 Service Agreement

AN AGREEMENT BETWEEN:
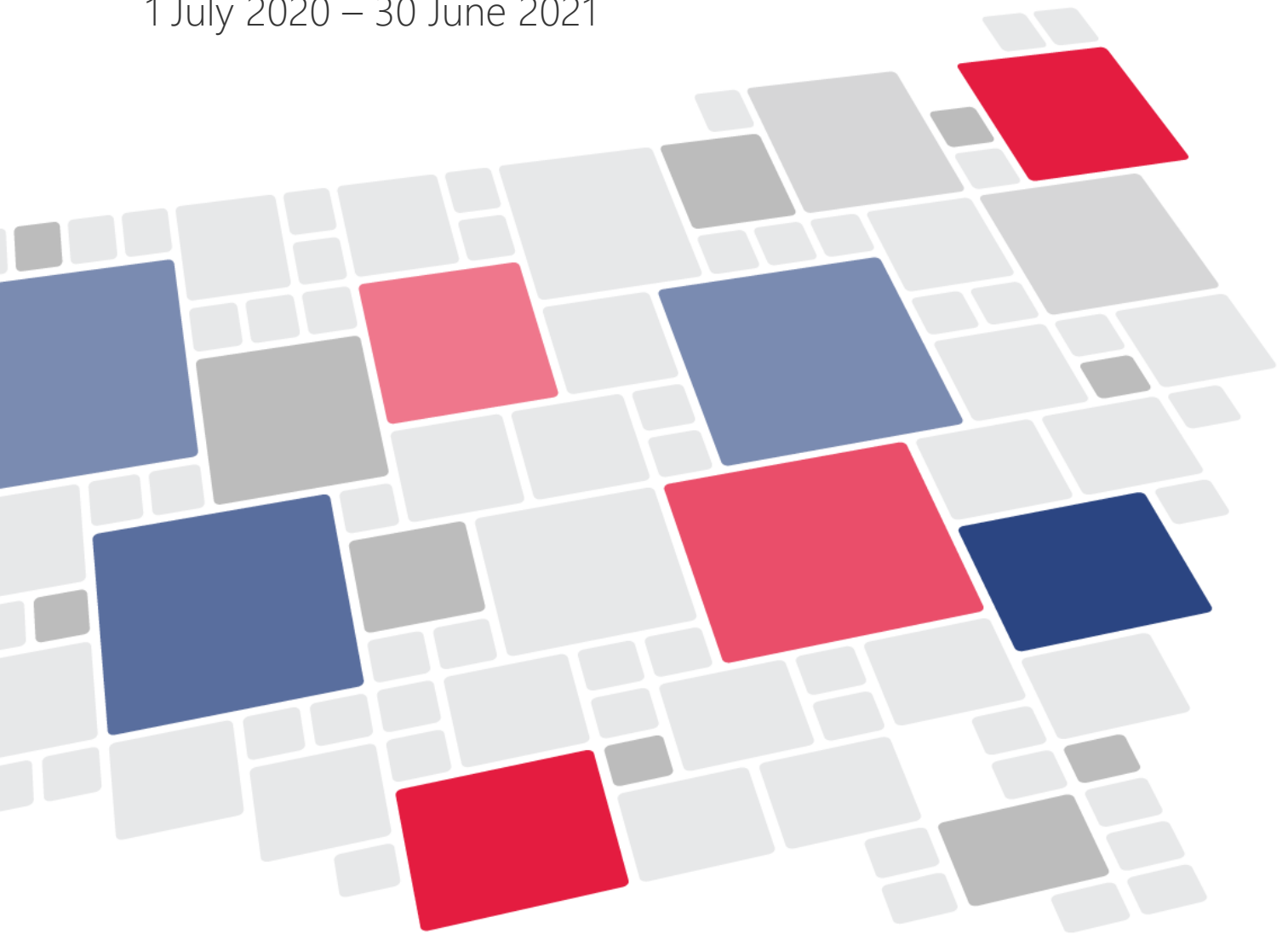
## Secretary, NSW Health

AND THE

## Illawarra Shoalhaven Local Health District

FOR THE PERIOD

## 1 July 2020 – 30 June 2021

health.nsw.gov.au

**NSW GOVERNMENT**

# NSW Health Service Agreement – 2020-21

## 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 Illawarra Shoalhaven Local Health District (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services.

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

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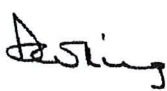
## Parties to the agreement

**The Organisation**
Clinical Professor Denis King OAM
Chair
On behalf of the
Illawarra Shoalhaven Local Health District Board
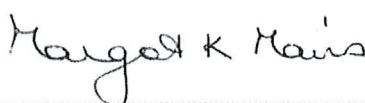
Date    7 December 2020    Signed    ...............................................

Ms Margot Mains
Chief Executive
Illawarra Shoalhaven Local Health District
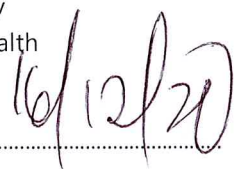
Date    09 December 2020    Signed    ...............................................

**NSW Health**
Ms Elizabeth Koff
Secretary
NSW Health

Date    16/12/20    Signed    ...............................................

# Contents

# 1.  Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of NSW Government and NSW Health priorities.

- To establish with Local Health Districts (Districts) and Speciality Health Networks (Networks) 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

- 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.

# 2. Legislation, governance and performance framework

## 2.1 Legislation

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

Under the Act, the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

The Act allows the Health Secretary to enter into performance agreements with Local Health Districts in relation to the provision of health services and health support services (s.126). The performance agreement may include provisions of a service agreement.

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

## 2.2 Variation of the agreement

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

Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued by the Ministry of Health in the course of the year.

## 2.3 National Agreement

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

## 2.4 Governance

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

### 2.4.1 Clinical governance

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

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

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

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

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

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

### 2.4.2 Corporate governance

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

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

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;

- Review and update the *Manual of Delegations* (PD2012_059) to ensure currency;

- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

### 2.4.3 Procurement governance

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

### 2.4.4 Safety and Quality Accounts

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

The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

### 2.4.5 Performance Framework

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

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

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework* available at: http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx

# 3. Strategies and local priorities

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

## 3.1 NSW Premier's Priorities

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

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



**Improving outpatient and community care**

Reduce preventable hospital visits by 5 per cent through to 2023 by caring for people in the community.

**Improving service levels in hospitals**

100 per cent of all triage category 1, 95 per cent of triage category 2 and 85 per cent of triage category 3 patients commencing treatment on time by 2023.

**Towards zero suicides**

Reduce the rate of suicide deaths in NSW by 20 per cent 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 Strategic Priorities 2020-21

**NSW HEALTH STRATEGIC PRIORITIES FY2020-21**

| | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|---|---|---|---|---|---|---|---|---|
| **STRATEGIES** | KEEP PEOPLE HEALTHY | PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST | INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE | DEVELOP AND SUPPORT OUR PEOPLE, CULTURE & GOVERNANCE | SUPPORT AND HARNESS HEALTH & MEDICAL RESEARCH & INNOVATION | EMBED A DIGITALLY ENABLED HEALTHCARE SYSTEM | PLAN & DELIVER FUTURE FOCUSED SERVICE MODELS & INFRASTRUCTURE | BUILD FINANCIAL SUSTAINABILITY & DELIVER BUSINESS IMPROVEMENTS |
| **Executive Sponsors** | Population and Public Health | Patient Experience and System Performance | Health System Strategy and Planning | People, Culture and Governance | Population and Public Health | eHealth NSW | Health System Strategy and Planning | Finance Services and Asset Management |

**OBJECTIVES** — *Strategic Oversight Leads*

**1 — KEEP PEOPLE HEALTHY**

**1.1** Implement policy and programs to reduce childhood overweight and obesity
*Centre for Population Health*

**1.2** Embed a health system response to alcohol, tobacco & other drug use and work across agencies
*Centre for Alcohol and Other Drugs and Cancer Institute NSW*

**1.3** Reduce the impact of infectious diseases including COVID-19, and environmental health factors, including natural disasters, on community wellbeing
*Health Protection NSW*

**1.4** Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services
*Centre for Aboriginal Health*

**1.5** Support pregnancy and families to ensure that all children have the best possible start in life
*Health and Social Policy*

**2 — PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST**

**2.1** Continue to deliver high quality and safe patient care
*Clinical Excellence Commission, Agency for Clinical Innovation and System Management*

**2.2** Continue to embed value-based healthcare to deliver the right care in the right setting
*Strategic Reform and Planning*

**2.3** Elevate the human experience by actively partnering with patients, families and caregivers
*System Purchasing*

**2.4** Provide timely and equitable access to appropriate care
*System Management & System Purchasing*

**2.5** Use data and analytics to drive reform and innovation and to support value-based healthcare
*System Information and Analytics*

**3 — INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE**

**3.1** Drive health system integration and connectivity
*System Performance Support and System Information and Analytics*

**3.2** Progress *Towards Zero Suicides* initiatives across NSW
*Mental Health*

**3.3** Achieve mental health reforms across the system
*Mental Health*

**3.4** Strengthen the network of services for frailty, ageing and end of life care
*Health and Social Policy*

**3.5** Support vulnerable people and people with disability within the health sector and between agencies
*Government Relations and Health and Social Policy*

**4 — DEVELOP AND SUPPORT OUR PEOPLE, CULTURE & GOVERNANCE**

**4.1** Achieve a 'Fit for Purpose' workforce for now and the future
*Workforce Planning and Talent Development*

**4.2** Improve diversity in all levels of the system
*Workforce Planning and Talent Development*

**4.3** Strengthen the culture within Health organisations to reflect our CORE values more consistently
*Workforce Planning and Talent Development*

**4.4** Develop effective health professional managers and leaders
*Health Education and Training Institute*

**4.5** Improve health, safety and wellbeing at work
*Workforce Relations*

**4.6** Deliver effective regulation, governance and accountability
*Legal and Regulatory Services*

**5 — SUPPORT AND HARNESS HEALTH & MEDICAL RESEARCH & INNOVATION**

**5.1** Drive the generation of policy-relevant translational research
*Centre for Epidemiology and Evidence and Office of Health and Medical Research*

**5.2** Drive research translation in the health system
*Office of Health and Medical Research and Agency for Clinical Innovation*

**5.3** Make NSW a global leader in clinical trials
*Office of Health and Medical Research*

**5.4** Enable the research environment
*Office of Health and Medical Research*

**5.5** Leverage research and innovation opportunities and funding
*Office of Health and Medical Research*

**5.6** Drive COVID-19 research towards improving the pandemic response
*Office of Health and Medical Research*

**6 — EMBED A DIGITALLY ENABLED HEALTHCARE SYSTEM**

**6.1** Progress the implementation of paper-lite key clinical information systems
*eHealth NSW*

**6.2** Foster eHealth solutions that support integrated health services
*eHealth NSW*

**6.3** Enhance systems and tools to improve workforce and business management
*eHealth NSW*

**6.4** Develop and enhance health analytics to improve insights and decision-making
*eHealth NSW*

**6.5** Enhance patient, provider and research community access to digital health information
*eHealth NSW*

**6.6** Enhance systems infrastructure, security and intelligence
*eHealth NSW*

**7 — PLAN & DELIVER FUTURE FOCUSED SERVICE MODELS & INFRASTRUCTURE**

**7.1** Implement the 20 Year Health Infrastructure Strategy
*Strategic Reform and Planning*

**7.2** Plan future focused models of care and health strategy
*Strategic Reform and Planning*

**7.3** Deliver agreed infrastructure on time and on budget
*Health Infrastructure*

**7.4** Deliver infrastructure plans and integrate with other agencies
*Strategic Reform and Planning, Precincts and Partnerships and Health Infrastructure*

**7.5** Strengthen asset management capability
*Asset Management*

**8 — BUILD FINANCIAL SUSTAINABILITY & DELIVER BUSINESS IMPROVEMENTS**

**8.1** Deliver financial control in the day to day operations
*Finance*

**8.2** Develop sustainable funding for future growth
*Finance*

**8.3** Drive value in procurement
*Strategic Procurement*

**8.4** Deliver commercial programs
*Strategic Procurement*

**8.5** Enhance productivity using new ways of working with the relocation to 1 Reserve Road
*Corporate Services and Business Improvement*

**KEY**
- Population and Public Health
- People, Culture and Governance
- Patient Experience and System Performance
- Health System Strategy and Planning
- Finance and Asset Management
- Services
- Pillars

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

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

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

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

1. Keeping people healthy through prevention and health promotion

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

3. People receive timely emergency care

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

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

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

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

**Alignment of directions and strategies to outcomes**

## Delivering Innovation
### The Directions

**1** Keeping People Healthy

**Outcome 1**
Keeping people healthy through prevention and health promotion

**2** Provide world class clinical care where patient safety is first

**Outcome 3**
People receive timely emergency care

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

**3** Integrate systems to deliver truly integrated care

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

## Making it Happen
### The Strategies

**4** Develop and support our people and culture

**5** Support and harness health and medical research and innovation

**6** Enable eHealth, health information and data analytics

**7** Deliver infrastructure for impact and transformation

**8** Build financial sustainability and robust governance

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

## 3.4    Local priorities

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

The 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 2020-2021 are included on the following page:

**Vision**

Excellent services, quality partnerships, healthy communities

**Purpose**

To provide best practice health care and programs that promote the health and wellbeing of people in the Illawarra Shoalhaven

**Strategic priorities**

| 1. Excellence in models of care, health programs and health services | 2. An engaged and high performing workforce for the future | 3. Innovation, agility and learning for continuous improvement | 4. Efficient, effective, sustainable financial operations |

**What does success look like?**

| ISLHD has a reputation for delivery of high quality health care and appropriate services | ISLHD is considered an employer of choice within the region | ISLHD is respected and recognised for research and innovation to improve health care | ISLHD is a financially sustainable and fiscally responsible organisation |

**Critical enablers**

**1. Partnerships and engagement**
Build and maintain strong partnerships and relationships with our stakeholders, both health and more broadly

**2. Governance**
Strengthen governance and accountability at all levels of the LHD

**3. Information Technology and eHealth**
Expand the use of eHealth and information technologies to deliver health services more effectively and more efficiently

**CORE Values**

COLLABORATION    OPENNESS    RESPECT    EMPOWERMENT

# 4. NSW health services and networks

## 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*.

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.

## 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)
- *Critical Care Tertiary Referral Networks (Perinatal)* - (PD2010_069)
- *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

## 4.4 Supra LHD services

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 will be a key focus.

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)<br>Westmead (49)<br>Nepean (21)<br>Liverpool (36+1/290 NWAU 2020/21)<br>Royal Prince Alfred (51)<br>Concord (16)<br>Prince of Wales (22+1/290 NWAU 2020/21)<br>John Hunter (25+1/290 NWAU 2020/21)<br>St Vincent's (21)<br>St George (36) | Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* policy.<br><br>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 *Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit* |
| Mental Health Intensive Care | Access | Concord - McKay East Ward<br>Hornsby - Mental Health Intensive Care Unit<br>Prince of Wales - Mental Health Intensive Care Unit<br>Cumberland – Yaralla Ward<br>Orange Health Service - Orange Lachlan Intensive Care Unit<br>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, *Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0*— April 2016 |

| Supra LHD service | Measurement unit | Locations | Service requirement |
|---|---|---|---|
| State Spinal Cord Injury Service (adult and paediatric) | Access | Prince of Wales<br>Royal North Shore<br>Royal Rehabilitation Centre, Sydney<br>SCHN – Westmead and Randwick | Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* and *Critical Care Tertiary Referral Networks (Paediatrics)* policies |
| Blood and Marrow Transplantation – Allogeneic | Number | St Vincent's (38)<br>Westmead (71)<br>Royal Prince Alfred (26)<br>Liverpool (18)<br>Royal North Shore (26+13/166 NWAU 2020/21)<br>SCHN Randwick (26)<br>SCHN Westmead (26) | Provision of equitable access |
| Blood and Marrow Transplant Laboratory | Access | St Vincent's - to Gosford<br>Westmead – to Nepean, Wollongong, SCHN Westmead | Provision of equitable access |
| Complex Epilepsy | Access | Westmead<br>Royal Prince Alfred<br>Prince of Wales<br>SCHN | Provision of equitable access. |
| Extracorporeal Membrane Oxygenation Retrieval | Access | Royal Prince Alfred<br>St Vincent's | Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)* policy |
| 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.<br><br>Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, *Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.1*— May 2017. |
| High Risk Maternity | Access | Royal Prince Alfred<br>Royal North Shore<br>Royal Hospital for Women<br>Liverpool<br>John Hunter<br>Nepean<br>Westmead | Access for all women with high risk pregnancies, in accordance with *NSW Critical Care Networks (Perinatal)* policy |

| Supra LHD service | Measurement unit | Locations | Service requirement |
|---|---|---|---|
| Neonatal Intensive Care Service | Beds/NWAU | SCHN Randwick (4)<br>SCHN Westmead (23)<br>Royal Prince Alfred (22)<br>Royal North Shore (16)<br>Royal Hospital for Women (16)<br>Liverpool (14+1/330 NWAU 2020/21)<br>John Hunter (19)<br>Nepean (12)<br>Westmead (24) | Services to be provided in accordance with *NSW Critical Care Networks (Perinatal)* policy |
| Peritonectomy | NWAU | St George (116)<br>Royal Prince Alfred (60+8/74 NWAU 2020/21) | Provision of equitable access for referrals as per agreed protocols |
| Paediatric Intensive Care | NWAU | SCHN Randwick (13)<br>SCHN Westmead (22)<br>John Hunter (4+1/289 NWAU 2020/21) | Services to be provided in accordance with *NSW Critical Care Networks (Paediatrics)* policy |
| Severe Burn Service | Access | Concord<br>Royal North Shore<br>SCHN Westmead | Services to be provided in accordance with *Critical Care Tertiary Referral Networks & Transfer of Care (Adults)*, *NSW Burn Transfer Guidelines* (ACI 2014) and *Critical Care Tertiary Referral Networks (Paediatrics)* policies |
| Sydney Dialysis Centre | Access | Royal North Shore | In accordance with 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District |
| Hyperbaric Medicine | Access | Prince of Wales | Provision of equitable access to hyperbaric services. |
| Haematopoietic Stem Cell Transplantation for Severe Scleroderma | Number of Transplants | St Vincent's (10) | Provision of equitable access for all referrals as per NSW *Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis*, BMT Network, Agency for Clinical Innovation, 2016. |
| Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke | Access | Royal Prince Alfred<br>Prince of Wales<br>Liverpool<br>John Hunter<br>SCHN | As per the NSW Health strategic report - *Planning for NSW NI Services to 2031* |

| Supra LHD service | Measurement unit | Locations | Service requirement |
|---|---|---|---|
| Organ Retrieval Services | Access | St Vincent's<br>Royal Prince Alfred<br>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 | Prince of Wales | As per individual service agreements |
| CAR T-cell therapy:<br>• Acute lymphoblastic leukaemia (ALL) for children and young adults:<br>• Adult diffuse large B-cell lymphoma (DLBCL) | Access | Sydney Children's Hospital, Randwick<br>Royal Prince Alfred Hospital<br><br>Royal Prince Alfred Hospital | As per individual service agreements |

## 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

| Illawarra Shoalhaven LHD | Target Volume (includes ABF and Small Hospitals) | Activity Based Funding (ABF) | Small Hospitals / Block Funding / Gross-Up | Transition Grants | 2020/21 Initial Budget |
|---|---|---|---|---|---|
| State Price: $4,727 per NWAU20 | NWAU20 | $000 | $000 | $000 | $000 |
| **Outcome 1: Keeping people healthy through prevention and health promotion** *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 preventive diseases and death, help people manage their own health, and promote equitable health outcomes in the community.* | 2,900 | $13,523 | $8,369 | $1,167 | $23,059 |
| **Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing** *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.* | 33,185 | $127,609 | $115,926 | $13,215 | $256,750 |
| **Outcome 3: People receive timely emergency care** *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.* | 21,501 | $93,613 | $10,662 | $2,907 | $107,181 |
| **Outcome 4: People receive high-quality, safe care in our hospitals** *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.* | 107,410 | $494,680 | $58,317 | $17,813 | $570,809 |
| **Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences** *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.* | 0 | $0 | $24,849 | $0 | $24,849 |
| **A  TOTAL OUTCOME BUDGET ALLOCATION** | 164,996 | $729,424 | $218,123 | $35,102 | $982,649 |
| **B  Provision for Specific Initiatives & TMF Adjustments (not included above)** | | | | | $7,150 |
| Purchasing adjustors | | | | | $13 |
| Enhancement of Nurse Practitioners to increase access to AoD treatment for all substance use | | | | | $150 |
| Efficiency and Procurement Savings | | | | | ($2,334) |
| Assistant in Medicine Positions | | | | | $531 |
| Increasing Nursing Hours Per Patient Day - Regional workforce boost | | | | | $214 |
| End of life and palliative care - Allied Health | | | | | $260 |
| IntraHealth - HealthShare 20/21 Adjustments | | | | | $1,210 |
| IntraHealth - eHealth 20/21 Adjustment | | | | | $718 |
| IntraHealth - NETS 20/21 Adjustment | | | | | $107 |
| Cancer 20/21 IntraHealth Adjustment | | | | | $138 |
| Dental National Partnership Agreement | | | | | $3,200 |
| TMF Adjustment - Workers Compensation | | | | | $2,530 |
| TMF Adjustment - Property | | | | | $545 |
| TMF Adjustment - Motor Vehicle | | | | | ($133) |
| **C  Restricted Financial Asset Expenses** | | | | | $3,008 |
| **D  Depreciation (General Funds only)** | | | | | $40,290 |
| **E  TOTAL EXPENSES (E=A+B+C+D)** | | | | | $1,033,098 |
| **F  Other - Gain/Loss on disposal of assets etc** | | | | | $2 |
| **G  LHD Revenue** | | | | | -$1,107,464 |
| **H  NET RESULT (H=E+F+G)** | | | | | -$74,364 |

Note:

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

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

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

## 5.2    State Outcome Budget Schedule: Part 2

| | | 2020/21 Initial Budget |
|---|---|---:|
| | | $000 |
| | **Government Contributions:** | |
| A | Subsidy* | -$690,544 |
| B | In-Scope Services - Block Funded | -$89,408 |
| C | Out of Scope Services - Block Funded | -$74,688 |
| D | Capital Subsidy | -$6,388 |
| E | Crown Acceptance (Super, LSL) | -$20,457 |
| F | **Total Government Contributions  (F=A+B+C+D+E)** | **-$881,484** |
| | **Own Source Revenue:** | |
| G | GF Revenue | -$217,869 |
| H | Restricted Financial Asset Revenue | -$8,111 |
| I | **Total Own Source Revenue  (I=+G+H)** | **-$225,980** |
| J | **TOTAL REVENUE  (J=F+I)** | **-$1,107,464** |
| K | Total Expense Budget - General Funds | $1,030,090 |
| L | Restricted Financial Asset Expense Budget | $3,008 |
| M | Other Expense Budget | $2 |
| N | **TOTAL EXPENSE BUDGET (*per Outcome Budget Schedule Part 1*)  (N=K+L+M)** | **$1,033,100** |
| O | **NET RESULT (O=J+N)** | **-$74,364** |
| | **Net Result Represented by:** | |
| P | Asset Movements | $74,946 |
| Q | Liability Movements | -$583 |
| R | Entity Transfers | |
| S | **TOTAL  (S=P+Q+R)** | **$74,364** |

**NOTES:**

The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2020/21 to $0.8m. Based on final June 2020 cash balances, adjustments will be made from July 2020 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System. 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.

The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.

* 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.

## 5.3 State Outcome Budget Schedule: Part 3

| | 2020/21 Initial Budget |
|---|---|
| | $000 |
| **HS Charges:** | |
| HS Service Centres | $4,569 |
| HS Ambulance Make Ready | $0 |
| HS Service Centres Warehousing | $14,648 |
| HS Enable NSW | $900 |
| HS Food Services | $22,696 |
| HS Soft Service (Cleaning) Charges | $0 |
| HS Linen Services | $5,752 |
| HS IPTAAS | $835 |
| HS Fleet Services | $2,802 |
| HS Patient Transport Services (NEPT) | $10,650 |
| HS MEAPP (quarterly) | $0 |
| **Total HealthShare Charges** | **$62,853** |
| **eHealth Charges:** | |
| EH Corporate IT & SPA | $13,051 |
| EH Recoups | $8,423 |
| **Total eHealth Charges** | **$21,475** |
| **Interhospital Charges:** | |
| Interhospital Ambulance Transports | $4,988 |
| Interhospital Ambulance NETS | $0 |
| **Total Interhospital Charges** | **$4,988** |
| **Interhospital NETS Charges - SCHN** | **$482** |
| **Payroll (including SGC, FSS)** | **$514,074** |
| **PAYG** | **$153,871** |
| **Loans:** | |
| MoH Loan Repayments | $0 |
| Energy Efficient Loans (Treasury) | $601 |
| **Total Loans** | **$601** |
| **Blood and Blood Products** | **$6,328** |
| **NSW Pathology** | **$28,746** |
| **Compacks (HSSG)** | **$816** |
| **TMF Insurances (WC, MV & Property)** | **$11,534** |
| **Creditor Payments** | **$237,721** |
| **Energy Australia** | **$5,304** |
| **TOTAL** | **$1,048,793** |

**NOTES:**

This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's/Health Entities are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHD's/Health Entities and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends. Consistent with prior years procedures, a mid year review will occur in January with further adjustments made if required.

Note: GST is included in the above amounts where applicable and should be considered by Health Entities in the process of reconciling to intrahealth budget allocations

## 5.4    State Outcome Budget Schedule: Part 4

| 2020/21 National Health Funding Body Service Agreement | | |
|---|---|---|
| | National Reform Agreement In-Scope | Commonwealth Funding Contribution |
| | **NWAU** | **$000** |
| Acute admitted services | 79,953 | |
| Admitted mental health | 9,052 | |
| Sub-acute (admitted) | 12,468 | |
| Emergency | 19,000 | |
| Non-admitted | 29,252 | |
| **Activity Based Funding** | **149,725** | |
| **Block Funding Total** | | **$37,839** |
| **TOTAL** | **149,725** | **$37,839** |

## 5.5  State Outcome Budget Schedule: Capital program

**Illawarra Shoalhaven Local Health District**

| PROJECTS MANAGED BY HEALTH SERVICE<br><br>2020/21 Capital Projects | Project Code | Reporting Silo | Estimated Total Cost 2020/21 | Estimated Expenditure to 30 June 2020 | Cost to Complete at 30 June 2020 | Capital Budget Allocation 2020/21 | 2020/21 Capital Budget Allocation by Source of Funds | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | MOH Funded[1] 2020/21 | Local Funds 2020/21 | Revenue 2020/21 | Lease Liabilities 2020/21 |
| | | | $ | $ | $ | $ | $ | $ | $ | $ |
| **WORKS IN PROGRESS** | | | | | | | | | | |
| | | | | | | | | | | |
| Asset Refurbishment/Replacement Strategy - Statewide | P55345 | ARRP | 11,238,406 | 10,090,172 | 1,148,234 | 1,022,304 | 1,022,304 | - | - | - |
| Wollongong Hosp. Children Ward Redevelopment | P56472 | LFI | 3,301,000 | 1,065,204 | 2,235,796 | 2,312,145 | - | 2,312,145 | - | - |
| Surface guided radiotherapy (SGRT) | P56714 | LFI | 1,560,960 | - | 1,560,960 | 1,560,960 | - | 1,560,960 | - | - |
| ISLHD Minor Works & Equipment | P51069 | Minor Works | 47,456,310 | 39,506,310 | 7,950,000 | 7,950,000 | 4,199,514 | 3,750,486 | - | - |
| Aboriginal Maternal Infant Child Health Facility Upgrade | P56691 | Minor Works | 40,000 | - | 40,000 | 40,000 | 40,000 | - | - | - |
| Cultural Environment Facility Upgrades | P56692 | Minor Works | 65,000 | - | 65,000 | 30,000 | 30,000 | - | - | - |
| Paediatric Allergy Clinics | P56529 | OTHER | 100,000 | - | 100,000 | 100,000 | 100,000 | - | - | - |
| Statewide Cataract Surgeries Equipment Purchases[1] | P56528 | OTHER | 57,289 | 22,126 | 35,163 | 35,163 | 37,379 | - | - | - |
| COVID-19 Clinics Security Enhancements | P56601 | OTHER | 215,000 | 105,123 | 109,877 | 85,000 | 85,000 | - | - | - |
| Palliative Care Refurbishment | P56532 | OTHER | 373,388 | - | 373,388 | 373,388 | 373,388 | - | - | - |
| Wollongong Birthing Unit Refurbishment[1] | P56548 | OTHER | 2,200,000 | 1,995,660 | 204,340 | 204,340 | 500,000 | - | - | - |
| Right of Use Asset <$250K | P56509 | ROU | 2,651,114 | 2,222,709 | 428,405 | 428,405 | - | - | - | 428,405 |
| | | | | | | | | | | |
| **TOTAL WORKS IN PROGRESS** | | | 69,258,467 | 55,007,303 | 14,251,164 | 14,141,705 | 6,387,585 | 7,623,591 | - | 428,405 |
| | | | | | | | | | | |
| **TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Illawarra Shoalhaven Local Health District** | | | 69,258,467 | 55,007,303 | 14,251,164 | 14,141,705 | 6,387,585 | 7,623,591 | - | 428,405 |

[1] Includes  2019-2020 End of Year Subsidy Adjustment

| PROJECTS MANAGED BY HEALTH INFRASTRUCTURE 2020/21 Capital Projects | Project Code | Reporting Silo | Estimated Total Cost 2020/21 | Estimated Expenditure to 30 June 2020 | Cost to Complete at 30 June 2020 | Capital Budget Allocation 2020/21 | Budget Est. 2021/22 | Budget Est. 2022/23 | Budget Est. 2023/24 | Balance to Complete |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | $ | $ | $ | $ | $ | $ | $ | $ |
| **MAJOR NEW WORKS 2020/21** | | | | | | | | | | |
| Shellharbour Hospital Redevelopment Stage 2 | P56700 | HI Silo | 320,000,000 | - | 320,000,000 | 6,500,000 | 45,000,000 | 50,000,000 | 80,000,000 | 138,500,000 |
| Shoalhaven Hospital Redevelopment | P56711 | HI Silo | 438,000,000 | - | 438,000,000 | 4,000,000 | 2,000,000 | 25,000,000 | 114,045,000 | 292,955,000 |
| **TOTAL MAJOR NEW WORKS** | | | **758,000,000** | **-** | **758,000,000** | **10,500,000** | **47,000,000** | **75,000,000** | **194,045,000** | **431,455,000** |
| **MAJOR WORKS IN PROGRESS** | | | | | | | | | | |
| Shellharbour Hospital Redevelopment Stage 1 | P56301 | HI Silo | 378,600,000 | 21,629,736 | 356,970,264 | 3,589,772 | 7,500,000 | 21,750,000 | 72,350,000 | 251,780,492 |
| **TOTAL MAJOR WORKS IN PROGRESS** | | | **378,600,000** | **21,629,736** | **356,970,264** | **3,589,772** | **7,500,000** | **21,750,000** | **72,350,000** | **251,780,492** |
| **TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE** | | | **1,136,600,000** | **21,629,736** | **1,114,970,264** | **14,089,772** | **54,500,000** | **96,750,000** | **266,395,000** | **683,235,492** |

*Notes:*

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

*The above budgets do not include Right of Use Assets (Leases) entered into after 30 September 2020.  These budgets will be issued through a separate process*

*Minor Works & Equipment >$10,000 Program is an annual allocation. Estimated Total Cost is calculated as Prior Year expenditure plus FY21 Budget Allocation*

# 6. Purchased volumes

## 6.1 Activity

| Investment by stream | Outcome | NWAU20 | Performance metric |
|---|---|---|---|
| Acute | 4 | 83,928 | See KPIs – Strategy 8 |
| Emergency Department | 3 | 21,501 | See KPIs – Strategy 8 |
| Sub-Acute – Admitted | 4 | 14,289 | See KPIs – Strategy 8 |
| Non-Admitted | 2 | 24,976 | See KPIs – Strategy 8 |
| Public Dental Clinical Service – Total Dental Activity (DWAU) | 1 | 23,095 | See KPIs – Strategy 8 |
| Mental Health – Admitted | 4 | 9,193 | See KPIs – Strategy 8 |
| Mental Health – Non-Admitted | 2 | 5,820 | See KPIs – Strategy 8 |
| Alcohol and other drug related – Admitted | 1 | 226 | See KPIs – Strategy 8 |
| Alcohol and other drug related – Non-Admitted | 1, 2 | 2,164 | See KPIs – Strategy 8 |

## 6.2 Election Commitment

| | Strategic priority | Target | Performance metric |
|---|---|---|---|
| Elective surgery volumes | | | |
| Number of Admissions from Surgical Waiting List – Cataract extraction | 2.4 | 2,952 | Achieve activity |
| Number of Paediatric Admissions from Elective Surgery Waiting List | 2.4 | 1,348 | See Key performance indicators |

## 6.3 NSW Health Strategic Priorities

| Investment | Strategic priority | $ '000 | NWAU20 | Performance metric |
|---|---|---|---|---|
| **Providing world class clinical care where patient safety is first** | | | | |
| Direct Access Colonoscopy (DAC) for positive immunochemical Faecal Occult Blood Test (iFOBT) | 2.2 | 142 | 30 | Implement one new DAC service to increase the proportion of colonoscopies with a positive iFOBT indication performed within 30 days across the district". |
| Wound Management | 2.2 | 142 | 30 | Implement local wound models aligned with the Leading Better Value Care Standards for Wound Management to support the provision of care in appropriate non-admitted settings using identified Chronic Wound HERO Clinics |

| Special considerations in baseline investment | Strategic priority | $ '000 | NWAU20 | Performance metric |
|---|---|---|---|---|
| **Integrate systems to deliver truly connected care** | | | | |
| Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect | 3.5 | 466<br><br>Note: escalation included in overall budget | NA | Participate in monitoring and evaluation activities as described in the funding agreement and Integrated Prevention and Response to Violence, Abuse and Neglect Evaluation Framework.<br><br>Provide integrated 24/7 psychosocial and medical forensic responses for victims of domestic and family violence, child physical abuse and neglect, and sexual assault.<br><br>Provide community engagement, education and prevention for violence, abuse and neglect. |

# 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_external_information.cfm?ItemID=23857

## Strategy 1: Keep people healthy

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

## Strategy 1: Keep people healthy

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

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

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

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

| Strategic Priority | Measure | Target | Not Performing ✖ | Under Performing ↘ | Performing ✔ |
|---|---|---|---|---|---|
| | Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | Hospital acquired medication complications (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | Hospital acquired delirium (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | Hospital acquired incontinence (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | Hospital acquired endocrine complications (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | Hospital acquired cardiac complications (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | 3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| | Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| 2.1 | Discharge against medical advice for Aboriginal in-patients (%) | ≥1% decrease on previous year | Increase on previous year | 0 and <1% decrease on previous year | ≥1% decrease on previous year |
| 2.3 | Patient Engagement Index (Number) | | | | |
| | Adult admitted patients | 8.5 | <8.2 | ≥8.2 and <8.5 | ≥8.5 |
| | Emergency department | 8.5 | <8.2 | ≥8.2 and <8.5 | ≥8.5 |
| 2.4 | Elective Surgery Overdue - Patients (Number): | | | | |
| | Category 1 | 0 | ≥1 | N/A | 0 |
| | Category 2 | 0 | ≥1 | N/A | 0 |
| | Category 3 | 0 | ≥1 | N/A | 0 |
| 2.4 | Paediatric Admissions from Elective Surgery Waiting List (Number – % variance from target) | Individual – See Data Supplement | >10% below target | ≤10% below target | At or above target |

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

| Strategic Priority | Measure | Target | Not Performing ✘ | Under Performing ↘ | Performing ✔ |
|---|---|---|---|---|---|
| 2.4 | Emergency Treatment Performance – Admitted (% of patients treated in ≤4 hours) | 50 | <43 | ≥43 to <50 | ≥50 |
| **Outcome 4 People receive high quality, safe care in our hospitals** | | | | | |
| 2.1 | Harm-free admitted care: | | | | |
| | Fall-related injuries in hospital – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care) | Individual – See Data Supplement | | | |
| 2.3 | Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%): | | | | |
| | All persons | Reduction on previous year | Increase on previous year | No change on previous year | Reduction on previous year |
| | Aboriginal Persons | Reduction on previous year | Increase on previous year | No change on previous year | Reduction on previous year |
| 2.3 | Overall Patient Experience Index (Number) | | | | |
| | Adult admitted patients | 8.5 | <8.2 | ≥8.2 and <8.5 | ≥8.5 |
| | Emergency department | 8.5 | <8.2 | ≥8.2 and <8.5 | ≥8.5 |
| 2.4 | Elective Surgery Access Performance - Patients treated on time (%): | | | | |
| | Category 1 | 100 | <100 | N/A | 100 |
| | Category 2 | 97 | <93 | ≥93 and <97 | ≥97 |
| | Category 3 | 97 | <95 | ≥95 and <97 | ≥97 |
| **Outcome 3 People receive timely emergency care** | | | | | |
| 2.4 | Emergency Department Presentations Treated within Benchmark Times (%) | | | | |
| | Triage 1: seen within 2 minutes | 100 | <100 | N/A | 100 |
| | Triage 2: seen within 10 minutes | 95 | <85 | ≥85 and <95 | ≥95 |
| | Triage 3: seen within 30 minutes | 85 | <75 | ≥75 and <85 | ≥85 |
| 2.4 | Transfer of care – Patients transferred from ambulance to ED <= 30 minutes (%) | 90 | <80 | ≥80 and <90 | ≥90 |

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

| Strategic Priority | Measure | Target | Not Performing ✗ | Under Performing ↘ | Performing ✓ |
|---|---|---|---|---|---|
| 3.3 | Mental Health | | | | |
| | Acute readmission - Within 28 days (%) | ≤13 | >20 | >13 and ≤20 | ≤13 |
| | Acute Seclusion Occurrence (Episodes per 1,000 bed days) | <5.1 | ≥5.1 | N/A | <5.1 |
| | Acute Seclusion Duration (Average Hours) | <4.0 | >5.5 | ≥4 and ≤5.5 | <4.0 |
| | Frequency of Seclusion (%) | <4.1 | >5.3 | ≥4.1 and ≤5.3 | <4.1 |
| 3.3 | Involuntary Patients Absconded – From an inpatient mental health unit – Incident Types 1 and 2 (rate per 1,000 bed days) | <0.8 | ≥1.4 | ≥0.8 and <1.4 | <0.8 |
| 3.3 | Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%) | 80 | <70 | ≥70 and <80 | ≥80 |
| 3.3 | Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number) | 0 | >5 | ≥1 and ≤5 | 0 |
| 3.2 | Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (Number) | Individual – See Data Supplement | Less than target | N/A | Equal to or greater than specified target |
| 3.4 | Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days). | ≤5 | >6 | >5 and ≤6 | ≤5 |
| 3.5 | Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%) | 100 | <90 | ≥90 and <100 | 100 |
| 3.5 | Domestic Violence Routine Screening – Routine Screens conducted (%) | 70 | <60 | ≥60 and <70 | ≥70 |
| 3.5 | Sustaining NSW Families Programs - Applicable organisations only - see Data Supplement: | | | | |
| | Families completing the program when child reached 2 years of age (%) | 50 | <45 | ≥45 and <50 | ≥50 |
| | Families enrolled and continuing in the program (%) | 65 | <55 | ≥55 and <65 | ≥65 |

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

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

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

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

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

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

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

| Strategic Priority | Measure | Target | Not Performing ✗ | Under Performing ↘ | Performing ✓ |
|---|---|---|---|---|---|
| 6.2 | Telehealth Service Access: Non-admitted services provided through telehealth (%) | 10 | <5 | ≥5 and <10 | ≥10 |

## Strategy 7: Deliver Infrastructure for impact and transformation

| Strategic Priority | Measure | Target | Not Performing ✗ | Under Performing ↘ | Performing ✓ |
|---|---|---|---|---|---|
| | Improvement Measures only – See Data Supplement | | | | |

| Strategy 8 Build financial sustainability and robust governance | | | | | |
|---|---|---|---|---|---|
| Strategic Priority | Measure | Target | Not Performing ✖ | Under Performing ↘ | Performing ✔ |
| 8.1 | Purchased Activity Volumes - Variance (%): | | | | |
| | Acute admitted – NWAU | Individual - See Budget | > +/-2.0% | > +/-1.0% and ≤ +/-2.0% | ≤ +/-1.0% |
| | Emergency department – NWAU | | | | |
| | Non-admitted patients – NWAU | | | | |
| | Sub-acute services - Admitted – NWAU | | | | |
| | Mental health – Admitted – NWAU | | | | |
| | Mental health – Non-admitted – NWAU | | | | |
| | Alcohol and other drug related Admitted – NWAU | See Purchased Volumes | > +/-2.0% | > +/-1.0% and ≤ +/-2.0% | ≤ +/-1.0% |
| | Alcohol and other drug related Non-Admitted – NWAU | | | | |
| | Public dental clinical service – DWAU | See Purchased Volumes | > +/-2.0% | > +/-1.0% and ≤ +/-2.0% | ≤ +/-1.0% |
| 8.1 | Expenditure Matched to Budget - General Fund - Variance (%) | On budget or favourable | >0.5% unfavourable | >0 and ≤0.5% unfavourable | On budget or favourable |
| 8.1 | Own Sourced Revenue Matched to Budget - General Fund - Variance (%) | On budget or favourable | >0.5% unfavourable | >0 and ≤0.5% unfavourable | On budget or favourable |
| 8.1 | Expenditure Projection: Actual compared to forecast (%) | Favourable or equal to forecast | Variation >2.0% to forecast | Variation >1.5% and ≤2.0% | Variation ≤1.5% to forecast |
| 8.1 | Revenue Projection: Actual compared to forecast (%) | Favourable or equal to forecast | Variation >2.0% to forecast | Variation >1.5% and ≤2.0% | Variation ≤1.5% to forecast |

## 7.2    Performance deliverables

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

### 7.2.1    Workplace culture

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

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

### 7.2.2    Value based healthcare

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

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

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

*Leading Better Value Care*

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

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

*Integrating care*

It is expected that the Organisation will:

- Record new patient enrolments for all scaled initiatives in the Patient Flow Portal by 31 December 2020 (except Integrated Care- Residential Aged Care facility focussed initiative).

- Transition from the Integrated Care for People with Chronic Conditions model to the Planned Care for Better Health (PCBH) model to deliver a service inclusive of all chronic diseases by delivering the following milestones:

    1. Submit a local implementation plan outlining how the Organisation will meet the four core elements outlined in the PCBH Transformation plan (patient identification, assessment and selection, intervention delivery and monitoring and review) by 15 December 2020

    2. Commence use of the Risk of Hospitalisation algorithm to identify suitable patients replacing the Chronic Conditions Patient Identification Algorithm by 31 March 2020

### 7.2.3   Towards Zero Suicides

Implementation of the three initiatives:

    1. Zero Suicides in Care,

    2. Alternatives to Emergency Departments,

    3. Assertive Suicide Prevention Outreach Teams

For each of the three initiatives:

- The Organisation will recruit the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide.

- The Organisation will submit an implementation plan to the Ministry that is informed by a local co-design process.

- The Organisation will commence delivering the initiative.

Implementation of *Enhancement to Rural Counselling*:

- The Organisation will recruit the minimum required FTE as per the supplementation letter.

- The Organisation will prepare and negotiate with the Ministry an implementation plan for *Enhancement to Rural Counselling*.

- The Organisation will commence delivering the initiative.