

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND THE

**Central Coast
Local Health District**

FOR THE PERIOD
1 July 2018 – 30 June 2019



Health



NSW Health Service Agreement – 2018/19

Principal Purpose

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

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the NSW Health Performance Framework.

Through execution of the Agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Service Agreement.

Parties to the Agreement

The Organisation

Mr Paul Tonkin

Chair

On behalf of the

Central Coast Local Health District Board

Date: 23/7/18 Signed: 

Dr Andrew Montague

Chief Executive

Central Coast Local Health District

Date: 30/7/18 Signed: 

NSW Health

Ms Elizabeth Koff

Secretary

NSW Health

Date: _____ Signed: _____

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1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of the priorities of the NSW Government and NSW Health.
- To establish with Districts and Networks a performance management and accountability system for the delivery of high quality, effective health care services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To develop effective 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 Districts and Networks.
- To promote accountability to Government and the community for service delivery and funding.

2. CORE Values

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

- **Collaboration** – 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.
- **Openness** – 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.
- **Respect** – 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.
- **Empowerment** – 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. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

3. Culture, Community and Workforce Engagement

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. Impact Statements are to be considered and, where relevant, incorporated into health policies.

Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to the achievement of local priorities.

Engagement Surveys

- The People Matter Employee Survey measures the experiences of individuals across the NSW Health system in working with their team, managers and the organisation. The results of the survey will be used to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.
- The Junior Medical Officer Your Training and Wellbeing Matters Survey will monitor the quality of supervision, education and training provided to junior medical officers and their welfare and wellbeing. The survey will also identify areas of best practice and further opportunities for improvement at an organisational and system level.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association, will be undertaking regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver patient centred care.

4. Legislation, Governance and Performance Framework

4.1 Legislation

The Health Services Act 1997 (the Act) provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Local Health Districts (ss 8, 9, 10).

Under the Act the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

The Act allows the Health Secretary to enter into performance agreements with Local Health Districts in relation to the provision of health services and health support services (s.126). The performance agreement may include provisions of a service agreement.

Under the Act the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) (s.127). As a condition of subsidy all funding provided for specific purposes must be used for those purposes unless approved by the Health Secretary.

4.2 Variation of the Agreement

The Agreement may be amended at any time by agreement in writing between the Organisation and the Ministry.

The Agreement may also be varied by the Secretary or the Minister in exercise of their general powers under the Act, including determination of the role, functions and activities of Local Health Districts (s. 32).

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

4.3 National Agreement - Hospital funding and health reform

The Council of Australian Governments (COAG) has reaffirmed that providing universal health care for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2017 to 30 June 2020. That Agreement preserves important parts of the existing system, including activity based funding and the national efficient price. There is a focus on actions to improve patient safety and the quality of services and reduce unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. See <http://www.coag.gov.au/agreements>

4.4 Governance

Each Health Service and Support Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

Districts and Networks are to ensure

- Timely implementation of Coroner's findings and recommendations, as well as recommendations of Root Cause Analyses.
- Active participation in state-wide reviews.

4.4.1 Clinical Governance

NSW public health services are accredited against the National Safety and Quality Health Service Standards.

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

The Australian Safety and Quality Framework for Health Care provides a set of guiding principles that can assist Health Services with their clinical governance obligations. See <http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf

4.4.2 Corporate Governance

Each Health Service and Support Organisation must ensure services are delivered in a manner consistent with the NSW Health Corporate Governance and Accountability Compendium (the Compendium) seven corporate governance standards. The Compendium is at: <http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, they are to:

- Provide required reports in accordance with the timeframes advised by the Ministry;
- Review and update Manual of Delegations (PD2012_059) to ensure currency;
- Ensure NSW Auditor-General's, the Public Accounts Committee and the NSW Ombudsman's recommendations where accepted by NSW Health are actioned in a timely and effective manner, and that repeat audit issues are avoided.

4.4.3 Safety and Quality Accounts

Standard 1, Clinical Governance, of the National Safety and Quality Health Service Standards describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients. Standard 1 ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – are accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.

Districts and Networks complete Safety and Quality Accounts to document achievements, and affirm an ongoing commitment to improving and integrating safety and quality into their functions. The Account provides information about the safety and quality of care delivered by the Organisation, including key state-wide mandatory and locally selected high priority measures, patient safety priorities, service improvements and integration initiatives. The Account must also demonstrate how the Organisation meets Standard 1.

Consistent with the National Agreement, Districts and Networks must continue to focus on reducing the incidence of Hospital Acquired Complications. Through the Purchasing Framework, NSW Health has incentivised Districts and Networks to locally invest in quality improvement initiatives to specifically target these complications. It is expected that the Safety and Quality account articulates the incentivised initiative/s, and provides details on the approach and outcomes.

4.4.4 Performance Framework

Service Agreements are central components of the NSW Health Performance Framework, which documents how the Ministry monitors and assesses the performance of public sector health services to achieve the expected service levels, financial performance, governance and other requirements.

The performance of a Health Service is assessed in terms of whether the organisation is meeting the strategic objectives for NSW Health and Government, the Premier's priorities, the availability and implementation of governance structures and processes, performance against targets and whether there has been a significant critical incident or sentinel event.

The Framework also sets out the performance improvement approaches, responses to performance concerns and management processes that support achievement of these outcomes in accordance with NSW Health and Government policy and priorities.

Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the NSW Health Performance Framework available at:

<http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

Schedule A: Strategies and Priorities

NSW Health Strategies and Priorities are to be reflected in the strategic, operational and business plans of the Ministry and NSW Health Services and Support Organisations. Delivery of the Strategies and Priorities is the mutual responsibility of all entities.

NSW: Making it Happen

NSW: Making it Happen outlines NSW Health's State Priorities, including 12 Premier's Priorities that together define the NSW Government's vision for a stronger, healthier and safer NSW. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, all entities work together to ensure successful delivery, 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 Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations – see also [http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016 Budget Papers - Election Commitments 2015-19.pdf](http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016%20Budget%20Papers%20-%20Election%20Commitments%202015-19.pdf)

Minister's Priority

NSW Health will strive for engagement, empathy and excellence to promote a positive and compassionate culture that is shared by managers, front-line clinical and support staff alike. This culture will ensure the delivery of safe, appropriate, high quality care for our patients and communities. To do this, Health Services are to continue to effectively engage with the community, and ensure that managers at all levels are visible and working collaboratively with staff, patients and carers within their organisation, service or unit. These requirements will form a critical element of the Safety and Quality Account.

NSW - Making it Happen

Our Contribution to the 30 NSW Priorities

NSW Health is contributing directly to 10 of the 30 NSW Priorities:
4 State Priorities and 6 Premier's Priorities

STATE PRIORITIES

BETTER SERVICES

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

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

- Increase the proportion of Aboriginal and Torres Strait Islander students in the top two NAPLAN bands for reading and numeracy by 30%
- Increase attendance at cultural venues and events in NSW by 15% by 2019
- Maintain or improve reliability of public transport services over the next 4 years

BUILDING INFRASTRUCTURE

- 90% of peak travel on key road routes in on-time
- Increase housing supply across NSW to deliver more than 50,000 approvals every year

KEY

NSW Health leads these NSW Premier's and State Priorities

PROTECTING THE VULNERABLE

Successful implementation of the NDIS by 2018

- Increase the number of households successfully transitioning out of social housing

SAFER COMMUNITIES

- LGAs to have stable or falling reported violent crime rates by 2019
- Reduce adult re-offending by 5% by 2019
- Reduce road fatalities by at least 30% from 2011 levels by 2021

STRONG BUDGET AND ECONOMY

Expenditure growth to be less than revenue growth

- 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

PREMIER'S PRIORITIES

BUILDING INFRASTRUCTURE

Key infrastructure projects to be delivered on time and on budget

CREATING JOBS

- 150,000 new jobs by 2019

DRIVING PUBLIC SECTOR DIVERSITY

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

IMPROVING SERVICE LEVELS IN HOSPITALS

81% of patients through Emergency Departments within four hours by 2019

KEEPING OUR ENVIRONMENT CLEAN

- Reduce the volume of litter by 40% by 2020

PROTECTING OUR KIDS

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

REDUCING DOMESTIC VIOLENCE

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

REDUCING YOUTH HOMELESSNESS

- Increase the proportion of young people who successfully move from specialist homelessness services to long-term accommodation by 15%

TACKLING CHILDHOOD OBESITY

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

FASTER HOUSING APPROVALS

- 90% of housing development applications determined within 40 days

IMPROVING EDUCATION RESULTS

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

IMPROVING GOVERNMENT SERVICES

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

NSW State Health Plan: Towards 2021

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time. See <http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

NSW Health Strategic Priorities 2018-19

The NSW Health Strategic Priorities 2018-19 builds on and complements the NSW State Health Plan: Towards 2021 and aligns with the NSW State and Premier's Priorities. The approach outlined in the plan frames the Ministry's role as system manager for NSW Health, strengthens system governance and establishes a strategic planning framework that:

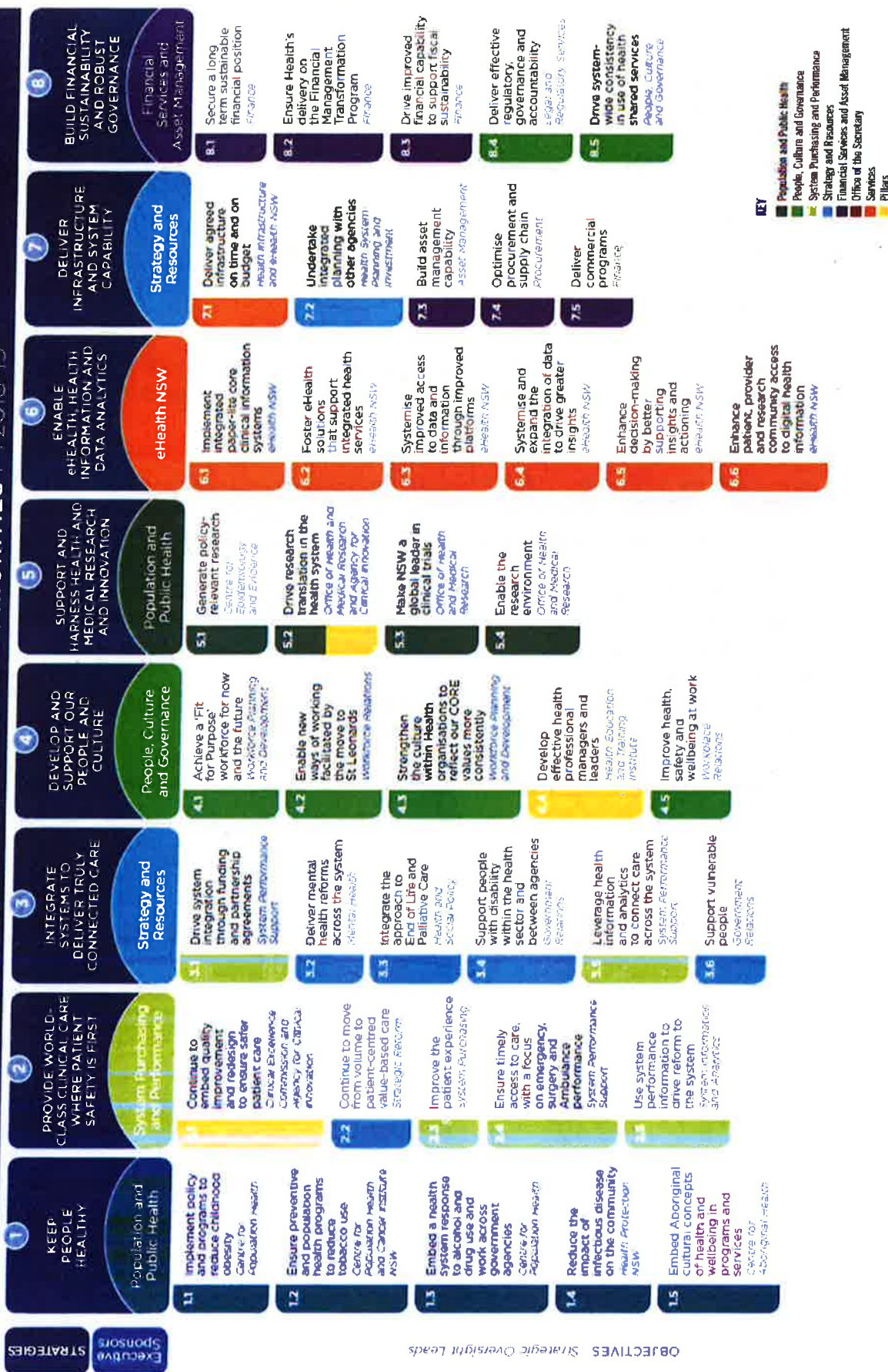
- Embeds a new cross-functional approach to strategic planning and delivery in the Ministry including tighter direction and leadership;
- Allows a flexibility about how we go about achieving this in order to encourage innovation and continuous improvement; and
- Applies tight ownership around the deliverables which will enable transparency in monitoring results.

This will provide the system and stakeholders with an overview of system priorities, and transparency and clarity on where strategic effort will be focused each year, while also delivering business as usual.

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NSW HEALTH STRATEGIC PRIORITIES FY2018-19



Local Priorities

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 are responsible for developing the following Plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that each District and Network will implement local priorities to deliver the NSW Government and NSW Health priorities, and meet the needs of their respective populations.

The District's local priorities for 2018/19 are as follows:

- Continued redevelopment of Gosford Hospital, including commissioning of new buildings, refurbishment of existing spaces and commissioning of expanded services
- Redevelopment planning and commencement of redevelopment activities for Wyong Hospital
- Partnership arrangements with the University of Newcastle, governance and development planning for the Central Coast Medical School and Research Institute
- Continuation of the Integrated Care strategy for the District and embedding into normal business
- Further development and implementation of strategies and initiatives to Close the Gap in health outcomes for Aboriginal people on the Central Coast
- Continued transition of patients to the National Disability Insurance Scheme
- Development of the District's Strategic Plan

Schedule B: Services and Networks

Services

The Organisation is to maintain up to date information for the public on its website regarding its relevant facilities and services including population health, inpatient services, community health, other non-inpatient services and multipurpose services (where applicable), in accordance with approved Role Delineation levels.

The Organisation is also to maintain up to date details of:

- Affiliated Health Organisations (AHOs) in receipt of Subsidies in respect of services recognised under Schedule 3 of the Health Services Act 1997. Note that annual Service Agreements are to be in place between the Organisation and AHOs.
- Non-Government Organisations (NGOs) for which the Commissioning Agency is the Organisation, noting that NGOs for which the Commissioning Agency is the NSW Ministry of Health are included in NSW Health Annual Reports.
- Primary Health Networks with which the Organisation has a relationship.

Networks and Services Provided to Other Organisations

Each NSW Health service is a part of integrated networks of clinical services that aim to ensure timely access to appropriate care for all eligible patients. The Organisation must ensure effective contribution, where applicable, to the operation of statewide and local networks of retrieval, specialty service transfer and inter-district networked specialty clinical services.

Key Clinical Services Provided to Other Health Services

The Organisation is also to ensure continued provision of access by other Districts and Health Services, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

Service	Recipient Health Service
Mental Health Telephone Access Line (MHTAL)	Mid North Coast LHD

Note that New South Wales prisoners are entitled to free inpatient and non-inpatient services in NSW public hospitals (PD2016_024 – Health Services Act 1997 - Scale of Fees for Hospital and Other Services, or as updated).

Non-clinical Services and Other Functions Provided to Other Health Services

Where the Organisation has the lead or joint lead role, continued provision to other Districts and Health Services is to be ensured as follows.

Service or function	Recipient Health Service
Design & Print	Northern Sydney LHD

Cross District Referral Networks

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

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) - (PD2018_011)
- Interfacility Transfer Process for Adult Patients Requiring Specialist Care - (PD2011_031)
- Critical Care Tertiary Referral Networks (Paediatrics) - (PD2010_030)
- Tiered Network Arrangements for Maternity and Neonatal Care in NSW
- 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 responsibilities 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 2018/19.

Supra LHD Services

The following information is included in all Service Agreements to provide an overview of recognised Supra LHD Services and Nationally Funded Centres in NSW. Supra LHD Services are provided across District/Network boundaries and are characterised by a combination of the following factors:

- Services are provided from limited sites across NSW;
- Services are high cost with low-volume activity;
- Individual clinicians or teams in Supra LHD services have specialised skills;
- Provision of the service is dependent on highly specialised equipment and/or support services;
- Significant investment in infrastructure is required;
- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment
- Ensuring equitable access to Supra LHD Services will be a key focus. Supra LHD locations and service levels are as follows:

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Adult Intensive Care Unit	Beds	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (34) (1 new in 2018/19) Royal Prince Alfred (51) Concord (16) Prince of Wales (22) John Hunter (24) (1 new in 2018/19) St Vincent's (21) St George (36)	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011. Units with new beds in 2018/19 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 Unit
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince Of Wales - Mental Health Intensive Care Unit Cumberland - Yaralla Ward Orange Health Service - Orange Lachlan ICU Mater, Hunter New England - Psychiatric Intensive Care Unit	Provision of equitable access.

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0—April 2016
Severe Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011 and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN at Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011.
Heart, Lung and Heart Lung Transplantation	Access	St Vincent's (96)	To provide Heart, Lung 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. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0—April 2016.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with NSW Critical Care Networks (Perinatal) PD2010_069.
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16) Liverpool (13) (1 new in 2018/19) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with NSW Critical Care Networks (Perinatal) PD2010_069
Peritonectomy	Number	St George (116) Royal Prince Alfred (60)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	Beds	SCHN Randwick (13) SCHN Westmead (22) John Hunter (up to 4)	Services to be provided in accordance with NSW Critical Care Networks (Paediatrics) PD2010_030

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2018_011 and NSW Burn Transfer Guidelines (ACI 2014) and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis, BMT Network, Agency for Clinical Innovation, 2016.
Neurointerventional Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - Planning for NSW NI Services to 2031
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN	Provision of equitable access for all referrals

Nationally Funded Centres

Service Name	Locations	Service Requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	As per Nationally Funded Centre Agreement - Access for all patients across Australia accepted onto Nationally Funded Centre program
Paediatric Liver Transplantation – Nationally Funded Centre	SCHN Westmead	
Islet Cell Transplantation – Nationally Funded Centre	Westmead	

Schedule C: Budget

Part 1

Central Coast LHD - Budget 2018/19									
2018/19 BUDGET									
	A	B	C	D	E	F	G	H	I
	Target Volume (NW/18)	Volume (Admissions & Attendances) Indicative only	State Price per NW/18	LHD's/N Average Cost per NW/18	Initial Budget 2018/19 (\$ '000)	2017/18 Annualised Budget (\$ '000)	Variance Initial and Annualised (\$ '000)	Variance (%)	Volume Forecast 2017/18 (NW/18)
Acute Admitted	72,640	82,614			\$341,557	\$330,609	\$10,948		70,957
Emergency Department	20,112	150,920	\$4,713	\$4,787	\$94,584	\$85,028	\$9,556		18,487
Non Admitted Patients (Including Dental)	27,810	590,541			\$130,797	\$125,586	\$5,201		27,238
Total	120,561	831,075			\$566,938	\$541,233	\$25,705	4.7%	116,682
Sub-Acute Services - Admitted	10,898	3,697			\$51,171	\$49,247	\$1,924		10,512
Sub-Acute Services - Non Admitted	1,149		\$4,713	\$4,787	\$5,413	\$5,298	\$115		1,149
Total	12,047	3,697			\$56,584	\$54,545	\$2,039	3.7%	11,660
Mental Health - Admitted (Acute and Sub-Acute)	5,740	2,319			\$27,054	\$26,480	\$574		5,740
Mental Health - Non Admitted	9,424	293,764	\$4,713	\$4,787	\$28,861	\$27,557	\$1,304		9,281
Mental Health - Classification Adjustment					\$1,249	\$1,222	\$27		
Mental Health - Transition Grant					\$1,465	\$1,434	\$31		
Total	15,164	296,083			\$58,629	\$55,693	\$2,936	3.4%	16,001
Block Funding Allocation									
Block Funded Services In-Scope									
- Teaching, Training and Research									
Total									
E State Only Block Funded Services Total					\$24,731	\$24,206	\$525		
Transition Grant					\$24,731	\$24,206	\$525	2.2%	
F Transition Grant (excluding Mental Health) and RSCs									
G Gross-Up (Private Patient Service Adjustments)					\$69,865	\$68,383	\$1,483	2.2%	
Provision for Specific Initiatives & TMF Adjustments (not included above)					\$4,228	\$4,138	\$90	2.2%	
Commissioning Cost - Gosford Redevelopment					\$4,228	\$4,138	\$90	2.2%	
Data Improvement Project -					\$20,492	\$20,057	\$435	2.2%	
HAC Improvement Project					\$2,000				
Leading Better Value Care Program Support Transition					\$750				
Purchasing Adjustors (incl Hospital Acquired Complications)					\$350				
Initiative Care Services - Gosford					\$250				
HealthShare Accelerated Savings Program					\$383				
Election Commitment - Additional Nursing, Midwifery and Support positions					\$400				
Electricity escalations					\$446				
ICT escalation (Intra Health)					\$1,048				
New parents and children initiatives					\$1,414				
Total					\$5,661		\$5,661		
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)					\$837,042	\$799,168	\$37,874	4.7%	
L Other - Gain/Loss on disposal of assets etc					\$191	\$191			
M LHD Revenue									
N Net Result (N=K-L+M)					-\$815,856	-\$774,488	-\$41,368		
General Note: ASIF growth is funded at 90% of the State Price for all "business as usual" activity and new builds or new capacity has continued to be funded at the full State Price					\$21,376	\$24,871	-\$3,495		
a Part of the Acute, ED and Subacute Admitted transition grant has been used to fund growth (see Schedule C glossary)									
* Data Improvement Project \$250k to be allocated to Intra Health for EDW									

Part 2

Schedule C Part 2

Central Coast LHD		2018/19 \$ (000's)
	<u>Government Grants</u>	
A	Subsidy*	-\$583,837
B	In-Scope Services - Block Funded	-\$45,766
C	Out of Scope Services - Block Funded	-\$59,663
D	Capital Subsidy	-\$3,390
E	Crown Acceptance (Super, LSL)	-\$14,921
F	Total Government Contribution (F=A+B+C+D+E)	-\$707,577
	<u>Own Source revenue</u>	
G	GF Revenue	-\$102,517
H	Restricted Financial Asset Revenue	-\$5,763
I	Total Own Source Revenue (I=G+H)	-\$108,280
J	Total Revenue (J=F+I)	-\$815,856
K	Total Expense Budget - General Funds	\$832,719
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)	\$837,233
O	Net Result (O=J+N)	\$21,376
	<u>Net Result Represented by:</u>	
P	Asset Movements	-\$18,989
Q	Liability Movements	-\$2,387
R	Entity Transfers	
S	Total (S=P+Q+R)	-\$21,376
Note:		
<p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2018/19 to \$2.4m and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks). Based on final June 2018 cash balances, adjustments will be made in July 2018 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.</p> <p>The Ministry will closely monitor cash at bank balances during the year to ensure compliance with this NSW Treasury policy.</p> <p>* 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.</p>		

Part 3

Schedule C Part 3

2018/19 Shared Services & Consolidated Statewide Payment Schedule		
	Central Coast LHD	\$ (000's)
HS Charges	HS Service Centres	\$2,925
	HS Service Centres Warehousing	\$11,024
	HS Enable NSW	\$550
	HS Food Services	\$16,609
	HS Soft Service Charges	
	HS Linen Services	\$4,230
	HS Recoups	\$4,541
	HS IPTAAS	\$102
	HS Fleet Services	\$2,542
	HS Patient Transport Services	\$5,628
	HS MEAPP	
	Total HSS Charges	\$48,151
eHealth	EH Corporate IT	\$3,243
	EH Information Services ICT SPA	\$6,438
	Total eHealth Charges	\$9,681
IH Transports	Interhospital Ambulance Transports	\$2,174
	Interhospital Ambulance NETS	\$297
	Total Interhospital Ambulance Charges	\$2,470
	Interhospital NETS Charges - SCHN	\$130
Payroll	Total Payroll (Including SGC, FSS, Excluding LSL & PAYG)	\$437,622
Loans	MoH Loan Repayments	
	Treasury Loan (SEDA)	
	Total Loans	
	Blood and Blood Products	\$6,005
	NSW Pathology	\$19,314
	Compacts (HSSG)	\$1,194
	TMF Insurances (WC, MV & Property)	\$11,096
	Energy Australia	\$5,785
	Total	\$541,448

Note:
 This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHD's and Service Providers throughout the year to ensure cash held back for these payments reflects actual trends. Consistent with prior years procedures, a mid year review will occur in January with further adjustments made if required.

Note: The amounts above include GST, where applicable.

Part 4

2018/19 National Health Funding Body Service Agreement - Central Coast LHD

Period: 1 July 2018 - 30 June 2019

Schedule C Part 4	National Reform Agreement		Commonwealth
	Acute	68,314	
	ED	19,238	
	Mental Health	5,915	
	Sub Acute	11,951	
	Non Admitted	26,560	
	Activity Based Funding Total	131,978	
	Block Funding Total		\$19,840,553
	Total	131,978	\$19,840,553

Capital Program

CENTRAL COAST LHD									
ASSET AUTHORISATION LIMITS									
2018/19 Capital Projects									
LINE	BP2 ETC 2018/19	Estimated Expenditure to 30 June 2018	Cost to Complete at 30 June 2018	BP2 Allocation 2018/19	BP2 Est. 2018/20	BP2 Est. 2020/21	BP2 Est. 2021/22	Balance to Complete	
WORKS IN PROGRESS									
CCLHD Minor Works & Equipment									
Asset Refurbishment/Replacement Strategy - Statewide									
Wyong Dental Clinics- Replacement of Dental Chairs	3,147,754	0	3,147,754	3,147,754	3,147,754	3,147,754			
Gosford Dental Clinics - Replacement of Dental Chairs	750,000		750,000	350,000	400,000				
	750,000		750,000			750,000			
TOTAL WORKS IN PROGRESS	4,647,754	0	4,647,754	3,647,754	3,547,754	3,897,754			
TOTAL ASSET ACQUISITION PROGRAM	4,647,754	0	4,647,754	3,647,754	3,547,754	3,897,754			
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
MAJOR NEW WORKS 2018/19									
Wyong Hospital Carpark	10,207,000	0	10,207,000	6,504,000	3,703,000				
TOTAL MAJOR NEW WORKS	10,207,000		10,207,000	6,504,000	3,703,000				
MAJOR WORKS IN PROGRESS									
Gosford Hospital Car Park	35,543,000	28,203,669	7,339,331	7,338,331	63,968,950	60,000,000		10,207,000	
Gosford Hospital Redevelopment	348,000,000	259,846,312	88,153,688	24,184,738					
Wyong Hospital Redevelopment - Stage 1	200,000,000	10,000,000	190,000,000	23,496,000	96,297,000				
TOTAL MAJOR WORKS IN PROGRESS	583,543,000	288,049,980	285,493,020	55,020,070	160,265,950	60,000,000		10,207,000	
TOTAL MANAGED BY HEALTH INFRASTRUCTURE	593,750,000	298,049,980	295,706,820	61,524,870	163,968,950	66,000,000	0	10,207,000	

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > \$10,000 includes a 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: Purchased Volumes

Growth Investment	Strategic Priority	\$'000	NWAU18	Performance Metric
Activity Growth inclusive of Local Priority Issues				
Acute <i>Inclusive of Aboriginal Health Service Expansion</i>	2	-	72,640	As per Schedule E / Activity of New Service Identified
Emergency Department <i>Inclusive of ED Redevelopment Impact</i>	2.4	-	20,112	As per Schedule E / Activity of New Service Identified
Sub-Acute (Admitted and Non-Admitted)	2	-	10,896	As per Schedule E
<i>Sub and Non Acute Inpatient Services – Palliative Care Component</i>	3.3	-	359	As per Schedule E
Non-Admitted	2 / 3	-	26,542	As per Schedule E
Public Dental Clinical Service – Total Dental Activity	1	-	19,246 (DWAU)	As per Schedule E
Mental Health Admitted	3.2	-	5,740	As per Schedule E
Mental Health Non-Admitted	3.2	-	9,424	As per Schedule E
Mental Health Reforms				
Specialist child and adolescent community mental health services	3.2	-	49	Client-related hours
Specialist adult community mental health services	3.2	-	39	Client-related hours
Specialist older persons community mental health services	3.2	-	49	Client-related hours
Service Investment				
Redevelopment Commissioning – Gosford Hospital	7.1	2,000	-	Activity of new service identified
Level 5 ICU (delineation increase) – Gosford	2	400	-	Activity of new service identified

	Strategic Priority	Target	Performance Metric
STATE PRIORITY			
Elective Surgery Volumes			
Number of Admissions from Surgical Waiting List - All Patients	2.4	10,433	Number
Number of Admissions from Surgical Waiting List - Children < 16 Years Old	2.4	768	Number

Growth Investment	Strategic Priority	\$ '000	NWAU18	Performance Metric
NSW HEALTH STRATEGIC PRIORITIES				
Providing World Class Clinical Care Where Patient Safety is First				
Hospital Acquired Complications (HAC) initiatives	2.1	350	-	Demonstration of reduction in HAC
ETP	2.4	-	-	ETP Trajectory
Leading Better Value Care – Program Support Transition	2.2	250	-	Performance against LBVC Deliverables
Integrate Systems to Deliver Truly Connected Care				
Integrated Care Strategy <i>The Integrated Care purchasing model for 2018/19 converts 25% of the existing recurrent funding for Integrated Care for People with Chronic Conditions (ICPCC) (previously the Chronic Disease Management Program) into purchased activity for each LHD/SHN. This is shown as NWAU for each LHD/SHN.</i>	3.1	2,327	109	Demonstration of delivery of activities outlined in the approved Activity Work Plan and meeting data collection requirements (including monitoring, evaluation, and the Patient Flow Portal)
Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect	3.6	432 <i>with general escalation applied for 2018/19</i>	-	Commence implementation of local VAN service redesign and recruitment of permanent clinical staff where staffing gaps have been identified
Enable eHealth, Health Information and Data Analytics				
Data quality improvement – clinical coding / documentation	6.3	250	-	Data quality improvement
EDWARD business implementation <i>\$250,000 to be allocated to Intra Health for EDW - One-off for 2018/19</i>	6.3	500	-	Complete Stage 1 LEAP and transition of at least one data stream (AP, ED or WL) as per LHD/SHN Program Management Plan

Schedule E: Performance against Strategies and Objectives

A. Key Performance Indicators

The performance of Districts, Networks, other Health Services and Support Organisations is assessed in terms of whether it is meeting performance targets for individual key performance indicators for each NSW Health Strategic Priority.

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
X	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement along with the list of improvement measures that will continue to be tracked by the Ministry's Business Owners - see

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508

The Data Supplement also maps indicators and measures to key strategic programs including

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Financial Management Transformations

B. Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2018-19 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Health Service and Support Organisation.

A. Key Performance Indicators

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 1: Keep People Healthy						
1.1	Population Health	Get Healthy Information and Coaching Service - Health professional referrals: Variance (%)	Individual - See Data Supplement	>10.0 variation below Target	<=10.0 variation below Target	Met or exceeded Target
		Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program (%):				
	Population Health	• Primary schools - Trained primary schools achieving agreed proportion of Live Life Well @ School program practices (%)	>=60	<55	55-59	>=60
	Population Health	• Early childhood services - Sites achieving agreed proportion of Munch and Move program practices (%)	>=60	<55	55-59	>=60
1.2		Smoking During Pregnancy - At any time (%):				
	Equity	• Aboriginal women	Decrease from previous year	Increase on previous year	No change	Decrease from previous year
	Equity	• Non-aboriginal women	Decrease from previous year	Increase on previous year	No change	Decrease from previous year
	Effectiveness	Pregnant Women Quitting Smoking - By second half of pregnancy (%)	4% increase on previous year	<1% increase on previous year	≥1% and <4% increase on previous year	4% increase on previous year
1.4	Population Health	Human Immunodeficiency Virus (HIV) Testing - Within publicly-funded HIV and sexual health services: Variance (%)	Individual - See Data Supplement	<98 Target	>=98 and <100	>=100
	Effectiveness	Hepatitis C Antiviral Treatment Initiation - Direct acting - by LHD residents: Variance (%)	Individual - See Data Supplement	<98 Target	>=98 and <100	>=100
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.1	Safety	Fall-related Injuries in Hospital - Resulting in fracture or intracranial injury - Rate (per 1,000 bed days)	<0.17	>=0.21	>=0.17 and <0.21	<0.17
	Safety	3rd or 4th Degree Perineal Lacerations During Delivery (Rate per 1,000 bed days)	<0.30	>=0.41	>=0.30 and <0.41	<0.30
	Safety	Hospital Acquired Venous Thromboembolism (Rate per 1,000 bed days)	<0.20	>=0.30	>=0.20 and <0.30	<0.20
	Safety	Hospital Acquired Pressure Injuries (Rate per 1,000 bed days)	<0.23	>=0.38	>=0.23 and <0.38	<0.23
	Safety	Healthcare Associated Infections (per 1,000 bed days)	<3.47	>=3.94	>=3.47 and <3.94	<3.47
	Safety	Surgical Complications Requiring Unplanned Return to Theatre (Rate per 1,000 bed days)	<0.59	>=0.74	>=0.59 and <0.74	<0.59
	Safety	Hospital Acquired Medication Complications (Rate per 1,000 bed days)	<0.96	>=1.27	>=0.96 and <1.27	<0.96
	Safety	Hospital Acquired Neonatal Birth Trauma (Rate per 1,000 bed days)	<0.07	>=0.09	>=0.07 and <0.09	<0.07
2.1		Unplanned Hospital Readmissions - All admissions within 28 days of separation (%):				
	Effectiveness	• All persons	Decrease	Increase on previous year	No change	Decrease from previous Year
	Effectiveness	• Aboriginal persons	Decrease	Increase on previous year	No change	Decrease from previous Year

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
2.3	Patient Centred Culture	Overall Patient Experience Index (Number)	>=8.5	<=8.2	>8.2 and <8.5	>=8.5
	Patient Centred	Patient Engagement Index (Number)	>=8.5	<=8.2	>8.2 and <8.5	>=8.5
2.4		Elective Surgery:				
		• Access Performance - Patients treated on time (%):				
	Timeliness & Accessibility	• Category 1	100	<100	N/A	100
	Timeliness & Accessibility	• Category 2	>=97	<93	>=93 and <97	>=97
	Timeliness & Accessibility	• Category 3	>=97	<95	>=95 and <97	>=97
		• Overdue - Patients (Number):				
	Timeliness & Accessibility	• Category 1	0	>=1	N/A	0
	Timeliness & Accessibility	• Category 2	0	>=1	N/A	0
	Timeliness & Accessibility	• Category 3	0	>=1	N/A	0
		Emergency Department:				
	Timeliness & Accessibility	• Emergency treatment performance - Patients with total time in ED <= 4 hrs (%)	>=81	<71	>=71 and <81	>=81
	Timeliness & Accessibility	• Transfer of care – Patients transferred from ambulance to ED <= 30 minutes (%)	>=90	<80	>=80 and <90	>=90
Strategy 3: Integrate Systems to Deliver Truly Connected Care						
3.1	Timeliness & Access	Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days)	<=5	>6	>5 and <=6	<=5
3.2		Mental Health:				
	Effectiveness	• Acute Post-Discharge Community Care - Follow up within seven days (%)	>=70	<50	>=50 and <70	>=70
	Effectiveness	• Acute readmission - Within 28 days (%)	<=13	>=20	>13 and <20	<=13
	Appropriate-ness	• Acute Seclusion Occurrence – (Episodes per 1,000 bed days)	<5.1	>=5.1	N/A	<5.1
	Appropriate-ness	• Acute Seclusion Duration – (Average Hours)	< 4	>5.5	<= 4 and <= 5.5	< 4
	Safety	• Involuntary Patients Absconded – From an inpatient mental health unit –Incident Types 1 and 2 (Number)	0	>0	N/A	0
	Patient Centred Culture	• Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	>=80	<70	>=70 and <80	>=80
3.2	Timeliness & Accessibility	• Access Block - Emergency department to inpatient unit - Presentations staying in ED > 24 hours (Number)	0	>5	Between 1 and 5	0
		Mental Health Reform:				
	Patient Centred Culture	• Pathways to Community Living - People transitioned to the community – (Number) (Applicable LHDs only - see Data Supplement)	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter
	Patient Centred Culture	• Peer Workforce Employment – Full time equivalents (FTEs) (Number)	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
3.5	Patient Centred Culture	Electronic Discharge Summaries Completed - Sent electronically to State Clinical Repository (%)	Increase	Decrease from previous month	No change	Increase on previous month
3.6	Effectiveness	Domestic Violence Routine Screening - Routine Screens conducted (%)	70	<60	>=60 and <70	=>70
	Effectiveness	Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%)	100	<90	>=90 and <100	100
	Effectiveness	Sexual Assault Services Initial Assessments - Referrals for victims of sexual assault receiving an initial psychosocial assessment (%)	80	<70	>=70 and <80	=>80
		Sustaining NSW Families Programs - Applicable LHDs only - see Data Supplement:				
	Effectiveness	• Families completing the program when child reached 2 years of age (%)	50	<45	>=45 and <50	=>50
	Effectiveness	• Families enrolled and continuing in the program (%)	65	<55	>=55 and <65	=>65
Strategy 4: Develop and Support Our People and Culture						
4.1	Patient Centred Culture	Staff Engagement - People Matter Survey Engagement Index - Variation from previous year (%)	>=0 (Increase)	<= -5	<0 & <5	>=0
	Efficiency	Staff Performance Reviews - Within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.3	Equity	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.5	Safety	Compensable Workplace Injury - Claims (% change)	10 Decrease	Increase	>=0 and <10 Decrease	>= 10 Decrease
Strategy 5: Support and Harness Health and Medical Research and Innovation						
5.4	Research	Ethics Application Approvals - By the Human Research Ethics Committee within 45 calendar days - Involving more than low risk to participants (%)	95	<75	>=75 and <95	>=95
	Research	Research Governance Application Authorisations - Site specific within 15 calendar days - Involving more than low risk to participants - (%)	95	<75	>=75 and <95	>=95
Strategy 6: Enable eHealth, Health Information and Data Analytics						
6.2	Efficiency	See under 3.5 - Electronic Discharge Summaries				
Strategy 7: Deliver Infrastructure and System Capability						
7.1	Finance	Capital Variation - Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
7.3	Finance	Asset Maintenance Expenditure - As a proportion of asset replacement value (% change)	>=10	< 5	>= 5 and < 10	>=10
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1		Purchased Activity Volumes - Variance (%)				
	Finance	• Acute admitted- NWAU	Individual - See Budget	> +/-2.0	> +/-1.0 and <= +/-2.0	<= +/-1.0
	Finance	• Emergency department - NWAU				
	Finance	• Non-admitted patients - NWAU				
	Finance	• Sub acute services - Admitted - NWAU				
	Finance	• Mental health - Admitted - NWAU				
	Finance	• Mental health - Non admitted - NWAU				
	Finance	• Public dental clinical service - DWAU	See Purchased Volumes	> +/-2.0	> +/-1.0 and <= +/-2.0	<= +/-1.0

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
	Finance	Expenditure Matched to Budget - General Fund -Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but ≤0.5 Unfavourable	On budget or Favourable
	Finance	Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but ≤0.5 Unfavourable	On budget or Favourable
	Efficiency	Cost Ratio Improvement - Cost per NWAU compared to state average - (%)	Decrease from previous year	Increase on previous year	No Change	Decrease from previous year

B. Strategic Deliverables

Leading Better Value Care

The Leading Better Value Care (LBVC) Program creates shared priorities across the NSW health system to improve health outcomes, improve the experience of care for patients, carers and clinicians and provide efficient and effective care. The main components of this approach include the following:

- The Ministry of Health will continue as system administrator, purchaser and manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will continue to provide services established through LBVC in 2017-18 and determine local approaches to deliver new LBVC initiatives in 2018-19.
- The Pillars, as required, will continue to support Districts and Networks in a flexible manner that can be customised to meet local needs and will support measurement as required.
- Districts and Networks will participate with Pillars in evaluation, monitoring and regular reporting on the progress of the LBVC initiatives as specified in the Monitoring and Evaluation Plans.

In 2018/19, Districts and Networks will:

- Continue to provide clinical services in the most appropriate care setting for patients in LBVC Tranche One (T1) initiatives of Osteoporotic Refracture Prevention (ORP), Osteoarthritis Chronic Care Program (OACCP), Renal Supportive Care (RSC) and High Risk Foot Services (HRFS) through designated HERO clinics.
- Implement the LBVC solutions for Chronic Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD) and Diabetes.
- Continue to undertake and report on the agreed solutions to reduce falls in hospital.
- Participate in monitoring, evaluation and other studies (e.g. costing) of LBVC initiatives. Formative evaluations will occur throughout 2018-19 in consultation with the Districts and other stakeholders.
- Undertake regular reviews of activity associated with all T1 initiatives.
- Work with the Ministry of Health and lead Pillar agencies to participate in data gathering and other activities to support the development and implementation of LBVC Tranche 2 (T2) initiatives for:
 - Bronchiolitis.
 - Hip Fracture.
 - Cancer care (optimal care pathways for colorectal cancer; hypofractionation).
 - Wound Management.

