

Performance against strategies and objectives


Northern Sydney Local Health District

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.

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

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=48373

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Overall Patient Experience Index (Number)				
Adult admitted patients	8.7	<8.5	≥8.5 and <8.7	≥8.7
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
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 ✘	Under Performing ↘	Performing ✔
Harm-free admitted care: (Rate per 10,000 episodes of care)				
Hospital acquired pressure injuries				
Healthcare associated infections				
Hospital acquired respiratory complications				
Hospital acquired venous thromboembolism				
Hospital acquired renal failure				
Hospital acquired gastrointestinal bleeding				
Hospital acquired medication complications				
Hospital acquired delirium				
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
Emergency department presentations treated within benchmark times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
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
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90

Individual – See Data Supplement

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Elective surgery overdue - patients (Number):				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
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
Dental Access Performance – Non-admitted dental patients treated on time (%)	100	<90	≥90 and <97	≥97
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
Frequency (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
Mental health: Involuntary patients absconded from an inpatient mental health unit – Incident Types 1 and 2 (Rate per 1,000 bed days)	<0.8	≥1.4	≥0.8 and <1.4	<0.8
Virtual Care: Non-admitted services provided through virtual care (%)	30	No change or decrease on baseline	>0 and < 5 % points increase on baseline	≥5 % points increase on baseline
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
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 (%)	≤13	>20	>13 and ≤20	≤13

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Discharge against medical advice for Aboriginal in-patients (%)	≥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 (%)	≥1 % point decrease on previous year	Increase on previous year	0 and <1 % point decrease on previous year	≥1 % point decrease on previous year
Potentially preventable hospital services (%)	≥2 % points lower than benchmark	2 % points higher than benchmark	Within 2 % points of benchmark	≥2 % points lower than benchmark
Hospital in the Home admitted activity (%)	5	<3.5	≥3.5 and <5	≥5
Renal Supportive Care enrolment: End-stage kidney disease patient (% variation to target) If LHD currently at <20% enrolment	Individual - See Data Supplement	Decrease compared to previous year	Increase Compared to previous year	Target met or exceeded

3 People are healthy and well



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Childhood Obesity – Children with height/length and weight recorded in inpatient settings (%)	70	<65	≥65 and <70	≥70
Smoking during pregnancy - At any time (number):				
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
Pregnant Women Quitting Smoking - by second half of pregnancy (%)	4 % points increase on previous year	<1 % point increase on previous year	≥1 and <4 % points increase on previous year	≥4 % points increase on previous year
Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals (% variance)	Individual - See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target

3 People are healthy and well



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
Children fully immunised at one year of age (%)				
Aboriginal children	95	<90	≥90 and <95	≥95
Non-Aboriginal children	95	<90	≥90 and <95	≥95
Children fully immunised at five years of age (%)				
Aboriginal children	95	<90	≥90 and <95	≥95
Non-Aboriginal children	95	<90	≥90 and <95	≥95
Human Papillomavirus Vaccination: 15 year olds receiving a dose of HPV vaccine (%)	80	<75	≥75 and <80	≥80
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	Maintain or increase from previous year	≥10% decrease on previous year	Up to <10% decrease on previous year	Maintain or increase from previous year
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98% of target	≥98% and <100% of target	≥100% of target
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
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 - Applicable organisations 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
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 (%)	50	<45	≥45 and <50	≥50

4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-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
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

5 Research and innovation, and digital advances inform service delivery



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75
Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	75	<55	≥55 and <75	≥75

6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ↘	Performing ✔
Purchased Activity Volumes - Variance (%):				
Acute admitted (NWAU)	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
Emergency department (NWAU)				
Non-admitted patients (NWAU)				
Sub and non-acute services - Admitted (NWAU)				
Mental health – Admitted (NWAU)				
Mental health – Non-admitted (NWAU)				
Alcohol and other drug related Acute Admitted (NWAU)				
Alcohol and other drug related Non-admitted (NWAU)				
Public dental clinical service (DWAU)				
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15
Capital renewal as a proportion of asset replacement value (%)	1.4	<0.8	≥0.8 and <1.4	≥1.4
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90% of target	≥90% and <95% of target	≥95% of target



6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✘	Under Performing ⚠	Performing ✔
Reducing free text orders catalogue compliance (%)	25	<60	≥60 and >25	≤25
Reducing off-contract spend (%)	25	<60	≥60 and >25	≤25
Use of Whole of Health contracts (%)	75	<40	≥40 and <75	≥75
Sustainability Towards 2030:				
Desflurane reduction: number of vials of Desflurane purchased as a % of all volatile anaesthetic vials purchased	4	>8	>4 and ≤8	≤4
Nitrous oxide reduction: emissions per admitted patient service event: % decrease on previous year	5	<1	≥1 and <5	≥5
Energy Use Avoided Through Energy Efficiency and Renewable Energy Project Implementation (%)	1.5	<1	≥1 and <1.5	≥1.5
Passenger Vehicle Fleet Optimisation (% Cost Reduction)	3	<1	≥1 and <3	≥3
Waste Streams - Resource Recovery and Diversion from Landfill (%)	5	<3	≥3 and <5	≥5


Performance deliverables

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

Key Objective	Deliverable in 2023-24	Due by
2 Safe care is delivered across all settings		
2.1	<p>Outpatient State-wide Referral Criteria</p> <p>The Organisation will deliver and report to the Ministry on:</p> <ul style="list-style-type: none"> • Implement Ophthalmology and Gastroenterology State-wide Referral Criteria within its outpatient services (where applicable). Provide evidence of implementation, including integration within HealthPathways and electronic referrals. • Engage with local Primary Health Network to facilitate uptake of State-wide Referral Criteria across primary care. Provide evidence of engagement and promotion. • Participate in randomised, referral audits and post implementation evaluation activities 	Quarterly
3 People are healthy and well		
3.3	<p>Towards Zero Suicides</p> <p>The Organisation will deliver and report to the Ministry on:</p> <ul style="list-style-type: none"> • Recruit and maintain the minimum required FTEs for each of the initiatives: Zero Suicides in Care, Safe Haven, Suicide Prevention Outreach Teams (SPOT) and Rural Counsellors, as per the supplementation letter, including suicide prevention peer workers. • Continue implementation of Zero Suicides in Care: Suicide Care Pathway implementation plans or operationalize pathway. Implementation plan to embed a Just and Restorative culture. • Continue delivery of Safe Haven initiative. Provide evidence of integration and promotion. • Continue delivery of SPOT. Provide evidence of integration and promotion. • Support referral to the local Aftercare service provider where appropriate. Provide evidence of referrals where applicable 	Quarterly
3.5 and 3.6	<p>NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025</p> <p>The Organisation will deliver and report annually to the Ministry on:</p> <ul style="list-style-type: none"> • Continue implementation of the NSW Aboriginal Mental Health and Wellbeing Strategy in line with its implementation plan • Participate in the statewide evaluation of the Strategy led by the NSW Ministry of Health 	15 December 2023

Key Objective	Deliverable in 2023-24	Due by
3.6	<p>Pathways to Community Living Initiative (PCLI)</p> <p>The Organisation will:</p> <ul style="list-style-type: none"> • Submit six-monthly census reports to the Ministry on for the reporting periods: <ul style="list-style-type: none"> ○ July to December 2023 ○ January to June 2024 (due 31 July 2024) • Implement PCLI Stage 1 and Stage 2: <ul style="list-style-type: none"> ○ Lead PCLI assessments, data entry and reporting ○ Attendance at statewide and local governance meetings ○ Networking and collaboration to support inter-district patient transfers and transitions • Recruit and maintain minimum required FTE, as per relevant supplementation letters across Stage 1 and Stage 2 (from 2015/16) • Participate in the implementation of the PCLI Stage Two Specialist Living Support (SLS) program including statewide planning, implementation, and workforce development processes. • Develop, with the Ministry, PCLI Stage Two Specialist Living Support (SLS) program Service Level Agreements between LHDs and NGOs, in alignment with the SLS commissioning schedule. • Recruit and maintain the minimum required FTE Program Managers. 	<p>31 January 2024</p> <p>30 June 2024</p> <p>30 June 2024</p> <p>30 June 2024</p> <p>30 June 2024</p> <p>30 June 2024</p>
3.6	<p>NSW Service Plan for People with Eating Disorders 2021-2025</p> <p>The Organisation will:</p> <ul style="list-style-type: none"> • Implement the NSW Service Plan for People with Eating Disorders 2021-2025. • Report on progress against implementation for the periods <ul style="list-style-type: none"> ○ July to December 2023 ○ January to June 2024 (due 31 July 2024) 	<p>30 June 2024</p> <p>31 January 2024</p>
3.6	<p>Safeguards</p> <p>The Organisation will deliver and report to the Ministry on actions and progress to:</p> <ul style="list-style-type: none"> • Maintain the minimum required FTE, as per the supplementation letter • Deliver Safeguards according to the Guiding Principles and Statewide Model of Care 	<p>Monthly and quarterly</p>
3.6	<p>Housing and Mental Health Agreement 2022 (HMHA22)</p> <p>The Organisation will:</p> <ul style="list-style-type: none"> • Establish District and Local level governance according to the HMHA22 Governance Framework requirements. • Develop District and Local Implementation Plans with the Department of Communities and Justice and other partners and submit these to the NSW Housing and Mental State Steering Committee by September 2023, according to the HMHA22 Governance Framework requirements. • Report on progress against implementation for the periods <ul style="list-style-type: none"> ○ July to December 2023 ○ January to June 2024 (due 31 July 2024) 	<p>30 June 2024</p> <p>30 June 2024</p> <p>31 January 2024</p>

Key Objective	Deliverable in 2023-24	Due by
3.5	Close the gap by prioritising care and programs for Aboriginal people	
	<ul style="list-style-type: none"> Establish a key point of contact and a process to respond to urgent requests from Stolen Generations Organisations to escalate health concerns from Survivors and their families 	31 December 2023
	<ul style="list-style-type: none"> Recruit an (Executive) Director role (Health Manager Level 6 recommended) for Aboriginal health that reports to the Chief Executive, participates in Executive leadership decision making structures and is appropriately resourced 	31 December 2023
	<ul style="list-style-type: none"> Develop shared workforce models/resources with Aboriginal Community Controlled Health Services to support outreach and clinical pathways 	31 December 2023
	<ul style="list-style-type: none"> Address racism by ensuring accountability structures for reporting and addressing racism are culturally safe and hold all staff to account 	31 December 2023
	<ul style="list-style-type: none"> Increase the number of Aboriginal specialists and clinicians, including supporting training and development 	31 December 2023

Key Objective	Deliverable in 2023-24	Due by
6 The health system is managed sustainably		
	<p>Procurement reform</p> <p>The Organisation will report on:</p> <p>Procurement capability</p> <ul style="list-style-type: none"> • Local resources and training to uplift procurement capability of non-procurement staff • Procurement staff attend Procurement Academy training <p>Procurement compliance</p> <ul style="list-style-type: none"> • Goods and services procurements and Information and Communication Technology (ICT) procurements valued over \$30,000 and outside existing arrangements are tested against the Risk Assessment Tool. • Disclosure requirements for contracts (including purchase orders) valued over \$150,000 are met: <ul style="list-style-type: none"> - Contracts/purchase orders are disclosed on eTendering - Contracts/purchase orders are saved on PROcure, where relevant • Procurements outside existing arrangements that are valued over \$250,000 are referred to HealthShare or eHealth NSW to conduct the procurement (unless an exemption applies) • The ICT Purchasing Framework contract templates (Core & contracts; Master ICT Agreement/ICT Agreement contracting framework) are used when engaging suppliers on the ICT Services Scheme (where relevant) unless an exemption applies. <p>Social and sustainable procurement</p> <ul style="list-style-type: none"> • Spend and contracts with Aboriginal businesses • Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued >\$7.5m through the Department of Customer Services (DCS) reporting portal (unless an exemption applies). • Achieve and report on Small and Medium Enterprise participation of 25% of project addressable spend for goods and services contracts valued >\$3m through the DCS portal (unless an exemption applies). 	<p>Quarterly</p>