Interim Service Agreement

AN AGREEMENT BETWEEN:

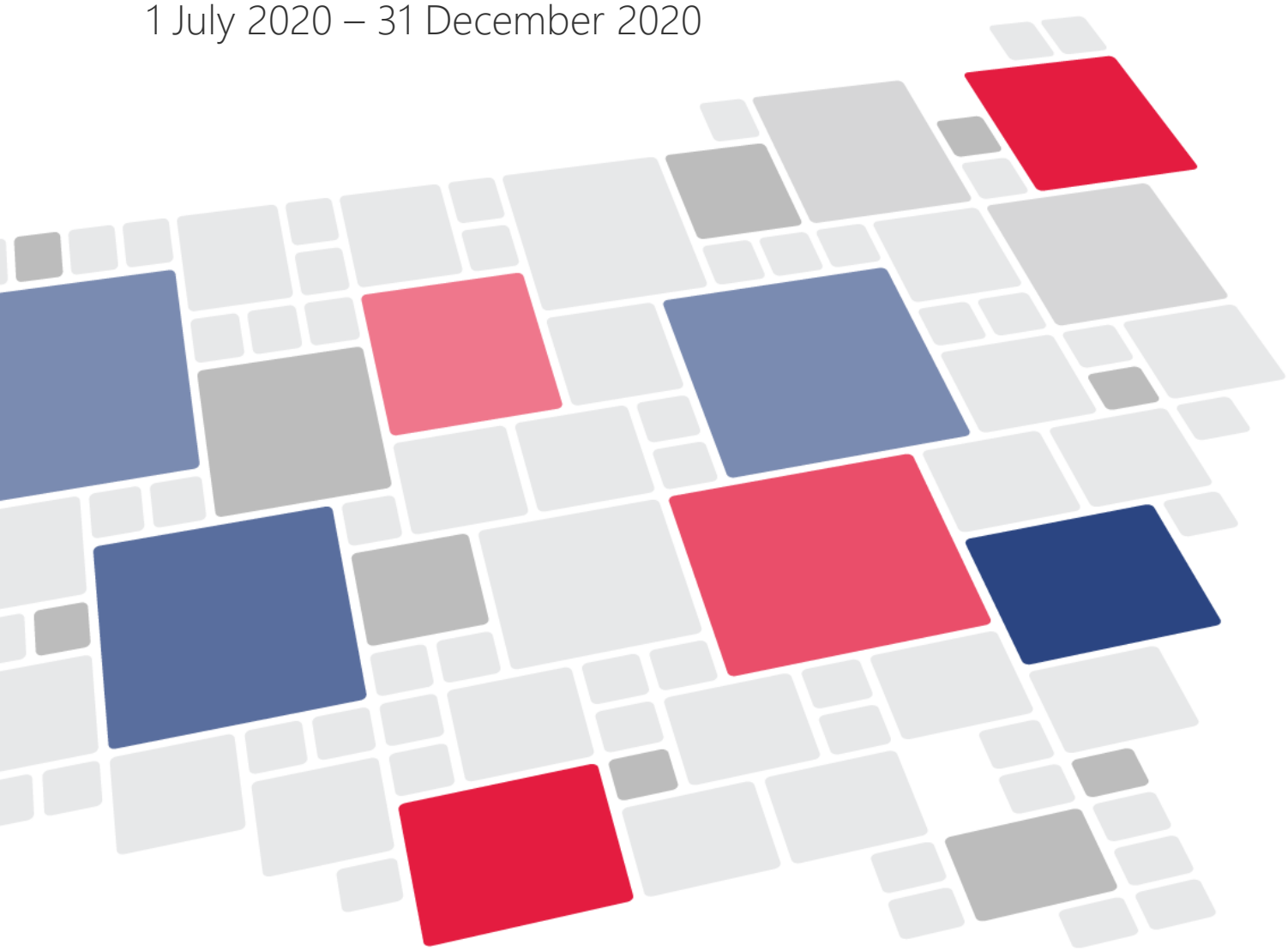
Secretary, NSW Health

AND THE

Northern Sydney Local Health District

FOR THE PERIOD

1 July 2020 – 31 December 2020



health.nsw.gov.au

NSW GOVERNMENT

NSW Health Interim Service Agreement

Principal purpose

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

Due to the deferral of the NSW budget, an Instrument of Authorisation has been issued allowing clusters to access Consolidated Funds from 1 July 2020 in accordance with the Government Sector Finance Act 2018. This replaces the authority of an Appropriation until the NSW budget is issued.

The Agreement articulates direction, responsibility and accountability across the NSW public 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 Interim Service Agreement.

Parties to the interim agreement

The Organisation
Mr Trevor Danos AM
Chair
On behalf of the
Northern Sydney Local Health District Board

Date ....27.07.20..... Signed Trevor Danos

Ms Deborah Willcox
Chief Executive
Northern Sydney Local Health District

Date 27.7.20 Signed

NSW Health
Ms Elizabeth Koff
Secretary
NSW Health

Date 3/8/20 Signed

Contents

NSW Health Interim Service Agreement 2

Strategic priorities 4

- NSW Premier's Priorities 4
- NSW Health Strategic Priorities 2020-21 5
- NSW Health Outcome and Business Plan 2019-20 to 2022-23 6
- Governance 7

Interim budget – NSW Outcome Budgeting 8

- State Outcome Budget Schedule: Part 1 8
- State Outcome Budget Schedule: Part 2 9
- State Outcome Budget Schedule: Part 3 10
- State Outcome Budget Schedule: Capital program 11

Interim purchased volumes 12

- Activity 12

Performance against strategies and objectives 13

- Key performance indicators 13
- Performance deliverables 22

Strategic priorities

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

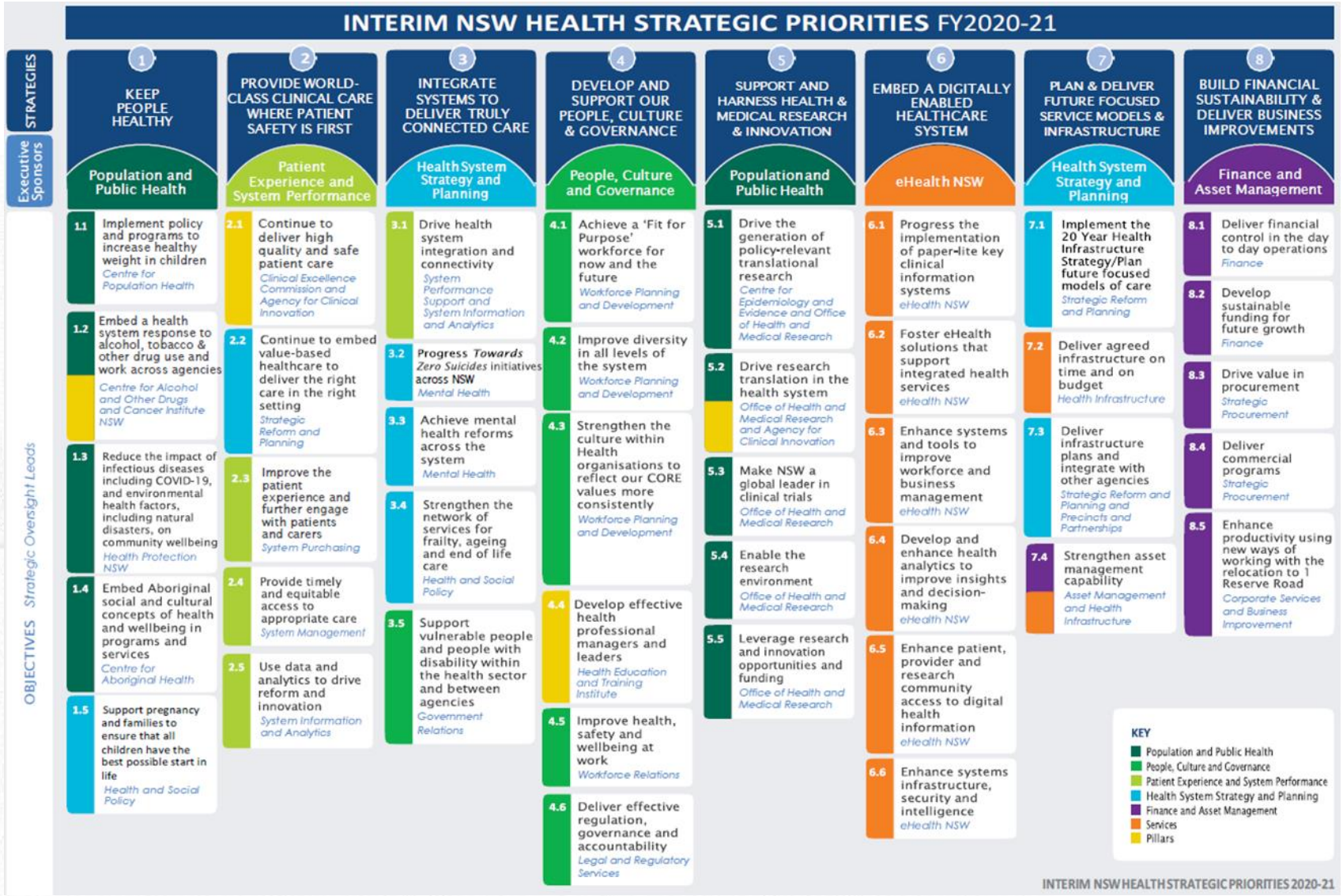
NSW Premier's Priorities

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

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

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

NSW Health Strategic Priorities 2020-21



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

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09[1]).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be focused on over the next four years.

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

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

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

[1] https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf

Alignment of directions and strategies to outcomes:

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

The policies and frameworks referred to in section 4.4 of the 2019-20 Service Agreement between the Secretary, NSW Health and the Organisation remain applicable for this agreement.

Interim budget – NSW Outcome Budgeting

State Outcome Budget Schedule: Part 1

Northern Sydney LHD	Interim 2020-21 Initial Budget
	$000
Outcome 1: Keeping people healthy through prevention and health promotion *Preventive and population health are critical to keeping people healthier. This outcome covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventive diseases and death, help people manage their own health, and promote equitable health outcomes in the community.*	**$13,403**
Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing *Healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.*	**$200,895**
Outcome 3: People receive timely emergency care *NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.*	**$77,327**
Outcome 4: People receive high-quality, safe care in our hospitals *This outcome reflects the State's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.*	**$484,469**
Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences *A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation are essential to continuously improve outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.*	**$28,118**
A TOTAL OUTCOME BUDGET ALLOCATION	**$804,213**
B Provision for Specific Initiatives & TMF Adjustments (*not included above*)	**-$1,117**
Procurement Savings	-$1,569
Assistant in Medicine Positions	$116
Dental National Partnership Agreement	$336
C Restricted Financial Asset Expenses	**$7,408**
D Depreciation (General Funds only)	**$40,526**
E TOTAL EXPENSES (E=A+B+C+D)	**$851,029**
F Other - Gain/Loss on disposal of assets etc	**$622**
G LHD Revenue	**-$821,161**
H NET RESULT (H=E+F+G)	**$30,490**

State Outcome Budget Schedule: Part 2

		2020-21 Initial Budget
		$000
	Government Contributions:	
A	Subsidy*	-$479,476
B	In-Scope Services - Block Funded	-$69,790
C	Out of Scope Services - Block Funded	-$117,249
D	Capital Subsidy	-$9,492
E	Crown Acceptance (Super, LSL)	-$14,021
F	**Total Government Contributions (F=A+B+C+D+E)**	**-$690,028**
	Own Source Revenue:	
G	GF Revenue	-$122,274
H	Restricted Financial Asset Revenue	-$8,860
I	**Total Own Source Revenue (I=G+H)**	**-$131,133**
J	**TOTAL REVENUE (J=F+I)**	**-$821,161**
K	Total Expense Budget - General Funds	$843,621
L	Restricted Financial Asset Expense Budget	$7,408
M	Other Expense Budget	$622
N	**TOTAL EXPENSE BUDGET (*per Schedule C Part 1*) (N=K+L+M)**	**$851,651**
O	**NET RESULT (O=J+N)**	**$30,490**
	Net Result Represented by:	
P	Asset Movements	-$35,324
Q	Liability Movements	$4,835
R	Entity Transfers	
S	**TOTAL (S=P+Q+R)**	**-$30,490**

NOTES:

The minimum weekly cash reserve buffer for unrestricted cash at bank will be maintained for the interim budget period. The cash at bank reserve buffer was reduced to 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. All NSW Health Entities will comply with the cash buffer requirements under 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 the NSW Treasury policy and will continue to sweep excess cash above the cash reserve buffer from Health Entities bank account.

* 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.

State Outcome Budget Schedule: Part 3

	2020-21 Initial Budget
	$000
HS Charges:	
HS Service Centres	$2,130
HS Ambulance Make Ready	$0
HS Service Centres Warehousing	$8,122
HS Enable NSW	$982
HS Food Services	$11,532
HS Soft Service (Cleaning) Charges	$18,565
HS Linen Services	$3,366
HS IPTAAS	$17
HS Fleet Services	$1,456
HS Patient Transport Services (NEPT)	$4,911
HS MEAPP (quarterly)	$1,441
Total HealthShare Charges	**$52,521**
eHealth Charges:	
EH Corporate IT & SPA	$9,120
EH Recoups	$3,949
Total eHealth Charges	**$13,069**
Interhospital Charges:	
Interhospital Ambulance Transports	$1,092
Interhospital Ambulance NETS	$0
Total Interhospital Charges	**$1,092**
Interhospital NETS Charges - SCHN	**$124**
Payroll (including SGC, FSS)	**$356,484**
PAYG	**$111,979**
Loans:	
MoH Loan Repayments	$0
Energy Efficient Loans (Treasury)	$225
Total Loans	**$225**
Blood and Blood Products	**$5,195**
NSW Pathology	**$19,393**
Compacks (HSSG)	**$1,333**
TMF Insurances (WC, MV & Property)	**$3,981**
Creditor Payments	**$277,824**
Energy Australia	**$5,249**
TOTAL	**$848,470**

NOTES:

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.

Note: GST is included in the above amounts where applicable and should be considered by Health Entities in the process of reconciling to intrahealth budget allocations.

State Outcome Budget Schedule: Capital program

Northern Sydney LHD										
PROJECTS MANAGED BY HEALTH SERVICE **2020/21 Capital Projects**	Project Code	Reporting Silo	Estimated Total Cost 2020/21	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2020/21	2020/21 Capital Budget Allocation by Source of Funds			
							MOH Funded 2020/21	Local Funds 2020/21	Revenue 2020/21	Lease Liabilities 2020/21
			$	$	$	$	$	$	$	$
WORKS IN PROGRESS										
Asset Refurbishment/Replacement Strategy - Statewide	P55345	ARRP	11,536,911	10,506,095	1,030,816	508,900	508,900	-	-	-
RNSH Linear Accelerator Equipment	P56544	LFI	4,500,000	-	4,500,000	4,500,000	-	4,500,000	-	-
RNSH State Assistance Fund PPP Lifecycle Costs	P56477	LFI	14,000,000	4,366,020	9,633,980	4,633,980	-	4,633,980	-	-
RNSH-Linear Accelerator Equipment #808	P56446	LFI	4,000,000	2,930,221	1,069,779	850,000	-	850,000	-	-
Statewide Home Dialysis Equipment (Sydney Dialysis Centre)	P55203	Minor Works	9,104,300	7,103,200	2,001,100	1,998,000	1,998,000	-	-	-
NSLHD Minor Works & Equipment	P51069	MWE	58,634,484	50,812,575	7,821,909	7,821,909	4,460,000	3,361,909	-	-
EEGP - Design and Install solar PV system at Hornsby Ku-ring-gai Hospital	P56566	Other	1,473,046	736,523	736,523	736,523	-	736,523	-	-
Northern Beaches Hospital Life Cycle Costs	P56534	Other	137,513,000	116,000	137,397,000	398,000	398,000	-	-	-
Royal North Shore Hospital Cyclical Maintenance	P54252	Other	208,402,295	68,220,262	140,182,034	12,411,000	12,411,000	-	-	-
TOTAL WORKS IN PROGRESS			**449,164,036**	**144,790,894**	**304,373,141**	**33,858,312**	**19,775,900**	**14,082,412**	**-**	**-**
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Northern Sydney LHD			**449,164,036**	**144,790,894**	**304,373,141**	**33,858,312**	**19,775,900**	**14,082,412**	**-**	**-**

PROJECTS MANAGED BY HEALTH INFRASTRUCTURE **2020/21 Capital Projects**	Project Code	Reporting Silo	Estimated Total Cost 2020/21	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2020/21	Budget Est. 2020/21	Budget Est. 2021/22	Budget Est. 2022/23	Balance to Complete
			$	$	$	$	$	$	$	$
MAJOR WORKS IN PROGRESS										
Hornsby Ku-ring-gai Hospital Redevelopment Stage 1	P54774	HI Silo	400,254,626	311,686,134	88,568,492	80,869,039	7,304,258	-	-	395,195
Northern Beaches - Mona Vale Hosp. & Community Health (State $600M, $29M in WIP)	P53985	HI Silo	618,900,000	594,790,497	24,109,503	24,099,997	9,506	-	-	-
TOTAL MAJOR WORKS IN PROGRESS			**1,019,154,626**	**906,476,630**	**112,677,996**	**104,969,036**	**7,313,764**	**-**	**-**	**395,195**
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE			**1,019,154,626**	**906,476,630**	**112,677,996**	**104,969,036**	**7,313,764**	**-**	**-**	**395,195**

Notes:

1) The above budgets are reflective of interim budget approvals as per NSW Treasury and are subject to change as part of the State Budget process which has been postponed until November 2020.

3) The above budgets do not include allocations for new FY21 Locally Funded Initiative (LFI) Projects and Right of Use Assets (Leases) Projects. These budgets will be issued by the Ministry through a separate process.

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

5) Minor Works & Equipment >$10,000 Program is an annual allocation. Estimated Total Cost is calculated as Prior Year expenditure plus FY21 Budget Allocation

Interim purchased volumes

Activity

Activity	Outcome	NWAU19	Performance metric
Acute	4	64,727	See KPIs – Strategy 8
Emergency Department	3	15,003	See KPIs – Strategy 8
Sub-Acute – Admitted	4, 2	7,569	See KPIs – Strategy 8
Non-Admitted	2	16,584	See KPIs – Strategy 8
Public Dental Clinical Service – Total Dental Activity *Total Dental Activity = 8,313 DWAU*	1	1,044	See KPIs – Strategy 8
Mental Health – Admitted	4	5,761	See KPIs – Strategy 8
Mental Health – Non-Admitted	2, 4	5,659	See KPIs – Strategy 8
Alcohol and other drug related – Admitted	1	550	See KPIs – Strategy 8
Alcohol and other drug related – Non-Admitted	1, 2	998	See KPIs – Strategy 8

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
●	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: http://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K

Strategy 1: Keep people healthy					
Strategic Priority	**Measure**	**Target**	**Not Performing ●**	**Under Performing ▲**	**Performing ✓**
1.1	Childhood Obesity – Children with height and weight recorded (%)	70	<65	≥65 and <70	≥70
1.2/1.6	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
1.2	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	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

Strategy 1: Keep people healthy

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
Outcome 1 Keeping people healthy through prevention and health promotion					
1.4	Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
1.2/1.6	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
1.6	Get Healthy Information and Coaching Service - Get Healthy In Pregnancy Referrals (% increase)	Individual - See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target
	BreastScreen participation rates (%)				
	Women aged 50-69 years	55	<45	≥45 and <55	≥55
	Women aged 70-74 years	55	<45	≥45 and <55	≥55

Strategy 2 Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
2.1	Harm-free admitted care:				
	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			
	Hospital acquired respiratory complications (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 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			

Strategy 2 Provide world class clinical care where patient safety is first					
Strategic Priority	**Measure**	**Target**	**Not Performing** ●	**Under Performing** ▲	**Performing** ✓
	Hospital acquired medication complications (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
	Hospital acquired delirium (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			
	Hospital acquired endocrine complications (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			
	3rd or 4th degree perineal lacerations during delivery (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			
2.1	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
2.3	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	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
2.4	Paediatric Admissions from Elective Surgery Waiting List (Number) – % variance from target	Individual – See Data Supplement	>10% below target	≤10% below target	At or above target
2.4	Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50

Strategy 2 Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
Outcome 4 People receive high quality, safe care in our hospitals					
2.1	Harm-free admitted care:				
	Fall-related injuries in hospital – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	Individual – See Data Supplement			
2.3	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
2.3	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
2.4	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
Outcome 3 People receive timely emergency care					
2.4	Emergency Department Presentations Treated within Benchmark Times (%)				
	Triage 1: seen within 2 minutes	100	<100	N/A	100
	Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
	Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
2.4	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

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
3.3	Mental Health				
	Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13
	Acute Seclusion Occurrence – (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
	Acute Seclusion Duration – (Average Hours)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
	Frequency of Seclusion (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
3.3	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
3.3	Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	<70	≥70 and <80	≥80
3.3	Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
3.2	Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (Number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
3.4	Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days).	≤5	>6	>5 and ≤6	≤5
3.5	Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%)	100	<90	≥90 and <100	100
3.5	Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
3.5	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

Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
Outcome 2 People can access care in and out of hospital settings to manage their health and wellbeing					
3.1	Potentially preventable hospital services (%)	2% or greater decrease compared to previous year	Greater than 2% increase	Between 2% increase and 2% decrease	2% or greater decrease
3.3	Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
3.6	Electronic Discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51

Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
4.3	Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.3	Take action - People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1
4.1	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.1	Recruitment: 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
4.2	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
4.5	Compensable Workplace Injury - Claims (% change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease

Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
Outcome 5 Our people and systems are continuously improving to deliver the best health outcomes and experiences					
4.3	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	≥-1	≤-5	>-5 and <-1	≥-1

Strategy 5: Support and harness health and medical research and innovation

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
5.4	Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	95	<75	≥75 and <95	≥95
Outcome 6 Our people and systems are continuously improving to deliver the best health outcomes and experiences					
5.4	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

Strategy 6: Enable eHealth, health information and data analytics

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
6.2	Telehealth Service Access: Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10

Strategy 7: Deliver Infrastructure for impact and transformation

Strategic Priority	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
	Improvement Measures only – See Data Supplement				

Strategy 8 Build financial sustainability and robust governance

Strategic Priorities	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
8.1	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%
8.1	Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
8.1	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

Strategy 8 Build financial sustainability and robust governance

Strategic Priorities	Measure	Target	Not Performing ●	Under Performing ▲	Performing ✓
8.1	Expenditure Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0%	Variation ≤1.5% to forecast
8.1	Revenue Projection: Actual compared to forecast (%)	Favourable or equal to forecast	Variation >2.0% to forecast	Variation >1.5% and ≤2.0%	Variation ≤1.5% to forecast

Performance deliverables

Key deliverables under the NSW Health Strategic Priorities 2020-21 will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

Value based healthcare

Value based healthcare is an approach for organising health systems and supports NSW Health's vision. 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

NSW Health is implementing value based healthcare by scaling and embedding statewide programs (including Integrated Care, Leading Better Value Care, Collaborative Commissioning, and Commissioning for Better Value), while supporting change through a range of system-wide enablers. Value based healthcare is aligned with our Strategic Priorities and the focus of the NSW Government to deliver better outcomes for the people of NSW.

Leading Better Value Care

The focus for the Leading Better Value Care program is to continue to sustainably scale and embed existing Tranche 1 and Tranche 2 initiatives. Districts should continue progress on the 2019-20 deliverables, with a specific focus on using virtual care where appropriate to improve the reach, outcomes and experiences from the LBVC initiatives.

The Ministry of Health and Pillar organisations will continue to assist districts by developing statewide enablers and delivering tailored local support activities.

Integrating care

It is expected that the Organisation will:

- Record new patient enrolments for all scaled initiatives in the Patient Flow Portal by 31 December 2020.
- Transition from the Integrated Care for People with Chronic Conditions model to the Planned Care for Better Health (PCBH) model to deliver a service inclusive of all chronic diseases by delivering the following milestones:
    1. Submit a local implementation plan outlining how the Organisation will meet the four core elements outlined in the PCBH Transformation plan (Patient identification, assessment & selection, intervention delivery and monitoring & review) by 30 September 2020.
    2. Commence use of the *Risk of Hospitalisation* algorithm to identify suitable patients replacing the *Chronic Conditions Patient Identification Algorithm* by 31 December 2020.
    3. Identify at least 50% of PCBH patients using the *Risk of Hospitalisation* algorithm embedded in the Patient Flow Portal by 31 March 2021.

- Organisations will prepare an implementation plan for the use of the enhanced *Emergency Department to Community* patient identification algorithm to address frequent presenters to emergency departments by 31 March 2021.

Towards Zero Suicides

Implementation of the three initiatives:

- Zero Suicides in Care,
- Alternatives to Emergency Departments,
- Assertive Suicide Prevention Outreach Teams

For each of the three initiatives:

- The Organisation will recruit the minimum required FTE as per the supplementation letter, including peer workers with a lived experience of suicide.
- The Organisation will submit an implementation plan to the Ministry that is informed by a local co-design process.
- The Organisation will commence delivering the initiative.