NSW Health

2025-26 Funding and Performance Supplement

A Supplementary Agreement between the Secretary, NSW Health and Murrumbidgee Local Health District

for the period 1 July 2025 to 30 June 2026

www.health.nsw.gov.au

2025-26 Funding and Performance Supplement

Principal purpose

The principal purpose of the Funding and Performance Supplement is to set out the performance expectations for funding and other support provided to Murrumbidgee Local Health District (the Organisation), and to ensure 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.

The Funding and Performance Supplement specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

The *Health Services Act 1997* (NSW) allows the Health Secretary to enter into performance agreements with public health organisations in relation to the provision of health services and health support services (s.126). Through execution of the Funding and Performance Supplement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Funding and Performance Supplement.

This Funding and Performance Supplement forms part of the NSW Health 2025-29 Service Agreement which has been executed by the Secretary, NSW Health and the Organisation.

Parties to the agreement

The Organisation

Mr Adrian Lindner
Chair
On behalf of the
Murrumbidgee Local Health District Board

Date 28/07/2025 Signed .....

Ms Jill Ludford
Chief Executive
Murrumbidgee Local Health District

Date 28/07/2025 Signed .....

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 30/7/25 Signed .....

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1 Budget

1.1 Budget Schedule: Part 1

Budget schedule is split by Streams:

- Stream A – Budget aligned to state outcome that *People receive timely quality care in hospitals*
- Stream B – Budget aligned to state outcomes that *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

		Initial Budget	
Murrumbidgee Local Health District		**Target Volume** (NWAU)	**2025-26** ($000)
State Price $6,081 per NWAU 25			
Stream A			
Acute Admitted		*57,894*	392,297
Emergency Department		*22,638*	156,956
Sub-Acute Services		*7,384*	55,658
Non Admitted Services - Incl Dental Services		*6,052*	60,569
Mental Health - Admitted		*4,723*	31,973
Teaching, Training and Research		-	17,465
Home Vent		-	-
Total Stream A	**A**	**98,691**	**714,919**
Stream B			
Mental Health - Non Admitted		*4,120*	32,546
Community Health - Incl. Primary Health		*10,128*	66,851
Population Health			9,897
Aboriginal Health			488
Other Services			66,542
Total Stream B	**B**	**14,248**	**176,323**
Restricted Financial Asset Expenses	**C**		**1,220**
Depreciation (General Funds only)	**D**		**35,557**
Total Expenses (E = A + B + C + D)	**E**	**112,938**	**928,019**
Other - Gain/Loss on disposal of assets etc	**F**		**1,191**
Total Revenue	**G**		**(906,812)**
GF Revenue - ABF Commonwealth Share			(217,179)
GF Revenue - Block Commonwealth Share			(96,761)
Own Source Revenue			(592,872)
Net Result (H = E + F + G)	**H**	**112,938**	**22,397**

1.2 Budget Schedule: Part 2 – Revenue

Murrumbidgee Local Health District		2025-26 ($000)
	Government Grants	
A	Subsidy* - In-Scope ABF State Share	(306,849)
B	Subsidy - In-Scope Block State Share	(113,072)
C	Subsidy - Out of Scope State Share	(9,395)
D	Capital Subsidy	(10,363)
E	Crown Acceptance (Super, LSL)	(8,399)
F	**Total Government Contribution (F=A+B+C+D+E)**	**(448,077)**
	Own Source Revenue	
G	GF Revenue	(142,902)
H	GF Revenue - ABF Commonwealth Share	(217,179)
I	GF Revenue - Block Commonwealth Share	(96,761)
J	Restricted Financial Asset Revenue	(1,893)
K	**Total Own Source Revenue (K=G+H+I+J)**	**(458,734)**
L	**Total Revenue (L=F+K)**	**(906,812)**
M	Total Expense Budget - General Funds	926,799
N	Restricted Financial Asset Expense Budget	1,220
O	Other Expense Budget	1,191
P	**Total Expense Budget (P=M+N+O)**	**929,209**
Q	**Net Result (Q=L+P)**	**22,397**
	Net Result Represented by:	
R	Asset Movements	(25,760)
S	Liability Movements	3,363
T	Entity Transfers	-
U	**Total (U=R+S+T)**	**(22,397)**

Note:
Cash, liquidity and payments are managed centrally by the Ministry and HealthShare to ensure payroll, creditors and other commitments are paid as and when required on behalf of NSW Health entities.

* The subsidy amount does not include items E and G, which are revenue receipts retained by the Districts / Networks and sit outside the National Pool.

1.3 Budget Schedule: Part 3 – NHRA Clause A95(b) Notice

Murrumbidgee Local Health District	In-Scope services (NWAU)	Out-of-scope services (NWAU)	Total Services (NWAU)	State Price ($)	Total Funding ($000)	Total Funding for In-scope services ($000)	C'wealth Funding for In-scope services ($000)	State Funding for In-scope services ($000)	Funding for out-of-scope services ($000)
ABF Allocation									
Emergency Department	*11,056*	*376*	*11,432*	6,081	**74,901**	68,625	28,450	40,176	6,276
Acute Admitted	*46,960*	*1,577*	*48,537*	6,081	**308,404**	283,411	120,839	162,571	24,993
Admitted Mental Health	*4,705*	*18*	*4,723*	6,081	**30,969**	29,286	12,107	17,179	1,684
Sub-Acute	*4,537*	*39*	*4,576*	6,081	**32,698**	30,659	11,674	18,985	2,039
Non-Admitted	*13,022*	*377*	*13,399*	6,081	**88,031**	81,287	33,509	47,778	6,744
Community Mental Health	*4,120*	-	*4,120*	6,081	**32,400**	30,759	10,601	20,159	1,641
Total ABF Allocation	**84,399**	**2,388**	**86,787**	**6,081**	**567,403**	**524,028**	**217,179**	**306,849**	**43,376**
Block Allocation									
Teaching, Training and Research					**17,465**	17,465	6,517	10,949	-
Small Rural Hospitals	-	*26,151*	*26,151*	-	**192,174**	192,174	90,157	102,017	-
Small Hospital Major Cities	-	-	-	-	**-**	-	-	-	-
Standalone Mental Health	-	-	-	-	**-**	-	-	-	-
Other Mental Health	-	-	-	-	**-**	-	-	-	-
Non-Admitted Home Ventilation					**-**	-	-	-	-
Other Public Hospital Programs					**193**	193	87	106	-
Highly Specialised Therapies					**-**	-	-	-	-
Total Block Allocation	**-**	**26,151**	**26,151**	**-**	**209,833**	**209,833**	**96,761**	**113,072**	**-**
Public Health					**9,896**	9,395	4,390	5,005	501
Non-NHRA Block					**140,886**	-	-	-	140,886
Total Non-NHRA Block Allocation					**150,782**	**9,395**	**4,390**	**5,005**	**141,387**
Grand Total Funding Allocation	**84,399**	**28,539**	**112,938**	**-**	**928,019**	**743,256**	**318,330**	**424,925**	**184,763**

1.4 Budget Schedule: Part 4 – Capital Program

1.4.1 Capital Program Part 1 – Total Capital Works Program

Project Description	Project Code	Reporting Silo	Estimated Total Cost ($'000)	Estimated Expenditure to 30 June 2025 ($'000)	Budget Allocation 2025-26 ($'000)	Balance to Complete ($'000)
Projects managed by Health Entity						
2025-26 Major New Works						
Total Major New Works				-	-	-
Works in Progress						
Deniliquin Hospital - Surgical Suite Pendant Replacement	P57365	MW	250	-	**250**	-
Key Health Worker Accommodation Program	P57294	AM	23,297	3,225	**4,671**	15,400
Minor Works & Equipment >$10K<$250K *	P51069	MWE	11,380	n.a	**2,845**	8,535
MLHD Corporate Office Accommodation in Wagga Wagga (Harvey House)	P57473	OTHER	2,597	-	**2,597**	-
Planning - Wagga Wagga Health and Knowledge Precinct	P56872	OTHER	1,000	700	**300**	-
Total Works in Progress			**38,524**	**3,925**	**10,663**	**23,935**
Total Capital Program managed by Health Entity			***38,524***	***3,925***	***10,663***	***23,935***
Projects managed by Health Infrastructure						
2025-26 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Finley Hospital Upgrade	P56857	HI Silo	25,000	2,974	**8,745**	13,281
Griffith Hospital Redevelopment	P56401	HI Silo	250,000	204,197	**26,400**	19,403
Key Health Worker Accommodation - Murrumbidgee region	P56862	HI Silo	15,000	13,000	**2,000**	-
Temora Hospital Redevelopment	P56868	HI Silo	95,000	5,890	**14,633**	74,477
Total Works in Progress			**385,000**	**226,060**	**51,778**	**107,162**
Total Capital Expenditure Authorisation Limit managed by Health Infrastructure			***385,000***	***226,060***	***51,778***	***107,162***
Projects managed by Ministry of Health						
2025-26 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Total Works in Progress			-	-	-	-
Total Capital Expenditure Authorisation Limit managed by Ministry of Health			-	-	-	-

Notes:
- Expenditure should not exceed to the approved limit without prior authorisation by Ministry of Health.
- P51069 Minor Works & Equipment >$10k<$250k allocations represent the initial annual allocations to be applied from 2025-26 to 2028-29 (4 years). Health Entities may seek to vary budget as part of the MWE Quarterly review process.

1.4.2 Capital Program Part 2 – Minor Works & Equipment 4 Year Program

Project Code & Description	ETC ($'000)	2025-26 ($'000)	2026-27 ($'000)	2027-28 ($'000)	2028-29 ($'000)	Funding Source
P51069 Minor Works & Equipment >$10K<$250K	**10,180**	2,545	2,545	2,545	2,545	Confund
	1,200	300	300	300	300	Local
Total Budget	**11,380**	**2,845**	**2,845**	**2,845**	**2,845**	**Mixed**

2 NSW Health services and networks

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

2.1 Cross district referral networks

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

- *Adult Critical and Specialist Care Inter Hospital Transfer Policy* (PD2025_002)
- *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* (PD2023_019)
- *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2023_035)
- *Accessing inpatient mental health care for children and adolescents* (IB2023_001)
- *Adult Mental Health Intensive Care Networks* (PD2019_024)
- State-wide Intellectual Disability Mental Health Hubs

2.2 Critical and specialist care

Service name	Unit	Locations	Service Requirement
Adult Intensive Care Unit – Level 6 services	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (30) St Vincent's (22) St George (36)	Services to be provided in accordance with the *Adult Critical and Specialist Care Inter Hospital Transfer* policy. Units with new beds in 2025/26 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's *Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit*.
Neonatal Intensive Care Service	Beds/NWAU	Sydney Children's Hospitals Network (SCHN) - Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (18+1/325 NWAU25) Liverpool (18) John Hunter (20) Nepean (12+1/325 NWAU25) Westmead (24)	Services to be provided in accordance with the *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* policy and NSW Health Policy Directive *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2023_035).
Paediatric Intensive Care	Beds/NWAU	SCHN – Randwick (18) SCHN – Westmead (24) John Hunter (7)	Services to be provided in accordance with the *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* policy.

Service name	Unit	Locations	Service Requirement
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*.
Mental Health Intensive Care	Access	Hornsby - Mental Health Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit Orange Health Service Bloomfield - Lachlan Adult Mental Health Intensive Care Unit Concord - McKay East Intensive Psychiatric Care Unit Cumberland – Yaralla Intensive Psychiatric Care Unit Prince of Wales - Mental Health Intensive Care Unit Forensic Hospital, Malabar *(second tier referral facility)*	Provision of equitable access. Services to be provided in accordance with the *Adult Mental Health Intensive Care Networks* policy.
High risk maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Providing support, advice and management for all women with high risk pregnancies, in accordance with the NSW Health Policy Directive *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2023_035).
Severe Burn Service	Access	Concord Royal North Shore SCHN - Westmead	Services to be provided in accordance with the NSW Agency for Clinical Innovation's *NSW Burn Transfer Guidelines*.
State Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehab SCHN – Westmead and Randwick	Services to be provided in accordance with the *Adult Critical and Specialist Care Inter-Hospital Transfer* and the *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* policies.
Endovascular clot retrieval	Access	Royal Prince Alfred Prince of Wales Royal North Shore Westmead Liverpool John Hunter SCHN	As per the NSW Health strategic report - *Planning for NSW NI Services to 2031.*

2.3 Transplant services

Organ transplant services are dependent on the availability of matched organs in accordance with the Transplantation Society of Australia and New Zealand, *Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.11— May 2023*.

Referral pathways for Haematopoietic Stem Cell Transplantation are detailed in the Agency for Clinical Innovation Bone and Marrow Transplant Network's *NSW Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis*.

Service name	Unit	Locations
Heart, Lung and Heart Lung Transplantation	106	St Vincent's
Adult Liver Transplant	Access	Royal Prince Alfred
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead
Paediatric Heart Transplant	Access	SCHN – Westmead
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's Westmead Royal Prince Alfred Liverpool Royal North Shore SCHN – Randwick SCHN – Westmead
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number	St Vincent's

2.4 Strategic infrastructure

Service name	Locations
Cyclotrons	Royal Prince Alfred Liverpool
Blood and Marrow Transplant Laboratory	St Vincent's - *services Gosford* NSW Health Pathology – Westmead Institute of Clinical Pathology and Medical Research (ICPMR) – *services Nepean, Wollongong and SCHN – Westmead* NSW Health Pathology – Prince of Wales – *services SCHN - Randwick*
Hyperbaric Medicine	Prince of Wales
Biocontainment unit	Westmead

2.5 Implementation of new health technologies

These services are listed in the Agreement according to the NSW Health *Guideline for New Health*

Technologies and Specialised Services (GL2024_008).

When fully implemented, these services will be transitioned into activity-based service provision and may be transitioned to local governance and removed from the Agreement.

Service name	Locations
CAR T-cell therapy delivered for the following clinical indications in accordance with individual agreements between the Ministry of Health and delivery sites:	
Acute lymphoblastic leukaemia (ALL)	SCHN Royal Prince Alfred Westmead
Adult diffuse large B-cell lymphoma (DLBCL)	Royal Prince Alfred Westmead
Adult mantle cell lymphoma (MCL)	Royal Prince Alfred Westmead
Gene therapy for inherited retinal blindness	SCHN
Gene therapy for paediatric spinal muscular atrophy	SCHN - Randwick
Telestroke	Prince of Wales

2.6 Nationally Funded Centres

All patients across Australia can be accepted onto Nationally Funded Centre programs in line with the *Nationally Funded Centre Agreement*.

Service name	Locations
Pancreas Transplantation	Westmead
Paediatric Liver Transplantation	SCHN - Westmead
Islet Cell Transplantation	Westmead

3 Purchased volumes and services

3.1 Purchased activity

Activity stream	DWAU25	NWAU25
STREAM A		
Acute – Admitted	–	57,788
Emergency Department	–	22,638
Sub-Acute – Admitted	–	7,384
Public Dental Clinical Service – Total Dental Activity (DWAU)	17,651	–
Mental Health – Admitted	–	4,723
Alcohol and other drug related – Admitted*	–	106
Alcohol and other drug related – Non-Admitted*	–	294
Non-Admitted – 10/20 Series	–	3,878
Total Stream A	**17,651**	**96,811**
STREAM B		
Non-Admitted – 40 Series	-	10,128
Mental Health – Non-Admitted	-	4,120
Total Stream B	-	**14,248**
Total purchased activity#		112,938

** Alcohol and other drug activity is a subset of acute, sub-acute or non-admitted*

#Total purchased activity includes DWAU25 converted to NWAU25.

3.2 Priority programs – New Policy Proposals (NPP)

The Organisation has received an allocation of the NSW Government investment in NPPs for initiatives that will improve outcomes for the people of NSW.

Funding, allocated as block, activity or mixed, is included in the Organisation's initial budget in *Budget* schedule or purchased activity of the *Purchased volumes and services* schedule.

3.2.1 New Policy Proposals – *People receive timely quality care in hospitals*

Program or initiative	Allocation method	Benefit / outcome / performance metrics
Emergency Department Relief Package		
Creating Inpatient Capacity – Discharge concierge	Block	**Outcomes / Benefits** • Optimise current care coordination and discharge processes to reduce inpatient length of stay and readmission. **Performance metrics** • Reduction in overnight acute LOS • Reduction in readmission rates • Increase in volume of discharge before noon
Strengthening Medicare – Specialist Virtual Services	Activity	**Outcomes / Benefits** • Increased access for people over 65 to HITH services. • Referral pathways for people over 65 between ACOS and HITH services. • Access to specialist geriatric care for people over 65 through a HITH service.
VirtualADULTS and virtualSPECIALIST Urgent Care Services	Block	**Outcomes / Benefits** • Reduction in avoidable ED presentations • Patients receive safe care that is appropriate to their healthcare needs, at the right time • Improvement in equity of access to health care, for those seeking urgent care • LHDs facilitate referral pathways to local services for patients requiring follow up care after post a virtualADULTS episode
Alternate Care Pathways – Urgent Care Services	Block	**Outcomes/Benefits:** • Urgent Care Services (UCS) encompasses short-term, episodic care for urgent but non-life-threatening health care needs that can be delivered in locations outside Emergency Departments to support ED diversion. • UCS in NSW are delivered using a range of healthcare models appropriate to local settings including general practice-based care, virtual care, flying squads, in-home care and rapid response teams. • Care is provided to patients of all ages and at no cost. • UCS should provide comprehensive care for the episode, including diagnostics like radiology and pathology, with minimal need for external referrals. Ideally, these services should be 'co-located,' meaning they are easily accessible in terms of location and operating hours. • Preferred access to UCS is via Healthdirect and the Single Front Door where relevant, with walk-in patients also accepted.

Program or initiative	Allocation method	Benefit / outcome / performance metrics
		Performance metrics: • Patient-reported emergency department (ED) avoidance – patients indicated they would have attended an ED if not referred to a UCS. • Referrals to UCS via Healthdirect – patients directed to UCS through Healthdirect services. • Patient satisfaction survey results – feedback collected to assess patient experience and satisfaction with UCS services.

3.2.2 New Policy Proposals – *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

Program or initiative	Allocation method	Benefit / outcome / performance metrics
Response to the Special Commission of Inquiry into the drug 'Ice' *Multiyear budget allocated in 2025-26 Service Agreement:* • To address service gaps and improve outcomes for people at risk of harm from alcohol and other drug use	Block	Improvement in the following domains, with measures to be developed in collaboration with the Ministry of Health, including: • Utilisation/access to treatment • Quality treatment and integration of care • Outcomes that matter • Positive consumer experiences • Workforce retention and positive workforce experience
Priority Populations Immunisation Program (previously the Vaccine for hesitant and hardly reached communities program.)	Block	The Organisation must submit by 31 July each year to the Chief Health Officer, for approval by the Ministry of Health (MoH), an annual project plan that should: • outline local strategies to increase vaccination coverage in priority and harder to reach population that interact with NSW Health services • include appropriate measures, including key performance indicators, that will measure success of the funded strategies • On 31 October 2025 and 30 April 2026 – submit a report demonstrating activity against the LHD plan and utilisation of the funding for positions.

4 Performance

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*.

4.1 Key Performance Indicators

4.1.1 Indicators – *People receive timely quality care in hospitals*

1 Patients and carers have positive experiences and outcomes that matter				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**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

2 Safe care is delivered across all settings				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**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			
Hospital acquired renal failure	Individual – See Data Supplement			
Hospital acquired gastrointestinal bleeding	Individual – See Data Supplement			
Hospital acquired medication complications	Individual – See Data Supplement			

2 Safe care is delivered across all settings				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming** ↘	**Performing** ✓
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			
Hospital Access Targets (HAT):				
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
Emergency department presentations treated within benchmark times (%):				
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
Overdue Planned (elective) surgery – patients (Number):				
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
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	≥ 4.0 and ≤ 5.5	< 4.0

2 Safe care is delivered across all settings				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming** ↘	**Performing** ✓
Frequency (%)	< 4.1	> 5.3	≥ 4.1 and ≤ 5.3	< 4.1
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):				
All persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Aboriginal persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Mental Health: Acute readmission - Within 28 days (%):				
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
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 (%):				
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
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
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 (%):	80	< 60%	≥ 60% and <80%	≥80%

6 The health system is managed sustainably				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming** ↘	**Performing** ✓
Purchased Activity Volumes - Variance (%):				
Total activity (NWAU)	Individual - See Data Supplement	< -1.5% or > +2.5%	≥ -1.5% and < 0	≥ 0% and ≤ +2.5%

6 The health system is managed sustainably				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming ↘**	**Performing ✓**
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% and < 0	≥ 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

4.1.2 Indicators – *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

1 Patients and carers have positive experiences and outcomes that matter				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming ↘**	**Performing ✓**
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 ✖	**Underperforming ↘**	**Performing ✓**
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%):				

2 Safe care is delivered across all settings				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming** ↘	**Performing** ✓
All persons	75	< 60	≥ 60 and < 75	≥ 75
Aboriginal persons	75	< 60	≥ 60 and < 75	≥ 75
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

3 People are healthy and well				
Measure	**Target**	**Performance Thresholds**		
		Not performing ✖	**Underperforming** ↘	**Performing** ✓
Health Outcomes Action Plan:				
Approved by Chief Health Officer by 30 September 2025	Completed	Not completed	N/A	Completed
Actions completed (%)	90	< 80	≥ 80 and < 90	≥ 90
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
Sustaining NSW Families Programs:				
Families enrolled and continuing in the program when child is 1 year of age (%)	65	< 55	≥ 55 and < 65	≥ 65
Mental health peer workforce employment – Full time equivalents (FTEs) (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than target
BreastScreen participation rates – Women aged 50-74 years (%):				
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 ✖	**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
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 (%)	3.43	< 2.0	≥ 2.0 and < 3.43	≥ 3.43
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 ✖	**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

4.2 Performance Deliverables

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

4.2.1 Deliverables – *People receive timely quality care in hospitals*

Deliverable Name	Description

Outpatient State-wide Referral Criteria	The Organisation will
	• Deliver and report quarterly, providing evidence, on implementation of state-wide referral criteria to the Ministry of Health on:
	  ○ Diabetes, general paediatrics, maternity and gynaecology (inclusive of general gynaecology and menopause) state-wide referral criteria within outpatient services
	  ○ Integration within HealthPathways and electronic referrals, where applicable
	  ○ Engagement with local Primary Health Network to facilitate uptake of Statewide Referral Criteria across primary care
	• Participate in periodic referral audits and post-implementation evaluation activities

4.2.2 Deliverables – *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

Deliverable Name	Description
Close the gap by prioritising care and programs for Aboriginal people	The Organisation will deliver and report six monthly, providing evidence, to the Ministry of Health on: • Initiatives to provide culturally responsive maternity care for Aboriginal women and families throughout all maternity services • Review of the second tier of Aboriginal leadership in all health services, including manager roles within Aboriginal health divisions and in key program areas. The Organisation will map how these roles will be strengthened to elevate the second tier of Aboriginal Health leadership. • Development of innovative programs, shared workforce models and/or models of care between the Organisation and Aboriginal Community Controlled Health Organisations.

Health Outcomes Action Plan	Integration of prevention and population health activities into routine admitted and non-admitted clinical care for long-term benefits for communities and the system. This outcome will require a comprehensive and coordinated, whole of organisation approach and effective partnerships with other stakeholders.
	
	The Organisation will
	• **By 30 September 2025** – Deliver a local 4-year Health Outcomes Action Plan (the Plan), supported by the Organisation's Health Care Service Plan, approved by the Chief Executive and agreed to by the Chief Health Officer. The Plan will outline the organisation wide approach to contributing to improving outcomes against 3 of the NSW Health population health priorities:
	  ○ Physical activity
	  ○ Prevalence of smoking and e-cigarette (vaping) use in adults
	  ○ Healthy birthweight
	  ○ Prevalence of diabetes in adults

Deliverable Name	Description
	○ Immunisation rates in adolescents and adults • **On 31 October 2025 and 30 April 2026 –** Report six monthly on progress to the Health Outcomes Action Plan, providing evidence, to the Chief Health Officer