2016-17

Service Agreement

An agreement between:
Secretary, NSW Health
and
Central Coast Local Health District
for the period
1 July 2016 – 30 June 2017

NSW GOVERNMENT | Health

AGREEMENT

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

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 : 25/7/16 Signed : .....

Ms Kerry Stevenson
A/Chief Executive
Central Coast Local Health District

Date: 25.7.2016 Signed: .....

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: 19/8/16 Signed: .....

Terminology

In this Service Agreement:

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

Abbreviations:

ABF	Activity Based Funding
ADA	Australian Dental Association
AHO	Affiliated Health Organisation
AMA	Australian Medical Association
AN-SNAP	Australian National Sub-Acute and Non-Acute Patient
ASMOF	Australian Salaried Medical Officers Federation
COAG	Council of Australian Governments
DRG	Diagnostic Related Group
DWAU	Dental Weighted Activity Unit
FTE	Full Time Equivalent
GL	Guideline
GP	General Practice/Practitioner
HETI	Health Education and Training Institute
HIV	Human Immunodeficiency Virus
HREC	Human Research Ethics Committee
ICT	Information & Communications Technology
KPI	Key Performance Indicator
LHD	Local Health District
MoH	Ministry of Health
MPS	Multipurpose Service
NFC	Nationally Funded Centre
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NHRA	National Health Reform Agreement
NPA	National Partnership Agreement
NSW	New South Wales
NWAU	National Weighted Activity Unit
PD	Policy Directive
RACMA	Royal Australasian College of Medical Administrators
SHC	Statutory Health Corporation
SHN	Specialty Health Network
SSS	Selected Specialty Services
STI	Sexually Transmitted Infections
UDG	Urgency Disposition Group
UHHV	Universal Health Home Visits
URG	Urgency Related Group

Contents

1. Purpose and Objectives of the Service Agreement

Principal Purpose:

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

Objectives:

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

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

2. Strategic Context

Schedule A outlines the strategic context and key strategic priorities for NSW Health in 2016/17.

3. CORE Values of NSW Health

Achieving the goals, directions and strategies for NSW Health in 2016/17 requires clear, co-ordinated and collaborative prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

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

4. Regulatory and Legislative Framework for this Agreement

Health Services Act 1997

The primary purpose of Districts and Networks is to promote, protect and maintain the health of the community, and to provide relief to sick and injured people through care and treatment (*s9*). The functions of the LHD Board include ensuring (*s28*):

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

Under s127 of the Health Services Act 1997, the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) to a Local Health District. Under the conditions of subsidy applicable to Districts and Networks, all funding provided for specific purposes must be used for those purposes unless approved by the Secretary, NSW Health.

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

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

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

National Agreements

The National Health Reform Agreement requires the NSW Government to establish a Service Agreement with each District and Network, which specifies the number and broad mix of services and the level of funding to be provided (sD8).

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

Inclusions within Schedule C of this Agreement will form the basis of District/Network level reporting to the Administrator of the National Health Funding Body for NHRA in-scope services. The Administrator of the National Health Funding Pool requires states and territories to provide patient identified data on actual hospital services delivered (NHRA, clause B63). This will broadly include:

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

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

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

5. The NSW Health Performance Framework

The Service Agreement is a key component of the NSW Health Performance Framework. The Framework:

- Has the over-arching objectives of improving service delivery, patient safety and quality.
- Provides a single, integrated process for performance review, escalation and management.
- Provides a clear and transparent outline of how the performance of Districts and Networks is assessed.
- Outlines how responses to performance concerns are structured to improve performance.
- Operates in conjunction with the NSW Health Purchasing Framework and the NSW Activity Based Funding and Small Hospitals Operational Specifications.

6. 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.

7. Summary of Schedules

A: Strategic Priorities - Outlines key NSW Health priorities to be reflected in the LHD's Strategic and Services Plans and in operational delivery. Additional local priorities are to be detailed in the LHD's Strategic Plan, a copy of which is to be provided to the Ministry.

B: Services and Facilities - Relates primarily to services and facilities under the governance of, or supported by, the LHD as well as partnerships, collaborations or other significant relationships with other organisations. These services and facilities are articulated within the following sections of Schedule B:

SECTION 1	Service Planning
SECTION 2	Services and Facilities
SECTION 3	Organisations with which the LHD has partnerships, collaborations or other significant relationships
SECTION 4	Community Based Service Streams
SECTION 5	Population Health programs
SECTION 6	Aboriginal Health
SECTION 7	Children, Young People and Families
SECTION 8	Teaching, Training and Research

C: Budget - Outlines the operating and capital budget allocated to the LHD for the provision of its services, operations and capital works as well as the applicable funding under the National Health Funding Body Service Agreement.

D: Service Volumes and Levels - Lists the volume, weighted volume or level of each service the NSW Ministry of Health will purchase from the LHD.

E: Performance Measures - Lists the key performance indicators that affect escalation/de-escalation under the NSW Health Performance Framework and the service measures that provide context against which performance is assessed.

F: Governance Requirements - Outlines the structures and processes the LHD is to have in place to fulfil its statutory obligations and ensure good corporate and clinical governance, taking account of NSW Health Corporate Governance and Accountability Compendium requirements and its roles and responsibilities as a key member organisation of the wider NSW network of public health system organisations.

SCHEDULE A: Strategic Priorities

This Schedule outlines the key strategic priorities for NSW Health in 2016/17. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. Delivery of the strategic priorities is the responsibility of all entities.

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

- Deliver NSW: Making it Happen, including the Premier's and State Priorities.
- Achieve the key goals, directions and strategies articulated within the *NSW* State Health Plan: Towards 2021 and the NSW Rural Health Plan: Towards 2021.
- Harmonise the implementation and delivery of key plans and programs across NSW Health.
- Support Districts and Networks to deliver optimal and efficient frontline services.
- Provide leadership in NSW Health's contribution to the Reform of the Federation process, review of primary health care and any resulting reforms; and identification of strategies to drive efficiency and sustainability in the health system.
- Deliver on NSW Government election commitments.

NSW: Making it Happen

NSW: Making it Happen outlines 30 'State Priorities' including 12 'Premier's Priorities' that together define the NSW Government's vision for a stronger, healthier and safer NSW. The priorities on page 12 are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, it is expected that all entities will work together to ensure successful delivery of the Making it Happen priorities. This includes contributing to the implementation and delivery of Premier's and State Priorities, in both lead and partnering agency capacities.

Election Commitments

NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019. The election commitments comprise a mix of capital, service and research initiatives to build capacity and drive innovation across NSW Health. To be led by the Ministry, the support of Districts, Networks, Pillars and other Health agencies will be critical to delivery of the commitments.

Information on the election commitments can be found at
http://www.budget.nsw.gov.au/__data/assets/pdf_file/0008/126377/Election_Commitments_2015-19.pdf

Key System Priorities for 2016/17

The key strategic priorities for NSW Health in 2016/17 are articulated within the 'Plan on a Page' on page 13 of this document. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Pillars, Support Organisations, Districts and Networks comprising NSW Health. Delivery of the strategic priorities is the mutual responsibility of all entities.

NSW: Making it Happen

OUR CONTRIBUTION TO THE 30 NSW PRIORITIES

NSW Health is contributing directly to 12 of the 30 NSW priorities, including 7 of the 12 Premier's priorities

NSW GOVERNMENT Health

State Priorities

PROTECTING THE VULNERABLE

01 Successful implementation of the NDIS by 2018

Increase the number of households successfully transitioning out of social housing

BETTER SERVICES

Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%

02 70% of government transactions to be conducted via digital channels by 2019

03 Increase the on-time admissions for planned surgery, in accordance with medical advice

Increase attendance at cultural venues and events in NSW by15% by 2019

Maintain or improve reliability of public transport services over the next 4 years

SAFER COMMUNITIES

LGAs to have stable or falling reported violent crime rates by 2019

04 Reduce adult re-offending by 5% by 2019

Reduce road fatalities by at least 30% from 2011 levels by 2021

STRONG BUDGET AND ECONOMY

Make NSW the easiest state to start a business

Be the leading Australian state in business confidence

Increase the proportion of completed apprenticeships

Halve the time taken to assess planning applications

Maintain the AAA credit rating

05 Expenditure growth to be less than revenue growth

BUILDING INFRASTRUCTURE

90% of peak travel on key roads routes in on time

Increase housing supply across NSW to deliver more than 50,000 approvals every year

Premier's Priorities

PROTECTING OUR KIDS

06 Decrease the percentage of children and young people re-reported at risk of significant harm by 15%

REDUCING DOMESTIC VIOLENCE

07 Reduce the proportion of domestic violence perpetrators re-offending within 12 months by 5%

TACKLING CHILDHOOD OBESITY

09 Reduce overweight and obesity rates of children by 5% over 10 years

IMPROVING SERVICE LEVELS IN HOSPITALS

10 81% of patients through emergency departments within four hours

IMPROVING GOVERNMENT SERVICES

11 Improve customer satisfaction with key government services every year, this term of government

DRIVING PUBLIC SECTOR DIVERSITY

12 Double the number of Aboriginal and Torres Strait Islander peoples in senior leadership roles and increase the proportion of women In senior leadership roles to 50% in the government sector in the next 10 years

BUILDING INFRASTRUCTURE

08 key infrastructure projects to be delivered on time and on budget

IMPROVING EDUCATION RESULTS

Increase the proportion of NSW students in the top two NAPLAN bands by 8%

REDUCING YOUTH HOMELESSNESS

Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 10%

FASTER HOUSING APPROVALS

90% of housing development applications determined within 40 days

CREATING JOBS

150,000 new jobs by 2019

KEEPING OUR ENVIRONMENT CLEAN

Reduce the volume of litter by 40% by 2020

Key System Priorities for 2016/17

NSW HEALTH STRATEGIC PRIORITIES: Plan on a Page FY 2016/17

Direction 1: Keeping People Healthy	1.1	Drive **preventative and population health** programs with a focus on tackling childhood obesity
	1.2	Improve **Aboriginal and Torres Strait Islander** health outcomes
	1.3	Collaborate to support **vulnerable youth** to protect children at risk and reduce homelessness
	1.4	Develop whole of government **drug and alcohol response**
	1.5	Drive whole of government initiatives to reduce **domestic violence** and perpetrator re-offences
Direction 2: Providing World-Class Clinical Care	2.1	Deliver **better value care** through safe, quality, efficient and evidence-based care
	2.2	**Improve service levels** in hospitals by cutting waiting times for emergency and planned surgery
	2.3	Improve patient and carer **satisfaction with key health services** and build strong engagement
	2.4	Implement **new business investment models** to deliver evidence-based social impact
	2.5	Implement **strategic commissioning** for relevant clinical services
Direction 3: Delivering Truly Integrated Care	3.1	Embed emerging models of **integrated care and care in the community**, working with the Commonwealth
	3.2	Implement the 'Living Well' plan to deliver **mental health reform** across the system
	3.3	Promote choice through the introduction of **End of Life care** programs
	3.4	Protect the vulnerable through transition to the **National Disability Insurance Scheme**

Strategy 1: Support and Develop our Workforce	4.1	Develop the **capabilities of our workforce** to be agile, nimble and value focused
	4.2	**Recruit, support and performance manage** our workforce
	4.3	Build and empower **clinician leadership** to deliver better value care
	4.4	Build **engagement of our people** and strengthen alignment to our culture
	4.5	Drive **public sector diversity** by increasing women and Aboriginal and Torres Strait Islander peoples in senior leadership roles
Strategy 2: Support & Harness Research and Innovation	5.1	Build **globally relevant research** capability through research hubs & medical technology precincts
	5.2	Develop a **bio-banking strategy** to support research into genomics and personalised medicine
	5.3	Progress **medicinal cannabis** trials
Strategy 3: Enable eHealth & health information	6.1	Build digital services in health through implementation of the **eHealth strategy**
	6.2	Embed the **analytics framework** to improve decision-making in health care
	6.3	Deliver **business ICT services** to the organisation
Strategy 4: Design and Build Future-Focused Infrastructure	7.1	Deliver the committed **infrastructure projects** to meet the growing population needs
	7.2	Implement **strategic commissioning** for infrastructure
	7.3	Proactively drive **contestable commercial opportunities** and efficient asset utilisation
Strategy 5: Financial Sustainability	8.1	Refine our purchasing models including **Activity Based Funding** to drive better value care
	8.2	Deliver **strong budgets**
	8.3	Deliver effective **regulatory, governance and business support**
	8.4	Drive reforms to deliver **better value care and efficiencies**

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

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

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

Under the Health Services Act 1997, Boards have the function of ensuring that strategic plans to guide the delivery of services are developed for the District or Network and for approving these plans.

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

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

A number of these plans inform related documentation including Business Cases for capital works. Requirements for capital projects less than $10 million, and those greater than $10 million, are set out in the NSW Health Process of Facility Planning.

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

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

SECTION 2 - Services and Facilities

Hospitals

FACILITY	ABF STATUS
Gosford Hospital	A, ED, NA, MH, S-A
Wyong Hospital	A, ED, NA, MH, S-A
Long Jetty Healthcare Centre (including Admitted Renal dialysis)	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 Erina Gateway Gosford Hospital Community Centre (Health Services Building) Kallaroo Kincumber Lake Haven Long Jetty	Mangrove Mountain Ngiyang Showground Road Toukley Wallama Woy Woy Wyong Central Wyong Community Health

Networked Services

The LHD is part of an integrated network of clinical services that aim to ensure timely access to appropriate care for all eligible patients. It is also recognised that some services continue to be provided through Hosted Service Agreements or Inter-District/Network Agreements. While these arrangements are in place, each District and Network will need to ensure appropriate services are maintained to all eligible patients, regardless of geographical area of residence.

Nationally Funded Centres and Supra LHD Services

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

Cross District Referral Networks

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

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

Roles and responsibiliites for Mental Health Intensive Care Units (MHICU), including standardisation of referral and clinical handover procedures and pathways, the role of the primary referral centre in securing a MHICU bed, and the standardisation of escalation processes will be a key focus for NSW Health in 2016/17.

Key Clinical Services provided to other Districts and Networks

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

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

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

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

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

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

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

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

Affiliated Health Organisations

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

AHO
Not applicable

Non-Government Organisations

NGO Table A - NGOs for which the Commissioning Agency is the Local Health District:

NGO
Drug & Alcohol • Kamira Farm • Salvation Army - Selah Farm • Ngaimpie Aboriginal Corporation
AIDS • Positive Support Network
Community Services, Women's Health & Health Transport • 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 • Mental Health Carers Arafmi - Central Coast • Uniting Care Disability - Transition

NGO
Aged & Disabled/Carers • Central Coast Community Care Association Ltd.
Integrated Care • Central Coast Primary Care

NGO Table B - Local NGOs for which the Commissioning Agency is the NSW Ministry of Health

NGO
Aboriginal Health • Yerin Aboriginal Health Services Inc
Community Services • Benevolent Society
Oral Health • Yerin Aboriginal Health Services Inc

Primary Health Networks

Primary Health Networks with which the LHD has a relationship:

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

Other Organisations

Other organisations with which the LHD has a relationship:

ORGANISATION	NATURE OF RELATIONSHIP
Central Coast Service Delivery Reform Group	Collaborative arrangement for improvement of care provided to Central Coast community (Integrated Care)
Central Coast Multi-Agency Response Centre	Collaborative arrangement for improvement of care provided to Central Coast community (Integrated Care
eHealth NSW,	Health Support Service
HealthShare	Health Support Service
NSW Health Pathology	Health Support Service

SECTION 4 - Community Based Service Streams

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

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

SECTION 5 - Population Health Services

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

Implement programs and policies to achieve NSW targets, focusing on:

- Reducing smoking rates (both the Aboriginal and non-Aboriginal population).
- Reducing smoking in pregnant women (both the Aboriginal and non-Aboriginal population).
- Reducing overweight and obesity rates in children, young people and adults.
- Reducing risk drinking.
- Closing the gap in Aboriginal infant mortality.

Implement the following plans and strategies:

- NSW Healthy Eating and Active Living Strategy 2013 – 2018.
- NSW Tobacco Strategy 2012-2017.
- NSW HIV Strategy 2012-2015 with a focus on increasing HIV testing.
- Implement NSW Hepatitis C and B Strategy 2014-2020 with a focus on reducing the sharing of injecting equipment among people who inject drugs.
- 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.
- Oral Health 2020: A Strategic Framework for Dental Health in NSW.
- Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families
- 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.
- Undertake compliance monitoring and enforcement of relevant tobacco control legislation.

SECTION 6 - Aboriginal Health

Districts and Networks will work collaboratively with the Ministry of Health, 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)
- STI, HIV, Hepatitis C and Hepatitis B prevention, management and treatment services
- Chronic Care for Aboriginal People Program
- 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:

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

Health Services and Support Organisations will continue to work towards achieving a minimum of 2.6% Aboriginal and Torres Strait Islander employment in the health system by 2017. A specific strategy will include continued participation in the Aboriginal Nursing and Midwifery Cadetship Program and the Aboriginal Allied Health Cadetship Program.

SECTION 7 - Children, Young People and Families

To strengthen and further improve the health and wellbeing of children, young people and families across NSW, Districts and Networks will work collaboratively within NSW Health and with other relevant organisations to deliver Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014–24. In particular, to achieving the Premier's priorities include:

- Reducing Domestic Violence: Policy, and Routine Domestic Violence Screening to identify victims of domestic violance, provide medical forensic and psychosocial services as appropriate, supporting the justice strategy and the NSW Premiers priorities to reduce domestic violance reoffending.
- Improving service levels in hospitals: Paediatric Capability Framework includes whole of hospital strategy for children and young people.
- Tackling childhood obesity: Policy lead on Well Child Healthcare.
- Protecting our kids: Policy related to statewide child protection services and other services designed to identify vulnerable children and their families early.
- Reducing youth homelessness: Policy to set statewide priorities and direction in Youth Health and support Youth Health services in capacity building. These Youth Health services were established to provide services to young people at risk of homelessness or young people already homeless.
- Improving government services: consistent with Strategic Direction 5 of Healthy, Safe and Well 2014-24 - improve efficiency of services ensuring the right services are provided at the right place and at the right time for children and young people.

Provide specialist services including:

- Child Protection services, including Child Protection Counselling Services and Child Protection Units/Services.
- Sexual Assault Services including integrated medical and forensic services.
- Service pathways for victims of domestic and family violence.
- Services specified under the NSW Health Aboriginal Family Health Strategy.

SECTION 8 - Teaching, Training and Research

In accordance with Section 10(m) of the Health Services Act 1997, one function of the LHD is 'to undertake research and development relevant to the provision of health services'. Teaching and training functions are undertaken in the context of the NSW Health Professionals Workforce Plan 2012-2022 and the workforce development requirements of the NSW Health Corporate Governance and Accountability Compendium.

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

Teaching and Training

To be informed by the implementation of relevant strategies in the NSW Health Professionals Workforce Plan 2012-2022 and the work program of the Health Education and Training Institute, including the agreed response to the Medical Portfolio Programs Review: Equipping NSW Doctors for Patient Centred Care: Review of Health Education and Training Institute Medical Portfolio Programs.

Grow and support a skilled, competent and capable workforce:

- Implement a District/Network Education and Training Plan incorporating HETI Online modules and varied learning modalities which include face to face and blended learning courses.
- Ensure effective information and communication technology infrastructure that adequately supports online and blended education and training across the District/Network.
- Work in partnership with HETI to ensure the District-HETI Operational Model is delivering District nominated education and training priorities.
- Work in partnership with HETI to support the development of interprofessional learning activities.
- Ensure staff have learning plans within the Performance Development and Review process and are encouraged to access learning resources from HETI Online.
- Meet the HETI Workforce Distribution Formula for the number of District/Network intern positions in line with planned growth in medical graduates, and the NSW Government's COAG commitment.
- Monitor expenditure and take-up of Training, Education and Study Leave across specialties and facilities.
- Ensure support for the provision of training and education for allied health professionals.
- Meet the NSW Ministry of Health reporting requirements for education and training programs for professional entry, for clinical, clinical support, administration and corporate staff in the public health system.
- Report the clinical placement hours provided by the LHD for professional entry students in Nursing & Midwifery, Medicine, Allied Health and Dentistry/Oral Health for reporting as required by the Commonwealth Department of Health.
- Implement and report against the NSW Health Aboriginal Workforce Strategic Framework 2011-15, Good Health – Great Jobs which includes and supports a variety of education and employment activities and the Respecting the Difference Aboriginal Cultural Training Framework.
- Implement the NSW Health Mandatory Training Classification System, including compliance monitoring.
- Ensure staff managing new starters and teams have access to HETI-endorsed learning resources from within the New Graduate Interprofessional Framework (including the Foundations modules and Foundations of interprofessional Teamwork Workshop.

Recognise the value of generalist and specialist skills:

- Expand medical specialist training opportunities in line with current and future service requirements.
- Expand the Rural Generalist Training Pathway for proceduralist GPs (for LHDs covering rural areas) in line with the commitment of a further increase of 20 positions between 2015-2019.
- Expand the generalist medical workforce including general medicine and dual physician training positions, hospitalist and senior hospitalist positions utilising HETI and other programs and resources, including the University of Newcastle Master of Clinical Medicine (Leadership and Management).
- Establish new graduate and pre-registration trainee positions in allied health professions to meet future workforce need.

Develop effective health professional managers and leaders:

- Co-lead the implementation of Financial Management Education training and meet District/Network program targets in partnership with HETI.
- Implement the NSW Health Education and Training Framework.
- Participate in management and leadership development activity as mapped to the NSW Health People Management Skills Framework, and the NSW Health Leadership Framework.
- Participate in the statewide talent development strategy.
- Support the implementation of coordinated training for Medical administrators as part of the Royal Australian College of Medical Administrators training program.
- Support the implementation of the three new Local Area Networks and the Wide Area Network for radiology training.
- Support the implementation of the training program for specialists in receipt of the managerial allowance to ensure they have performance, financial and people management skills.

Governance of medical education and training:

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

Research

All research conducted within Districts and Networks is to be informed by the *NSW Health and Medical Research Strategic Review 2012*. The Strategic Review will also apply to major research facilities and organisations based within Districts and Networks. The District/Network should establish a governance oversight over health and medical research which should include executive leadership and may include a Research Committee, work with the Office for Health and Medical Research and be responsible for:

- Encouraging the translation and innovation from research by:
    - Fostering a dynamic and supportive research culture through strategic leadership and governance.
    - Attracting and retaining high quality clinician researchers.
    - Providing training for clinician researchers and facilitating access to research support.
    - Ensuring business, human resources, information technology and financial service processes support research activities.
    - Attracting clinical trials by removing the barriers to undertaking clinical trials.
    - Participating in the development of state-wide initiatives to improve collaboration and translation which will include NSW Strategy for Health and Medical Research Hubs and its related strategies.
- Improving research administration by appropriately resourcing the research office (or equivalent) to undertake research ethics and governance functions.
- Establishment of appropriate governance structures for research entities within the District/Network.
- Implementing mechanisms to monitor and report on research activity as required, which will include reporting on research collaborations that add value to the District/Network and on the activity of each Human Research Ethics Committee (HREC) established under a District/Network controlled entity - notably, ensuring research applications are reviewed, approved and tracked in accordance with NHMRC certification criteria.
- Specifically, performance will be monitored using the Ministry of Health-nominated research ethics and governance information system against relevant timelines:
    - Ethics applications involving more than low risk to participants approved by the reviewing HREC within 60 calendar days (%).
    - Site specific applications involving more than low risk to participants authorised within 30 calendar days (%)
- Funding will be provided over the 2015/16 and 2016/17 years for Districts and Networks to engage in the implementation of data collections for other relevant measures including:
    - First participant enrolled to a commercial clinical trial project by the site within 40 calendar days of site authorisation (%).
    - Actual participants enrolled to a commercial clinical trial project as a proportion of those initially agreed to be enrolled per the Clinical Trial Research Agreement (CTRA) minimum target (%).
    - Progress reports on all authorised research projects received at least annually and at study close (%).

Cancer Institute NSW - Cancer Clinical Trials.

Clinical trials performance measures are routinely captured via the Cancer Institute NSW Clinical Trials Portal. To date, the data captured have been returned to trial units via the Reporting for Better Outcomes Program annually.

From 1 July 2016 detailed performance reports will be returned to trial units, Districts, Networks and private sites quarterly.

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 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 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 Office of Health and Medical Research, 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: Nil

SCHEDULE C: Budget

Part 1

Schedule C Part 1

		Central Coast LHD - Budget 2016/17								
		2016/17 BUDGET					Comparative Data			
		A	B	C	D	E	F	G	H	I
		Target Volume (NWAU16)	Volume (Admissions & Attendances) *Indicative only*	State Price per NWAU16	LHD/SHN Projected Average Cost per NWAU16	Initial Budget 2016/17 ($ '000)	2015/16 Annualised Budget ($ '000)	Variance Initial and Annualised ($ '000)	Variance (%)	Volume Forecast 2015/16 (NWAU16)
	Acute Admitted	70,887	*77,745*	$4,605	$4,863	$326,435	$306,042	$20,392		67,207
	Incl. Emergency, Elective & Non-Surgical Services Growth, Short Stay Unit & Long Jetty Renal Expansions, and Emergency Surgery Activity									
	Emergency Department	17,855	*124,674*			$82,223	$76,987	$5,236		16,953
	Non Admitted Patients^	20,418	*438,891*			$82,765	$77,727	$5,038		19,755
A	***Total***	**109,160**	***641,309***			**$491,422**	**$460,757**	**$30,665**	**6.7%**	**103,915**
	Sub-Acute Services - Admitted	9,752	*6,248*	$4,605	$4,863	$44,909	$43,238	$1,671		9,623
	Sub-Acute Services - Non Admitted^	1,149				$4,634	$4,523	$111		1,149
B	***Total***	**10,901**	***6,248***			**$49,544**	**$47,761**	**$1,783**	**3.7%**	**10,772**
	Mental Health - Admitted (Acute and Sub-Acute)	5,841	*1,917*	$4,605	$4,863	$26,897	$26,049	$849		5,797
	Mental Health - Non Admitted^	9,496	*164,121*			$28,651	$27,630	$1,021		9,423
	Mental Health - Transition Grant					$4,124	$4,025	$99		
C	***Total***	**15,337**	***166,038***			**$59,673**	**$57,704**	**$1,969**	**3.4%**	**15,220**
	Block Funding Allocation									
	Block Funded Services In-Scope									
	- Teaching, Training and Research					$15,630	$15,256	$375		
D	***Total***					**$15,630**	**$15,256**	**$375**	**2.5%**	
E	**State Only Block Funded Services Total**					**$84,133**	**$82,116**	**$2,016**	**2.5%**	
	Transition Grant					$6,111				
	Recognised Structural Cost - Provisional Only					$10,230				
F	**Total Transition Grant (excluding Mental Health)**[β]					**$16,341**	**$15,950**	**$392**	**2.5%**	
G	**Gross-Up (Private Patient Service Adjustments)**					**$19,354**	**$18,890**	**$464**	**2.5%**	
	Provision for Specific Initiatives & TMF Adjustments (not included above)									
	Premier's Priority - Tackling Obesity (Healthy Children's Initiative)					$360				
	TMF Premium Adjustments					-$112				
	Security Action Plan - Additional Security staff					$84				
	Commonwealth Dental (NPA)					$1,397				
	Election Commitment - Additional Nursing, Midwifery and Support positions					$376				
H	***Total***					**$2,105**		**$2,105**		
I	**Restricted Financial Asset Expenses**					**$4,323**	**$4,323**			
J	**Depreciation (General Funds only)**					**$25,590**	**$25,590**			
K	**Total Expenses (K=A+B+C+D+E+F+G+H+I+J)**					**$768,114**	**$728,347**	**$39,768**	**5.5%**	
L	**Other - Gain/Loss on disposal of assets etc**					**$191**	**$191**			
M	**LHD Revenue**					**-$746,195**	**-$703,199**	**-$42,996**		
N	**Net Result (N=K+L+M)**					**$22,110**	**$25,339**			

General Note - ABF Growth is funded at 100% of State Price for Acute, Acute Mental Health, ED, Non Admitted and Sub-Acute Admitted services.

^ See Notes and Glossary for calculation of Non Admitted Budget

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

Part 2

Schedule C Part 2

		2016/17
	Central Coast LHD	$ (000's)
	Government Grants	
A	Subsidy*	-$532,094
B	In-Scope Services - Block Funded	-$39,693
C	Out of Scope Services - Block Funded	-$53,313
D	Capital Subsidy and Grants (incl. MWE>$10k)	-$2,890
E	Crown Acceptance (Super, LSL)	-$15,311
F	**Total Government Contribution (F=A+B+C+D+E)**	**-$643,301**
	Own Source revenue	
G	GF Revenue	-$98,200
H	Restricted Financial Asset Revenue	-$4,693
I	**Total Own Source Revenue (I=G+H)**	**-$102,894**
J	**Total Revenue (J=F+I)**	**-$746,195**
K	Total Expense Budget - General Funds	$763,791
L	Restricted Financial Asset Expense Budget	$4,323
M	Other Expense Budget	$191
N	**Total Expense Budget as per Attachment C Part 1 (N=K+L+M)**	**$768,305**
O	**Net Result (O=J+N)**	**$22,110**
	Net Result Represented by:	
P	Asset Movements	$20,634
Q	Liability Movements	$1,476
R	Entity Transfers	
S	**Total (S=P+Q+R)**	**$22,110**

Note:

The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2016/17 to $2.4m and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks).

Based on final June 2016 cash balances, adjustments will be made in July 2016 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.

The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.

* The subsidy amount does not include items E and G, which are revenue receipts retained by the LHDs/SHNs and sit outside the National Pool.

Part 3

Schedule C Part 3

2016/17 Shared Services & Consolidated Statewide Payment Schedule			
	Central Coast LHD		$ (000's)
HS Charges	HS Service Centres		$2,996
	HS Service Centres Warehousing		$10,168
	HS Enable NSW		$1,641
	HS Food Services		$16,211
	HS Linen Services		$4,558
	HS Recoups		$4,494
	HS IPTAAS		$97
	HS Non Emergency Patient Transport (NEPT)		$3,103
	Total HSS Charges		**$43,269**
eHealth	EH Corporate IT		$1,405
	EH Information Services SPA		$4,834
	Total eHealth Charges		**$6,239**
IH Transports	Interhospital Ambulance Transports		$2,584
	Interhospital Ambulance NETS		$196
	Total Interhospital Ambulance Charges		**$2,780**
	Interhospital NETS Charges - SCHN		**$101**
Payroll	**Total Payroll (including SGC, FSS, Excluding LSL & PAYG)**		**$394,100**
Loans	MoH Loan Repayments		
	Treasury Loan (SEDA)		
	Total Loans		
	Blood and Blood Products		**$5,446**
	NSW Pathology		**$17,794**
	Compacks (HSSG)		**$1,141**
	TMF Insurances (WC, MV & Property)		**$9,013**
	Energy Australia		**$4,067**
	Total		**$483,950**

Note:

This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's are responsible for regularly reviewing these estimates and liaising with the Ministry where there are descrepancies. The Ministry will work with LHD's and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends.

Part 4

2016-17 National Health Funding Body Service Agreement - Central Coast LHD

Period: 1 July 2016 - 30 June 2017

Schedule C Part 4

	National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution
Acute	66,001	
ED	16,672	
Mental Health	5,759	
Sub Acute	9,571	
Non Admitted	19,324	
Activity Based Funding Total	**117,328**	
Block Funding Total		**$18,271,203**
Total	**117,328**	**$18,271,203**

Notes and Glossary

OVERVIEW

For 2016/17, NWAU16 is the applicable currency and differs from the previous year's NWAU15. This is because the Independent Hospital Pricing Authority (IHPA) introduced a number of significant changes in the patient classifications used for Activity Based Funding (ABF). Direct comparison between NWAU16 price and activity to last year's NWAU15 is therefore not applicable. Further technical information will be available in the NSW Activity Based Management (ABM) and Activity Based Funding (ABF) Compendium 2016/17.

As per previous State Price Determinations, the State Price has been informed by the most recent full year costing studies, being 2014/15 submitted by all Districts/Networks. These have been subject to improved Quality and Assurance (QA) processes targeting reporting of activity as well as cost allocation methodologies. In addition to these QA processes, the 2014/15 costing studies have been subject to the first annual mandatory Audit Programs coordinated by the Districts/Networks Internal Auditors.

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

SCHEDULE C - PART 1

ROW SECTIONS A AND B – ABF EXPENDITURE ALLOCATION

Activity targets for Acute, Emergency Department and Sub-Acute are used to set the ABF budget for these service streams. The value of the NWAU is multiplied against the lower of either the LHD/SHN's Projected Average Cost (PAC) or the State Price to calculate the expense budget for each category. Growth funding has been provided at State Price for all Districts/Networks. For Districts/Networks where the PAC does not exceed the State Price, the expense budget for each category represents the sum of multiplying the forecast activity (Column I) by the PAC and the growth activity (Column A less Column I) by the State Price. Therefore, more efficient Districts/Networks have been provided with incentive funding for the additional negotiated activity.

Projected Average Cost Calculation - The PAC (reflected in column D of Schedule C Part 1) has been calculated for all streams, excluding Non-Admitted Patient. Consistent with the prior year, Mental Health Sub Acute and non-grouped Sub-Acute activity have also been excluded from the PAC calculation as there are no price weights for these services. Further information on the elements of the PAC can be found in the ABM Portal.

Activity targets for Non-Admitted Services are used to set the budget allocation for Non-Admitted services and are multiplied by the PAC from the Non-Admitted patient level costing results. This is also consistent with last year's approach. Whilst significant improvements have been observed in the collection of patient level data for Non-Admitted services a level of volatility in the data is still to be addressed through the budget year 2016/17.

Privately referred Non-Admitted services do not have activity targets and therefore are not included in the ABF allocation. A block allocation for these services has been included in the State Only Block section and has been set using the cost reported in the most recent full year clinical costing studies.

ROW SECTION C – MENTAL HEALTH SERVICES

This section reflects the budget allocation for Mental Health Services whether funded on an ABF basis or through specific block funding. The principles for funding the ABF component are consistent with those described above for all other ABF services.

From 2016/17, Mental Health Non-Admitted services will continue to be shadow funded, which does not adversely impact any Districts/Networks, using NSW Mental Health Non-Admitted Interim classification. This interim classification has been developed in consultation with clinicians and aims to improve counting and costing processes in preparation for the national mental health classification, which was developed by IHPA and is being implemented in NSW during 2017/18. This change will also improve transparency of funding allocation and remove barriers to transfer activity between admitted and non-admitted settings. For 2016/17, LHDs/SHNs are funded at their Mental Health Non-Admitted PAC calculated using this classification.

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

It is important to note that some Mental Health resources are also included in row section D which contains Mental Health services resources allocated to Block Funded Hospitals (Small Hospitals) and Teaching, Training and Research, 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 and row section G gross-up as NWAU values have been discounted for the relative contributions sourced from other funding streams such as private health insurance.

ROW SECTION D – BLOCK FUNDING ALLOCATION

Block Funded Hospitals (Small Hospitals). For 2016/17, and consistent with previous years, NSW has adopted the mechanics of the funding model developed by IHPA for Block Funded Hospitals, informed by the most recent full year clinical costing studies.

Block Funded Services "In Scope" includes Teaching, Training and Research as defined by IHPA and has been set on the basis of the most recent full year clinical costing data submitted by Districts/Networks and escalated accordingly.

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, community based services and amounts related to costs associated with the provision of privately referred non-inpatient activity.

ROW SECTION F – TRANSITION GRANT

Transition grants have been applied for 2016/17 using the same methodology as previous years. Transition grants are in place when an Districts/Networks reports a PAC (as defined above) exceeding the State Price.

A provision has been made in Section F for Recognised Structural Costs for your District which potential contribute to a higher cost structure. These Recognised Structural costs are removed from the District's transition grant calculation and are therefore not applied to growth funding for Acute and ED services.

Acute and Emergency Department

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

1. Where the transition grant exceeds 1% of the overall ABF budget of a District/Network, 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 District/Network, 100% of the transition grant has been made available to fund the growth for Acute and ED subject to a maximum of 50% of the growth been funded through a reduction in the transition grant.
3. Where a Transition Grant is applied to funding Growth, any second year application will not exceed the amount determined for the first year (i.e. it is capped at the first year amount). Where the Transition Grant continues beyond two years the "capping" provision is reset as if it were a new Transition Grant and steps 1 and 2 above is reapplied.

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

Application of Transition Grant to Growth	2016/17 NWAU16 $ (000's)	2016/17 Applied to Growth $ (000's)	15/16 Final as per Sch C $ (000's)
Acute Admitted	**$17,266**	**-$4,380**	**$12,886**
Emergency Department	**$3,499**	**-$888**	**$2,611**
Sub-Acute Admitted	$844		$844
Non Admitted (including Sub-Acute Non Admitted)			
Mental Health - Admitted (Acute and Sub-Acute)	$4,124		$4,124
Block Funded Hospitals (Small Hospitals)			
Total:	**$25,733**	**-$5,267**	**$20,465**

Sub-Acute and Mental Health (Admitted)

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

Non-Admitted

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

Block Funded Hospitals

The calculation for Block Funded Hospitals' transition grant is the difference between the overall funding calculated for your District's small hospitals, and the aggregate projected cost for the District's block funded small hospitals calculated based on your 2014/15 clinical costing results.

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

Gross-Up (Private Patient Service Adjustments) is the calculated value of private patient revenue for accommodation and prostheses (which is included in the NWAU calculation as a negative adjustment) and therefore needs to be added back to the Distrct/Network expense budget to provide the total ABF expense for the NWAU activity.

Gross-Up (Private Patient Service Adjustments)	$ (000's)
Acute Admitted	$16,230
Sub-Acute Admitted	$2,235
Mental Health - Admitted (Acute and Sub-Acute)	$889
Total:	**$19,354**

ROW SECTION H – PROVISION FOR SPECIFIC INITIATIVES

Treasury Managed Fund Benchmark (Budget) Adjustments

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

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 2016/17 insurance TMF budget has resulted in an overall reduction for reporting entities across NSW Health. For some Districts/Networks, depending upon claims experience and wages, the budget reduction is matched by a reduction in the actual contribution payments for the 2016/17 year.

COLUMN E - INITIAL BUDGET 2015/16

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

SCHEDULE C – PART 2

The 2016/17 Revenue Budget for each District results from normal price and volume increases as well as a performance factor and other amendments.

The performance factor is based on;

a) District's private patient performance and requires each District to achieve a designated target in relation to revenue generation performance, as discussed during service agreement negotiations in early 2016.
b) Increased revenue through an Distrct's capture of compensable patients who have been incorrectly classified as public

SCHEDULE C – PART 3

This schedule represents the estimated 2016/17 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 Districts/Networks.

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

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

Interhospital Transports relate to services provided on behalf of District/Network 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 District/Network 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 2016/17.

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

Other Miscellaneous includes a range of other matters dealt with under this schedule. These include items such as the provision of pathology services, or third party contract and or administrative arrangements, that require a single whole of health payment either annually in advance (i.e. TMF insurances) or monthly in arrears (i.e. Whole of Health electricity contracts and ACRBS blood supply). The fund management of these accounts is managed by the Ministry supported by third party invoices. As is the case now, costs will be journaled to LHD/SHNs on a monthly basis to support these consolidated vendor payments.

SCHEDULE C – PART 4

National Health Funding Body Service Agreement

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

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

Capital Program

CENTRAL COAST LHD

ASSET AUTHORISATION LIMITS 2016/17 Capital Projects	SMRT	BP2 ETC 2016/17	Estimated Expenditure to 30 June 2016	Cost to Complete at 30 June 2016	BP2 Allocation 2016/17	BP2 Est. 2017/18	BP2 Est. 2018/19	BP2 Est. 2019/20	Balance to Complete
		$	$	$	$	$	$	$	$
WORKS IN PROGRESS									
Minor Works and Equipment >$10,000	P51069				3,513,000	3,513,000			
TOTAL WORKS IN PROGRESS					3,513,000	3,513,000			
TOTAL ASSET ACQUISITION PROGRAM					**3,513,000**	**3,513,000**			
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
MAJOR NEW WORKS 2016/17									
Gosford Hospital Car Park	P56134	35,543,000		35,543,000	15,000,000	20,543,000			
TOTAL MAJOR NEW WORKS		35,543,000		35,543,000	15,000,000	20,543,000			
MAJOR WORKS IN PROGRESS									
Gosford Hospital Redevelopment	P55334	348,000,000	48,578,558	299,421,442	118,055,455	99,150,230	39,056,395	43,159,362	
TOTAL MAJOR WORKS IN PROGRESS		348,000,000	48,578,558	299,421,442	118,055,455	99,150,230	39,056,395	43,159,362	
TOTAL MANAGED BY HEALTH INFRASTRUCTURE		**383,543,000**	**48,578,558**	**334,964,442**	**133,055,455**	**119,693,230**	**39,056,395**	**43,159,362**	

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > $10,000 includes a confund contribution of $2,890,000

This does not include new and existing Locally Funded Initiative (LFI) Projects which will be included in Initial Capital Allocation Letters

SCHEDULE D, Part A: Service Volumes and Levels

Notes:

- Selected Schedule D measures also serve as Performance Measures in Schedule E.
- NWAU = National Weighted Activity Units. Measures expressed in NWAU apply to ABF hospitals only.
- Where a measure is a component of another, broader measure in Schedule D, this is noted in the Explanatory Notes.
- See also Schedule D - Part B: Nationally Funded Centers and Supra LHD Services.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Acute Inpatient Services				
AI-001	Acute Inpatient Services	NWAU	70,887	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all Acute Inpatient services (excluding Mental Health Acute activity provided from a designated Mental Health Unit). **Rationale for Target:** To ensure that services purchased under the agreement are delivered.
Surgical Services				
SURG-001	Elective Surgery - Admissions from Elective Surgery Waiting List	Number	10,150	**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:** To ensure that appropriate volume of Elective surgery is provided.
SURG-002	Planned Paediatric Surgery – Paediatric Admissions from Elective Surgery Waiting List	Number	755	**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. SURG-002 is a component of SURG-001. **Rationale for Target:** To ensure that appropriate volume of Elective surgery is provided to children.
Emergency Department Services				
ED-001	Emergency Department Services	NWAU	17,855	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all Emergency Department services **Rationale:** Major determinant of funding.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Sub and Non Acute Services				
SA-001	Sub and Non Acute Inpatient Services - All	NWAU	9,752	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all Sub and Non Acute Inpatient services **Rationale:** Major determinant of funding.
SA-002	Sub and Non Acute Inpatient Services – Palliative Care Component of SA-001	NWAU	346	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all the Palliative Care. SA-002 is a component of SA-001. **Rationale:** Major determinant of funding.
Non Admitted Patient Services				
NA-001	Non Admitted Patient Services - Tier 2 Clinics	NWAU	19,571	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all Non Admitted service events provided in Tier 2 clinics **Rationale:** Major determinant of funding.
PD-001	Public Dental Clinical Service – Total Dental Activity	DWAU	15,550	**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. **Rationale:** Targets are based on the historical target and the state efficient price for dental services, which is the Department of Veteran's Affairs fee schedule equivalent price for a DWAU The target includes a base target of 13,397 and NPA target of 2,153 DWAU. A minimum of 8,851 DWAU must be achieved by 31 December 2016 of which at least 5,753 must be adult DWAU.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Mental Health and Drug and Alcohol Services				
MHDA-001	Mental Health Inpatient Activity: Acute Inpatients	NWAU	5,596	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all Mental Health Acute Inpatient services provided within a designated unit. **Rationale:** Major determinant of funding
MHDA-003	Mental Health Inpatient Activity: Non Acute Inpatients	NWAU	245	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for all Non Acute Mental Health Inpatient services provided within a designated unit. **Rationale:** Major determinant of funding
MHDA-005	Mental Health Non Admitted services	NWAU	9,496	**Definition of Activity Measure:** The service volume expressed using price weights (NWAU) for service events provided in Mental Health principle service categories. **Rationale:** Major determinant of funding.
MHDA-006	Drug & Alcohol Withdrawal Management (Inpatient and Outpatient)	Number	760	**Definition of Activity Measure:** Total Number of Drug & Alcohol Withdrawal Management Closed Treatment Episodes delivered by Public Health administered Drug & Alcohol services (in the period) **Rationale:** Best practice for the treatment of withdrawal from alcohol and other drugs **Notes on Calculation of Target:** Individually negotiated.
MHDA-007	Drug & Alcohol Counselling, Outpatient Consultation and Support and Case Management	Number	902	**Definition of Activity Measure**: Total Number of Drug & Alcohol Outpatient Consultation Closed Treatment Episodes delivered by Public Health administered Drug & Alcohol services (in the period) **Rationale:** Effective use of psychosocial interventions for problematic drug and alcohol use. **Notes on Calculation of Target** Individually negotiated.
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:** Reduce the social, economic and health harms associated with opioid use. **Notes on Calculation of Target** Individually negotiated.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Other Services				
PI-01	Pain Management Services	NWAU	36	**Definition of Activity Measure:** NWAU volume relates to funding provided by the Ministry to support specialist pain management services, as outlined in Priorities for Pain Management in NSW. **Rationale:** To ensure that dedicated funding provided for specialist pain management services enables a greater volume of pain services to be provided. This target relates only to the investment from 2012/13 and does not include activity related to previous investment in the 11 Tier 3 services. **Notes on Calculation of Target:** Based on funding provided by the Ministry to support specialist pain management services, i.e., not including funding provided for Training, Education and Research. **Additional notes:** Districts with Tier 3 and/or Tier 2 Pain Management Services to maintain all services in 2016/17, including those provided through enhancement. Tier 3 services funded to support Tier 2 services are required to continue to support these services.
PI-02	ComPacks - Packages	Number	818	**Definition of Activity Measure:** Number of community care packages (ComPacks). **Rationale:** To support a safe discharge from hospital, reduce a patient's unnecessary length of time in hospital and prevent avoidable readmission. Reference document: NSW ComPacks Program Guidelines and Resources - March 2015 **Notes on Calculation of Target:** Targets are based on each District's/Network's ComPacks budget. **Additional Notes:** ComPacks are non-clinical case-managed community care packages available for people being transferred home from a participating New South Wales Public Hospital. Each package is available for up to 6 weeks from the package start date.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Other Services				
PI-03	Hospital in the Home (HITH) – Acute Separations	Number	1,129	**Definition of Activity Measure:** The number of overnight Bed Type 25 acute separations, as a measure of the number of patients receiving acute care through Hospital in the Home, as a substitution of hospitalisation. **Rationale:** To increase the number of people in NSW who receive acute clinical care (hospital substitution) in their home and ambulatory settings to reduce hospitalisations. To reduce demand on inpatient hospital services, as per GL2013_006 NSW Hospital in the Home (HITH) Guideline. **Notes on Calculation of Target** Target based on actual HITH activity for 2014/15 – Bed Type 25 acute overnight separations 1. Districts/Networkss performing above State average rate: target = [June 2015 Health Service HITH substitution rate] x [total Health Service acute overnight separations] + [0.5 per cent x total Health Service acute overnight separations] 2. Districts/Networkss performing below State average rate: target = [June 2015 State average HITH substitution rate] x [total Health Service acute overnight separations] HITH substitution rate: Numerator = Number Bed Type 25 acute overnight separations Denominator = Total Districts/Networks acute overnight separations **Additional notes:** The NWAU value for Hospital in the Home is included in Acute Admitted
RTX	Radiotherapy	Courses (new and re-treat)	720	**Definition of Activity Measure:** Number of new and re-treatment patients treated with radiotherapy. **Rationale for Target:** Planning target of 414 courses per Linear Accelerater (linac) based on agreed national planning parameters. Minimum 360 courses per linac. The minimum target has been considered in relation to the average number of courses per linac for public sector services in 2014. Further, services at individual sites are to be at a level not less than activity in 2015/16. **Additional notes:** Central Coast Cancer Centre (2 linacs)

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Population Health Services				
PH-008c	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program - Enrolments	Number	160	**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. **Rationale:** Priority in the NSW State Plan and to support relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013-2018). **Notes on Calculation of Target:** New Volumes provided for 2016/17. Volumes have been derived from the number of programs Districts agreed to deliver over the period 2016-17. Total targets were obtained by using an average of 12 participants per group for metropolitan LHDs, 10 participants per group for regional Districts and 8 participants per group for rural Districts. Participants are defined as the number of enrolments in the Targeted Family Healthy Eating and Physical Activity Program who attend one or more program sessions.
PH-008d	Healthy Children Initiative - Targeted Family Healthy Eating and Physical Activity Program - Completion	Number	136	**Definition of Activity Measure:** The number of overweight/obese children 7-13 years old enrolled in the Targeted Family Healthy Eating and Physical Activity Program who complete 3 or more program sessions. **Rationale:** Priority in the NSW State Plan to support relevant targets and objectives of the NSW Healthy Eating and Active Living Strategy (2013-2018). **Notes on Calculation of Target** Completion is defined as the number of overweight/obese children aged 7-13 years who complete three or more sessions, as per the once per week delivery model of the Targeted Family Healthy Eating and Physical Activity Program. The volume has been derived based on a target completion rate of 85 per cent of the Targeted Family Healthy and Physical Activity Program enrolment target for 2016/17. The target is achieved if the actual completion rate is > or equal to 85 per cent of the actual enrolment number.
PH-009	Needle and Syringe Program - Sterile needles and syringes distributed	Number	791,331	**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. **Rationale:** The NSW Government has committed to sustaining the virtual elimination of HIV transmission among people who inject drugs as per the NSW HIV Strategy 2016 – 2020 and to reducing the sharing of injecting equipment in the NSW Hepatitis B and Hepatitis C Strategies 2014-2020. **Notes on Calculation of Target** Volumes provided are based on actuals from 2014/15 and factoring in the average degree of increase that Districts achieved during the last six months of the year.
PH-012b	Stepping On Program - Participants	Number	636 Combined for CCLHD and NSLHD	**Definition of Activity Measure:** The number of Stepping On Program participants **Rationale:** Priority in the Population Health Priorities for NSW 2012-2017. **Notes on Calculation of Target** Volumes provided for 2015/16 are to be maintained for 2016/17. Volumes have been derived from an average of 12 participants per group for Metropolitan LHDs and 10 participants per group for Rural LHDs. Participants are defined as the number of enrolments in the Stepping on Program who attend five or more program sessions.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Population Health Services				
PH-017b	Tobacco compliance monitoring: Sales to Minors and Point of Sale	Number	144	**Definition of Activity Measure:** The total number of tobacco retailers that are inspected to check for compliance with sales to minors and point of sale provisions of the *Public Health (Tobacco) Act 2008*. **Rationale:** To support relevant priorities in the NSW Tobacco Strategy 2012 – 2017: to reduce the sale of illegal tobacco to people under the age of 18; and to reduce the incidence of smoking and other consumption of tobacco products and non-tobacco smoking products, particularly by young people. **Notes on Calculation of Target** New volume provided for 2015/16. Includes initial inspections only. Volumes are to be maintained or increased.
Maternal, Child, Youth and Family Services				
KF-001	Aboriginal Maternal Infant Health Services - Women with Aboriginal babies accessing the service	Number	60	**Definition of Activity Measure:** The number of new clients registered in an Aboriginal Maternal Infant Health Services. **Rationale:** The target aims to ensure that pregnant women having Aboriginal babies have access to culturally appropriate antenatal and postnatal care in order to reduce perinatal mortality and morbidity, preterm births and low birth weight of Aboriginal babies. **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. **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.
KF-002	Building Strong Foundations for Aboriginal Children, Families and Communities – Clients (Children) enrolled in program	Number	134	**Definition of Activity Measure:** The number of new clients (incident cases) enrolled in the Building Strong Foundations service **Rationale:** The target aims to ensure that local Aboriginal children and families have improved access to culturally appropriate local health care which will help assure that Aboriginal children are ready to learn when they start school. **Additional notes:** Building Strong Foundations provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.

Service Code	Service Name	Measurement Unit	Service Volume	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	Number	2,650	**Definition of Activity Measure**: Families (with a newborn) who are eligible and receive UHHV within 2 weeks of the baby's birth. **Rationale:** Aim is to facilitate universal uptake of the home visiting service as soon as possible after the baby's birth. **Notes on Calculation of Target:** The set target was estimated using the latest available data from the Perinatal Data Collection and data previously supplied by the District as part of its UHHV quarterly reporting requirements. While demographic considerations (foreseen and unforeseen) are unlikely to affect the overall target level for UHHV service provision statewide, there are likely to be regional differences. Therefore, the degree of accuracy of the birth estimates and consequently, the targets will vary across Districts. For this reason, the District's UHHV performance will be ultimately measured against actual births. Specifically, it is expected that at least 75 per cent of eligible newborn babies receive UHHV within two weeks of birth. **Additional notes:** Child and Family Health Services provide preventive, early detection and early intervention health care services to all NSW children aged 0-5 and their families including a home visit following the birth of every child to determine family risk and protective factors and determine the level of care each family will require.
KF-004	Child Protection Counselling Services - new family referrals allocated to a counselor	Number	32	**Definition of Activity Measure:** The minimum number of new referrals (families) who are allocated to a counsellor. **Rationale:** Aim is to maintain current level of service delivery. **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.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-006a	Sustaining NSW Families Programs – Families Enrolled	Number	43	**Definition of Activity Measure for Established Sites: Retention at two years:** The number of families enrolled in the program that completed the program when their child reached two years of age in the reporting period. **Rationale:** Program dosage is linked to child and parent outcomes. This indicator is a function of enrolments into the program, and retention for the duration of the program. The benchmark of greater than 50 per cent retention at child's age of two years is in line with literature on sustained nurse home visiting programs. **Notes on Calculation of Target:** Greater than 50 per cent of families who enrolled in the program in 14/15 completed the program to child's age of two years old. For example; The number or target, equals at least 50 per cent of families enrolled, in the program during 2014/15 that would complete the program in 2016/17Additional notes: Sustaining NSW Families provides intensive structured health home visiting to vulnerable families to support parent-child relationships and optimise child health, development and wellbeing. Measure applies to: CCLHD; HNELHD; NNSWLHD; SESLHD; SWSLHD (Site 1, Fairfield/Liverpool only). **Definition of Activity Measure for Sites Commenced from 2015: Families enrolled in the program:** Equals 75 by end of 16/17. **Rationale:** For newly commenced sites there will not be any families eligible for completion in 2016/17, therefore the measure should reflect the number of families that enrolled in the program, which reflects the health service readiness and effectiveness of processes for recruitment of staff and families **Notes on Calculation of Target:** Number of families enrolled in the program who will be continuing in the program into 17/18 **Additional notes:** Three additional sites were announced in the 2015 election commitment. The implementation phase for new sites includes, site preparation, staff recruitment and training and then initial commencement of families into the program. Measure applies to: SLHD; WSLHD, SWSLHD (Site 2, Campbelltown only)
KF-008	New Street Services – New primary clients accepted into the program	Number	N/A	**Definition of Activity Measure:** The number of new primary clients accepted into the program **Rationale:** To maintain service capacity **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 **Additional Notes:** The service is located in: ISLHD; HNELHD; WNSWLHD; WSLHD.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Maternal, Child, Youth and Family Services				
KF-010	Statewide Eyesight for Preschoolers Screening (StEPS) - Eyesight screens provided to 4 year olds	Number	3,411	**Definition of Activity Measure**: Number of 4 year olds receiving an eyesight screen. **Rationale:** This is a universal screening service that should be provided to all 4 year old children in NSW, consistent with the requirements of the Statewide Eyesight Preschoolers Screening Program policy directive, PD2012_001. The target is 80 per cent of the estimated four year old population. The target is 80 per cent rather than 100 per cent due to factors such as non attendance to preschools/day care centres and parents declining due to child already being under the care of an eye health professional. **Notes on Calculation of Target:** The set target is 80 per cent of the estimated 4 year old population. The estimated 4 year old population is calculated using a tool developed by the Centre for Epidemiology and Evidence, Ministry of Health. **Additional notes:** The Statewide Eyesight Pre-schooler Screening program is delivered in all Local Health Districts. SCHN provides this service for ISLHD and SESLHD.
KF-012	Statewide Infant Screening – Hearing (newborn hearing screening) - Newborn hearing screens provided	Number	3,523	**Definition of Activity Measure:** Children that have completed a newborn hearing screening. **Rationale:** This is a universal screening service that should be provided to all eligible infants in NSW. This indicator is consistent with the 'National Performance Indicators for Neonatal Hearing Screening in Australia'. The set target is the number equal to 97 per cent of eligible infants born in that District. **Notes on Calculation of Target:** The set target is estimated using data previously supplied by the District as part of its monthly reporting requirements **Additional notes:** SCHN provides this service for SESLHD.

Service Code	Service Name	Measurement Unit	Service Volume	Explanatory Notes
Primary and Community Health Services				
PC-001	Facilitated discharge planning for older people, including Acute to Aged-Related Care Services - Patients seen	Number	712	**Definition of Activity Measure:** The total number of patients seen by Aged-Related Care Services (or similar services) occurring during the reference period. **Rationale:** To monitor activity levels and set performance targets. **Notes on Calculation of Target:** Target volumes established in 2015/16 based on number of patients seen for that year or through consultation with Districts. Subsequent maintenance or revision through consultation with Districts based on annual activity levels. **Additional notes:** Aged-Related Care Services and similar services that facilitate discharge planning of older people, to be maintained or increased from 2015/16 levels.
PC-002	Aged Care Services in Emergency Teams - Patients seen	Number	4,020	**Definition of Activity Measure:** The total number of patients seen by Aged Care Services in Emergency Teams occurring during the reference period. **Rationale:** To monitor activity levels and set performance targets. **Notes on Calculation of Target:** Target volumes established in 2015/16 based on number of patients seen for that year or through consultation with Districts. Subsequent maintenance or revision through consultation with Districts based on annual activity levels. **Additional notes:** The Aged Care Services in Emergency Teams service is a multidisciplinary, specialist aged care service in the Emergency Department.

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

Notes:

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

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	**Definition of Activity Measure:** N/A **Rationale:** As per Nationally Funded Centre Agreement **Notes on Calculation of Target:** Access for all patients across Australia accepted onto Nationally Funded Centre program **Additional notes:** Provision of Pancreas Transplantation as per the Nationally Funded Centre Agreement.
NFC-002	Paediatric Liver Transplantation – Nationally Funded Centre	N/A	The Children's Hospital at Westmead	See Notes	**Definition of Activity Measure:** N/A **Rationale:** As per Nationally Funded Centre Agreement **Notes on Calculation of Target:** Access for all patients across Australia accepted onto Nationally Funded Centre program **Additional notes:** Provision of Paediatric Liver Transplantation services as per the Nationally Funded Centre Agreement.
NFC-003	Norwood Procedure – Nationally Funded Centre	N/A	The Children's Hospital at Westmead	See Notes	**Definition of Activity Measure:** N/A **Rationale:** As per Nationally Funded Centre Agreement **Notes on Calculation of Target:** Access for all patients across Australia accepted onto Nationally Funded Centre program **Additional notes:** Provision of Norwood Surgery as per the Nationally Funded Centre Agreement.
NFC-004	Islet Cell Transplantation – Nationally Funded Centre	N/A	Westmead	See Notes	**Definition of Activity Measure:** N/A **Rationale:** As per Nationally Funded Centre Agreement **Notes on Calculation of Target:** Access for all patients across Australia accepted onto Nationally Funded Centre program **Additional notes:** Provision of Islet Cell Transplantation services as per the Nationally Funded Centre Agreement.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
AICU / HDU	Adult Intensive Care Unit / High Dependency Unit	Beds	Royal North Shore (38) Westmead (48 +1 new in 2016/17) Nepean (20) Liverpool (31 +1 new in 2016/17) Royal Prince Alfred (50 +1 new in 2016/17) Concord (16) St George (36) Prince of Wales (22) John Hunter (22 +1 new in 2016/17, including 4 paediatric intensive care cots) St Vincent's (21)	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:** 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 2015/16. Services to be provided in accordance with 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 2016. Any capacity changes for 2016/17 are shown as additional. Units with new beds in 2016/17 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's Intensive Care Service Model: NSW Level 4 Adult Intensive Care Units.
ALT	Adult Liver Transplant	Number	Royal Prince Alfred	See Notes	**Definition of Activity Measure:** Number of transplants undertaken for listed patients **Rationale:** Based on the availability of matched organs available and offered for 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.
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 access for severe spinal cord injured patients. **Rationale:** NSW Spinal Cord Injury Plan **Additional notes:** Provision of severe spinal cord injury services, inclusive of intensive care, acute and subacute phases of care.

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
BMTAA	Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (37) Westmead (62) Royal Prince Alfred (18) Liverpool (13) Royal North Shore (30) SCHN Randwick & Westmead (51)	See Locations	**Definition of Activity Measure:** Number of transplants for listed patients. Clinical need will outweigh wait list time. **Rationale:** Equitable access for all referrals. **Notes on Calculation of Target:** Projections based on the 10 year trend (2004-05 to 2013-14).
BMTL	Blood and Marrow Transplant Laboratory	N/A	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN at Westmead	See Notes	**Definition of Activity Measure:** N/A **Rationale:** N/A **Additional notes:** Laboratory Services will be provided as stipulated in the NSW Blood and Marrow Transplantation Selected Specialty and Statewide Service Plan.
CE	Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN Randwick & Westmead	See Notes	**Definition of Activity Measure:** Equitable access to consultation, diagnostics and treatment modalities. **Rationale:** Statewide Complex Epilepsy Strategy. **Additional notes:** Comprehensive service to provide assessment and management of complex epilepsy, including brain stimulator and other epilepsy surgery.
ECMO	Extracorporeal Membrane Oxygenation Retrieval	Number	Royal Prince Alfred St Vincent's	See Notes	**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 **Rationale:** Extracorporeal Membrane Oxygenation Medical Retrieval Strategy **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).

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
HLT	Heart Lung Transplantation	Number	St Vincent's	See Notes	**Definition of Activity Measure:** Number of transplants undertaken for listed patients **Rationale:** Based on the availability of matched organs available and offered for listed patients based on National Organ and Tissue Donation guidelines for organ allocation. All available organs transplanted to clinically appropriate recipients. **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.
HRM	High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	See Notes	**Definition of Activity Measure:** Equitable access for women to consultation, diagnostics and treatment modalities. **Rationale:** NSW Critical Care Networks (Perinatal) PD2010_069. Access for all women with high risk pregnancies. **Additional notes:** Provide level 6 maternity services and fulfill 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 2015/16 in order to provide an effective statewide network and reduce unnecessary transfers.
NICS	Neonatal Intensive Care Service	Cot availability	SCHN Randwick (4 cots) SCHN Westmead (22 cots +1 new in 2016/17) Royal Prince Alfred (22 cots) Royal North Shore (15 cots) Royal Hospital for Women (16 cots) Liverpool (12 cots) John Hunter (18 cots) Nepean (12 cots) Westmead (23 cots +1 new in 2016/17)	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:** NSW Critical Care Networks (Perinatal) PD2010_069 **Additional notes:** To provide neonatal intensive care services at a level equivalent to cots listed, which are available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2015/16. Units fulfill network and default role as described in PD2010_069. Cot numbers listed in the baselines are as at July 2016. Any capacity changes for 2016/17 are shown as new.
PERI	Peritonectomy	Number	St George	115	**Definition of Activity Measure:** Number of peritonectomy cases undertaken. **Rationale:** Capacity determined by District 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 Enhanced Multi-Disciplinary Team

Service Code	Service Name	Measurement Unit	Locations (Where applicable)	Service Level	Explanatory Notes
Supra LHD Services					
PICU	Paediatric Intensive Care	Bed availability	SCHN Randwick (13 beds) SCHN Westmead (22 beds) 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:** 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 2015/16. Services to be provided in accordance with Critical Care Network Referral Role as described in PD2010_030. Bed numbers listed in the baselines are as at July 2016. Any capacity changes for 2016/17 are shown as new.
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:** NSW Burn Transfer Guidelines (Agency for Clinical Innovation 2014) **Additional notes:** Provision of the Severe Burns Services, inclusive of intensive care, acute and subacute and outreach phases of care. Ensures equitable access for all eligible patients, regardless of geographical area of residence, consistent with NSW Burn Transfer Guidelines (refer IB2014_071)
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:** 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.
HBM	Hyperbaric Medicine	N/A	Prince of Wales	See Notes	**Definition of Activity Measure:** Provide equitable access to hyperbaric services. **Rationale:** N/A
HSCT	Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's	10	**Definition of Activity Measure:** Number of transplants undertaken for severe scleroderma patients **Rationale:** Agency for Clinical Innovation Model of Care **Additional notes:** The service will be available equitably to all referrals.

SCHEDULE E: Performance Measures

KPIs

The performance of Districts, Networks and 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 relating to the National Health Reform Performance and Accountability Framework and NSW State priorities, have been assigned as NSW Health KPIs, service easures or monitoring measures, as appropriate.

NSW: Making it Happen – Performance Measures

Premier's Priorities

Improving Service Levels at Hospitals – '*81 per cent of patients through emergency departments within four hours.'*

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW					
Tier 1	**Emergency Treatment Performance -** Patients with total time in ED ≤ 4 hrs (%)	≥ 81	< 71	≥ 71 and < 81	≥ 81

Tackling Childhood Obesity – '*Reduce overweight and obesity rates of children by 5 per cent over 10 years'*

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
POPULATION HEALTH					
Tier 2	**Healthy Children Initiative (centre based early childhood service sites)** – Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted
Tier 2	**Healthy Children Initiative – (primary school sites)** - Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted

State Priority

Cutting wait times for planned surgeries – *'Increase on-time admissions for planned surgery, in accordance with medical advice.'*

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW					
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):					
Tier 1	• Category 1	100	< 100	N/A	100
Tier 1	• Category 2	≥ 97	< 93	≥ 93 and < 97	≥ 97
Tier 1	• Category 3	≥ 97	< 95	≥ 95 and < 97	≥ 97
Overdue Elective Surgery Patients (number)					
Tier 1	• Category 1	0	≥ 1	N/A	0
Tier 1	• Category 2	0	≥ 1	N/A	0
Tier 1	• Category 3	0	≥ 1	N/A	0

Key Performance Indicators

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW					
Tier 1	**Transfer of Care –** patients transferred from Ambulance to ED ≤ 30 minutes (%)	≥ 90	< 80	≥ 80 and < 90	≥ 90
Tier 1	**Emergency Treatment Performance -** Patients with total time in ED ≤ 4 hrs (%)	≥ 81	< 71	≥ 71 and < 81	≥ 81
Tier 2	**Presentations staying in ED > 24 hours** (number)	0	>5	≥1 and ≤5	0
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):					
Tier 1	• Category 1	100	< 100	N/A	100
Tier 1	• Category 2	≥ 97	< 93	≥ 93 and < 97	≥ 97
Tier 1	• Category 3	≥ 97	< 95	≥ 95 and < 97	≥ 97
Overdue Elective Surgery Patients (number)					
Tier 1	• Category 1	0	≥ 1	N/A	0
Tier 1	• Category 2	0	≥ 1	N/A	0
Tier 1	• Category 3	0	≥ 1	N/A	0
Tier 2	**Mental Health: Presentations staying in ED > 24 hours** (number)	0	> 5	≥ 1 and ≤ 5	0
Tier 2	**Non-Urgent Patients waiting > 365 days for an initial specialist outpatient services appointment** (Number)	0	Increase from previous Year	Decrease from previous Year	0
Tier 2	**Electronic Discharge Summaries Completed** (%)	Increase	Decrease from previous month	No change	Increase on previous month
PEOPLE AND CULTURE					
Tier 2	**Staff who have had a performance review within the last 12 months** (%)	100	< 85	≥ 85 and < 90	≥ 90
INTEGRATED CARE					
Tier 2	**Integrated Care Program transition performance** (%)	See Data Dictionary Item	< 80	≥ 80 and < 100	= 100

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
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 services** (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 2	**Public Dental Clinical Service** (DWAU)	100	<100	N/A	≥ 100
Expenditure matched to budget (General Fund):					
Tier 1	a) **Year to date - General Fund** (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) **June projection - General Fund** (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Own Source Revenue Matched to budget (General Fund):					
Tier 1	a) **Year to date - General Fund** (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) **June projection - General Fund** (%)	On budget or Favourable	> 0.5 Unfavourable	>0 but ≤ 0.5 Unfavourable	On budget or Favourable
Liquidity					
Tier 1	**Recurrent Trade Creditors** > 45 days correct and ready for payment ($)	0	> 0	N/A	0
Tier 1	**Small Business Creditors** paid within 30 days from receipt of a correctly rendered invoice (%)	100	< 100	N/A	100

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
POPULATION HEALTH					
Tier 2	**HIV testing increase** within publicly-funded HIV and sexual health services (% increase)	See Data Dictionary Item	> 5.0 % variation below Target	≤ 5.0 % variation below Target	Met or exceeded Target
Tier 2	**Get Healthy Information and Coaching Service** – Health Professional Referrals (% increase)	See Data Dictionary Item	> 10.0 % variation below Target	≤ 10.0 % variation below Target	Met or exceeded Target
Tier 2	**Healthy Children Initiative Program (centre based childhood service sites)** - Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted
Tier 2	**Healthy Children Initiative Program (primary school sites)** - Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted
SAFETY AND QUALITY					
Tier 1	**Staphylococcus aureus bloodstream infections** (SA-BSI) (per 10,000 occupied bed days)	< 2	≥ 2.0	N/A	< 2
Tier 2	**Patient Experience Survey following treatment**: Overall rating of care received - Adult Admitted Patients - good or very good (%)	Increase	Decrease from previous Year	No change	Increase from previous Year
Tier 2	**Hospital acquired pressure injuries** (rate per 1,000 completed inpatient stays)	Decrease	Increase from previous Year	No change	Decrease from previous Year
Tier 2	**Mental Health: Acute readmission** within 28 days (%)	≤ 13	≥ 20	> 13 and < 20	≤ 13
Tier 2	**Mental Health: Acute Post-Discharge Community Care** - follow up within seven days (%)	≥ 70	< 50	≥ 50 and < 70	≥ 70
Tier 2	**Mental Health: Acute Seclusion rate** (episodes per 1,000 bed days)	< 6.8	≥ 9.9	≥ 6.8 and < 9.9	< 6.8
MENTAL HEALTH REFORM					
Tier 2	**Pathways to Community Living Initiative -** People comprehensively assessed (Number)	Increase	Decrease from previous quarter	No change	Increase on previous quarter
Tier 2	**Mental Health Peer Workforce FTEs** (Number)	Increase	Decrease from previous quarter	No change	Increase on previous quarter

Service Measures

SAFETY AND QUALITY
Deteriorating Patients (rate per 1,000 separations): • Rapid response calls • Cardio respiratory arrests
Unplanned hospital readmission rates (%) for patients discharged following management of: • Acute Myocardial Infarction • Heart Failure • Knee and hip replacements • Pediatric tonsillectomy and adenoidectomy
ICU Central Line Associated Bloodstream (CLAB) Infections (number)
Incorrect procedures: Operating Theatre - resulting in death or major permanent loss of function (number)
Hospital acquired venous thromboembolism (rate per 1,000 separations)
Inpatients who were discharged against medical advice (%): • Aboriginal • Non-Aboriginal
Re-treatment following restorative treatment: Number of permanent teeth re-treated within 6 months of an episode of restorative treatment. Performance target: less than 6% (less than 6 teeth re-treated per 100 teeth restored).
Denture remakes: Number of same denture type (full or partial) and same arch remade within 12 months. Performance target: less than 3% (less than 3 per 100 dentures).
Patient Experience Survey – Emergency Department Patients: Overall rating of care - good and very good (%)
Mental Health: • Outcomes readiness (HoNOS completion rates) - (% of mental health episodes with completed HoNoS outcome measures) • Consumer Experience Measure (YES) Completion Rate - (% of episodes) • Average duration of seclusion - (Hours) • Frequency of seclusion - (% of acute mental-health admitted care episodes with seclusion) • Involuntary patients absconded from an inpatient mental health unit (number)
SERVICE ACCESS AND PATIENT FLOW
Patients with total time in ED $\leq$ 4 hrs (%): • Admitted (to a ward/ICU/theatre from ED) • Not Admitted (to an Inpatient Unit from ED) • Mental Health Patients (admitted to a ward from ED)
ED presentations treated within benchmark times (%): • Triage 1 • Triage 2 • Triage 3 • Triage 4 • Triage 5
Elective Surgery: Activity compared to previous year (Number)
Elective Surgery Theatre Utilisation: Operating Room Occupancy (%)
Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence: • Emergency Surgery (%) • Planned Surgery (%)
Average Length of Episode Stay - Overnight Patients (days)
Acute to Aged-Related Care Services patients seen (number)
Aged Care Services in Emergency Teams patients seen (number)
Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%): • Women, aged 50-69 • Women, aged 70-74
Home Based Dialysis – Proportion of renal dialysis service events that are home based (%)

INTEGRATED CARE
Unplanned hospital readmissions: all admissions within 28 days of separation (%): • All persons • Aboriginal persons • ABF hospitals (rate in NWAU)
Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): • All persons • Aboriginal persons • ABF hospitals (rate in NWAU)
Hospital in the Home (HITH) Admitted activity (%)
Potentially Preventable Hospitalisations (Rate per 100,000 population)
Electronic Discharge Summaries (%): • accepted by a General Practitioner (GP) system • acknowledged by a patient's GP
FINANCE AND ACTIVITY
Specialist Outpatient Services (Service events) • Initial • Subsequent
Patient Fee Debtors > 45 days as a per centage of rolling prior 12 months Patient Fee Revenues (%)
Coding timeliness: % uncoded acute separations
ED records unable to be grouped: • to URG with a breakdown for error codes: E1, E2, E3, E6, E7 and E8 (number and %) • to UDG with a breakdown for error codes: E1 and E2 (number and %)
NAP data completeness: • Patient Level (%)
Wait List Enterprise Data Warehouse data errors, reported separately and disaggregated by error source (%): • Source System error (issues related to the EDW extract or mappings defects) • Data collection error (issues related to the actual data collected or reported) • System Vendor error (issues related to source system defects)
Sub and Non Acute Inpatient Services - Grouped to an AN-SNAP class (%)
PEOPLE AND CULTURE
Workplace Injuries: • Claims (rate per 100 FTEs) • Return to work experience -Continuous Average Duration (days)
Premium staff usage - average paid hours per FTE (Hours): • Medical • Nursing
Reduction in the number of employees with accrued annual leave balances of more than 30 days(Number)
Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)
Aboriginal Workforce as a proportion of total workforce (%)
Public Service Commission (PSC) People Matter Survey (%) • Estimated Response Rate • Engagement Index

POPULATION HEALTH
Quit for New Life Program (%) • Referred to the Quitline • Provided Nicotine Replacement Therapy (NRT) • Booked follow-up Appointment
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 (%)
Comprehensive antenatal visits for all pregnant women before 14 weeks gestation (%) • Who are Aboriginal • Who are non-Aboriginal with an Aboriginal baby • Who are non-Aboriginal with a non-Aboriginal baby • All women
Women who smoked at any time during pregnancy (%): • Aboriginal women • Non-Aboriginal women
Tobacco compliance monitoring: compliance with the Smoke-free Health Care Policy (%)
Organ and Tissue donation – • Family discussed (%) • Family consented (%)
MATERNAL, CHILD, YOUTH AND FAMILY SERVICES
Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted (%)
Out of Home Care Health Pathway Program - Children and young people that complete a primary health assessment (%)
Sexual Assault Services – High priority referrals to Sexual Assault Services receiving an initial psychosocial assessment (%)

SCHEDULE F: Governance Requirements

The Service Agreement operates within the NSW Health Performance Framework and in the context of the NSW Health Funding Reform, Purchasing Framework, NSW Ministry of Health Financial Requirements and Conditions of Subsidy (Government Grants) Public Health Organisations and NSW Activity Based Management and Activity Based Funding Compendium. Although Service Agreements and Compacts do not specify every responsibility of NSW Health organisations, this does not diminish other applicable duties, obligations or accountabilities, or the effects of NSW Health policies, plans, circulars, inter-agency agreements, Ministerial directives or other instruments.

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

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

Clinical Governance

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

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

- Consumer centered
- Driven by information
- Organised for safety

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

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

Corporate Governance

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

The Corporate Governance and Accountability Compendium can be found at:

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

Corporate Governance Compliance

In accordance with the Compendium, compliance must be demonstrated by all Health organisations as a minimum through:

- Due 31 August each year a completed Corporate Governance Attestation Statement for the financial year (PD2010_039).
- Due 31 July each year a completed Internal Audit and Risk Management Attestation Statement for the financial year (PD2010_039).
- Due Quarterly (financial year) the entity Risk Management Register for the top 10 risks identified by the Local Health District or Specialty Network:
  - 3rd Friday of the month of April (January to March quarter)
  - 3rd Friday of the month of July (April to June quarter)
  - 3rd Friday of the month of October (July to September quarter)
  - 3rd Friday of the month January (October to December quarter)
- 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.
- Due 31 August each year from Local Health District and Specialty Health Network Boards must submitted the completed Corporate Governance Risk Management template advising on Board Members Training and Assessment for the financial year.

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