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# 2025-26 Service Agreement

An agreement between the  
South Eastern Sydney Local Health District  
and The Benevolent Society Affiliated Health Organisation  
for the period 1 July 2025 to 30 June 2026

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# 2025-26 Service Agreement

## Principal purpose

Service Agreements support partnerships between Local Health Districts and Affiliated Health Organisations (AHOs). The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to The Benevolent Society Affiliated Health Organisation (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services in respect of its services recognised under the *Health Services Act 1997* supported by the District. It facilitates accountability to Government and the community for service delivery and funding.

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

The Agreement recognises and respects the health care philosophy of the AHO. In some instances, there may be a Memorandum of Understanding or other agreement that operates within the context of this Agreement.

The Organisation agrees to meet the service obligations and performance requirements outlined in this Agreement. South Eastern Sydney Local Health District agrees to provide to the Organisation, the funding and other support outlined in this Agreement.

## Parties to the agreement

### The Organisation

~~Mr Stefan Duvendage~~ Mr Kevin Barrow

Acting Chief Executive Officer

The Benevolent Society

Date 06/11/2025

Signed



### South Eastern Sydney Local Health District

Kate Hackett

Acting Chief Executive

On behalf of the South Eastern Sydney Local Health District

Date

22/9/25

Signed



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# 1 Legislation and governance

## 1.1 Legislation

### 1.1.1 Preamble

The *Health Services Act 1997* (the “Act”) provides the framework for the NSW public health system. Section 7 of the Act provides that the public health system constitutes, inter alia, Local Health Districts and Affiliated Health Organisations in respect of their recognised services and recognises establishments (s.6). The Act defines Local Health Districts and Affiliated Health Organisations as public health organisations (s.7).

A Local Health District is a public health organisation that facilitates the conduct of public hospitals and health institutions in a specific geographical area for the provision of public health services for that specific area.

The principal reason for recognising services and establishments or organisations as Affiliated Health Organisations is to enable certain non-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they control hospitals, health institutions, health services or health support services that significantly contribute to the operation of the system (s.13).

### 1.1.2 Local Health Districts

The *Health Services Act 1997* provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Districts (ss. 9, 10, 14).

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 Districts and Networks 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.

### 1.1.3 Service Agreements between Local Health Districts and Affiliated Health Organisations

This Service Agreement constitutes the performance agreement under section 130 of the Act. Section 130 provides for Local Health Districts exercising the delegated function of determining subsidies for Affiliated Health Organisations to enter into performance agreements with Affiliated Health Organisations in respect of recognised establishments and established services and may detail performance targets and provide for evaluation and review of results in relation to those targets.

Section 130 of the Act addresses performance agreements between local health districts and affiliated health organisations:

- (1) A Local Health District exercising a function delegated under section 129 in respect of an affiliated health organisation may enter into a performance agreement with the Affiliated Health Organisation in respect of its recognised establishments and recognised services.
- (2) A performance agreement:
  - (a) may set operational performance targets for the Affiliated Health Organisation in the

exercise of specified functions in relation to the health services concerned during a specified period, and

- (b) may provide for the evaluation and review of results in relation to those targets.
- (3) The Affiliated Health Organisation must, as far as practicable, exercise its functions in accordance with the performance agreement.
- (4) The Affiliated Health Organisation is to report the results of the organisation's performance under a performance agreement during a financial year to the local health district within 3 months of the end of that year.
- (5) The Local Health District is to evaluate and review the results of the organisation's performance for each financial year under the performance agreement and to report those results to the Secretary, NSW Health.
- (6) The Secretary, NSW Health may make such recommendations to the Minister concerning the results reported to the Secretary, NSW Health under subsection (5) as the Secretary, NSW Health thinks fit.

While the Act requires a formal annual report, effective performance management will require more frequent reviews of progress against agreed priorities and service performance measures by the parties to the Service Agreement.

#### 1.1.4 Subsidy and financial framework

In accordance with Section 127 (Determination of Subsidies) of the *Health Services Act 1997*, the Minister for Health approves the initial cash subsidies to NSW Health Public Health Organisations for the relevant financial year.

All NSW Health public health organisations must ensure that the subsidy is expended strictly in accordance with the Minister's approval and must comply with other conditions placed upon the payment of the subsidy.

The key condition of subsidy is the *Accounts and Audit Determination for Public Health Organisations*. Under section 127(4) of the Act the Secretary, NSW Health, as delegate of the Minister, has determined that it shall be a condition of the receipt of Consolidated Fund Recurrent Payments and Consolidated Fund Capital Payments that every public health organisation receiving such monies shall comply with the applicable requirements of the *Accounts and Audit Determination* and the *Accounting Manual for Public Health Organisations*.

The Secretary, NSW Health may impose further conditions for Consolidated Fund Payments as may be deemed appropriate in relation to any public health organisation.

Under the *Accounts and Audit Determination* the governing body of a public health organisation must ensure:

- the proper performance of its accounting procedures including the adequacy of its internal controls;
- the accuracy of its accounting, financial and other records;
- the proper compilation and accuracy of its statistical records; and
- the due observance of the directions and requirements of the Secretary, NSW Health and the Ministry as laid down in applicable circulars, policy directives and policy and procedure manuals issued by the Minister, the Secretary, NSW Health and the Ministry.

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## 1.2 Variation of the agreement

The Agreement may be amended at any time by agreement in writing by all the parties. The Agreement may also be varied by the Secretary or the Minister as provided in the *Health Services Act 1997*. 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 in the course of the year.

The parties are to agree on an appropriate local dispute resolution process. Should a dispute be unable to be resolved by the relevant officers the matter should be escalated, in the first instance to the relevant Chief Executives and, if not resolved, subsequently to the Secretary, NSW Health.

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### 1.3 National Agreement

The National Cabinet has reaffirmed the commitment of all Australian governments to providing universal healthcare for all Australians. This is enshrined in the 2020-2025 Addendum to the National Health Reform Agreement (NHRA), which has been extended by one year until 30 June 2026. The NHRA outlines the financial arrangements for Australian public hospital services.

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### 1.4 Governance

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

#### 1.4.1 Clinical governance

NSW public health services are accredited against the National Safety and Quality Health Service Standards. The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined in the Standards (Version 2.0) by the 31 October each year.

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

The NSW Health Clinical Governance in NSW policy (PD2024\_010) provides an important framework for improvements to clinical quality.

#### 1.4.2 Corporate governance

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

#### 1.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with NSW Health Procurement (Goods and Services) policy (PD2024\_009). The Public Works and Procurement Act 1912 grants the Procurement Board authority to issue directions and policies to government agencies regarding the procurement of goods and services of any kind. The Organisation must ensure procurement of goods and services complies with the NSW Government Procurement Policy Framework and any NSW Procurement Board Directions as issued. The Organisation must also comply with procurement-connected policies, including but not limited to the Aboriginal Procurement Policy and the Small and Medium Enterprise and Regional Procurement Policy.

#### 1.4.4 Performance Framework

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

## 2 Strategic context

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

It is recognised that the Organisation will identify and implement local priorities to meet the needs of their respective populations, taking into consideration alignment with NSW Health core strategies: Future Health, Regional Health, Workforce Plan, and Aboriginal Health. In doing so they will:

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

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### 2.1 Future Health Strategic Framework

The *Future Health: Strategic Framework* (the Strategic Framework) is the roadmap for the health system to achieve NSW Health's vision.

The Strategic Framework reflects the aspirations of the community, NSW Health's patients, workforce and partners in care for how they envisage our future health system. Future Health guides the delivery of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing the NSW Health system. There will be specific activities for the Ministry of Health, health services and support organisations to deliver as NSW Health implements the Strategic Framework, and services are required to align their strategic, operational and business plans with these Future Health directions.

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### 2.2 Regional Health Strategic Plan

The *Regional Health Strategic Plan 2022-2032* outlines NSW Health's strategies to ensure people living in regional, rural and remote NSW can access high quality and timely healthcare with excellent patient experiences and optimal health outcomes. The Regional Health Strategic Plan aims to improve health outcomes for regional, rural and remote NSW residents over the decade from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the plan such as South Western Sydney and Nepean Blue Mountains. The *Regional Health Strategic Plan* is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The *Regional Health Strategic Plan Priority Framework* outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

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### 2.3 NSW Aboriginal Health Plan

The *NSW Aboriginal Health Plan 2024-2034* aims to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW, in line with the National Agreement on

Closing the Gap, by:

- Guiding how health systems are planned, delivered, and monitored
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations
- Influencing the redesign of health services to achieve health equity
- Providing direction for the elimination of racism in all aspects of health care

The NSW Aboriginal Health Plan is supported by the *NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework* which promotes partnership and shared decision making and is operationalised through the NSW Aboriginal Health Transformation Agenda which NSW Health Organisations have responsibility for actioning.

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## 2.4 NSW Health Workforce Plan 2022-2032

The *NSW Health Workforce Plan* describes the NSW Health workforce vision and its system priorities:

1. Build positive work environments that bring out the best in everyone.
2. Strengthen diversity in our workforce and decision making.
3. Empower staff to work to their full potential around the future care needs.
4. Equip our people with the skills and capabilities to be an agile, responsive workforce.
5. Attract and retain skilled people who put patients first.
6. Unlock the ingenuity of our staff to build work practices for the future.

State-level leads have been identified to lead specific activities under the first Horizon, on behalf of the system.

However, to achieve the workforce vision, all agencies, local health districts, specialty networks and pillar organisations are responsible for delivering on these six system-wide workforce priorities for the workforce of their organisation.

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## 2.5 NSW Government priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to NSW Health is monitored by the Ministry of Health including:

- Election commitments including the Premier's focus areas
- Inquiry recommendations
- NSW Performance and Wellbeing Framework

### 3 NSW Health services and networks

Affiliated Health Organisations and Districts are to collaborate in short, medium and long term planning processes relevant to the Organisation, including consideration of any capital and procurement.

Each NSW Health service including AHOs are 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 as agreed.

#### 3.1 District responsibilities to Affiliated Health Organisations

In keeping with the Organisation's recognised establishments and recognised services, Districts must negotiate, on the same basis as other facilities within the District, access to the following:

- Engagement and participation of AHO Chief Executive Officers in District budget planning and negotiations
- Engagement and participation of AHO Chief Executive Officers in District senior leadership committees and with pillar and support organisations as required
- Continuity of (non-inpatient) acute care services
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport)
- Training programs, particularly mandatory training, run by the Health Education and Training Institute
- NSW support programs offered by pillar organisations
- eMR, eRecruitment, IIMS II (RiskMan) and other NSW Health systems conducive to the fulfilment of the AHO's service, quality and safety and clinical training obligations
- Agreed and clearly articulated information management support for IT hardware, software and systems support and integration
- Access to capital support and the Asset Replacement and Refurbishment Plan where services are situated on NSW Health property
- EAP services
- Access to District Training and Development Services & courses

#### 3.2 Key clinical services provided to other health services

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

Service	Recipient
Child Protection (including physical)	South Eastern Sydney Local Health District
Domestic and Family Violence Services	South Eastern Sydney Local Health District
Community-based Specialist Mental Health Services, including: <ul style="list-style-type: none"> <li>• Community-based Care and Support</li> </ul>	South Eastern Sydney Local Health District

- Family and Carer Participation and Support Services
- Prevention and Promotion

Community-based Specialist Drug and Alcohol Services, including:

South Eastern Sydney Local Health District

- Therapeutic counselling
- 

### 3.3 Other organisations


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

# 4 Budget

Local Health Districts have responsibility for funding AHO service delivery across district borders where an organisation has statewide or cross-border sites listed in Schedule 3 of the *Health Services Act 1997*. The Budget includes an indicative split based on service delivery.

The Local Health District also undertakes to advise the AHO of opportunities for additional funding as they arise at any time, through the life of this Agreement.

## 4.1 Budget schedule

South Eastern Sydney Local Health District		
<b>SCARBA</b>		
The following information is provided in respect to the budget and activity requirements for the financial year 2025-2026. The budget represents the initial allocation and may be subject to change as the year progresses.		
<b>INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2025-2026</b>		
		('000)
Acute Admitted		\$1,683
Emergency Department		
Sub-Acute Services		
Non Admitted Services - Incl Dental Services		
Mental Health - Admitted (Acute and Sub-Acute)		
Mental Health - Non Admitted		
Other		
Restricted Financial Asset Expenses		
Depreciation (General Funds only)		
<b>Total Expenses</b>		<b>\$1,683</b>
<b>Revenue</b>		<b>\$0</b>
<b>Net Result</b>		<b>\$1,683</b>
State Price		\$6,081
<b>ACTIVITY TARGETS 2025-2026</b>		
		Target Volume (NWAU25)
Acute Admitted		0
Emergency Department		
Sub-Acute Services		
Non Admitted Services - Incl Dental Services		
Mental Health - Admitted (Acute and Sub-Acute)		
Mental Health - Non Admitted		
<b>Total</b>		<b>0</b>
<b>FTE BUDGET 2025-2026</b>		<b>N/A</b>

2025-2026 BUDGET ALLOCATION

## 5 Purchased volumes and services

### 5.1 Recognised establishment or recognised services

The Benevolent Society Services include:

- Eastern Scarba
- Early Intervention Program (EIP)

The Benevolent Society operates The Child and Family program (formally known as Eastern Scarba and Early Intervention Program) in partnership with other funded services for the locale specified. The services are operated along with similar services located in South West and Central Sydney. The Eastern and Central Scarba services and EIP have been co-located since October 2011. These services are Affiliated Health Organisations (AHOs) listed under Schedule Three of the Health Services Act 1997. Through home visiting and outreach programs vulnerable children and their families receive integrated services to address their complex needs. Eastern Scarba and EIP are located at Hurstville and provide outreach services in the SESLHD geographical area.

Location of services:

- In the suburb of Hurstville
- Operates within the LGA's of Waverley, Woollahra, Randwick, Botany and City of Sydney
- In the state electorates of Vacluse, Coogee, Maroubra, Heffron and Sydney

Providing clinical services in:

- Strengths based interventions to families whose children are experiencing complex vulnerabilities, and/or may be at risk of removal from their families or who are to be reunified with their families.
- Assessments of risk and safety within the child protection environment
- Long term service delivery to create habitual change in complex families with chronic problems
- Building resilience in children through targeted interventions addressing secure base, education, pro-social behaviours, friendships, talents and interests and social competencies.
- Evidence based parenting support including ante-natal intervention
- Collaborate with and coordinate service delivery with TBS services, interagency partners and stakeholders
- Case planning and case management of families
- Family based therapeutic outreach including home visiting
- Group work including parenting and resilience based programs
- Family assessments and interventions
- Referrals for key services
- Advocacy
- Home visiting
- Male inclusive practices
- Budgeting support and information
- Community Paediatric Clinics for vulnerable children
- Eastern Scarba and EIP have built excellent relationships with the local DCJ Community Service Centres, Health services and key stakeholders who refer to the service. There is a

constant demand for services, which is projected to continue in the future.

- Team leaders work closely with referrers to ensure a steady flow of referrals for intervention. Allocation of workers to families is a priority which is managed by negotiation with referrers based on availability of workers and needs of the families, Team Leaders will work with SESLHD Services to ensure families that are at risk of harm are allocated a service, that is those families who may not be engaged with Department of Communities and Justice (DCJ)
- In line with The Benevolent Society’s Reconciliation Action Plan (RAP), our services will continue to engage with the Aboriginal and Torres Strait Islander communities and partners to ensure access to culturally appropriate service delivery. This work is being enhanced by the cultural engagement practitioner role, newly created in 2019 to meet the needs of this vulnerable and over represented population within child protection.

As a public health organisation within the SESLHD, The Benevolent Society is invited to play an active role in District strategic and operational matters relevant to the hospital. To enable this, The Benevolent Society represents as members on key committees, steering groups and working parties across the Local Health District.


Service	Recipient
Child Protection (including physical)	South Eastern Sydney Local Health District
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Community-based Specialist Drug and Alcohol Services, including: <ul style="list-style-type: none"> <li>• Therapeutic counselling</li> </ul>	South Eastern Sydney Local Health District


# 6 Performance

## 6.1 Key performance indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health strategic priorities. Set out below are the priorities for Future Health Guiding the next decade of care in NSW 2022-2032 (in dark blue).

Detailed specifications for the key performance indicators are provided in the [KPI Data Supplement](#).

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Overall Patient Experience Index (Number):				
Adult-admitted patients	8.9	<8.7	≥8.5 and <8.9	≥8.9
Emergency department	8.6	<8.4	≥8.4 and <8.6	≥8.6
Patient Engagement Index (Number):				
Adult-admitted patients	8.7	<8.5	≥8.5 and <8.7	≥8.7
Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
Communication and engagement experience index—Aboriginal adult admitted patients (Number)	8.0	<7.8	≥7.8 and <8.0	≥8.0
Mental Health Consumer Experience: Mental health consumers with a score of very good or excellent (%)	80	<70	≥70 and <80	≥80

2 Safe care is delivered across all settings 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Harm-free admitted care: (Rate per 10,000 admitted patient services):				
Hospital acquired pressure injuries	Individual—See Data Supplement			
Fall related injuries in hospital—Resulting in fracture or intracranial injury	Individual—See Data Supplement			
Healthcare associated infections	Individual—See Data Supplement			
Hospital acquired respiratory complications	Individual—See Data Supplement			
Hospital acquired venous thromboembolism	Individual—See Data Supplement			

**2 Safe care is delivered across all settings**



Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Hospital-acquired renal failure	Individual— See Data Supplement			
Hospital-acquired gastrointestinal bleeding	Individual— See Data Supplement			
Hospital-acquired medication complications	Individual— See Data Supplement			
Hospital-acquired delirium	Individual— See Data Supplement			
Hospital-acquired incontinence	Individual— See Data Supplement			
Hospital-acquired endocrine complications	Individual— See Data Supplement			
Hospital-acquired cardiac complications	Individual— See Data Supplement			
3rd or 4th degree perineal lacerations during delivery	Individual— See Data Supplement			
Hospital-acquired neonatal birth trauma	Individual— See Data Supplement			
<b>Hospital Access Targets (HAT):</b>				
Discharged from ED within 4 hours (%)	80	<70	≥70 and <80	≥80
Admitted / transferred from ED within 6 hours (%)	80	<70	≥70 and <80	≥80
Admitted to ED Short Stay Unit (EDSSU) within 4 hours (%)	60	<55	≥55 and <60	≥60
ED extended stay of no greater than 12 hours (%)	95	<85	≥85 and <95	≥95
ED extended stay of no greater than 12 hours— Mental health or self-harm related presentations (%)	95	<85	≥85 and <95	≥95
<b>Emergency department presentations treated within benchmark times (%):</b>				
Triage 2: seen within 10 minutes	80	<70	≥70 and <80	≥80
Triage 3: seen within 30 minutes	75	<65	≥65 and <75	≥75
Inpatient discharges from ED accessible and rehabilitation beds by midday (%)	35	<30	≥30 to <35	≥35
Discharges from Mental Health inpatient beds by midday (%)	35	<30	≥30 to <35	≥35
Transfer of care— Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90
Discharge against medical advice for Aboriginal inpatients (%)	≥1% point decrease on previous year	Increase on previous year	≥0 and <1% point decrease on previous year	≥1% point decrease on previous year
Incomplete emergency department attendances for Aboriginal patients (%)				

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Patients who departed from an ED with a "Did not wait" status	≥1% point decrease on previous year	Increase on previous year	≥0 and <1% point decrease on previous year	≥1% point decrease on previous year
Patients who departed from an ED with a "Left at own risk" status	≥1% point decrease on previous year	Increase on previous year	≥0 and <1% point decrease on previous year	≥1% point decrease on previous year
Potentially preventable hospital services (%)	≥2% points lower than previous year	≥2% points higher than previous year	Within 2% points of previous year	≥2% points lower than previous year
Non-admitted services provided through virtual care (%)	30	No change or decrease on previous year	>0 and <5% points increase on previous year	≥5% points increase on previous year
<b>Overdue Planned (elective) surgery — patients (Number):</b>				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
Dental Access Performance — Non-admitted dental patients treated on time (%)	98	<95	≥95 and <98	≥98
<b>Mental Health: Acute seclusion:</b>				
Occurrence (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
Duration (Average hours)	<4.0	>5.5	≥4.0 and ≤5.5	<4.0
Frequency (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
<b>Mental Health Acute Post-Discharge Community Care — Follow up within seven days (%):</b>				
All persons	75	<60	≥60 and <75	≥75
Aboriginal persons	75	<60	≥60 and <75	≥75
<b>Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):</b>				
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
<b>Mental Health: Acute readmission — Within 28 days (%):</b>				
All persons	≤13	>20	>13 and ≤20	≤13
Aboriginal persons	≤13	>20	>13 and ≤20	≤13
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
Hospital in the Home: Admitted Activity (%)	5%	<3.5	≥3.5 and <5	≥5
Hospital in the Home: Direct Referrals (%)	50	<40	≥40 and <50	≥50
Victims receiving a timely psychosocial and medical forensic response to sexual assault or abuse (%)				

**2 Safe care is delivered across all settings**



Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Rural / regional — <i>FWLHD, HNELHD, ISLHD, MNCLHD, MLHD, NNSWLHD, SNSWLHD, WNSWLHD</i>	80	<60%	≥60% and <80%	≥80%
Metropolitan — <i>CCLHD, NBMLHD, NSLHD, SESLHD, SWSLHD, SCHN, SLHD, WSLHD</i>	80	<70%	≥70% and <80%	≥80%

**3 People are healthy and well**



Measure	Target 2028/29	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Initial Hepatitis C Antiviral Treatment by District residents (% variance)	Individual— See Data Supplement	<98% of target	≥98% and <100% of target	≥100% of target
Domestic Violence Routine Screening— Routine screens conducted (%)	70	<60	≥60 and <70	≥70
NSW Health First 2000 Days Implementation Strategy— Delivery of the 1- 4 week health check (%)	85	<75	≥75 and <85	≥85
<b>Sustaining NSW Families Programs: <i>Applies to: HNELHD (sites 1, 2 and 3), MNCLHD, WNSWLHD, NBMLHD, SNSWLHD, MLHD, CCLHD, ISLHD, NNSWLHD, SESLHD, SWSLHD (Site 1 and Site 2), SLHD, WSLHD and NSLHD.</i></b>				
Families enrolled and continuing in the program when child is 1 year of age (%)	65	<55	≥55 and <65	≥65
<b>Sustaining NSW Families Programs: <i>Applicable organisations only CCLHD, HNELHD (site 1), ISLHD, NNSWLHD, SESLHD, SWSLHD (Site 1 and Site 2), SLHD, WSLHD</i></b>				
Families completing the program when child reached 2 years of age (%)	50	<45	≥45 and <50	≥50
Families enrolled in the program compared to the funded places (%)	80	<65	≥65 and <80	≥80
Mental health peer workforce employment— Full time equivalents (FTEs) (number)	Individual— See Data Supplement	Less than target	N/A	Equal to or greater than target
<b>BreastScreen participation rates— Women aged 50-74 years (%)</b>				
All women (%)	55	<50	≥50 and <55	≥55
Aboriginal women (%)	50	<45	≥45 and <50	≥50
CALD women (%)	50	<45	≥45 and <50	≥50

**4 Our staff are engaged and well supported** 

Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Workplace Culture—People Matter Survey Culture Index (% variance from previous year)	≥1	≤5	>5 and <1	≥1
Take action—People Matter Survey take action as a result of the survey—Variation from previous survey (%)	≥1	≤5	>5 and <1	≥1
Staff Engagement—People Matter Survey Engagement Index—Variation from previous survey (%)	≥1	≤5	>5 and <1	≥1
Staff Engagement and Experience—People Matter Survey—Racism experienced by staff—Variation from previous survey (%)	≥5 % points decrease on previous survey	No change or increase from previous survey.	>0 and <5 % points decrease on previous survey	≥5 % points decrease on previous survey
Staff Performance Reviews—Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Aboriginal Workforce Participation—Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3.43	<2.0	≥2.0 and <3.43	≥3.43
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	5% decrease	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0 claims

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

Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Research Governance Application Authorisations—Site specific within 60 calendar days—Involving greater than low risk to participants—(%)	75	<55	≥55 and <75	≥75
Concordance of trials in Clinical Trial Management System vs REGIS (%)	75	<65	≥65 and <75	≥75

**6 The health system is managed sustainably** 

Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↓	Performing ✓
Purchased Activity Volumes—Variance (%):				

6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ↘	Performing ✓
Total activity (NWAU)	Individual— See Data Supplement	<-1.5% or >+2.5%	≥-1.5% and <0	≥0% and ≤+2.5%
Total activity (NWAU) reportable under NHRA clause A95(b)	Individual— See Data Supplement	<-1.5% or >+2.5%	≥-1.5% and <0	≥0% and ≤+2.5%
Purchased Activity Volumes—Variance (%): Public dental clinical service (DWAU)	Individual— See Data Supplement	<-1.5%	≥-1.5%	≥0%
Expenditure Matched to Budget—Year to date variance—General Fund (%)	On budget or favourable	<-0.25	<0 and ≥-0.25	≥0
Own Sourced Revenue Matched to Budget—Year to date variance—General Fund (%)	On budget or favourable	<-0.25	<0 and ≥-0.25	≥0
Net Cost of Service (NCOS) Matched to Budget—Year to date variance—General Fund (%)	On budget or favourable	<-0.25	<0 and ≥-0.25	≥0
Annual Procurement Savings Target Achieved—(% of target achieved)	Individual— See Data Supplement	<90% of target	≥90% and <95% of target	≥95% of target
Average acute overnight episode length of stay (reduction in days from 2023-24)	0.2	<0.2	N/A	≥0.2
Same day surgery performance for targeted procedures (%)	68.8	<36.8	≥36.8 and <68.8	≥68.8%
Sustainability Towards 2030—Reducing Nitrous Oxide Wastage: Emissions Per Service Event (% decrease on previous year)	10	<5	≥5 and <10	≥10

## 6.2 Performance deliverables

Key deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

### Benevolent Society KPIs

Objective	Activities	Performance Indicators	Target per year
Provide children and families with a holistic, integrated, therapeutic tertiary child protection service which includes children who are at risk of harm and risk of significant harm (ROSH)	Provide systems that manage and monitor referrals received per year and client numbers seen	Referrals received this financial year (total number) Note: 1 Referral = family (who reside in the same household) regardless of how many family members will be seen	75
		Referrals accepted this financial year (total no)	45
		Referrals accepted from SESLHD Services (component of total number)	20
Increase the safety and wellbeing of children at risk by increasing skills / knowledge and change behaviour	Standardised measures to be used to measure change for the families participating in the Scarba program.	Changes in participating families on the standardised measures of SDQ, K10 and Personal Wellbeing Index – conducted at initial assessment, review and closure stages – to indicate change over time	Reports based on outcomes tools and results provided bi-annually as a measure of change
Increase efficiency and effectiveness of programs through relevant partnerships	Establish and maintain relevant partnerships	Number of partnerships impacting on Scarba clients	10
Develop and value child and client participation	Ensure that Scarba staff have knowledge and understanding of the evidence base around the role of child and client participation in service planning and delivery	Ensure that the child’s voice is documented in both the assessment process and the family support plan	100%
		Number of opportunities provided for child and client participation – through case planning	Minimum 5/year

### Governance

Key deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

Quarterly governance meetings will be facilitated by the SESLHD Child, Youth and Family Team and The Benevolent Society, along with written reports submitted prior to the governance meetings, to address the KPIs listed above. The agenda will be set out by the SESLHD Child, Youth and Family Team.

**The meetings are to be held:**

Q1 - July - September 2025	Meeting to be held in October 2025
Q2 - October - December 2025	Meeting to be held in January 2026
Q3 - January - March 2026	Meeting to be held in April 2026
Q4 - April - June 2026	Meeting to be held in July 2026

