

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND THE

Sydney

Local Health District

FOR THE PERIOD
1 July 2019 – 30 June 2020



Health



NSW Health Service Agreement – 2019/20

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 the Sydney 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

The Hon Ronald Phillips
Chair
On behalf of the
Sydney Local Health District Board

Date: ...30/07/2019... Signed: 

Dr Teresa Anderson AM
Chief Executive
Sydney Local Health District

Date: ...29-7-19... Signed: 

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: ...30/7/19... 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 NSW Government and NSW Health priorities.
- To establish with Local Health Districts (Districts) and Speciality Health Networks (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 formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and Networks include measurable objectives that reflect agreed Aboriginal health priorities.
- 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:

- **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. 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

The Organisation must ensure appropriate consultation and engagement with patients, carers and communities in the design and delivery of health services. Impact Statements, including Aboriginal Health 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.

3.1 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 undertake 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 maintains activity based funding and the national efficient price. There is a focus on improved patient safety, quality of services and reduced 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

The 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.

The Organisation is 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.

<https://www.safetyandquality.gov.au/national-priorities/australian-safety-and-quality-framework-for-health-care/>

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

The 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, the Organisation is to:

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

4.4.3 Procurement Governance

The Organisation must ensure procurement of goods and services complies with the NSW Health Procurement Policy, the key policy governing procurement practices for all NSW Health organisations. The NSW Health Procurement Policy is to be applied in conjunction with procedures detailed in the NSW Health Goods and Services Procurement Policy Directive (PD2018_030). These documents detail the requirements of all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_030

4.4.4 Safety and Quality Accounts

The Organisation will complete a Safety and Quality Account 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 measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

The Account must also demonstrate how the Organisation meets Standard 1. Clinical Governance, of the National Safety and Quality Health Service Standards, which 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 frontline clinicians, 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.

Consistent with the National Health Reform Agreement, The Organisation must continue to focus on reducing the incidence of hospital acquired complications. Through the Purchasing Framework, NSW Health has incentivised Districts and Networks to invest in quality improvement initiatives that specifically target these complications. It is expected that the Safety and Quality Account articulates these initiatives and provides details on approaches and outcomes.

4.4.5 Performance Framework

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

The performance of a Health Service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out performance improvement approaches, responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies 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

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry, NSW Health Services and Support Organisations. These are to be reflected in the strategic, operational and business plans of these entities.

NSW Government Priorities

The NSW Government has outlined their priorities for their third term:

- Building a strong economy
- Providing high-quality education
- Creating well connected communities
- Providing world class customer service
- Tackling longstanding social challenges

NSW Health will contribute to the NSW Government's priorities in a number of ways:

- Our focus and commitment to put the patient at the centre of all that we do will continue and be expanded.
- We will continue to deliver new and improved health infrastructure and digital solutions that connect communities and improve quality of life for people in rural, regional and metropolitan areas.
- We will help develop solutions to tackle longstanding social challenges including intergenerational disadvantage, suicide and indigenous disadvantage.

NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and community, is personalised, invests in wellness and is digitally enabled.

Election Commitments

NSW Health is responsible for the delivery of 50 election commitments over the period to March 2023. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations.

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 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 2019-20

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Improving patient experience

Consistent with NSW Government priorities to improve customers experience for NSW residents, NSW Health is committed to enhancing patients and their carer's experience of care. A structured approach to patient experience that supports a cohesive, strategic and measurable approach is being progressed. An audit in 2018 of initiatives underway across the NSW Health system identified 260 initiatives across districts, networks and pillar organisations to enhance the patient experience.

In 2019-20, the Ministry of Health will work closely with Health Services and Support Organisations to progress the strategic approach to improving patient experience across the NSW public health system.

NSW HEALTH STRATEGIC PRIORITIES FY2019-20

STRATEGIES Executive Sponsors	1	2	3	4	5	6	7	8
	KEEP PEOPLE HEALTHY Population and Public Health	PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST Patient Experience and System Performance	INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE Health System Strategy and Planning	DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE People, Culture and Governance	SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION Population and Public Health	ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS eHealth NSW	DELIVER INFRASTRUCTURE FOR IMPACT AND TRANSFORMATION Health System Strategy and Planning	BUILD FINANCIAL SUSTAINABILITY AND ROBUST GOVERNANCE Finance and Asset Management
OBJECTIVES Strategic Oversight Leads	1.1 Implement policy and programs to increase healthy weight in children <i>Centre for Population Health</i>	2.1 Continue to embed quality improvement and redesign to ensure safer patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i>	3.1 Drive system integration through funding and partnership agreements <i>System Performance Support</i>	4.1 Achieve a 'Fit for Purpose' workforce for now and the future <i>Workforce Planning and Development</i>	5.1 Drive the generation of policy-relevant translational research <i>Centre for Epidemiology and Evidence/Office of Health and Medical Research</i>	6.1 Implement integrated paper-lite key clinical information systems <i>eHealth NSW</i>	7.1 Utilise capital investment to drive new models of health service delivery <i>Health System Planning and Investment</i>	8.1 Deliver financial control in the day-to-day operations <i>Finance</i>
	1.2 Ensure preventive and population health programs to reduce tobacco use <i>Centre for Population Health and Cancer Institute NSW</i>	2.2 Continue to move from volume to value based healthcare <i>Strategic Reform</i>	3.2 Deliver mental health reforms across the system <i>Mental Health</i>	4.2 Undertake whole system workforce analysis <i>Workforce Planning and Development</i>	5.2 Drive research translation in the health system <i>Office of Health and Medical Research and Agency for Clinical Innovation</i>	6.2 Foster eHealth solutions that support integrated health services <i>eHealth NSW</i>	7.2 Deliver agreed infrastructure on time and on budget <i>Health Infrastructure</i>	8.2 Develop sustainable funding for future growth <i>Finance</i>
	1.3 Embed a health system response to alcohol and other drug use and work across government agencies <i>Centre for Population Health</i>	2.3 Improve the patient experience and further engage with patients and carers <i>System Purchasing</i>	3.3 Strengthen integrated approaches to frailty, ageing and end of life care <i>Health and Social Policy</i>	4.3 Enable new ways of working facilitated by the move to St Leonards <i>Change</i>	5.3 Make NSW a global leader in clinical trials <i>Office of Health and Medical Research</i>	6.3 Enhance systems and tools to improve workforce and business management <i>eHealth NSW</i>	7.3 Deliver infrastructure plans and integrate with other agencies <i>Health System Planning and Investment</i>	8.3 Drive value in procurement <i>Strategic Procurement</i>
	1.4 Reduce the impact of infectious disease and environmental impacts on the community <i>Health Protection NSW</i>	2.4 Ensure timely and equitable access to appropriate care <i>System Management</i>	3.4 Support people with disability within the health sector and between agencies <i>Government Relations</i>	4.4 Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</i>	5.4 Enable the research environment <i>Office of Health and Medical Research</i>	6.4 Develop and enhance health analytics to improve insights and decision-making <i>eHealth NSW</i>	7.4 Strengthen asset management capability <i>Asset Management</i>	8.4 Deliver commercial programs <i>Strategic Procurement</i>
	1.5 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i>	2.5 Use system performance information to drive reform to the system <i>System Information and Analytics</i>	3.5 Support vulnerable people within the health sector and between agencies <i>Government Relations</i>	4.5 Develop effective health professional managers and leaders <i>Health Education and Training Institute</i>	5.5 Leverage research and innovation opportunities and funding <i>Office of Health and Medical Research</i>	6.5 Enhance patient, provider and research community access to digital health information <i>eHealth NSW</i>		8.5 Deliver effective regulation, governance and accountability <i>Legal and Regulatory Services</i>
	1.6 Support pregnancy and the first 2000 days <i>Health and Social Policy</i>		3.6 Share health information to enable connected care across the system <i>System Information and Analytics</i>	4.6 Improve health, safety and wellbeing at work <i>Workplace Relations</i>		6.5 Enhance systems infrastructure, security and intelligence <i>eHealth NSW</i>		

KEY

■	Population and Public Health
■	People, Culture and Governance
■	Patient Experience and System Performance
■	Health System Strategy and Planning
■	Finance and Asset Management
■	Services
■	Pillars

Local Priorities

Under the Health Services Act 1997, Boards have the function of ensuring that Districts and Networks develop strategic plans to guide the delivery of services, and for approving these plans.

The Organisation is 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 Strategic Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the Organisation will implement local priorities to meet the needs of their respective populations.

The Organisation's local priorities for 2019/20 are as follows:

Maintenance of overall performance of SLHD: SLHD will continue to achieve Performance Level 0 in accordance with the NSW Ministry of Health Performance Framework throughout 2019/20.

Surgical Performance: the District will continue to be leaders in relation to surgery and ensure all patients are admitted within the clinically appropriate timeframe for their surgery.

Quality and Safety: SLHD will continue to focus on and improve performance on all key safety and quality measures.

Capital Works: the following major capital works projects are a priority for SLHD in 2019/20:

- Fulfilment of the SLHD Asset and Strategic Plan, including the redevelopment of Royal Prince Alfred (RPA), Canterbury Hospital and Phase 2 of the Concord Repatriation General Hospital (CRGH) redevelopment
- Upgrade of the Canterbury Hospital Emergency Department Paediatric Treatment Area
- Upgrade of RPA Emergency Department
- CRGH Stage 1 works
- Balmain Hospital ward modernisation

Planning: the following plans will be developed in 2019/20:

- RPA Clinical Services Plan and Master Plan
- Canterbury Clinical Services Plan Master Plan
- Balmain Hospital Clinical Services Plan
- CRGH Clinical Services Plan and Stage 2 Redevelopment
- SLHD Mental Health Service Strategic Plan
- SLHD Education and Training Strategic Plan
- SLHD Business Intelligence Strategic Plan
- SLHD Cultural Diversity Strategic Plan
- SLHD Community Health Services Strategic Plan
- SLHD Telehealth Strategic Plan

Information and Communications Technology: SLHD will continue to improve and enhance our services, including:

- ICU integration project (Phillips Cerner interface)
- Rollout of Emergency Access View (EAV) dashboard across ED, ICU and inpatient wards
- Introduction of Electronic Ward Boards across inpatient and selected high-volume outpatient areas
- Implementation of the Oral Health Digital Solution
- Implementation of PowerChart Maternity and PowerChart ECG

Leading Better Value Care: SLHD is committed to the further development, implementation and evaluation of the Leading Better Value Care initiatives.

Research: SLHD will continue leading collaborative research partnerships and research through both Sydney Research and Sydney Health Partners and working closely with the Office for Health and Medical Research to embed quality research across LHDs. Continue to drive and support new collaborations and Institutes and strengthen the STRIVE series, The Big Idea and Sydney Research Awards and Scholarships programs.

Public Health Unit: SLHD will continue to focus on reducing the impact of infectious diseases on the community through epidemiology and surveillance. Continuing to increase childhood immunisation rates, including Aboriginal immunisation rates and lead and conduct research in collaboration with other agencies.

National Centre for Veterans Healthcare (NCVH): CRGH will establish a pilot for Australia's first comprehensive care centre for Veterans and their families, prior to full service commissioning following the Stage 1 development.

Employee Wellbeing: Formation of an SLHD WellMD Centre, which will work to influence system, policy, cultural change and the RPA Mentoring Program. A key focus of Centre in FY2019/20 will be the introduction of the Medical Doctor OK (MDOK) program, which builds on the proven success of the RPA Basic Physician Trainee OK (BPTOK) program. The MDOK program teaches medical staff the skills to care for their own physical, mental and emotional health, manage traumatic events and mentor younger staff.

Surgical and Robotic Training Institute (SRTI): The SRTI, a certified da Vinci robotic training institute within the RPA Hospital campus, will continue to provide comprehensive surgical robotic training to surgeons across a range of specialties in 2019/20. The capabilities of SRTI have expanded to offer advanced training courses, due to the inclusion of an anatomy license, which enables complex cadaveric courses to be delivered.

Peritonectomy Program: The Peritonectomy program is a state-wide service which will continue to deliver treatment to patients with peritoneal malignancy in 2019/20, including cytoreductive surgery and hyperthermic intra-peritoneal chemotherapy (HIPEC), through a multidisciplinary team (MDT) approach. The program is supported by a comprehensive research program, with every patient enrolled in long-term follow-up. The focus in 2019/20 will be establishing trials for ovarian tumours, testing a novel delivery system for chemotherapy called pressurized intra-peritoneal aerosol chemotherapy (PIPAC) for special cases and the establishment of a biobank.

Neuro-intervention (NI) services: The neuro-intervention service is a state-wide service. In 2019/20, RPA will enhance neurology and stroke bed capacity (from 4 to 8 beds) and deliver enhanced workforce capabilities.

Neonatal intensive care unit (NICU): Expansion of RPA NICU Level 3 cots (from 10 to 12 cots), including additional incubators and ventilators, coupled with a supportive education program to improve the skill mix and enhance capabilities of staff of this specialised service.

Investing in the Early Years: SLHD will continue to redesign its child and family health services to better meet the needs of families with children 0-5 years, in particular those families requiring additional support. This will include a formal review and implementation of process improvements in our Child Health Information Link contact centre. The most complex families will continue to be offered care coordination for all family members, with health and social care needs in scope.

Redesign of Violence, Abuse & Neglect (VAN) Services: SLHD will implement changes to its VAN services to achieve integrated and client-centric pathways, an enabled and confident and strong governance and planning informed by existing and new data sources.

Sydney Institute for Women, Children & their Families: SLHD will consolidate this Institute and expand our program of research, education and policy projects as they relate to the health and wellbeing of women, children and their families. The Institute will provide opportunities for clinicians to strengthen their research capacity, with an emphasis on multi-disciplinary and translational research. A strategic plan for the Institute will be informed by a participatory community consultation process.

Capacity of Community Nursing Service: SLHD will enhance resources within Sydney District Nursing to enable increased responsiveness, improved patient flow and transfer of care from hospital services to community based nursing services.

Mental Health: SLHD will continue to develop models of care to ensure the safety and wellbeing of our staff and patients.

Schedule B: Services and Networks

Services

The Organisation is to maintain up to date information for the public on its website regarding its 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 will 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
Aged Care tele-medicine and face to face clinics	Western NSW LHD, Far West NSW LHD (tele-medicine only), Northern NSW LHD (tele-medicine only)
Medical Oncology (through Lifehouse)	Western NSW LHD, Southern NSW LHD
Geriatrician, Endocrinology, Cardiology, Chronic Care, Drug Health and Paediatric Clinics	Aboriginal Medical Service Redfern
Renal Services	Western NSW LHD, Southern NSW LHD
Diabetes Service (tele-medicine and face to face clinics)	Western NSW LHD, Far West NSW LHD (face to face only)
Oral Health Services	South Eastern Sydney LHD, South Western Sydney LHD
Foot Service tele-medicine clinics	Far West NSW LHD
Cancer Genetics	Combined Service with SW Sydney LHD
Cancer Services	Combined Service with SW Sydney LHD
Residential Facility for people with HIV Dementia (Yaralla House)	All NSW LHDs
Professor Marie Bashir Centre Eating Disorder Unit	All NSW LHDs
Mental Health Intensive Care Unit – Concord Hospital	Statewide
Mental Health – Walker Unit	Statewide

Service	Recipient Health Service
Joint Investigation Response Team (JIRT)	Northern Sydney LHD, South Eastern Sydney LHD
Subspecialist tissue-based diagnostic Neuropathology services: <ul style="list-style-type: none"> • Forensic Neuropathology services • Creutzfeldt-Jakob disease (CJD) diagnostic laboratory • MGMT promoter methylation testing, H3.3 sequencing • Nerve biopsy diagnostic service 	Statewide

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
Information Management and Technology	South Western Sydney LHD; components hosted by SLHD
Cancer Registry	Hosted by South Western Sydney LHD
Sydney Health Care Interpreter Service	South Eastern Sydney LHD; Sydney Children's Hospitals Network (Randwick); St Vincent's Health Network Sydney; Justice Health & Forensic Mental Health Network; Chris O'Brien Lifehouse
Heterosexual HIV Service (Pozhet)	Statewide
Multicultural HIV and Hepatitis Service	Statewide
Electronic Medical Records	South Western Sydney LHD; hosted by SLHD

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)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)
- Critical Care Tertiary Referral Networks (Perinatal) – (PD2010_069)
- NSW State Spinal Cord Injury Referral Network - (PD2018_011)
- NSW Major Trauma Referral Networks (Adults) - (PD2018_011)
- Children and Adolescents with Mental Health Problems Requiring Inpatient Care - (PD2011_016)

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 continue to be a focus for NSW Health in 2019/20.

Supra LHD Services

Supra LHD Services are provided across District, Network and Health Service boundaries and are characterised by a combination of the following factors:

- 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
- 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

Ensuring equitable access to Supra LHD Services will be a key focus.

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 Service	Measurement Unit	Locations	Service Requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (34+2/586 NWAU 2019/20) Royal Prince Alfred (51) Concord (16) Prince of Wales (22) John Hunter (24+1/293 NWAU 2019/20) 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 2019/20 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

Supra LHD Service	Measurement Unit	Locations	Service Requirement
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.
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
State Spinal Cord Injury Service (adult and paediatric)	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	Number of Transplants	St Vincent's (96+10/420 NWAU 2019/20)	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 1.1—May 2017.
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.

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16) Liverpool (13+1/330 NWAU 2019/20) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with NSW Critical Care Networks (Perinatal) PD2010_069
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (60)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	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
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.
Neurointervention 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 (Westmead)	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

Schedule C Part 1	Sydney LHD - Budget 2019/20									
	2019/20 BUDGET					Comparative Data				
		A	B	C	D	E	F	G	H	I
		Target Volume (NWAU19)	Volume (Admissions & Attendances) Indicative only	State Price per NWAU19	LHD/SHN Projected Average Cost per NWAU19	Initial Budget 2019/20 (\$ '000)	2018/19 Annualised Budget (\$ '000)	Variance Initial and Annualised (\$ '000)	Variance (%)	Volume Forecast 2018/19 (NWAU19)
A	Acute Admitted	169,862	176,087	\$4,925	\$4,819	\$813,904	\$774,190	\$39,713		164,992
	Emergency Department	23,749	177,985			\$113,753	\$108,266	\$5,488		23,073
	Non Admitted Patients (Including Dental)	47,882	887,668			\$229,072	\$217,022	\$12,050		46,256
	Total	241,493	1,241,740			\$1,156,729	\$1,099,479	\$57,250	5.2%	234,320
B	Sub-Acute Services - Admitted	12,475	4,464	\$4,925	\$4,819	\$59,782	\$57,011	\$2,771		12,149
	Sub-Acute Services - Non Admitted	2,009				\$9,679	\$9,430	\$249		2,009
	Total	14,483	4,464			\$69,461	\$66,441	\$3,020	4.5%	14,158
C	Mental Health - Admitted (Acute and Sub-Acute)	17,488	7,273	\$4,925	\$4,819	\$83,864	\$80,191	\$3,673		17,088
	Mental Health - Block Funded Hospitals					\$8,265	\$8,052	\$212		
	Mental Health - Non Admitted	10,640	183,895			\$41,568	\$39,576	\$1,992		10,396
	Total	28,128	191,168			\$133,697	\$127,820	\$5,877	4.6%	27,484
D	Block Funding Allocation									
	Block Funded Hospitals (Small Hospitals)					\$53,353	\$51,982	\$1,370		
	Block Funded Services In-Scope									
	- Teaching, Training and Research					\$72,732	\$70,864	\$1,868		
E	Total					\$126,085	\$122,846	\$3,238	2.6%	
	State Only Block Funded Services Total					\$239,133	\$232,991	\$6,142	2.6%	
	Transition Grant (excluding Mental Health) and ROC [§]									
	Gross-Up (Private Patient Service Adjustments)					\$52,439	\$51,092	\$1,347	2.6%	
H	Provision for Specific Initiatives & TMF Adjustments (not included above)									
	Data Improvement Project					\$500				
	Highly Specialised Services - Extended Pelvic Extenteration					\$960				
	Highly Specialised Services - Peritonectomies					\$1,160				
	Highly Specialised Services - Sarcoma					\$930				
	Leading Better Value Care Program					\$350				
	Lifehouse					\$500				
	Other Block Growth and Purchasing Adjustors					-\$1,180				
	2015 Election Commitment - Additional Nursing, Midwifery and Support positions					\$108				
	Procurement Savings					-\$4,345				
	Efficiency dividends 2019-20					-\$4,874				
	Total					-\$5,891		-\$5,891		
I	Restricted Financial Asset Expenses					\$25,387	\$25,387			
J	Depreciation (General Funds only)					\$58,602	\$58,602			
K	Total Expenses (K=A+B+C+D+E+F+G+H+I+J)					\$1,855,641	\$1,784,658	\$70,983	4.0%	
L	Other - Gain/Loss on disposal of assets etc					\$770	\$770			
M	LHD Revenue					-\$1,817,542	-\$1,733,102	-\$84,440		
N	Net Result (N=K+L+M)					\$38,869	\$52,325	-\$13,456		

General Note: ABF growth is funded at 77% of the State Price

§ Part of the Acute, ED and Subacute Admitted transition grant has been used to fund growth (see Schedule C glossary)

Part 2

	2019/20	
	Sydney LHD	\$ (000's)
	<u>Government Grants</u>	
A	Subsidy*	-\$1,134,066
B	In-Scope Services - Block Funded	-\$147,060
C	Out of Scope Services - Block Funded	-\$199,906
D	Capital Subsidy	-\$12,731
E	Crown Acceptance (Super, LSL)	-\$31,157
F	Total Government Contribution (F=A+B+C+D+E)	-\$1,524,920
	<u>Own Source revenue</u>	
G	GF Revenue	-\$253,579
H	Restricted Financial Asset Revenue	-\$39,043
I	Total Own Source Revenue (I=G+H)	-\$292,622
J	Total Revenue (J=F+I)	-\$1,817,542
K	Total Expense Budget - General Funds	\$1,830,254
L	Restricted Financial Asset Expense Budget	\$25,387
M	Other Expense Budget	\$770
N	Total Expense Budget as per Attachment C Part 1 (N=K+L+M)	\$1,856,411
O	Net Result (O=J+N)	\$38,869
	<u>Net Result Represented by:</u>	
P	Asset Movements	-\$32,352
Q	Liability Movements	-\$6,517
R	Entity Transfers	
S	Total (S=P+Q+R)	-\$38,869
Note: <p>The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2019/20 to \$1.5m and has been reduced by approximately 75% of the FY 2018/19 buffer as a result of the transition of creditor payments and PAYG remittance to HealthShare and HealthShare managed bank accounts from the 1st July 2019. Based on final June 2019 cash balances, adjustments will be made in July 2019 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

2019/20Shared Services & Consolidated Statewide Payment Schedule			
	Sydney LHD	\$ (000's)	
HS Charges	HS Service Centres	\$5,842	
	HS Ambulance Make Ready		
	HS Service Centres Warehousing	\$26,258	
	HS Enable NSW	\$1,626	
	HS Food Services	\$31,124	
	HS Soft Service Charges		
	HS Linen Services	\$9,015	
	HS IPTAAS	\$2	
	HS Fleet Services	\$3,946	
	HS Patient Transport Services	\$12,868	
	HS MEAPP (quarterly)		
	Total HSS Charges		\$90,681
eHealth	EH Corporate IT & SPA	\$12,443	
	EH Recoups	\$9,573	
	Total eHealth Charges		\$22,017
IH Transports	Interhospital Ambulance Transports	\$2,406	
	Interhospital Ambulance NETS	\$28	
	Total Interhospital Ambulance Charges		\$2,434
	Interhospital NETS Charges - SCHN		\$156
Payroll	Total Payroll	\$1,131,150	
Loans	MoH Loan Repayments		
	Treasury Loan (SEDA)	\$932	
	Total Loans		\$932
	Blood and Blood Products	\$22,905	
	NSW Pathology	\$55,884	
	Compacts (HSSG)	\$1,737	
	TMF Insurances (WC, MV & Property)	\$13,960	
	Creditor Payments	\$534,357	
	Energy Australia	\$15,991	
Total		\$1,892,204	
Note: This schedule represents initial estimates of Statewide recoveries processed by the Ministry on behalf of Service Providers. LHD's/Health Entities are responsible for regularly reviewing these estimates and liaising with the Ministry where there are discrepancies. The Ministry will work with LHD's/Health Entities 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. Commencing 2019/20 two additional holdbacks have been included to reflect new statewide payment and recovery processes for Creditors and PAYG. Amendments will also be made to the subsidy sheets in 2019/20 to incorporate contributions from other sources to cover subsidy shortfalls as a result of the additional holdbacks.			

Part 4

2019/20 National Health Funding Body Service Agreement - Sydney LHD

Period: 1 July 2019 - 30 June 2020

Schedule C Part 4		National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution
	Acute	162,552	
	ED	22,408	
	Mental Health	18,157	
	Sub Acute	14,550	
	Non Admitted	48,309	
	Activity Based Funding Total	265,976	
	Block Funding Total		\$79,193,970
	Total	265,976	\$79,193,970

Capital Program

SYDNEY LHD									
						2019/20 Capital Budget Allocation by Source of Funds			
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Estimated Total Cost 2019/20	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2019/20	Confund 2019/20	Local Funds 2019/20	Revenue 2019/20	Lease Liabilities 2019/20
		\$	\$	\$	\$	\$	\$	\$	\$
2019/20 Capital Projects									
MAJOR NEW WORKS 2019/20									
Concord Hospital Maternity Services	P56533	2,200,000	-	2,200,000	2,200,000	2,200,000	-	-	-
TOTAL MAJOR NEW WORKS		2,200,000	-	2,200,000	2,200,000	2,200,000	-	-	-
WORKS IN PROGRESS									
Asset Refurbishment/Replacement Strategy - Statewide	P55345	5,971,375	5,636,541	334,834	344,195	344,195	-	-	-
Canterbury Hospital Emergency Department Expansion	P56505	6,500,000	2,500,000	4,000,000	4,000,000	1,500,000	2,500,000	-	-
Caterbury Hospital Replace TSSU Sterilisers/Equipment	P56379	800,000	675,000	125,000	125,000	-	125,000	-	-
Concord Hospital Radiography Flouroscopy	P56479	950,000	760,000	190,000	190,000	-	190,000	-	-
Concord Medical Imaging Additional MRI	P56486	4,200,000	-	4,200,000	4,200,000	-	4,200,000	-	-
Fussell House – Veterans’ Accommodation at Concord Repatriation General Hospital (C	P56506	6,721,000	4,013,000	2,708,000	6,121,000	6,121,000	-	-	-
Minor Works & Equipment >\$10,000 Program	P51069	n.a	-	-	9,433,500	2,566,000	6,867,500	-	-
RPA Energy Efficiency Government Program (EEGP)	P56125	6,992,173	6,225,173	767,000	767,000	-	767,000	-	-
RPAH Cyclotron Extension	P56488	6,000,000	4,800,000	1,200,000	1,200,000	-	1,200,000	-	-
RPAH Pre-clinical PET-MR device	P56487	3,000,000	2,500,000	500,000	300,000	-	300,000	-	-
RPAH Radiology CT Intervention	P56492	2,925,000	-	2,925,000	2,925,000	-	2,925,000	-	-
TOTAL WORKS IN PROGRESS		44,059,548	27,109,714	16,949,834	29,605,695	10,531,195	19,074,500	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY SYDNEY LHD		46,259,548	27,109,714	19,149,834	31,805,695	12,731,195	19,074,500	-	-

(Continued)

PROJECTS MANAGED BY HEALTH INFRASTRUCTURE	Project Code	Estimated Total Cost 2019/20	Estimated Expenditure to 30 June 2019	Cost to Complete at 30 June 2019	Capital Budget Allocation 2019/20	Budget Est. 2020/21	Budget Est. 2021/22	Budget Est. 2022/23	Balance to Complete
2019/20 Capital Projects		\$	\$	\$	\$	\$	\$	\$	\$
MAJOR WORKS IN PROGRESS									
Concord Hospital (Phase 1A and 1B) Upgrade	P56167	341,200,000	52,054,926	289,145,074	114,196,240	120,463,880	15,697,303	38,787,650	0
TOTAL MAJOR WORKS IN PROGRESS		341,200,000	52,054,926	289,145,074	114,196,240	120,463,880	15,697,303	38,787,650	0
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE		341,200,000	52,054,926	289,145,074	114,196,240	120,463,880	15,697,303	38,787,650	0

Notes:

Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above

The above budgets do not include allocations for new FY20 Locally Funded Initiative (LFI) Projects or Right of Use Assets (Leases) Projects. These budgets will be issued through a separate process.

Minor Works & Equipment >\$10,000 Program is an annual allocation with no Total Estimated Cost

Schedule D: Purchased Volumes

Growth Investment	Strategic Priority	\$'000	NWAU19	Performance Metric
Activity Growth inclusive of Local Priority Issues				
Acute <i>Inclusive of ECR at Royal Prince Alfred Hospital, Adult Liver Transplant, and Adult Allogenic Renal Transplant</i>	2	-	169,862	See Schedule E
Emergency Department	2.4	-	23,749	See Schedule E
Sub-Acute Admitted	2	-	12,475	See Schedule E
<i>Sub and Non Acute Inpatient Services – Palliative Care Component</i>	3.3	-	1,563	See Schedule E
Non-Admitted	2 / 3	-	45,761	See Schedule E
Public Dental Clinical Service – Total Dental Activity (DWAU)	1	-	61,988	See Schedule E
Mental Health Admitted	3.2	-	17,488	See Schedule E
Mental Health Non-Admitted <i>Inclusive of 2018/19 Mental Health Reform Program Growth</i>	3.2	-	10,640	See Schedule E
Alcohol and other drug related Admitted	1.3	-	1,393	See Schedule E
Alcohol and other drug related Non Admitted	1.3	-	2,582	See Schedule E
Lifehouse				
Activity	2	500	300	Activity of service enhancement identified
Service Investment				
Highly Specialised Services – Peritonectomies	2	1,160	-	Activity of service enhancement identified
Highly Specialised Services – Pelvic Extenteration	2	960	-	Activity of service enhancement identified
Highly Specialised Services – Sarcoma	2	930	-	Activity of service enhancement identified

	Strategic Priority	Target	Performance Metric
STATE PRIORITY			
Elective Surgery Volumes			
Number of Admissions from Surgical Waiting List - Children <16 Years Old	2.4	885	Number
Number of Admissions from Surgical Waiting List – Cataract extraction	2.4	1,380	Number

Growth Investment	Strategic Priority	\$ '000	NWAU19	Performance Metric
NSW HEALTH STRATEGIC PRIORITIES				
Providing World Class Clinical Care Where Patient Safety is First				
Leading Better Value Care Program – Implementation Support Funding	2.2	350	-	Performance against LBVC Deliverables
Enable eHealth, Health Information and Data Analytics				
Data Improvement Project <i>Data improvement project includes \$200,000 EBI program, \$100,000 Data Quality, and \$200,000 Intra-health Transfer to EBI central program.</i>	6.4	500	-	Established Local Governance for Edward Transition, Completion of Impact Assessment, Participation in extract test work package.

Special Considerations in Baseline Investment	Strategic Priority	\$ '000	NWAU19	Performance Metric
Integrate Systems to Deliver Truly Connected Care				
Integrated Care (IC) Strategy <i>Weight adjusted Block funding</i>	3.1	1,423	-	Adoption and implementation in 2019-20 of one scaled IC initiative (as per Ministry of Health shortlist). All patients enrolled in the Patient Flow Portal (PFP) for ongoing monitoring; PFP data will inform regular evaluation.
Integrated Care for People with Chronic Conditions (ICPCC) <i>The ICPCC purchasing model for 2019/20 converts 50% of the existing recurrent funding for ICPCC into purchased activity for each District/Network. This is shown as NWAU for each District/Network.</i>	3.1	1,157	241	Identify patients using Risk Stratification in Patient Flow Portal (PFP), and use PFP for ongoing monitoring of patients within ICPCC. PFP data will inform evaluation.
Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect (VAN)	3.5	417	-	Participate in monitoring and evaluation activities as described in the funding agreement Provide integrated 24/7 psychosocial and Medical Forensic responses for victims of Domestic and Family Violence, Child Physical Abuse and Neglect, and Sexual Assault. Provide community development and outreach services for sexual assault.

Dental Services	DWAU
DENTAL SERVICES PROVIDED TO SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT	
TOTAL	18,282

- Dental services provided by Sydney Local Health District to South Western Sydney residents will be managed in line with the NSW Health Performance Framework.
- A quarterly report will be provided by the Centre for Oral Health Strategy to South Western Sydney Local Health District and Sydney Local Health District to monitor activity against the target. The report will include a breakdown of activity by specialist services, long waiting list adult patients and acute/episodic care adult patients in line with agreed definitions.
- The Centre for Oral Health Strategy will convene regular meetings with metropolitan public oral health services to discuss and develop collaborative solutions to patient flow issues.

Schedule E: Performance against Strategies and Objectives

Key Performance Indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health Strategic Priorities.

✓	Performing	Performance at, or better than, target
↘	Underperforming	Performance within a tolerance range
✗	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 be tracked by business owners within the Ministry. See:

http://internal4.health.nsw.gov.au/hird/browse_data_resources.cfm?selinit=K

The Data Supplement 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
- Outcome Budgeting

Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2019-20 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by the 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	Effectiveness	Childhood Obesity –Children with height and weight recorded (%)	≥70	<65	≥ 65 and <70	≥70
1.2/1.6	Equity	Smoking During Pregnancy - At any time (%) :				
		• Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
		• Non-aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on 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
1.3	Timeliness & Accessibility	Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	No change or increase from previous year	≥10% decrease on previous year	<10% decrease on previous year	No change or increase from previous year
1.4	Effectiveness	Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98% of target	≥98% and <100% of target	≥100% of target
1.6	Effectiveness	Get Healthy Information and Coaching Service - Get Healthy In Pregnancy Referrals (% increase)	Individual - See Data Supplement	<90	≥90 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 10,000 episodes of care)	Individual - See Data Supplement			
		3rd or 4th degree perineal lacerations during delivery (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	Individual - See Data Supplement -			
		Healthcare associated infections (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Surgical complications requiring unplanned return to theatre (Rate per 10,000 episodes of care)	Individual - See Data Supplement -			
		Hospital acquired medication complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired neonatal birth trauma (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired renal failure (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
2.1	Safety	Hospital acquired delirium (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired malnutrition (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired persistent incontinence (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Discharge against medical advice for Aboriginal in-patients (%)	Individual – See Data Supplement	Increase on previous year	0 and <1 decrease on previous year	≥1 decrease on previous year
2.1	Effectiveness	Unplanned Hospital Readmissions – All admissions within 28 days of separation (%):				
		• All persons	Decrease from previous Year	Increase on previous year	No change	Decrease from previous Year
		• Aboriginal persons	Decrease from previous Year	Increase on previous year	No change	Decrease from previous Year
2.3	Patient Centred Culture	Overall Patient Experience Index (Number)				
		• Adult admitted patients	≥8.5	<8.2	≥8.2 and <8.5	≥8.5
		• Emergency department	≥8.5	<8.2	≥8.2 and <8.5	≥8.5
		Patient Engagement Index (Number)				
		• Adult admitted patients	≥8.5	<8.2	≥8.2 and <8.5	≥8.5
• Emergency department	≥8.5	<8.2	≥8.2 and <8.5	≥8.5		
2.4	Timeliness & Accessibility	Elective Surgery:				
		• Access Performance - Patients treated on time (%):				
		• Category 1	100	<100	N/A	100
		• Category 2	≥97	<93	≥93 and <97	≥97
		• Category 3	≥97	<95	≥95 and <97	≥97
		• Overdue - Patients (Number):				
		• Category 1	0	≥1	N/A	0
		• Category 2	0	≥1	N/A	0
		• Category 3	0	≥1	N/A	0
		Emergency Department:				
		• Emergency treatment performance - Patients with total time in ED <= 4 hrs (%)	≥81	<71	≥71 and <81	≥81
		• 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 & Accessibility	Aged Care Assessment Timeliness - Average time from ACAT referral to delegation - Admitted patients (Days).	≤5	>6	>5 and ≤6	≤5
3.2	Effectiveness	Mental Health:				
		• Acute Post-Discharge Community Care - Follow up within seven days (%)	≥70	<50	≥50 and <70	≥70
		• Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13
3.2	Appropriate- ness	• Acute Seclusion Occurrence – (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
		• Acute Seclusion Duration – (Average Hours)	<4	>5.5	≥4 and ≤5.5	<4

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
	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
	Timeliness & Accessibility	• Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
	Patient Centred Culture	Mental Health Reform:				
		• Pathways to Community Living - People transitioned to the community – (Number) <i>(Applicable some LHDs only - see Data Supplement)</i>	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter
		• Peer Workforce Employment – Full time equivalents (FTEs) (Number)	Increase on previous quarter	Decrease from previous quarter	No change	Increase on previous quarter
3.5	Effectiveness	Domestic Violence Routine Screening – Routine Screens conducted (%)	≥70	<60	≥60 and <70	≥70
		Out of Home Care Health Pathway Program - Children and young people completing a primary health assessment (%)	100	<90	≥90 and <100	100
		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:				
		• Families completing the program when child reached 2 years of age (%)	≥50	<45	≥45 and <50	≥50
		• Families enrolled and continuing in the program (%)	≥65	<55	≥55 and <65	≥65
3.6	Patient Centred Culture	Electronic Discharge Summaries Completed - Sent electronically to State Clinical Repository (%)	Increase in YTD percentage	Decrease in YTD percentage	No change in YTD percentage	Increase in YTD percentage
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 (%)	≥ -1	≤ -5	>-5 and < -1	≥ -1
		Workplace Culture - People Matter Survey Culture Index- Variation from previous year (%)	≥ -1	≤ -5	>-5 and < -1	≥ -1
		Take action -People Matter Survey take action as a result of the survey- Variation from previous year (%)	≥ -1	≤ -5	>-5 and < -1	≥ -1
	Efficiency	Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
4.4	Equity	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.6	Safety	Compensable Workplace Injury - Claims (% change)	≥10% Decrease	Increase	≥0 and <10% Decrease	≥10% Decrease

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
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 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 3.6 - Electronic Discharge Summaries				
Strategy 7: Deliver Infrastructure for Impact and Transformation						
7.2	Finance	Capital Variation - Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1	Finance	Purchased Activity Volumes - Variance (%):				
		• Acute admitted– NWAU	Individual - See Budget	> +/-2.0	> +/-1.0 and ≤ +/-2.0	≤ +/-1.0
		• Emergency department – NWAU				
		• Non-admitted patients – NWAU				
		• Sub-acute services - Admitted – NWAU				
		• Mental health – Admitted – NWAU				
		• Mental health - Non admitted – NWAU				
		• Alcohol and other drug related Admitted (NWAU)	See Purchased Volumes	> +/-2.0	> +/-1.0 and ≤ +/-2.0	≤ +/-1.0
		• Alcohol and other drug related Non Admitted (NWAU)				
		• Public dental clinical service - DWAU	See Purchased Volumes	> 2.0	> 1.0 and ≤ 2.0	≤ 1.0
		Expenditure Matched to Budget - General Fund -Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤ 0.5 Unfavourable	On budget or Favourable
		Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 and ≤ 0.5 Unfavourable	On budget or Favourable
		Expenditure Projection - Projected General Fund – Actual %	Favourable or Equal to March Forecast	Variation >2.0 of March Forecast	Variation >1.5 and ≤2.0	Variation <1.5 of March Forecast
		Revenue Projection - Projected General Fund – Actual %	Favourable or Equal to March Forecast	Variation >2.0 of March Forecast	Variation >1.5 and ≤2.0	Variation <1.5 of March Forecast
	Efficiency	Cost Ratio Performance - Cost per NWAU compared to state average - (%)	Decrease from previous year	Average District Cost greater than or equal to 1% of the State Price	Average District Cost greater than but within 1% of the State Price	Average District Cost less than the State Price

B. Strategic Deliverables

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Leading Better Value Care, *Commissioning for Better Value* and *Integrating Care* are three programs helping to accelerate NSW Health's move to value based healthcare.

Integrating Care

In 2019-20 the Ministry of Health has reinvigorated Integrating Care (IC) with a focus on scaling five locally developed initiatives which will benefit patients and the system across NSW. The five scaled initiatives are evidence-based and show benefits in line with the Quadruple Aim. They have been selected because they demonstrate integration throughout the NSW Health system, and with Primary Health Networks and other clusters.

The main roles and responsibilities in the IC Program are:

- The Ministry of Health will continue as system 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 determine local approaches to implement and deliver at least one of the five Ministry selected IC initiatives in 2019-20. Districts and Networks may also continue to provide services established through IC in 2017-18 and 2018-19 if deemed viable and locally appropriate to do so.
- The Pillars, in discussion with the Ministry, may support Districts and Networks in a flexible manner that can be customised to meet state-wide and local needs, primarily to support implementation and clinical redesign for the IC initiatives.
- Districts and Networks will provide patient-level data to the Ministry of Health to assist evaluation, monitoring and regular reporting of the IC initiatives at a local and state-wide level.
- The Ministry will hold patient-level IC data and use existing linkage and de-identification processes to support comprehensive measurement of the initiatives as required.

In 2019-20, Districts and Networks will:

- Work with the Ministry of Health to implement at least one of the 2019-20 IC initiatives:
 - ED to Community (EDC)
 - IC EDC is an intensive case management approach for people who present to a hospital's Emergency Department ten times or more in a twelve month period.
 - These people are likely to have multiple complex and chronic care needs.
 - Paediatrics Network (PN)
 - IC PN is a care approach that enables children with complex needs to receive care closer to home where possible and appropriate, while also receiving specialist care where required.
 - Through upskilling local services, and enablers such as telehealth, children and families can reduce travel time and receive coordinated care.

- Residential Aged Care (RAC)
 - IC RAC recognises that outcomes for people living in Residential Aged Care Facilities (RACF) could be improved during periods of illness.
 - Through enabling people to be cared for at their place of residence, where appropriate, rather than unnecessary transfer to hospital, patient experience and outcomes can be enhanced.
- Specialist Outreach to Primary Care (SPC)
 - IC SPC initiative aims to optimise patient care in the community through collaboration between primary care and secondary care clinicians.
 - Identified patients are included in a structured care coordination program to enable appropriate care if they attend hospital, and while in the community.
- Vulnerable Families (VF)
 - IC VF is an intensive care coordination intervention for families where the parents or carers have complex health and social needs, and who have at least one child unborn to 17 years of age.
 - The cohort are likely to experience barriers to engagement with the health system and other social services including Education and Family and Community Services, and often have multiple complex conditions.
- Continue to implement, expand and embed implementation of the Integrated Care for People with Chronic Conditions (ICPCC) initiative to support people who are identified as being at risk of a future hospital admission.
- Continue to provide and expand the reach of clinical services in the most appropriate care setting for existing IC patients.
- Participate in and provide data to inform monitoring, evaluation and other studies of IC initiatives.
- Utilise their IC teams to support the implementation, collection and use of identified Patient Reported Measures and work with other district resources to support the broader work program to embed IC approaches in the district.
- Be expected to demonstrate improved health outcomes (clinical and patient reported), experiences and possible activity benefits from implemented IC initiatives in their district.
- Data for all Integrated Care patients should be captured in the Patient Flow Portal (PFP). This tool is already available for Integrated Care for People with Chronic Conditions, and additional modules will become available for all other Integrated Care initiatives. This will improve data capture, and minimise the reporting burden for each LHD and SHN.

Leading Better Value Care

The Leading Better Value Care (LBVC) Program identifies and scales evidence-based initiatives for specific diseases or conditions and supports their implementation in all local health districts across the state. The LBVC Program has a strong focus on measurement and evaluation to show the impact of care across the four domains of value.

The main roles and responsibilities in the LBVC Program are:

- The Ministry of Health will continue as system 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 2018-19 and determine local approaches to deliver new LBVC initiatives in 2019-20.
- The Pillars will continue to support Districts and Networks in a flexible manner that can be customised to meet statewide and local needs and will support measurement activities as required.

- Districts and Networks will participate with Ministry of Health and Pillars in evaluation, monitoring and regular reporting on the progress of the LBVC initiatives as specified in the Monitoring and Evaluation Plans.

In 2019-20, districts and networks will:

- Continue to provide and expand the reach of clinical services in the most appropriate care setting for patients in LBVC Tranche 1 initiatives of Osteoporotic Refracture Prevention (ORP), Osteoarthritis Chronic Care Program (OACCP), Renal Supportive Care (RSC) and High Risk Foot Services (HRFS) through non-admitted services, including designated HERO clinics.
- Continue to implement, expand and embed LBVC approaches, including but not limited to a focus on activities outlined in Clinical Improvement Activity Briefs for Chronic Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD) and Inpatient Management of Diabetes.
- Continue to sustain improvement work and spread when interventions are reliably practiced to reduce falls and harm from falls in hospital. Districts should have a Sustainability Action Plan (including actions on how to progress implementation endorsed by the district Executive) to identify opportunities and risks to sustaining and spreading the Falls in Hospital Collaborative improvements.
- Participate in and provide data to inform monitoring, evaluation and other studies of LBVC initiatives.
- Utilise their PRMs Project Officer to support the implementation, collection and use of identified Patient Reported Measures and work with other district resources to support the broader work program to embed value-based healthcare approaches in the district.
- Be expected to demonstrate improved health outcomes (clinical and patient reported), experiences and activity benefits from all Tranche 1 initiatives as outlined in the monitoring and evaluation plans.
- Work with the Ministry of Health and Pillar agencies to implement LBVC Tranche 2 initiatives for:
 - Bronchiolitis: Implement and embed LBVC approaches as outlined in the Clinical Improvement Activity Brief for the Bronchiolitis initiative including:
 - Appropriate investigations for Bronchiolitis, including Paediatrician medical review
 - Implement guidelines for the appropriate use of oxygen and antibiotics
 - Develop consistent advice on safe home management for families
 - Hip Fracture: Implement and embed LBVC approaches to meet the Australian Commission on Safety and Quality in Health Care Hip Fracture Care Clinical Standards, with a particular focus on activities outlined in the Clinical Improvement Activity Brief for the Hip Fracture Care initiative including:
 - Pain management assessments upon presentation
 - Reduce time to surgery to less than 48 hours
 - Early mobilisation and weight bearing
 - Implementation of an orthogeriatric model of care
 - Direct Access Colonoscopy for Positive Faecal Occult Blood Test (+FOBT)
 - By December 2019 develop a plan for the implementation of direct access colonoscopy for +FOBT across the district by June 2021
 - Beginning in January 2020, implement Clinical Categorisation Guidelines for the booking of colonoscopy waiting lists
 - By December 2019, commence quarterly reporting on the number of colonoscopies performed as a result of +FOBT.
 - By June 2020, establish direct access for +FOBT referrals in at least one new public colonoscopy facility in the district, including collaboration with the PHN to update health pathways.

- By June 2020 be ready to commence quarterly reporting of wait times for colonoscopy in public facilities by triage category and referral type and have a plan for ongoing quality assurance of waitlists.
- o Hypofractionated Radiotherapy for Early Stage Breast Cancer
 - Regularly collect, provide, and report on key data items in alignment with the initiative's Monitoring and Evaluation Plan; providing quarterly and annual updates.
 - By September 2019 perform a self-assessment of current hypofractionated radiotherapy utilisation for the treatment of early stage breast cancer; identifying gaps in utilisation
 - Participate in the co-design of a solution toolkit and implement local solutions and change management plans to achieve optimal utilisation of hypofractionated radiotherapy.
- o Wound Management
 - Develop localised models of care, utilising statewide data and local diagnostics, to guide the provision and delivery of services for wound management across the healthcare system in line with the LBVC Standards for Wound Management.

Commissioning for Better Value

Commissioning for Better Value (CBV) is part of the statewide approach to deliver value based healthcare across NSW Health. Commissioning is a process of considering the outcomes that need to be achieved, and designing, implementing and managing a system to deliver these in the most effective way. CBV reflects NSW Health's commitment to refocus our services from volume (outputs) to value (outcomes).

Outputs are designed around the *amount of activity* being provided. **Outcomes** are designed around the *person receiving the service*. Outcomes are the difference the project can make to improve the:

- health outcomes that matter to patients
- patient experience of receiving care
- clinician experience of providing care
- effectiveness and efficiency of care

Commissioning for better value is already being applied by some districts and networks in clinical support and non-clinical service design, process improvements and procurement.

More information is available from <http://internal.health.nsw.gov.au/vbhc/commissioning.html>. The main roles and responsibilities in the CBV program are:

- Districts and Networks will use commissioning-based principles and tools to make clinical support and non-clinical projects more impactful for patients, clinicians and other users.
- The Ministry of Health will support the implementation of the NSW Government Commissioning and Contestability Policy and develop guidance and tools to support Districts and Networks.

In 2019-20, Districts and Networks will apply a commissioning approach to non-clinical services by considering the outcomes that need to be achieved.