

Service Agreement

An agreement between:

**Secretary
NSW Health**

and

**Central Coast
Local Health District**

for the period

1 July 2015 – 30 June 2016



Health

AGREEMENT

This Agreement supports the devolution of decision making, responsibility and accountability for the provision of safe, high quality, person-centred healthcare to NSW Health Services and Support Organisations by setting out the service and performance expectations and funding for Central Coast Local Health District (the LHD).

Central Coast Local Health District agrees to meet the service obligations and performance requirements outlined in this Agreement.

The Secretary agrees to provide the funding and other support to the District outlined in this Agreement.

Parties to the Agreement

Local Health District

Mr Paul Tonkin

Chair

On behalf of the

Central Coast Local Health District Board

Date: 27/7/15

Signed: 

Mr Matthew Hanrahan

Chief Executive

Central Coast Local Health District

Date: 27/7/15

Signed: 

NSW Health

Dr Mary Foley

Secretary

NSW Health

Date:

Signed:

Terminology

In this Service Agreement:

- The term “**the LHD**” refers to Central Coast Local Health District, unless otherwise indicated.
- The term “**Health Services**” refers collectively to NSW Local Health Districts, Specialty Health Networks, Ambulance Service of NSW, St Vincent’s Health Network and Affiliated Health Organisations.
- The term “**Support Organisations**” refers collectively to the Pillars – the Agency for Clinical Innovation, the Bureau of Health Information, the Cancer Institute, the Clinical Excellence Commission, the Health Education and Training Institute and NSW Kids and Families, as well as other support organisations - Health Infrastructure, HealthShare NSW, eHealth NSW, NSW Health Pathology, Health Protection NSW and the Office of Health and Medical Research.
- The term “**other organisations**” refers to other relevant entities according to context, including Non-Government Organisations, Aboriginal Community Controlled Health Services and Primary Health Networks.

Abbreviations:

ABF	Activity Based Funding
ACCHS	Aboriginal Community Controlled Health Service
ACI	Agency for Clinical Innovation
ADA	Australian Dental Association
AHO	Affiliated Health Organisation
AMA	Australian Medical Association
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient
ASMOF	Australian Salaried Medical Officers Federation
CEC	Clinical Excellence Commission
CI	Cancer Institute
COAG	Council of Australian Governments
DRG	Diagnostic Related Group
FTE	Full Time Equivalent
GL	Guideline
GP	General Practice/Practitioner
HETI	Health Education and Training Institute
HIV	Human Immunodeficiency Virus
ICT	Information & Communications Technology
KPI	Key Performance Indicator
LHD	Local Health District
MHDAO	Mental Health and Drug & Alcohol Office
MoH	Ministry of Health
MPS	Multipurpose Service
NFC	Nationally Funded Centre
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NHRA	National Health Reform Agreement
NPA	National Partnership Agreement
NSW	New South Wales
NSWKF	NSW Kids and Families
NWAU	National Weighted Activity Unit
PD	Policy Directive
RACMA	Royal Australasian College of Medical Administrators
SCHN	Sydney Children's Hospital Network
SHC	Statutory Health Corporation
SHN	Specialty Health Network
SSS	Selected Specialty Services
STI	Sexually Transmitted Infections
UDG	Urgency Disposition Group
URG	Urgency Related Group

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1. Purpose and Objectives of the Service Agreement

Principal Purpose:

- To clearly set out the service delivery and performance expectations for the funding and other support provided to Local Health Districts (LHD) and Specialty Health Networks (SHN).

Objectives:

- To enable the Districts and Networks to deliver high quality, effective services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people.
- To promote accountability to Government and the community for service delivery and funding
- To ensure NSW Government health priorities, services, outputs and outcomes are achieved.
- To establish with the Districts and Networks a Performance Management and Accountability System that assists in achievement of effective and efficient management and performance.
- To provide the framework for the Chief Executive to establish service and performance agreements within the Districts and Networks.
- To outline the Districts and Networks' roles and responsibilities as a key member organisation of a wider NSW public health network of services and support organisations.
- To facilitate the implementation of a purchasing framework incorporating activity based funding.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by the Districts and Networks
- To provide a framework from which to progress the development of partnerships and collaboration with Primary Health Networks.
- To address the requirements of the National Health Reform Agreement in relation to Service Agreements.

Consistent with the principles of the devolution of accountability and stakeholder consultation, the engagement of clinicians in key decisions, such as resource allocation and service planning, is crucial to achievement of the above objectives. Further, Districts and Networks are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services.

2. Strategic Context

The environment in which the health system operates is not static, and as a system, we must be responsive and adaptable, to ensure we deliver the best in healthcare to the people of NSW. The issues of increasing health service demand and rising cost of health service delivery, which are attributable to the ageing of the population, increasing chronic disease, and advances in health technology, present challenges to health service delivery. These factors need to be considered in the context of our local operating environments.

The expressed intention of the Commonwealth government to cease the National Health Reform Agreement in 2017/18, the Reform of Federation process, the Commonwealth review of Medicare Benefits Scheme (MBS) items and Primary Care, plus the creation of Primary Health Networks, all have the potential to change funding and health service delivery models within NSW. The Ministry of Health (MoH) will actively participate in the work associated with these initiatives to ensure maximum benefit to the state's health services in delivering appropriate and accessible health services for the people of New South Wales.

The *NSW State Health Plan: Towards 2021* and the *NSW Rural Health Plan: Towards 2021* articulate the key Directions and Strategies for NSW Health. These plans can be found at the following links:

<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf>

<http://www.health.nsw.gov.au/rural/Pages/rural-health-plan.aspx>

The Government's election commitments for health delivery will be incorporated as priorities within the existing NSW State Health Plan framework.

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

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

3. Regulatory and Legislative Framework for this Agreement

Health Services Act 1997

The primary purpose of Districts and Networks 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 LHD Board include ensuring (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 s127 of the *Health Services Act 1997*, the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) to a Local Health District. Under the conditions of subsidy applicable to Districts and Networks, all funding provided for specific purposes must be used for those purposes unless approved by the Secretary, NSW 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 Secretary, NSW Health 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 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.
- 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 LHD and SHN, which specifies the number and broad mix of services and the level of funding to be provided (sD8).

Health Services are required to meet the applicable conditions of Council of Australian Governments (COAG) National Agreements and National Partnership Agreements between NSW and the Commonwealth Government and commitments under any related Implementation Plans. Details of the NHRA and other relevant Commonwealth-State Agreements can be found at – www.federalfinancialrelations.gov.au

Inclusions within Schedule C of this Agreement will form the basis of LHD/SHN -level reporting to the Administrator of the National Health Funding Body for NHRA in-scope services.

The Administrator of the National Health Funding Pool requires states and territories to provide patient identified data on actual hospital services delivered (NHRA, clause B63). This will broadly include:

- Actual services delivered for those public hospital functions funded by the Commonwealth on an activity basis (that is, admitted, non-admitted and emergency department as per NHRA, clauses B63 and B64).
- Site of treatment information to identify NHRA in-scope Activity-Based Funded hospitals.
- Section 19(2), under the Health Insurance Act, exemption flagged data (NHRA, clause A7a).
- Patient level data identified by Medicare number detail for data matching purposes (NHRA, clause B94).

Under these National Agreements, Districts and Networks are required to adhere to the Medicare principles outlined in the National Healthcare Agreement:

- 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.
- 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*. 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 Districts and Networks is assessed.
- Outlines how responses to performance concerns are structured to improve performance.
- Operates in conjunction with the Purchasing Framework and the NSW Activity Based Funding and Small Hospitals Operational Specifications.

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 Secretary 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

- A: Strategic Priorities** - Outlines key NSW Health priorities to be reflected in the LHD's Strategic and Services Plans and in operational delivery. Additional local priorities are to be detailed in the LHD's Strategic Plan, a copy of which is to be provided to the Ministry.
- B: Services and Facilities** - Relates primarily to services and facilities under the governance of, or supported by, the LHD as well as partnerships, collaborations or other significant relationships with other organisations. These services and facilities are articulated within the following sections of Schedule B:
- SECTION 1** Service Planning and Provision
 - SECTION 2** Services and Facilities
 - SECTION 3** Organisations with which the LHD has partnerships, collaborations or other significant relationships
 - SECTION 4** Community Based Service Streams
 - SECTION 5** Population Health programs
 - SECTION 6** Aboriginal Health
 - SECTION 7** Teaching, Training and Research.
 - SECTION 8** Provision of State Wide Support Services
- C: Budget** - Outlines the operating and capital budget allocated to the LHD for the provision of its services, operations and capital works as well as the applicable funding under the National Health Funding Body Service Agreement.
- D: Service Volumes and Levels** - Lists the volume, weighted volume or level of each service the NSW Ministry of Health will purchase from the LHD.
- E: Performance Measures** - Lists the Key Performance Indicators that affect escalation/de-escalation under the NSW Health Performance Framework and the Service Measures that provide context against which performance is assessed.
- F: Governance Requirements** - Outlines the structures and processes the LHD is to have in place to fulfil its statutory obligations and ensure good corporate and clinical governance, taking account of NSW Health Corporate Governance and Accountability Compendium requirements and its roles and responsibilities as a key member organisation of the wider NSW network of public health system organisations.

SCHEDULE A: Strategic Priorities

This Schedule outlines the key strategic priorities for NSW Health in 2015/16. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. Delivery of the strategic priorities is the responsibility of all entities.

The NSW Ministry of Health, Pillars and State Wide Services are committed to co-ordinating and partnering with Districts and Networks to:

- Achieve the key goals, directions and strategies articulated within the *NSW State Health Plan: Towards 2021* and the *NSW Rural Health Plan: Towards 2021*.
- Harmonise the implementation and delivery of key plans and programs across NSW Health
- Support Districts and Networks to deliver optimal and efficient frontline services.
- Provide leadership in NSW Health's contribution to the process of Federation reform and review of primary health care.

The Ministry and Pillars have taken note of feedback from Districts and Networks of the need for enhanced co-ordination amongst the Pillars, and between the Pillars and the Ministry, in the delivery of key developmental activities. The strategic priorities outlined in this schedule provide a framework to guide a more co-ordinated approach.

Based on feedback from Districts and Networks, it is planned that state wide and local strategic priorities will be regularly discussed as part of the quarterly performance meetings, in addition to reviews of operational performance.

Achievement of strategic priorities also requires effective collaboration with other relevant entities, including Primary Health Networks, Non-Government Organisations, the Aboriginal Community Controlled Health Sector, Aboriginal Health and Medical Research Council and other Government agencies.

In addition, local priorities are to be detailed in District and Network Strategic Plans, a copy of which is to be provided to the Ministry.

Key System Priorities for 2015/16

Whole of Health Program

Access to high quality, safe and timely health care is critical for patients, carers and staff. The Whole of Health Program supports Health Services in driving the strategic change needed to improve access to care and patient flow within NSW public hospitals. Using a centrally facilitated but locally led approach, the Ministry of Health is working with its Whole of Health partners to help Health Services develop capability in devising and implementing sustainable patient flow improvement strategies, whilst sharing knowledge and experience across the sector. Further detail on the Whole of Health Program is available at:

<http://www.health.nsw.gov.au/wohp/Pages/default.aspx>

Reducing Unwarranted Clinical Variation

Unwarranted Clinical Variation is variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance. Left unchecked it has the potential to reduce safety, quality, performance effectiveness and efficiency outcomes. The Reducing Unwarranted Clinical Variation Taskforce oversees the development and implementation of a system-wide approach to identify, address and reduce Unwarranted Clinical Variation (UCV).

<http://www.eih.health.nsw.gov.au/initiatives/reducing-unwarranted-clinical-variation-taskforce>

Integrated Care Strategy

The NSW Integrated Care Strategy continues to be a key priority for NSW Health in 2015/16. This is reflected in the *NSW State Health Plan: Towards 2021*. Announced in 2014, the Integrated Care Strategy aims to transform how healthcare is delivered in NSW, moving from a health system that is often hospital-centric and episodic to one where care is connected across different health and social care providers. A greater emphasis on preventative, primary and community-based services will better support people with long term conditions. A range of agencies and organisations including but not limited to Primary Health Networks, Aboriginal Community Controlled Health Services, Non-government organisations, consumer groups and general practice are critical in delivering our Integrated Care Strategy. Further detail on the Integrated Care Strategy is available at:

<http://www.health.nsw.gov.au/integratedcare/pages/default.aspx>

Public Specialist Outpatient Services

Ensuring timely access to public Specialist Outpatient Services across NSW is a key priority for NSW Health. In 2015/16 it is expected that Districts and Networks will continue to focus on improving the delivery of public Specialist Outpatient Services to ensure that they are:

- Responsive to community and individual needs.
- Delivery of the right care, in the right place, at the right time.
- Accessible, effective and sustainable.
- Enhancing the system as a whole to better integrate services across the continuum.
- Underpinned by evidenced-based standards of care that are contemporary, efficient and of a consistently high quality of care.

Living Well: A Strategic Plan for Mental Health in NSW 2014-2024

The Strategic Plan for Mental Health in NSW will involve extensive change to the way mental health is supported in the State. The Plan includes 141 actions for implementation by Health, Justice and Human Service agencies. The total approved funding of \$115 million over the first 3 years (2014/15-16/17) focuses on eight strategic priorities and 27 initiatives. The strategic priorities and initiatives build on, and align with, existing change and reform directions across the NSW Health system.

There are three critical elements of reform that will be the major focus of the first three years of the work program these include:

- **380 institutionalised clients** - implementing a phased program to transition long-stay hospital patients into community care (transitioning 100 patients in first 3 yrs).
- **Specialist clinical mental health services in the community** - filling service gaps and expanding community based mental health services, enhancing Whole Family Teams and continuing Community Integration Teams involving a number of agencies as key partners in delivery.
- **Community Living Supports** - Enhancing partnerships with NGOs to deliver health and psychosocial supports for consumers, as well as developing more effective pathways for all State Government agencies to access appropriate support for clients.

The Living Well: A Strategic Plan for Mental Health in NSW 2014-2024 is available at:

<http://www.health.nsw.gov.au/mentalhealth/Publications/living-well-strategic-plan.pdf>

Key Focus Areas for 2015/16

Reducing Smoking Rates Amongst Aboriginal populations

Ensuring an enhanced focus on tobacco control among Aboriginal populations is a key priority for 2015/16. The involvement of Districts and Networks in implementing enhanced activity in this area is critical to the achievement of State targets and will make a significant contribution to closing the gap. It is intended that Districts and Networks will:

- Implement the Quit for New Life program.
- Embed brief interventions to reduce tobacco consumption as part of core clinical practice, including access to nicotine replacement therapy where clinically indicated and referral to the Aboriginal quit line.
- Support tobacco control social marketing campaigns at the local level.
- Increase awareness of new outdoor smoking bans among Aboriginal communities.
- Establish partnerships with Aboriginal Community Controlled Health Services to ensure a strong focus on community engagement.
- Establish local performance monitoring strategies to assess progress toward targets.

Local Accountability and Clinician Engagement

As part of the devolution to Districts and Networks, strong clinician engagement, which ensures the involvement of clinicians in key decisions affecting patient care, is essential.

Consistent with a Joint Statement of Cooperation between the Minister for Health, Australian Medical Association (AMA) and Australian Salaried Medical Officers Federation (ASMOF), senior medical clinician engagement is an area of focus for both Districts/Networks and senior medical clinicians in the context of NSW Health performance management systems.

The AMA in conjunction with ASMOF will be undertaking regular surveys of senior medical staff. These surveys relate to the engagement of senior medical clinicians and the survey questions have been agreed with the Ministry.

The results of the AMA/ASMOF survey, together with the results of the NSW Health YourSay survey, will be considered as part of understanding and assessing performance of Districts and Networks.

Workplace Culture

A healthy and functional workplace culture is essential to facilitate the delivery of first class patient centred care. The further consolidation within our workforce of NSW Health's core values of Collaboration, Openness, Respect and Empowerment (CORE) continues to be a key focus area in 2015/16. Districts and Networks are to actively implement their local action plans developed in response to the first two YourSay Workplace Surveys. One measure of the effectiveness of these plans will be the third and final YourSay survey which was conducted in the first half of 2015. Improvements in Districts and Networks' Engagement and Workplace Culture Indices will be indicative of the effectiveness of culture improvement initiatives.

National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) will deliver a national system of disability support focused on the individual needs and choices of people with a disability. The NDIS is designed to provide people with a disability reasonable and necessary supports to achieve their goals and participate in the community both socially and economically. Under the new Scheme, funding for disability support will be allocated to each eligible individual, rather than a service provider, giving people control over the support they want as well as from whom they wish to purchase that support. Under the NDIS, investment in NSW for disability supports is expected to more than double in next five years to provide supports for around 140,000 people.

NSW Health is currently working with the National Disability Insurance Agency and the NSW Department of Family and Community Services to promote a seamless transition to the NDIS for people currently receiving disability services through the NSW health system. Local Health Districts (other than HNELHD and NBMLHD) will begin a phased transition starting in 2016. NSW Health is also working closely with the Department of Premier and Cabinet, the Commonwealth and other Health jurisdictions to agree on roles and responsibilities of different Agencies.

Further detail on the National Disability Insurance Scheme is available at:

<http://www.ndis.gov.au/>

Other Priority Plans and Initiatives

In addition to the whole of system priorities outlined above, a number of high priority plans and initiatives are in place to assist in achieving the overarching goals and priorities of the *NSW State Health Plan* including:

- Healthy, Safe and Well: A Strategic Plan for Children, Young People and Families 2014/24.
- Keep Them Safe — A Shared Approach to Child Wellbeing
- The NSW Aboriginal Health Plan 2013-2023
- National Maternity Services Plan
- National Primary Health Care Strategic Framework
- NSW Health Framework for Women's Health 2013
- National Drug Strategy and the COAG Roadmap on Mental Health Reform
- Oral Health 2020: A Strategic Framework for Dental Health
- NSW Health Professional Workforce Plan 2012 - 2022
- NSW Health Aboriginal Workforce Strategic Framework 2011 – 2015
- NSW Government Response to the NSW Health and Medical Research Strategic Review. 2012
- Strategic Plan for Mental Health
- NSW Healthy Eating and Active Living Strategy 2013-2018
- NSW HIV Strategy 2012-2015: A New Era
- Blueprint for eHealth in NSW
- NSW Tobacco Strategy 2012 – 2017
- Increasing Organ Donation in NSW: Government Plan 2012
- Advance Planning for Quality Care at End of Life: Action Plan 2-13-2018
- Essentials of Care - Strengthening the focus on the human elements in healthcare through the continued and sustained roll out of the Essentials of Care program.
- NSW Refugee Health Plan 2011-2016
- NSW Government Plan to Increase Access to Palliative Care 2012-2016
- NSW Health Carers (Recognition) Act Implementation Plan 2013 - 2016
- NSW State Disability Inclusion Plan (under development)
- NSW Pain Management Plan 2012-2016
- NSW Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures
- NSW Service Plan for People with Eating Disorders 2013-2018
- The NSW Health Aboriginal Family Health Strategy: Responding to Family Violence in Aboriginal Communities (2011-2016)

SCHEDULE B: Services and Facilities

This Schedule relates primarily to services and facilities under governance of, or supported by, the LHD. It also refers to the partnerships, collaborations or other significant relationships the LHD has with other organisations.

SECTION 1 - Service Planning and Provision

Local Health Districts and Specialty Health Networks have a responsibility to effectively plan their services over the short and long term to enable service delivery that is responsive to the health needs of their defined populations. It is noted that for a number of clinical services, the catchment population extends beyond the geographic borders of the local health district.

Generally, Local Health Districts and Specialty Health Networks are responsible for ensuring that relevant Government health policy goals are achieved through the planning and funding of the range of health services which best meet the needs of their communities (whether those services are provided locally, by other Local Health Districts, Specialty Health Networks and/or other providers).

Under the *Health Services Act 1997*, Boards have the function of ensuring that strategic plans to guide the delivery of services are developed for the local health district or specialty health networks, and for approving these plans.

Local Health Districts and Specialty Health Networks oversighted by their Boards have responsibility for developing the following Plans:

- Strategic Plan
- Health Care Service Plans
- Corporate Governance Plan
- Annual Asset Strategic Plan
- Operations/Business plans at all management levels of a Local Health District or Specialty Health Network.

Also, consistent with the Stakeholder Engagement principles set out in the *NSW Health Corporate Governance and Accountability Compendium*, effective and meaningful stakeholder engagement is fundamental to achieving the LHD's objectives in the planning, development and delivery of improved services and outcomes.

The Services set out below and those services listed in Schedule D, including the volume or level of each service, shall not be varied without the agreement of the Ministry.

SECTION 2 - Services and Facilities

Hospitals

FACILITY	ABF STATUS
Gosford Hospital	A, ED, NA, MH, S-A
Wyong Hospital	A, ED, NA, MH, S-A
Long Jetty Healthcare Centre	A, NA, S-A
Woy Woy Hospital	A, NA, S-A

Note: A = Acute; ED = Emergency Department; NA = Non Admitted; MH = Mental Health; S-A = Sub-Acute

Multipurpose Services

SERVICE
Not applicable

Community Health Facilities

FACILITY	
Citigate	Mangrove Mountain
Erina	Ngilyang
Gateway	Showground Road
Gosford Hospital Community Centre (Health Services Building)	Toukley
Kallaroo	Wallama
Kincumber	Woy Woy
Lake Haven	Wyong Central
Long Jetty	Wyong Community Health

Networked Services

The LHD is part of an integrated network of clinical services that aim to ensure timely access to appropriate care for all residents in NSW. Variation to these service provisions should not occur without prior agreement with the Ministry of Health. It is also recognised that some services continue to be provided through Hosted Service Agreements or Inter-District/Network Agreements. While these arrangements are in place, each District and Network will need to ensure appropriate services are maintained to the residents of their respective District or Network.

Nationally Funded Centres and Supra LHD Services

Nationally Funded Centres and Supra LHD Services are set out in Schedule D, Part B

Cross District Referral Networks

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

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) - (PD2010_021)
- Network for Adult Patients Requiring Specialist Care - (PD2011_031)
- Critical Care Tertiary Referral Networks (Paediatrics) - (PD2010_030)
- Critical Care Tertiary Referral Networks (Perinatal) - (PD2010_069)
- NSW Burn Transfer Guidelines - (IB2014_071)
- NSW Acute Spinal Cord Injury Referral Network - (PD2010_021)
- NSW Trauma Services Networks (Adults and Paediatrics) – (Selected Specialty and Statewide Service Plans: NSW Trauma Services, 2009)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)

Key Clinical Services provided to other Districts and Networks

The LHD is to ensure continued provision of access by other Districts and Networks as set out in Schedule D Part B. The LHD is also to ensure continued provision of access by other Districts, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

SERVICE	RECIPIENT LHDs/NETWORKs
Mental Health Telephone Access Line (MHTAL)	Northern Sydney LHD
Mental Health Intensive Care Unit (MHICU) Beds	Northern Sydney LHD
Child & Adolescent Beds	Northern Sydney LHD
Long Stay Beds Macquarie	Northern Sydney LHD
Mental Health Outcomes Assessment Tool (MHOAT) / Mental Health Information (MHIDP) Data	Northern Sydney LHD

Note that New South Wales prisoners are entitled to free inpatient and non-inpatient services in NSW public hospitals (PD2005_527 Prisoners – Provision of Medical Services). Further the LHD should:

- Operationalise the Service Level Agreement with the Justice Health & Forensic Mental Health Network for the management of forensic patients within the LHD as per the Forensic Mental Health Services Policy Directive PD2012_050
- Ensure successful implementation of the Forensic Mental Health Network as per PD2012_050

Non-clinical Services and Other Functions provided to other Districts and Networks

Where the LHD has the lead, or joint lead, role in provision of substantial non-clinical services and other functions (such as Planning, Public Health, Interpreter Services), continued provision to other Districts and Networks is to be ensured as set out in the following table.

SERVICE OR FUNCTION	RECIPIENT LHDS AND HEALTH SERVICES
Design & Print	Northern Sydney LHD

SECTION 3 - Organisations with which the LHD has partnerships, collaborations or other significant relationships

Affiliated Health Organisations

AHOs in receipt of Subsidies in respect of services recognised under the *Health Services Act 1997*:

AHO
Not applicable

Non-Government Organisations

NGOs under agreement with the LHD:

NGO
Drug & Alcohol <ul style="list-style-type: none">• Kamira Farm• Salvation Army - Selah Farm• Ngaimpie Aboriginal Corporation
AIDS <ul style="list-style-type: none">• Positive Support Network
Community Services, Women's Health & Health Transport <ul style="list-style-type: none">• Catholic Care Diocese of Broken Bay Pregnancy Counseling Service• Central Coast Women's Health Centre• Community Transport Central Coast Ltd.• Lifeline Central Coast• Wyong Shire Council
Mental Health <ul style="list-style-type: none">• Mental Health Carers Arafmi - Central Coast• Uniting Care Disability - Transition
Aged & Disabled/Carers <ul style="list-style-type: none">• Central Coast Community Care Association Ltd.

Primary Health Networks

Primary Health Networks with which the LHD has a relationship:

PRIMARY HEALTH NETWORK
Hunter New England and Central Coast NSW Primary Health Network

Other Organisations

Other organisations with which the LHD has a relationship:

ORGANISATION	NATURE OF RELATIONSHIP
Justice Health and Forensic Mental Health Network	Operationalise the Service Level Agreement with the Justice Health & Forensic Mental Health Network for the management of forensic patients within the LHD as per the Forensic Mental Health Services Policy Directive PD2012_050 Ensure successful implementation of the Forensic Mental Health Network as per PD2012_050

SECTION 4 - Community Based Service Streams

Districts and Networks will need to work in partnership with other local providers, including Non Government Organisations and private providers, to ensure Community Based Services are available in accordance with the needs of their population, with an increasing focus on the integration of primary, acute, aged and social care. Community Based Service Streams that are to be provided by the LHD to meet the needs of their patients and carers include:

- Antenatal and Postnatal Care Services
- Child, Youth and Family Services
- Chronic Care, Rehabilitation and Aged Health Services
- Mental Health and Drug & Alcohol Services, including Community-based Specialist Mental Health Services and Community-based Specialist Drug and Alcohol Services,
- Oral Health Services
- Priority Population and Carer Support Services

SECTION 5 - Population Health Services

In accordance with Section 10(i) of the *Health Services Act 1997*, one function of an LHD is to establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services. Districts and Networks will:

- Implement programs and policies to achieve NSW targets, focusing on:
 - Reducing smoking rates (both the Aboriginal and non-Aboriginal population).
 - Reducing smoking in pregnant women (both the Aboriginal and non-Aboriginal population).
 - Reducing overweight and obesity rates in children, young people, and adults
 - Reducing risk drinking.
 - Closing the gap in Aboriginal infant mortality.
- Implement *NSW HIV Strategy 2012-2015* with a focus on increasing HIV testing
- Implement *NSW Hepatitis B Strategy 2014-2020* with a focus on reducing the sharing of injecting equipment among people who inject drugs.
- Implement the *NSW Aboriginal Health Plan 2013-2023* with a focus on enhancing formal partnerships with local Aboriginal Community Controlled Health Services, and ensuring appropriate consultation in the development of local healthcare plans.
- Implement *Oral Health 2020: A Strategic Framework for Dental Health in NSW*.
- Implement strategies to support advance planning for quality care at end of life.
- Ensure local arrangements to support Public Health Units as part of the NSW Health Protection Service are in place to:
 - Support primary care providers to safely and effectively deliver the National Immunisation Program.
 - Deliver school based immunisation.
 - Undertake surveillance for, and respond to cases and outbreaks of communicable diseases.
 - Facilitate the reduction of health risks associated with environmental sources.

SECTION 6 - Aboriginal Health

Districts and Networks will work collaboratively with the Ministry of Health, NSW Kids and Families, other relevant Health Services, Support Organisations and Aboriginal Community Controlled Health Services to implement the *NSW Aboriginal Health Plan 2013-2023*.

To realise the vision of the Plan, it is essential to place the needs of Aboriginal people at the centre of service delivery, and to develop strong partnerships with Aboriginal communities and organisations. Every organisation within the health system has a unique and important role in improving Aboriginal health. To this end all services should reflect on utilisation by Aboriginal people and where data systems permit, the extent to which Aboriginal health outcomes comparable to those for non-Aboriginal people are being delivered.

Services specifically targeting Aboriginal people include:

- Aboriginal Maternal and Infant Health Service
- Building Strong Foundations for Aboriginal Children, Families and Communities (for some Districts/Networks)
- Teenage sexual and reproductive health services
- Chronic Care for Aboriginal People Program
- Early Referral into Treatment (Hepatitis C)
- Housing for Health (for some Districts/Networks)
- Oral health services

Services of the LHD specifically targeting Aboriginal people include:

- Chronic Care for Aboriginal People Program
- Aboriginal Health Promotion Strategy Priority Area

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

- Aboriginal Family Health Workers
- Ngaimpe Aboriginal Corporation
- Yerin Aboriginal Health Service Incorporated

Health Services and Support Organisations will continue to work towards achieving a minimum of 2.6% Aboriginal and Torres Strait Islander employment in the health system by 2015. A specific strategy will include continued participation in the Aboriginal Nursing and Midwifery Cadetship Program.

SECTION 7 - Teaching, Training and Research

In accordance with Section 10(m) of the *Health Services Act 1997*, one function of the LHD is 'to undertake research and development relevant to the provision of health services'.

Teaching and training functions are undertaken in the context of the *NSW Health Professionals Workforce Plan 2012-2022* and the workforce development requirements of the *NSW Health Corporate Governance and Accountability Compendium*.

Schedule C includes details of funding relating to teaching, training and research. The National Health Reform Agreement requires the Independent Hospital Pricing Authority to provide advice to Ministers on the feasibility of transitioning Teaching, Training and Research to activity-based funding by no later than 2018.

Teaching and Training

To be informed by the implementation of relevant strategies in the *NSW Health Professionals Workforce Plan* and the work program of the Health Education and Training Institute, including the agreed response to the Report into the Review of the HETI Medical Portfolio Programs: *Equipping NSW Doctors for Patient Centred Care: Review of Health Education and Training Institute Medical Portfolio Programs*.

Grow and support a skilled, competent and capable workforce

- Implement a LHD Education and Training Plan incorporating HETI Online modules and face to face courses.
- Ensure effective Information & Communication Technology infrastructure that adequately supports online education and training across the LHD.
- Work in partnership with HETI to ensure the District-HETI Operational Model is delivering District nominated education and training priorities.
- Ensure staff have learning plans that include learning resources from HETI Online
- Meet the HETI Workforce Distribution Formula for the number of LHD intern positions in line with planned growth in medical graduates, and the NSW Government's COAG commitment.
- Monitor expenditure and take-up of Training, Education and Study Leave across specialties and facilities.
- Ensure support for the provision of training and education for allied health professionals.
- Meet the NSW Ministry of Health reporting requirements for education and training programs for professional entry, for clinical, clinical support, administration and corporate staff in the public health system.
- Report the clinical placement hours provided by the LHD for professional entry students in Nursing & Midwifery, Medicine, Allied Health and Dentistry/Oral Health for reporting under the NPA.
- Implement and report against the *NSW Health Aboriginal Workforce Strategic Framework 2011-15, Good Health – Great Jobs* which includes and supports a variety of education and employment activities and the *Respecting the Difference Aboriginal Cultural Training Framework*.
- Implement the NSW Health Mandatory Training Classification System, including compliance monitoring
- Ensure staff managing new starters and teams use HETI-endorsed learning resources (Foundations Program).

Recognise the value of generalist and specialist skills

- Expand medical specialist training opportunities in line with current and future service requirements.
- Continue a Rural Generalist Training Pathway for proceduralist GPs (for LHDs covering rural areas).
- Expand generalist medical workforce including hospitalist and senior hospitalists utilising the Hospital Skills Program and Senior Hospitalist - Masters of Clinical Medicine.
- Establish new graduate and pre-registration trainee positions in allied health professions to meet future workforce need.

Develop effective health professional managers and leaders

- Co-lead the implementation of Financial Management Essentials training and meet LHD program targets in partnership with HETI.
- Implement the NSW Health People Skills Management Framework, and the NSW Health Leadership Framework.
- Implement the *NSW Health Education and Training Framework*.
- Participate in management and leadership development activity as mapped to the NSW Health People Skills Management Framework, and the NSW Health Leadership Framework.
- Participate in the development of a talent management framework.
- Support the development and implementation of the NSW Health Team Framework.
- Support the implementation of coordinated training for Medical administrators as part of the Royal Australian College of Medical Administrators training program.

Governance of medical education and training

- Ensure funds distributed to the LHD from the Ministry to provide specific support for the delivery of medical education and training are utilised for the purpose of medical education and training.
- In partnership with HETI, develop and implement the strategies agreed in response to the Review of the HETI Medical Portfolio Programs.
- Ensure all reporting and accreditation requirements are met in relation to HETI's responsibility for accreditation of hospitals and services in relation to Postgraduate Year 1 and Year 2 doctors.

Research

All research conducted within Districts and Networks is to be informed by the *NSW Health and Medical Research Strategic Review 2012*. The Strategic Review will also apply to major research facilities and organisations based within each District and Network. Districts and Networks should establish a governance oversight over health and medical research which should include executive leadership and may include a Research Committee, work with the Office for Health and Medical Research 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 LHDs.
 - Participating in the development of state-wide initiatives to improve collaboration and translation which will include *NSW Strategy for Health and Medical Research Hubs* and its related strategies.
- Implementing mechanisms to monitor and report on research activity within the LHD as required which will include reporting on research collaborations that add value to the LHD.
- Improving research administration by appropriately resourcing the research office (or equivalent) to undertake research ethics and governance functions.
- Implementing mechanisms to monitor and report on the activity of each Human Research Ethics Committee established under an LHD controlled entity, notably, ensuring research applications are reviewed, approved and tracked in accordance with NHMRC certification criteria.
- Establishment of appropriate governance structures for research entities within the LHD.

Major research facilities and organisations based within the LHD:

- LHD controlled entities – responsible to and governed by the LHD Board:
 - The CCLHD Research Committee and Board have re-established research governance in the LHD and have launched a strategic plan for research, which will set the Agenda for research within CCLHD for the next three years. A Research Manager has been appointed and a Research Office established. Processes for research governance (in compliance with the policies of the Office of Health and Medical Research (OHMR)) have also been established and implemented as has an Operational Research Committee.
 - CCLHD has a focus on (but is not limited to) clinical research that addresses the health burdens of the Central Coast and changes in health service delivery, with key research departments including Cardiology, Neurology, Haematology and Oncology.
 - CCLHD also has a high proportion of Quality Research and Clinical Practice Improvement projects.

- The recently opened Cancer Centre's at both Wyong and Gosford Hospital will also attract research and clinical trials in Radiation Oncology, with a number of trials already being submitted for recruitment from these sites.
- Affiliated with the LHD – Universities and other large entities:
 - CCLHD has affiliations with NSLHD as the two institutions have a shared Radiation Safety Officer. .
 - CCLHD does not have an Institutional Human Research Ethics Committee (HREC) however accepts the ethical review of any Lead NSW Human Research Ethics Committee as per the NSW Health Policy Directive on Research - Ethical & Scientific Review of Human Research in NSW Public Health Organisations (2010). It also accepts the HREC review of any accredited NSW, Queensland, South Australian or Victorian Committee in accordance with the Memorandum of Understanding between the four states for the mutual acceptance of the ethical and scientific review of multi-centre clinical trials (undertaken in public health organisations).o CCLHD is in the process of establishing a Sub-Committee of the Operational Research Committee to review both Quality Assurance projects and single site research projects that are exempt from ethical review in accordance with the National Statement on Ethical Conduct in Human Research .
 - As a teaching hospital CCLHD has strong affiliations with the University of Newcastle (UoN) particularly for conjoins and PhD students and hosts the UoN's Teaching and Research Unit on site. The Teaching and Research Unit currently provides support for research by resourcing a Statistician for CCLHD researchers.
 - Through the strategic planning process CCLHD is currently identifying the external stakeholders it should align itself with to further foster research in the LHD and increase its research capacity and capabilities. In the early stages of this process Central Coast Medicare Local, UoN, Cancer Institute NSW, the OHMR, ACI and the National Health and Medical Research Council (NHMRC) have all been identified as key partners who will enable this process
- Independent Medical Research Institutes within the LHD, not controlled by the LHD:
 - N/A

SECTION 8 – Provision of State Wide Support Services

The following Support Organisations provide support services to Districts and Networks:

HealthShare NSW

HealthShare NSW is a unit of the Health Administration Corporation providing shared services to the NSW Health system. HealthShare NSW provides corporate services including finance, procurement, logistics, human resources and payroll, linen, meals and other associated services necessary for the day to day operations of public hospitals and other facilities.

eHealth NSW

eHealth NSW is a unit of the Health Administration Corporation providing shared services to the NSW Health system. eHealth NSW undertakes Information Communications Technology (ICT) services on a statewide level.

NSW Health Pathology

NSW Health Pathology provides public pathology services to the NSW Health system and the communities of NSW. NSW Health Pathology provides a range of diagnostic and clinical services to meet the needs of Districts and Networks and is committed to working closely with Districts and Networks to improve the quality, timeliness and value of pathology services. The configuration of services and the agreed strategies to enhance service provision are articulated in the Customer Charter of Services developed by the relevant pathology network in consultation with Districts and Networks.

Charges for the support services provided by the Support Organisations are incorporated into this Service Agreement. Details of the charges will be provided annually in a pricing booklet specific to the District or Network, and services will be delivered within the timeframes and standards specified in the Support Organisation's service catalogue.

SCHEDULE C: Budget

Part 1

Central Coast LHD - Budget 2015/16									
2015/16 BUDGET									
	A	B	C	D	E	F	G	H	I
	Target Volume (NWAU16)	Volume (Admissions & Attendances) Indicative only	State Price per NWAU16	LHD/SHN Projected Average Cost per NWAU16	Initial Budget 2015/16 (\$ '000)	2014/15 Annualised Budget (\$ '000)	Variance Initial and Annualised (\$ '000)	Variance (%)	Volume Forecast 2014/15 (NWAU15)
Acute Admitted	66,506	74,626			\$300,260	\$281,636	\$18,624		63,844
<i>Incl. additional elective surgery, additional activity from ED Short Stay Unit & additional demand renal dialysis services</i>									
Emergency Department	16,080	123,440			\$72,588	\$68,944	\$3,645		15,625
Non Admitted Patients ^a	24,205	453,630	\$4,569	\$4,513	\$95,687	\$92,140	\$3,547		23,879
Total	106,791	657,095			\$468,636	\$442,720	\$26,816	5.8%	103,348
Sub-Acute Services - Admitted	8,622	6,503			\$38,917	\$37,338	\$1,579		8,460
Sub-Acute Services - Non Admitted ^a	1,149				\$4,531	\$4,433	\$98		1,149
Total	9,771	6,503			\$43,447	\$41,771	\$1,676	4.0%	9,609
Mental Health - Admitted (Acute and Sub-Acute)	5,813	1,839	\$4,569	\$4,513	\$26,236	\$25,379	\$857		5,749
Mental Health - Non Admitted ^a	9,423	162,866			\$27,864	\$26,791	\$1,074		9,320
Total	15,237	164,705			\$54,100	\$52,169	\$1,931	3.7%	15,069
Block Funding Allocation									
Block Funded Services In-Scope - Teaching, Training and Research									
Total									
E State Only Block Funded Services Total						\$68,091	\$66,626		
Transition Grant					\$4,126	\$31,760	\$699		
Total Transition Grant (excluding Mental Health)^b					\$4,126	\$31,760	\$699	2.2%	
G Gross-Up (Private Patient Service Adjustments)					\$17,730	\$17,349	\$382		
Provision for Specific Initiatives & TMF Adjustments (not included above)									
Election Commitment - Additional Nursing, Midwifery and Support positions					\$398				
Election Commitment - Enhancement of Pain Management Services in Rural Areas					\$160				
iProcure Implementation					\$57				
Commonwealth Dental (NPA)					\$2,794				
Implementation of Regional Assessment Service					\$777				
Radiation Oncology Medical Physics (ROMP) Registrar Training Positions					\$105				
TMF Premiums Adjustments					\$107				
Total					\$4,398		\$4,398		
I SP&T Expenses					\$1,877	\$1,877			
J Depreciation (General Funds only)					\$26,690	\$26,690			
K Total Expenses (K=A+B+C+D+E+F+G+H+I+J)					\$720,354	\$683,898	\$36,456	5.3% ^c	
L Other - Gain/Loss on disposal of assets etc					\$191	\$191			
M LHD Revenue					-\$700,066	-\$658,649	-\$41,416		
N Net Result (N=K+L+M)					\$20,479	\$26,440			

General Note:

- ABF Growth is funded at 100% of State Price

^aNote: See Notes and Glossary for calculation of Non Admitted Budget

^bNote: Part of the Acute and ED transition grant has been used to fund growth (see Schedule C glossary)

^cNote: The District/Network expense growth, excluding the growth component of the continuing Dental Service National Partnership Agreement (NPA), is 5.0%

Part 2

		2015/16
Central Coast LHD		\$ (000's)
<u>Government Grants</u>		
A	State Subsidy	-\$489,615
B	In-Scope Services - Block Funded	-\$29,430
C	Out of Scope Services - Block Funded	-\$65,725
D	Capital Grants (incl. RMR>\$10k)	-\$5,090
E	Crown Acceptance (Super, LSL)	-\$14,750
F	Total Government Contribution (F=A+B+C+D+E)	-\$604,610
<u>Own Source revenue</u>		
G	GF Revenue	-\$93,313
H	SP&T Revenue	-\$2,143
I	Total Own Source Revenue (I=G+H)	-\$95,456
J	Total Revenue (J=F+I)	-\$700,066
K	Total Expense Budget - General Funds	\$718,478
L	SP&T Expense Budget	\$1,877
M	Other Expense Budget	\$191
N	Total Expense Budget as per Attachment C Part 1 (N=K+L+M)	\$720,545
O	Net Result (O=J+N)	\$20,479
<u>Net Result Represented by:</u>		
P	Asset Movements	\$24,283
Q	Liability Movements	-\$3,804
R	Entity Transfers	
S	Total (S=P+Q+R)	\$20,479
Note:		
A minimum weekly cash reserve of \$2.4m has been calculated to represent around 4 days of LHD-related cash expenses (after depreciation, MOH holdbacks and crown acceptance).		
The Ministry will use this value to monitor the level of cash on hand during the year. This calculated minimum weekly cash reserve excludes amounts where LHDs/SHNs have requested use of prior-year accumulated general fund cash balances to be applied to LFI capital works in 2015/16. This 'capital cash', where LHDs/SHNs have provided estimates for use during 2015/16, will be retained by LHDs/SHNs so that it is available to be applied for that purpose.		
The weekly minimum cash reserve has been calculated to include a level of own source revenues which would generally be on hand and available to LHDs plus MOH subsidy to be provided up to the weekly minimum reserve calculations.		

Schedule C Part 2

Part 3

2015/16 Shared Services & Consolidated Statewide Payment Schedule				
Schedule C Part 3	Central Coast LHD		\$ (000's)	
	HS Charges	HS Service Centres		\$2,626
		HS Service Centres Warehousing		\$9,652
		HS Enable NSW		\$1,458
		HS Food Services		\$13,018
		HS Linen Services		\$4,090
		HS Recoups		\$3,680
		HS Non Emergency Patient Transport (NEPT)		\$314
		Total HSS Charges		\$34,839
	eHealth	HS Corporate IT		\$1,113
		HS Information Services SPA		\$3,235
		Total eHealth Charges		\$4,348
	IH Transports	Interhospital Ambulance Transports		\$2,944
		Interhospital Ambulance NETS		\$67
		Total Interhospital Ambulance Charges		\$3,011
		Interhospital NETS Charges - SCHN		\$128
	Payroll	Total Payroll (including SGC, Excluding LSL & PAYG and allowance for 27 secondary pays)		\$353,268
	Loans	MoH Loan Repayments		
		Treasury Loan (SEDA)		
		Total Loans		
Other Miscellaneous	Superannuation (Pillar)		\$27,000	
	Blood and Blood Products		\$5,599	
	SES Wages		\$1,107	
	NSW Pathology		\$15,980	
	Compacts		\$1,120	
	TMF Insurances (WC, MV & Property)		\$8,248	
	Energy Australia		\$4,316	
	Total		\$458,964	
Note:				
This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHD's and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends.				

Part 4

2015-16 National Health Funding Body Service Agreement - Central Coast LHD

Period: 1 July 2015 - 30 June 2016

Schedule C Part 4		National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution
	Acute	63,475	
	ED	15,484	
	Mental Health	5,815	
	Sub Acute	8,308	
	Non Admitted	22,921	
	Activity Based Funding Total	116,003	
Block Funding Total		\$21,591,953	
Total	116,003	\$21,591,953	

Notes and Glossary

OVERVIEW

For 2015/16, NWAU15 is the applicable currency and differs significantly from the previous year's NWAU14. This is because the Independent Hospital Pricing Authority (IHPA) introduced a number of significant changes in the patient classifications used for Activity Based Funding (ABF). Direct comparison between NWAU15 price and activity to last year's NWAU14 is therefore not applicable. Further technical information will be available in the NSW Activity Based Management (ABM) and Activity Based Funding (ABF) Compendium 2015/16.

As per previous State Price Determinations, the State Price has been informed by the most recent full year costing study, being 2013/14 submitted by all LHD/SHNs. These have been subject to improved QA processes. Noticeably, there have been a number of improvements in the capturing and reporting of activity as well as cost allocation methodologies. Continual focus is being applied to these areas and is expected to further improve through the implementation of local mandatory Districts and Network Returns (clinical costing) Audit Programs and Reasonableness and Quality testing processes.

The following notes relate to the specific elements of the Schedule C tables:

SCHEDULE C - PART 1

ROW SECTIONS A AND B – ABF EXPENDITURE ALLOCATION

Activity targets for Acute, Emergency Department and Sub-Acute are used to set the ABF budget for these service streams. The value of the NWAU is multiplied against the lower of either the LHD/SHN's projected average cost or the State Price to calculate the expense budget for each category.

As per prior years, the projected average cost has been calculated for all streams, excluding Non-Admitted Patient. Due to the changes introduced with the NWAU15, Mental Health Sub Acute and Ungrouped Sub-Acute services have also been excluded from the projected average cost calculation, as from 1 July there will not be any price weights for these services. This is predicated on the expectation that the former Ungrouped Sub-Acute activity will be grouped to an appropriate AN-SNAP from 1 July 2015. The activity targets have been set on this basis.

Consistent with last year's approach, growth funding has been provided at full State Price for all LHD/SHNs. For LHD/SHNs where the projected average cost has been applied, the expense budget for each category represents the sum of multiplying the base activity by the projected average cost and the growth activity by the state price.

Activity targets for Non-Admitted Services are used to set the budget allocation for Non-Admitted services and are multiplied by the average cost from the Non-Admitted patient level costing results. This is consistent with last year's approach. Whilst significant improvements have been observed in the collection of patient level data for Non-Admitted services a level of volatility in the data is still remaining.

The Non-Admitted patient level costs and funding will be included in the State Price and Transition Grants calculation from 2016/17. LHDs/SHNs are encouraged to review their activity coverage and cost allocation methodologies in preparation for the following financial year.

ROW SECTION C – MENTAL HEALTH SERVICES

This section reflects the budget allocation for Mental Health Services whether funded on an ABF basis or through specific block funding. The principles for funding the ABF component are consistent with those described above for all other ABF services. A small number of standalone psychiatric hospitals have continued to be block funded as they did not meet the criteria for IHPA's small hospitals methodology.

From 2015/16, Mental Health Non-Admitted services will be shadow funded using NSW Mental Health Non Admitted Interim classification. This interim classification has been developed in consultation with clinicians. Implementation of the interim classification aims to improve counting and costing processes in anticipation for the national mental health classification, which is currently being developed by IHPA. This change will also improve transparency of funding allocation and remove barriers to transfer activity between admitted and non-admitted settings. For 2015/16, LHDs/SHNs are funded at their Mental Health Non Admitted average cost calculated using this classification. The overall funding for the stream is not impacted as this is a shadow funding model.

As in previous years, a separate transition grant has been identified for Mental Health Admitted stream to maintain the visibility of Government funding commitments for these services. Any Mental Health Transition grant in this section has been calculated in accordance with the principles described below (refer to Row Section F).

It is important to note that some Mental Health resources are also included in row section D which contains Mental Health services resources allocated to Block Funded Hospitals (Small Hospitals) and Teaching, Training and Research and row section E which contains Mental Health services resources deemed to be out of scope for the National Health Reform Agreement (NHRA), such as some child and adolescent services.

ROW SECTION D – BLOCK FUNDING ALLOCATION

Block Funded Hospitals (Small Hospitals). For 2015/16, and consistent with the previous year, NSW has adopted the mechanics of the funding model developed by IHPA for Block Funded Hospitals, informed by more recent NSW clinical costing data.

Block Funded Services "In Scope" includes Teaching, Training and Research as defined by IHPA.

ROW SECTION E – STATE ONLY BLOCK FUNDED SERVICES

These include State based services that are not subject to Commonwealth funding contribution under the NHRA. They include a number of population, aboriginal health and community based services.

ROW SECTION F – TRANSITION GRANT

Transition grants have again been applied for 2015/16 using the same methodology as previous years. Transition grants are in place when an LHD/SHN reports a projected average cost (as defined above) exceeding the State Price.

Acute and Emergency Department

Consistent with the previous year, LHD/SHNs with Acute and/or ED transition grants are required to utilise a proportion of their transition grant to fund growth in activity. The method of calculating the amount of transition grant to be applied to growth is as follows:

1. Where the transition grant exceeds 1% of the overall ABF budget of a LHD/SHN, a maximum of 50% of the growth funding for Acute and Emergency Department has been funded through a reduction in the transition grant.
2. Where the transition grant did not exceed 1% of the overall ABF budget of a LHD/SHN, 100% of the transition grant has been made available to fund the growth for Acute and ED subject to a maximum of 50% of the growth been funded through a reduction in the transition grant.
3. Where an LHD/SHN is in their second year where the Transition Grant is applied to growth, the total amount that is applied to growth funding will be capped at the previous year's amount.

The application of these principles has been reflected in the table below:

Application of Transition Grant to Growth	2015/16 NWAU15 \$ (000's)	2015/16 Applied to Growth \$ (000's)	15/16 Final as per Sch C \$ (000's)
Acute Admitted			
Emergency Department			
Non Admitted (including Sub-Acute Non Admitted)	\$4,126		\$4,126
Sub-Acute Admitted			
Mental Health - Admitted (Acute and Sub-Acute)			
Block Funded Hospitals (Small Hospitals)			
Total:	\$4,126		\$4,126

Sub-Acute and Mental Health (Admitted)

Calculations for Sub-Acute and Mental Health - Admitted services' transition grants have been based on the same principle described above.

Non-Admitted

Calculations for Non Admitted Services' transition grant have been based on the same principle described above, but using your LHD's projected average cost for patient level costing for Non Admitted Services against the state average cost for Non Admitted services.

Block Funded Hospitals

The calculation for Block Funded Hospitals' transition grant is the difference between the overall funding calculated for your LHD's small hospitals, and the aggregate projected cost calculated based on your 2013/14 clinical costing results.

ROW SECTION G – GROSS-UP (PRIVATE PATIENT SERVICE ADJUSTMENT)

Gross-Up (Private Patient Service Adjustments) is the calculated value of private patient revenue for accommodation and prostheses (which is included in the NWAU calculation as a 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.

Gross-Up (Private Patient Service Adjustments)	\$ (000's)
Acute Admitted	\$15,388
Sub-Acute Admitted	\$1,496
Mental Health - Admitted (Acute and Sub-Acute)	\$846
Total:	\$17,730

ROW SECTION H – PROVISION FOR SPECIFIC INITIATIVES

Treasury Managed Fund Benchmark (Budget) Adjustments

The Treasury Managed Fund provides workers compensation, motor vehicle and property liability insurance cover for all reporting entities within NSW Health, including LHD/SHNs.

Each year NSW Treasury sets an insurance benchmark budget for NSW Health which covers all of the insurance policies (i.e. workers compensation etc.) held on behalf of Districts and other reporting entities.

The 2015/16 insurance TMF budget has resulted in a reduction for reporting entities within NSW Health. For some LHD/SHNs, depending upon claims performance under these insurances, the budget reduction is matched by a reduction in the actual premium payments for the 2015/16 year.

COLUMN E - INITIAL BUDGET 2015/16

Schedule C sets out the key budget elements linking activity and service streams to funding. In line with our devolved health system governance, your LHD has the flexibility to determine the application and reconfiguration of resources between service streams within this framework that will best meet your local needs and priorities. The LHD is also responsible for determining the allocation of activity and budgets to its individual hospitals and other services, noting the state-wide priorities identified in Part A of this Service Agreement.

SCHEDULE C – PART 2

The 2015/16 Revenue Budget for each LHD results from normal price and volume increases as well as a performance factor and other amendments.

The performance factor is based on;

- a) LHD's private patient performance and requires each LHD to achieve a designated target in relation to revenue generation performance, as discussed during service agreement negotiations in early 2015.
- b) Increased revenue through an LHD's capture of compensable patients who have been incorrectly classified as public

SCHEDULE C – PART 3

This schedule represents the estimated 2015/16 shared services and consolidated payments summary.

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

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

Note: State Superannuation (Pillar) payments are now managed by HealthShare.

Interhospital Transports relate to services provided on behalf of LHD/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 2015/16.

Note: Payroll does not include LHD/SHN PAYG tax liability nor does it include LHD/SHN contractors and VMO monthly payment requirements.

Other Miscellaneous includes a range of other matters dealt with under this schedule. These include items such as the provision of pathology services, or third party contract and or administrative arrangements, 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 and ACRBS blood supply). 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/SHNs on a monthly basis to support these consolidated vendor payments.

SCHEDULE C – PART 4

National Health Funding Body Service Agreement

This section represents the initial activity advice being provided by the State Manager (i.e. Ministry of Health) as a system manager to the National Health Funding Body (NHFB) to enable the calculation and payment of the Commonwealth contribution.

Only the activity reported in this schedule C Part 4 is subject to Commonwealth contribution under the NHRA.

SCHEDULE D, Part A: Service Volumes and Levels

Note:

- Selected Schedule D measures also serve as Performance Measures in Schedule E
- See also Schedule D - Part B: Nationally Funded Centers and Supra LHD Services
- NWAU = National Weighted Activity Units.
- Ind Spec = Targets to be individually specified for each Health Service

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Acute Inpatient Services				
AI-001	Acute Inpatient Services	NWAU	66,506	<p>Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Acute Inpatient services</p> <p>Rationale for Target: To ensure that services purchased under the agreement are delivered.</p>
Surgical Services				
SURG-001	Elective Surgery - Admissions from Elective Surgery Waiting List	Number	10,363	<p>Definition of Activity Measure: Total number of surgical patients in the NSW Ministry of Health Waiting Times Collection who have been admitted for treatment within the reporting period.</p> <p>Rationale for Target: To ensure that appropriate volume of Elective surgery is provided.</p>
SURG-002	Planned Paediatric Surgery – Paediatric Admissions from Elective Surgery Waiting List	Number	750	<p>Definition of Activity Measure: Total number of Paediatric surgical patients in the NSW Ministry of Health Waiting Times Collection who have been admitted for treatment within the reporting period. This is a component of SURG-001.</p> <p>Rationale for Target: To ensure that appropriate volume of Elective surgery is provided to children.</p>
Emergency Department Services				
ED-001	Emergency Department Services	NWAU	16,080	<p>Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Emergency Department services</p> <p>Rationale: Major determinant of LHD funding</p>

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Sub Acute Services				
SA-001	Sub and Non Acute Inpatient Services - All	NWAU	8,622	<p>Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Sub and Non Acute Inpatient services</p> <p>Rationale: Major determinant of LHD funding</p>
SA-002	Sub and Non Acute Inpatient Services – Palliative Care Component of SA-001	NWAU	346	<p>Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all the Palliative Care (a component of SA-001 all Sub and Non Acute Inpatient Services). This is a component of SA-001.</p> <p>Rationale: Major determinant of LHD funding</p>
Non Admitted Patient Services				
NA-001	Non Admitted Patient Services - Tier 2 Clinics	NWAU	20,935	<p>Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Non Admitted service events provided in Tier 2 clinics</p> <p>Rationale: Major determinant of LHD funding</p>
Public Dental				
PD-001	Public Dental Clinical Service – Total Dental Activity	Dental weighted activity unit (DWAU)	15,693	<p>Definition of Activity Measure: A Dental Weighted Activity Unit (DWAU) is a Commonwealth measure based on the relative value of treatment provided in dental appointments. 1 DWAU is the equivalent of 11 dental examination items (ADA item number 011). The Commonwealth have a code set of allowable ADA treatment items with relative weighting against the index value of the 011.</p> <p>Rationale: Targets are based on the historical target and the state efficient price for dental services, which is the Department of Veteran's Affairs fee schedule equivalent price for a DWAU 2013-14.</p>

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Mental Health Drug & Alcohol Services				
MHDA-001	Mental Health Inpatient Activity: Acute Inpatients	NWAU	5,582	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Mental Health Acute Inpatient services Rationale: Major determinant of LHD funding
MHDA-003	Mental Health Inpatient Activity: Non Acute Inpatients	NWAU	231	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Non Acute Mental Health Inpatient services Rationale: Major determinant of LHD funding
MHDA-005	Mental Health Non Admitted services	NWAU	9,423	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for service events provided in Mental Health Tier 2 clinics. This is a component of NA-001. Rationale: Major determinant of LHD funding.
MHDA-006	Drug & Alcohol Withdrawal Management (Inpatient and Outpatient)	Number	760	Definition of Activity Measure: Total Number of Drug & Alcohol Withdrawal Management Closed Treatment Episodes delivered by Public Health administered Drug & Alcohol services (in the period) Rationale: Six year average 2008/09 to 2013/14 Notes on Calculation of Target: Six year average 2008/09 to 2013/14
MHDA-007	Drug & Alcohol Counselling, Outpatient Consultation and Support and Case Management	Number	902	Definition of Activity Measure: Total Number of Drug & Alcohol Outpatient Consultation Closed Treatment Episodes delivered by Public Health administered Drug & Alcohol services (in the period) Rationale: Six year average 2008/09 to 2013/14 Notes on Calculation of Target: Six year average 2008/09 to 2013/14
MHDA-008	Opioid Treatment Program (OTP)	Number	722	Definition of Activity Measure: Opioid Treatment Program (OTP) total number dosed or prescribed in a public health program (in the period) Rationale: Six year average 2008/09 to 2013/14 Notes on Calculation of Target: Six year average 2008/09 to 2013/14

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Other Services				
PI-01	Pain Management Services	NWAU	N/A	<p>Definition of Activity Measure: NWAU volume relates to funding provided under NSW Pain Management Plan 2012-16 to support patient care.</p> <p>Rationale: To ensure that new funding provided under the Plan enables a greater volume of pain services to be provided. This target relates only to the new investment and does not include activity related to historical investment in the 11 Tier 3 services.</p> <p>Notes on Calculation of Target: Based on funding provided under the NSW Pain Management Plan 2012-16 to support patient care, i.e., not including funding provided for Training, Education and Research</p> <p>Additional notes: LHDs with Tier 3 and/or Tier 2 Pain Management Services to maintain all services in 2015/16, including those provided through enhancement. Tier 3 services funded to support Tier 2 services are to continue to support these services".</p> <p>Definition of Activity Measure: Number of community care packages (ComPacks).</p> <p>Rationale: To support a safe discharge from hospital, reduce a patient's unnecessary length of time in hospital and prevent avoidable readmission. Reference document: NSW ComPacks Program Guidelines and Resources - March 2011</p> <p>Notes on Calculation of Target: Targets are based on each LHD's/Network's ComPacks budget and are subject to the approved CPI percentage release of 30 June 2015.</p> <p>Additional Notes: ComPacks are non-clinical case-managed community care packages available for people being transferred home from a participating New South Wales Public Hospital. Each package is available for up to 6 weeks from the package start date.</p>
PI-02	ComPacks - Packages	Number	818	

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Other Services				
PI-03	Hospital in the Home (HITH) – Acute Separations	Number	996	<p>Definition of Activity Measure: The number of overnight Bed Type 25 acute separations, as a measure of the number of patients receiving acute care through Hospital in the Home, as a substitution of hospitalisation.</p> <p>Rationale: To increase the number of people who receive acute clinical care (hospital substitution) in their home and ambulatory settings to reduce hospitalisations. To reduce demand on inpatient hospital services, as per GL2013_006 NSW Hospital in the Home (HITH) Guideline.</p> <p>Notes on Calculation of Target Target based on a % increase from 2013/14 baseline – Bed Type 25 acute overnight separations</p> <ol style="list-style-type: none"> LHDs performing above State average of 2.3%*, target set 2% (in line with escalation) above baseline separations LHDs performing below State average, target set at State average of 2.3% of total acute overnight separations <p>The NWAU value for Hospital in the Home is in Acute Admitted *State average HITH substitution rate: Numerator = Number Bed Type 25 acute overnight separations Denominator = Total Local Health District / Speciality Health Network acute overnight separations</p>
HBD-1	Home Based Dialysis - Peritoneal Dialysis	%	30	<p>Definition of Activity Measure: 30 per cent of all dialysis patients to be home peritoneal dialysis</p> <p>Rationale: NSW Statewide Renal Dialysis Service Plan</p>
HBD-2	Home Based Dialysis – Haemo-dialysis	%	20	<p>Definition of Activity Measure: 20 per cent of all dialysis patients to be home haemodialysis</p> <p>Rationale: NSW Statewide Renal Dialysis Service Plan</p>
RTX	Radiotherapy	Courses (new and re-treat)	700	<p>Definition of Activity Measure: Number of new and re-treatment patients treated with radiotherapy.</p> <p>Rationale for Target: Planning target of 414 courses per linac based on agreed national planning parameters. Minimum 350 courses per linac. The minimum target has been considered in relation to the average number of courses per linac for public sector services in 2013. Further, services at individual sites are to be at a level not less than activity in 2014/15.</p> <p>Additional notes: Gosford Cancer Care Centre (2 linacs)</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-006	School based immunisation program - Year 7 students receiving 3rd dose of human papillomavirus vaccine	%	75	<p>Definition of activity: The percentage of year 7 students receiving 3rd dose of human papillomavirus vaccine through the NSW Adolescent Vaccination Program.</p> <p>Rationale for target Provision of school based immunisation services.</p> <p>Notes on Calculation of Target This is an indicator of how well LHDs are implementing school based immunisation, a high priority public health activity.</p>
PH-007a	Organ and Tissue donation – Family requested	%	100	<p>Definition of Activity Measure: The percentage of potential donors where the family is requested to consider organ and tissue donation</p> <p>Rationale: <i>Increasing Organ Donation in NSW Government Plan 2012 endorses this nationally agreed target.</i></p>
PH-007b	Organ and Tissue donation – Family consented	%	75	<p>Definition of Activity Measure: The percentage of cases where the family consents to organ and tissue donation</p> <p>Rationale: <i>Increasing Organ Donation in NSW Government Plan 2012 endorses this nationally agreed target.</i></p>
PH-008a	Healthy Children's Initiative - Children's Health Eating and Physical Activity Program (centre based children's service sites) - Adopted	%	70	<p>Definition of Activity Measure: The percentage of centre-based children service sites that have adopted the Children's Healthy Eating and Physical Activity specific program practices to agreed standard by June, 2016.</p> <p>Rationale: Priority in the NSW State Plan and to support the relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013 to 2018).</p> <p>Notes on Calculation of Target The percentage of Early Childhood Service (ECS) sites that have adopted the Children's Healthy Eating and Physical Activity specific program practices to an agreed standard in 2015/16.</p>
PH-008b	Healthy Children's Initiative – Children's Healthy Eating and Physical Activity Program (primary school sites) - Adopted	%	70	<p>Definition of Activity Measure: The percentage of trained primary school sites that have adopted the Children Healthy Eating and Physical Activity specific program practices to agreed standard by June, 2016.</p> <p>Rationale: Priority in the NSW State Plan and to support the relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013 to 2018).</p> <p>Notes on Calculation of Target The percentage of trained primary school sites that have adopted the Children's Healthy Eating and Physical Activity specific program practices to an agreed standard in 2015/16.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-008c	Healthy Children's Initiative - Targeted Family Healthy Eating and Physical Activity Program - Enrolments	Number	160	<p>Definition of Activity Measure: The number of overweight/obese children 7-13 years old who enroll in the Targeted Family Healthy Eating and Physical Activity Program.</p> <p>Rationale: Priority in the NSW State Plan and to support relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013-2018).</p> <p>Notes on Calculation of Target New Volumes provided for 2015/16. Volumes have been derived from an average of 12 participants per group for metropolitan LHDs, 10 participants per group for regional LHDs and 8 participants per group for rural LHDs.</p> <p>Participants are defined as the number of enrolments in the Targeted Family Healthy Eating and Physical Activity Program who attend one or more program sessions.</p> <p>Definition of Activity Measure: The percentage of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity Program complete 3 or more program sessions.</p> <p>Rationale: Priority in the NSW State Plan to support relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013-2018).</p> <p>Notes on Calculation of Target Numerator: Number of overweight/obese children 7-13 years old who complete three or more sessions, as per the once per week delivery model of the Targeted Family Healthy Eating and Physical Activity Program. Denominator: Number of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity. New volumes provided for 2015/16.</p>
PH-008d	Healthy Children's Initiative - Targeted Family Healthy Eating and Physical Activity Program - Completion	%	85	

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-009	Needle and Syringe Program - Sterile needles and syringes distributed	Number	637,578	<p>Definition of Activity Measure: Number of sterile needles and syringes distributed in the last 12 months via the NSW public sector Needle and Syringe Program outlets.</p> <p>Rationale: The NSW Government has committed to sustaining the virtual elimination of HIV transmission among people who inject drugs as per the NSW HIV Strategy 2012 – 2015 and to reducing the sharing of injecting equipment in the NSW Hepatitis B and Hepatitis C Strategies 2014-2020.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-010a	Publicly funded sexual health services - HIV testing – Increased Number of Tests	%	10	<p>Definition of Activity Measure: The percentage increase in HIV tests provided in publicly-funded HIV and sexual health services in the 2015/16 financial year in relation to the 2014/15 financial year.</p> <p>Rationale: NSW Government has committed to increase HIV testing as per <i>NSW HIV Strategy 2012-2015</i>. Target indicates expected increase in relation to activity.</p> <p>Notes on Calculation of Target Numerator: The difference between 2015/16 and the 2014/15 reporting period in HIV tests. Denominator: The total number of HIV tests in the 2014/15 reporting period. The percentage increase required in HIV tests in publicly-funded HIV and sexual health services in the last 12 months in relation to 2014/15 activity.</p>
PH-010e	Publicly funded sexual health services -STI testing/treatment/management - occasions of service	Number	1,350	<p>Definition of activity measure: The number of non-admitted occasions of service within publicly funded HIV and sexual health services that are for STI testing, treatment or management of a specified diagnosed condition in the last 12 months.</p> <p>Rationale: The NSW Government is committed to increasing the number of people accessing STI testing and treatment services. STIs are a significant source of morbidity in NSW and play an important role in facilitating HIV transmission.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-010f	Publicly funded sexual health services - STI testing/ treatment/ management (Aboriginal)	%	5.26	<p>Definition of Activity Measure: The percentage of non-admitted services within publicly-funded HIV and sexual health services that are for STI testing, treatment or management of a specified diagnosed condition provided to Aboriginal people in the last 12 months.</p> <p>Rationale: Increase the proportion of Aboriginal people accessing STI testing and treatment services as notification rates are substantially higher within the population.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-010g	Publicly funded sexual health services - STI testing/treatment/ management (gay men)	%	25.26	<p>Definition of Activity Measure: The percentage of non-admitted services within publicly-funded HIV and sexual health that are for STI testing, treatment or management of a specified diagnosed condition provided to gay men and other homosexually active men in the last 12 months.</p> <p>Rationale: Increase the proportion of gay men accessing STI testing and treatment services as notification rates are substantially higher within the population.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-010h	Publicly funded sexual health services - STI testing/ treatment/ management (sex workers)	%	6.37	<p>Definition of Activity Measure: The percentage of non-admitted services within publicly-funded HIV and sexual health that are for STI testing, treatment or management of a specified diagnosed condition provided to sex workers in the last 12 months.</p> <p>Rationale: Increase the proportion of sex workers accessing STI testing and treatment services because this population has a significantly higher number of sexual encounters compared with the general population.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-011a	Get Healthy Information and Coaching Service - Increase in Service participants	%	20	<p>Definition of Activity Measure: Percentage increase in the number of Adults aged 18 years and over who enrolled in the Get Healthy Information and Coaching Service</p> <p>Rationale: Priority in the NSW State Plan and to support relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013/18).</p> <p>Notes on Calculation of Target The percentage increase in the number of Get Healthy Service participants in the last 12 months in relation to 2013/14 activity. A Get Healthy Service participant is defined as someone who has registered for the Get Healthy Service and received their first phone call from the Service.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-011b	Get Healthy Information and Coaching Service – Increased Health Professional Referrals	%	100	<p>Definition of Activity Measure: Percentage increase in the number of adults aged 18 years and over who are referred to the Get Healthy Information and Coaching Service by a Health Professional</p> <p>Rationale: Priority in the NSW State Plan and to support relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013/18).</p> <p>Notes on Calculation of Target Numerator: The difference between 2015/16 and the 2013/14 reporting period in the total number of adults aged 18 years and over who enrolled in the Get Healthy Information and Coaching Service who were referred by a Health Professional. Denominator: Total number of adults aged 18 years and over who enrolled in the Get Healthy Information and Coaching Service who were referred by a Health Professional in the 2013/14 reporting period. The percentage increase in the number of health professional referrals to the Get Healthy Information and Coaching Service in 2015/16 in relation to 2013/14 activity.</p>
PH-012a	Stepping On Program – Groups	Number	53 Combined for CCLHD and NSLHD	<p>Definition of Activity Measure: The number of Stepping On Program groups</p> <p>Rationale: Priority in the Population Health Priorities for NSW 2012-2017.</p> <p>Notes on Calculation of Target New volumes negotiated for 2015/16. Volumes negotiated with LHDs in accordance with the Health Priorities for NSW 2012-2017. Volumes are to be maintained or increased.</p>
PH-012b	Stepping On Program - Participants	Number	636 Combined for CCLHD and NSLHD	<p>Definition of Activity Measure: The number of Stepping On Program participants</p> <p>Rationale: Priority in the Population Health Priorities for NSW 2012-2017.</p> <p>Notes on Calculation of Target New volumes provided for 2015/16. Volumes are to be maintained or increased. Volumes have been derived from an average of 12 participants per group for Metropolitan LHDs and 10 participants per group for Rural LHDs. Participants are defined as the number of enrolments in the Stepping on Program who attend five or more program sessions.</p>
PH-013a	Aboriginal Health - Women who smoked at any time during pregnancy	%	- 2% from previous year	<p>Definition of Activity Measure: The percentage of women (Aboriginal) who smoked at any time during pregnancy</p> <p>Rationale: Priority in the NSW State Plan. Goal is to reduce the rate of smoking in pregnant Aboriginal women by 2 per cent per year.</p> <p>Notes on Calculation of Target Set in the NSW State Plan. The goal is to reduce the rate of smoking in pregnant Aboriginal women by 2% per year.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-013b	Quit for New Life Program: Pregnant women (smokers) who identify as having an Aboriginal baby- Referred to the Quitline	%	65	<p>Definition of Activity Measure: The percentage of pregnant women (smokers) who identify as having an Aboriginal baby attending a service implementing Quit for New Life that are referred to the Quitline.</p> <p>Rationale: Priority in the NSW State Plan and to support relevant priority in the NSW Tobacco Strategy 2012-2017.</p> <p>Notes on Calculation of Target Numerator: Total number of pregnant women who identify as having an Aboriginal baby, who birthed in a 2015/16 quarter, reported smoking at booking in, attended a service implementing Quit for New Life and were referred to Quitline. Denominator: Total number of pregnant women who identify as having an Aboriginal baby, who birthed in a 2015/16 quarter, reported smoking at booking in and attended a service implementing Quit for New Life. Targets are set as a percentage of pregnant women (smokers) who identify as having an Aboriginal baby and are attending a service implementing Quit for New Life that are referred to the Quitline.</p>
PH-013c	Quit for New Life Program: Pregnant women (smokers) who identify as having an Aboriginal baby - Provided Nicotine Replacement Therapy	%	65	<p>Definition of Activity Measure: The percentage of pregnant women (smokers) who identify as having an Aboriginal baby attending a service implementing Quit for New Life that are provided Nicotine Replacement Therapy</p> <p>Rationale: Priority in the NSW State Plan and to support relevant priority in the NSW Tobacco Strategy 2012 - 2017.</p> <p>Notes on Calculation of Target Numerator: Total number of pregnant women who identify as having an Aboriginal baby, who birthed in a 2015/16 quarter, reported smoking at booking in, attended a service implementing Quit for New Life and were provided with nicotine replacement therapy Denominator: Total number of pregnant women who identify as having an Aboriginal baby, who birthed in a 2015/16 quarter, reported smoking at booking in and attended a service implementing Quit for New Life. Targets are set as a percentage of pregnant women (smokers) who identify as having an Aboriginal baby and are attending a service implementing Quit for New Life that are provided Nicotine Replacement Therapy.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-013d	Quit for New Life Program: Pregnant women (smokers) who identify as having an Aboriginal baby - Booked for follow-up appointment	%	65	<p>Definition of Activity Measure: The % of pregnant women (smokers) who identify as having an Aboriginal baby attending a service implementing Quit for New Life that are booked in for a follow-up appointment for smoking cessation care</p> <p>Rationale: Priority in the NSW State Plan and to support relevant priority in the NSW Tobacco Strategy 2012 - 2017.</p> <p>Notes on Calculation of Target Numerator: Total number of pregnant women who identify as having an Aboriginal baby, who birthed in a 2015/16 quarter, reported smoking at booking in, attended a service implementing Quit for New Life and were booked for follow up appointment. Denominator: Total number of pregnant women who identify as having an Aboriginal baby, who birthed in a 2015/16 quarter, reported smoking at booking in and attended a service implementing Quit for New Life. Targets are set as a percentage of pregnant women (smokers) who identify as having an Aboriginal baby and are attending a service implementing Quit for New Life that are booked a follow-up appointment.</p>
PH-014a	Publicly funded hepatitis C related services – Hepatitis C Virus treatment assessment - Clients	Number	289	<p>Definition of Activity Measure: Number of clients in publicly funded services that are assessed for hepatitis C virus treatment</p> <p>Rationale: The NSW Government has committed to increasing the number of people accessing hepatitis C treatment by 100% as per the NSW Hepatitis C Strategy 2014-2020.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-014b	Publicly funded hepatitis C related services - Hepatitis C Virus treatment assessment - Aboriginal clients	%	6.23	<p>Definition of Activity Measure: The percentage of clients who are assessed for hepatitis C treatment in publicly funded services who identify as Aboriginal.</p> <p>Rationale: Increase the proportion of Aboriginal people assessed for hepatitis C treatment. Hepatitis C virus has a disproportionate impact on Aboriginal people; therefore increasing access for Aboriginal people to hepatitis C virus treatment services is a priority.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-014c	Publicly funded hepatitis C related services - Hepatitis C Virus treatment initiation - Clients	Number	96	<p>Definition of Activity Measure: Number of clients in publicly funded services that are initiated onto hepatitis C virus treatment</p> <p>Rationale: The NSW Government has committed to increasing the number of people initiating hepatitis C treatment by 100% as per the NSW Hepatitis C Strategy 2014-2020.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-014d	Publicly funded hepatitis C related services - HCV treatment initiation - Aboriginal clients	%	4.17%	<p>Definition of Activity Measure: The percentage of clients who are initiated onto hepatitis C treatment in publicly funded services who identify as Aboriginal.</p> <p>Rationale: Increase the proportion of Aboriginal people initiating hepatitis C treatment. Hepatitis C has a disproportionate impact on Aboriginal people; therefore increasing access for Aboriginal people to hepatitis C treatment services is a priority.</p> <p>Notes on Calculation of Target LHDs are expected to at a minimum maintain performance from 2014/15. Volumes provided are actuals from 2013/14.</p>
PH-015a	Chronic Care for Aboriginal People Program - Followed up	%	60	<p>Definition of Activity Measure: The percentage of Aboriginal patients with a chronic disease followed up within 2 working days of discharge from hospital.</p> <p>Rationale: Targets post-acute care.</p>
PH-015b	Chronic Care for Aboriginal People Program – Participation in rehabilitation	%	60	<p>Definition of Activity Measure: Proportion of Aboriginal people with a chronic disease participating in rehabilitation, noting that less than 1 per cent should be recorded as unknown.</p> <p>Rationale: Targets post-acute care.</p>
PH-016	Management of Legionella risk in LHD facilities – Facilities in Compliance	%	100	<p>Definition of Activity Measure: The percentage of facilities that have risk based monitoring, maintenance and response systems in place to control Legionella in compliance with Public Health legislation and NSW Health requirements.</p> <p>Rationale: All hospital facilities are required to comply with the requirements of the Public Health Regulations 2012 and the NSW Health Policy Directive – <i>Water - Requirements for the Provision of Cold and Heated Water</i>. The legislation and the policy directive provide best practice requirements to reduce the risk of exposure to Legionella bacteria and prevent scalds.</p> <p>Notes on Calculation of Target Compliance with NSW Health's: <i>Water - Requirements for the Provision of Cold and Heated Water Policy Directive</i>.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-017a	Tobacco compliance monitoring: compliance with the Smoke-free Health Care Policy	%	98	<p>Definition of Activity Measure: The percentage of observed compliance with the <i>Smoke Free Health Care Policy</i>.</p> <p>Rationale: All LHD hospital and health service facilities are required to be smoke-free under the <i>Smoke Free Health Care Policy</i>. Further, indoor and certain outdoor public places on LHD campuses are legislatively required to be smoke-free under the <i>Smoke-free Environment Act 2000</i>. This is an indicator of how well LHDs are implementing these policies.</p> <p>Notes on Calculation of Target Numerator: Number of people observed smoking in an area where smoking is banned under the <i>Smoke-free Health Care Policy</i> Denominator: Total number of people observed in the same area Volumes reflect the percentage of observed compliance with the <i>Smoke Free Health Care Policy</i>. Ongoing advice and support will be provided through the MoH Strategic and Regulatory Policy branch.</p> <p>Definition of Activity Measure: The total number of tobacco retailers and commercial outdoor dining venues that are inspected to check for compliance with sales to minors and point of sale provisions of the <i>Public Health (Tobacco) Act 2008</i> and the commercial outdoor dining provisions of the <i>Smoke-free Environment Act 2000</i>.</p> <p>Rationale: To support relevant priorities in the NSW Tobacco Strategy 2012 – 2017: to reduce the sale of illegal tobacco to people under the age of 18; to reduce the incidence of smoking and other consumption of tobacco products and non-tobacco smoking products, particularly by young people; and, to regulate compliance with the ban on smoking in commercial outdoor dining settings.</p> <p>Notes on Calculation of Target New volume provided for 2015/16. Includes initial inspections only. Volumes are to be maintained or increased.</p> <p>Definition of Activity Measure: The percentage of premises or locations that are inspected after receiving a complaint about a potential breach of indoor or outdoor provisions of the <i>Smoke-Free Environment Act 2000</i> (with the exception of commercial outdoor dining).</p> <p>Rationale: To support relevant priorities in the <i>NSW Tobacco Strategy 2012 – 2017</i> and the object of the <i>Smoke-free Environment Act 2000</i>: to regulate compliance with the ban on smoking in indoor and outdoor public places settings and to promote public health by reducing exposure to tobacco and other smoke in certain public places.</p> <p>Notes on Calculation of Target Volumes will reflect the number of complaints received by LHDs. Numerator: The total number of premises that are inspected after receiving a complaint. Denominator: Total number of complaints received by NSW Health about breaches to indoor and outdoor provisions of the <i>Smoke-free Environment Act 2000</i> (Sources: Ministerial correspondence, direct complaints from members of the public and reports of complaints via the Ministry of Health). New volumes provided for 2015/16. LHDs are expected to respond to 100% of complaints received (with the exception of commercial outdoor dining).</p>
PH-017b	Tobacco compliance monitoring: Sales to Minors, Point of Sale and Smoke-free Commercial Outdoor Dining	Number	144	
PH-017c	Tobacco compliance monitoring: Percentage of complaints responded to smoke-free indoor and outdoor (with the exception of commercial outdoor dining)	%	100	

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-001	Aboriginal Maternal Infant Health Services - Women with Aboriginal babies accessing the service	Number	72	<p>Definition of Activity Measure: The number of new clients registered in an Aboriginal Maternal Infant Health Services.</p> <p>Rationale: The target aims to ensure that pregnant women having Aboriginal babies have access to culturally appropriate antenatal and postnatal care in order to reduce perinatal mortality and morbidity, preterm births and low birth weight of Aboriginal babies.</p> <p>Notes on Calculation of Target: The number of new clients (women who identify their baby as being Aboriginal) admitted to the Aboriginal Maternal Infant Health Service based on current service level.</p> <p>Additional notes: 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 and respectful care for Aboriginal women and babies.</p>
KF-002	Building Strong Foundations for Aboriginal Children, Families and Communities – Clients (Children) enrolled in program	Number	134	<p>Definition of Activity Measure: The number of new clients (incident cases) enrolled in the Building Strong Foundations service</p> <p>Rationale: The target aims to ensure that local Aboriginal children and families have improved access to culturally appropriate local health care which will help assure that Aboriginal children are ready to learn when they start school.</p> <p>Additional notes: Building Strong Foundations provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.</p>
KF-003	Child and Family Health (including Early Childhood Health Services) - Universal Health Home Visits provided within 2 weeks of baby's birth	%	75	<p>Definition of Activity Measure: Families (with a newborn) who are eligible and receive Universal Health Home Visits within 2 weeks of the baby's birth as a % of eligible families.</p> <p>Rationale: As a universal program, all families in NSW who meet eligibility criteria receive an offer. However, the target for the delivery of Universal Health Home Visits within two weeks of the baby's birth is set at 75 percent to account for families who decline, cannot be contacted or cannot be provided a service due to contextual reasons (e.g., unsafe to visit).</p> <p>Notes on Calculation of Target: Numerator: Number of families who receive Universal Health Home Visits within two weeks of the baby's birth. Denominator: Number of families with a newborn who are eligible to receive Universal Health Home Visits</p> <p>Additional notes: 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 every child to determine family risk and protective factors and determine the level of care each family will require.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-004	Child Protection Counselling Services clients allocated to a counsellor	Number	103	<p>Definition of Activity Measure: The minimum number of new clients (individuals) who are referred to the service and allocated a counsellor.</p> <p>Rationale: Aim is to maintain current level of service delivery.</p> <p>Additional notes: The NSW Health Child Protection Counselling Service provides 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.</p>
KF-005	Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted	%	70	<p>Definition of Activity Measure: Domestic Violence Routine Screens conducted for every woman over 16 years attending mental health, drug and alcohol, early childhood and maternity services (The NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence (PD2003_ amended 2006) as a percentage of eligible women.</p> <p>Rationale: A 100% target is not feasible for the Domestic Violence Routine Screens program as this would likely detract from the quality of screening and ensuing outcomes. Nor would it take into account situation where it would be reasonable not to screen including: - Whether the client is well enough to be screened (i.e. client may be presenting to a Mental Health service for first time and is psychotic) - Whether it is safe to screen client (i.e. partner may be present)</p> <p>Notes on Calculation of Target: Numerator: Number of women screened Denominator: Number of eligible women presenting to Antenatal, Child and Family, Drug and Alcohol and Mental Health Services.</p> <p>Additional notes: Routine Screening for domestic violence for every woman who visits Antenatal and Early Childhood services, all women aged 16 + years who visit Drug & Alcohol - Mental Health Services provided by the LHD or their agent.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-006	Sustaining NSW Families Programs (Keep Them Safe) – Families that Complete the Program	%	> 50	<p>Definition of Activity Measure: Families who complete the program (family remain in the program at child's 2nd birthday) as a percentage retention rate.</p> <p>Rationale: The target is consistent with the fidelity measures for the UNSW Miller Early Childhood Sustained Home-visiting program, a randomised control trial. Sustaining NSW Families Program is based on the findings of this RCT. Measure for retention rather than program uptake is used as existing evidence suggests that longer-term intervention is associated with positive outcomes.</p> <p>Notes on Calculation of Target: Numerator: Number of families who completed the program (i.e., family remaining in the program until child reaches their 2nd birthday) during 2015/16. Denominator: Number of enrolled families with children who will reach 24 months age during 2015/16. Includes early exits but excludes referred families who did not commence the program).</p> <p>Additional notes: Sustaining NSW Families provides intensive structured health home visiting to vulnerable families to support parent-child relationships and optimise child health, development and wellbeing. Measure applies to: CCLHD; HNELHD; NNSWLHD; SESLHD; SWSLHD</p>
KF-007	Out of Home Care Health Pathway Program (Keep Them Safe) - Children and young people that receive a primary health assessment	%	100	<p>Definition of Activity Measure: Percentage of eligible children and young people (in Statutory Out of Home Care) referred onto the Out of Home Care Health Pathway Program that receive a primary health assessment</p> <p>Rationale: The Out of Home Care model pathway, the agreed state-wide framework for providing timely and coordinated health services for children and young people in OOH, states that all children and young people entering the pathway should receive a primary health assessment (2a). This is consistent with the "National Clinical Assessment Framework for children and young people in Out of Home Care".</p> <p>Notes on Calculation of Target: Numerator: Number of eligible referrals to the Health Pathway Program that receive a primary(2a) health assessment Denominator: Number of eligible referrals to the OOH Health Pathway Program received by the LHD.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-008	New Street Services (Keep Them Safe) – New primary Clients accepted into the program	Number	N/A	<p>Definition of Activity Measure: The number of new clients accepted into the program</p> <p>Rationale: To maintain service capacity</p> <p>Notes on Calculation of Target: Based on the most current evaluation which suggests that these figures are indicative of service capacity and should be maintained with current level of funding</p> <p>Additional Notes: The service is located in: ISLHD; HNELHD; WNSWLHD; WSLHD.</p>
KF-009	Sexual Assault Services – High priority referrals to Sexual Assault Services receiving an initial psychosocial assessment	%	80	<p>Definition of Activity Measure: Initial psychosocial assessment provided in-person or by telephone to assess victim's current circumstance, including safety.</p> <p>Rationale: Every person who has been sexually assaulted should be offered high quality counselling and timely, appropriate forensic and medical services. While not all victims of sexual assault will accept a service, all victims must be provided with an initial psychosocial assessment, which includes current safety and support needs. Sexual Assault Services Policy and Procedure Manual (Adult) - PD2005_607.</p> <p>Notes on Calculation of Target: Numerator: Number of high priority referrals to Sexual Assault Services who receive an initial psychosocial assessment. Denominator: Number of referrals received at Sexual Assault Services categorised as high priority. In accordance with NSW Health policy.</p> <p>Additional notes: NSW Health's 55 Sexual Assault Services offer holistic specialist assistance to adult and child victims of sexual assault including supporting their psycho-social, emotional and cultural wellbeing. Free information, counseling, court support, medical treatment and forensic examinations are available for anyone who has recently been sexually assaulted in NSW.</p>
KF-010	Statewide Eyesight for Preschoolers Screening (SIEPS) - Eyesight screens provided to 4 year olds	%	80	<p>Definition of Activity Measure: 4 year olds receiving an eyesight screen as a percentage of all 4 year olds.</p> <p>Rationale: This is a universal screening service that should be provided to all 4 year old children in NSW, consistent with the requirements of the Statewide Eyesight Pre-schoolers Screening Program policy directive, PD2012_001. The target is 80 percent rather than 100 percent due to factors such as parents declining due to the child having already been screened.</p> <p>Notes on Calculation of Target: Numerator: Number of 4 yr olds receiving an eye sight screen Denominator: Number of children age 4 yrs old</p> <p>Additional notes: The Statewide Eyesight Pre-schooler Screening program is a universal, free vision screening program for all 4 year old children in NSW. SCHN provides this service for ISLHD and SESLHD.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-011	Youth Health Services - Clients aged 12 to <25 years who receive a HEEADSSS* psycho-social assessment.	%	90	<p>Definition of Activity Measure: HEEADSSS* psychosocial assessments undertaken amongst young people aged 12yrs<25yrs.</p> <p>Rationale: Undertaking a psycho-social assessment of young people is a key element of the holistic approach outlined in the NSW Youth Health Policy 2011 – 16. The assessment tool assists clinicians with early identification of health issues in young people.</p> <p>Notes on Calculation of Target: Numerator: Number of young people presenting for a clinical service for the first time who receive a HEEADSSS assessment Denominator: Number of young people presenting for a clinical service the first time</p> <p>Additional notes: Young people receive services through a combination of youth specific and generalist services. HEEADSSS is used in both of these contexts to assess the holistic health needs of young people. HEAADSS is being included in Community Health and Outpatient Care The measure applies only at only at defined Youth Health Services/Units. *HEEADSSS = H - Home; E - Education/Employment; E - Eating; A - Activities; D- Drugs; S -Sexuality; S - Suicide/Depression; S - Safety Measure applies to: CCLHD; HNELHD; ISLHD; JHFMHN; SCHN; SLHD; SWSLHD; WSLHD</p>
KF-012	Statewide Infant Screening – Hearing (newborn hearing screening) - Newborn hearing screens provided	%	97	<p>Definition of Activity Measure: Children that have completed a newborn hearing screening as a percentage of eligible newborns.</p> <p>Rationale: This is a universal screening service that should be provided to all eligible infants in NSW. This indicator is consistent with the National Performance Indicators for Neonatal Hearing Screening in Australia.</p> <p>Notes on Calculation of Target: Numerator: Number of newborn babies that have completed a newborn hearing screening. Denominator: Number of eligible newborn babies in NSW</p> <p>Additional notes: SCHN provides this service for SESLHD.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Primary and Community Health Services				
PC-001	Facilitated discharge planning for older people, including Aged-Related Care Services (ARCS) - Patients seen	Number	712	<p>Definition of Activity Measure: The total number of patients seen by Aged-Related Care Services (or similar services) occurring during the reference period.</p> <p>Rationale: To monitor activity levels and set performance targets. Target volumes established in 2011/12 based on number of patients seen for that year or through consultation with LHDs. Subsequent maintenance or revision through consultation with LHDs.</p> <p>Notes on Calculation of Target: Target volumes established in 2011/12 based on number of patients seen for that year or through consultation with LHDs. Subsequent maintenance or revision through consultation with LHDs based on annual activity levels.</p> <p>Additional notes: Aged-Related Care Services and similar services that facilitate discharge planning of older people, to be maintained or increased from 2011/12 levels.</p>
PC-002	Aged Care Services in Emergency Teams (ASET) - Patients seen	Number	4,020	<p>Definition of Activity Measure: The total number of patients seen by Aged Care Services in Emergency Teams occurring during the reference period.</p> <p>Rationale: To monitor activity levels and set performance targets. Target volumes established in 2011/12 based on number of patients seen for that year or through consultation with LHDs. Subsequent maintenance or revision through consultation with LHDs.</p> <p>Notes on Calculation of Target: Target volumes established in 2011/12 based on number of patients seen for that year or through consultation with LHDs. Subsequent maintenance or revision through consultation with LHDs based on annual activity levels.</p> <p>Additional notes: The Aged Care Services in Emergency Teams service is a multidisciplinary, specialist aged care service in the Emergency Department.</p>
Chronic Disease Management Services				
CC-001	Chronic Disease Management Program	Enrolled Patients	See Notes	<p>Definition of Activity Measure: Continuation of the Chronic Disease Management Program (CDMP) to enrolled patients. CDMP arrangements are being reviewed in the context of the Integrated Care Strategy</p>

SCHEDULE D, Part B: Nationally Funded Centres and Supra LHD Services

Notes:

- All Agreements include Part B in full to provide an overview of these Centres and Services to all LHDs/Networks.
- Supra LHD Services are characterised by a **combination** of the following factors:
 - High cost services with low volume activity;
 - A relationship between volume and quality of clinical outcomes;
 - Specialised skills of individual clinicians or teams, and/or limited supply/distribution of the workforce;
 - Highly specialised equipment and/or support services; and
 - Significant investment in infrastructure required.
- Importantly, Supra LHD Services must demonstrate a broader catchment than just the LHD in which they are physically located and must provide a significant proportion of the total volume of service to residents of other LHDs.

The above criteria are currently proposed and are subject to final agreement, noting that they are consistent with previous criteria for statewide and/or selected specialty services.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Nationally Funded Centres					
NFC-001	Pancreas Transplantation – Nationally Funded Centre	N/A	Westmead	See Notes	<p>Definition of Activity Measure: N/A</p> <p>Rationale: As per Nationally Funded Centre Agreement</p> <p>Notes on Calculation of Target: Access for all patients across Australia accepted onto Nationally Funded Centre program</p> <p>Additional notes: Provision of Pancreas Transplantation as per the Nationally Funded Centre Agreement.</p>
NFC-002	Paediatric Liver Transplantation – Nationally Funded Centre	N/A	Sydney Children's Hospital - Westmead	See Notes	<p>Definition of Activity Measure: N/A</p> <p>Rationale: As per Nationally Funded Centre Agreement</p> <p>Notes on Calculation of Target: Access for all patients across Australia accepted onto Nationally Funded Centre program</p> <p>Additional notes: Provision of Paediatric Liver Transplantation services as per the Nationally Funded Centre Agreement.</p>
NFC-003	Nonwood Procedure – Nationally Funded Centre	N/A	Sydney Children's Hospital - Westmead	See Notes	<p>Definition of Activity Measure: N/A</p> <p>Rationale: As per Nationally Funded Centre Agreement</p> <p>Notes on Calculation of Target: Access for all patients across Australia accepted onto Nationally Funded Centre program</p> <p>Additional notes: Provision of Nonwood Surgery as per the Nationally Funded Centre Agreement.</p>
NFC-004	Islet Cell Transplantation – Nationally Funded Centre	N/A	Westmead	See Notes	<p>Definition of Activity Measure: N/A</p> <p>Rationale: As per Nationally Funded Centre Agreement</p> <p>Notes on Calculation of Target: Access for all patients across Australia accepted onto Nationally Funded Centre program</p> <p>Additional notes: Provision of Islet Cell Transplantation services as per the Nationally Funded Centre Agreement.</p>

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
AICU / HDU	Adult Intensive Care Unit / High Dependency Unit	Beds	Royal North Shore (38) Westmead (47) Nepean (20) Liverpool (31) Royal Prince Alfred (50) Concord (15) St George (36) Prince of Wales (22) John Hunter (22) including 4 paediatric intensive care cots) St Vincent's (20)	See Locations 24 Hours, 7 days	<p>Definition of Activity Measure: Access to highly specialised services provided in level 6 Intensive Care Unit / High Dependency Unit services through Critical Care Referral Networks and default matrix</p> <p>Rationale: To provide adult ICU services, which are available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2014/15.</p> <p>Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_21</p> <p>Additional notes: The bed numbers are Intensive Care Unit / High Dependency Unit. Bed numbers listed in the baselines are as at July 2014. Any capacity changes for 2015/16 are shown as new.</p>
ALT	Adult Liver Transplant	Number	Royal Prince Alfred	See Notes	<p>Definition of Activity Measure: Number of transplants undertaken for listed patients</p> <p>Rationale: Based on the availability of matched organs available and offered for NSW listed patients based on National Organ and Tissue Donation guidelines for organ allocation</p> <p>Additional notes: To provide Adult Liver Transplant services at a level where all available donor organs with matched recipients are transplanted. To undertake adult liver harvesting for live liver donation. These services will be available equitably to all referrals from across the state.</p>
SSCI	Severe Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN	See Notes	<p>Definition of Activity Measure: Equitable statewide access for severe spinal cord injuries</p> <p>Rationale: NSW Spinal Cord Injury Plan</p> <p>Additional notes: Provision of the Statewide Severe Spinal Cord Injury Service role, inclusive of intensive care, acute and subacute phases of care.</p>

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
BMTAA	Blood and Marrow Transplantation – Allogeneic	Number	Volumes subject to negotiation: St Vincent's (35) Westmead (60) Royal Prince Alfred (16) Liverpool (11) Royal North Shore (34) SCHN Randwick & Westmead (50)	See Locations	Definition of Activity Measure: Number of transplants for listed patients. Clinical need will outweigh wait list time. Rationale: Equitable access for all NSW residents as outlined in NSW Blood and Marrow Transplantation Plan. Notes on Calculation of Target: Based on 2016 projections from the Plan. Additional notes: Service levels should not be less than achieved in 2014/15. These services will be available equitably to all referrals from across the state.
BMTL	Blood and Marrow Transplant Laboratory	N/A	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN at Westmead	See Notes	Definition of Activity Measure: N/A Rationale: N/A Additional notes: Laboratory Services will be provided as stipulated in the NSW Blood and Marrow Transplantation Selected Specialty and Statewide Service Plan.
CE	Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN Randwick & Westmead	See Notes	Definition of Activity Measure: Equitable access for NSW residents to consultation, diagnostics and treatment modalities. Rationale: Statewide Complex Epilepsy Strategy. Assessment All complex Epilepsy referrals Additional notes: Comprehensive service to provide assessment and management of complex epilepsy, including brain stimulator and other epilepsy surgery.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
ECMO	Extracorporeal Membrane Oxygenation Retrieval	Number	Royal Prince Alfred St Vincent's	See Notes	<p>Definition of Activity Measure: Number of patients with acute respiratory or cardiac conditions retrieved on Extracorporeal Membrane Oxygenation to St Vincent's and Royal Prince Alfred</p> <p>Rationale: Extracorporeal Membrane Oxygenation Medical Retrieval Strategy</p> <p>Additional notes: 24 hour on-call roster shared between Royal Prince Alfred and St Vincent's - admission of all retrieved patients.</p> <p>In collaboration with Aeromedical Ambulance Medical Retrieval Service and other Extracorporeal Membrane Oxygenation Services, provide the Extracorporeal Membrane Oxygenation Retrieval Service, including the referral and transfer service and the Extracorporeal Membrane Oxygenation retrieval team on alternate weeks as per PD2010_21 (or otherwise agreed).</p> <p>Definition of Activity Measure: Number of transplants undertaken for listed patients</p> <p>Rationale: Based on the availability of matched organs available and offered for NSW listed patients based on National Organ and Tissue Donation guidelines for organ allocation. All available organs transplanted to clinically appropriate recipients</p> <p>Additional notes: To provide Heart and Heart Lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals from across the state.</p> <p>Definition of Activity Measure: Equitable access for NSW women to consultation, diagnostics and treatment modalities.</p> <p>Rationale: NSW Critical Care Networks (Perinata) PD2010_069. Access for all women with high risk pregnancies</p> <p>Additional notes: Provide level 6 maternity services and fulfil network and default role as described in PD2010_069. Provide access to services in conjunction with NICU at a level not less than that provided in 2014/15 in order to provide an effective statewide network and reduce unnecessary transfers.</p>
HLT	Heart Lung Transplantation	Number	St Vincent's	See Notes	
HRM	High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	See Notes	

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
NICS	Neonatal Intensive Care Service	Cot availability	SCHN Randwick (4 cots) SCHN Westmead (22 cots) Royal Prince Alfred (22 cots) Royal North Shore (14 cots) Royal Hospital for Women (16 cots) Liverpool (12 cots) John Hunter (18 cots) Nepean (11 cots) Westmead (22 cots)	See Locations 24 Hours, 7 days	<p>Definition of Activity Measure: Cot availability relates directly to equitable access for babies to consultation, diagnostics and treatment modalities.</p> <p>Rationale: NSW Critical Care Networks (Perinatal) PD2010_069</p> <p>Additional notes: To provide neonatal intensive care services at a level equivalent to cots listed. Units fulfill network and default role as described in PD2010_069. There should not be greater than 10 percent days per month of cots unavailable due to staffing.</p>
PERI	Peritonectomy	Number	St George	115	<p>Definition of Activity Measure: Number of peritonectomy cases undertaken.</p> <p>Rationale: Capacity determined by LHD to allow equitable access to Intensive Care Unit beds at St George Hospital. Agreed by Multidisciplinary clinical team at St George.</p> <p>Additional notes: Provision of Peritonectomy services accepted by the Extended Multi-Disciplinary Team (EMDT)</p>
PICU	Paediatric Intensive Care	Bed availability	SCHN Randwick (13 beds) SCHN Westmead (24 beds) John Hunter (up to 4 beds)	See Locations 24 Hours, 7 days	<p>Definition of Activity Measure: Bed availability relates directly to equitable access for children to consultation, diagnostics and treatment modalities.</p> <p>Rationale: NSW Critical Care Networks (Paediatrics) PD2010_030</p> <p>Additional notes: To provide paediatric intensive care services, which are available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2014/15. (add Previous hours) Services to be provided in accordance with Critical Care Network Referral Role as described in PD2010_030.</p>

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
SBS	Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	See Locations 24 Hours, 7 days	<p>Definition of Activity Measure: Bed availability relates directly to equitable access to consultation, diagnostics and treatment modalities in both inpatient and outpatient settings.</p> <p>Rationale: NSW Severe Burns Transfer Guidelines</p> <p>Additional notes: Provision of the Statewide Severe Burns Service role, inclusive of intensive care, acute and subacute and outreach phases of care. Ensures equitable access for all NSW residents as per NSW Severe Burns Injury Service Model of Care and Burns Transfer guidelines GL2008_012.</p>
SDC	Sydney Dialysis Centre	Access	Royal North Shore	See Notes	<p>Definition of Activity Measure: Access, set up and ongoing support for home dialysis equipment.</p> <p>Rationale: As per 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District</p> <p>Additional notes: Provides statewide access and support to home dialysis equipment, and training at agreed levels. Formal machine replacement strategy as per 2012 business case.</p>
HBM	Hyperbaric Medicine	N/A	Prince of Wales	See Notes	<p>Definition of Activity Measure: Provide equitable access to hyperbaric services for residents across the state.</p> <p>Rationale: N/A</p>

SCHEDULE E: Performance Measures

KPIs

The performance of Districts, Networks and Support Organisations is 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
✗ Not performing	Performance outside the tolerance threshold

KPIs have been designated into two tiers:

- **Tier 1** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for the applicable reporting period.
- **Tier 2** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for more than one reporting period.

Service Measures

A range of Service Measures are identified to assist the organisation to improve provision of safe and efficient patient care and to provide the contextual information against which to assess performance.

Other Measures

Note that the KPIs and Service Measures listed above are not the only measures collected and monitored by the NSW Health System. A range of other measures are used for a variety of reasons, including monitoring the 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 the NSW State Plan, have been assigned as NSW Health KPIs, Service Measures or Monitoring Measures, as appropriate.

KEY PERFORMANCE INDICATORS (KPIs)

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	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	Patient Experience Survey following treatment: Overall care received - good and very good (%)	Increase	Decrease from previous Year	No change	Increase from previous Year
Tier 2	Hospital acquired pressure injuries (rate per 1,000 completed inpatient stays)	Decrease	Increase from previous Year	No change	Decrease from previous Year
Tier 2	Mental Health: Acute readmission within 28 days (%)	≤ 13	≥ 20	> 13 and < 20	≤ 13
Tier 2	Mental Health: Acute Post-Discharge Community Care - follow up within seven days (%)	≥ 70	< 50	≥ 50 and < 70	≥ 70
Tier 2	Mental Health: Acute Seclusion rate (episodes per 1,000 bed days)	< 6.8	≥ 9.9	≥ 6.8 and < 9.9	< 6.8
SERVICE ACCESS AND PATIENT FLOW					
Tier 1	Transfer of Care – Patients transferred from Ambulance to ED < 30 minutes (%)	90	< 80	≥ 80 and < 90	≥ 90
Tier 1	Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)	81	< 71	≥ 71 and < 81	≥ 81
Tier 2	Presentations staying in ED > 24 hours (number)	0	>5	≥1 and ≤5	0
Tier 1	Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):				
Tier 1	• Category 1	100	< 100	N/A	100
Tier 1	• Category 2	≥ 97	< 93	≥ 93 and < 97	≥ 97
Tier 1	• Category 3	≥ 97	< 95	≥ 95 and < 97	≥ 97
Tier 1	Overdue Elective Surgery Patients (number)				
Tier 1	• Category 1	0	≥ 1	N/A	0
Tier 1	• Category 2	0	≥ 1	N/A	0
Tier 1	• Category 3	0	≥ 1	N/A	0
Tier 2	Mental Health: Presentations staying in ED > 24 hours (number)	0	> 5	≥ 1 and ≤ 5	0

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW (continued)					
Tier 2	Non-Urgent Patients waiting > 365 days for an initial specialist outpatient services appointment (Number)	0	Increase from previous Year	Decrease from previous Year	0
FINANCE AND ACTIVITY					
Variation against purchased volume (%)					
Tier 1	Acute Inpatient Services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Emergency Department Services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Sub and Non Acute Inpatient Services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Non Admitted Patient Services – Tier 2 Clinics (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Mental Health Inpatient Activity Acute Inpatients (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Mental Health Inpatient Activity Non Acute Inpatients (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 2	Mental Health Non Admitted occasions of service (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 2	Public Dental Clinical Service (DWAU)	100	<100	N/A	≥ 100
Expenditure matched to budget (General Fund):					
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Own Source Revenue Matched to budget (General Fund):					
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
FINANCE AND ACTIVITY					
Liquidity					
Tier 1	Recurrent Trade Creditors > 45 days correct and ready for payment (\$)	0	> 0	N/A	0
Tier 1	Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%)	100	< 100	N/A	100
PEOPLE AND CULTURE					
Tier 2	Staff who have had a performance review (%)	100	< 85	≥ 85 and < 90	≥ 90
POPULATION HEALTH					
Tier 2	HIV testing increase within publicly-funded HIV and sexual health services (% increase)	See Schedule D	> 5.0 % variation below Target	≤ 5.0 % variation below Target	Met or exceeded Target
Tier 2	Get Healthy Information and Coaching Service – Health Professional Referrals (% increase)	See Schedule D	> 10.0 % variation below Target	≤ 10.0 % variation below Target	Met or exceeded Target

SERVICE MEASURES

SAFETY AND QUALITY
Deteriorating Patients (rate per 1,000 separations): <ul style="list-style-type: none"> • Rapid response calls • Cardio respiratory arrests
Unplanned hospital readmission rates (%) for patients discharged following management of: <ul style="list-style-type: none"> • Acute Myocardial Infarction • Heart Failure • Knee and hip replacements • Pediatric tonsillectomy and adenoidectomy
ICU Central Line Associated Bloodstream (CLAB) Infections (number)
Incorrect procedures: Operating Theatre - resulting in death or major loss of function (number)
Hospital acquired venous thromboembolism (rate per 1,000 separations)
Inpatients who were discharged against medical advice (%): <ul style="list-style-type: none"> • Aboriginal • Non-Aboriginal
Re-treatment following restorative treatment: Number of permanent teeth re-treated within 6 months of an episode of restorative treatment. Performance target: less than 6% (less than 6 teeth re-treated per 100 teeth restored).
Denture remakes: Number of same denture type (full or partial) and same arch remade within 12 months. Performance target: less than 3% (less than 3 per 100 dentures).
Patient Experience Survey – Emergency Department Patients: Overall rating of care - good and very good (%)
Mental Health: <ul style="list-style-type: none"> • Outcomes readiness (HoNOS completion rates) - (% of mental health episodes with completed HoNOS outcome measures) • Consumer Experience Measure (YES) Completion Rate - (% of episodes) • Average duration of seclusion - (Hours) • Frequency of seclusion - (% of acute mental-health admitted care episodes with seclusion)
SERVICE ACCESS AND PATIENT FLOW
Patients with total time in ED <= 4 hrs (%): <ul style="list-style-type: none"> • Admitted (to a ward/ICU/theatre from ED) • Not Admitted (to an Inpatient Unit from ED) • Mental Health Patients (admitted to a ward from ED)
ED attendances treated within benchmark times (%): <ul style="list-style-type: none"> • Triage 1 • Triage 2 • Triage 3 • Triage 4 • Triage 5
Elective Surgery: Activity compared to previous year (Number)
Elective Surgery Theatre Utilisation: Operating Room Occupancy (%)
Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence: <ul style="list-style-type: none"> • Emergency Surgery (%) • Planned Surgery (%)
Average Length of Episode Stay - Overnight Patients (days)
Acute to Aged-Related Care Services patients seen (number)
Aged Care Services in Emergency Teams patients seen (number)
Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%): <ul style="list-style-type: none"> • Women, aged 50-69 • Women, aged 70-74

INTEGRATED CARE

Unplanned hospital readmissions: all admissions within 28 days of separation (%):

- All persons
- Aboriginal persons
- ABF hospitals (rate in NWAU)

Unplanned and Emergency Re-Presentations to same ED within 48 hours (%):

- All persons
- Aboriginal persons
- ABF hospitals (rate in NWAU)

Hospital in the Home: Admitted activity (%)

Potentially Preventable Hospitalisations (Rate per 100,000 population)

Discharge Summaries: Number and percentage electronically delivered to patient's General Practitioner (Number and %)

FINANCE AND ACTIVITY

Specialist Outpatient Services (Service events)

- Initial
- Subsequent

Patient Fee Debtors > 45 days as a percentage of rolling prior 12 months Patient Fee Revenues (%)

Coding timeliness: % uncoded acute separations

ED records unable to be grouped:

- to URG with a breakdown for error codes: E1, E2, E3, E6, E7 and E8 (number and %)
- to UDG with a breakdown for error codes: E1 and E2 (number and %)

NAP data completeness:

- Patient Level (%)

Wait List Enterprise Data Warehouse data errors, reported separately and disaggregated by error source (%):

- Source System error (issues related to the EDW extract or mappings defects)
- Data collection error (issues related to the actual data collected or reported)
- System Vendor error (issues related to source system defects)

Sub and Non Acute Inpatient Services - Grouped to an AN-SNAP class (%)

PEOPLE AND CULTURE

Workplace Injuries:

- Claims (rate per 100 FTEs)
- Return to work experience -Continuous Average Duration (days)

Premium staff usage - average paid hours per FTE (Hours):

- Medical
- Nursing

Reduction in the number of employees with accrued annual leave balances of more than 30 days (Number)

Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)

Aboriginal Workforce as a proportion of total workforce (%)

YourSay Survey (%):

- Estimated Response Rate
- Engagement Index
- Workplace Culture Index

POPULATION HEALTH

Quit for New Life Program (%)

- Referred to the Quitline
- Provided Nicotine Replacement Therapy (NRT)
- Booked follow-up Appointment

Publically funded Hepatitis C related services – HCV Treatment Assessment (Number)

Healthy Children's Initiative - Children's Health Eating and Physical Activity Program (centre based children's service sites) – Adopted (% cumulative)

Healthy Children's Initiative – Children's Healthy Eating and Physical Activity Program (primary school sites) - Adopted (% cumulative)

Needle and Syringe Program – Sterile needles and syringes distributed (Number)

Children fully immunised (%)

- At one year of age: Non- Aboriginal children
- At one year of age: Aboriginal children
- At four years of age: Non- Aboriginal children
- At four years of age: Aboriginal children

Human papillomavirus vaccine – year 7 students receiving the third dose through the NSW Adolescent Vaccination Program (%)

First comprehensive antenatal visit provided < 14 weeks gestation for all women who:

- Identify the baby as Aboriginal (%)
- Identify the baby as Non-Aboriginal (%)

Women who smoked at any time during pregnancy (%):

- Aboriginal women
- Non-Aboriginal women

SCHEDULE F: Governance Requirements

The Service Agreement operates within the NSW Health Performance Framework and in the context of the NSW Health Funding Reform, Purchasing Framework and NSW Activity Based Funding and Small Hospitals Operational Specifications. Although Service Agreements and Compacts do not specify every responsibility of NSW Health organisations, this does not diminish other applicable duties, obligations or accountabilities, or the effects of NSW Health policies, plans, circulars, inter-agency agreements, Ministerial directives or other instruments.

The Boards of Districts, Networks and Support Organisations are responsible for having governance structures and processes in place to fulfill statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals.

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

Clinical Governance

The *NSW Patient Safety and Clinical Quality Program* provides an important framework for improvements to clinical quality. Health Ministers have agreed that hospitals, day procedure centers and public dental practices in public hospitals meet the accreditation requirements of the National Safety and Quality Health Service Standards from 1 January 2014.

The *Australian Safety and Quality Framework for Health Care* provides a set of guiding principles that can assist District/Networks with their clinical governance obligations as follows:

- Consumer centred
- Driven by information
- Organised for safety

The *Australian Safety and Quality Framework for Health Care* can be found at:

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf>

Corporate Governance

Informing NSW Health's good corporate governance, each Health entity is to meet compliance requirements as outlined in the *NSW Health Corporate Governance and Accountability Compendium* (the Compendium), including the seven corporate governance standards.

The Corporate Governance and Accountability Compendium can be found at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Corporate Governance Compliance

In accordance with the Compendium, compliance must be demonstrated as a minimum through:

- Due 31 August each year a completed Corporate Governance Attestation Statement for the financial year (PD2010_039).
- Due 14 July each year a completed Internal Audit and Risk Management Attestation Statement for the financial year (PD2010_039).
- Due Quarterly (financial year) the entity Risk Management Register for the top 10 risks identified by the Local Health District or Specialty Network, which should include risks with a consequence or impact rating of extreme or of significant strategic risk (PD2010_039).
- Ongoing review and update to ensure currency of the entity Delegations Manual.
- Ensure recommendations made by the Auditor-General arising from Financial Audits and Performance Audits are actioned in a timely manner and no repeat issues arise in the next audit.

These reports are to be available as required to assess compliance with the Performance Framework.

Capacity Assessment Project

In 2014/15 NSW Health assessed the operational level of development, organisational capacity and maturity across NSW Health services under the following domains:

- Quality and Safety
- People and Culture
- Governance and Leadership
- Finance

In 2015/16, Districts and Networks, as well as the Ministry and Pillars, will determine a plan of action to further develop system capacity and maturity in the areas identified for improvement under the Capacity Assessment Project. A *Leading Practice* compendium will also be released, sharing learnings and good practice across the system.

