2018-19 SERVICE AGREEMENT

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND THE

South Eastern Sydney Local Health District

FOR THE PERIOD

1 July 2018 – 30 June 2019

NSW GOVERNMENT | **Health**

NSW Health Service Agreement – 2018/19

Principal Purpose

The principal purpose of the Service Agreement is to set out the service and performance expectations for the funding and other support provided to South Eastern Sydney Local Health District (the Organisation), to ensure the provision of equitable, safe, high quality, patient-centred healthcare services.
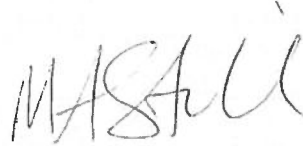
The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with 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

Mr Michael Still
Chair
On behalf of the
South Eastern Sydney Local Health District Board

Date: 29 August 2018 .... Signed: ....

Mr Gerry Marr
Chief Executive
South Eastern Sydney Local Health District

Date: 29 August 2018 .... Signed: ....

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: .... Signed: ....

Contents

1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of the priorities of the NSW Government and NSW Health.
- To establish with Districts and Networks a performance management and accountability system for the delivery of high quality, effective health care services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To develop effective partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by Districts and Networks.
- To promote accountability to Government and the community for service delivery and funding.

2. CORE Values

Achieving the goals, directions and strategies for NSW Health requires clear and co-ordinated prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

- **C**ollaboration – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.
- **O**penness – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients, and all people who work in the health system, to provide feedback that will help us provide better services.
- **R**espect – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.
- **E**mpowerment – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

3. Culture, Community and Workforce Engagement

Districts and Networks are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services. Impact Statements are to be considered and, where relevant, incorporated into health policies.

Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to the achievement of local priorities.

Engagement Surveys

- The People Matter Employee Survey measures the experiences of individuals across the NSW Health system in working with their team, managers and the organisation. The results of the survey will be used to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.
- 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 survey will also identify areas of best practice and further opportunities for improvement at an organisational and system level.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will be undertaking regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver patient centred care.

4. Legislation, Governance and Performance Framework

4.1 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.

4.2 Variation of the Agreement

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

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 in the course of the year.

4.3   National Agreement - Hospital funding and health reform

The Council of Australian Governments (COAG) has reaffirmed that providing universal health care for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2017 to 30 June 2020. That Agreement preserves important parts of the existing system, including activity based funding and the national efficient price. There is a focus on actions to improve patient safety and the quality of services and reduce unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. See http://www.coag.gov.au/agreements

4.4   Governance

Each Health Service and Support 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.

Districts and Networks are to ensure

- Timely implementation of Coroner's findings and recommendations, as well as recommendations of Root Cause Analyses.
- Active participation in state-wide reviews.

4.4.1   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. See http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf

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

4.4.2   Corporate Governance

Each Health Service and Support 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, they are to:

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

4.4.3 Safety and Quality Accounts

Standard 1, Clinical Governance, of the National Safety and Quality Health Service Standards describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients. Standard 1 ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – are accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.

Districts and Networks complete Safety and Quality Accounts to document achievements, and affirm 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 and locally selected high priority measures, patient safety priorities, service improvements and integration initiatives. The Account must also demonstrate how the Organisation meets Standard 1.

Consistent with the National Agreement, Districts and Networks must continue to focus on reducing the incidence of Hospital Acquired Complications. Through the Purchasing Framework, NSW Health has incentivised Districts and Networks to locally invest in quality improvement initiatives to specifically target these complications. It is expected that the Safety and Quality account articulates the incentivised initiative/s, and provides details on the approach and outcomes.

4.4.4 Performance Framework

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

The performance of a Health Service is assessed in terms of whether the organisation is meeting the strategic objectives for NSW Health and Government, the Premier's priorities, the availability and implementation of governance structures and processes, performance against targets and whether there has been a significant critical incident or sentinel event.

The Framework also sets out the performance improvement approaches, responses to performance concerns and management processes that support achievement of these outcomes in accordance with NSW Health and Government policy 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

Schedule A: Strategies and Priorities

NSW Health Strategies and Priorities are to be reflected in the strategic, operational and business plans of the Ministry and NSW Health Services and Support Organisations. Delivery of the Strategies and Priorities is the mutual responsibility of all entities.

NSW: Making it Happen

NSW: Making it Happen outlines NSW Health's State Priorities, including 12 Premier's Priorities that together define the NSW Government's vision for a stronger, healthier and safer NSW. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, all entities work together to ensure successful delivery, in both lead and partnering agency capacities.

Election Commitments

NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations – see also http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016_Budget_Papers_-_Election_Commitments_2015-19.pdf

Minister's Priority

NSW Health will strive for engagement, empathy and excellence to promote a positive and compassionate culture that is shared by managers, front-line clinical and support staff alike. This culture will ensure the delivery of safe, appropriate, high quality care for our patients and communities. To do this, Health Services are to continue to effectively engage with the community, and ensure that managers at all levels are visible and working collaboratively with staff, patients and carers within their organisation, service or unit. These requirements will form a critical element of the Safety and Quality Account.

NSW - Making it Happen

Our Contribution to the 30 NSW Priorities

NSW Health is contributing directly to 10 of the 30 NSW Priorities: 4 State Priorities and 6 Premier's Priorities

STATE PRIORITIES

BETTER SERVICES

> 70% of government transactions to be conducted via digital channels by 2019

> Increase the on-time admissions for planned surgery, in accordance with medical advice

- Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%
- Increase attendance at cultural venues and events in NSW by 15% by 2019
- Maintain or improve reliability of public transport services over the next 4 years

BUILDING INFRASTRUCTURE

- 90% of peak travel on key road routes in on time
- Increase housing supply across NSW to deliver more than 50,000 approvals every year

PROTECTING THE VULNERABLE

> Successful implementation of the NDIS by 2018

- Increase the number of households successfully transitioning out of social housing

SAFER COMMUNITIES

- LGAs to have stable or falling reported violent crime rates by 2019
- Reduce adult re-offending by 5% by 2019
- Reduce road fatalities by at least 30% from 2011 levels by 2021

STRONG BUDGET AND ECONOMY

> Expenditure growth to be less than revenue growth

- Make NSW the easiest state to start a business
- Be the leading Australian state in business confidence
- Increase the proportion of completed apprenticeships
- Halve the time taken to assess planning applications
- Maintain the AAA credit rating

KEY

> NSW Health leads these NSW Premier's and State Priorities

PREMIER'S PRIORITIES

BUILDING INFRASTRUCTURE

> Key infrastructure projects to be delivered on time and on budget

CREATING JOBS

- 150,000 new jobs by 2019

DRIVING PUBLIC SECTOR DIVERSITY

> Double the number of Aboriginal and Torres Strait Islander peoples in senior leadership roles and increase the proportion of women in senior leadership roles to 50% in the government sector in the next 10 years

FASTER HOUSING APPROVALS

- 90% of housing development applications determined within 40 days

IMPROVING EDUCATION RESULTS

- Increase the proportion of NSW students in the top two NAPLAN bands by 8%

IMPROVING GOVERNMENT SERVICES

> Improve customer satisfaction with key government services every year, this term of government

IMPROVING SERVICE LEVELS IN HOSPITALS

> 81% of patients through Emergency Departments within four hours by 2019

KEEPING OUR ENVIRONMENT CLEAN

- Reduce the volume of litter by 40% by 2020

PROTECTING OUR KIDS

> Decrease the percentage of children and young people re-reported at risk of significant harm by 15%

REDUCING DOMESTIC VIOLENCE

- Reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5%

REDUCING YOUTH HOMELESSNESS

- Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%

TACKLING CHILDHOOD OBESITY

> Reduce overweight and obesity rates of children by 5% over 10 years

NSW State Health Plan: Towards 2021

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time. See http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf

NSW Health Strategic Priorities 2018-19

The NSW Health Strategic Priorities 2018-19 builds on and complements the NSW State Health Plan: Towards 2021 and aligns with the NSW State and Premier's Priorities. The approach outlined in the plan frames the Ministry's role as system manager for NSW Health, strengthens system governance and establishes a strategic planning framework that:

- Embeds a new cross-functional approach to strategic planning and delivery in the Ministry including tighter direction and leadership;
- Allows a flexibility about how we go about achieving this in order to encourage innovation and continuous improvement; and
- Applies tight ownership around the deliverables which will enable transparency in monitoring results.

This will provide the system and stakeholders with an overview of system priorities, and transparency and clarity on where strategic effort will be focused each year, while also delivering business as usual.

NSW HEALTH STRATEGIC PRIORITIES FY2018-19

STRATEGIES							
1 — KEEP PEOPLE HEALTHY	**2 — PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST**	**3 — INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE**	**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 AND SYSTEM CAPABILITY**	**8 — BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE**

Executive Sponsors

Population and Public Health	System Purchasing and Performance	Strategy and Resources	People, Culture and Governance	Population and Public Health	eHealth NSW	Strategy and Resources	Financial Services and Asset Management

OBJECTIVES — Strategic Oversight Leads

1 — KEEP PEOPLE HEALTHY

- **1.1** Implement policy and programs to reduce childhood obesity — *Centre for Population Health*
- **1.2** Ensure preventive and population health programs to reduce tobacco use — *Centre for Population Health and Cancer Institute NSW*
- **1.3** Embed a health system response to alcohol and drug use and work across government agencies — *Centre for Population Health*
- **1.4** Reduce the impact of infectious disease on the community — *Health Protection NSW*
- **1.5** Embed Aboriginal cultural concepts of health and wellbeing in programs and services — *Centre for Aboriginal Health*

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

- **2.1** Continue to embed quality improvement and redesign to ensure safer patient care — *Clinical Excellence Commission and Agency for Clinical Innovation*
- **2.2** Continue to move from volume to patient-centred value-based care — *Strategic Reform*
- **2.3** Improve the patient experience — *System Purchasing*
- **2.4** Ensure timely access to care, with a focus on emergency, surgery and Ambulance performance — *System Performance Support*
- **2.5** Use system performance information to drive reform to the system — *System Information and Analytics*

3 — INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

- **3.1** Drive system integration through funding and partnership agreements — *System Performance Support*
- **3.2** Deliver mental health reforms across the system — *Mental Health*
- **3.3** Integrate the approach to End of Life and Palliative Care — *Health and Social Policy*
- **3.4** Support people with disability within the health sector and between agencies — *Government Relations*
- **3.5** Leverage health information and analytics to connect care across the system — *System Performance Support*
- **3.6** Support vulnerable people — *Government Relations*

4 — DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

- **4.1** Achieve a 'Fit for Purpose' workforce for now and the future — *Workforce Planning and Development*
- **4.2** Enable new ways of working facilitated by the move to St Leonards — *Workforce Relations*
- **4.3** Strengthen the culture within Health organisations to reflect our CORE values more consistently — *Workforce Planning and Development*
- **4.4** Develop effective health professional managers and leaders — *Health Education and Training Institute*
- **4.5** Improve health, safety and wellbeing at work — *Workplace Relations*

5 — SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION

- **5.1** Generate policy-relevant research — *Centre for Epidemiology and Evidence*
- **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*

6 — ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS

- **6.1** Implement integrated paper-lite core clinical information systems — *eHealth NSW*
- **6.2** Foster eHealth solutions that support integrated health services — *eHealth NSW*
- **6.3** Systemise improved access to data and information through improved platforms — *eHealth NSW*
- **6.4** Systemise and expand the integration of data to drive greater insights — *eHealth NSW*
- **6.5** Enhance decision-making by better supporting insights and actioning — *eHealth NSW*
- **6.6** Enhance patient, provider and research community access to digital health information — *eHealth NSW*

7 — DELIVER INFRASTRUCTURE AND SYSTEM CAPABILITY

- **7.1** Deliver agreed infrastructure on time and on budget — *Health Infrastructure and eHealth NSW*
- **7.2** Undertake integrated planning with other agencies — *Health System Planning and Investment*
- **7.3** Build asset management capability — *Asset Management*
- **7.4** Optimise procurement and supply chain — *Procurement*
- **7.5** Deliver commercial programs — *Finance*

8 — BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE

- **8.1** Secure a long term sustainable financial position — *Finance*
- **8.2** Ensure Health's delivery on the Financial Management Transformation Program — *Finance*
- **8.3** Drive improved financial capability to support fiscal sustainability — *Finance*
- **8.4** Deliver effective regulatory, governance and accountability — *Legal and Regulatory Services*
- **8.5** Drive system-wide consistency in use of health shared services — *People, Culture and Governance*

KEY

- Population and Public Health
- People, Culture and Governance
- System Purchasing and Performance
- Strategy and Resources
- Financial Services and Asset Management
- Office of the Secretary
- Services
- Pillars

Local Priorities

Under the Health Services Act 1997, Boards have the function of ensuring that strategic plans to guide the delivery of services are developed for the District or Network and for approving these plans. Local Health Districts and Specialty Health Networks are 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 each District and Network will implement local priorities to deliver the NSW Government and NSW Health priorities, and meet the needs of their respective populations.

The District's local priorities for 2018/19 are as follows:

Our strategic priorities
SESLHD STRATEGY

South Eastern Sydney Local Health District Journey to Excellence Strategy 2018-2021

Our Purpose:
To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.

Our vision:
Exceptional care, healthier lives

Safe, person-centred and integrated care

Everyone in our community will have access to safe, compassionate and high quality healthcare. That care should be provided either at home, or as close to home as possible

- Decrease the hospital standardised mortality ratio by **5% each year**
- Increase the number of staff using systems to review data
- Decrease adverse events by **10% each year**
- Improve patient satisfaction of care by **20% each year**
- Reduce emergency department presentations by **5% each year**
- Decrease the percentage of patients admitted to the emergency department by **5% each year**

Workforce wellbeing

We will create an environment where our people will be accountable and can be happy, well and supported to reach their potential

- Increase percentage of staff who recommend SESLHD as a place to work by **10% each year**
- Increase percentage of staff who recommend SESLHD as a care setting by **10% each year**
- Increase the number of staff who have had a performance review by **10% each year**
- Decrease absenteeism by **5% each year**
- Reduce workers compensation claims by **10% each year**

Better value

We will deliver value to our patients and community through maintaining financial sustainability and making investments consistent with our vision

- Increase the number of hours given back to patients and the community e.g. reduce waiting times/reduce number of visits
- Shift care into the community or outpatient settings
- Operate within the budget allocated to the organisation

Community wellbeing and health equity

We will work together with our partners to achieve health, wellbeing and equity for our shared communities

- Increase community reporting of good health by five percent (proportion of population self-reporting health as "good" or 'better')
- Increase the number of children reaching developmental milestones at 18 months and four years by five percent.
- Reduce discrepancies in median age of death between geographic areas and priority populations
- Decrease the rate of preventable hospitalisations due to long-term and vaccine-preventable conditions by five percent

Foster research and innovation

We will focus on translating research and innovation into clinical service models that deliver positive health outcomes

- Increase staff participation in research/innovation education and training
- Increase references to research/innovation outcomes based in SESLHD in the media
- Increase overall research/innovation funding
- Increase the number of translational research projects
- Increase the number of SESLHD submissions to innovation awards
- Increase the number of projects that use SESLHD Big Data

930,000
People live within our District

37%
of our population **have** long term conditions

98,281
ADMISSIONS
TO ADULT Medical Acute, Surgical & Mental Health per year

Enablers

| Partnerships that deliver | Responsive Information Management Systems | Data & Analytics | Fit for purpose infrastructure | A culture of continuous improvement |

EXCELLENCE

NSW Health South Eastern Sydney Local Health District

Schedule B: Services and Networks

Services

The Organisation is to maintain up to date information for the public on its website regarding its relevant 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 also to maintain up to date details of:

- Affiliated Health Organisations (AHOs) in receipt of Subsidies in respect of services recognised under Schedule 3 of the Health Services Act 1997. Note that annual Service Agreements are to be in place between the Organisation and AHOs.
- 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.

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.

Key Clinical Services Provided to Other Health Services

The Organisation is also to ensure continued provision of access by other Districts and Health Services, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

Service	Recipient Health Service
Cardiothoracic Surgery	Illawarra Shoalhaven LHD
Radiology	Illawarra Shoalhaven LHD
Gynaecology Oncology	Illawarra Shoalhaven LHD, Australian Capital Territory
MotherSafe	Statewide
Electrophysiology	Sydney LHD
Clinical Support Services e.g. theatres, recovery, radiology and radiotherapy	Sydney Children's Hospitals Network
Clinical Tertiary Services	Justice Health & Forensic Mental Health Network
Multiple Sclerosis Clinic	Illawarra Shoalhaven LHD
Disaster and Events Response	Airport, Darling Harbour, Central Business District
Rural Eye Service	Far Western LHD residents. Far West Medicare Local holds the funds. South Eastern Sydney LHD provides the service via an Memorandum of Understanding.
Coordination and Delivery of Leadership Programs: Effective Leadership Program and CEC Statewide Clinical Leadership Program.	Statewide
HETI	Sydney LHD, Illawarra Shoalhaven LHD, St Vincent's and Mater Health Network, Northern NSW LHD,Mid North Coast LHD and Justice Health and Forensic Mental Health Network
SMHTAL	St Vincent's Health Network and SESLHD participate in a networked SMHTAL service
Emergency, hospital inpatient and outpatient clinic services. A Correctional Services general acute inpatient ward is maintained at POWH	Justice Health &Forensic Mental Health Network

T2 clinic provided to Long Bay, Infectious Disease/Immunology clinics at Long Bay, Sexual Health	Justice Health & Forensic Mental Health Network
HIV and AIDS management ACAT and aged care services	Justice Health & Forensic Mental Health Network
HIV/Sexual Health Services support	Murrimbidgee LHD
Northern Sector Community Health Services Provide services for the geographic area around St Vincent's Hospital including: AIM, WAVES, Women's Health, Domiciliary Speech Pathology	St Vincent's Health Network
Major Trauma Service	Illawarra Shoalhaven LHD, Southern NSW LHD, Murrumbidgee LHD
Cancer Genetics	Illawarra Shoalhaven LHD, ACT & Children's Cancer Institute Australia
Mental Health Intensive Care Unit – Prince of Wales	Statewide
ASC Combined Phone Lines	Statewide
ADAHPS (AIDS Dementia & HIV Psychiatry Service) Outreach team	Statewide
Public Health Risk Panel	Statewide
Sexual Health Info Line	Statewide
Dry Blood Spot Service & Enhanced	Statewide
HIV Partner Notification	Statewide
STI Programs Unit	Statewide
Medical Imaging Services	Norfolk Island
Eye & Bone Tissue	Hunter New England LHD, South Western Sydney LHD, Sydney LHD, Western Sydney LHD

Note that New South Wales prisoners are entitled to free inpatient and non-inpatient services in NSW public hospitals (PD2016_024 – Health Services Act 1997 - Scale of Fees for Hospital and Other Services, or as updated).

Non-clinical Services and Other Functions Provided to Other Health Services

Where the Organisation has the lead or joint lead role, continued provision to other Districts and Health Services is to be ensured as follows.

Service or function	Recipient Health Service
Northern Sector Community Health Services provides an equipment loan, also HARP data & Strategic Support	St Vincent's Health Network
Royal Hospital for Women provides Accommodation for: • Sydney Cord Blood Centre • Breast Screen NSW Service for SESLHD	• Sydney wide • Cancer Institute NSW
CHOC support	Sydney Children's Hospitals Network
Homelessness	Sydney wide, in conjunction with St Vincent's and Sydney LHD
Organ & Tissue Donation service	Statewide
Multicultural Health Communication Service	Statewide
HARP (Health Promotion) & strategic support & data reporting	Illawarra Shoalhaven LHD
Environmental Health Tobacco Compliance	Illawarra Shoalhaven LHD
R.I.S Administration	Illawarra Shoalhaven LHD
Billing Services	Illawarra Shoalhaven LHD & Sydney Children's Hospitals Network (Randwick)
Information and Communication Technology	Illawarra Shoalhaven LHD, Sydney Children's Hospitals Network (Randwick), & NSW Pathology
Professional Practice	Illawarra Shoalhaven LHD
BreastScreen service provision	Illawarra Shoalhaven LHD
Bio-preparedness Epidemiologist	Illawarra Shoalhaven LHD

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)
- Tiered Network Arrangements for Maternity and Neonatal Care in NSW
- NSW Acute Spinal Cord Injury Referral Network - (PD2010_021)
- NSW Trauma Services Networks (Adults and Paediatrics) - (PD2010_021)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)

Roles and responsibilities for Mental Health Intensive Care Units (MHICU), including standardisation of referral and clinical handover procedures and pathways, the role of the primary referral centre in securing a MHICU bed, and the standardisation of escalation processes will be a key focus for NSW Health in 2018/19.

Supra LHD Services

The following information is included in all Service Agreements to provide an overview of recognised Supra LHD Services and Nationally Funded Centres in NSW. Supra LHD Services are provided across District/Network boundaries and are characterised by a combination of the following factors:

- 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;
- 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
- Ensuring equitable access to Supra LHD Services will be a key focus. Supra LHD locations and service levels are as follows:

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Adult Intensive Care Unit	Beds	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (34) (1 new in 2018/19) Royal Prince Alfred (51) Concord (16) Prince of Wales (22) John Hunter (24) (1 new in 2018/19) St Vincent's (21) St George (36)	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011. Units with new beds in 2018/19 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 Hornsby - Mental Health Intensive Care Unit Prince Of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan ICU Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access.

Supra LHD Service	Measurement Unit	Locations	Service Requirement
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
Severe Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011 and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26) 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 at Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011.
Heart, Lung and Heart Lung Transplantation	Access	St Vincent's (96)	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, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0— April 2016.
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 NSW Critical Care Networks (Perinatal) PD2010_069.
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16) Liverpool (13) (1 new in 2018/19) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with NSW Critical Care Networks (Perinatal) PD2010_069
Peritonectomy	Number	St George (116) Royal Prince Alfred (60)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	Beds	SCHN Randwick (13) SCHN Westmead (22) John Hunter (up to 4)	Services to be provided in accordance with NSW Critical Care Networks (Paediatrics) PD2010_030

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011 and NSW Burn Transfer Guidelines (ACI 2014) and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
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 Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - Planning for NSW NI Services to 2031
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	Provision of equitable access for all referrals

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	

Schedule C: Budget

Part 1

		South Eastern Sydney LHD - Budget 2018/19							
		2018/19 BUDGET					Comparative Data		
		A	B	C	D	E	F	G	H	I
		Target Volume (NWAU18)	Volume (Admissions & Attendances) Indicative only	State Price per NWAU18	LHD/SHN Projected Average Cost per NWAU18	Initial Budget 2018/19 ($ '000)	2017/18 Annualised Budget ($ '000)	Variance Initial and Annualised ($ '000)	Variance (%)	Volume Forecast 2017/18 (NWAU18)
	Acute Admitted	164,603	162,901			$759,665	$729,698	$29,967		161,434
	Emergency Department	30,463	223,467	$4,713	$4,621	$140,485	$134,272	$6,213		29,709
	Non Admitted Patients (Including Dental)	48,082	940,440			$221,901	$213,928	$7,973		47,324
A	Total	243,149	1,326,808			$1,122,051	$1,077,899	$44,152	4.1%	238,468
	Sub-Acute Services - Admitted	20,443	16,239	$4,713	$4,621	$94,264	$89,980	$4,285		19,909
	Sub-Acute Services - Non Admitted	2,214				$10,230	$10,010	$219		2,214
B	Total	22,657	16,239			$104,494	$99,990	$4,504	4.5%	22,123
	Mental Health - Admitted (Acute and Sub-Acute)	13,359	3,216			$61,731	$60,408	$1,324		13,359
	Mental Health - Non Admitted	10,319	243,346	$4,713	$4,621	$51,205	$48,650	$2,555		9,975
	Mental Health - Classification Adjustment					$2,440	$2,388	$52		
C	Total	23,678	246,563			$115,376	$111,445	$3,931	3.5%	23,334
	Block Funding Allocation									
	Block Funded Services In-Scope									
	- Teaching, Training and Research					$57,757	$56,519	$1,238		
D	Total					$58,416	$57,163	$1,253	2.2%	
E	**State Only Block Funded Services Total**					$217,531	$212,867	$4,664	2.2%	
	Transition Grant (excluding Mental Health) and RSCβ									
G	**Gross-Up (Private Patient Service Adjustments)**					$70,207	$68,701	$1,505	2.2%	
	Provision for Specific Initiatives & TMF Adjustments (not included above)									
	Data Improvement Project *					$750				
	HAC Improvement Project					$350				
	Purchasing Adjustors (incl Hospital Acquired Complications)					-$1,149				
	HealthShare Accelerated Savings Program					-$1,575				
	Election Commitment - Additional Nursing, Midwifery and Support positions					$354				
	Electricity escalations					$2,004				
	New parents and children initiatives					$460				
H	Total					$6,629		$6,629		
I	**Restricted Financial Asset Expenses**					$13,656	$13,656			
J	**Depreciation (General Funds only)**					$57,826	$57,826			
K	**Total Expenses (K=A+B+C+D+E+F+G+H+I+J)**					$1,766,187	$1,699,547	$66,639	3.9%	
L	**Other - Gain/Loss on disposal of assets etc**					$2,658	$2,658			
M	**LHD Revenue**					-$1,722,798	-$1,646,709	-$76,089		
N	**Net Result (N=K+L+M)**					$46,046	$55,496	-$9,450		

General Note: ABF growth is funded at 90% of the State Price for all "business as usual" activity and new builds or new capacity has continued to be funded at the full State Price

β Part of the Acute, ED and Subacute Admitted transition grant has been used to fund growth (see Schedule C glossary)

* Data Improvement Project $250k to be allocated to Intra Health for EDW

Part 2

		South Eastern Sydney LHD	2018/19 $ (000's)
		Government Grants	
	A	Subsidy*	-$1,091,840
	B	In-Scope Services - Block Funded	-$87,520
	C	Out of Scope Services - Block Funded	-$173,675
	D	Capital Subsidy	-$8,786
	E	Crown Acceptance (Super, LSL)	-$33,051
	F	**Total Government Contribution (F=A+B+C+D+E)**	**-$1,394,872**
		Own Source revenue	
	G	GF Revenue	-$304,046
	H	Restricted Financial Asset Revenue	-$23,880
	I	**Total Own Source Revenue (I=G+H)**	**-$327,926**
	J	**Total Revenue (J=F+I)**	**-$1,722,798**
	K	Total Expense Budget - General Funds	$1,752,530
	L	Restricted Financial Asset Expense Budget	$13,656
	M	Other Expense Budget	$2,658
	N	**Total Expense Budget as per Attachment C Part 1 (N=K+L+M)**	**$1,768,845**
	O	**Net Result (O=J+N)**	**$46,046**
		Net Result Represented by:	
	P	Asset Movements	-$44,212
	Q	Liability Movements	-$1,835
	R	Entity Transfers	
	S	**Total (S=P+Q+R)**	**-$46,046**

(Schedule C Part 2)

Note:

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.

Part 3

2018/19 Shared Services & Consolidated Statewide Payment Schedule			
		South Eastern Sydney LHD	**$ (000's)**
Schedule C Part 3	**HS Charges**	HS Service Centres	$6,108
		HS Service Centres Warehousing	$22,741
		HS Enable NSW	$3,675
		HS Food Services	$29,992
		HS Soft Service Charges	
		HS Linen Services	$9,326
		HS Recoups	$11,556
		HS IPTAAS	$172
		HS Fleet Services	$3,236
		HS Patient Transport Services	$7,125
		HS MEAPP	
		Total HSS Charges	**$93,931**
	eHealth	EH Corporate IT	$6,227
		EH Information Services ICT SPA	$13,035
		Total eHealth Charges	**$19,262**
	IH Transports	Interhospital Ambulance Transports	$1,895
		Interhospital Ambulance NETS	$109
		Total Interhospital Ambulance Charges	**$2,004**
		Interhospital NETS Charges - SCHN	**$111**
	Payroll	**Total Payroll (including SGC, FSS, Excluding LSL & PAYG)**	**$915,449**
	Loans	MoH Loan Repayments	
		Treasury Loan (SEDA)	
		Total Loans	
		Blood and Blood Products	**$14,160**
		NSW Pathology	**$50,746**
		Compacks (HSSG)	**$1,918**
		TMF Insurances (WC, MV & Property)	**$15,069**
		Energy Australia	**$14,835**
		Total	**$1,127,485**

Note:

This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHD's 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: The amounts above include GST, where applicable.

Part 4

2018/19 National Health Funding Body Service Agreement - South Eastern Sydney LHD

Period: 1 July 2018 - 30 June 2019

		National Reform Agreement	Commonwealth
Schedule C Part 4	Acute	152,039	
	ED	28,285	
	Mental Health	13,592	
	Sub Acute	24,751	
	Non Admitted	50,406	
	Activity Based Funding Total	**269,074**	
	Block Funding Total		**$42,081,265**
	Total	**269,074**	**$42,081,265**

Capital Program

SOUTH EASTERN SYDNEY LHD

ASSET AUTHORISATION LIMITS 2018/19 Capital Projects	SMRT	BP2 ETC 2018/19	Estimated Expenditure to 30 June 2018	Cost to Complete at 30 June 2018	BP2 Allocation 2018/19	BP2 Est. 2019/20	BP2 Est. 2020/21	BP2 Est. 2021/22	Balance to Complete
		$	$	$	$	$	$	$	$
WORKS IN PROGRESS									
SESLHD Minor Works & Equipment	P51069	14,170,500		14,170,500	14,170,500	14,170,500	14,170,500		
Asset Refurbishment/Replacement Strategy - Statewide	P55345				2,421,788				
St George Hospital Cancer Care Centre Stage 5	P56131	3,990,000	1,532,099	2,457,901	2,457,901				
Prince of Wales Hospital Digital Subtraction Angiography Unit	P56242	1,110,000	151,959	958,041	958,041				
Engadine Community Health Centre - Construct Dental Clinic	P56412	600,000		600,000		600,000			
TOTAL WORKS IN PROGRESS		19,870,500	1,684,058	18,186,442	20,008,230	14,770,500	14,170,500		
TOTAL ASSET ACQUISITION PROGRAM		**19,870,500**	**1,684,058**	**18,186,442**	**20,008,230**	**14,770,500**	**14,170,500**		
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
MAJOR NEW WORKS 2018/19									
St George Hospital Birthing Suite & Theatre Refurbishment	P56410	11,500,000	0	11,500,000	10,000,000	1,500,000			
TOTAL MAJOR NEW WORKS		11,500,000		11,500,000	10,000,000	1,500,000			
MAJOR WORKS IN PROGRESS									
St George Hospital Redevelopment Stage 1 & Acute Services Building Cont (part B)	P55333	265,500,000	261,690,894	3,809,106	3,809,106				
Randwick Campus Reconfiguration and Expansion Stage 1 (including land acquisition)	P56067	720,000,000	104,000,000	616,000,000	62,000,000	52,000,000	85,000,000	118,025,000	298,975,000
TOTAL MAJOR WORKS IN PROGRESS		985,500,000	365,690,894	619,809,106	65,809,106	52,000,000	85,000,000	118,025,000	298,975,000
TOTAL MANAGED BY HEALTH INFRASTRUCTURE		**997,000,000**	**365,690,894**	**631,309,106**	**75,809,106**	**53,500,000**	**85,000,000**	**118,025,000**	**298,975,000**

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > $10,000 includes a confund contribution of $6,014,686

This does not include new and existing Locally Funded Initiative (LFI) Projects which will be included in Initial Capital Allocation Letters

Schedule D: Purchased Volumes

Growth Investment	Strategic Priority	$'000	NWAU18	Performance Metric
Activity Growth inclusive of Local Priority Issues				
Acute *Inclusive of Sutherland and St George Service Expansion*	2	-	164,603	As per Schedule E / Activity of New Service Identified
Emergency Department	2.4	-	30,463	As per Schedule E
Sub-Acute (Admitted and Non-Admitted)	2	-	23,275	As per Schedule E
Sub and Non Acute Inpatient Services – Palliative Care Component	3.3	-	2,965	As per Schedule E
Non-Admitted	2 / 3	-	48,223	As per Schedule E
Public Dental Clinical Service – Total Dental Activity	1	-	16,511 (DWAU)	As per Schedule E
Mental Health Admitted	3.2	-	13,359	As per Schedule E
Mental Health Non-Admitted	3.2	-	10,319	As per Schedule E
Mental Health Reforms				
Specialist child and adolescent community mental health services	3.2	-	110	Client-related hours
Specialist adult community mental health services	3.2	-	73	Client-related hours
Specialist older persons community mental health services	3.2	-	110	Client-related hours
Service Investment				
Capital and Service Expansion: The Sutherland Hospital RADIUS	2 / 3	1,000	-	Activity of new service identified
Highly Specialised Service - Peritonectomy	2	1,030	-	As per Schedule E

	Strategic Priority	Target	Performance Metric
STATE PRIORITY			
Elective Surgery Volumes			
Number of Admissions from Surgical Waiting List - All Patients	2.4	19,900	Number
Number of Admissions from Surgical Waiting List - Children < 16 Years Old	2.4	626	Number

Growth Investment	Strategic Priority	$ '000	NWAU18	Performance Metric
NSW HEALTH STRATEGIC PRIORITIES				
Providing World Class Clinical Care Where Patient Safety is First				
Hospital Acquired Complications (HAC) initiatives	2.1	350	-	Demonstration of reduction in HAC
ETP	2.4	44	-	ETP Trajectory
Leading Better Value Care – Program Support Transition	2.2	250	-	Performance against LBVC Deliverables
Integrate Systems to Deliver Truly Connected Care				
Integrated Care Strategy *The Integrated Care purchasing model for 2018/19 converts 25% of the existing recurrent funding for Integrated Care for People with Chronic Conditions (ICPCC) (previously the Chronic Disease Management Program) into purchased activity for each LHD/SHN. This is shown as NWAU for each LHD/SHN.*	3.1	1,478	164	Demonstration of delivery of activities outlined in the approved Activity Work Plan and meeting data collection requirements (including monitoring, evaluation, and the Patient Flow Portal)
Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect	3.6	410 *with general escalation applied for 2018/19*	-	Commence implementation of local VAN service redesign and recruitment of permanent clinical staff where staffing gaps have been identified
Enable eHealth, Health Information and Data Analytics				
Data quality improvement – clinical coding / documentation	6.3	250	-	Data quality improvement
EDWARD business implementation *$250,000 to be allocated to Intra Health for EDW - One-off for 2018/19*	6.3	500	-	Complete Stage 1 LEAP and transition of at least one data stream (AP, ED or WL) as per LHD/SHN Program Management Plan

Schedule E: Performance against Strategies and Objectives

A. Key Performance Indicators

The performance of Districts, Networks, other Health Services and Support Organisations is assessed in terms of whether it is meeting performance targets for individual key performance indicators for each NSW Health Strategic Priority.

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement along with the list of improvement measures that will continue to be tracked by the Ministry's Business Owners - see

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508

The Data Supplement also maps indicators and measures to key strategic programs including

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Financial Management Transformations

B. Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2018-19 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Health Service and Support Organisation.

A. Key Performance Indicators

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Strategy 1: Keep People Healthy						
1.1	Population Health	**Get Healthy Information and Coaching Service** - Health professional referrals: Variance (%)	Individual - See Data Supplement	>10.0 variation below Target	<=10.0 variation below Target	Met or exceeded Target
		Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program (%):				
	Population Health	• Primary schools - Trained primary schools achieving agreed proportion of Live Life Well @ School program practices (%)	>=60	<55	55-59	>=60
	Population Health	• Early childhood services – Sites achieving agreed proportion of Munch and Move program practices (%)	>=60	<55	55-59	>=60
1.2		**Smoking During Pregnancy -** At any time (%):				
	Equity	• Aboriginal women	Decrease from previous year	Increase on previous year	No change	Decrease from previous year
	Equity	• Non-aboriginal women	Decrease from previous year	Increase on previous year	No change	Decrease from previous year
	Effectiveness	**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
1.4	Population Health	**Human Immunodeficiency Virus (HIV) Testing** - Within publicly-funded HIV and sexual health services: Variance (%)	Individual - See Data Supplement	<98 Target	>=98 and <100	>=100
	Effectiveness	**Hepatitis C Antiviral Treatment Initiation** – Direct acting - by LHD residents: Variance (%)	Individual - See Data Supplement	<98 Target	>=98 and <100	>=100
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.1	Safety	**Fall-related Injuries in Hospital** – Resulting in fracture or intracranial injury – Rate (per 1,000 bed days)	<0.13	>=0.16	>=0.13 and <0.16	<0.13
	Safety	**3rd or 4th Degree Perineal Lacerations During Delivery** (Rate per 1,000 bed days)	<0.38	>=0.53	>=0.38 and <0.53	<0.38
	Safety	**Hospital Acquired Venous Thromboembolism** (Rate per 1,000 bed days)	<0.32	>=0.46	>=0.32 and <0.46	<0.32
	Safety	**Hospital Acquired Pressure Injuries** (Rate per 1,000 bed days)	<0.24	>=0.39	>=0.24 and <0.39	<0.24
	Safety	**Healthcare Associated Infections** (per 1,000 bed days)	<3.92	>=4.45	>=3.92 and <4.45	<3.92
	Safety	**Surgical Complications Requiring Unplanned Return to Theatre** (Rate per 1,000 bed days)	<0.80	>=1.01	>=0.80 and <1.01	<0.80
	Safety	**Hospital Acquired Medication Complications** (Rate per 1,000 bed days)	<0.97	>=1.28	>=0.97 and <1.28	<0.97
	Safety	**Hospital Acquired Neonatal Birth Trauma** (Rate per 1,000 bed days)	<0.08	>=0.12	>=0.08 and <0.12	<0.08
2.1		**Unplanned Hospital Readmissions** – All admissions within 28 days of separation (%):				
	Effectiveness	• All persons	Decrease	Increase on previous year	No change	Decrease from previous Year
	Effectiveness	• Aboriginal persons	Decrease	Increase on previous year	No change	Decrease from previous Year

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
2.3	Patient Centred Culture	**Overall Patient Experience Index** (Number)	>=8.5	<=8.2	>8.2 and <8.5	>=8.5
	Patient Centred	**Patient Engagement Index** (Number)	>=8.5	<=8.2	>8.2 and <8.5	>=8.5
2.4		**Elective Surgery:**				
		• **Access Performance** - Patients treated on time (%):				
	Timeliness & Accessibility	• Category 1	100	<100	N/A	100
	Timeliness & Accessibility	• Category 2	>=97	<93	>=93 and <97	>=97
	Timeliness & Accessibility	• Category 3	>=97	<95	>=95 and <97	>=97
		• **Overdue** - Patients (Number):				
	Timeliness & Accessibility	• Category 1	0	>=1	N/A	0
	Timeliness & Accessibility	• Category 2	0	>=1	N/A	0
	Timeliness & Accessibility	• Category 3	0	>=1	N/A	0
		Emergency Department:				
	Timeliness & Accessibility	• Emergency treatment performance - Patients with total time in ED <= 4 hrs (%)	>=81	<71	>=71 and <81	>=81
	Timeliness & Accessibility	• 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						
3.1	Timeliness & Access	**Aged Care Assessment Timeliness** - Average time from ACAT referral to delegation - Admitted patients (Days).	<=5	>6	>5 and <=6	<=5
3.2		**Mental Health:**				
	Effectiveness	• **Acute Post-Discharge Community Care** - Follow up within seven days (%)	>=70	<50	>=50 and <70	>=70
	Effectiveness	• **Acute readmission** - Within 28 days (%)	<=13	>=20	>13 and <20	<=13
	Appropriate-ness	• **Acute Seclusion Occurrence** – (Episodes per 1,000 bed days)	<5.1	>=5.1	N/A	<5.1
	Appropriate-ness	• **Acute Seclusion Duration** – (Average Hours)	< 4	>5.5	>= 4 and <= 5.5	< 4
	Safety	• **Involuntary Patients Absconded** – From an inpatient mental health unit –Incident Types 1 and 2 (Number)	0	>0	N/A	0
	Patient Centred Culture	• **Mental Health Consumer Experience:** Mental Health consumers with a score of Very Good or Excellent (%)	>=80	<70	>=70 and <80	>=80
	Timeliness & Accessibility	• **Access Block** - Emergency department to inpatient unit - Presentations staying in ED > 24 hours (Number)	0	>5	Between 1 and 5	0
3.2		**Mental Health Reform:**				
	Patient Centred Culture	• **Pathways to Community Living** - People transitioned to the community – (Number) *(Applicable LHDs only - see Data Supplement)*	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter
	Patient Centred Culture	• **Peer Workforce Employment** – Full time equivalents (FTEs) (Number)	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
3.5	Patient Centred Culture	**Electronic Discharge Summaries Completed -** Sent electronically to State Clinical Repository (%)	Increase	Decrease from previous month	No change	Increase on previous month
3.6	Effectiveness	**Domestic Violence Routine Screening –** Routine Screens conducted (%)	70	<60	>=60 and <70	=>70
	Effectiveness	**Out of Home Care Health Pathway Program** - Children and young people completing a primary health assessment (%)	100	<90	>=90 and <100	100
	Effectiveness	**Sexual Assault Services Initial Assessments** – Referrals for victims of sexual assault receiving an initial psychosocial assessment (%)	80	<70	>=70 and <80	=>80
		Sustaining NSW Families Programs - Applicable LHDs only - see Data Supplement:				
	Effectiveness	• Families completing the program when child reached 2 years of age (%)	50	<45	>=45 and <50	=>50
	Effectiveness	• Families enrolled and continuing in the program (%)	65	<55	>=55 and <65	=>65
Strategy 4: Develop and Support Our People and Culture						
4.1	Patient Centred Culture	**Staff Engagement** - People Matter Survey Engagement Index - Variation from previous year (%)	>=0 (Increase)	<= -5	>-5 and <0	>=0
	Efficiency	**Staff Performance Reviews** - Within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.3	Equity	**Aboriginal Workforce Participation** - Aboriginal Workforce as a proportion of total workforce (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.5	Safety	**Compensable Workplace Injury** - Claims (% change)	10 Decrease	Increase	>=0 and <10 Decrease	>= 10 Decrease
Strategy 5: Support and Harness Health and Medical Research and Innovation						
5.4	Research	**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
	Research	**Research Governance Application Authorisations** – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	95	<75	>=75 and <95	>=95
Strategy 6: Enable eHealth, Health Information and Data Analytics						
6.2	Efficiency	See under 3.5 - Electronic Discharge Summaries				
Strategy 7: Deliver Infrastructure and System Capability						
7.1	Finance	**Capital Variation** - Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
7.3	Finance	**Asset Maintenance Expenditure** – As a proportion of asset replacement value (% change)	>=10	< 5	>= 5 and < 10	>=10
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1		**Purchased Activity Volumes -** Variance (%):				
	Finance	• Acute admitted– NWAU	Individual - See Budget	> +/-2.0	> +/-1.0 and <= +/-2.0	<= +/-1.0
	Finance	• Emergency department – NWAU				
	Finance	• Non-admitted patients – NWAU				
	Finance	• Sub acute services - Admitted – NWAU				
	Finance	• Mental health – Admitted – NWAU				
	Finance	• Mental health - Non admitted – NWAU				
	Finance	• Public dental clinical service - DWAU	See Purchased Volumes	> +/-2.0	> +/-1.0 and <= +/-2.0	<= +/-1.0

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
	Finance	**Expenditure Matched to Budget** - General Fund -Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable
	Finance	**Own Sourced Revenue Matched to Budget** - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable
	Efficiency	**Cost Ratio Improvement** - Cost per NWAU compared to state average - (%)	Decrease from previous year	Increase on previous year	No Change	Decrease from previous year

B. Strategic Deliverables

Leading Better Value Care

The Leading Better Value Care (LBVC) Program creates shared priorities across the NSW health system to improve health outcomes, improve the experience of care for patients, carers and clinicians and provide efficient and effective care. The main components of this approach include the following:

- The Ministry of Health will continue as system administrator, purchaser and manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will continue to provide services established through LBVC in 2017-18 and determine local approaches to deliver new LBVC initiatives in 2018-19.
- The Pillars, as required, will continue to support Districts and Networks in a flexible manner that can be customised to meet local needs and will support measurement as required.
- Districts and Networks will participate with Pillars in evaluation, monitoring and regular reporting on the progress of the LBVC initiatives as specified in the Monitoring and Evaluation Plans.

In 2018/19, Districts and Networks will:

- Continue to provide clinical services in the most appropriate care setting for patients in LBVC Tranche One (T1) initiatives of Osteoporotic Refracture Prevention (ORP), Osteoarthritis Chronic Care Program (OACCP), Renal Supportive Care (RSC) and High Risk Foot Services (HRFS) through designated HERO clinics.
- Implement the LBVC solutions for Chronic Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD) and Diabetes.
- Continue to undertake and report on the agreed solutions to reduce falls in hospital.
- Participate in monitoring, evaluation and other studies (e.g. costing) of LBVC initiatives Formative evaluations will occur throughout 2018-19 in consultation with the Districts and other stakeholders.
- Undertake regular reviews of activity associated with all T1 initiatives.
- Work with the Ministry of Health and lead Pillar agencies to participate in data gathering and other activities to support the development and implementation of LBVC Tranche 2 (T2) initiatives for:
    - o Bronchiolitis.
    - o Hip Fracture.
    - o Cancer care (optimal care pathways for colorectal cancer; hypofractionation).
    - o Wound Management.