

2014–15

Service Agreement

An agreement between:

**Secretary
NSW Health**

and

**Central Coast
Local Health District**

for the period
1 July 2014 – 30 June 2015



Health

Abbreviations:

ABF	Activity Based Funding
ACCHS	Aboriginal Community Controlled Health Service
ACI	Agency for Clinical Innovation
AHO	Affiliated Health Organisation
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient
ADA	Australian Dental Association
BHI	Bureau of Health Information
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
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
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

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, 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 Medicare Locals.

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: 28/7/14

Signed: 

Mr Matthew Hanrahan
Chief Executive
Central Coast Local Health District

Date: 28/7/14

Signed: 

NSW Health

Dr Mary Foley
Secretary
NSW Health

Date: 26.8.14

Signed: 

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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 the LHD.

Objectives:

- To enable the LHD 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.
- To ensure NSW Government and national health priorities, services, outputs and outcomes are achieved.
- To establish with the LHD 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 LHD.
- To outline the LHD's roles and responsibilities as a key member organisation of a wider NSW public health network of services and support organisations.
- To facilitate the progressive implementation of a purchasing framework incorporating activity based funded services.
- To 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 LHD.
- To provide a framework from which to progress the development of partnerships and collaboration with Medicare Locals.
- 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.

2. Strategic Context

NSW Health is the lead agency to deliver on the *NSW 2021: A Plan to Make NSW Number One* goals of:

- i) Keeping people healthy and out of hospital.
- ii) Providing world class clinical services with timely access and effective infrastructure.

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

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

One important way the CORE values can be realised is through active engagement of LHDs, other Health Services and Support Organisations with the NSW Health Performance Framework.

The annually negotiated Service Agreements with Local Health Districts and other Health Services, and the Compacts between the Ministry and Support Organisations, ensure that the priorities of NSW Health are delivered.

Building upon the goals set by *NSW 2021: A Plan to Make NSW Number One*, the priorities for NSW Health are:

- Building healthy communities
- Integrated care
- High quality, sustainable services

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.

Local Health Districts, other Health Services and Support Organisations are core to the NSW Health System and are fundamental to the delivery of key goals and outcomes. Collaboration with other relevant entities, including Medicare Locals, Non-Government Organisations, the Aboriginal Community Controlled Health Sector, Aboriginal Health and Medical Research Council and other Government agencies is essential to achieving these goals.

Appropriate consultation and engagement with clinicians, patients and communities in relation to the design and delivery of health services is also an LHD responsibility, including consideration of how best to support the needs of carers in the design and delivery of their services.

NSW Health Services and Support Organisations are also part of the NSW Public Sector and its governance and accountability framework. Boards must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework (refer Schedule F for further detail on governance requirements).

Developments under the National Health Reform Agreement further inform this Agreement, which may require corresponding updates or amendments over time.

Although Service Agreements and Compacts do not specify every responsibility of affected 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.

3. Regulatory and Legislative Framework for this Agreement

Health Services Act 1997

The primary purpose of LHDs 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 (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 LHDs, 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 requires the NSW Government to establish a Service Agreement with each LHD and to implement a Performance Management and Accountability System, including processes for remediation of poor performance.

Included in the NHRA requirements are that each LHD annually develop a strategic plan, implement an operational plan and deliver agreed services and performance standards within an agreed budget, based on these plans, to give effect to the LHD's Service Agreement. These requirements may be met by the organisation's Healthcare Services Plan and Business Plan respectively, reviewed annually and updated as appropriate, consistent with normal planning cycles.

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

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

Inclusions within Schedule C of this Agreement will form the basis of LHD-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, LHDs are required to adhere to the Medicare principles outlined in the National Healthcare Agreement. While the Agreement recognises that clinical practice and technology changes over time and that this will impact on modes of service and methods of delivery, it requires NSW to provide health and emergency services through the public hospital system, based on the following Medicare principles that apply to LHDs:

- 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 for LHDs, other Health Services and Support Organisations. 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 LHDs, other Health Services and Support Organisations 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.
- 1. Service Planning and Provision** - Outlines the LHD's responsibilities in relation to its Strategic Plan and Operational Plan, consistent with *NSW Health Corporate Governance and Accountability Compendium* principles and the National Health Reform Agreement.
 - 2. Services and Facilities** - Lists key facilities and cross-District networked, Nationally Funded Centres and Supra LHD Services provided by the LHD in accordance with approved Role Delineation levels.
 - 3. Affiliated Health Organisations, Non-Government Organisations, Medicare Locals and other organisations with which the LHD has partnerships, collaborations or other significant relationships** - Lists relevant organisations.
 - 4. Community Based Service Streams** - Lists the Community Based Service Streams that may be provided by LHDs, working in partnership with other local providers to address the needs of their populations.
 - 5. Population Health programs** - Summarises Population Health Programs to be provided by the LHD.
 - 6. Aboriginal Health** - Outlines the LHD's role in Closing the Gap for Aboriginal people, services targeting Aboriginal people and partnerships with Aboriginal Community Controlled Health Services.
 - 7. Teaching, Training and Research** - Outlines the LHD's role in teaching and training in liaison with HETI and in research in liaison with the Office for Health and Medical Research.
 - 8. NSW Kids & Families** - Outlines the LHD's role in supporting the achievement of *Healthy, Safe and Well – A Strategic Health Plan for the Children, Young People and Families of NSW 2014-2024*.
 - 9. NSW Health Pathology** – Outlines the role of NSWHP in relation to LHDs
 - 10. HealthShare NSW and eHealth** – Outlines the services of these organisations.
- 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 key strategic priorities for 2014/15. The priorities are 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.

It is recognised that this Service Agreement focuses on the operational performance of the LHD. Consequently, following the release of a *NSW State Health Plan*, in addition to this operational performance management, LHD Boards will be requested to report to the Minister on the delivery of strategic priorities for NSW Health.

Strategic Themes for 2014/15 – NSW State Health Plan

In order to deliver fundamental change to the NSW Health System, the *NSW State Health Plan* has determined the following three Strategic Directions:

- **Keeping People Healthy** – supporting people to live healthier, more active lives and reducing the burden of chronic disease.
- **Providing World Class Clinical Care** – providing timely access to safe, quality care in our hospitals, Emergency Departments and in the community.
- **Delivering Truly Integrated Care** – creating a connected health system, so that patients get the care they need, where and when they need it, by connecting state health services with other health services.

These Strategic Directions will be delivered through implementation of the following key strategies:

- **Supporting and Harnessing Research and Innovation** – creating the evidence base for better models of care and translating research into new devices, drug therapies and procedures to deliver improved healthcare.
- **Enabling eHealth** – improving digital connectivity for a smart, networked health system in our hospitals, in the community and in the future.
- **Designing and Building Future-Focused Infrastructure** – improving facilities and equipment to support world class care and exploring partnerships to do this quickly and cost effectively.
- **Supporting and Developing our Workforce** – helping the 'heart and hands' of our healthcare system deliver first class, patient-centred care within our CORE values framework.

Specific Focus Areas for 2014/15

Local Accountability and Clinician Engagement

One of the primary objectives of the recent reform of the NSW health system is the devolution of decision-making authority and performance accountability to LHDs. Strong clinician engagement is essential to ensuring the involvement of clinicians in key decisions, such as resource allocation and service planning, thereby providing an invaluable contribution to improving health system outcomes and to ensuring sound clinician governance.

LHDs are expected to strengthen clinician leadership throughout all levels of the organisation by facilitating the active participation of clinicians in decision-making processes regarding service delivery and planning, quality and safety systems, appropriate models of care and resource allocation. On an annual basis, LHDs will be required to report on the mechanisms they have implemented to ensure effective clinician engagement and leadership to demonstrate:

- Clinician input at Board level.
- Clinician input at key Executive-level Committees (both LHD and facility-level).
- Clinician influence in service planning and resource allocation.
- Engagement with the wider health sector (including primary and community care).
- Effective linkages between Clinical Councils and the LHD Board.
- Effective mechanisms to ensure Medical Staff Council input to hospital-level Committees.

To support an assessment of the effectiveness of clinician engagement at the local level, an annual survey will be undertaken to gauge the perceptions of senior medical staff employed within LHDs, as to the depth and quality of engagement with them, as a group, by their respective LHD Chief Executive. It is intended that the results of these surveys will be provided to the Ministry of Health and shared with LHD Board Chairs to assist in the performance review of management with respect to clinician engagement.

Integrated Care Strategy

Ageing, advances in science and technology, and increasing community expectations contribute to growing health care expenditure. In response, a key challenge for NSW is to transform the health system from one that is hospital-centric and designed to provide episodic treatment, to a more integrated health system, with connected service provision across different care providers (both within NSW Health and more widely), a greater emphasis on community-based services that better support people with long term conditions.

In the NSW health system context, integrated care involves the provision of seamless, effective and efficient care that reflects the whole of a person's health needs; from prevention through to end of life, across both physical and mental health, and in partnership with the individual, their carers and family. It is a system of care and support that is based around the needs of the individual, and that ensures provision of the right care, in the right place, at the right time.

Integrated care is seen as a pivotal strategy for meeting these challenges in NSW. Reflecting this, the NSW Government has committed \$120 million over four years from 2013/14 for investment in new, innovative models of integrated care. The aim is to move towards a sustainable health system that better meets the needs of the people of NSW, through:

- Connecting different care providers to deliver person-centred care.
- Enabling care to be provided in the most appropriate setting.
- Reinforcing prevention and early intervention.
- Embedding individual responsibility for health.

The majority of the integrated care investment will be directed to Local Health Districts to progress their ideas and strategies for integrated care locally, within defined parameters and clear accountability for how funding is spent, what is achieved, and for supporting transfer of good practice across the State. As integrated care spans prevention and primary care through to acute hospital and emergency services, Medicare Locals will be vital partners locally, together with Aboriginal Community Controlled Health Services and other local bodies.

Under the NSW Integrated Care Strategy Central Coast LHD will receive funding over the course of 2014/15, either as an Integrated Care Demonstrator or through the Planning and Innovation Fund. Where funding under this Strategy is received, LHDs are expected to:

- Work in partnership with the primary care organisations and other key partners as articulated in the proposal
- Track and report to the Ministry on expenditure against the agreed budget and funding allocation, progress against activities and outcomes achieved
- Provide their own financial contribution, and
- Support knowledge and capability transfer to other LHDs.

Whole of Hospital Program

In 2014, the Whole of Hospital Program will build on the work that has been effective in 2013 and will be focusing on the following:

- Moving from a 23 site focus to a 17 Local Health District and Specialty Health Network focus to working together with LHD staff to target specific areas for support and improvement.
- The Program will move from a 'whole of hospital' to a 'whole of system' approach that takes into account not only what happens within hospitals but also the impact that hospital avoidance and post discharge care programs offer in reaching the National Emergency Access Target. Partnerships will be expanded to support this, e.g. with Mental Health, Drug and Alcohol, and Integrated Care.
- Continuing to connect the NSW health sector is key to the success of the Program. Interagency and Pillar partnerships.
- Supporting Health Services to continue to develop local capability to improve patient access to care.
- Improving medical engagement to enhance influence and organisational performance.

Public Specialist Outpatient Services

Ensuring provision of timely access to public Specialist Outpatient Services is a key priority for 2014/15. Achievement of this priority will be monitored through the implementation of new performance indicators, including a Key Performance Indicator and Service Measure as outlined in Schedule E.

Efficient delivery of Specialist Outpatient Services will contribute to attainment of the State's ten year goal for an integrated, person-centred, effective and affordable health system. The principles and priorities for specialist outpatient services are closely aligned to those of the new State Health Plan to ensure delivery of the right care, at the right time, in the right place. It is intended that public Specialist Outpatient Services will:

- Respond to community needs and be appropriate, effective and sustainable.
- Enhance the system as a whole to better integrate services across the continuum.
- Be underpinned by evidenced-based standards of care that are contemporary, efficient and of a consistently high quality of care.

Reducing Smoking Rates Among Aboriginal Populations

Ensuring an enhanced focus on tobacco control among Aboriginal populations is a key priority for 2014/15. The involvement of LHDs in implementing enhanced activity in this area is critical to the achievement of NSW2021 targets and will make a significant contribution to closing the gap. It is intended that LHDs 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

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 2014/15.

LHDs are to actively implement their local action plans developed in response to the first two *YourSay* Workplace Culture Surveys. One measure of the effectiveness of these plans will be the third and final *YourSay* survey to be conducted in the first half of 2015. LHDs are to actively engage in the promotion and administration of the third *YourSay* survey to achieve adequate response rates from their staff. Improvements in LHDs' Engagement and Workplace Culture Indices will be indicative of the effectiveness of culture improvement initiatives.

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 both the *NSW State Health Plan*, and *NSW 2021*, including:

- *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 Aboriginal Economic Development Policy and Action Plan*
- *NSW Government Response to the NSW Health and Medical Research Strategic Review. 2012*
- *NSW Health Corporate Governance and Accountability Compendium*
- *Mental Health Strategic Plan (under development)*
- *NSW Healthy Eating and Active Living Strategy 2013-2018*
- *Blueprint for eHealth in NSW*
- *NSW Tobacco Strategy 2012 – 2017*
- *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.*

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

National Health Reform Agreement requirements are that each LHD annually develop a strategic plan, implement an operational plan and deliver agreed services and performance standards within an agreed budget, based on these plans, to give effect to the LHD's Service Agreement. These strategic and operational plan requirements may be met by the LHD's Local Healthcare Services Plan and Business Plan respectively. These Plans should be reviewed annually and updated in accordance with normal planning cycles.

Planning and service development processes should be consistent with the Strategic and Services Planning principles outlined in the *NSW Health Corporate Governance and Accountability Compendium* and any other requirements that may be advised by the Ministry from time to time (noting that applicable sections of the Compendium relating to planning are pending release of the State Health Plan).

Also, consistent with the Stakeholder Engagement principles set out in the 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

LHDs are 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 a Hosted Service Agreement/Inter-District Agreement between LHDs. While these arrangements are in place, each LHD will need to ensure appropriate services are maintained to the residents of each District.

For CCLHD, the following services are provided by way of a Hosted Service Agreement/Inter-District Agreement with Northern Sydney LHD:

- Picture Archiving and Communication System/Radiology Information System (PACS/RIS)
- Radiation Safety
- Non-Emergency Patient Transport (NEPT)
- After Hours Interventional Cardiology

Nationally Funded Centres and Supra LHD Services

Some Health Services provide services that are identified as Nationally Funded Centres and Supra LHD services, to which all residents of NSW have access. These are usually high cost or highly specialised services accessed by residents across NSW, or by residents of a number of LHDs, but provided from only limited locations.

Characteristically, these services:

- Require planning and/or funding at a state level because they are high cost and/or complex.
- Have low patient throughputs and are therefore provided at limited sites to maintain clinical skills and quality.
- Specialised in the nature of the service, but are not necessarily inherently complex or costly.
- Are complex and require specialist clinical staff but are also planned and coordinated on a whole-of-state basis to ensure there is overall service and cost benefit. These services are located at a number of principal referral hospitals consistent with the increasingly complex services these facilities would be expected to provide.

Where funding has been provided, it has been linked to specific service requirements in terms of volume of activity, or often linked to availability and flexibility of the service to respond to surges

in demand at a state level. In the ABF environment, some services may not be well reflected by casemix classifications and some may have high fixed costs and low, or unpredictable, volumes.

Note that:

- All referrals need to be assessed and treated on the basis of clinical need – not on the basis of LHD of residence.
- There should be no overall reduction in activity for these services addressing population needs.
- There should be no reduction in support for rural or regional LHDs through changes in outreach services unless through agreement with the recipient LHD.
- These services are described in Schedule D.

Cross District Referral Networks

Every Health Service is 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 Severe Burn Injury Service Referral Network - (GL2008_012)
- 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 Health Services

The LHD is to ensure continued provision of access by other Districts and Health Services as set out in Schedule D Part B. The LHD is also to ensure continued provision of access by other Health Services, as set out in the following table:

	Other LHDs and Health Services
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).

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

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 Health Services is to be ensured as set out in the following table.

Service or Function	Other LHDs and Health Services
Design & Print	Northern Sydney LHD

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

Facility/Service	Completion Date
CCLHD COAG Emergency Department Short Stay Unit (Gosford Hospital)	September 2014
Wyong Hospital Emergency Department Upgrade, Urgent Care Centre & Emergency Medical Unit	September 2014

SECTION 3 - Affiliated Health Organisations, Non-Government Organisations, Medicare Locals and other 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*:

Name of AHO
Not applicable

Non-Government Organisations

NGOs under agreement with the LHD:

Name of 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.

Medicare Locals

Medicare Locals with which the LHD has a relationship:

Name of Medicare Local
Central Coast NSW Medicare Local

Other Organisations

Other organisations with which the LHD has a relationship:

Name of Organisation	Nature of relationship
Justice Health and Forensic Mental Health Network	<p>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</p> <p>Ensure successful implementation of the Forensic Mental Health Network as per PD2012_050</p>

SECTION 4 - Community Based Service Streams

The following lists the Community Based Service Streams that may be provided by LHDs. The LHD will need to work in partnership with other local providers, including Non Government Organisations and private providers, to ensure these Services are available in accordance with the needs of their population. This list is not exhaustive, and there is an expectation that new Community Based Services will emerge across these Streams, with an increasing focus on integration of primary, acute, aged and social care.

Maternal, Child, Youth and Family Services – including:

- Antenatal and postnatal care
- Child and Family Health (including Early Childhood Health Services and HealthOne NSW)
- Immunisation for infants and adolescents
- Paediatric Palliative Care
- Sustaining NSW Families Programs*
- Building Strong Foundations for Aboriginal Children, Families and Communities*
- Aboriginal Maternal Infant Health Services
- Out of Home Care Health Pathway Program
- Healthy Weight Clinics
- Statewide Eyesight for Preschoolers Screening
- Statewide Infant Screening – Hearing
- Child Protection services (including Child Protection Counselling Services and Child Protection Units/Services)
- Service pathways for victims of domestic and family violence
- Services specified under the Aboriginal Family Health Strategy
- Aboriginal Ear Health Program
- Sexual Assault Services
- Youth Health Services

* For LHDs funded to provide service

Chronic Care, Rehabilitation and Aged Health Services – including:

- Aged Health (geriatric medicine, aged care assessment transitional aged care, 2012 NSW Ageing Strategy)
- Integrated care of the older person with complex health needs
- Prevention and responding to the abuse of older people
- Chronic Care (HealthOne NSW services, NSW Chronic Disease Management (Connecting Care) Program, Chronic Care for Aboriginal people, and other Chronic Care Services)
- Dementia Services
- Home and Community Care
- Palliative Care
- Rehabilitation Services
- Pain Management Services
- Post Acute Care – including wound care, physiotherapy, assessment of patient post hospital discharge
- Hospital in the Home

Mental Health and Drug & Alcohol Services – including:

Community-based Specialist Mental Health Services, including:

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

Community-based Specialist Drug and Alcohol Services, including:

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

Oral Health Services – including:

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

Priority Population Services – including:

- Aboriginal Health
- Breast Cancer & Cervical Screening
- Carer Support Services
- Disability Services
- Multicultural Health
- Refugee Health

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'. LHDs will:

- Implement programs to achieve *NSW 2021* 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, STI and Hepatitis C Strategies 2012 – 2015*.
- 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

The LHD 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 LHDs)
- Teenage sexual and reproductive health services
- Chronic Care for Aboriginal People Program
- Early Referral into Treatment (Hepatitis C)
- Housing for Health (for some LHDs)
- 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:

- 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. Teaching, Training and Research will be subject to ABF funding by 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.

Grow and support a skilled, competent and capable workforce

- Implement a LHD Education and Training Learning Plan.
- 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 HETI 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 LHDs 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*.
- Encourage staff managing new starters and teams to use HETI-endorsed learning resources.

Recognise the value of generalist and specialist skills

- Expand medical specialist training opportunities in line with current and future service requirements.
- Implement 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 the Financial Management Education Program and meet LHD program targets in partnership with HETI.
- Implement the *NSW Health People Skills Management Framework*, and the *NSW Leadership Framework*.
- Participate in the development of the *NSW Health Talent Management Framework* and the *NSW Health Education and Training 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.

Research

All research conducted within the LHD 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 the LHD. The LHD should establish a Research Committee (see *NSW Health Corporate Governance and Accountability Compendium*), 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; Framework for NSW Biobanking; NSW Bioinformatics Strategy*.
- Improving research administration by appropriately resourcing the research office (or equivalent) to undertake research ethics and governance functions.

.1.2.

- 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 conjoints 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 - NSW Kids and Families

NSW Kids and Families has a lead role in developing state-wide strategy, relevant policy and guidelines and addressing system-wide issues. Adoption and delivery of local strategies and services rests largely with LHDs and SHNs who work in collaboration with NSW Kids and Families to implement *Healthy, Safe and Well – A Strategic Plan for the Children, Young People and Families of NSW – 2014-2024*. Priority initiatives to be progressed by NSW Health Services during 2014-15 include:

- Surgery for Children in Metropolitan Sydney Strategic Framework and other Service Frameworks to deliver care safely and closer to home;
- Standardisation of care for paediatric and maternal services, including the suite of Paediatric Clinical Guidelines, *Towards Normal Birth* Policy, and other policies, frameworks and guidelines that promote optimum healthcare outcomes;
- Improved access to multidisciplinary healthcare in youth-friendly environments for young people;
- Universal child health and targeted services for children with identified health, development or wellbeing concerns;
- Local Forensic and Medical responses for victims of sexual assault and child maltreatment and continued partnership with Agencies to implement Joint Investigation Response Team (JIRT) and Keep Them Safe; and
- NSW Government Domestic Violence Reforms; reinvigoration of domestic violence screening and implementation of the *Aboriginal Family Health Strategy 2011-2016*.

SECTION 9 - NSW Health Pathology

NSW Health Pathology is the public pathology provider for the NSW Health system. NSW Health Pathology provides a range of diagnostic and clinical services in response to the needs of the Local Health District and is committed to working closely with the LHDs to improve the quality, timeliness and value of pathology services. The configuration of services and the agreed strategies to enhance service provision is articulated in the Customer Charter of Services.

NSW Health Pathology charges are incorporated into this Service Agreement. Details of the charges will be provided annually in a pricing booklet, specific to the Health Entity and services will be delivered within the timeframes and standards specified in NSW Health Pathology service catalogues.

SECTION 10 – HealthShare NSW and eHealth

HealthShare NSW and eHealth NSW are units 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 undertakes Information Communications Technology (ICT) services on a statewide level.

HealthShare NSW and eHealth NSW charges are incorporated into this Service Agreement. Details of the charges will be provided annually in a pricing booklet, specific to the Health Entity and services will be delivered within the timeframes and standards specified in HealthShare NSW and eHealth NSW service catalogues.

SCHEDULE C: Budget

Part 1

		Central Coast LHD - Budget 2014/15					Comparative Data						
		2014/15 BUDGET											
		A	B	C	D	E	F	G	H	I			
		Target Volume (NWAU14)	Volume (Admissions & Attendances) Indicative only	State Price per NWAU14	Year LHD/SHN Projected Average Cost per NWAU14	Initial Budget 2014/15 (\$ '000)	2013/14 Annualised Budget (\$ '000)	Variance Initial and Annualised (\$ '000)	Variance (%)	Volume Forecast 2013/14 (NWAU14)			
A	Acute Admitted	64,568	74,189	\$4,583	\$4,628	\$297,836	\$282,146	\$15,690		62,825			
	<i>Incl. additional Short Stay Units and Renal and Obstetrics activity</i>												
	Emergency Department	15,755	149,175			\$73,060	\$68,276	\$4,784			15,170		
	Non Admitted Patients [^]	18,847	344,723			\$86,376	\$83,521	\$2,854			18,590		
	Total	99,170	568,087			\$467,272	\$433,943	\$23,329	5.4%	96,686			
B	Sub-Acute Services - Admitted	8,580	5,077			\$45,877	\$37,872	\$8,004		8,458			
	Sub-Acute Services - Non Admitted [^]	1,149	-			\$5,264	\$5,162	\$102		1,149			
	Total	9,728	5,077			\$51,140	\$43,034	\$8,107	18.8%	9,606			
C	Mental Health - Admitted (Acute and Sub-Acute)	5,246	2,106	\$4,583	\$4,628	\$24,043	\$23,336	\$707		5,194			
	Mental Health - Non Admitted (Block)					\$30,416	\$29,826	\$590					
	Mental Health - Transition Grant					\$195	\$191	\$4					
	Total	5,246	2,106			\$54,654	\$53,354	\$1,301	2.4%	5,194			
D	Block Funding Allocation												
	Block Funded Services In-Scope												
	- Teaching, Training and Research					\$23,567	\$23,110	\$457					
	- Other Non Admitted Patient Services					\$6,052	\$5,934	\$117					
	Total					\$29,619	\$29,044	\$575	2.0%				
E	State Only Block Funded Services					\$44,078	\$43,222	\$855	2.0%				
F	Transition Grant (excluding Mental Health) [^]					\$6,893	\$6,779	\$114					
G	Gross-Up (Private Patient Service Adjustments)					\$17,196	\$16,862	\$334					
H	Provision for Specific Initiatives & TMF Adjustments (not included above)												
	TMF Adjustments (see Glossary)					-\$218							
	Integrated Care Demonstrator sites					\$5,977							
	Keep Them Safe - Sustaining NSW Families					\$531							
	Nurses - Additional CNE and CNS					\$835							
	Total					\$7,124		\$7,124					
I	SP&T Expenses					\$1,877	\$1,877						
J	Depreciation (General Funds only)					\$24,270	\$24,270						
K	Total Expenses (K=A+B+C+D+E+F+G+H+I+J)					\$693,123	\$661,384	\$41,739	6.4% ^o				
L	Other - Gain/Loss on disposal of assets etc					\$941	\$941						
M	LHD Revenue					-\$674,156	-\$628,466	-\$45,701					
N	Net Result (N=K+L+M)					\$19,909	\$23,870						

General Note:

- ABF Growth is funded at 100% of State Price

[^] Note: See Notes and Glossary for calculation of Non Admitted Budget

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

^o Note: The growth, excluding the funding that NSW has provided to replace the expiring National Partnership Agreement (NPA), is 4.9%

Part 2

		2014/15
		\$ (000's)
Central Coast LHD		
<u>Government Grants</u>		
A	In-Scope Activity	-\$448,164
B	In-Scope Services - Block Funded	-\$51,078
C	Out of Scope Services - Block Funded	-\$62,164
D	Capital Grants (incl. RMR>\$10k)	-\$3,962
E	Crown Acceptance (Super, LSL)	-\$17,481
F	Total Government Contribution (F=A+B+C+D+E)	-\$582,850
<u>Own Source revenue</u>		
G	GF Revenue	-\$89,264
H	SP&T Revenue	-\$2,042
I	Total Own Source Revenue (I=G+H)	-\$91,306
J	Total Revenue (J=F+I)	-\$674,155
K	Total Expense Budget - General Funds	\$691,247
L	SP&T Expense Budget	\$1,877
M	Other Expense Budget	\$941
N	Total Expense Budget as per Attachment C Part 1 (N=K+L+M)	\$694,064
O	Net Result (O=J+N)	\$19,909
<u>Net Result Represented by:</u>		
P	Asset Movements	\$18,075
Q	Liability Movements	\$1,833
R	Entity Transfers	
S	Total (S=P+Q+R)	\$19,908

Schedule C Part 2

Part 3

2014/15 Shared Services & Consolidated Statewide Payment Schedule		
	Central Coast LHD	\$ (000's)
HS Charges	HS Service Centres ICT	\$2,416
	HS Service Centres Warehousing	\$9,445
	HS Enable NSW	\$1,438
	HS Food Services	\$12,666
	HS Linen Services	\$4,032
	HS Recoups (E-Health)	\$3,305
	HS Corporate IT (E-Health)	\$689
	HS ICT SPA (E-Health)	\$2,739
	HS Compacts	\$1,093
	Total HSS Charges	\$37,823
IH Transports	Interhospital Ambulance Transports	\$2,040
	Interhospital Ambulance NETS	\$84
	Total Interhospital Ambulance Charges	\$2,125
	Interhospital NETS Charges - SCHN	\$108
Payroll	Total Payroll (including SGC, excluding PAYG)	\$330,225
Loans	MoH Loan Repayments	
	Treasury Loan (SEDA)	
	Total Loans	
Other Miscellaneous	Superannuation (Pillar)	\$25,000
	Blood and Blood Products	\$5,749
	SES Wages	\$1,056
	NSW Pathology	\$16,452
	TMF Insurances	\$9,832
	Energy Australia	\$6,196
	Total	\$434,566
Note:		
This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHDs/SHNs are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHDs/SHNs and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends.		

Part 4

2014-15 National Health Funding Body Service Agreement - Central Coast LHD

Period: 1 July 2014 - 30 June 2015

Schedule C Part 4		National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution
		Acute	61,143
	ED	14,820	\$23,862,226
	Mental Health	5,193	\$9,111,612
	Sub Acute	7,618	\$12,525,748
	Non Admitted	21,267	\$41,128,478
	Activity Based Funding Total	110,041	\$191,860,910
	Block Funding Total		\$55,377,749
	Total	110,041	\$247,238,659

Notes and Glossary

OVERVIEW

For 2014/15, NWAU14 is the applicable currency and differs significantly from the previous year's NWAU13. This is because the Independent Hospital Pricing Authority introduced a number of significant changes in the patient classifications used for Activity Based Funding (ABF). Direct comparison between NWAU14 price and activity to last year's NWAU13 is therefore not applicable. Further information on the technical aspects of the changes in NWAU14 will be issued in the NSW Activity Based Management (ABM) and Activity Based Funding (ABF) Compendium 2014/15. 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 Local Health Districts/Specialist Health Network's (LHD/SHN) projected average cost (calculated for all streams, excluding Non Admitted Patient services) or the State Price to calculate the expense budget for each category.

For 2014/15, growth funding has been provided at full State Price for all LHD/SHNs.

Activity targets for Non Admitted Services – for these services, the budget allocation has been determined by multiplying the average cost from the Non-Admitted patient level costing results, as reported in the District Network Return (DNR) (2012/13) (where available), and the Non-Admitted activity targets for 2014/15. Whilst significant improvements have been observed in the collection of patient level data for Non Admitted services, this process has remained consistent with the previous year as a result of the significant amount of volatility in the data still remaining.

ROW SECTION C – MENTAL HEALTH SERVICES

This section reflects the budget allocation for Mental Health Services whether funded on an ABF basis or through 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 been block funded as they did not meet the criteria for Independent Hospital Pricing Authority's (IHPA) small hospitals methodology. In 2014/15, Mental Health Non Admitted services continue to be block funded while a new Mental Health Classification for ABF is being developed by IHPA.

A separate transition grant has been identified for Mental Health 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 2014/15, 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 data than used in the IHPA model. In addition for 2014/15, an average of 1% additional growth has been included above the general indexation provided.

Block Funded Services “In Scope” includes Teaching, Training and Research and Other Non-Admitted hospital services as defined by IHPA. A number of services previously funded in the Other Non-Admitted category have now been reclassified into ABF in accordance with changes reflected in the 2014/15 IHPA Pricing Framework

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. A number of services previously funded in the State Only Block - Non-Admitted category have now been reclassified into ABF.

ROW SECTION F – TRANSITION GRANT

Transition grants have again been applied for 2014/15 using the same methodology as previous years. Transition grants are in place when an LHD/SHN reports a Projected Average Cost (across all streams excluding Non-Admitted Services) exceeding the State Price.

ACUTE AND EMERGENCY DEPARTMENT

For 2014/15, LHD/SHN's with Acute and or ED transition grants will be 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.

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

Application of Transition Grant to Growth	2014/15 NWAU14 \$ (000's)	2014/15 Applied to Growth \$ (000's)	14/15 Final as per Sch C \$ (000's)
Acute Admitted			
Emergency Department	\$168	-\$168	
Non Admitted (including Sub-Acute Non Admitted)	\$2,137		\$2,137
Sub-Acute Admitted	\$3,757		\$3,757
Mental Health - Admitted (Acute and Sub-Acute)	\$195		\$195
Block Funded Hospitals (Small Hospitals)			
Total:	\$6,256	-\$168	\$6,088

Non-Admitted, Sub-Acute and Mental Health

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 (where available) against the State Price.

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

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 DNR for 2012/13 escalated.

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 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	\$13,727
Sub-Acute Admitted	\$2,805
Mental Health - Admitted (Acute and Sub-Acute)	\$664
Total:	\$17,196

ROW SECTION H – PROVISION FOR SPECIFIC INITIATIVES & TMF ADJUSTMENTS

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 2014/15 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 2014/15 year.

COLUMN E - INITIAL BUDGET 2014/15

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

Schedule C part 2 provides details as to the LHD/SHN revenue budgets for all programs for the 2014/15 year.

In line with last year's budget allocation, the escalation of individual revenue line items within the revenue budgets of LHD/SHN's is in accordance with existing protocols for indexation. Government Grants are inclusive of "subsidy" and are again recognised as revenue in accordance with NSW Treasury Circular (TPP12-01). Further information on this accounting treatment and 2014/15 escalations is included in the 2014/15 Financial Requirements and Condition of Subsidy (Government Grants)

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

SCHEDULE C – PART 3

This schedule represents the estimated 2014/15 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.

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 2014/15.

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, ACRBS blood supply and State Superannuation (Pillar) payments). The fund management of these accounts is managed by the Ministry supported by third party invoices. As is the case now, costs will be journaled to LHD/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.

Part 5 – Asset Acquisition Program (AAP)

The 2014/15 capital allocation schedule reflects allocations for new works and works in progress as reflected in Budget Paper 4 of the State Budget brought down on 17 June 2014.

The 2014/15 allocation and the three year forward cash flow for capital works in progress have been determined based on the current approved AAP forecast and adjusted for 2013/14 expenditure projections in the CapDOHRS and SMRT systems as at 31 March 2014. These forward cash flows are indicative amounts included within the overall Asset Acquisition Limits set by NSW Treasury, and are subject to change and will be confirmed when final expenditure figures for 2013/14 are available.

Allocations for capital projects relating to Locally Funded Initiatives and some Minor Works are under review and will be advised in July 2014.

It is important for Chief Executives to review the allocations and resolve any end of year adjustments with the Health System Planning and Investment Branch of the Ministry of Health in keeping with the schedule below. Requests for adjustment during 2014/15 will be considered against this baseline and they will only be considered for approval based on offset savings within the budget holder approved limits. As has been the case in 2013/14, capital program expenditure will be closely monitored throughout the year.

The attached table details the capital project schedule with Asset Authorisation Limits for 2014/15 and forward years.

In the 2014/15 financial year, requests for adjustment to allocation will only be considered within set dates and where applicable to coincide with Parameter and Technical change advice requested by the Ministry to Treasury. Deadlines for the receipt of advice on any proposed variation in project cash flow and budget adjustment are as follows:

- Round 1: Initial variation to BP4 project cash flows – **11 July 2014**
- Round 2: Variation for consideration as part Half Year Review – **3 October 2014**
- Round 3: Variation for consideration as part of Final review for 2014/15 – **30 January 2015**

Where projects are over \$10m and under the management of Health Infrastructure, the Chief Executive or representative should consult with the Chief Executive of Health Infrastructure to ensure that governance and respective accountabilities are clearly understood and agreed. Details of capital projects that are being managed by Health Infrastructure form part of the attached table where applicable.

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

- An update of year to date expenditure and full year expenditure projections for all projects are to be entered into the CapDOHRS and SMRT systems by the 8th calendar day each month;
- Capital Works status reports are to be submitted by the 12th calendar day each month;
- A Final Cost Certificate is to be submitted on the completion of a capital project.

Table 4 - Capital Program

CENTRAL COAST LHD									
ASSET AUTHORISATION LIMITS	SMRT/DOHRS	BP4 ETC 2014/15	Estimated Expenditure to 30 June 2014	Cost to Complete at 30 June 2014	BP4 Allocation 2014/15	BP4 Est. 2015/16	BP4 Est. 2016/17	BP4 Est. 2017/18	Balance to Complete
2014/15 Capital Projects		\$	\$	\$	\$	\$	\$	\$	\$
NEW WORKS 2014/15									
Long Jetty Renal Dialysis	P55342	3,500,000		3,500,000	1,300,000	2,200,000			
TOTAL NEW WORKS 2014/15		3,500,000		3,500,000	1,300,000	2,200,000			
WORKS IN PROGRESS									
Minor Works and Equipment >\$10,000 Program	P51069				3,122,899				
TOTAL WORKS IN PROGRESS					3,122,899				
TOTAL ASSET ACQUISITION PROGRAM		3,500,000		3,500,000	4,422,899	2,200,000			
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
NEW WORKS 2014/15									
Gosford Hospital Redevelopment	P55334	2,700,000		2,700,000	2,700,000				
Planning - Wyong Hospital Expansion	P55346				500,000				
TOTAL NEW WORKS 2014/15		2,700,000		2,700,000	3,200,000				
TOTAL MANAGED BY HEALTH INFRASTRUCTURE		2,700,000		2,700,000	3,200,000				

Notes:

The ETC for the Gosford Hospital Redevelopment project only reflects the 2014/15 allocation. Forward Year estimates will be advised when confirmed. Expenditure needs to remain within the Asset Authorisation Limits indicated above. Minor Works and Equipment >\$10,000 Program includes a confund contribution of \$2.662m.

SCHEDULE D: Service Volumes and Levels

Notes:

- Schedule D comprises two Parts:
 - Part A – Service Volumes and Levels.
 - Part B – Nationally Funded Centres and Supra LHD Services. All Agreements will include Part B in full to provide an overview of these Centers and Services to all LHDs and SHNs.
- NWAU = National Weighted Activity Units.
- Ind Spec = Targets to be individually specified for each Health Service

SCHEDULE D, PART A – SERVICE VOLUMES and LEVELS

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Acute Inpatient Services				
AI-001	Acute Inpatient Services - Public	NWAU	53,255	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Acute Inpatient Public services Rationale for Target: Major determinant of LHD funding
AI-002	Acute Inpatient Services - Eligible Private	NWAU	7,887	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Acute Inpatient Private services Rationale for Target: Major determinant of LHD funding
AI-003	Acute Inpatient Services - Compensable (DVA, MAA, Other)	NWAU	3,425	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Acute Inpatient Compensable services Rationale for Target: Major determinant of LHD funding
SURG-001	Elective Surgery - Admissions from Elective Surgery Waiting List	Number	10,108	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. Rationale for Target: Better management of waiting lists to minimise waiting time for Elective surgery
SURG-002	Planned Paediatric Surgery – Paediatric Admissions from Elective Surgery Waiting List	Number	745	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. Rationale for Target: Implementation of the Surgery for Children in Metropolitan Sydney Strategic Framework
Emergency Department Services				
ED-001	Emergency Department Services	NWAU	15,755	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Emergency Department services Rationale for Target: Major determinant of LHD funding

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Sub Acute Services				
SA-001	Sub and Non Acute Inpatient Services - All	NWAU	8,580	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Sub and Non Acute Inpatient services Rationale for Target: Major determinant of LHD funding
SA-002	Sub and Non Acute Inpatient Services – Palliative Care Component of SA-001	NWAU	267	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) Rationale for Target: Major determinant of LHD funding
Non Admitted Patient Services				
NA-001	Non Admitted Patient Services - Tier 2 Clinics	NWAU	19,119	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Non Admitted service events provided in Tier 2 clinics Rationale for Target: Major determinant of LHD funding
NA-002	Non Admitted Patient Services - Tier 2 Clinics	Service Events	390,430	Definition of Activity Measure: The number of service events delivered to patients in compensable and other state-only funded service units. A non-admitted patient service event is an interaction between one non-admitted patient and one or more healthcare provider(s) working within the context of one service unit on one calendar day, which contains clinical and/or therapeutic content that resulted in a dated entry being made in the patient's medical record. Rationale for Target: Context for NWAU
NA-003	Non Admitted Patient Services – Compensable and other State-only funded	NWAU	876	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all compensable and other State-only funded Non Admitted service events Rationale for Target: Major determinant of LHD funding
NA-004	Non Admitted Patient Services - Compensable and other State-only funded	Service Events	22,450	Definition of Activity Measure: The number of service events delivered to patients in compensable and other state-only funded service units. A non-admitted patient service event is an interaction between one non-admitted patient and one or more healthcare provider(s) working within the context of one service unit on one calendar day, which contains clinical and/or therapeutic content that resulted in a dated entry being made in the patient's medical record. Rationale for Target: Context for NWAU

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Public Dental				
PD-001	Public Dental Clinical Service – Total Dental Activity*	Dental weighted activity unit (DWAU)	15,121	<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 for Target: Targets are based on the total dental activity achieved by each LHD in 2012-13, compared with the funding provided. Targets have been revised upwards where the previous target was considered low given the LHD's historical performance and the funding to be provided.</p> <p>Additional Notes:</p> <ul style="list-style-type: none"> The non-base activity component needs to be delivered in each LHD by 31 March 2015. <p>*Total dental activity target, of which the base (state-funded) activity target is 12,251 DWAUs</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	5,233	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Mental Health Acute Inpatient services Rationale for Target: Major determinant of LHD funding
MHDA-003	Mental Health Inpatient Activity: Non Acute Inpatients	NWAU	13	Definition of Activity Measure: The service volume expressed using price weights (NWAU) for all Non Acute Mental Health Inpatient services Rationale for Target: Major determinant of LHD funding
MHDA-005	Mental Health Non Admitted services	Service Events	3,770	Definition of Activity Measure: The number of service events delivered to patients in compensable and other state-only funded service units. A non-admitted patient service event is an interaction between one non-admitted patient and one or more healthcare provider(s) working within the context of one service unit on one calendar day, which contains clinical and/or therapeutic content that resulted in a dated entry being made in the patient's medical record. Rationale for Target: This is the only measure of volume since these services do not currently attract a NWAU
MHDA-006	Drug & Alcohol Withdrawal Management (Inpatient and Outpatient)	Number	734	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 for Target: Six year average 2007/08 to 2012/13 Notes on Calculation of Target: Six year average 2007/08 to 2012/13.
MHDA-007	Drug & Alcohol Counselling, Outpatient Consultation and Support and Case Management	Number	863	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 for Target: Six year average 2007/08 to 2012/13 Notes on Calculation of Target: Six year average 2007/08 to 2012/13.
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 for Target: Six year average 2007/08 to 2012/13 Notes on Calculation of Target: Six year average 2007/08 to 2012/13.

Services
Block Funded Hospitals (1 Year Availability)
Not applicable

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Other Services				
MAU	Medical Assessment Unit	Beds	30	<p>Definition of Activity Measure: Beds Available for Admission from Emergency Department – Type 87, Medical Assessment Unit – (PD2012_054)</p> <p>Rationale for Target: To deliver faster, safer, better care for those with complex and chronic conditions and as an alternative to treatment in the Emergency Department.</p> <p>Notes on Calculation of Target: Continuation of levels from 2013/14</p>
PI-01	Pain Management Services	NWAU	Not applicable	<p>Definition of Activity Measure: NWAU = funding provided under NSW Pain Management Plan 2012-16 to support patient care.</p> <p>Rationale for Target: 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 ie 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 2014/2015, including those provided through enhancement. Tier 3 services funded to support Tier 2 services are to continue to support these services"</p>
PI-02	ComPacks	Number	818	<p>Definition of Activity Measure: Number of non-clinical case managed packages of community care 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 time of the transfer home.</p> <p>Rationale for Target: To support a safe discharged 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: Number of packages (Targets) based on each LHD ComPacks budget.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Other Services				
PI-03	Hospital in the Home	Number	2,150	<p>Definition of Activity Measure: The number of overnight and same day Bed Type 25 acute separations, as a measure of the number of patients receiving acute care in Hospital in the Home, as a substitution of hospitalisation.</p> <p>Rationale for Target: To increase the number of people who receive acute clinical care in their home and ambulatory settings to reduce hospitalisations. To reduce demand on inpatient hospital services, as per <i>GL2013_006 NSW Hospital in the Home (HITH) Guideline</i>.</p> <p>Notes on Calculation of Target Target established as a % increase from 2011/12 baseline Number of overnight acute admitted separations in Bed Type 25 The NWAU value for Hospital in the Home is in Acute Admitted</p>
HBD-1	Home Based Dialysis - Peritoneal Dialysis	%	30	<p>Definition of Activity Measure: 30 per cent of all dialysis activity to be home peritoneal dialysis</p> <p>Rationale for Target: NSW Dialysis Plan</p>
HBD-2	Home Based Dialysis - Haemodialysis	%	20	<p>Definition of Activity Measure: 20 per cent of all dialysis activity to be home haemodialysis</p> <p>Rationale for Target: NSW Dialysis Plan</p>
Population Health Services				
PH-006	School based immunisation program	%	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 This is an indicator of how well LHDs are implementing school based immunisation, a high priority public health activity.</p> <p>Notes on Calculation of Target Provision of school based immunisation services.</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 for Target: <i>Increasing Organ Donation in NSW Government Plan 2013</i> endorses this nationally agreed target.</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 for Target: <i>Increasing Organ Donation in NSW Government Plan 2013</i> endorses this nationally agreed target.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-008a	Healthy Children's Initiative - Children's Health Eating and Physical Activity Program (centre based children's service sites)	%	70	<p>Definition of Activity Measure: The percentage of centre-based children's service sites that have adopted the Children's Healthy Eating and Physical Activity specific program practices</p> <p>Rationale for Target: Priority in the NSW State Plan 2021 and target in accordance with the National Partnership Agreement on Preventive Health</p> <p>Notes on Calculation of Target Target established by the National Partnership Agreement on Preventive Health. The proportion (%) of adoption of the Children's Healthy Eating and Physical Activity specific Programs by Centre Based Children's Services.</p>
PH-008b	Healthy Children's Initiative - Children's Healthy Eating and Physical Activity Program (primary school sites)	%	70	<p>Definition of Activity Measure: The percentage of primary school sites that have adopted the Children's Healthy Eating and Physical Activity specific program practices</p> <p>Rationale for Target: Priority in the NSW State Plan 2021 and target in accordance with the National Partnership Agreement on Preventive Health.</p> <p>Notes on Calculation of Target Target established by the National Partnership Agreement on Preventive Health. The proportion (%) of adoption of the Children's Healthy Eating and Physical Activity Programs by primary school sites.</p>
PH-008c	Healthy Children's Initiative - Targeted Family Healthy Eating and Physical Activity Program (enrolments)	Number	592	<p>Definition of Activity Measure: The number of overweight/obese children 7-13 years old who enrol in the Targeted Family Healthy Eating and Physical Activity Program</p> <p>Rationale for Target: Priority in the NSW State Plan 2021 and target in accordance with the National Partnership Agreement on Preventive Health.</p> <p>Notes on Calculation of Target Set by the National Partnership Agreement on Preventive Health.</p>
PH-008d	Healthy Children's Initiative - Targeted Family Healthy Eating and Physical Activity Program (completion)	%	85	<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 6 or more program sessions</p> <p>Rationale for Target: Priority in the NSW State Plan 2021 and target in accordance with the National Partnership Agreement on Preventive Health.</p> <p>Notes on Calculation of Target Set by the National Partnership Agreement on Preventive Health.</p>
PH-009	Needle and Syringe Program	Number	622,195	<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 for Target: 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</p> <p>Notes on Calculation of Target Based on 2012/13 baseline.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-010a	Publicly funded sexual health services - HIV testing – occasions of service	%	10%	<p>Definition of Activity Measure: The percentage of increase of non-admitted occasion of services provided in publicly-funded HIV and sexual health services that are for HIV testing in the last 12 months in relation to previous financial year (2013/14)</p> <p>Rationale for Target: NSW Government has committed to increase HIV testing as per <i>NSW HIV Strategy 2012-2015</i>. Target indicates expected increase in relation to 2013/14 activity. Higher targets (50 and 30 per cent) were set for the top 6 LHDs in terms of HIV notifications rates.</p> <p>Notes on Calculation of Target Numerator – The difference between the current and previous reporting period of HIV testing occasions of service Denominator – The total number of HIV testing occasions of service in the previous reporting period</p>
PH-010b	Publicly funded sexual health services - HIV testing (Aboriginal)	%	5.73	<p>Definition of Activity Measure: The percentage of non-admitted services within publicly-funded HIV and sexual health that are for HIV testing provided to Aboriginal people in the last 12 months occasions of service</p> <p>Rationale for Target: The NSW Government has committed to reducing HIV transmission among Aboriginal people as per the <i>NSW HIV Strategy 2012 – 2015</i>.</p> <p>Notes on Calculation of Target Based on 2012/13 baseline.</p>
PH-010c	Publicly funded sexual health services - HIV testing (gay men)	%	41.63	<p>Definition of Activity Measure: The percentage of non-admitted occasions of service within publicly-funded HIV and sexual health services that are for HIV testing provided to gay men and other homosexually active men in the last 12 months</p> <p>Rationale for Target: The NSW Government has committed to reducing HIV transmission among gay men by 60 per cent by 2015 as per the <i>NSW HIV Strategy 2012 – 2015</i>.</p> <p>Notes on Calculation of Target Based on 2012/13 baseline.</p>
PH-010d	Publicly funded sexual health services - HIV treatment/ management occasions of service	Number	1,130	<p>Definition of Activity Measure: The number of non-admitted occasions of service within publicly-funded HIV and sexual health services that are for treatment or management of HIV diagnosed condition in the last 12 months</p> <p>Rationale for Target: The NSW Government has committed to increasing the proportion of people with HIV on treatment as per the <i>NSW HIV Strategy 2012 – 2015</i>.</p> <p>Notes on Calculation of Target Based on 2012/13 baseline.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-010e	Publicly funded sexual health services - STI testing/treatment/management occasions of service	Number	3,675	<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 for Target: Increase the proportion of priority populations 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 Based on 2012/13 baseline.</p>
PH-010f	Publicly funded sexual health services - STI testing/ treatment/ management (Aboriginal)	%	4.90	<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 Aboriginal people in the last 12 months</p> <p>Rationale for Target: 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 Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-010g	Publicly funded sexual health services - STI testing/treatment/management (gay men)	%	24.73	<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 for Target: 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 Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-010h	Publicly funded sexual health services - STI testing/ treatment/ management (sex workers)	%	4.90	<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 for Target: 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 Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-010i	Publicly funded sexual health services - HIV treatment/management (clients)	Number	185	<p>Definition of Activity Measure: The number of non-admitted occasions of service within publicly-funded HIV and sexual health services that are for treatment or management of HIV diagnosed condition in the last 12 months</p> <p>Rationale for Target: The NSW Government has committed to increasing the proportion of people with HIV on treatment as per the NSW HIV Strategy 2012 – 2015.</p> <p>Notes on Calculation of Target Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-011	Get Healthy Information and Coaching Service - Service participants	Number	528	<p>Definition of Activity Measure: The number of Get Healthy Service participants</p> <p>Rationale for Target: Priority in the <i>NSW State Plan 2021</i> and volume in accordance with the National Partnership Agreement on Preventive Health.</p> <p>Notes on Calculation of Target Volume in accordance with the National Partnership Agreement on Preventive Health (5 percent increase in relation to 2012/13).</p>
PH-012a	Stepping On Program – Groups	Number	56	<p>Definition of Activity Measure: The number of Stepping On Program groups</p> <p>Rationale for Target: Priority in the Population Health Priorities for NSW 2012-2017.</p> <p>Notes on Calculation of Target Volumes negotiated with LHDs in accordance with Population Health Priorities for NSW 2012-17.</p>
PH-012b	Stepping On Program - Participants	Number	560	<p>Definition of Activity Measure: The number of Stepping On Program participants</p> <p>Rationale for Target: Priority in the Population Health Priorities for NSW 2012-2017.</p> <p>Notes on Calculation of Target Expected volumes were determined based on an average of 10 participants per Stepping On group</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 for Target: Priority in the <i>NSW State Plan 2021</i>. 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 <i>NSW State Plan 2021</i>.</p>
PH-013b	Quit for New Life Program - Referred to the Quitline	%	80	<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 for Target: Priority in the <i>NSW State Plan 2021</i>.</p> <p>Notes on Calculation of Target Set in the <i>NSW State Plan 2021</i>.</p>
PH-013c	Quit for New Life Program - Provided Nicotine Replacement Therapy	%	80	<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 for Target: Priority in the <i>NSW State Plan 2021</i>.</p> <p>Notes on Calculation of Target Set in the <i>NSW State Plan 2021</i>.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-014a	Publicly funded hepatitis C related services – Hepatitis C Virus treatment assessment - Clients	Number	230	<p>Definition of Activity Measure: Number of clients in publicly funded services that are assessed for hepatitis C virus treatment</p> <p>Rationale for Target: Increase the number of people on hepatitis C treatment. Hepatitis C virus is a significant public health issue affecting between 1 and 2 per cent of the community.</p> <p>Notes on Calculation of Target Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-014b	Publicly funded hepatitis C related services - Hepatitis C Virus treatment assessment - Aboriginal clients	%	5.65	<p>Definition of Activity Measure: The percentage of Aboriginal clients in publicly funded services that are assessed for hepatitis C virus treatment</p> <p>Rationale for Target: 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 Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-014c	Publicly funded hepatitis C related services - Hepatitis C Virus treatment initiation - Clients	Number	88	<p>Definition of Activity Measure: Number of clients in publicly funded services that are initiated onto hepatitis C virus treatment</p> <p>Rationale for Target: Increase the number of people on hepatitis C treatment. Hepatitis C virus is a significant public health issue affecting between 1 and 2 per cent of the community.</p> <p>Notes on Calculation of Target Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-014d	Publicly funded hepatitis C related services - HCV treatment initiation - Aboriginal clients	%	5.68	<p>Definition of Activity Measure: The % of Aboriginal clients in publicly funded services that are initiated onto hepatitis C treatment</p> <p>Rationale for Target: 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 Based on 2012/13 baseline. Volumes to be maintained or increased in relation to 2012/13 activity.</p>
PH-015a	Chronic Care for Aboriginal People Program - Followed up	%	90	<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 for Target: 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 for Target: Targets post-acute care.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Population Health Services				
PH-016	Management of Legionella risk in LHD facilities – Facilities	%	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 for Target: 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</i> Policy Directive.</p>
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 and reflects 75 per cent of all mothers of Aboriginal babies (newborns) in each LHD.</p> <p>Rationale for Target: 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	144	<p>Definition of Activity Measure: The number of new clients (incident cases) enrolled in the Building Strong Foundations service</p> <p>Rationale for Target: 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 Stronger Foundations provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
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 for Target: 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: Denominator: Number of families with a newborn who are eligible to receive Universal Health Home Visits Numerator: Number of families who receive Universal Health Home Visits within two weeks of the baby's birth.</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. UHHV may be provided using localised models that best meet local client and service needs. For example, visits that are not necessarily conducted in the client's home (eg. in a group setting), providing that one-on-one assessments can be undertaken in private.</p>
KF-004	Child Protection Counselling Services - Inbound referrals provided a service (accepted) by Child Protection Counselling Services	Number	101	<p>Definition of Activity Measure: The minimum number of new clients who are referred to the service and allocated a counsellor.</p> <p>Rationale for Target: Aim is to maintain current level of service delivery.</p> <p>Notes on Calculation of Target: Based on existing service level.</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 for Target: 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 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: Denominator: Number of eligible women presenting to Antenatal, Child and Family, Drug and Alcohol and Mental Health Services. Numerator: Number of women screened</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. A snapshot of screening data is taken during the month of November and is used to estimate the Annual screening rate. Number corresponds to approximately 70 percent of eligible women for each Health Service</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)	%	> 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 for Target: The target is consistent with the fidelity measures for the UNSW Miller Early Childhood Sustained Home-visiting program, a randomised control trial on which the Sustaining NSW Families Program is based. 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: Denominator: Number of families in the Sustaining NSW Families program with children who have reached 24 months age during 2014-15. (Excludes families who have not commenced the program). Numerator: Number of families who completed the program (i.e., family remaining in the program until child reaches age 2 years) in the reporting period.</p> <p>Additional notes: Sustaining NSW Families provides intensive home visiting to vulnerable families to support parent-child relationships and optimise child health and wellbeing.</p>
KF-007	Out of Home Care Health Pathway (Keep Them Safe)	%	100	<p>Definition of Activity Measure: Children and young people (in Statutory Out of Home Care) on the Out of Home Care Model Pathway that receive a primary health assessment as a percentage of children in statutory out of home care who receive a 2a referral</p> <p>Rationale for Target: 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 OOHC, 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: Denominator: Number of children in statutory out of home care who are referred for a 2a Health Assessment Numerator: Number of children in statutory out of home care who receive a 2a referral.</p>
KF-008	New Street Services (Keep Them Safe) – New Clients in program	Number	Not applicable	<p>Definition of Activity Measure: The number of new clients accepted into the program</p> <p>Rationale for Target: 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 3 LHDs – Hunter New England, Western NSW and Western Sydney.</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-009	Sexual Assault Services – High priority referrals (priority 1, 2, and 3) to Sexual Assault Services receiving an initial psychosocial assessment	%	100	<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 for Target: 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. PD_2005_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 1, 2 or 3. 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, counselling, 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 (StEPS) - 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 for Target: 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: Denominator: Number of children age 4 yrs old Numerator: Number of 4 yr olds receiving an eye sight screen Additional notes: The Statewide Eyesight Pre-schooler Screening program is a universal, free vision screening program for all 4 year old children in NSW.</p>
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 for Target: Undertaking a psycho-social assessment of young people is a key element of the mandated 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 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</p>

Service Code	Service Name	Measurement Unit	Volume or Level	Explanatory Notes
Maternal, Child, Youth and Family Services				
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 for Target: 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: Denominator: Number of eligible newborn babies in NSW Numerator: Number of newborn babies that have completed a newborn hearing screening</p>
Primary and Community Health Services				
PC-001	Facilitated discharge planning for older people, including Aged-Related Care Services - 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 for Target: 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 - 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 for Target: 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	Provision of Chronic Disease Management (Connecting Care) Program - Currently Enrolled Clients	Number	3,281	<p>Definition of Activity Measure: To be currently enrolled in the Chronic Disease Management Program, people must be >16 yr of age, have one or more of the target conditions, have completed the consent process, have a comprehensive assessment either scheduled or completed and be actively monitored and reviewed by service.</p> <p>Rationale for Target: The Ministerial commitment provides a target of 59,000 people to be enrolled in the program by 2014/15</p> <p>Notes on Calculation of Target: Targets (and funding) based on population over 65 yr residing in LHD. Target for JH was agreed when funding was provided in 2010/11</p>

Services			Explanatory Notes
Teaching Training and Research			
TT-001	Teaching Training and Research		See Schedule B, Section 6

SCHEDULE D, PART B – NATIONALLY FUNDED CENTRES and SUPRA LHD SERVICES

Note: All Agreements include Part B in full to provide an overview of these Centers and Services to all LHDs/Networks.

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 for Target: 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 for Target: 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	Norwood Procedure – Nationally Funded Centre	N/A	Sydney Children's Hospital - Westmead	See Notes	<p>Definition of Activity Measure: N/A</p> <p>Rationale for Target: 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 Norwod 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 for Target: 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	Notes
Supra LHD Services					
AICU / HDU	Adult Intensive Care Unit / High Dependency Unit	Beds	Royal North Shore (38) Westmead (47) Nepean (20) Liverpool (29 + 2 new ICU in 2014/15) Royal Prince Alfred (50) Concord (15) St George (35 + 1 new ICU in 2014/15) Prince of Wales (22) John Hunter (21 including 4 paediatric intensive care cots, + 1 new ICU in 2014/15) St Vincent's (20)	See Locations 24 Hours, 7 days	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 Rationale for Target: 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 2012/13. Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_21 Additional notes: The bed numbers are Intensive Care Unit / High Dependency Unit. Bed numbers listed in the baselines are as at July 2013. Any capacity changes for 2014/15 are shown as new.
ALT	Adult Liver Transplant	Number	Royal Prince Alfred	See Notes	Definition of Activity Measure: Number of transplants undertaken for listed patients Rationale for Target: 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 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.
SSCI	Severe Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN	See Notes	Definition of Activity Measure: Equitable statewide access for severe spinal cord injuries Rationale for Target: NSW Spinal Cord Injury Plan Additional notes: Provision of the Statewide Severe Spinal Cord Injury Service role, inclusive of intensive care, acute and subacute phases of care.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Notes
Supra LHD Services					
BMTA	Blood and Marrow Transplantation - Autologous	Number	St Vincent's (38) Westmead (34) Royal Prince Alfred (36) Liverpool (34) Royal North Shore (65) Calvary Mater (27) Prince of Wales (13) St George (17) Concord (18) Gosford (12) Nepean (12) Wollongong (15) SCHN Randwick & Westmead (32) John Hunter Children's (3)	See Locations	Definition of Activity Measure: Number of transplants for listed patients. Clinical need will outweigh wait list time Rationale for Target: NSW BMT Plan Notes on Calculation of Target: Mid-point between 2011 and 2016 projections from plan Additional notes: Service levels should not be less than those achieved in 2013/14. These services will be available equitably to all referrals from across the state.
BMTAA	Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (33) Westmead (57) Royal Prince Alfred (16) Liverpool (5) Royal North Shore (32) SCHN Randwick & Westmead (47)	See Locations	Definition of Activity Measure: Number of transplants for listed patients. Clinical need will outweigh wait list time Rationale for Target: Equitable access for all NSW residents as outlined in NSW Blood and Marrow Transplantation Plan Notes on Calculation of Target: Mid-point between 2011 and 2016 projections from plan Additional notes: Service levels should not be less than achieved in 2013/14. These services will be available equitably to all referrals from across the state.
BMTL	Blood and Marrow Transplant Laboratory	N/A	St Vincent's Westmead Royal Prince Alfred Liverpool Royal North Shore Calvary Mater St George SCHN Randwick	See Notes	Definition of Activity Measure: N/A Rationale for Target: 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 for Target: 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	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 for Target: 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 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>
HLT	Heart Lung Transplantation	Number	St Vincent's	See Notes	<p>Definition of Activity Measure: Number of transplants undertaken for listed patients</p> <p>Rationale for Target: 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>
HRM	High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	See Notes	<p>Definition of Activity Measure: Equitable access for NSW women to consultation, diagnostics and treatment modalities.</p> <p>Rationale for Target: NSW Critical Care Networks (Perinatal) 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 2013/14, in order to provide an effective statewide network and reduce unnecessary transfers.</p>
MOTH	Mothersafe – Royal Hospital for Women	N/A	Royal Hospital for Women	See Notes	<p>Definition of Activity Measure: N/A</p> <p>Rationale for Target: N/A</p> <p>Additional notes: Available to provide advice and information to pregnant and lactating women, and health care workers, about the risks associated with potential foetal teratogens. Service levels should be at least those achieved in 2013/14</p>

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Notes
Supra LHD Services					
MTS	Major Trauma Service	Hours	Royal Prince Alfred St George Westmead Liverpool Royal North Shore John Hunter St Vincent's SCHN Randwick & Westmead	24 Hours, 7 days	Definition of Activity Measure: Access to multidisciplinary services and definitive care provided in Major Trauma Service. Rationale for Target: NSW Trauma Plan. Availability of all clinical services required for Major Trauma Service patients 24 Hours per day, 7 days per week. Additional notes: Fulfil role as a Major Trauma Service as described in the Selected Specialty and Statewide Service Plan - NSW Trauma 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 (21 cots+ 1 new cot in 2014/15)	See Locations 24 Hours, 7 days	Definition of Activity Measure: Cot availability relates directly to equitable access for babies to consultation, diagnostics and treatment modalities. Rationale for Target: NSW Critical Care Networks (Perinatal) PD2010_069 Additional notes: Provide a minimum of not less than a minimum level of service equivalent to cots listed. Units fulfil 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.
PERI	Peritonectomy	Number	St George	80	Definition of Activity Measure: Number of peritonectomy cases undertaken. Rationale for Target: 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. Additional notes: Provision of Peritonectomy services accepted by the Extended Multi-Disciplinary Team (EMDT)
PICU	Paediatric Intensive Care	Bed availability	SCHN Randwick (13 beds) SCHN Westmead (21 beds + 1 new bed in 2014/15) John Hunter (up to 4 beds)	See Locations 24 Hours, 7 days	Definition of Activity Measure: Bed availability relates directly to equitable access for children to consultation, diagnostics and treatment modalities. Rationale for Target: NSW Critical Care Networks (Paediatrics) PD2010_030 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 2013/14. (add Previous hours) Services to be provided in accordance with Critical Care Network Referral Role as described in PD2010_030.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Notes
Supra LHD Services					
RTX	Radiotherapy	Courses (new and retreat)	Prince of Wales (3 linacs) St George (3 linacs) St Vincent's (1 linac) Royal North Shore (3 linacs) Lifehouse (RPAH) (5 linacs) Westmead (4 linacs) Nepean (2 linacs) Liverpool (4 linacs) Campbelltown (2 linacs) Calvary Mater Newcastle (5 linacs) Tamworth (1 linac) Gosford (2 linacs) Wollongong (3 linacs) Nowra (1 linac) Lismore (2 linacs) Coffs Harbour (2 linacs) Port Macquarie (2 linacs) Orange (2 linacs)	See Locations Planning target 414 courses per linac but no less than 350 courses per linac	Definition of Activity Measure: Number of new and retreatment patients treated with radiotherapy. Rationale for Target: Planning target of 414 courses per linac based on agreed national planning parameters. Minimum target has been considered in relation to the average number of courses per linac for public sector services in 2012. Noting targets, services at individual sites at a level not less than activity in 2013/14. Additional notes: Each Radiation Oncology Treatment Centre provides access to radiotherapy services as part of comprehensive cancer services as per the <i>Radiotherapy Services in NSW - Strategic Plan to 2016</i>
SBS	Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	See Locations 24 Hours, 7 days	Definition of Activity Measure: Bed availability relates directly to equitable access to consultation, diagnostics and treatment modalities in both inpatient and outpatient settings. Rationale for Target: NSW Severe Burns Transfer Guidelines 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.
SDC	Sydney Dialysis Centre	Access	Royal North Shore	See Notes	Definition of Activity Measure: Access, set up and ongoing support for home dialysis equipment. Rationale for Target: As per 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District 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.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Notes																
Supra LHD Services																					
GEN	Genetics	Access		See Notes	<p>Definition of Activity Measure: Provision of outreach services to partner LHDs.</p> <p>Rationale for Target: N/A</p> <p>Additional notes: Maintenance of Outreach and other Services as follows:</p> <table border="1"> <thead> <tr> <th>Provider</th> <th>Recipient</th> </tr> </thead> <tbody> <tr> <td>Hunter New England LHD</td> <td>Mid North Coast LHD, Northern NSW LHD</td> </tr> <tr> <td>SCHN (Westmead)</td> <td>Western NSW LHD, Far West LHD</td> </tr> <tr> <td>South West Sydney LHD</td> <td>Murrumbidgee LHD, Southern NSW LHD</td> </tr> <tr> <td>Northern Sydney LHD</td> <td>Central Coast LHD</td> </tr> <tr> <td>SCHN (Randwick)</td> <td>Illawarra Shoalhaven LHD</td> </tr> <tr> <td colspan="2">Adult Metabolic Genetics hosted at Western Sydney LHD, Hunter New England LHD and SCHN</td> </tr> <tr> <td colspan="2">Genetics of Learning Disabilities service HNELHD</td> </tr> </tbody> </table>	Provider	Recipient	Hunter New England LHD	Mid North Coast LHD, Northern NSW LHD	SCHN (Westmead)	Western NSW LHD, Far West LHD	South West Sydney LHD	Murrumbidgee LHD, Southern NSW LHD	Northern Sydney LHD	Central Coast LHD	SCHN (Randwick)	Illawarra Shoalhaven LHD	Adult Metabolic Genetics hosted at Western Sydney LHD, Hunter New England LHD and SCHN		Genetics of Learning Disabilities service HNELHD	
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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 for Target: N/A</p>																
SS	NSW Newborn Blood Spot Screening	N/A	SCHN Westmead	See Notes	<p>Definition of Activity Measure: Provide equitable access to NSW Newborn Blood Spot Screening services for residents across the state and the Australian Capital Territory.</p> <p>Rationale for Target: N/A</p>																

SCHEDULE E: Performance Measures

KPIs

The performance of LHDs, other Health Services 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
X 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 NSW 2021: A Plan to Make NSW Number One, 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	ICU Central Line Associated Bloodstream (CLAB) Infections (number)	0	≥ 1	N/A	0
Tier 2	Incorrect procedures: Operating Theatre- resulting in death or major loss of function (number)	0	≥ 1	N/A	0
Tier 2	Mental Health: 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
Service Access and Patient Flow					
Tier 1	Transfer of Care Time from Ambulance to ED < 30 minutes (%)	90	< 80	≥ 80 and < 90	≥ 90
Tier 1	National Emergency Access Target - Patients with total time in ED ≤ 4 hrs (%)	81 Jul-Dec 2014	< 71	≥ 71 and < 81	≥ 81
		90 Jan-Jun 2015	< 81	≥ 81 and < 90	≥ 90
Tier 2	Presentations staying in ED > 24 hours (number)	0	>5	≥1 and ≤5	0
National Elective Surgery Target Part 1: Elective Surgery Patients Treated on Time (%):					
Tier 1	• Category 1	100 Jul-Dec 2014	< 100	N/A	100
		100 Jan-Jun 2015	< 100	N/A	100
	• Category 2	97 Jul-Dec 2014	< 93	≥ 93 and < 97	≥ 97
		100 Jan-Jun 2015	< 100	N/A	100
	• Category 3	97 Jul-Dec 2014	< 95	≥ 95 and < 97	≥ 97
		100 Jan-Jun 2015	< 100	N/A	100

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Service Access and Patient Flow					
National Elective Surgery Target Part 2.2: Average overdue waiting time (days)					
Tier 1	• Category 1	0 As at 31 Dec 2014	≥ 1	N/A	0
	• Category 2	10 As at 31 Dec 2014	> 10	N/A	≤ 10
	• Category 3	33 As at 31 Dec 2014	> 33	N/A	≤ 33
Tier 2	Mental Health: Presentations staying in ED > 24 hours (number)	0	> 5	≥ 1 and ≤ 5	0
Tier 2	Connecting Care Program: people currently enrolled (number)	See Schedule D	> 10% under target	≤ 10% under target	Target met or better
Tier 2	Non-Urgent Patients waiting > 365 days for an initial specialist outpatient services appointment (Number)	0	TBD	TBD	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 (Service Events)	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

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Finance and Activity					
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
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	< 20 improvement	N/A	≥ 20 improvement
Population Health					
Healthy Children's Initiative					
Tier 2	Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (% cumulative)	70	<40	≥40 and <70	≥70
Tier 2	Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard (% cumulative)	70	<40	≥40 and <70	≥70
Tier 2	HIV testing occasions of service within publicly-funded HIV and sexual health services (%increase)	10	<6%	≥6 and <10	≥10

SERVICE MEASURES

Safety and Quality
Deteriorating Patients (rate per 1,000 separations): <ul style="list-style-type: none"> • Rapid response calls • Cardio respiratory arrests
Clostridium Difficile Infections (per 1,000 separations)
Root Cause Analysis – completed in 70 days (%)
Complaints Management – resolved within 35 days (%)
Unplanned hospital readmissions: all admissions within 28 days of separation (%): <ul style="list-style-type: none"> • All persons • Aboriginal persons
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
Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): <ul style="list-style-type: none"> • All persons • Aboriginal persons
Aboriginal inpatients who Discharged Against Medical Advice (%)
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 following treatment: Overall care received (good, very good)
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)
ED attendances admitted to ward / Intensive Care Unit / Operating Theatre (%)
ED attendances treated within benchmark times (%): <ul style="list-style-type: none"> • Triage 1 • Triage 2 • Triage 3 • Triage 4 • Triage 5
Emergency Admission Performance - Patients admitted to an inpatient bed within 8 hours of arrival in the ED (%)
Mental Health: Emergency Admission Performance: patients admitted to a mental health inpatient bed within 8 hours of arrival in the ED (%)
National Elective Surgery Target (NEST) Part 2.1: 10% of Longest waiting patients as at 31 December 2013 treated by 31 December 2014 (number)
Overdue elective surgery patients (number) <ul style="list-style-type: none"> • Category 1 • Category 2 • Category 3
Elective Surgery: Activity compared to previous year (Number)
Elective Surgery Theatre Utilisation: operating room occupancy (%)

Service Access and Patient Flow

Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence:

- Emergency Surgery (%)
- Planned Surgery (%)

Separations (number):

- Acute overnight
- Acute Same Day
- Sub Acute overnight
- Sub Acute Same Day

Average Length of Episode Stay - Overnight patients (days)

Hospital in the Home:

- Admitted activity (%)
- Admitted activity (number)
- Non admitted activity (number)

Avoidable Admissions for targeted conditions Adults (>16 years): (number)

- Pulmonary Embolism without Catastrophic CC
- Respiratory Infections/Inflammations W/O CC
- Chronic Obstructive Airways Disease W/O Catastrophic CC
- Venous Thrombosis without Catastrophic or Severe CC
- Osteomyelitis W/O Catastrophic or Severe CC
- Cellulitis W/O Catastrophic or Severe CC
- Kidney & Urinary Tract Infection without Catastrophic or Severe CC

Available beds (number)

Bed Occupancy (%)

Connecting Care Program:

- Aboriginal people enrolled (number)
- People identified as eligible for 48Hr Follow Up (number)
- People identified as eligible for Chronic Care Rehab (number)
- People identified as requiring an Aged Care Assessment (ACAT Evaluation Unit) (number)

Acute to Aged-Related Care Services patients seen (number)

Aged Care Services in Emergency Teams patients seen (number)

Breast Screen Participation Rates (All women - 50 -69 year age group)

People and Culture

Workplace injuries (%)

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

- Medical
- Nursing
- Allied Health

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

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

Aboriginal Workforce as a proportion of total workforce

YourSay Survey:

- Estimated Response Rate
- Engagement Index
- Workplace Culture Index

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 (%)

Cost per NWAU

Coding timeliness – records with valid DRGs (%)

Number and % of records unable to be grouped to URG with breakdown for error code E1-E5 (highlight grouper problems)

Number and % of records unable to be grouped to UDG with breakdown for error code E1 and E2

ED coding completeness - records with valid URG (%)

NAP data completeness:

- Patient Level (%)
- Valid Health Establishment Registration Online identification (%)

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

Red Tape Reduction savings (%)

Population Health

Healthy Children's Initiative (Children 7-13 years who)

- Enrolled in the Targeted Family Healthy Eating and Physical Activity Program (Number)
- Complete the Targeted Family Healthy Eating and Physical Activity Program (%)

Needles and syringes distribution – in the public sector (Number)

STI testing/treatment/management – occasions of service within publicly-funded sexual health services by specific priority populations: (Number, %)

- Total
- Aboriginal people
- Sex workers
- Gay men and other homosexually active men

HIV testing occasions of service within publicly-funded HIV and sexual health services (Number) by specific priority population: (%)

- Aboriginal people
- Gay men and other homosexually active men

HIV treatment/management occasions of service within publicly-funded HIV and sexual health services (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

Aboriginal women who smoked at any time during pregnancy (%)

SCHEDULE F: Governance Requirements

The Boards of Local Health Districts, other applicable Health Services 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.

LHDs, Health Services 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.

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:

- Standard 1: Establish robust governance and oversight frameworks
- Standard 2: Ensure clinical responsibilities are clearly allocated and understood
- Standard 3: Set the strategic direction for the organisation and its services
- Standard 4: Monitor financial and service delivery performance
- Standard 5: Maintain high standards of professional and ethical conduct
- Standard 6: Involve stakeholders in decisions that affect them
- Standard 7: Establish sound audit and risk management practices

Source: Corporate Governance and Accountability Compendium is published 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 (PD2009_039).
- Due Quarterly (financial year) the entity Risk Management Register for those risks identified by the Health District or Specialty Network with a consequence or impact rating of extreme or of significant strategic risk.
- 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.

Clinical Governance

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality and requires Local Health Districts, other applicable Health Services and Support Organisations to meet the following standards:

- Standard 1: Health services have systems in place to monitor and review patient safety.
- Standard 2: Health Services have developed and implemented policies and procedures to ensure patient safety and effective clinical governance.
- Standard 3: An incident management system is in place to effectively manage incidents that occur within health facilities and risk mitigation strategies are implemented to prevent their reoccurrence.
- Standard 4: Complaints management systems are in place and complaint information is used to improve patient care.
- Standard 5: Systems are in place to periodically audit a quantum of medical records to assess core adverse events rates.
- Standard 6: Performance review processes have been established to assist clinicians maintain best practice and improve patient care.
- Standard 7: Audits of clinical practice are carried out and, where necessary, strategies for improving practice are implemented.

In addition, 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.

Clinical governance obligations will be demonstrated through guiding principles based on the National Safety and Quality Framework:

Consumer centred – which means:

- Providing care that is easy for patient to get when they need it.
- Making sure that healthcare staff respect and respond to patient choices, needs and values.
- Forming partnerships between patients, their family, carers and healthcare providers.

Driven by information – which means:

- Using up to date knowledge and evidence to guide decisions.
- Safety and quality data are collected, analysed and fed back for improvement.
- Taking action to improve patients' experiences.

Organised for safety – which means:

- Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised