

AN AGREEMENT BETWEEN
Secretary, NSW Health
AND THE
South Eastern Sydney Local Health District
FOR THE PERIOD
1 July 2021 - 30 June 2022

1 July 2021 - 30 June 2022



NSW Health Service Agreement – 2021-22

Principal purpose

The principal purpose of the Service Agreement is to set out the service and performance expectations for funding and other support provided to South Eastern Sydney Local Health District (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services.

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

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

Parties to the agreement

The Organisation

Mr Michael Still

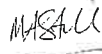
Chair

On behalf of the

South Eastern Sydney Local Health District Board

Date 30 August, 2021

Signed



Mr Tobi Wilson

Chief Executive

Date 30 August, 2021

Signed



NSW Health

Ms Elizabeth Koff

Secretary

NSW Health

Date

13/9/21

Signed



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1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of NSW Government and NSW Health priorities.
- To establish with Local Health Districts (Districts) and Speciality Health Networks (Networks) a performance management and accountability system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, and provide care and treatment to the people who need it, taking into account the particular needs of their diverse communities.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and Networks include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health
- To ensure Districts and Networks engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.
- To ensure that Districts and Networks work together with clinical staff about key decisions, such as resource allocation and service planning.

2. Legislation, governance and performance framework

2.1 Legislation

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

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

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

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

2.2 Variation of the agreement

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

The Agreement may also be varied by the Secretary or the Minister in the exercise of their general powers under the Act, including determination of the role, functions and activities of Local Health Districts (s. 32).

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

2.3 National Agreement

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

2.4 Governance

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

2.4.1 Clinical governance

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

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

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

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

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

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

2.4.2 Corporate governance

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

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

Where applicable, the Organisation is to:

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

2.4.3 Procurement governance

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

2.4.4 Aboriginal Procurement Policy

The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the *Aboriginal Procurement Policy* to all relevant procurement activities. The policy is at:

<https://buy.nsw.gov.au/policy-library/policies/aboriginal-procurement-policy>

2.4.5 Performance Framework

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

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

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

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

3. Strategic and local priorities

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

3.1 NSW Premier's Priorities

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

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

- Improving outpatient and community care
Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.
- Improving service levels in hospitals
100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023
- Towards zero suicides
Reduce the rate of suicide deaths in NSW by 20% by 2023

NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

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

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09 – available at <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the period 2019-20 to 2022-23.

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

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

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

3.3 Local priorities

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

The Organisation is responsible for developing the following plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the Organisation will implement local priorities to meet the needs of their respective populations.

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

Continuum of Care

South Eastern Sydney Local Health District will continue with the implementation of the Continuum of Care framework. Integrating the hospital with the community and the patient's home, providing holistic and personalised care for all patients. The initial focus is on the efficient delivery of quality proactive and consistent care for those with chronic disease who are known to SESLHD clinical teams. As the system matures, it will move toward a value-based care model, where at risk populations are identified for early intervention.

Virtual Health and the SESLHD Virtual Care Centre

A key enabler for the Continuum of Care, virtual health will promote independence and self-management for our patients and streamline their access to appropriate levels of care, with patient engagement and experience being critical to its success. The operationalisation of the Virtual Health Strategy will embed virtual health within existing and new models of care across the LHD.

The SESLHD Virtual Care Centre (VCC) is being designed to support the reduction in avoidable presentations, unplanned admissions and increased care delivered in the community that is the measure of a successful virtual health model. The SESLHD VCC will become the core of virtual service delivery across the District for defined chronic disease cohorts. The aim is to create a meaningfully scalable (and sustainable) model of virtual health that ultimately results in fewer emergency presentations and a material reduction of acute care beds.

Priority Communities Collaborative

The Priority Communities Collaborative brings together SESLHD's commitment to the implementation of the First 2000 Days, Prevention of Violence, Abuse and Neglect, and Zero Suicides frameworks in a partnership model with external stakeholders including Sydney Children's Hospitals Network and the Central and Eastern Sydney Primary Health Network. The work plan for this year includes the implementation of specific priority initiatives under each of the frameworks, including equitable service access for Aboriginal families across the district, refining paediatric governance in SESLHD, and developing a continuity of care model with primary care to improve access to care from pregnancy to age 5. The Priority Communities Collaborative will also deliver co-ordinated, targeted training to key staff across the District to ensure all staff who care for these communities – from the Emergency

Department to Child, Youth and Family Services – have the capability and the responsibility to deliver on the frameworks' objectives.

Safety Culture

The ability to deliver safe, quality care to our communities requires a strong safety culture amongst our people. A baseline assessment of safety culture across all the sites and services will be conducted this year and tailored interventions that support improving the culture will be developed to address the individual results at a local level. This work will build on the recent actions at Prince of Wales Hospital, where a safety culture assessment led to targeted interventions that have had a measurable impact on reducing healthcare acquired complications.

District-wide approach to planning

The adoption of a District approach to planning in SESLHD will drive a number of initiatives in the coming year. In 2021, SESLHD will consult broadly with our consumers, staff, and partners in developing a new District strategy that places people at the centre of the delivery of care to our communities. A District Clinical Services Plan will respond to the strategic priorities identified and build on the work undertaken by the Clinical Streams in reviewing site delineation across all sites and services. This will support consistent service models across the District, improve equity of access and ensure maximum efficiency in service delivery.

4. NSW health services and networks

4.1 Services

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

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

The Organisation will also maintain up to date details of:

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

4.2 Networks and services provided to other organisations

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

4.3 Cross district referral networks

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

- *Critical Care Tertiary Referral Networks and Transfer of Care (Adults)* - (PD2018_011)
- *Interfacility Transfer Process for Adult Patients Requiring Specialist Care* - (PD2011_031)
- *Critical Care Tertiary Referral Networks (Paediatrics)* - (PD2010_030)
- *Children and Adolescents - Inter-Facility Transfers* - (PD2010_031)
- *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2020_014)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018_011)
- *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* - (PD2011_016)
- *Adult Mental Health Intensive Care Networks* - (PD2019_024)
- State-wide Intellectual Disability Mental Health Hubs - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District)

4.4 Supra LHD services

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

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

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

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

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

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (37 +1/286 NWAU21) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> policy. Units with new beds in 2020-21 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>

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

Supra LHD service	Measurement unit	Locations	Service requirement
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6</i> — May 2021.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16+1/323 NWAU21) Liverpool (15+1/323 NWAU21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks & Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District

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

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

4.5 Nationally Funded Centres

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

5. Budget

5.1 State Outcome Budget Schedule: Part 1

South Eastern Sydney Local Health District	Target Volume (includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals / Block Funding / Gross-Up	Cost Price Adjustment	2021-22 Initial Budget
State Efficient Price: \$4,897 per NWAU21	NWAU21	\$000	\$000	\$000	\$000
Outcome 1: Keeping people healthy through prevention and health promotion <i>Preventive and population health are critical to keeping people healthier. This outcome covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</i>	2,127	\$10,415	\$83,975	\$931	\$95,321
Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing <i>Healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.</i>	59,191	\$236,897	\$216,601	\$20,009	\$473,507
Outcome 3: People receive timely emergency care <i>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</i>	31,825	\$155,845	\$565	\$0	\$156,410
Outcome 4: People receive high-quality, safe care in our hospitals <i>This outcome reflects the State's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.</i>	197,226	\$965,776	\$98,388	\$7,803	\$1,071,967
Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences <i>A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation are essential to continuously improve outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</i>	0	\$0	\$61,438	\$0	\$61,438
A TOTAL OUTCOME BUDGET ALLOCATION	290,368	\$1,368,932	\$460,968	\$28,743	\$1,858,643

B Provision for Specific Initiatives & TMF Adjustments (not included above) *	\$3,132
Allied Health in Palliative Care	\$260
Allocated Savings Programs	(\$9,054)
Assertive Community Care	\$1,600
Child Dental Benefit Scheme	\$128
Dental NPA	\$2,139
Enhanced Bereavement Services	\$200
Excess Demand - Highly Specialised Services	\$2,632
Funding for Cancer 21/22 IntraHealth Adjustment (LHDs)	(\$368)
Hyperemesis Gravidarum	\$359
IntraHealth Adjustments 21/22	\$1,967
PACER	\$1,000
Patient Experience Officers	\$654
Purchasing Adjustors	(\$1,826)
TMF Adjustments 21/22	\$1,644
Virtual Mental Health	\$1,000
Wellbeing and Health In-Reach Nurse (WHIN) Coordinators	\$260
Year 3 Nursing Hours Election Commitment	\$539

C Restricted Financial Asset Expenses	\$13,656
D Depreciation (General Funds only)	\$85,380
E TOTAL EXPENSES (E=A+B+C+D)	\$1,960,812
F Other - Gain/Loss on disposal of assets etc	\$2,658
G LHD Revenue	(\$1,923,276)
H NET RESULT (H=E+F+G)	\$40,193

5.2 State Outcome Budget Schedule: Part 2

		2021-22 Initial Budget
		\$000
Government Contributions:		
A	Subsidy*	(\$1,203,368)
B	In-Scope Services - Block Funded	(\$95,783)
C	Out of Scope Services - Block Funded	(\$224,211)
D	Capital Subsidy	(\$15,177)
E	Crown Acceptance (Super, LSL)	(\$34,223)
F	Total Government Contributions (F=A+B+C+D+E)	(\$1,572,761)
Own Source Revenue:		
G	GF Revenue	(\$314,018)
H	Restricted Financial Asset Revenue	(\$36,497)
I	Total Own Source Revenue (I=G+H)	(\$350,515)
J	TOTAL REVENUE (J=F+I)	(\$1,923,276)
K	Total Expense Budget - General Funds	\$1,947,155
L	Restricted Financial Asset Expense Budget	\$13,656
M	Other Expense Budget	\$2,658
N	TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)	\$1,963,470
O	NET RESULT (O=J+N)	\$40,193
Net Result Represented by:		
P	Asset Movements	(\$50,351)
Q	Liability Movements	\$10,158
R	Entity Transfers	\$0
S	TOTAL (S=P+Q+R)	(\$40,193)
NOTES:		
The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2020/21 to \$1.3m. Based on final June 2021 cash balances, adjustments will be made from July 2021 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System. The minimum weekly cash buffer relates to cash held in General Fund bank accounts only and will be used to determine subsidy cash sweep amounts in line with the schedule advised by the Ministry of Health.		
The Ministry will closely monitor cash at bank balances during the year, excess cash will be swept back to the Ministry of Health regularly and made available to be allocated to the central payments bank accounts as required. Compliance with the General Sector Finance Act (2018), NSW Treasury and NSW Health policy and directives will also be monitored.		
* The subsidy amount does not include items E and G, which are revenue receipts retained by the LHDs/SHNs and sit outside the National Pool.		

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

2021-22 National Health Funding Body Service Agreement

	National Reform Agreement In-Scope	Commonwealth Funding Contribution
	NWAU21	\$000
Acute admitted services	150,623	
Admitted mental health	14,434	
Sub-acute (admitted)	20,074	
Emergency	29,447	
Non-admitted	49,946	
Activity Based Funding	264,524	
Block Funding Total		\$44,386

5.4 State Outcome Budget Schedule: Capital program

South Eastern Sydney Local Health District										
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Reporting Silo	Estimated Total Cost	Estimated	Cost to Complete	Capital Budget	2021/22 Capital Budget Allocation by Source of Funds			
			2021/22	Expenditure to 30 June 2021	at 30 June 2021	Allocation 2021/22	MROI Funded 2021/22	Local Funds 2021/22	Revenue 2021/22	Lease Liabilities 2021/22
2021/22 Capital Projects			\$	\$	\$	\$	\$	\$	\$	\$
WORKS IN PROGRESS										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	33,062,355	22,539,901	10,522,454	8,678,067	8,678,067	-	-	-
Minor Works and Equipment >\$10k<\$250k	P51069	MWE	14,170,500	-	-	14,170,500	6,014,686	8,155,814	-	-
Adult Survivors of Child Sexual Abuse Pilot Project	P56764	LFI	620,000	300,000	320,000	320,000	-	320,000	-	-
Daceyville Dental Clinic Upgrade	P56611	OHMW	265,587	-	265,587	265,587	265,587	-	-	-
Palliative Care Refurbishment	P56532	OTHER	680,673	299,869	380,804	218,219	218,219	-	-	-
Statewide Telestroke Service	P56527	OTHER	573,308	365,500	207,808	207,808	-	207,808	-	-
TOTAL WORKS IN PROGRESS			49,372,423	23,505,270	11,696,653	23,860,181	15,176,559	8,683,622	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY South Eastern Sydney Local Health District			49,372,423	23,505,270	11,696,653	23,860,181	15,176,559	8,683,622	-	-

PROJECTS MANAGED BY HEALTH INFRASTRUCTURE	Project Code	Reporting Silo	Estimated Total Cost	Estimated	Cost to Complete	Capital Budget	Budget Est.	Budget Est.	Budget Est.	Balance to Complete
			2021/22	Expenditure to 30 June 2021	at 30 June 2021	Allocation 2021/22	2022/23	2023/24	2024/25	
2021/22 Capital Projects			\$	\$	\$	\$	\$	\$	\$	\$
MAJOR WORKS IN PROGRESS										
Randwick Campus Reconfiguration and Expansion Stage 1	P56067	HI Silo	782,821,683	562,582,667	220,239,016	155,528,683	53,940,000	10,770,333	-	-
Sutherland Hospital - Operating Theatre Complex	P56648	HI Silo	81,500,000	3,154,000	78,346,000	16,655,000	43,683,000	18,008,000	-	-
Sutherland Hospital MRI	P56703	HI Silo	7,000,000	341,000	6,659,000	6,659,000	-	-	-	-
St George Hospital - Ambulatory Care, Day Surgery, Sub-Acute Inpatient Building	P56705	HI Silo	385,000,000	7,446,000	377,554,000	97,860,000	85,083,000	140,478,000	54,133,000	-
TOTAL MAJOR WORKS IN PROGRESS			1,256,321,683	573,523,667	682,798,016	276,702,683	182,706,000	169,256,333	54,133,000	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE			1,256,321,683	573,523,667	682,798,016	276,702,683	182,706,000	169,256,333	54,133,000	-

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

6. Purchased volumes and services

6.1 Activity

Investment by stream	Outcome	NWAU21	Performance metric
Acute	4	161,064	See KPIs – Strategy 8
Emergency Department	3	31,825	See KPIs – Strategy 8
Sub-Acute – Admitted	4	21,520	See KPIs – Strategy 8
Non-Admitted	4	46,063	See KPIs – Strategy 8
Public Dental Clinical Service – Total Dental Activity (DWAU)	4	16,939	See KPIs – Strategy 8
Mental Health – Admitted	4	14,642	See KPIs – Strategy 8
Mental Health – Non-Admitted	2	10,617	See KPIs – Strategy 8
Alcohol and other drug related – Admitted	4	398	See KPIs – Strategy 8
Alcohol and other drug related – Non-Admitted	2	2,113	See KPIs – Strategy 8

Dental Services	DWAU
General dental services provided by Sydney Local Health District	6,474

6.2 Election Commitment

Elective surgery volumes	Outcome	Target	Performance metric
Number of Admissions from Surgical Waiting List – Cataract extraction	4	3,507	Achieve activity
Number of Paediatric Admissions from Elective Surgery Waiting List	4	605	See Key performance indicators




6.3 NSW Health strategic priorities

Priority area	Outcome	\$ '000	Performance metric
Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect	2	411 Note: escalation included in overall budget	Participate in monitoring and evaluation activities as described in the funding agreement and Integrated Prevention and Response to Violence, Abuse and Neglect Evaluation Framework. Provide integrated 24/7 psychosocial and medical forensic responses for victims of domestic and family violence, child physical abuse and neglect, and sexual assault. Provide community engagement, education and prevention for violence, abuse and neglect.

7. Performance against strategies and objectives

7.1 Key performance indicators

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

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

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47060

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

NSW Health Outcome 1

Keeping people healthy through prevention and health promotion

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Childhood Obesity – Children with height and weight recorded (%)	70	<65	≥65 and <70	≥70
Smoking During Pregnancy - At any time (%):				
Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
Non-Aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on previous year
Outcome Indicator 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
Outcome Indicator Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals (% variance)	Individual - See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target
Outcome Indicator Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	No change or increase from previous year	≥10% decrease on previous year	<10% decrease on previous year	No change or increase from previous year
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98% of target	≥98% and <100% of target	≥100% of target
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	85	<75	≥75 and <85	≥85 and <100
Outcome Indicator BreastScreen participation rates (%)				
Women aged 50-69 years	55	<45	≥45 and <55	≥55
Women aged 70-74 years	55	<45	≥45 and <55	≥55

NSW Health Outcome 2

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

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Outcome Indicator Potentially preventable hospital services (%)	2% or greater decrease compared to previous year	Greater than 2% increase	Between 2% increase and 2% decrease	2% or greater decrease
Mental Health: Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13
Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than target
Outcome Indicator Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
Sustaining NSW Families Programs - Applicable LHDs only - see Data Supplement:				
Families completing the program when child reached 2 years of age (%)	50	<45	≥45 and <50	≥50
Families enrolled and continuing in the program (%)	65	<55	≥55 and <65	≥65
Telehealth Service Access: Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10
Outcome Indicator Electronic discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51
Outcome 3 People receive timely emergency care				
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
Outcome Indicator Emergency Department Presentations Treated within Benchmark Times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
Outcome Indicator Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 and <90	≥90

Performance against strategies and objectives

2021–22 Service Agreement

NSW Health Outcome 4

People receive high quality, safe care in our hospitals

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Harm-free admitted care: (Rate per 10,000 episodes of care)				
Hospital acquired pressure injuries	Individual – See Data Supplement			
Healthcare associated infections				
Hospital acquired respiratory complications				
Hospital acquired venous thromboembolism				
Hospital acquired renal failure				
Hospital acquired gastrointestinal bleeding				
Hospital acquired medication complications				
Hospital acquired delirium				
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
Outcome Indicator Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Elective Surgery Overdue - Patients (Number):				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
Outcome Indicator Elective Surgery Access Performance - Patients treated on time (%):				
Category 1	100	<100	N/A	100
Category 2	97	<93	≥93 and <97	≥97
Category 3	97	<95	≥95 and <97	≥97
Paediatric Admissions from Elective Surgery Waiting List – % variance from target (Number)	Individual – See Data Supplement	> 10% below target	≤10% below target	At or above target

NSW Health Outcome 4

People receive high quality, safe care in our hospitals

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Mental Health: Acute Seclusion				
Occurrence – (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
Duration – (Average Hours)	<4.0	>5.5	≥4 and ≤5.5	<4.0
Frequency (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
Mental health: Involuntary patients absconded from an inpatient mental health unit – Incident Types 1 and 2 (rate per 1,000 bed days)	<0.8	≥1.4	≥0.8 and <1.4	<0.8
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	<70	≥70 and <80	≥80
Outcome Indicator Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):				
All persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Aboriginal persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Discharge against medical advice for Aboriginal in-patients (%)	≥1% decrease on previous year	Increase on previous year	0 and <1% decrease on previous year	≥1% decrease on previous year
Outcome Indicator Overall Patient Experience Index (Number)				
Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5
Patient Engagement Index (Number)				
Adult admitted patients	8.5	<8.2	≥8.2 and <8.5	≥8.5
Emergency department	8.5	<8.2	≥8.2 and <8.5	≥8.5

NSW Health Outcome 5

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

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
Outcome Indicator Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury - Claims (% of change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75
Outcome Indicator Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	75	<55	≥55 and <75	≥75

Finance

Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Purchased Activity Volumes - Variance (%):				
Outcome 4 indicator Acute admitted (NWAU)	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
Outcome 3 indicator Emergency department (NWAU)				
Outcome 2 indicator Non-admitted patients (NWAU)				
Outcome 4 indicator Sub and non-acute services - Admitted (NWAU)				
Outcome 4 indicator Mental health – Admitted (NWAU)				
Outcome 2 indicator Mental health – Non-admitted (NWAU)				
Outcome 2 indicator Alcohol and other drug related Acute Admitted (NWAU)				
Outcome 2 indicator Alcohol and other drug related Non-Admitted (NWAU)				
Outcome 1 indicator Public dental clinical service (DWAU)				
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15

7.2 Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

NSW Health outcome	Deliverable in 2021-22	Due by
Safety and Quality Accounts		
Outcome 5	<p>The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the <i>National Safety and Quality Health Service Standards</i> (Version 2.0).</p> <p>The Account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.</p> <p>It includes key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures.</p> <p>Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.</p>	31 October 2021
Workplace culture		
Outcome 5	The results of the People Matter Employee Survey will be used to identify areas of best practice and improvement opportunities.	30 June 2022
Outcome 5	The National Medical Training Survey will be used to monitor the quality of training and supervision medical officers receive and to identify areas where the organisation can improve its management of doctors in training to provide a safe working environment to deliver high quality care.	30 June 2022
Value Based Healthcare (VBHC)		
Integrated care		
Outcome 2	Facilitate the expansion of the NSW Health Secondary Triage initiative, enhancing support based on the evaluation findings and engagement with District / Network, private providers and primary care services	30 Sept 2021
Outcome 2	At least 50% of Planned Care for Better Health enrolled patients are identified by the Risk of Hospitalisation algorithm embedded in the Patient Flow Portal	30 Sept 2021
Outcome 2	Aligns to state-wide Integrated Care evaluation indicators, key evaluation questions, data plans and data collections.	30 Sept 2021
Outcome 2	Develop an implementation plan of the Emergency Department to Community Initiative	30 Nov 2021
Outcome 2	Implement the collection and use of endorsed Patient Reported Measures for Integrated Care programs in alignment with local readiness and scoping activities	31 Dec 2021
Outcome 2	Integrated Care patient enrolments are to be captured in the Patient Flow Portal (except for those in the Integrated Care – Residential Care Initiative)	31 Dec 2021

NSW Health outcome	Deliverable in 2021-22	Due by
Outcome 2	Commence use of the Emergency Department to Community patient identification algorithm	31 Mar 2022
Leading Better Value Care (LBVC)		
Outcome 2	<ul style="list-style-type: none"> Organisations will continue to sustainably scale and embed existing LBVC Tranche 1 and Tranche 2 initiatives, with a focus on using virtual care where appropriate to improve the reach, outcomes and experiences from the LBVC initiatives - specific targets, aligned to the approved monitoring and evaluation plans will be communicated separately and monitored by the Strategic Reform and Planning Branch. 	30 June 2022
	<ul style="list-style-type: none"> Organisations will implement eMR builds to support LBVC initiatives as they are released by eHealth NSW and the Agency for Clinical Innovation. 	30 June 2022
	<ul style="list-style-type: none"> Organisations will work together with their respective Primary Health Network and community partners in a one health system approach to design, implement and monitor locally relevant responses to the Statewide Initiative for Diabetes Management's key focus areas. 	30 June 2022
Commissioning for Better Value (CBV)		
Outcome 5	<p>Apply a CBV approach to at least one new service that supports patient care to deliver better outcomes and experiences for patients and better value to the health system.</p> <ul style="list-style-type: none"> Organisations will consider the outcomes that need to be achieved and design, implement and manage services to deliver them in the most effective way. Organisations will collaborate with patients, clinicians and other key stakeholders to define the service and outcomes. Organisations will regularly monitor and evaluate progress in achieving the outcomes. 	30 June 2022
Towards Zero Suicides		
Outcome 4	<p>Implement and deliver Zero Suicides in Care initiative</p> <ol style="list-style-type: none"> The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide The Organisation will deliver and report the actions and progress according to the locally co-designed implementation plan 	30 June 2022
Outcome 3	<p>Implement and deliver Alternatives to Emergency Departments initiative</p> <ol style="list-style-type: none"> The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide The Organisation will deliver and report the actions and progress according to the locally co-designed implementation plan 	30 June 2022
Outcome 2	<p>Implement and deliver Assertive Suicide Prevention Outreach Teams initiative</p> <ol style="list-style-type: none"> The Organisation will recruit the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide The Organisation will submit an implementation plan to the Ministry that is informed by a local co-design process 	30 June 2022
Outcome 2	Implement and deliver Enhancement to Rural Counselling initiative	30 June 2022

NSW Health outcome	Deliverable in 2021-22	Due by
	<ol style="list-style-type: none"> 1. The Organisation will recruit and maintain the minimum required FTE as per the supplementation letter 2. The Organisation will deliver and report the actions and progress according to the implementation plan 	
NSW Aboriginal Mental Health and Wellbeing Strategy 2020		
Outcome 5	<p>The Organisation will co-design a local implementation plan with Aboriginal stakeholders (including consumers, carers, those with lived experience and families)</p> <p>Implementation Plans are to be co-signed by the Director/Manager of Aboriginal Health and the Director of Mental Health and approved by Chief Executives.</p> <p>The Organisation will commence implementation of the Strategy in line with its approved plan.</p>	30 Sept 2021
Asset maintenance		
Outcome 5	<p>The organisation will complete an annual review and submission of the local Strategic Asset Management Plan and Asset Management Plan which will inform future asset related decision making.</p> <p>The organisation will evaluate and report annual progress against the local Asset Management Framework Implementation Plan.</p> <p>The organisation will provide an annual Attestation statement against the local Asset Management Framework Implementation Plan progress, leading towards NSW Government Asset management Policy for Public Sector (TPP 19-07) by June 2024.</p>	<p>30 June 2022</p> <p>30 June 2022</p> <p>30 June 2022</p>

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