2012 / 13

Service Agreement

An Agreement between:

Director-General,

NSW Ministry of Health

and

Northern Sydney Local Health District

for the period

1 July 2012 – 30 June 2013

NSW GOVERNMENT | Health

AGREEMENT

This Agreement supports the devolution of decision making, responsibility and accountability for the provision of safe, high quality, patient centred care to Local Health Districts by setting out the service and performance expectations and funding for the Northern Sydney Local Health District.

The Northern Sydney Local Health District agrees to meet the service obligations and performance requirements outlined in this Agreement.

The Director-General agrees to provide the funding and other support to the District outlined in this Agreement.

Parties to the Agreement

Local Health District

Professor Carol Pollock
Chair
On behalf of the
Northern Sydney Local Health District Board

Date: 20/9/12 Signed: .....

Ms Vicki Taylor
Chief Executive
Northern Sydney Local Health District

Date: 20.09.2012. Signed: .....

NSW Ministry of Health

Dr Mary Foley
Director-General
NSW Ministry of Health

Date: 28-9-2012 Signed: .....

Contents

1. Objectives of the Local Health District Service Agreement

The objectives of the Local Health District Service Agreement are:

- To enable the Local Health District to deliver a coordinated, high quality health service to the communities serviced by the District and to support its teaching, training and research roles.
- To clearly set out the service delivery and performance expectations for the funding and other support services provided to the District.
- To promote accountability to Government and the community.
- To ensure NSW Government and national health priorities, services, outputs and outcomes are achieved.
- To establish with the Local Health District a Performance Management and Accountability System that assists in achievement of effective and efficient management and performance.
- To provide the framework for the Local Health District Chief Executive to establish service and performance agreements within the Local Health District.
- To outline Local Health District roles and responsibilities as key member organisations of a wider NSW public health network of services and support organisations.
- To facilitate the progressive implementation of a purchasing framework incorporating activity based funded services.
- To provide a framework from which to progress the development of local Aboriginal Health Partnership Agreements and enhance collaborative work with Aboriginal Community Controlled Health Services.
- To address the requirements of the National Health Reform Agreement in relation to Service Agreements, noting that the various requirements will commence at different stages over a number of years.

2. Strategic Context

The key goals of the NSW public sector health system are to help people stay healthy and to provide access to timely, high quality, patient-centred health care.

Achieving these goals requires clear priorities, supportive leadership and staff working together, underpinned by the core values of:

- **C**ollaboration – Improving and sustaining performance depends on everyone in the system working as a team.
- **O**penness – Transparent performance improvement processes are essential to make sure the facts are known and acknowledged, even if at times this may be uncomfortable.
- **R**espect – The role of everyone engaged in improving performance is valued.
- **E**mpowerment – There must be trust on all sides and at all levels with responsible delegation of authority and accountability.

One important way the CORE values can be realised is through active engagement of Local Health Districts (LHDs) and other Health Services with the NSW Health Performance Framework.

Local Health Districts and Health Services operate as part of a broader statewide Health System and statewide network of services.

The recommendations and findings of a number of key State and Commonwealth initiatives inform the strategic directions of the NSW public health system. These include:

- NSW 2021: A Plan to Make NSW Number One: NSW Health is the lead agency for the goals of
    - Keeping people healthy and out of hospital
    - Providing world class clinical services with timely access and effective infrastructure.
- Keep Them Safe
- The National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Closing the Gap)
- National Maternity Services Plan

The Service Agreement operates within the NSW Health Performance Framework (see below) and in the context of 2012/13 NSW Health Funding Reform, the Purchasing Framework and the Activity Based Funding Guidelines.

Local Health Districts represent a core part of the NSW Health System and are fundamental to the delivery of key goals and outcomes. Collaboration with other entities of the NSW health system, NGOs, the Aboriginal Community Controlled Health Sector and other Government agencies is essential for Local Health Districts to achieve these goals.

Local Health Districts are also part of the NSW Public Sector and its governance and accountability framework. District Boards must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework.

The NSW Health Corporate Governance and Accountability Compendium outlines the governance requirements that must be completed by those organisations that are established as part of NSW Health, and sets out the roles, responsibilities and relationships of those organisations. Requirements under the Service Agreement appear at Schedule F. The Strategic and Services Planning section of the Compendium provides additional perspective on strategic context.

Developments under the National Health Reform Agreement further inform this Agreement and may require updates or amendments to the Agreement over time.

3. Regulatory and Legislative Framework for this Agreement

Health Services Act 1997

The primary purpose of Local Health Districts is to promote, protect and maintain the health of the community, and to provide relief to sick and injured people through care and treatment (*s9*).

The functions of the Local Health District Board include (*s28*):

- Effective clinical and corporate governance
- Efficient, economic and equitable Operations
- Strategic planning
- Performance management
- Community and clinician engagement
- Reporting to government and local community.

Under the conditions of subsidy applicable to Local Health Districts, all funding provided for specific purposes must be used for those purposes unless approved by the Ministry of Health.

Districts are also required to maintain and support an effective Statewide and local network of retrieval, specialty service transfer and inter-District networked specialty clinical services to provide timely and clinically appropriate access for patients requiring these services.

The Health Services Act 1997 provides that the Director-General may enter into an agreement with a public health organisation, which may:

- include the provisions of a service agreement, within the meaning of the National Health Reform Agreement (NHRA) for the organisation
- set operational performance targets for the organisation in the exercise of specified functions during a specified period
- provide for the evaluation and review of results in relation to those targets, and
- provide for the provision of such data or other information by a public health organisation concerning the exercise of its functions that the State determines is required to comply with the State's performance reporting obligations under the NHRA.

National Agreements

The National Health Reform Agreement (NHRA) requires the NSW Government to establish a Service Agreement with each Local Health District and to implement a Performance Management and Accountability System including processes for remediation of poor performance.

Included in the NHRA requirements are that each Local Health District annually develop a strategic plan, implement an operational plan and deliver agreed services and performance standards within an agreed budget, based on these plans, to give effect to the LHD's Service Agreement. The strategic plan and operational plan requirements may be met by the District's Local Healthcare Services Plan and Business Plan respectively.

Consistent with the NHRA, the Local Health District is to engage in annual reporting processes subject to NSW Government financial accountability and audit frameworks.

Health Services are required to meet the applicable conditions of COAG National Agreements and National Partnership Agreements between NSW and the Commonwealth Government and commitments under any related Implementation Plans. Details of these Agreements can be found at - **www.federalfinancialrelations.gov.au**

This Agreement will form the basis of Local Health District level reporting to the Administrator of the National Health Funding Body.

Under these National Agreements, Local Health Districts are required to adhere to the Medicare principles outlined in the National Healthcare Agreement.

While the Agreement recognises that clinical practice and technology changes over time and that this will impact on modes of service and methods of delivery, it requires NSW to provide health and emergency services through the public hospital system, based on the following Medicare principles that apply to Local Health Districts:

- eligible persons are to be given the choice to receive, free of charge as public patients, emergency department, public hospital outpatient and public hospital inpatient services.
- access to such services by public patients free of charge is to be on the basis of clinical need and within a clinically appropriate period; and
- arrangements are to be in place to ensure equitable access to such services for all eligible persons.

4. The NSW Health Performance Framework

The Service Agreement is a key component of the NSW Health Performance Framework for Local Health Districts and other health services. The Framework:

- has the over-arching objectives of improving service delivery, patient safety and quality
- provides a single, integrated process for performance review, escalation and management
- provides a clear and transparent outline of how the performance of Local Health Districts is assessed
- outlines how responses to performance concerns are structured to improve performance
- operates in conjunction with the Purchasing Framework and the Activity Based Funding Guidelines.

The Performance Framework document is available on the NSW Health website.

5. Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by all the Parties.

The Agreement may also be varied by the Director-General or the Minister as provided in the Health Services Act 1997.

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

6. Summary of Schedules

Requirements for the period of this Agreement are set out in the Schedules summarised below.

A: Strategic Priorities

This Schedule outlines the key priorities of NSW Health, including those under the NSW 2021: A Plan to Make NSW Number One, NSW Health plans, and the recommendations and findings of a number of key State and Commonwealth initiatives. LHDs are expected to reflect these in their Strategic and Services Plans and operational delivery.

B: Services and Facilities under governance of, or supported by, the Local Health District

1. **Services and Facilities**
   A list of the Local Health District's key facilities and cross-District networked or state-wide services provided by the Local Health District. This range and level of services accords with approved Role Delineation levels and it may not be varied without prior agreement with the Ministry of Health.
2. **Affiliated Health Organisations or other services supported by the Local Health District**
   A list of Affiliated Health Organisations and other services.
3. **Community Based Service Streams**
   A list of the Community Based Service Streams provided by the Local Health District. The Local Health District will continue to provide the same range of community-based health services to their local populations as previously delivered by the corresponding former Area Health Services, except for responsibilities that have subsequently been agreed to be provided by another entity.

4. **Population Health programs provided by the Local Health District**
   A summary of the Population Health Programs to be provided by the Local Health District.
5. **Aboriginal Health**
   An outline of the Local Health District's role in Closing the Gap for Aboriginal people, services specifically targeting Aboriginal people and partnerships with local Aboriginal Community Controlled Health Services.
6. **Teaching and Research**
   Teaching, training and research services to be provided by the Health Service.

C: Budget

This Schedule outlines the operating and capital budget allocated to the Local Health District for the provision of its services and operations and capital works (including where applicable subsidies to Affiliated Health Organisations or other services). These budget allocations may be varied in light of other approved variations throughout the financial year.

The Schedule is a summary only, and the Health Service will also need to refer to the details contained in the service schedule, conditions of subsidy (government grants), 2012/13 Funding Guidelines, other relevant policies, correspondence and other financial information.

D: Service Schedule

This Schedule provides a list of services that NSW Ministry of Health will purchase from the Local Health District / Specialist Heath Network, including the volume of each service where applicable.

E: Service Performance Measures

This Schedule lists:

- those Key Performance Indicators (KPIs) that, if not met, may contribute to escalation/de-escalation under the Performance Framework processes. Performance against these KPIs will be reported regularly to Districts in the Health System Performance Report prepared by the Ministry.
- a range of other Service Measures that assist the Local Health District to improve provision of safe, equitable and efficient patient care and are also included in the Health System Performance Report.

A companion document to the Service Agreement is the Data Dictionary – Key Performance Indicators and Service Measures for the 2012/13 Service Agreement with Local Health Districts, which provides definitions that enable the calculation and interpretation of Service Performance Measures.

A range of Monitoring Measures will also continue to be collected for a variety of reasons, including implementation of new service models, reporting requirements to NSW Government central agencies and the Commonwealth, and participation in nationally agreed data collections.

Relevant measures specified in the National Health Reform Performance and Accountability Framework have been assigned as NSW Health KPIs, Service Measures or Monitoring Measures, as appropriate.

F: Governance Requirements

This Schedule outlines the structures and processes a Local Health District is to have in place to fulfil its statutory obligations and to ensure good corporate and clinical governance. The NSW Health Corporate Governance and Accountability Compendium outlines the

governance requirements for organisations that are established as part of NSW Health, and sets out the roles, responsibilities and relationships of those organisations.

This Schedule also outlines Local Health District roles and responsibilities as key member organisations of the wider NSW network of public health system organisations.

SCHEDULE A: Strategic Priorities

This Schedule outlines the key priorities of NSW Health including those under the NSW 2021: A Plan to Make NSW Number One, NSW Health plans, and the recommendations and findings of a number of key State and Commonwealth initiatives. The Strategic and Services Planning section of the NSW Health Corporate Governance and Accountability Compendium provides additional perspective on strategic context. The following priorities should be reflected in the LHD's Strategic and Services Plans and operational delivery. Additional local priorities are detailed in the LHD's Strategic Plan, a copy of which is to be provided to the Ministry.

Safety and Quality

- **Accreditation of Health Services** – Participate in a recognised accreditation process by 2014.
- **Patient Satisfaction** – Continue improvement of the patient experience in the overall care received.
- **Patient Safety:**
  - Finalise implementation of Between the Flags Program
  - Implement Sepsis Pathway and the Chest Pain Pathway
  - Decrease Healthcare Associated Infections.
- **Aboriginal Health** - Improve the quality of Aboriginal Health by:
  - Accurately identify Aboriginal patients
  - Ensuring cultural safety
  - Building trust and effective partnerships between Aboriginal people, Aboriginal Community Controlled Health Services and Local Health Districts particularly through the Chronic Care for Aboriginal People Program, the Aboriginal Maternal and Infant Health Service and the Aboriginal Family Health Program.

Service Access and Patient Flow

- **Surgery** – Treat surgery patients within the clinically appropriate timeframes (Emergency and Elective) as defined under the National Elective Surgery Target (NEST) and NSW Health's no overdues ('triple zero') target.
- **Emergency Access** – Improve timeliness of access to services by:
  - Ensuring Emergency Department patients are treated, discharged, admitted or referred from the ED within timeframes outlined in the National Emergency Access Target (NEAT) by implementing ED Models of Care, Patient Flow Systems, the Patient Flow Portal and other relevant initiatives
  - Efficient use of inter hospital transport and the Non-Emergency Patient Transport in line with NSW Health Reform Program.
- **Connecting Care Program** - Reduce potentially preventable hospitalisations and unplanned readmissions through:
  - Enrolment of patients onto the Connecting Care Program
  - Implementation of integrated Connected Care Plans.
- **Integrated Clinical Service Networks and Plans** – Ensure effective and integrated networks of care for the local population that also support cross District and Statewide networks.
- **Community Health Services** – In partnership with Health Ones and other Primary Health Care Providers, including Medicare Locals and Aboriginal Community Controlled Health Services:
  - Strengthen a coordinated and integrated primary health care service
  - Provide care targeting potentially preventable hospitalisations

- **Mental Health:** Improve outcomes for Mental Health patients by:
  - Reducing readmissions within 28 days
  - Increasing the rate of community follow up within 7 days upon discharge
  - Improving access for prisoners through Court Liaison and the Adolescent Diversion Program
  - Contributing to the further integration of mental health into mainstream health services
  - Ensuring the implementation of community based mental health services allowing for least restrictive care and a strong pathway of care
  - Aligning service models of care to recognise a focus on recovery and rehabilitation returning people with a mental illness to employment, education and community participation.
- **Oral Health** – Improve access to Oral health by implementing the NSW Oral Health Strategic Directions incorporating recommendations from the Ministerial Taskforce.

People and Culture

- **Build a Professional, Safe and Sustainable Health Workforce by implementing:**
  - The Health Professionals Workforce Plan –Build a sustainable health workforce
  - NSW Public Sector Workplace Health and Safety and Injury Management Strategy 2010 – 2012
  - The new Code of Conduct reflecting CORE Values.
  - Collaboration with the Pillars (HETI, CEC, ACI, BHI).
- **Make a positive difference to workplace culture:**
  - Implement Your Say Action Plan
  - Embed the Workplace Culture Framework Characteristics
  - Embed Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health
  - Implement strategies aimed at eliminating bullying and harassment
  - Identify and implement strategies to ensure staff are provided with a safe and supportive workplace.
- **Good Health - Great Jobs, the NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015** - Implement the Framework to achieve the targets for 2015.
- **Efficient management of annual leave**
  - Compliance with Annual Holidays Act and Industrial Relations Act
  - Reduction in excess accrued leave liability.

Corporate Governance

- **LHD capacity building** - Ensure that the District has the skills and expertise to achieve service agreement priorities through:
  - Building capacity of board members in key areas including governance, financial and operational and organisation culture
  - Building management capacity of Executive and Health Service management.
  - Complying with key whole of government policy objectives, requirements and accountability frameworks to recognise the organisation's role in the wider NSW public sector.
- **Good corporate governance:**
  - Meet requirements of the Corporate Governance Compendium
  - Ensure processes are in place to support and enhance staff awareness of statutory and organisational reporting requirements.

Finance and Management

- **National Agreements and Initiatives** – Implement the National Health Reform Agreement as it applies to the Local Health District, including:
  - Annually develop a strategic plan (which may be met through the District's Local Healthcare Services Plan.
  - Annually implement an operational plan (which may be met through the District's Business Plan) and deliver agreed services and performance standards within an agreed budget, based on these plans, to give effect to the Service Agreement.
  - Comply with annual reporting processes subject to the applicable NSW Government financial accountability and audit frameworks.
- **Performance Framework** – Embed the Performance Framework processes within the Local Health District's hospitals, clinical streams and networks.
- **E-Health Information and Communications Technology (e-health ICT):**
  - Effectively implement the State e-health ICT Strategy (including a seamless statewide network)
  - Continue to participate in the implementation of the national personally controlled Electronic Health Record as required.
- **Best Practice Financial Management** – Continued implementation of the NSW Health Financial Management Framework.
- **Efficiency Improvement Plan:** Deliver and report on Local Health District efficiency targets, based on improvements in Service Access, Patient Flow and Safety and Quality Strategic Priorities.
- **NSW Health Funding Reform** – Develop Local Health District capability to implement NSW Health Funding Reform, including: Activity Based Funding management capability, achievement of clinical coding targets and contribution to Statewide Casemix costing.
- **NSW Kids and Families Service and Strategic Plans** – Local Health District planning to contribute to implementation of NSW Kids and Families Statewide Strategic Plan.
- **Environmental Sustainability** – Effectively participate in the implementation of the NSW Health Environmental Sustainability Strategy, including implementation of energy performance projects and monitoring initiatives.
- **Procurement Strategy and Planning:**
  - Develop Local District procurement capabilities
  - Participate in whole of Health and Government procurement strategies.

Population Health

- **Improve the Health of the Population** by implementing:
  - The NSW Tobacco Strategy to:
    - Reduce the harm which tobacco imposes on the community and
    - Contribute to closing the gap in Aboriginal health by supporting pregnant Aboriginal women to stop smoking.
  - The revised NSW Government Plan for Preventing Overweight and Obesity to reduce the prevalence of overweight and obesity, and encourage healthy eating and increase opportunities to be physically active among children.
  - The Policy for Prevention of Falls and Harm from Falls among Older People, 2011 to 2015 by delivering health promotion services and working with NSW Health clinical services and residential aged care services.
  - The NSW Blood Borne Viruses and Sexually Transmitted Infections Strategies to:
    - Scale up HIV testing to priority populations, improve access to HIV and hepatitis C treatment, improve access to needle and syringe programs and intensify health promotion and community mobilisation efforts.
    - Prioritise access to sexual health services, support general practice, promote awareness of sexually transmitted infections (STIs) and promote early detection and treatment.
  - Programs that reduce:
    - Risk drinking
    - Potentially preventable hospitalisations
    - Tuberculosis
    - Vaccine preventable diseases.
- **Improve the Health of the Aboriginal Population** through strategies that:
  - Meet key national policy commitments with performance targets:
    - National Indigenous Reform Agreement including Closing the Gap in Indigenous Health Outcomes
    - National Partnership Agreement on Indigenous Early Childhood Development
    - National Preventive Health Partnership
    - Aboriginal and Torres Strait Islander Health Performance Framework
  - Achieve the targets of the new NSW 2021 State Plan including:
    - Smoking rates
    - Smoking among pregnant women
    - Overweight and obesity in children, young people and adults
    - Risk drinking
    - Infant mortality
    - Potentially preventable hospitalisations.
  - Identify key initiatives within local strategic and service plans that contribute to NSW priorities under Closing the Gap.
- **Keep Them Safe** – Continue implementation of the Government's response to the Special Commission of Inquiry into Child Protection.
- **NSW Kids and Families Strategic and Service Plans** – Implement programs to address Government priorities for NSW Kids and Families.
- **Emergency Response Planning and Readiness** – Particularly for biopreparedness and infectious disease outbreaks in collaboration with local public health units.

SCHEDULE B: Services and Facilities under governance of, or supported by, the District

SECTION 1 – Services and Facilities

1.1 Facilities

- Greenwich
- Hornsby
- Manly
- Macquarie
- Mona Vale
- Neringah
- Royal North Shore
- Royal Rehabilitation
- Ryde

1.2 Networked Services

Local Health Districts are part of an integrated network of clinical services to ensure timely access to appropriate care for each resident in NSW. No variation to these service provisions should occur without prior agreement with the Ministry of Health.

1.2.1 Statewide Services

The Local Health District provides a number of networked services that are identified as Statewide Services to which all residents of NSW have access. Statewide and Selected Specialty Services (S&SSS) are usually high cost or highly specialised services accessed by residents across NSW, or by residents of a number of Local Health Districts, but provided from only limited locations some of which are Nationally Funded Centres (NFCs).

Important considerations in the development of such services include quality and safety, to ensure appropriate throughput of patients and specialised focus of skills and resources relying on the supply of appropriately qualified staff and other infrastructure, as well as cost efficiency and the need to avoid unnecessary duplication of services.

Characteristically, S&SSS:

- Require planning and/or funding at a state level because they are high cost and/or complex (e.g., heart/lung transplantation, islet cell transplantation);
- Have low patient throughputs and are therefore provided at limited sites to maintain clinical skills and quality (pulmonary thromboendarterectomy);
- Specialise in the nature of the service, but are not necessarily inherently complex or costly (for example Mothersafe which provides information to pregnant and lactating women and clinicians about the risks associated with potential teratogens).
- Are complex and require specialist clinical staff but are also planned and coordinated on a whole-of-state basis to ensure there is overall service and cost benefit (adult intensive care, renal transplantation, radiotherapy). These services are located at a number of principal referral hospitals consistent with the increasingly complex services these facilities would be expected to provide.

Where funding has been provided, it has been linked to specific service requirements in terms of volume of activity, or often linked to availability and flexibility of the service to respond to surges in demand at a state level (e.g. NIC). In the ABF environment, some services may not be well reflected by DRG costing methods and some may have high fixed costs, and low or un-predictable volumes (whole organ transplants).

While some services may remain in the S&SSS category for extended periods, others will transition out as technology or service requirements are considered less "specialised" and appropriately able to be distributed with due consideration to role delineation and credentialing.

Note that, as previously:

- All referrals need to be assessed and treated on the basis of clinical need – not on the basis of LHD of residence.
- There should be no overall reduction in activity for priority services based on population need.
- There should be no reduction in support for rural or regional LHDs through changes in outreach services unless through discussion with the recipient LHD.

S&SSS for this LHD are included in Schedule D.

1.2.2 Cross District Referral Networks

Every Local Health District is part of a referral network with other Districts and Health Services. The Local Health District must ensure the continued effective operation of these networks, especially the following:

A NSW Critical Care Tertiary Referral Networks and Transfer of Care (Adults)

This network relates to critically ill adult patients and patients at risk of critical deterioration requiring referral and transfer. The NSW Critical Care Tertiary Referral Networks (Adults) define the links between Local Health Districts and tertiary referral hospitals and take into account established functional clinical referral relationships. (PD2010_021)

B Network for Adult Patients Requiring Specialist Care

This network is for the transfer of adult patients requiring specialist care where existing clinical referral pathways do not exist or access to safe and timely care is delayed. Nominated tertiary referral centres are designated for this purpose and require senior clinicians with facility Patient Flow Units to coordinate the safe and timely transfer of patients. (PD2011_031)

C Critical Care Tertiary Referral Networks (Paediatrics)

This network relates to critically ill paediatric patients and paediatric patient patients at risk of critical deterioration requiring referral and transfer. The NSW Critical Care Tertiary Referral Networks (Paediatrics) define the links between Local Health Districts and specialist Children's Hospitals, necessary for the timely transfer of critically ill children to higher levels of care. (PD2010_030)

D Critical Care Tertiary Referral Networks (Perinatal)

This network relates to critically ill neonates and women with high risk pregnancies that require specialist, Level 5 and 6 services. The NSW Critical Care Tertiary Referral Networks (Perinatal) define the links between Local Health Districts and principal referral hospitals and take into account established functional clinical referral relationships. (PD2010_069)

1.2.3 Key Clinical Services provided to other Districts and Health Services

The Local Health District is to ensure continued provision of access by other Districts and Health Services as set out in the following table:

Service	Other LHDs and Health Services
Mental Health Intensive Care Unit (MHICU)	CC LHD
Long Stay & Rehabilitation Beds (Macquarie Hospital)	CC LHD
Radiotherpy	CC LHD
After Hours Cardiac Angiography and Intervention	CC LHD
Cardiothorasic surgery	CC LHD
Renal Transplants	CC LHD
Neurosurgery	CC LHD CC LHD
Burns Services	HNE LHD
Interventional Cardiology	MNC LHD
Brain Injury	SES LHD

Note that New South Wales prisoners are entitled to free inpatient and non-inpatient services in NSW public hospitals.

1.2.4 Non-clinical Services and Other Functions provided to other Districts and Health Services

Where the Local Health District has the lead or joint lead role in provision of substantial non-clinical services and other functions (such as Planning, Public Health, Interpreter Services), including those transferred from Health Reform Transition Offices, continued provision to other Districts and Health Services is to be ensured as set out in the following table.

Service or Function	Other LHDs and Health Services
Health Service Planning	CCLHD
Information Management & Technology	CCLHD
Centre for Learning & Development	CCLHD

1.3 Services and Facilities to be commissioned within the period of the Agreement

Facility	Service	Milestone Date
RNS Hospital	Other Projects: Linear Accelerator Replacement	August 2012
	Other Projects: NSLHD Simulated Learning Environments Program Equipment	June 2013
RNS Hospital	Acute Services Building	December 2012

SECTION 2 – Affiliated Health Organisations or other services supported by the Local Health District

- HammondCare Health and Hospitals - Greenwich Hospital
- HammondCare Health and Hospitals - Neringah Hospital
- Royal Rehabilitation Centre Sydney

SECTION 3 – Community Based Service Streams

The following community based service streams are to be maintained by the Local Health District:

3.1 Child, Youth and Family Services – including:

- Antenatal and postnatal care
- Child and Family Health (including Early Childhood Health Services and HealthOne NSW)
- Immunisation (including infant, adolescent & adult services)
- Sustaining NSW Families Programs
- Building Strong Foundations for Aboriginal Children, Families and Communities
- Out of Home Care Assessments and Coordination
- Statewide Eyesight for Preschoolers Screening
- Statewide Infant Screening – Hearing
- Child Protection (including Physical Abuse and Neglect of Children services)
- Domestic and Family Violence Services
- Sexual Assault Services
- Victims of Crime Services
- Youth Health Services

3.2 Chronic Care, Rehabilitation and Aged Health Services – including:

- Aged Health (geriatric medicine aged care assessment and transitional aged care)
- Chronic Care (Connecting Care, other Chronic Care Services, and HealthOne NSW services)
- Dementia Services
- Home and Community Care
- Palliative Care
- Rehabilitation Services

3.3 Mental Health and Drug & Alcohol Services – including:

Community-based Specialist Mental Health Services, including:

- Community- based Care and Support
- Family and Carer Participation and Support Services
- Prevention & Promotion
- Specialist Adult
- Specialist Child and Adolescent
- Specialist Older Person's Mental Health Services

Community-based Specialist Drug and Alcohol Services, including:

- Prevention and Promotion
- Specialist Drug & Alcohol Services (incl. services to the criminal justice system and across government)
- Secondary Needle and Syringe Program services
- Specialist Drug & Alcohol Treatment Services

3.4 Oral Health Services – including:

- Oral health promotion
- Early Childhood Oral Health Program services
- Specialist and special needs dental services
- Dental services for Aboriginal communities and older people
- Clinical training placements of dental and oral health students
- Dental services delivered through Justice health services

3.5 Priority Population Services – including:

- Aboriginal Health
- Breast Cancer & Cervical Screening
- Carer Support Services
- Disability Services
- Multicultural Health
- Refugee Health
- Immunisation services
- Specialist HIV and Related Programs (HARP) services including
  - HIV and Hepatitis C outpatient
  - Sexual health and specialist sexually transmitted infections (STI) clinics
  - Any other funded HARP clinical services
  - Primary and secondary Needle and Syringe Program service

SECTION 4 – Population Health Services provided by the Local Health District

Health Services will:

- Implement programs to achieve NSW 2021 targets for reductions in obesity including the Healthy Children Initiative, which incorporates programs in primary schools and early childhood services and targets at-risk families to reduce the prevalence of overweight and obesity.
- Implement smoking programs, including Quit for New Life which supports pregnant Aboriginal women to stop smoking.
- Implement the Needle and Syringe Program to contribute to the elimination of HIV transmission.
- Achieve targets for the National Partnership Agreements on Essential Vaccines and Preventive Health.
- Implement NSW Oral Health Strategic Directions for 2011-2020.
- Implement NSW Kids Strategic and Service Plans.

Health Services will ensure local arrangements to host and support Health Protection Services (Public Health Units) as part of the NSW Health Protection Service.

SECTION 5 – Aboriginal Health

Health Services will work collaboratively with the Ministry of Health, Centre for Aboriginal Health and Aboriginal Community Controlled Health Services to achieve the targets for "Closing the Gap" in Aboriginal Health,

Services specifically targeting Aboriginal people include:

- Aboriginal Maternal and Infant Health Service (AMIHS)
- Teenage sexual and reproductive health services
- Chronic Care for Aboriginal People Program
- One Deadly Step: Chronic Disease Program
- Aboriginal Family Health Program
- Early Referral into Treatment
- Housing for Health
- Oral health services.

Services of the Local Health District specifically targeting Aboriginal people include:

- Alliance and development of a Partnership agreement with Aboriginal Medical Service Cooperative Limited, Redfern
- Metropolitan Local Aboriginal Land Council
- Chronic Care for Aboriginal People Program
- Aboriginal Health Promotion Strategic Priority Areas
- Implementation of Aboriginal Health Impact Statement
- Explore the development of MOU with Mid North Coast Local Health District regarding the referral and access of services from out of area patients

The Local Health District works in partnership with the following Aboriginal Community Controlled Health Services:

- Namatjira Haven

SECTION 6 – Teaching, Training and Research

In accordance with Sections 10(i) and 10(m) of the Health Services Act 2007, the functions of the Local Health District include:

- To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services;
- To undertake research and development relevant to the provision of health services

Schedule C includes details of funding relating to teaching, training and research.

Teaching and Training

To be informed by the implementation of relevant NSW Health strategies and the work program of the Health Education and Training Institute (HETI).

- **Grow and support a skilled, competent and capable workforce**
  - Implement an LHD Education and Training Learning Plan.
  - Work in partnership with HETI to develop, implement and evaluate education and training including programs for new starters and teams.
  - Increase the number of intern positions in LHDs in line with planned growth in medical graduates and the NSW Government's COAG commitment.
  - Establish new graduate and pre-registration trainee positions in allied health professions to meet future workforce need.
  - Monitor expenditure and take-up of TESL across specialties and facilities.
  - Enhance the provision of training and education provided for Allied Health Professionals in external education and training courses relevant to the particular allied health specialty.
  - Meet HETI reporting requirements for education and training programs for professional entry, clinical, clinical support, administration and corporate staff in the public health system.
  - Report the clinical placement hours provided by LHDs for professional entry students in Nursing & Midwifery, Medicine, Allied Health and Dentistry/Oral Health for reporting under the NPA.
- **Recognise the value of generalist and specialist skills**
  - Expand medical specialist training opportunities in line with current and future service requirements to maximise the impact of the increased numbers of medical graduates in the NSW health system.
  - Implement a Rural Generalist Training Pathway for proceduralist GPs (For LHDs covering rural areas).
- **Develop effective health professional managers and leaders**
  - Work in partnership with HETI to implement leadership programs (including Executive, General Manager and Clinical Leader Programs) and the HETI Leadership Framework.
  - Implement the Statewide People Skills Management Framework and the NSW Health Financial Management training program.

Research

To be informed by the implementation of the NSW Health and Medical Research Strategic Review and will apply to all research conducted within the Local Health District. The Strategic Review will also apply to major research facilities and organisations based within the Local Health District. The Local Health District should establish a Research Committee (see NSW Health Corporate Governance and Accountability Compendium), work with the Office for Medical Research/MoH and be responsible for:

- Encouraging the translation and innovation from research by:
  - Fostering a dynamic and supportive research culture through strategic leadership and governance
  - Attracting and retaining high quality clinician researchers
  - Providing training for clinician researchers and facilitating access to research support
  - Ensuring business, human resources, information technology and financial service processes support research activities
  - Attracting clinical trials by removing the barriers to undertaking clinical trials in Local Health Districts
- Improving research administration by:
  - Appropriately resourcing the research office to undertake research ethics and governance functions
- Establishment of appropriate governance structures for research entities within the District.

Major research facilities and organisations based within the Local Health District:

- Kolling Institute of Medical Research
- North Shore Heart Research Foundation
- Kolling Foundation (previously the Northern Medical Research Foundation)
- The Northcare Foundation
- Sydney Neuro Oncology Group
- Pain Management Research Institute

SCHEDULE C: Budget

Part 1

		Northern Sydney - Budget 2012/13										
		2012/13 BUDGET					COMPARATIVE DATA					
		A	B	C	D	E	F [#1]	G [#2]	H	I	J	K
		Volume (NWAU)	*Volume (Cwt B and Weighted presentations)*	State Price per NWAU	Your LHD Projected Average Cost per NWAU	Initial Budget ($'000)	2012/13 Annualised Budget before Escalation/Volume ($'000)	Variation 2012/13 Annualised to 2012/13 Initial (E/F)	Budget Volume Forecast 2011/12 (NWAU)	2011/12 Adjusted Budget ($'000)	2011/12 Actual Forecast ($'000)	*Turnaround (not included in Budget - $'000)*
	ABF Expenditure Allocation											
	Acute	106,407	*129,049*	$ 4,471	$ 4,433	$471,677	$452,409		104,743	$451,800	$451,800	
	Acute - NWAU Revenue Gross-up					$34,414	$33,546			$33,678	$33,678	
	ED	19,916	*184,033*	$ 4,471	$ 4,433	$88,282	$84,698		19,609	$83,788	$83,788	
	Non Admitted Patients	25,652		$ 4,471		$116,063	$113,137			$115,122	$115,122	
A	***Total ABF Expenditure Allocation***	151,975				$710,436	$683,791	3.9%	124,352	$684,389	$684,389	$
	Interim ABF Funding (Block Allocation)											
	Sub-Acute Services					$110,503	$107,788	2.5%		$109,608	$109,608	
	Mental Health					$126,762	$123,647	2.5%		$125,735	$125,735	
B	***Total Interim ABF Funding (Block Allocation)***	-				$237,265	$231,435	2.5%		$235,343	$235,343	$
	Block Funding Allocation											
	Block Funded Hospitals <3,500					$	$			$	$	
	Block Funded Services In-Scope					$152,483	$148,737	2.5%		$151,248	$151,248	
C	***Total Block Funding Allocation***					$152,483	$148,737	2.5%		$151,248	$151,248	$
D	**State Only Block Funded Services**					$43,728	$42,653	2.5%		$43,374	$43,374	$
	New Initiatives - Start Up and Establishment											
	Nurses Workforce 2012/13 - Except Theatre Reasonable Workload					$2,073						
	Nurses Workforce 2012/13 - Theatre Reasonable Workload					$701						
	More Nurses - CNE/CNS					$226						
E	***Total New Initiatives - Start Up and Establishment***					$3,000	$			$	$	$

		Northern Sydney - Budget 2012/13										
		2012/13 BUDGET					COMPARATIVE DATA					
		A	B	C	D	E	F [#1]	G [#2]	H	I	J	K
		Volume (NWAU)	*Volume (Cwt B and Weighted presentations)*	State Price per NWAU	Your LHD Projected Average Cost per NWAU	Initial Budget ($'000)	2012/13 Annualised Budget before Escalation/Volume ($'000)	Variation 2012/13 Annualised to 2012/13 Initial (E/F)	Budget Volume Forecast 2011/12 (NWAU)	2011/12 Adjusted Budget ($'000)	2011/12 Actual Forecast ($'000)	*Turnaround (not included in Budget - $'000)*
F	Transitional Payments on 11/12 Forecast volume					$	$					$
G	SP&T Expenses					$15,433	$15,433			$15,433	$15,433	$
H	Depreciation *(General Funds only)*					$39,670	$39,670			$39,670	$39,670	$
I	**Sub-Total Expenses (J=A+B+C+D+E+F+G+H)**					**$1,202,016**	**$1,161,719**	**3.5%**		**$1,169,456**	**$1,169,456**	**$**
J	Labour Expense Cap Savings					-$6,573						$
K	**Total Expense**					**$1,195,443**	**$1,161,719**	**2.9%**		**$1,169,456**	**$1,169,456**	
L	**Other - Gain/Loss on disposal of assets etc**					$1,499	$1,499			$1,499	$1,499	
M	LHD Revenue - *See Schedule C Part 2*					-$1,170,564	-$190,863			-$209,409	-$199,409	*$10,000*
N	**Total LHD - Net Result (N=K+L+M)**					**$26,378**	**$972,355**			**$961,547**	**$971,547**	*$10,000*

#1 - For comparative purposes Column G has been included to indicate your 2012/13 annualised budget (as per SMRT 13 June 2012) prior to any adjustment for escalation, change in volumes or any specific new start-up enhancements. Your 2012/13 annualised budget excludes any non annualised budget adjustments applied during the 2011/12 budget year including the once off leap year funding.

#2 - Column H is provided for information and is the percentage increase comparing your LHD's 2012/13 initial budget compared to the 2012/13 annualised budget.

Row I Col H, reflects the LHD's budget increase pre Labour Expense Cap.

Row K Col H, reflects your LHD's percentage budget increase post Labour Expense Cap.

Part 2

Revenue Schedule: Northern Sydney Budget 2012/13		
	Northern Sydney	$ (000's)
	Government Grants	
A	ABF	-$586,375
B	In-Scope Services - Block Funded	-$317,688
C	Out of Scope Services - Block Funded	-$10,235
D	Crown Acceptance (Super, LSL)	-$21,079
E	Capital Grants (incl. RMR>$10k)	-$12,663
F=A+B+C+D+E	*Total Government Contribution:*	-$948,040
	Own Source revenue	
G	General Fund Baseline 2011/12	-$190,863
H	Compensable Patient Adjustment (MAA, WC)	-$7,166
I	General Fund Escalation	-$8,522
J	SP&T Revenue Base	-$15,973
K=G+H+I+J	*Total Own Source Revenue:*	-$222,524
L=F+K	*Total Funding Sources*	-$1,170,564

Part 3

2012/13 Shared Services & Consolidated Statewide Payment Schedule

		Northern Sydney LHD $
HealthShare Charges	HSS Service Centres ICT	4,414,000
	HSS Enable NSW	2,648,000
	HSS Food Services	12,729,000
	HSS Linen Services	6,161,000
	HSS Recoups	3,938,000
	HSS ICT	2,505,000
	HSS Compacks	2,293,000
	Total HS Charges	**34,688,000**
IH Transports	Interhospital Ambulance Transports	2,716,000
	Interhospital Ambulance NETS	47,000
	Total Interhospital Ambulance Charges	**2,763,000**
	Interhospital NETS Charges - SCHN	**105,000**
Payroll	Payroll Charges (excluding LSL & PAYG)	546,600,000
	Super Guarantee Charges	15,600,000
	Total Payroll	**562,200,000**
Other Miscellaneous	**Superannuation (Pillar)**	**35,170,000**
	Blood and Blood Products	**7,493,000**
	SES Wages	**1,508,000**
	Pathology	**27,575,000**
	TMF Insurances	**11,503,000**
	Energy Australia	**9,991,000**
	Total	**692,996,000**

Note:

Above recoveries are current estimates subject to ongoing review between LHD and Service Providers

National Funding Pool Service Agreement

Period: 1 July 2012 - 30 June 2013

	National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution	State Funding Contribution	Total
Activity Based Funding Total	141,176	245,162,825	341,211,911	586,374,736
Block Funding Total		114,744,220	202,943,642	317,687,862
Total	**141,176**	**359,907,046**	**544,155,552**	**904,062,598**

Notes:
- Activity in respect of Inpatient Acute, ED and Non Admitted patients
- Activity loadings are included in the Estimated National Weighted Activity Units
- Dollars reflect the value of Commonwealth and State funding contributions for in-scope hospital services

Notes and Glossary

Overview

Funding under the National Health Reform Agreement (NHRA) commences from 1 July 2012.

On 8 June 2012, the Independent Hospital Pricing Authority (IHPA) released its National Efficient Price (NEP) Determination 2012/13 along with explanatory guidelines.

The Ministry of Health has utilised the IHPA guidelines to develop a tool to convert case-weight data (DRG Ver 6.0B) to the National Weighted Activity Units (NWAU).

Under the NHRA, services undertaken by Local Health Districts (LHD) and State Health Networks (SHN) fall into either, "in-scope" public hospital services which are subject to funding and reporting requirements of the NHRA or "out of scope" services which continue to be the responsibility of the State. Definitions of in-scope public hospital services are provided in the 2012/13 Funding Guidelines.

For Local Health Districts, the 2012/13 Budget (Schedule C) has been prepared to comply with the new national reporting and funding arrangements and presented to align with the two core funding elements being;-

- Acute Inpatient, Emergency Department and Non Admitted Patients in-scope activity based on NWAU's and
- Block funded in-scope public hospitals service including teaching and research

Block funded State based programs and services are shown separately as is start-up and new enhancements and Government required saving initiatives.

The 2012/13 budget for LHDs/SHN is inclusive of escalation for awards based on the NSW Government wages policy of 2.5%, noting that employee categories of staff other than nurses and midwives are still subject to industrial negotiations and agreement over wage increases.

It is therefore imperative that LHDs/SHN ensure that they distinguish and separately provision for those categories of employees (including, for this purpose, VMOs) pending final agreement when devolving budgets and also when preparing monthly cashflow estimates. The Ministry will retain the relevant cash component for these categories of employees pending formal approval and the issue of Ministry of Health Information Bulletins advising of any increases for these various categories of staff.

For 2012/13, specific escalation has been included in respect of electricity (20%) and for part of the increased cost associated with the Microsoft licence recoups arrangements managed by HealthShare.

The following notes relate to the specific rows and or columns in the following Schedule C tables.

Part 1

Row Section A – ABF Expenditure Allocation

Acute and Emergency Department NWAU activity is based on the converted caseweight targets that have been the subject of LHD and Ministry discussions. The value of these calculated NWAU's is then multiplied against the lower of either the LHD's projected average cost or the determined State Price to calculate the expense budget for this category of costs.

Acute NWAU revenue gross-up is the calculated value of private patient revenue for accommodation and prostheses (which is included in the NWAU calculation as negative adjustment) and therefore needs to be added back to the LHD/SHN expense budget to provide the total ABF expense for the NWAU activity.

Non admitted patients relates to all non admitted services including non admitted privately referred services.
The 2012/13 expense budget has been based on the previous year's calculated budget plus escalation.
The NWAU volumes are indicative only as data collection systems for this category of patient services needs significant improvements and therefore it has been necessary to derive the NWAU volumes and expense budget for 2012/13.
It is important to note that the derived targeted NWAU's have been calculated by dividing the 2012/13 non admitted expense budget (less the estimated value of S100 high cost drugs revenue) by the State Price.

Further details on each of these calculations are included in the 2012/13 Funding guidelines document which is a compendium to the Service Agreement. See the 2012/13 Funding Guidelines for further information on NWAU adjustments

Row Section B – Interim ABF Funding block Allocation

Sub Acute 2012/13 block funding is based on previous year's expense budget plus escalation. This block funding includes admitted and non admitted activity. Additional services that are budgeted to commence in 2012/13 under the COAG Sub-acute NPA are shown separately within the start-up new services category (section E) for this year only.

Mental Health 2012/13 block funding for in-scope services is based on previous year's expense budget plus escalation and includes admitted and non admitted activity. New services are shown in section E.

Row Section C – Block Funding Allocation

Block Funded Hospitals < 3,500. For 2012/13 NSW has adopted an activity base of 3,500 before a hospital is funded on an activity basis. Hospitals under this threshold continue to be funded on a block basis. Your 2012/13 Budget is based on previous year's budget for these facilities plus escalation. See the 2012/13 Funding Guidelines for a list of block funded hospitals.

Block Funded Services "In Scope" includes Teaching, Training and Research and other non admitted hospital services which have been determined to satisfy the conditions of the NHRA. Your Budget for these services is based on previous year's budget plus escalation. See the 2012/13 Funding Guidelines for a list of block funded in-scope services.

Row Section D - State Only Block Funded Services

These include those state based services that are "out of scope" services under the NHRA. They include a number of population, aboriginal and community based services. This block of funding also includes HACC based services.

Section E - Start Up and Establishment Services

Nurses Reasonable Workload (excl. Theatre)
$2.07M to employ more nurses by June 2013 to support a reasonable workload for nurses and midwives. Funding is available for recruitment of FTEs in 2 equal tranches, one in July 2012 and the other in January 2013.

Nurses Reasonable Workload - Theatre
$0.7M to employ additional Theatre nurses by June 2013 to support a reasonable workload for theatre nurses. Funding is available for recruitment of FTEs in 2 equal tranches, one in July 2012 and the other in January 2013.

More Nurses CNE / CNS
$0.226M to employ 3 more Clinical Nurse/Midwife Educators and Clinical Nurse/Midwife Specialists at hospitals and health facilities.

Row Section J – Labour Expense Cap

As part of Government's continuing expense management initiatives, the Government has identified further required savings strategies including the introduction in 2012-13 of a Labour Expense cap (which incorporates improvements in the management of leave liabilities). Your LHD/SHN share of this saving initiative is shown in row J column F. The distribution of this saving initiative has been applied to all reporting entities within the Health Cluster including Pillars and the Ministry. Each entities proportion of these savings is based on the total labour costs (employee related costs plus VMO's). This saving initiative applies equally to Affiliated Health Organisations.

The Government has not mandated FTE reductions per se and Chief Executives will have flexibility to develop workforce efficiency and productivity strategies across all areas of the workforce subject to meeting the industrial and election commitments in relation to nursing/ midwifery staffing.

Row Section F: Transitional Payments Based on 2011/12 Forecast Volume

For some LHD's, it has been necessary to identify within their 2012/13 expense budgets a level of expenditure that the Ministry refers to as the "Transitional payment" to a LHD / SHN. Where your LHD projected average cost is below the State price, no transition payment applies. Where this is not the case a Transistion payment has been calculated.

The calculation is the variation between the 2012/13 State price ($4,471) and your LHD 's 2012/13 cost per NWAU (see column D) multiplied against the total 2011/12 forecast activity for Acute and ED NWAUs shown in column H. i.e: transition payments have been made in respect of base level 2011/12 activity only.

Columns U to I - 2011/12 Adjusted Budget Section

The budget and volume values included in this section reflect information contained in SMRT for adjusted budget expenses/revenues (all programs) and 2011/12 activity volumes recognised by System Purchasing and Performance Directorate as at 4 June 2012.

Columns J - 2011/12 Forecast Budget Section

These forecast values have been calculated based on the overall expense and or revenue full year results as assessed by the Ministry following receipt of LHD/SHN April 2012 narratives. The assessment takes into account LHD/SHN monthly projected full year results and the CFO's assessment of the end of year full year result for all programs. Final budget results for 2012/13 will not be available until mid July 2012. This expense and revenue information is used to identify expected turnaround budget risk for a LHD/SHN leading into 2012/13.

Column K – Estimated 2012/13 Turnaround Deficit

Column K is for information only. None of the values in this column are included in any of the 2012/13 budget calculations as shown in column F. The value in Column K represents the Ministry's estimate of the LHD/SHN unfavourable budget position based on an assessment of 2011/12 budget performance as reported at end of April 2012.

Essentially the values in Column K represent the difference between the 2011/12 adjusted budget and the Ministry's assessment of the LHD/SNH forecast year end result. LHD/SHN's are to determine their own LHD/SHN turnaround requirements after 30 June 2012 financial results are known and analysed.

Part 2

Schedule C, part 2 provides details as to the LHD/SHN revenue budgets for all programs for the 2012/13 year.

The baseline revenue data is extracted from SMRT as at 15 June 2012 for the 2012/13 year.

Escalation of individual revenue line items within the revenue budgets of LHD/SHN is in accordance with existing protocols for indexations. Government Grants are inclusive of "subsidy" and are now recognised as revenue in accordance with NSW Treasury Circular (TPP12-01). Further information on this accounting treatment and 2012/13 escalations is included in the 2012/13 Financial Requirements and Condition of Subsidy (Government Grants)

Government Grants will include the net cash component of the cost of activity after LHD/SHN application of own source revenues. Government Grants will be directed to meet ABF related activity, in-scope hospital services and out of scope services. Crown liabilities being State defined superannuation scheme and LSL for crown employees will also need to be recognised.

Government Grants also include funding by the Ministry for capital purposes (previously referred to as Capital Subsidy). This source of funding is inclusive of any Ministry funding for RMR>$10,000 items.

Compensable Patient Adjustment - The Ministry has commenced a process to allow for full cost recovery (at the State Price) for MAA and Workers Compensation compensable patients treated by LHD's. Each LHD/SHN revenue budget has been adjusted to recognise the estimated value of recovering the NWAU state price per compensable patient in 2012/13 over the current practice of only partial cost recovery. This full cost recovery initiative is an approved Program Saving for NSW Health and the increased own source revenue is offset against a reduction in government cash.

Part 3

This schedule represents the estimated 2012/13 shared services and consolidated payments summary.

The schedule has been grouped into specific categories and allows for the safe and efficient transfer of funds entities between NSW health entities providing services to LHD and SHN.

HealthShare charges relate to services either provided directly to the LHD/SHN or on behalf of the LHD/SHN by HealthShare and will be supported by formal customer service agreements.

IH Transports relate to services provided on behalf of LHN/SHN by either the NSW Ambulances Services or the Neonatal Emergency Transport Service. Formal service agreements will be required to be established to support these charges.

Payroll represents LHD/SHN estimated payroll requirements to pay your employees their fortnightly payroll. The initial estimates are subject to periodic review and discussion between LHD/SHN, the Ministry and HealthShare as the payroll service provider. Existing processes and practices for weekly reconciliations will continue in 2012/13.
Note: - Payroll does not include LHD/SHN PAYG tax liability nor does it include an LHD/SHN contractors and VMO monthly payment requirements.

Other Miscellaneous includes a range of either service agreements such as provision of pathology services or where third party contract and or administrative arrangements exists that require a single whole of health payment either annually in advance (i.e. TMF insurances) or monthly in arrears (i.e. Whole of Health electricity contracts, ACRBS blood supply and State Superannuation (Pillar) payments). The fund management of these accounts is managed by the Ministry supported by third party invoices. As is the case now, costs will be journaled to LHD/SHN monthly to support these consolidated vendor payments.

National Funding Pool Service Agreement

Represents the initial funding advice being provided by the State Manager (i.e. MoH) to the National Funding Pool Administrator to allow calculation and payment of the Government Grant "cash" component of the State price for activity and the in scope block hospital services. Note the Government grant cash component is net of LHD/SHN own source revenues and crown liabilities for In-scope hospital services.

Asset Acquisition Program (AAP)

The 2012/13 capital allocation schedule reflects allocations for new works and works in progress as reflected in Budget Paper 4 of the State Budget brought down on 12 June 2012.

The 2012/13 allocation and the three year forward cashflow for capital works in progress have been determined based on the current approved AAP forecast and adjusted for 2011/12 expenditure projections advised in Capdohrs as at 31 March 2012. These forward cash flows are indicative amounts included within the overall Asset Acquisition Limits set by NSW Treasury, and are subject to change and will be confirmed when final expenditure figures for 2011/12 are available.

Chief Executives are required to review the allocations with their financial and capital staff, and to resolve any end of year adjustments with the Capital Planning and Program Management Branch of the Ministry of Health. Requests for adjustment during 2012/13 will be considered against this baseline and they will only be considered for approval based on offset savings within the budget holder approved limits. As has been the case in 2011-12, capital program expenditure will be closely monitored throughout the year.

The attached table details the capital project schedule with Asset Authorisation Limits for 2012/13 and forward years.

The Ministry and Chief Executives are accountable to ensure the capital allocation as per BP4 is fully achieved against cash flow and physical milestones and that local funding commitments and asset revenue targets are met. Achieving the targets is essential.

Asset Acquisition Program (AAP) - 2012/13 Allocations

AUTHORISATION LIMITS 2012/13 Capital Projects	DOHRS	BP4 ETC 2012/13	Estimated Expenditure to 30 June 2012	Cost to Complete at June 2012	BP4 Allocation 2012/13	BP4 Est. 2013/14	BP4 Est. 2014/15	BP4 Est. 2015/16	Balance to Complete
		$	$	$	$	$	$	$	$
NORTHERN SYDNEY LHD									
MAJOR WORKS IN PROGRESS									
NSLHD Simulated Environment -Equipment	4929	1,675,000	837,500	837,500	837,500				
PFP Cyclical Maintenance - RNSH	4252	62,377,000	7,677,639	54,699,361	4,682,000	5,422,000	6,077,000	6,887,000	31,631,361
Ryde Hospital - Aged and surgical wards	4823	5,000,000	500,000	4,500,000	4,500,000				
TOTAL WORKS IN PROGRESS		69,052,000	9,015,139	60,036,861	10,019,500	5,422,000	6,077,000	6,887,000	31,631,361
TOTAL ASSET ACQUISITION PROGRAM		69,052,000	9,015,139	60,036,861	10,019,500	5,422,000	6,077,000	6,887,000	31,631,361
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
MAJOR NEW WORKS 2012-13									
Hornsby Ku-ring-gai Hospital Redevelopment Stage 1	TBA	120,000,000		120,000,000	3,500,000	7,689,000	27,573,000	56,815,000	24,423,000
TOTAL MAJOR NEW WORKS		120,000,000		120,000,000	3,500,000	7,689,000	27,573,000	56,815,000	24,423,000
MAJOR WORKS IN PROGRESS									
Graythwaite Rehabilitation Centre (in addition to COAG co	4803	35,200,000	3,278,230	31,921,770	26,846,547	5,075,223			
Hornsby Hospital Adult Acute MHU & Child/Adolescent MI	4082	33,590,000	7,886,737	25,703,263	25,703,263				
Northern Beaches Hospital -Planning	3985	29,000,000	4,880,273	24,119,727	9,281,082	14,838,645			
Royal North Shore Hospital Clinical Services Building	4531	144,400,000	6,451,129	137,948,871	35,125,143	76,000,000	14,823,728	12,000,000	
RNSH Redevelopment Stg 2 -Pre-Project Works	4023	13,829,846	13,829,846						
RNSH Redevelopment Stg 2 -Local health District costs	4024	9,912,551	8,318,025	1,594,526	622,799	971,727			
RNSH Redevelopment Stg 2 -Enabling Works	4025	40,821,000	23,441,030	17,379,970	3,020,600	1,251,400	13,107,970		
RNSH Redevelopment Stg 2 -Phases 1-3	4029	73,035,000	47,070,545	25,964,455	25,964,455				
RNSH Public Private Partnership (PPP)	4356	721,672,000	49,565,000	672,107,000		650,118,000	21,979,000	10,000	
TOTAL MAJOR WORK IN PROGRESS		1,101,460,397	164,720,815	936,739,582	126,563,889	748,254,995	49,910,698	12,010,000	
TOTAL MANAGED BY HEALTH INFRASTRUCTURE		1,221,460,397	164,720,815	1,056,739,582	130,063,889	755,943,995	77,483,698	68,825,000	24,423,000

SCHEDULE D: Service Schedule

PART 1

Acute Inpatient Services

Service Code	Service Name	Measurement Unit	Volume	NWAU Volume	Note
AI-001	Acute Inpatient Services - Public	Costweighted Separation	84,917	78,224	
AI-002	Acute Inpatient Services - Eligible Private	Costweighted Separation	33,157	17,384	
AI-003	Acute Inpatient Services - Compensable (DVA, MAA, Other)	Costweighted Separation	10,975	10,799	

Emergency Department Services

Service Code	Service Name	Measurement Unit	Volume	NWAU Volume	Note
ED-001	Emergency Department Services	Costweighted Attendance	184,033	19,916	

Non Admitted Patient Services

Service Code	Service Name	Measurement Unit	Volume	NWAU	Note
NA-001	Non Admitted Patient Services - Tier 2 Clinics	Service Events	Not applicable	25,652	Derived NWAU volume figure as per notes in Schedule C

Sub Acute Services

Service Code	Service Name	Measurement Unit	Volume	NWAU	Note
SA-001	Subacute Services Designated (Admitted)	SNAP Weight	4,127	Not applicable	Service is provided in a designated facility that meets criteria to be in scope .
SA-002	Subacute Services Non-Designated (Admitted)	SNAP Weight	TBA	Not applicable	Service is provided in a non designated facility.

Mental Health Services

Service Code	Service Name	Measurement Unit	Volume	Notes
MHDOA-001	Mental Health Services (Acute Inpatients)	Occupied Bed Days	TBA	
MHDOA-002	Mental Health Services (Non Acute Inpatients)	Occupied Bed Days	TBA	
MHDOA-003	Ambulatory Contacts	Contacts	239,309	
MHDOA-004	Withdrawal Management	Closed Treatment Episodes	936	Inpatient and outpatient
MHDOA-005	Counseling, outpatient consultation and support, and case management	Closed treatment episodes	728	Outpatient consultation
MHDOA-006	Opioid Treatment Program (OTP)	Number in public programs (dosed or prescribed)	419	Dosed or prescribed

Block Funded Hospitals

B226	Acute and Post-acute Centre	1 Year Availability
B241	Coral Tree Family Centre	1 Year Availability
B208	Greenwich	1 Year Availability
B101	Macquarie	1 Year Availability
B209	Neringah	1 Year Availability
B219	RNS - Sydney Dialysis Centre	1 Year Availability
B221	Royal Rehabilitation	1 Year Availability
B753	Royal Rehabilitation - Weemala Nursing Home	1 Year Availability

Teaching and Research

TT-001	Teaching Training and Research	See Section 6

PART 2

Statewide and Selected Specialty Services

Service Code	Service Name	Notes
AICU-011	Adult Intensive Care Unit Level 5 and 6 - Royal North Shore Hospital (RNSH)	Adult ICU services are required to be provided at Level 6. These services should be available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2011/12 and in accordance with the critical care network referral role described in PD2010_21.
AICU-012	Adult Intensive Care Unit Level 5 and 6 - Hornsby Hospital	Adult ICU services are required to be provided at Level 5. These services should be available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2011/12 and in accordance with the critical care network referral role described in PD2010_21.
ASCI-001	Acute Spinal Cord Injury Service - RNSH	Provision of the Statewide Acute Spinal Cord Injury Service role, inclusive of intensive care and acute phases of care and outreach services.
BMTAA-001	Blood and Marrow Transplantation – Allogeneic and Autologous - RNSH	This service has received enhancement funding in the past to establish the more complex allogeneic transplant service. Service levels should not be less than achieved in 2011/12. As a complex service, services should be provided to all referrals regardless of residence. Laboratory services to support BMT should be maintained. There should be no reduction in outreach services.
GEN-003	Genetics - RNSH	Statewide Genetic Services include testing and counselling for general and cancer genetics, there should be no reductions in the provision of Genetic Outreach services.
GEN-009	Centre for Genetics Education - RNSH	The Centre for Genetics Education should continue to provide resources concerning genetic conditions to health professionals and the community.
HRM-003	High Risk Maternity (Level 6) - RNSH	Provide Level 6 Maternity services and fulfil its network role as described in PD2010_069. These services should be considered in conjunction with NICU at a level not less than that provided in 2011/12.
MTS-002	Major Trauma Service - RNSH	Fulfil its role as a Major Trauma Service, as described in the Statewide and Selected Specialty Service Plan for Trauma Services.
NICS-003	Neonatal Intensive Care Service - RNSH	Provide a minimum level of service equivalent to 14 NICU cots and 11 Special Care Cots and fulfil its role as described in PD2010_069. There should not be greater than 10% days per month of cots unavailable due to staffing.
RTX-008	Radiotherapy - RNSH	Access to 3 Linacs, each providing not less than 400 courses of treatment per year.
SBS-001	Severe Burn Service - RNSH	Provision of the Severe Burns Service role, inclusive of intensive care, acute management, ambulatory care and outreach.
SDC-001	Sydney Dialysis Centre - RNSH	The Sydney Dialysis Centre should continue to provide statewide access to home dialysis equipment at levels agreed with the Ministry following release of the State Budget

Other Services

Service Code	Service Name	Measurement Unit	Volume	Notes
MAU-001	Medical Assessment Unit	Beds	30	

Service Code	Service Name	Notes
CN-001	NSW Critcal Care Tertiary Referral Networks and Tranfer of Care (Adults)	Maintain established functional referral relationships
CN-002	Network for Adult Patients Requiring Specialist Care	Maintain established functional referral relationships
CN-003	Critical Care Tertiary Referral Networks (Paediatrics)	Maintain established functional referral relationships
CN-004	Critical Care Tertiary Referral Networks (Perinatal)	Maintain established functional referral relationships

PART 3

Population Health Services

Service Code	Service Name	Notes
PH-001	Aboriginal and Maternity Infant Health Services	The Aboriginal Maternal and Infant Health Service is a community-based maternity service, with a midwife and Aboriginal Health Worker working in partnership with Aboriginal families to provide culturally appropriate care for Aboriginal women and babies
PH-002	Building Strong Foundations for Aboriginal Children, Families and Communities	Provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.
PH-003	Child and Family Health (including Early Childhood Health Services)	Child and Family Health Services provide preventive, early detection and early intervention health care services to all NSW children aged 0-5 and their families including a home visit following the birth of a child.
PH-004	Child Protection (including Physical Abuse and Neglect of Children services)	Provide specialist counselling and casework services to children, young people and their families, referred by Community Services, where abuse and neglect, including exposure to domestic violence has occurred.
PH-005	Domestic and Family Violence Services	Routine Screening for domestic violence sites in Antenatal/ Drug & Alcohol/ Early Childhood/ or Mental Health services.
PH-006	Sustaining NSW Families Programs (Keep Them Safe)	Provides intensive home visiting to vulnerable families to support parent child relationships and optimise child health and wellbeing. .
PH-007	Out of Home Care Health Assessments and Coordination (Keep Them Safe)	Out of Home Care Health assessments are provided to children and young people entering statutory out of home care.
PH-009	Sexual Assault Services	Holistic specialist assistance to adult and child victims of sexual assault including supporting their psycho-social, emotional and cultural wellbeing. Free information, counselling, court support, medical treatment and forensic examinations are available for anyone who has recently sexually assaulted in NSW.
PH-010	Public Health Units	Responsible for provision of immunisation services through a school based program; liaising with and educating immunisation providers, and improvement of vaccination coverage: for all children at 1, 2, 5 and 12 years of age, for Aboriginal children and older people, and in areas of low vaccination coverage. Public Health Units are also responsible for dealing with public health emergencies and for surveillance and assisting in prevention and control of threats to public health from communicable, environmental and other public health hazards.
PH-012	Organ and Tissue donation	Organ donation request rate 100% Organ donation consent rate 75%
PH-014	Oral Health Services	Maintain services untill new Commonwealth funding yet to be allocated and 2012/13 targets can be established.
PH-015	Statewide Eyesight for Preschoolers Screening	The Statewide Eyesight Preschooler Screening program is a universal, free vision screening program for all four year old children in NSW
PH-016	Victims of Crime Services	NSW Health Services are required to meet responsibilities to victims of crime under the Victims of Crime Act (1996).
PH-018	Healthy Children's Initiative	Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (%)
PH-019	Healthy Children's Initiative	Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard (%)
PH-020	Healthy Children's Initiative	Children 7-13 years who enrol in the Targeted Family Healthy Eating and Physical Activity Program (number)
PH-021	Healthy Children's Initiative	Children 7-13 years who complete the Targeted Family Healthy Eating and Physical Activity Program (%)
PH-022	Needle and Syringe Program	Activity to be delivered in accordance with the NSW BBV & STI Strategies. Numbers are to be maintained or increased from 2011/12.
PH-023	Publicly funded sexual health services	Sexual health services provided to specific priority populations. • Aboriginal people • Sex workers (as per LHD's MDS system 2011/12 data) • Gay men and other homosexually active men (as per LHD's MDS system 2011/12 data) Number and proportion are to be maintained or increased from 2011/12. This will include exploring models of HIV testing that improve access to priority populations. Activity to be delivered in accordance with the NSW BBV & STI Strategies.

PH-024	HIV/AIDS and Related Programs services	Activity to be delivered in accordance with the NSW BBV & STI Strategies, but including, specific number of clients referred for hepatitis C treatment assessment
PH-025	Health Promotion services	Activity to be delivered in accordance with - NSW Tobacco Strategy 2012-2017 - The NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009-2011 - Prevention of Falls and Harm from Falls among Older People: 2011-2015, including Falls Coordinator position
PH-026	Stepping On Program	A multi-faceted falls prevention program which targets community-dwelling older adults who have either had a fall, or who have a fear of falling.
PH-027	Aboriginal HIV, STI and hepatitis Program	Maintain existing service levels

Primary and Community Health Services

Service Code	Service Name	Notes
PC-001	Acute to Aged-Related Care Services (AARCS)	AARCS Service to be maintained or increased from 2011/12 LHD figures
PC-002	Aged Care Services in Emergency Teams (ASET)	ASET service to be maintained or increased from 2012/13 LHD figures
PC-003	Allied Health-Dietetics	Provide services to HACC target group (65 years and over and 50 years and over for Aboriginal people) in line with funded service type and Local Planning Area.
PC-004	Allied Health-General	Provide services to aged HACC target group in line with funded service type.
PC-005	Allied Health-Occupational Therapy	Provide services to aged HACC target group in line with funded service type.
PC-006	Allied Health-Physiotherapy	Provide services to aged HACC target group in line with funded service type.
PC-007	Allied Health-Podiatry	Provide services to aged HACC target group in line with funded service type.
PC-008	Allied Health-Speech Pathology	Provide services to aged HACC target group in line with funded service type.
PC-010	Centre Based Day Care	Provide services to aged HACC target group in line with funded service type.
PC-011	Counselling/Support/Information & Advocacy	Provide services to aged HACC target group in line with funded service type.
PC-018	Multicultural Access Project	Provide an Interpreter service to HACC target group (65 years and over and 50 years and over for Aboriginal people) in line with funded service type and Local Planning Area.
PC-019	Non Output General	Support administration service required by the HACC program for HACC MDS Reporting,
PC-020	Nursing Care	Provide services to aged HACC target group in line with funded service type.
PC-024	Social Support	Provide services to aged HACC target group in line with funded service type.
PC-025	Social Support Monitoring	Provide services to aged HACC target group in line with funded service type.

Chronic Disease Management Services

Service Code	Service Name	Measurement Unit	Volume	Notes
CC-001	Provision of Connecting Care Chronic Disease Management	Number of Currently Enrolled Clients	4,112	

PART 4

2012/13 Priority Initiatives

Service Code	Service Name	Notes
	Pain Management Services	Tier 3 – Providing multidisciplinary assessment; multimodal pain management; pain management programs; clinician training and education; and data collection and research - Royal North Shore Hospital
	COMPACKS	Management of LHD ComPacks budget to maximise access for Band 2 clients (as described in the ComPacks Program desired resource distribution). Recommended package spread: Band 1 < 20%, Band 2 at least 65%, Band 3 < 15% Engaging approved ComPacks Service Providers to deliver non-clinical community support services, supporting safe and sustained early hospital discharge for ComPacks eligible patients.

Service Code	Service Name	Measurement Unit	Volume	Notes
	Hospital in the Home	Events	TBA	Deliver hospital substitution clinical care to patients that are reported in Bed Type 25. An episode is clinically equivalent to an inpatient admission, irrespective of the number of clinical assessments or interventions.

SCHEDULE E: Service Performance Measures

The performance of a Health Service will be assessed in terms of whether it is meeting the performance targets for individual KPIs.

✓ Performing - Performance at, or better than, target

↘ Underperforming - Performance within a tolerance range

X Not performing - Performance outside the tolerance threshold

KPIs have been designated into two categories:

Tier 1 - Will generate a performance concern when the Health Service performance is outside the tolerance threshold for the applicable reporting period.

Tier 2 - Will generate a performance concern when the Health Service performance is outside the tolerance threshold for more than one reporting period.

In addition, a range of **Service Measures** are identified to assist the Health Service to improve provision of safe and efficient patient care and to provide the contextual information against which to assess performance.

A range of **Monitoring Measures** will also continue to be collected for a variety of reasons, including implementation of new service models, reporting requirements to NSW Government central agencies and the Commonwealth, and participation in nationally agreed data collections.

Relevant measures specified in the National Health Reform Performance and Accountability Framework, and in NSW 2021: A Plan to Make NSW Number One, have been assigned as NSW Health KPIs, Service Measures or Monitoring Measures, as appropriate.

Summary

Safety and Quality	
Tier 1	Staphylococcus aureus bloodstream infections (SA-BSI) (per 10,000 occupied bed days)
Tier 2	ICU Central Line Associated Bloodstream (CLAB) Infections (number)
	Incorrect procedures: Operating theatre - resulting in death or major loss of function (number)
	Mental Health: readmission within 28 days (%)
Service Measure	Deteriorating Patients (rate per 1,000 separations): • Rapid response calls • Cardio respiratory arrests
	Clostridium Difficile Infections (per 1,000 separations)
	Root Cause Analysis – completed in 70 days (%)
	Complaints Management – resolved within 35 days (%)
	Unplanned hospital readmissions: all admissions within 28 days of separation (%)
	Unplanned hospital readmission rates for patients discharged following management of: • Acute Myocardial Infarction • Heart Failure • Knee and hip replacements • Depression (subject to finalisation) • Schizophrenia (subject to finalisation) • Paediatric tonsillectomy and adenoidectomy
	Unplanned and Emergency Re-Presentations to same ED within 48 hours (%)
	In hospital mortality rates for: • Acute Myocardial Infarction • Heart Failure • Stroke • Fractured neck of femur • Pneumonia
	Patient Experience Survey following treatment: Overall care received (very good, excellent)

Service Access and Patient Flow	
Tier 1	Transfer of Care Time from Ambulance to ED < 30 minutes (%)
	ED patients admitted, referred or discharged within 4 hours of presentation (%): all patients
	Overdue elective surgery patients (number): • Category1 • Category 2 • Category 3
	Elective surgery patients admitted within clinically appropriate time (%): • Category1 • Category 2 • Category 3
Tier 2	Presentations staying in ED > 24 hours (number)
	Mental Health: Presentations staying in ED > 24 hours (number)
	Mental Health: Acute Post-Discharge Community Care follow up within seven days (%)
	Mental Health ambulatory (provider) contacts (number)
	Public Dental Weighted Occasions of Service against Target (%)
	Connecting Care Program: people currently enrolled (number)
	ED presentations admitted to ward/ICU/Operation Theatre (%)
Service Measure	ED presentations treated within benchmark times (%): • Triage 1 • Triage 2 • Triage 3 • Triage 4 • Triage 5
	Emergency Admission Performance - Patients admitted to an inpatient bed within 8 hours of arrival in the ED (%)
	Mental Health: Emergency Admission Performance: patients admitted to an inpatient bed within 8 hours of arrival in the ED (%)
	Elective Surgery: Activity compared to previous year (Number)
	Waiting List Turnover ratio: Elective patients (%)
	Elective Surgery Theatre Utilisation: operating room occupancy (%)
	Public Dental Fail to Attend Appointment (FTA) (%)
	Separations (number): • Acute overnight • Acute Same Day • Sub Acute overnight • Sub Acute Same Day
	Average Length of Episode Stay - Overnight patients (days)

Service Access and Patient Flow (continued)	
Service Measure	Hospital in the Home : • Admitted activity (%) • Admitted activity (number) • Non admitted activity (number)
	Avoidable Admissions for targeted conditions Adults (>16 years): (number) • Pulmonary Embolism without Catastrophic CC • Respiratory Infections/Inflammations W/O CC • Chronic Obstructive Airways Disease W/O Catastrophic CC • Venous Thrombosis without Catastrophic or Severe CC • Osteomyelitis W/O Catastrophic or Severe CC • Cellulitis W/O Catastrophic or Severe CC • Kidney & Urinary Tract Infection without Catastrophic or Severe CC
	Available beds (number)
	Bed Occupancy (%)
	ICU High Dependency Unit transfer of care performance (days)
	Aboriginal inpatients who Discharge Against Medical Advice (%)
	Connecting Care Program: • Aboriginal people enrolled (number) • People identified as eligible for 48Hr Follow Up (number) • People identified as eligible for Chronic Care Rehab (number) • People identified as requiring an Aged Care Assessment (ACAT Evaluation Unit) (number)
	Acute to Aged-Related Care Services (AARCS) patients seen (number)
	Aged Care Services in Emergency Teams (ASET) patients seen (number)

People and Culture	
Service Measure	Workplace injuries (%)
	Premium staff usage - average paid hours per FTE (Hours): • Medical • Nursing • Allied Health
	Annual reduction in the total number of days in respect of accrued leave balances of more than 40 days with specific targets to be agreed.
	Leave liability: average paid hours per FTE (Hours)
	Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline recruitment (days)
Finance and Management	
Tier 1	Activity against purchased volume (%): • Acute Inpatient Services (Cost weighted Separations) • Acute Inpatient Services (NWAU) • Emergency Department Services (Cost weighted Attendances) • Emergency Department Services (NWAU)
	Expenditure matched to budget (General Fund) (%): • Year to Date • June projection
	Revenue Matched to budget (General Fund) (%): • Year to Date • June projection
	Recurrent Trade Creditors > 45 days correct and ready for payment
	Small Business Creditors < 30 days from receipt of a correctly rendered invoice (%)
Service Measure	Activity against notional target: • Non Admitted Patient Services (Service Events and NWAU) • Sub Acute Inpatient Services (Episodes) • Acute Inpatient Mental Health Services (Occupied Bed Days) • Non Acute Inpatient Mental Health Services (Occupied Bed Days)
	Patient Fee Debtors > 45 days as a percentage of rolling prior 12 months Patient Fee Revenues (%)
	Cost per Weighted Separation
	Coding timeliness – records with valid DRGs (%)

Population Health	

Tier 2	Healthy Children's Initiative:
	• Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (%)
	• Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard (%)
	• Children 7-13 years who:
	  • Enroll in the Targeted Family Healthy Eating and Physical Activity Program (Number)
	  • Complete the Targeted Family Healthy Eating and Physical Activity Program (%)

Service Measure	Needles and syringes distribution – in the public and pharmacy sector (including dispensing mechanism) (Number)
	STI testing/treatment/management – occasions of service within publicly-funded sexual health services by specific priority populations: (Number , proportion) • Total • Aboriginal people • Sex workers • Gay men and other homosexually active men
	HIV testing/treatment/management – occasions of service within publicly-funded by specific priority population: (Number, %) • Total • Aboriginal people • Gay men and other homosexually active men
	Aboriginal Children fully immunised (%) • At one year of age • At 4 years of age
	Human papillomavirus vaccine – year 7 girls receiving the third dose through the NSW Adolescent Vaccination Program (%)
	Women who identify as having an Aboriginal baby who receive antenatal care before 14 weeks gestation (%)

Detail – targets and performance thresholds

KPIs		Target	Not Performing ✗	Underperforming ↘	Performing ✓
Safety and Quality					
Tier 1	Staphylococcus aureus bloodstream infections (SA-BSI) (per 10,000 occupied bed days)	2	≥ 2.0	N/A	≤ 2
Tier 2	ICU Central Line Associated Bloodstream (CLAB) Infections (number)	0	≥ 1	N/A	0
Tier 2	Incorrect procedures: Operating Theatre- resulting in death or major loss of function (number)	0	≥ 1	N/A	0
Tier 2	Mental Health: Unplanned readmission within 28 days (%)	13	≥ 20%	> 13% and < 20%	≤ 13
Service Access and Patient Flow					
Tier 1	Transfer of Care Time from Ambulance to ED < 30 minutes (%)	90	< 80%	≥ 80% and < 90%	≥ 90%
Tier 1	ED patients admitted, referred or discharged within 4 hours of presentation (%): all patients	69 Jul-Dec 2012	< 65%	≥ 65% and < 69%	≥ 69%
		76 Jan-Jun 2013	< 70	≥ 70% and < 76%	≥ 76%
Tier 1	Overdue elective surgery patients (number):				
	• Category 1	0	> 5	>0 and ≤5	0
	• Category 2	0	> 25	>5 and ≤25	≤5
	• Category 3	0	> 25	>5 and ≤25	≤5
Tier 1	Elective surgery patients admitted within clinically appropriate time (%):	95%	<90%	90-94%	=>95%
	• Category 1	96% Jul-Dec 2012	< 92%	≥ 92% and < 96%	≥ 96%
		100% Jan-Jun 2013	< 96%	≥ 96% and < 100%	100%
	• Category 2	90% Jul-Dec 2012	< 86%	≥ 86% and < 90%	≥ 90%
		93% Jan-Jun 2013	< 90%	≥ 90% and < 93%	≥ 93%
	• Category 3	92% Jul-Dec 2012	< 88%	≥ 88% and < 92%	≥ 92%
		95% Jan-Jun 2013	< 92%	≥ 92% and < 95%	≥ 95%
Tier 2	Presentations staying in ED > 24 hours (number)	0	>5	≥1 and ≤5	0

KPIs		Target	Not Performing X	Underperforming ↘	Performing ✓
Service Access and Patient Flow (continued)					
Tier 2	Mental Health: Presentations staying in ED > 24 hours (number)	0	> 5	≥ 1 and ≤ 5	0
Tier 2	Mental Health: Acute Post-Discharge Community Care - follow up within seven days (%)	70	< 50%	≥ 50% and < 70%	≥ 70%
Tier 2	Mental Health: ambulatory (provider) contacts (number)	See Schedule D	> 10% less than target	≤ 10% under target	Target met or better
Tier 2	Public Dental Weighted Occasions of Service against Target (%)	See Schedule D	<90%	90-94%	=>95%
Tier 2	Connecting Care Program: people currently enrolled (number)	See Schedule D	> 10% under target	≤ 10% under target	Target met or better
Finance and Management					
	Variation of activity against purchased volume (%)				
	• Acute Inpatient Services (Cost weighted Separations)	See Schedule D	>2% less than or above target	<2% less than or above target	Target met or better
Tier 1	• Acute Inpatient Services (NWAU)	See Schedule D	>2% less than or above target	<2% less than or above target	Target met or better
	• Emergency Department Services (Cost weighted Attendances)	See Schedule D	>2% less than or above target	<2% less than or above target	Target met or better
	• Emergency Department Services (NWAU)	See Schedule D	>2% less than or above target	<2% less than or above target	Target met or better
Tier 1	Expenditure matched to budget (General Fund): Year to Date; June projection				
	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
	b) June projection - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
Tier 1	Revenue Matched to budget (General Fund): Year to Date; June projection				
	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
	b) June projection - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
Tier 1	Recurrent Trade Creditors > 45 days correct and ready for payment (Number)	0	> 0	n.a.	0
Tier 1	Small Business Creditors > 30 days from receipt of a correctly rendered invoice	0	> 0	n.a.	0

KPIs		Target	Not Performing X	Underperforming ↘	Performing ✓
Population Health					
	Healthy Children's Initiative				
Tier 2	• Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (%)	See Schedule D	Individual Thresholds	Individual Thresholds	Individual Targets
Tier 2	• Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard (%)	See Schedule D	Individual Thresholds	Individual Thresholds	Individual Targets
	• Children 7-13 years who				
Tier 2	• Enroll in the Targeted Family Healthy Eating and Physical Activity Program (Number)	See Schedule D	<95% of target	95-99% of target	100% of target
Tier 2	• Complete the Targeted Family Healthy Eating and Physical Activity Program (%)	See Schedule D	< 75%	≥ 75% and < 85%	≥ 85%

SCHEDULE F: Governance Requirements

The Local Health District Board is responsible for having governance structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals.

Local Health Districts are also part of the NSW Public Sector and its governance and accountability framework. Districts must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework.

Compliance of the NSW Health Corporate Governance and Accountability Compendium is to be reported Quarterly by exception.

Local Health Districts must submit an annual:

- Corporate Governance Statement for the financial year by 31 August each year (refer to the NSW Health Corporate Governance and Accountability Compendium)
- Internal Audit and Risk Management Attestation Statement for the financial year by 31 July each year (refer Internal Audit Policy Directive PD2010_039).