2019-20 SERVICE AGREEMENT

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND THE

Murrumbidgee Local Health District

FOR THE PERIOD

1 July 2019 – 30 June 2020

NSW GOVERNMENT | Health

NSW Health Service Agreement – 2019/20

Principal Purpose

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

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

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

Parties to the Agreement

The Organisation

Ms Gayle Murphy
Chair
On behalf of the
Murrumbidgee Local Health District Board

Date: 31 July 2019 Signed: Gayle S. Murphy .....

Ms Jill Ludford
Chief Executive
Murrumbidgee Local Health District

Date: 31 July 2019 Signed: .....

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

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

Contents

1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of 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 health care services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To develop 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.

2. CORE Values

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

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

3. Culture, Community and Workforce Engagement

The Organisation must ensure appropriate consultation and engagement with patients, carers and communities in the design and delivery of health services. Impact Statements, including Aboriginal Health Impact Statements, are to be considered and, where relevant, incorporated into health policies. Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to the achievement of local priorities.

3.1 Engagement Surveys

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

4. Legislation, Governance and Performance Framework

4.1 Legislation

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

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

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

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

4.2 Variation of the Agreement

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

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

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

4.3 National Agreement - Hospital funding and health reform

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

4.4 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.

The Organisation is to ensure

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

4.4.1 Clinical Governance

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

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

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

https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-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

4.4.2 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.

4.4.3 Procurement Governance

The Organisation must ensure procurement of goods and services complies with the NSW Health Procurement Policy, the key policy governing procurement practices for all NSW Health organisations. The NSW Health Procurement Policy is to be applied in conjunction with procedures detailed in the NSW Health Goods and Services Procurement Policy Directive (PD2018_030). These documents detail the requirements of all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_030

4.4.4 Safety and Quality Accounts

The Organisation will complete a Safety and Quality Account to document achievements, and affirm an ongoing commitment to improving and integrating safety and quality into their functions. The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

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

Consistent with the National Health Reform Agreement, The Organisation must continue to focus on reducing the incidence of hospital acquired complications. Through the Purchasing Framework, NSW Health has incentivised Districts and Networks to invest in quality improvement initiatives that specifically target these complications. It is expected that the Safety and Quality Account articulates these initiatives and provides details on approaches and outcomes.

4.4.5 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 performance improvement approaches, 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

Schedule A: Strategies and Priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry, NSW Health Services and Support Organisations. These are to be reflected in the strategic, operational and business plans of these entities.

NSW Government Priorities

The NSW Government has outlined their priorities for their third term:

- Building a strong economy
- Providing high-quality education
- Creating well connected communities
- Providing world class customer service
- Tackling longstanding social challenges

NSW Health will contribute to the NSW Government's priorities in a number of ways:

- Our focus and commitment to put the patient at the centre of all that we do will continue and be expanded.
- We will continue to deliver new and improved health infrastructure and digital solutions that connect communities and improve quality of life for people in rural, regional and metropolitan areas.
- We will help develop solutions to tackle longstanding social challenges including intergenerational disadvantage, suicide and indigenous disadvantage.

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

Election Commitments

NSW Health is responsible for the delivery of 50 election commitments over the period to March 2023. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations.

Minister's Priority

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

NSW State Health Plan: Towards 2021

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

NSW Health Strategic Priorities 2019-20

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

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

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Improving patient experience

Consistent with NSW Government priorities to improve customers experience for NSW residents, NSW Health is committed to enhancing patients and their carer's experience of care. A structured approach to patient experience that supports a cohesive, strategic and measurable approach is being progressed. An audit in 2018 of initiatives underway across the NSW Health system identified 260 initiatives across districts, networks and pillar organisations to enhance the patient experience.

In 2019-20, the Ministry of Health will work closely with Health Services and Support Organisations to progress the strategic approach to improving patient experience across the NSW public health system.

NSW HEALTH STRATEGIC PRIORITIES FY2019-20

STRATEGIES

Executive Sponsors

OBJECTIVES *Strategic Oversight Leads*

1 KEEP PEOPLE HEALTHY

Population and Public Health

- **1.1** Implement policy and programs to increase healthy weight in children — *Centre for Population Health*
- **1.2** Ensure preventive and population health programs to reduce tobacco use — *Centre for Population Health and Cancer Institute NSW*
- **1.3** Embed a health system response to alcohol and other drug use and work across government agencies — *Centre for Population Health*
- **1.4** Reduce the impact of infectious disease and environmental impacts on the community — *Health Protection NSW*
- **1.5** Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services — *Centre for Aboriginal Health*
- **1.6** Support pregnancy and the first 2000 days — *Health and Social Policy*

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

Patient Experience and System Performance

- **2.1** Continue to embed quality improvement and redesign to ensure safer patient care — *Clinical Excellence Commission and Agency for Clinical Innovation*
- **2.2** Continue to move from volume to value based healthcare — *Strategic Reform*
- **2.3** Improve the patient experience and further engage with patients and carers — *System Purchasing*
- **2.4** Ensure timely and equitable access to appropriate care — *System Management*
- **2.5** Use system performance information to drive reform to the system — *System Information and Analytics*

3 INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE

Health System Strategy and Planning

- **3.1** Drive system integration through funding and partnership agreements — *System Performance Support*
- **3.2** Deliver mental health reforms across the system — *Mental Health*
- **3.3** Strengthen integrated approaches to frailty, ageing and end of life care — *Health and Social Policy*
- **3.4** Support people with disability within the health sector and between agencies — *Government Relations*
- **3.5** Support vulnerable people within the health sector and between agencies — *Government Relations*
- **3.6** Share health information to enable connected care across the system — *System Information and Analytics*

4 DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE

People, Culture and Governance

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

5 SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION

Population and Public Health

- **5.1** Drive the generation of policy-relevant translational research — *Centre for Epidemiology and Evidence/Office of Health and Medical Research*
- **5.2** Drive research translation in the health system — *Office of Health and Medical Research and Agency for Clinical Innovation*
- **5.3** Make NSW a global leader in clinical trials — *Office of Health and Medical Research*
- **5.4** Enable the research environment — *Office of Health and Medical Research*
- **5.5** Leverage research and innovation opportunities and funding — *Office of Health and Medical Research*

6 ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS

eHealth NSW

- **6.1** Implement integrated paper-lite key clinical information systems — *eHealth NSW*
- **6.2** Foster eHealth solutions that support integrated health services — *eHealth NSW*
- **6.3** Enhance systems and tools to improve workforce and business management — *eHealth NSW*
- **6.4** Develop and enhance health analytics to improve insights and decision-making — *eHealth NSW*
- **6.5** Enhance patient, provider and research community access to digital health information — *eHealth NSW*
- **6.5** Enhance systems infrastructure, security and intelligence — *eHealth NSW*

7 DELIVER INFRASTRUCTURE FOR IMPACT AND TRANSFORMATION

Health System Strategy and Planning

- **7.1** Utilise capital investment to drive new models of health service delivery — *Health System Planning and Investment*
- **7.2** Deliver agreed infrastructure on time and on budget — *Health Infrastructure*
- **7.3** Deliver infrastructure plans and integrate with other agencies — *Health System Planning and Investment*
- **7.4** Strengthen asset management capability — *Asset Management*

8 BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE

Finance and Asset Management

- **8.1** Deliver financial control in the day-to-day operations — *Finance*
- **8.2** Develop sustainable funding for future growth — *Finance*
- **8.3** Drive value in procurement — *Strategic Procurement*
- **8.4** Deliver commercial programs — *Strategic Procurement*
- **8.5** Deliver effective regulation, governance and accountability — *Legal and Regulatory Services*

KEY

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

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 2019/20 are as follows:

Focus on Wellness:

- Redesign culturally safe models of care to enhance access to appropriate health care options and wellbeing programmes for Aboriginal and Torres Strait Islander people and vulnerable populations.

Invest in our People:

- Develop a Primary Health Workforce Plan, led by the NSW Rural Doctors Network together with the Murrumbidgee Primary Health Network and community stakeholders.

Aspire to Excellence:

- Develop the Consumer Engagement Framework to improve the consumer experience
- Deliver more care in ambulatory settings with models of care focused on:
    - Hospital in the Home
    - Rapid Assessment Clinic
    - Increasing medical specialist support for regional hospitals

Together in Partnership:

- Improve clinical and financial performance to reflect achievement in:
    - decreased hospital acquired complications
    - clinician lead activity based management (ABM) performance; and
    - in accordance with the MLHD's financial sustainability framework

Schedule B: Services and Networks

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 also to maintain up to date details of:

- Affiliated Health Organisations (AHOs) in receipt of Subsidies in respect of services recognised under Schedule 3 of the Health Services Act 1997. Note that annual Service Agreements are to be in place between the Organisation and AHOs.
- Non-Government Organisations (NGOs) for which the Commissioning Agency is the Organisation, noting that NGOs for which the Commissioning Agency is the NSW Ministry of Health are included in NSW Health Annual Reports.
- Primary Health Networks with which the Organisation has a relationship.

Networks and Services Provided to Other Organisations

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

Key Clinical Services Provided to Other Health Services

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

Service	Recipient Health Service
BreastScreen NSW Public Health Unit Services	Southern NSW Local Health District
Public Health Services Oral Health Services Refugee Health	Albury Wodonga Health (AWH)

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

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

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

Service or function	Recipient Health Service
HSFAC (Health Services Functional Area Coordinator) support to AWH in the event of an emergency/disaster in the Albury Local Government Area.	Albury Wodonga Health (AWH)

Cross District Referral Networks

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

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) - (PD2018_011)
- Interfacility Transfer Process for Adult Patients Requiring Specialist Care - (PD2011_031)
- Critical Care Tertiary Referral Networks (Paediatrics) - (PD2010_030)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)
- Critical Care Tertiary Referral Networks (Perinatal) – (PD2010_069)
- NSW State Spinal Cord Injury Referral Network - (PD2018_011)
- NSW Major Trauma Referral Networks (Adults) - (PD2018_011)
- Children and Adolescents with Mental Health Problems Requiring Inpatient Care - (PD2011_016)

Roles and responsibilities for Mental Health Intensive Care Units (MHICU), including standardisation of referral and clinical handover procedures and pathways, the role of the primary referral centre in securing a MHICU bed, and the standardisation of escalation processes will continue to be a focus for NSW Health in 2019/20.

Supra LHD Services

Supra LHD Services are provided across District, Network and Health Service boundaries and are characterised by a combination of the following factors:

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

Ensuring equitable access to Supra LHD Services will be a key focus.

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

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (34+2/586 NWAU 2019/20) Royal Prince Alfred (51) Concord (16) Prince of Wales (22) John Hunter (24+2/586 NWAU 2019/20) St Vincent's (21) St George (36)	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011. Units with new beds in 2019/20 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

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 ICU Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access.
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0—April 2016
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 Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011 and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN at Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011.
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (96+10/420 NWAU 2019/20)	To provide Heart, Lung and Heart Lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.1—May 2017.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with NSW Critical Care Networks (Perinatal) PD2010_069.

Supra LHD Service	Measurement Unit	Locations	Service Requirement
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) Liverpool (13+1/330 NWAU 2019/20) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with NSW Critical Care Networks (Perinatal) PD2010_069
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (60)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (up to 4)	Services to be provided in accordance with NSW Critical Care Networks (Paediatrics) PD2010_030
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011 and NSW Burn Transfer Guidelines (ACI 2014) and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis, BMT Network, Agency for Clinical Innovation, 2016.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - Planning for NSW NI Services to 2031
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN (Westmead)	Provision of equitable access for all referrals

Nationally Funded Centres

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

Schedule C: Budget

Part 1

Schedule C Part 1

Murrumbidgee LHD - Budget 2019/20

		2019/20 BUDGET					Comparative Data			
		A	B	C	D	E	F	G	H	I
		Target Volume (NWAU19)	Volume (Admissions & Attendances) Indicative only	State Price per NWAU19	LHD/SHN Projected Average Cost per NWAU19	Initial Budget 2019/20 ($ '000)	2018/19 Annualised Budget ($ '000)	Variance Initial and Annualised ($ '000)	Variance (%)	Volume Forecast 2018/19 (NWAU19)
	Acute Admitted	42,335	*52,724*	$4,925	$5,236	$205,522	$191,686	$13,836		39,706
	Emergency Department	9,888	*80,404*			$47,962	$45,440	$2,522		9,237
	Non Admitted Patients (Including Dental)	10,303	*223,930*			$50,158	$47,059	$3,099		9,788
A	*Total*	**62,526**	***357,058***			**$303,642**	**$284,185**	**$19,457**	**6.8%**	**58,731**
	Sub-Acute Services - Admitted	6,208	*2,448*	$4,925	$5,236	$30,308	$28,719	$1,589		5,972
	Sub-Acute Services - Non Admitted	792				$3,901	$3,812	$89		792
B	*Total*	**7,000**	***2,448***			**$34,209**	**$32,530**	**$1,678**	**5.2%**	**6,764**
	Mental Health - Admitted (Acute and Sub-Acute)	4,285	*984*	$4,925	$5,236	$21,089	$20,554	$535		4,271
	Mental Health - Non Admitted	2,363	*40,833*			$13,748	$12,938	$811		2,232
	Mental Health - Transition Grant					$674	$659	$15		
C	*Total*	**6,648**	***41,817***			**$35,512**	**$34,151**	**$1,361**	**4.0%**	**6,503**
	Block Funding Allocation									
	Block Funded Hospitals (Small Hospitals)					$193,393	$188,967	$4,425		
	Block Funded Services In-Scope									
	- Teaching, Training and Research					$9,557	$9,339	$219		
D	*Total*					**$202,950**	**$198,306**	**$4,644**	**2.3%**	
E	**State Only Block Funded Services Total**					**$7,565**	**$7,392**	**$173**	**2.3%**	
	Transition Grant					$3,304				
	Recognised Operational Cost (ROC)					$15,839				
F	**Transition Grant (excluding Mental Health) and ROC[β]**					**$19,143**	**$18,704**	**$438**	**2.3%**	
G	**Gross-Up (Private Patient Service Adjustments)**					**$12,935**	**$12,639**	**$296**	**2.3%**	
	Provision for Specific Initiatives & TMF Adjustments (not included above)									
	Data Improvement Project					$500				
	Leading Better Value Care Program					$350				
	Other Block Growth and Purchasing Adjustors					-$206				
	WHIN regional school nurses					$414				
	Nursing enhancement					$521				
	Psychologists for drought affected areas					$125				
	2015 Election Commitment - Additional Nursing, Midwifery and Support positions					$170				
	Procurement Savings					-$658				
	Efficiency dividends 2019-20					-$1,904				
H	*Total*					**-$690**		**-$690**		
I	**Restricted Financial Asset Expenses**					**$1,220**	**$1,220**			
J	**Depreciation (General Funds only)**					**$24,600**	**$24,600**			
K	**Total Expenses (K=A+B+C+D+E+F+G+H+I+J)**					**$641,086**	**$613,728**	**$27,358**	**4.5%**	
L	**Other - Gain/Loss on disposal of assets etc**					**$1,191**	**$1,191**			
M	**LHD Revenue**					**-$620,423**	**-$589,260**	**-$31,164**		
N	**Net Result (N=K+L+M)**					**$21,853**	**$25,659**	**-$3,806**		

General Note: ABF growth is funded at 77% of the State Price

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

Part 2

Schedule C Part 2

		2019/20
	Murrumbidgee LHD	**$ (000's)**
	Government Grants	
A	Subsidy*	-$314,035
B	In-Scope Services - Block Funded	-$174,043
C	Out of Scope Services - Block Funded	-$6,076
D	Capital Subsidy	-$3,769
E	Crown Acceptance (Super, LSL)	-$9,686
F	**Total Government Contribution (F=A+B+C+D+E)**	**-$507,609**
	Own Source revenue	
G	GF Revenue	-$110,929
H	Restricted Financial Asset Revenue	-$1,885
I	**Total Own Source Revenue (I=G+H)**	**-$112,814**
J	**Total Revenue (J=F+I)**	**-$620,423**
K	Total Expense Budget - General Funds	$639,866
L	Restricted Financial Asset Expense Budget	$1,220
M	Other Expense Budget	$1,191
N	**Total Expense Budget as per Attachment C Part 1 (N=K+L+M)**	**$642,276**
O	**Net Result (O=J+N)**	**$21,853**
	Net Result Represented by:	
P	Asset Movements	-$20,666
Q	Liability Movements	-$1,187
R	Entity Transfers	
S	**Total (S=P+Q+R)**	**-$21,853**

Note:

The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2019/20 to $0.5m and has been reduced by approximately 75% of the FY 2018/19 buffer as a result of the transition of creditor payments and PAYG remittance to HealthShare and HealthShare managed bank accounts from the 1st July 2019. Based on final June 2019 cash balances, adjustments will be made in July 2019 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 Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.

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

Part 3

Schedule C Part 3

2019/20Shared Services & Consolidated Statewide Payment Schedule		
	Murrumbidgee LHD	**$ (000's)**
HS Charges	HS Service Centres	$2,387
	HS Ambulance Make Ready	
	HS Service Centres Warehousing	$7,657
	HS Enable NSW	$1,517
	HS Food Services	$34,657
	HS Soft Service Charges	
	HS Linen Services	$2,739
	HS IPTAAS	$3,807
	HS Fleet Services	$3,737
	HS Patient Transport Services	$1,794
	HS MEAPP (quarterly)	$1,022
	Total HSS Charges	**$59,317**
eHealth	EH Corporate IT & SPA	$10,720
	EH Recoups	$3,096
	Total eHealth Charges	**$13,816**
IH Transports	Interhospital Ambulance Transports	$17,450
	Interhospital Ambulance NETS	$642
	Total Interhospital Ambulance Charges	**$18,091**
	Interhospital NETS Charges - SCHN	**$174**
Payroll	**Total Payroll**	**$356,585**
Loans	MoH Loan Repayments	
	Treasury Loan (SEDA)	$217
	Total Loans	**$217**
	Blood and Blood Products	**$2,631**
	NSW Pathology	**$13,554**
	Compacks (HSSG)	**$1,331**
	TMF Insurances (WC, MV & Property)	**$5,474**
	Creditor Payments	**$157,301**
	Energy Australia	**$5,565**
	Total	**$634,055**

Note:

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

Commencing 2019/20 two additional holdbacks have been included to reflect new statewide payment and recovery processes for Creditors and PAYG. Amendments will also be made to the subsidy sheets in 2019/20 to incorporate contributions from other sources to cover subsidy shortfalls as a result of the additional holdbacks.

Part 4

2019/20 National Health Funding Body Service Agreement - Murrumbidgee LHD

Period: 1 July 2019 - 30 June 2020

Schedule C Part 4

	National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution
Acute	40,849	
ED	9,479	
Mental Health	4,627	
Sub Acute	6,951	
Non Admitted	9,098	
Activity Based Funding Total	**71,004**	
Block Funding Total		**$83,100,274**
Total	**71,004**	**$83,100,274**

Capital Program

MURRUMBIDGEE LHD									
PROJECTS MANAGED BY HEALTH SERVICE **2019/20 Capital Projects**	Project Code	Estimated Total Cost 2019/20	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2019/20	2019/20 Capital Budget Allocation by Source of Funds			
						Confund 2019/20	Local Funds 2019/20	Revenue 2019/20	Lease Liabilities 2019/20
		$	$	$	$	$	$	$	$
WORKS IN PROGRESS									
Asset Refurbishment/Replacement Strategy - Statewide	P55345	11,004,303	8,211,711	2,792,592	911,355	911,355	-	-	-
Cootamundra Emergency Department Relocation	P56432	461,500	-	461,500	461,500	461,500	-	-	-
Minor Works & Equipment >$10,000 Program	P51069	n.a	-	-	3,777,000	2,396,429	1,380,571	-	-
TOTAL WORKS IN PROGRESS		**11,465,803**	**8,211,711**	**3,254,092**	**5,149,855**	**3,769,284**	**1,380,571**	**-**	**-**
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY MURRUMBIDGEE LHD		**11,465,803**	**8,211,711**	**3,254,092**	**5,149,855**	**3,769,284**	**1,380,571**	**-**	**-**

(Continued)

PROJECTS MANAGED BY HEALTH INFRASTRUCTURE 2019/20 Capital Projects	Project Code	Estimated Total Cost 2019/20	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2019/20	Budget Est. 2020/21	Budget Est. 2021/22	Budget Est. 2022/23	Balance to Complete
		$	$	$	$	$	$	$	$
MAJOR NEW WORKS 2019/20									
Tumut Hospital Redevelopment	P56516	50,000,000	-	50,000,000	3,500,000	5,000,000	30,500,000	11,000,000	-
Wagga Wagga Car Park	P56524	30,000,000	-	30,000,000	250,000	2,500,000	22,500,000	4,750,000	-
TOTAL MAJOR NEW WORKS		**80,000,000**	**-**	**80,000,000**	**3,750,000**	**7,500,000**	**53,000,000**	**15,750,000**	**-**
MAJOR WORKS IN PROGRESS									
Wagga Wagga Hospital Redevelopment Stage 3	P55264	431,360,000	290,205,444	141,154,556	71,302,682	69,851,874	-	-	-
Griffith Hospital Redevelopment Stage One	P56401	250,000,000	6,000,000	244,000,000	14,219,158	45,030,842	58,000,000	60,000,000	66,750,000
TOTAL MAJOR WORKS IN PROGRESS		**681,360,000**	**296,205,444**	**385,154,556**	**85,521,840**	**114,882,716**	**58,000,000**	**60,000,000**	**66,750,000**
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE		**761,360,000**	**296,205,444**	**465,154,556**	**89,271,840**	**122,382,716**	**111,000,000**	**75,750,000**	**66,750,000**

Notes:

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

The above budgets do not include allocations for new FY20 Locally Funded Initiative (LFI) Projects or Right of Use Assets (Leases) Projects. These budgets will be issued through a separate process.

Minor Works & Equipment >$10,000 Program is an annual allocation with no Total Estimated Cost

Schedule D: Purchased Volumes

Growth Investment	Strategic Priority	$'000	NWAU19	Performance Metric
Activity Growth inclusive of Local Priority Issues				
Acute	**2**	-	42,335	See Schedule E
Emergency Department	**2.4**	-	9,888	See Schedule E
Sub-Acute Admitted	**2**	-	6,208	See Schedule E
Sub and Non Acute Inpatient Services – Palliative Care Component	**3.3**	-	*2,446*	See Schedule E
Non-Admitted	**2 / 3**	-	8,873	See Schedule E
Public Dental Clinical Service – Total Dental Activity (DWAU)	**1**	-	16,250	See Schedule E
Mental Health Admitted	**3.2**	-	4,285	See Schedule E
Mental Health Non-Admitted *Inclusive of 2018/19 Mental Health Reform Program Growth*	**3.2**	-	2,363	See Schedule E
Alcohol and other drug related Admitted	**1.3**	-	71	See Schedule E
Alcohol and other drug related Non Admitted	**1.3**	-	431	See Schedule E

	Strategic Priority	Target	Performance Metric
STATE PRIORITY			
Elective Surgery Volumes			
Number of Admissions from Surgical Waiting List - Children <16 Years Old	**2.4**	755	Number
Number of Admissions from Surgical Waiting List – Cataract extraction	**2.4**	931	Number

Growth Investment	Strategic Priority	$ '000	NWAU19	Performance Metric
NSW HEALTH STRATEGIC PRIORITIES				
Providing World Class Clinical Care Where Patient Safety is First				
Leading Better Value Care Program – Implementation Support Funding	**2.2**	350	-	Performance against LBVC Deliverables
Enable eHealth, Health Information and Data Analytics				
Data Improvement Project *Data improvement project includes $200,000 EBI program, $100,000 Data Quality, and $200,000 Intra-health Transfer to EBI central program.*	**6.4**	500	-	Established Local Governance for Edward Transition, Completion of Impact Assessment, Participation in extract test work package.

Special Considerations in Baseline Investment	Strategic Priority	$ '000	NWAU19	Performance Metric
Integrate Systems to Deliver Truly Connected Care				
Integrated Care (IC) Strategy *Weight adjusted Block funding*	**3.1**	614	-	Adoption and implementation in 2019-20 of one scaled IC initiative (as per Ministry of Health shortlist). All patients enrolled in the Patient Flow Portal (PFP) for ongoing monitoring; PFP data will inform regular evaluation.
Integrated Care for People with Chronic Conditions (ICPCC) *The ICPCC purchasing model for 2019/20 converts 50% of the existing recurrent funding for ICPCC into purchased activity for each District/Network. This is shown as NWAU for each District/Network.*	**3.1**	806	173	Identify patients using Risk Stratification in Patient Flow Portal (PFP), and use PFP for ongoing monitoring of patients within ICPCC. PFP data will inform evaluation.
Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect (VAN)	**3.5**	451	-	Participate in monitoring and evaluation activities as described in the funding agreement 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 development and outreach services for sexual assault.

Schedule E: Performance against Strategies and Objectives

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
X	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement along with the list of improvement measures that will be tracked by business owners within the Ministry. See:
http://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K

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

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Outcome Budgeting

Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2019-20 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by the Organisation.

A. Key Performance Indicators

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Strategy 1: Keep People Healthy						
1.1	Effectiveness	**Childhood Obesity –**Children with height and weight recorded **(%)**	≥70	<65	≥ 65 and <70	≥70
1.2/1.6	Equity	**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
	Effectiveness	**Pregnant Women Quitting Smoking -** By second half of pregnancy (%)	≥4% increase on previous year	<1% increase on previous year	≥ 1 and < 4% increase on previous year	≥4% increase on previous year
1.3	Timeliness & Accessibility	**Hospital Drug and Alcohol Consultation Liaison** - number of consultations (% increase)	No change or increase from previous year	≥10% decrease on previous year	<10% decrease on previous year	No change or increase from previous year
1.4	Effectiveness	**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
1.6	Effectiveness	**Get Healthy Information and Coaching Service - Get Healthy In Pregnancy Referrals** (% increase)	Individual - See Data Supplement	<90	≥90 and <100	≥100
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.1	Safety	**Fall-related injuries in hospital** – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	Individual - See Data Supplement -			
		Healthcare associated infections (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Surgical complications requiring unplanned return to theatre (Rate per 10,000 episodes of care)	Individual - See Data Supplement -			
		Hospital acquired medication complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired renal failure (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
2.1	Safety	**Hospital acquired delirium** (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired malnutrition (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired persistent incontinence (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Discharge against medical advice for Aboriginal in-patients (%)	Individual – See Data Supplement	Increase on previous year	0 and <1 decrease on previous year	≥1 decrease on previous year
2.1	Effectiveness	**Unplanned Hospital Readmissions** – All admissions within 28 days of separation (%):				
		• All persons	Decrease from previous Year	Increase on previous year	No change	Decrease from previous Year
		• Aboriginal persons	Decrease from previous Year	Increase on previous year	No change	Decrease from previous Year
2.3	Patient Centred Culture	**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
2.4	Timeliness & Accessibility	**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
		• **Overdue** - Patients (Number):				
		• Category 1	0	≥1	N/A	0
		• Category 2	0	≥1	N/A	0
		• Category 3	0	≥1	N/A	0
		Emergency Department:				
		• Emergency treatment performance - Patients with total time in ED <= 4 hrs (%)	≥81	<71	≥71 and <81	≥81
		• Transfer of care – Patients transferred from ambulance to ED <= 30 minutes (%)	≥90	<80	≥80 and <90	≥90
Strategy 3: Integrate Systems to Deliver Truly Connected Care						
3.1	Timeliness & Accessibility	**Aged Care Assessment Timeliness** - Average time from ACAT referral to delegation - Admitted patients (Days).	≤5	>6	>5 and ≤6	≤5
3.2	Effectiveness	**Mental Health:**				
		• **Acute Post-Discharge Community Care** - Follow up within seven days (%)	≥70	<50	≥50 and <70	≥70
		• **Acute readmission** - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13
3.2	Appropriate-ness	• **Acute Seclusion Occurrence** – (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
		• **Acute Seclusion Duration – (**Average Hours)	<4	>5.5	≥4 and ≤5.5	<4

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
	Safety	• **Involuntary Patients Absconded** – From an inpatient mental health unit –Incident Types 1 and 2 (Number)	0	>0	N/A	0
	Patient Centred Culture	• **Mental Health Consumer Experience:** Mental Health consumers with a score of Very Good or Excellent (%)	≥80	<70	≥70 and <80	≥80
	Timeliness & Accessibility	• **Emergency department extended stays**: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
	Patient Centred Culture	**Mental Health Reform:**				
		• **Pathways to Community Living** - People transitioned to the community – (Number) *(Applicable some LHDs only - see Data Supplement)*	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter
		• **Peer Workforce Employment** – Full time equivalents (FTEs) (Number)	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter
3.5	Effectiveness	**Domestic Violence Routine Screening –** Routine Screens conducted (%)	≥70	<60	≥60 and <70	≥70
		Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%)	100	<90	≥90 and <100	100
		Sexual Assault Services Initial Assessments – Referrals for victims of sexual assault receiving an initial psychosocial assessment (%)	≥80	<70	≥70 and <80	≥80
		Sustaining NSW Families Programs - Applicable LHDs only - see Data Supplement:				
		• 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
3.6	Patient Centred Culture	**Electronic Discharge Summaries Completed -** Sent electronically to State Clinical Repository (%)	Increase in YTD percentage	Decrease in YTD percentage	No change in YTD percentage	Increase in YTD percentage
Strategy 4: Develop and Support Our People and Culture						
4.1	Patient Centred Culture	**Staff Engagement** - People Matter Survey Engagement Index - Variation from previous year (%)	≥ -1	≤ -5	>-5 and < -1	≥ -1
		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
	Efficiency	**Staff Performance Reviews** - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.4	Equity	**Aboriginal Workforce Participation** - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.6	Safety	**Compensable Workplace Injury** - Claims (% change)	≥10% Decrease	Increase	≥0 and <10% Decrease	≥10% Decrease

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Strategy 5: Support and Harness Health and Medical Research and Innovation						
5.4	Research	**Ethics Application Approvals** - By the Human Research Ethics Committee within 45 calendar days - Involving more than low risk to participants (%).	≥95	<75	≥75 and <95	≥95
		Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	≥95	<75	≥75 and <95	≥95
Strategy 6: Enable eHealth, Health Information and Data Analytics						
6.2	Efficiency	See under 3.6 - Electronic Discharge Summaries				
Strategy 7: Deliver Infrastructure for Impact and Transformation						
7.2	Finance	**Capital Variation** - Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1	Finance	**Purchased Activity Volumes -** Variance (%):				
		• Acute admitted– NWAU	Individual - See Budget	> +/-2.0	> +/-1.0 and ≤ +/-2.0	≤ +/-1.0
		• Emergency department – NWAU				
		• Non-admitted patients – NWAU				
		• Sub-acute services - Admitted – NWAU				
		• Mental health – Admitted – NWAU				
		• Mental health - Non admitted – NWAU				
		• Alcohol and other drug related Admitted (NWAU)	See Purchased Volumes	> +/-2.0	> +/-1.0 and ≤ +/-2.0	≤ +/-1.0
		• Alcohol and other drug related Non Admitted (NWAU)				
		• Public dental clinical service - DWAU	See Purchased Volumes	> 2.0	> 1.0 and ≤ 2.0	≤ 1.0
		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 (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤ 0.5 Unfavourable	On budget or Favourable
		Expenditure Projection- Projected General Fund – Actual %	Favourable or Equal to March Forecast	Variation >2.0 of March Forecast	Variation >1.5 and ≤2.0	Variation <1.5 of March Forecast
		Revenue Projection - Projected General Fund – Actual %	Favourable or Equal to March Forecast	Variation >2.0 of March Forecast	Variation >1.5 and ≤2.0	Variation <1.5 of March Forecast
	Efficiency	**Cost Ratio Performance** - Cost per NWAU compared to state average - (%)	Decrease from previous year	Average District Cost greater than or equal to 1% of the State Price	Average District Cost greater than but within 1% of the State Price	Average District Cost less than the State Price

B. Strategic Deliverables

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

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

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Leading Better Value Care, Commissioning for Better Value and *Integrating Care* are three programs helping to accelerate NSW Health's move to value based healthcare.

Integrating Care

In 2019-20 the Ministry of Health has reinvigorated Integrating Care (IC) with a focus on scaling five locally developed initiatives which will benefit patients and the system across NSW. The five scaled initiatives are evidence-based and show benefits in line with the Quadruple Aim. They have been selected because they demonstrate integration throughout the NSW Health system, and with Primary Health Networks and other clusters.

The main roles and responsibilities in the IC Program are:

- The Ministry of Health will continue as system manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will determine local approaches to implement and deliver at least one of the five Ministry selected IC initiatives in 2019-20. Districts and Networks may also continue to provide services established through IC in 2017-18 and 2018-19 if deemed viable and locally appropriate to do so.
- The Pillars, in discussion with the Ministry, may support Districts and Networks in a flexible manner that can be customised to meet state-wide and local needs, primarily to support implementation and clinical redesign for the IC initiatives.
- Districts and Networks will provide patient-level data to the Ministry of Health to assist evaluation, monitoring and regular reporting of the IC initiatives at a local and state-wide level.
- The Ministry will hold patient-level IC data and use existing linkage and de-identification processes to support comprehensive measurement of the initiatives as required.

In 2019-20, Districts and Networks will:

- Work with the Ministry of Health to implement at least one of the 2019-20 IC initiatives:
    - ED to Community (EDC)
        - IC EDC is an intensive case management approach for people who present to a hospital's Emergency Department ten times or more in a twelve month period.
        - These people are likely to have multiple complex and chronic care needs.
    - Paediatrics Network (PN)
        - IC PN is a care approach that enables children with complex needs to receive care closer to home where possible and appropriate, while also receiving specialist care where required.
        - Through upskilling local services, and enablers such as telehealth, children and families can reduce travel time and receive coordinated care.

- Residential Aged Care (RAC)
  - IC RAC recognises that outcomes for people living in Residential Aged Care Facilities (RACF) could be improved during periods of illness.
  - Through enabling people to be cared for at their place of residence, where appropriate, rather than unnecessary transfer to hospital, patient experience and outcomes can be enhanced.
- Specialist Outreach to Primary Care (SPC)
  - IC SPC initiative aims to optimise patient care in the community through collaboration between primary care and secondary care clinicians.
  - Identified patients are included in a structured care coordination program to enable appropriate care if they attend hospital, and while in the community.
- Vulnerable Families (VF
  - IC VF is an intensive care coordination intervention for families where the parents or carers have complex health and social needs, and who have at least one child unborn to 17 years of age.
  - The cohort are likely to experience barriers to engagement with the health system and other social services including Education and Family and Community Services, and often have multiple complex conditions.

- Continue to implement, expand and embed implementation of the Integrated Care for People with Chronic Conditions (ICPCC) initiative to support people who are identified as being at risk of a future hospital admission.
- Continue to provide and expand the reach of clinical services in the most appropriate care setting for existing IC patients.
- Participate in and provide data to inform monitoring, evaluation and other studies of IC initiatives.
- Utilise their IC teams to support the implementation, collection and use of identified Patient Reported Measures and work with other district resources to support the broader work program to embed IC approaches in the district.
- Be expected to demonstrate improved health outcomes (clinical and patient reported), experiences and possible activity benefits from implemented IC initiatives in their district.
- Data for all Integrated Care patients should be captured in the Patient Flow Portal (PFP). This tool is already available for Integrated Care for People with Chronic Conditions, and additional modules will become available for all other Integrated Care initiatives. This will improve data capture, and minimise the reporting burden for each LHD and SHN.

Leading Better Value Care

The Leading Better Value Care (LBVC) Program identifies and scales evidence-based initiatives for specific diseases or conditions and supports their implementation in all local health districts across the state. The LBVC Program has a strong focus on measurement and evaluation to show the impact of care across the four domains of value.

The main roles and responsibilities in the LBVC Program are:

- The Ministry of Health will continue as system manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will continue to provide services established through LBVC in 2017-18 and 2018-19 and determine local approaches to deliver new LBVC initiatives in 2019-20.
- The Pillars will continue to support Districts and Networks in a flexible manner that can be customised to meet statewide and local needs and will support measurement activities as required.

- Districts and Networks will participate with Ministry of Health and Pillars in evaluation, monitoring and regular reporting on the progress of the LBVC initiatives as specified in the Monitoring and Evaluation Plans.

In 2019-20, districts and networks will:

- Continue to provide and expand the reach of clinical services in the most appropriate care setting for patients in LBVC Tranche 1 initiatives of Osteoporotic Refracture Prevention (ORP), Osteoarthritis Chronic Care Program (OACCP), Renal Supportive Care (RSC) and High Risk Foot Services (HRFS) through non-admitted services, including designated HERO clinics.
- Continue to implement, expand and embed LBVC approaches, including but not limited to a focus on activities outlined in Clinical Improvement Activity Briefs for Chronic Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD) and Inpatient Management of Diabetes.
- Continue to sustain improvement work and spread when interventions are reliably practiced to reduce falls and harm from falls in hospital. Districts should have a Sustainability Action Plan (including actions on how to progress implementation endorsed by the district Executive) to identify opportunities and risks to sustaining and spreading the Falls in Hospital Collaborative improvements.
- Participate in and provide data to inform monitoring, evaluation and other studies of LBVC initiatives.
- Utilise their PRMs Project Officer to support the implementation, collection and use of identified Patient Reported Measures and work with other district resources to support the broader work program to embed value-based healthcare approaches in the district.
- Be expected to demonstrate improved health outcomes (clinical and patient reported), experiences and activity benefits from all Tranche 1 initiatives as outlined in the monitoring and evaluation plans.
- Work with the Ministry of Health and Pillar agencies to implement LBVC Tranche 2 initiatives for:
    - Bronchiolitis: Implement and embed LBVC approaches as outlined in the Clinical Improvement Activity Brief for the Bronchiolitis initiative including:
        - Appropriate investigations for Bronchiolitis, including Paediatrician medical review
        - Implement guidelines for the appropriate use of oxygen and antibiotics
        - Develop consistent advice on safe home management for families
    - Hip Fracture: Implement and embed LBVC approaches to meet the Australian Commission on Safety and Quality in Health Care Hip Fracture Care Clinical Standards, with a particular focus on activities outlined in the Clinical Improvement Activity Brief for the Hip Fracture Care initiative including:
        - Pain management assessments upon presentation
        - Reduce time to surgery to less than 48 hours
        - Early mobilisation and weight bearing
        - Implementation of an orthogeriatric model of care
    - Direct Access Colonoscopy for Positive Faecal Occult Blood Test (+FOBT)
        - By December 2019 develop a plan for the implementation of direct access colonoscopy for +FOBT across the district by June 2021
        - Beginning in January 2020, implement Clinical Categorisation Guidelines for the booking of colonoscopy waiting lists
        - By December 2019, commence quarterly reporting on the number of colonoscopies performed as a result of +FOBT.
        - By June 2020, establish direct access for +FOBT referrals in at least one new public colonoscopy facility in the district, including collaboration with the PHN to update health pathways.

        - By June 2020 be ready to commence quarterly reporting of wait times for colonoscopy in public facilities by triage category and referral type and have a plan for ongoing quality assurance of waitlists.
    - Hypofractionated Radiotherapy for Early Stage Breast Cancer
        - Regularly collect, provide, and report on key data items in alignment with the initiative's Monitoring and Evaluation Plan; providing quarterly and annual updates.
        - By September 2019 perform a self-assessment of current hypofractionated radiotherapy utilisation for the treatment of early stage breast cancer; identifying gaps in utilisation
        - Participate in the co-design of a solution toolkit and implement local solutions and change management plans to achieve optimal utilisation of hypofractionated radiotherapy.
    - Wound Management
        - Develop localised models of care, utilising statewide data and local diagnostics, to guide the provision and delivery of services for wound management across the healthcare system in line with the LBVC Standards for Wound Management.

Commissioning for Better Value

Commissioning for Better Value (CBV) is part of the statewide approach to deliver value based healthcare across NSW Health. Commissioning is a process of considering the outcomes that need to be achieved, and designing, implementing and managing a system to deliver these in the most effective way. CBV reflects NSW Health's commitment to refocus our services from volume (outputs) to value (outcomes).

Outputs are designed around the *amount of activity* being provided. **Outcomes** are designed around the *person receiving the service*. Outcomes are the difference the project can make to improve the:

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

Commissioning for better value is already being applied by some districts and networks in clinical support and non-clinical service design, process improvements and procurement.

More information is available from http://internal.health.nsw.gov.au/vbhc/commissioning.html. The main roles and responsibilities in the CBV program are:

- Districts and Networks will use commissioning-based principles and tools to make clinical support and non-clinical projects more impactful for patients, clinicians and other users.
- The Ministry of Health will support the implementation of the NSW Government Commissioning and Contestability Policy and develop guidance and tools to support Districts and Networks.

In 2019-20, Districts and Networks will apply a commissioning approach to non-clinical services by considering the outcomes that need to be achieved.