2013 - 2014

Service Agreement

An Agreement between:

Director General
NSW Ministry of Health

and

Northern NSW Local Health District

for the period

1 July 2013 – 30 June 2014

NSW GOVERNMENT | Health

Abbreviations:

ABF	Activity Based Funding
ACI	Agency for Clinical innovation
AHO	Affiliated Health Organisation
BHI	Bureau of Health Information
CEC	Clinical Excellence Commission
CHO/PHD	Chief Health Officer/Public Health Division
COAG	Council of Australian Governments
DRG	Diagnostic Related Group
GWCD	Governance, Workforce and Corporate Division
HETI	Health Education and Training Institute
HSIPR	Health System Information & Performance Reporting Branch
KPI	Key Performance Indicator
LHD	Local Health District
MHDAO	Mental Health and Drug & Alcohol Office
NFC	Nationally Funded Centre
NGO	Non-Government Organisation
NHRA	National Health Reform Agreement
NSWKF	NSW Kids and Families
NWAU	National Weighted Activity Unit
SHC	Statutory Health Corporation
SHN	Specialty Health Network
SRD	Strategy and Resources Division
SRF	System Relationships and Frameworks Branch
S&SSS	Statewide and Selected Specialty Services

AGREEMENT

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

The Northern NSW Local Health District agrees to meet the service obligations and performance requirements outlined in this Agreement.

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

Parties to the Agreement

Local Health District

The Hon Dr Brian Pezzutti CSC RFD
Chair
On behalf of the
Northern NSW Local Health District Board

Date: 10/9/13 Signed: .....

Mr Christopher Crawford
Chief Executive
Northern NSW Local Health District

Date: 10/9/13 Signed: .....

NSW Ministry of Health

Dr Mary Foley
Director General
NSW Ministry of Health

Date: 19.9.13 Signed: .....

*In this Agreement, the term Health Services refers to NSW Local Health Districts (LHDs), Specialty Health Networks (SHNs), Statutory Health Corporations (SHCs), NSW Ambulance, Affiliated Health Organisations (AHOs), and any other organisations that fall within the NSW Health Performance Framework within 2013/14.

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1. Purpose and Objectives of the Service Agreement

Principal Purpose:

- To clearly set out the service delivery and performance expectations for the funding and other support provided to the District.

Objectives:

- To enable the Local Health District (LHD) to deliver a coordinated, high quality health service to the communities it serves and to support its teaching, training and research roles.
- To promote accountability to Government and the community.
- To ensure NSW Government and national health priorities, services, outputs and outcomes are achieved.
- To establish with the LHD a Performance Management and Accountability System that assists in achievement of effective and efficient management and performance.
- To provide the framework for the Chief Executive to establish service and performance agreements within the LHD.
- To outline the LHD's roles and responsibilities as a key member organisation of a wider NSW public health network of services and support organisations.
- To facilitate the progressive implementation of a purchasing framework incorporating activity based funded services.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by the LHD
- To provide a framework from which to progress the development of partnerships and collaboration with Medicare Locals.
- To address the requirements of the National Health Reform Agreement in relation to Service Agreements, noting that the various requirements will commence at different stages over a number of years.

Consistent with the principles of the devolution of accountability and stakeholder consultation, the engagement of clinicians in key decisions, such as resource allocation and service planning, is crucial to achievement of the above objectives.

2. Strategic Context

The key goals of the NSW public sector health system are to help people stay healthy and to provide access to timely, high quality, patient-centred healthcare. Achieving these goals requires clear priorities, supportive leadership and staff working together, underpinned by the core values of:

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

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

LHDs and other Health Services operate as part of a broader statewide Health System and statewide network of services.

A number of key State and Commonwealth initiatives inform the strategic directions of the NSW public health system. These include:

- NSW 2021: A Plan to Make NSW Number One - NSW Health is the lead agency for the goals of
  - Keeping people healthy and out of hospital
  - Providing world class clinical services with timely access and effective infrastructure.
- Keep Them Safe – A Shared Approach to Child Wellbeing
- The NSW Aboriginal Health Plan 2013-2023, which supports NSW's commitments under the COAG National Indigenous Reform Agreement including the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes (Closing the Gap)
- National Maternity Services Plan
- National Primary Health Care Strategic Framework
- NSW Health Framework for Women's Health 2013
- National Drug Strategy and the COAG Roadmap on Mental Health Reform.
- Oral Health 2020: A Strategic Framework for Dental Health
- NSW Health Professional Workforce Plan 2012 – 2022
- NSW Health and Medical Research Strategic Review, and associated Government Response
- NSW Health Corporate Governance and Accountability Compendium

The Service Agreement operates within the NSW Health Performance Framework (see below) and in the context of NSW Health Funding Reform, Purchasing and Commissioning Frameworks and Activity Based Funding Guidelines.

Local Health Districts represent a core part of the NSW Health System and are fundamental to the delivery of key goals and outcomes. Collaboration with other relevant entities, including Medicare Locals, Non-Government Organisations, the Aboriginal Community Controlled Health

Sector, Aboriginal Health and Medical Research Council and other Government agencies is essential to achieve these goals.

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

LHDs are also part of the NSW Public Sector and its governance and accountability framework. District Boards must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework.

The NSW Health Corporate Governance and Accountability Compendium outlines the governance requirements that must be completed by those organisations that are established as part of NSW Health, and sets out the roles, responsibilities and relationships of those organisations. Requirements under the Service Agreement appear at Schedule F of this Agreement. The Strategic and Services Planning section of the Compendium provides additional perspective on strategic context.

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

3. Regulatory and Legislative Framework for this Agreement

Health Services Act 1997

The primary purpose of LHDs is to promote, protect and maintain the health of the community, and to provide relief to sick and injured people through care and treatment (*s9*).

The functions of the LHD Board include (*s28*):

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

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

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

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

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

National Agreements

The National Health Reform Agreement (NHRA) requires the NSW Government to establish a Service Agreement with each LHD and to implement a Performance Management and Accountability System, including processes for remediation of poor performance.

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

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

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

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

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

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

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

4. The NSW Health Performance Framework

The Service Agreement is a key component of the NSW Health Performance Framework for LHDs and other health services. The Framework:

- has the over-arching objectives of improving service delivery, patient safety and quality
- provides a single, integrated process for performance review, escalation and management
- provides a clear and transparent outline of how the performance of LHDs and other health services is assessed
- outlines how responses to performance concerns are structured to improve performance
- operates in conjunction with the Purchasing Framework and the Activity Based Funding Guidelines.

5. Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by all the Parties.

The Agreement may also be varied by the Director General or the Minister as provided in the Health Services Act 1997.

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

6. Summary of Schedules

Requirements for the period of this Agreement are set out in the Schedules summarised below.

A: Strategic Priorities

This Schedule outlines key NSW Health priorities that are to be reflected in the LHD's Strategic and Services Plans and in operational delivery. Additional local priorities are to be detailed in the LHD's Strategic Plan, a copy of which is to be provided to the Ministry. The Strategic and Services Planning section of the NSW Health Corporate Governance and Accountability Compendium provides additional perspective on strategic context.

B: Services and Facilities

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

1. **Service Planning and Provision**
   Outlines the LHD's responsibilities, consistent with the National Health Reform Agreement (NHRA) and NSW Health Corporate Governance and Accountability Compendium principles in relation to their Strategic Plan and Operational Plan.
2. **Services and Facilities**
   Lists the LHD's key facilities and cross-District networked or statewide services provided by the LHD. The range and level of services accords with approved Role Delineation levels and it may not be varied without prior agreement with the Ministry of Health.
3. **Affiliated Health Organisations (AHOs), Non-Government Organisations (NGOs), Medicare Locals and other organisations with which the LHD has partnerships, collaborations or other significant relationships**
   Lists relevant organisations and services.
4. **Community Based Service Streams**
   Lists the Community Based Service Streams that may be provided by LHDs. The LHD will need to work in partnership with other local providers to ensure these Services are available in accordance with the needs of their population.
5. **Population Health programs provided by the LHD**
   A summary of the Population Health Programs to be provided by the LHD.
6. **Aboriginal Health**
   Outlines the LHD's role in Closing the Gap for Aboriginal people, services specifically targeting Aboriginal people and partnerships with local Aboriginal Community Controlled Health Services.
7. **Teaching, Training and Research**
   Teaching and training are to be informed by the implementation of relevant NSW Health strategies and the work program of the Health Education and Training Institute (HETI). Research is to be informed by the implementation of the NSW Health and Medical Research Strategic Review and will apply to all research conducted within the LHD.

C: Budget

This Schedule outlines the operating and capital budget allocated to the LHD for the provision of its services, operations and capital works (including, where applicable, subsidies to Affiliated Health Organisations or other services). This Schedule contains the ABF Price per National Weighted Activity (NWAU) and relevant information in respect of approved turnaround plans (if applicable). These budget allocations may be varied in light of other approved variations throughout the financial year.

The Schedule (and its supporting sub-schedules) is a summary only, and the Health Service will also need to refer to the details contained in the service schedule, conditions of subsidy (government grants), NSW Health Funding Guidelines, other relevant policies, correspondence and other financial information.

LHDs are to publish hospital level budgets on their websites within 4 weeks following the initial budget allocation.

D: Service Volumes and Levels

This Schedule provides a list of services that the NSW Ministry of Health will purchase from the LHD, including the volume, weighted volume or level of each service as applicable.

E: Performance Measures

This Schedule lists:

- Key Performance Indicators (KPIs) that, if not met, may contribute to escalation/de-escalation under the Performance Framework processes. Performance against these KPIs will be reported regularly to Districts in the Health System Performance Report prepared by the Ministry.
- Service Measures that assist the Health Service to improve provision of safe and efficient patient care and to provide the contextual information against which to assess performance.

A companion resource is the Data Dictionary – Key Performance Indicators and Service Measures, which provides definitions that enable the calculation and interpretation of Service Performance Measures.

A range of other monitoring measures are used for a variety of reasons, including monitoring the implementation of new service models, reporting requirements to NSW Government agencies and the Commonwealth, and participation in nationally agreed data collections.

F: Governance Requirements

This Schedule outlines the structures and processes the LHD is to have in place to fulfil its statutory obligations and to ensure good corporate and clinical governance. The NSW Health Corporate Governance and Accountability Compendium outlines the governance requirements for organisations that are established as part of NSW Health, and sets out the roles, responsibilities and relationships of those organisations.

In regard to Clinical Governance, the Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

Schedule F also outlines LHD roles and responsibilities as key member organisations of the wider NSW network of public health system organisations.

SCHEDULE A: Strategic Priorities

This Schedule outlines key strategic priorities for 2013/14.

The priorities are to be reflected in the LHD's Strategic and Services Plans and in operational delivery. Additional local priorities are to be detailed in the LHD's Strategic Plan, a copy of which is to be provided to the Ministry.

The Strategic and Services Planning section of the NSW Health Corporate Governance and Accountability Compendium provides additional perspective on strategic context.

Strategic Themes for 2013/14

Strategic themes informing the development of the NSW State Health Plan 2023 focus on providing patients with the right care in the right place at the right time in a rapidly changing environment. Key initiatives include:

- Integrated care:
    - Partnering with patients, families and carers throughout the patient's journey by clearly communicating what can be expected from admission to discharge.
    - Expanding information services so that patients, carers and families have more information about treatment options and capacity to provide immediate feedback about their care across the care continuum.
    - Care Pathways across the continuum of care that are based on mutual decision-making, care coordination and effective communication among health professionals, patients and families to improve patient outcomes and satisfaction.
    - Strengthened partnerships with Medicare Locals and other non-government health service providers to ensure enhanced service planning and coordination of community and primary health care, as well as enhanced linkages with acute care.
- Improving care of the chronically ill through more community based care and reducing unnecessary hospital readmissions.
- Using technology to improve access to services for rural and regional patients.
- Providing better information about end of life care and greater community support so patients can choose to die at home rather than in a hospital.
- Implementing the Whole of Hospital Program to improve patient flow, reduce pressure on emergency departments and return patients to appropriate care in the community.
- Streamlining Public Outpatient services to ensure that consistent frameworks exist for the clinical prioritisation of public outpatients.
- Implementing consistent processes to enable the accurate and robust measurement of wait times for both inpatients and outpatients.
- Service provision that is consistent with current evidence-based care models supported or developed by the Agency for Clinical Innovation and/or the Clinical Excellence Commission.
- The secondary devolution of budgetary control and accountability from LHD to cost centre management level to ensure clinician input to, and engagement in, operational decision-making.

SCHEDULE B: Services and Facilities

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

SECTION 1. – Service Planning and Provision

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

Planning and service development processes should be consistent with the Strategic and Services Planning principles outlined in the NSW Health Corporate Governance and Accountability Compendium and any other requirements that may be advised by the Ministry from time to time.

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

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

Strong clinical engagement is required when any change to service planning or provision is undertaken.

SECTION 2. – Services and Facilities

Hospitals

Facility	ABF Status for the purpose of the NHRA
Ballina District Hospital	A, ED, NA, S-A
Grafton Base Hospital	A, ED, NA, S-A
Lismore Base Hospital	A, ED, NA, MH, S-A
Murwillumbah District Hospital	A, ED, NA, S-A
The Tweed Hospital	A, ED, NA, MH, S-A
Bonalbo Hospital	Not applicable
Byron Bay District Hospital	Not applicable
Casino and District Memorial Hospital	Not applicable
Campbell Hospital (Coraki)	Not applicable
Kyogle Memorial Hospital	Not applicable
Maclean District Hospital	Not applicable
Mullumbimby and District War Memorial Hospital	Not applicable
Nimbin Multi Purpose Centre	Not applicable
Urbenville Rural Hospital	Not applicable

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

Multi Purpose Services (MPS)

Service
Not applicable

Community Health Facilities

Facility		
Alstonville	Evans Head	Mullumbimby
Ballina	Goonellabah	Murwillumbah
Bangalow	Grafton	Nimbin
Banora Point	Iluka	Pottsville (HealthOne)
Bonalbo	Kingscliff	Tweed Heads
Byron Bay	Kyogle	Urbenville
Casino	Lismore	Yamba
Coraki	Maclean	

Networked Services

LHDs are part of an integrated network of clinical services to ensure timely access to appropriate care for each resident in NSW. No variation to these service provisions should occur without prior agreement with the Ministry of Health. It is also recognised that some services continue to be provided through a Hosted Service Agreement/Inter-District Agreement between LHDs. While these arrangements are in place, each LHD will need to ensure appropriate services are maintained to the residents of each District.

Statewide Services

The LHD provides a number of networked services that are identified as Statewide Services to which all residents of NSW have access. Statewide and Selected Specialty Services (S&SSS) are usually high cost or highly specialised services accessed by residents across NSW, or by residents of a number of LHDs, but provided from only limited locations some of which are Nationally Funded Centres (NFCs).

Important considerations in the development of such services include quality and safety, to ensure appropriate throughput of patients and specialised focus of skills and resources relying on the supply of appropriately qualified staff and other infrastructure, as well as cost efficiency and the need to avoid unnecessary duplication of services.

Characteristically, S&SSS:

- Require planning and/or funding at a state level because they are high cost and/or complex (e.g., heart/lung transplantation, islet cell transplantation);
- Have low patient throughputs and are therefore provided at limited sites to maintain clinical skills and quality (pulmonary thromboendarterectomy);

- Specialise in the nature of the service, but are not necessarily inherently complex or costly (for example Mothersafe which provides information to pregnant and lactating women and clinicians about the risks associated with potential teratogens).
- Are complex and require specialist clinical staff but are also planned and coordinated on a whole-of-state basis to ensure there is overall service and cost benefit (for example, intensive care, organ transplantation, radiotherapy). These services are located at a number of principal referral hospitals consistent with the increasingly complex services these facilities would be expected to provide.

Where funding has been provided, it has been linked to specific service requirements in terms of volume of activity, or often linked to availability and flexibility of the service to respond to surges in demand at a state level (e.g. Neonatal Intensive Care). In the ABF environment, some services may not be well reflected by casemix classifications and some may have high fixed costs, and low or un-predictable volumes (whole organ transplants).

While some services may remain in the S&SSS category for extended periods, others will transition out as technology or service requirements are considered less "specialised" and appropriately able to be distributed with due consideration to role delineation and credentialing.

Note that:

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

S&SSS for which this LHD is responsible are included in Schedule D.

Cross District Referral Networks

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

A NSW Critical Care Tertiary Referral Networks and Transfer of Care (Adults)

This network relates to critically ill adult patients and patients at risk of critical deterioration requiring referral and transfer. The NSW Critical Care Tertiary Referral Networks (Adults) define the links between LHDs and tertiary referral hospitals and take into account established functional clinical referral relationships. (PD2010_021)

B Network for Adult Patients Requiring Specialist Care

This network is for the transfer of adult patients requiring specialist care where existing clinical referral pathways do not exist or access to safe and timely care is delayed. Nominated tertiary referral centres are designated for this purpose and require senior clinicians, with facility Patient Flow Units, to coordinate the safe and timely transfer of patients. (PD2011_031)

C Critical Care Tertiary Referral Networks (Paediatrics)

This network relates to critically ill paediatric patients and paediatric patients at risk of critical deterioration requiring referral and transfer. The NSW Critical Care Tertiary Referral Networks (Paediatrics) define the links between LHDs and specialist Children's Hospitals, necessary for the timely transfer of critically ill children to higher levels of care. (PD2010_030)

D Critical Care Tertiary Referral Networks (Perinatal)

This network relates to critically ill neonates and women with high risk pregnancies that require specialist, Level 5 and 6 services. The NSW Critical Care Tertiary Referral Networks (Perinatal)

define the links between LHDs and principal referral hospitals and take into account established functional clinical referral relationships. (PD2010_069)

E NSW Severe Burn Injury Service Referral Network

This network relates to patients with severe burn injuries that require specialist burns management according to the criteria outlined in the NSW Severe Burn Injury Service - Burn Transfer Guidelines/Burns Transfer Flow Chart. The NSW Severe Burns Networks define the links between LHDs and principal referral hospitals for adults and children, and for patients with combined severe trauma and severe burns.

F NSW Acute Spinal Cord Injury Referral Network

The Spinal Cord Injury Referral Network describes specialist spinal services for acute spinal cord injuries and networked services across the State. The key element of this referral network is the coordination and facilitation of bed finding for acute spinal cord injuries with neural loss, by the NSW Aeromedical and Medical Retrieval Service (AMRS), who will facilitate communication between referring services and spinal unit clinicians in relation to acute clinical care.

Key Clinical Services provided to other Districts and Health Services

The LHD is to ensure continued provision of access by other Districts and Health Services as set out in the following table:

Service	Other LHDs and Health Services	QLD Health Services
Child and Adolescent Mental Health Unit - Lismore	MNC LHD, HNE LHD	Gold Coast Hospital & HS
Orthopaedics	MNC LHD	Gold Coast Hospital & HS
Renal Dialysis Training	MNC LHD	
Renal Dialysis	HNE LHD	Gold Coast Hospital & HS
Ophthalmology	MNC LHD, HNE LHD	
Diagnostic GI Endoscopy	HNE LHD, MNC LHD	Gold Coast Hospital & HS
Obstetrics	HNE LHD, MNC LHD	Gold Coast Hospital & HS, Mater Women's Hospital
Gynaecology	HNE LHD, MNC LHD	Gold Coast Hospital & HS, Mater Women's Hospital. Metro North Hospital & HS
Vascular Surgery	HNE LHD, MNC LHD	Gold Coast Hospital & HS
Cardiology including Cardiac Catheterisation	HNE LHD, SES LHD, NS LHD	Gold Coast Hospital & HS, John Flynn Private Hospital
Cardiac and Thoracic Medicine and Surgery	Sydney LHD, SES LHD, NS LHD	Gold Coast Hospital & HS, Metro North Hospital & HS
Urology	MNC LHD, HNE LHD	Gold Coast Hospital & HS
Paediatric Medicine and Surgery	MNC LHD, HNE LHD, SCHN	Gold Coast Hospital & HS, Mater Children's Hospital,

Service	Other LHDs and Health Services	QLD Health Services
		Children's Health Queensland Hospital & HS
Neonatology	HNE LHD, SCHN	Mater Children's Hospital, Metro North Hospital & HS
Plastic and Reconstructive Surgery	HNE LHD, NS LHD	Gold Coast Hospital & HS
Neuro Medicine & Neuro Surgery		Gold Coast Hospital & HS, Metro South Hospital & HS
Radiation Oncology	HNE LHD, SES LHD, Sydney LHD	Gold Coast Hospital & HS, Metro South Hospital & HS Metro North Hospital & HS
Acute Mental Health Services	MNC LHD, HNE LHD	Gold Coast Hospital & HS, Metro South Hospital & HS

Note that New South Wales prisoners are entitled to free inpatient and non-inpatient services in NSW public hospitals

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

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

Service or Function	Other LHDs and Health Services
Not applicable	

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

Facility	Service	Milestone Date
Lismore Base Hospital	Geriatric Evaluation & Management	January 2014
Yamba Community Health Centre		February 2014
Lismore Base Hospital	Interim Emergency Dept. Upgrade	June 2014
Lismore Base Hospital	Endoscopy Suite	February 2014

SECTION 3. – Affiliated Health Organisations (AHOs), Non-Government Organisations (NGOs), Medicare Locals and other organisations with which the LHD has partnerships, collaborations or other significant relationships.

Affiliated Health Organisations (AHOs)

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

AHO
Not applicable

Non-Government Organisations (NGOs)

NGOs in receipt of Grants from the LHD

Name of NGO
Drug & Alcohol
Buttery
Namatjira Haven
National Women's Health
Lismore & District Women's Health Centre
Community Services, Women's Health & Health Transport (Includes Victims of Crime and Family Planning)
Clarence Community Transport
Lismore & District Women's Health Centre
Lismore Neighbourhood Centre Inc
Northern Rivers Community Transport
Northern Rivers Social Development Council
Tweed Ballina Byron Community Transport
Mental Health
Child & Adolescent Special Program & Accommodation
Grow North Coast
Child And Adolescent Specialist Programs And Accommodation
Casino Neighborhood Centre
CRANES (Community Programs)
On Track (Community Programs)
Bay Ami
Mental Health Accommodation Rehabilitation Service
Aboriginal Health
Casino AMS/Bulgarr Ngaru
Muli Muli Health Post
Box Ridge health Post

Name of NGO
Palliative Care
CRANES Community Programs

Medicare Locals

Medicare Locals with which the LHD has a relationship

Name of Medicare Local
North Coast NSW Medicare Local

Other Organisations

Other organisations with which the LHD/Network has a relationship

Name of Organisation	Nature of relationship
HealthShare	Purchasing
Clinical Excellence Commission	Clinical safety and quality
Gold Coast Hospital Health Service-Cross Border Executive Committee and Sub-Committees	Cross border service networking
Qld Health tertiary facilities (Brisbane and Gold Coast)	Clinical networking and provision of tertiary level care
University of Sydney, University of New South Wales, Southern Cross University, Bond University, Griffith University and University of Western Sydney	Provision of clinical placements and student supervision
University of Wollongong	Provision of clinical placements and student supervision
NSW TAFE-North Coast	Student placements and training
University Centre for Rural Health North Coast	Provision of clinical placements, research and workforce development
NSW Cancer Institute	Clinical service networking
NSW Cancer Council	Clinical support
Australian Council of Health Care Standards	Accreditation
Department of Family and Community Services Ageing Disability and Home Care	Funding Agreements for Disability Services
Residential Aged Care Facilities	Clinical service networking
Ambulance Service NSW-North Coast	Clinical service networking
St Vincent's, John Flynn, Bingara Private Hospitals	Clinical service networking

Name of Organisation	Nature of relationship
NSW Police Service	Service provision
North Coast Local Councils	Planning and community development
North Coast Radiology	Clinical service provision
Our Kids	Provision of accommodation to patients with cancer
New Horizons Community Services	HASI provider, Personal Helpers and Mentors Program (PhaMS) and Recovery and Resources Support Program
On Track Community Programs	HASI provider
Mission Australia	Family and Carers, Partners in Recovery
CHESS Employment	PHaMS program
Interrelate	PHaMS program
Housing NSW	HASI, Housing and Mental Health Agreement
Ageing, Disability and Home Care and Department of Human Services	Memorandum of Understanding and Guidelines in the Provision of Services to People with an Intellectual Disability and a Mental Illness
A range of local businesses	Provide support by sponsoring Quality Awards
Justice Health and Forensic Mental Health Network	Finalise a Service Level Agreement with JH&FMHN for the management of forensic patients within the LHD as per the Forensic Mental Health System Policy Directive

SECTION 4. – Community Based Service Streams

The following lists the Community Based Service Streams that may be provided by LHDs. The LHD will need to work in partnership with other local providers to ensure these Services are available in accordance with the needs of their population.

Child, Youth and Family Services – including:

- Antenatal and postnatal care
- Child and Family Health (including Early Childhood Health Services and HealthOne NSW)
- Immunisation (including infant, adolescent & adult services)
- Sustaining NSW Families Programs
- Building Strong Foundations for Aboriginal Children, Families and Communities
- Out of Home Care Assessments and Coordination
- Statewide Eyesight for Preschoolers Screening
- Statewide Infant Screening – Hearing
- Child Protection (including Physical Abuse and Neglect of Children services)
- Domestic and Family Violence Services
- Sexual Assault Services
- Victims of Crime Services
- Youth Health Services

Chronic Care, Rehabilitation and Aged Health Services – including:

- Aged Health (geriatric medicine aged care assessment and transitional aged care)
- Chronic Care (Connecting Care, Integrated Chronic Care for Aboriginal people, other Chronic Care Services, and HealthOne NSW services)
- Dementia Services
- Home and Community Care
- Palliative Care
- Rehabilitation Services
- Pain Management Services

Mental Health and Drug & Alcohol Services – including:

Community-based Specialist Mental Health Services, including:

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

Community-based Specialist Drug and Alcohol Services, including:

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

Oral Health Services – including:

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

Priority Population Services – including:

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

SECTION 5. – Population Health Services provided by the LHD

Health Services will:

- Implement programs to achieve NSW 2021 targets, focussing on:
  - reducing smoking rates (both the Aboriginal and non-Aboriginal population);
  - reducing smoking in pregnant women (both the Aboriginal and non-Aboriginal population);
  - reducing overweight and obesity rates in children, young people, and adults;
  - reducing risk drinking; and
  - closing the gap in Aboriginal infant mortality.
- Implement NSW HIV, STI and Hepatitis C Strategies 2012 – 2015.
- Implement the NSW Aboriginal Health Plan 2013-2023 with a focus on formal partnerships with local ACCHSs and appropriate consultation in the development of local healthcare plans.
- Implement Oral Health 2020: A Strategic Framework for Dental Health in NSW.
- Implement strategies to support advance planning for quality care at end of life.
- Ensure local arrangements to support Public Health Units as part of the NSW Health Protection Service are in place to:
  - promote immunisation;
  - deliver school based immunisation;
  - undertake surveillance for, and respond to cases and outbreaks of communicable diseases; and
  - facilitate the reduction of health risks associated with environmental sources.
- Assist in development of NSW Kids & Families Strategic Plans.

SECTION 6. – Aboriginal Health

Health Services will work collaboratively with the Ministry of Health, Pillars and Aboriginal Community Controlled Health Services to achieve the targets for "Closing the Gap" in Aboriginal Health. Services specifically targeting Aboriginal people include:

- Aboriginal Maternal and Infant Health Service (AMIHS)
- Building Strong Foundations for Aboriginal Children, Families and Communities (for some LHDs)
- Teenage sexual and reproductive health services
- Chronic Care for Aboriginal People Program
- One Deadly Step: Chronic Disease Program
- Aboriginal Family Health Program
- Early Referral into Treatment (Hepatitis C)
- Housing for Health
- Oral health services.

Services of the LHD specifically targeting Aboriginal people include:

- Bugalwena Health Centre
- Box Ridge Community Centre
- Cabbage Tree Island Health Post
- Muli Muli Health Post
- Jubulum Health Post

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

- Bulgarr Ngaru Medical Aboriginal Corporation
- Casino Aboriginal Medical Service
- Bullinah Aboriginal Health Service

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

SECTION 7. – Teaching, Training and Research

In accordance with Sections 10(i) and 10(m) of the Health Services Act 1997, the functions of the LHD include:

- To establish and maintain an appropriate balance in the provision and use of resources for health protection, health promotion, health education and treatment services;
- To undertake research and development relevant to the provision of health services

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

Schedule C includes details of funding relating to teaching, training and research. Teaching, Training and Research will be subject to ABF funding by 2018.

Teaching and Training

To be informed by the implementation of relevant strategies in the NSW Health Professionals Workforce Plan and the work program of the Health Education and Training Institute (HETI).

- **Grow and support a skilled, competent and capable workforce**
  - Implement an LHD Education and Training Learning Plan.
  - Work in partnership with HETI to develop, implement and evaluate education and training including programs for new starters and teams.
  - Develop a plan in conjunction with HealthShare to expand bandwidth to support online education and training throughout the LHD.
  - Work in partnership with HETI to ensure the District HETI Operational Model is delivering District nominated education and training priorities
  - Meet the HETI Workforce distribution formula for the number of intern positions in LHDs in line with planned growth in medical graduates and the NSW Government's COAG commitment.
  - Monitor expenditure and take-up of Training, Education and Study Leave (TESL) across specialties and facilities.
  - Ensure support for the provision of training and education for allied health professionals in education training courses relevant to the particular allied health specialty.

- Meet HETI reporting requirements for education and training programs for professional entry, clinical, clinical support, administration and corporate staff in the public health system.
- Report the clinical placement hours provided by LHDs for professional entry students in Nursing & Midwifery, Medicine, Allied Health and Dentistry/Oral Health for reporting under the NPA.
- Implement and report against the *NSW Health Aboriginal Workforce Strategic Framework 2011-15, Good Health – Great Jobs* which includes and supports a variety of education and employment activities such as the NSW Health Aboriginal Allied Health Cadetship Program, NSW Health Aboriginal Nursing and Midwifery Cadetship Program "Dturali" and the *Respecting the Difference An Aboriginal Cultural Training Framework*.
- Encourage staff managing new starters and teams to use HETI provided materials.

- **Recognise the value of generalist and specialist skills**
  - Expand medical specialist training opportunities in line with current and future service requirements to maximise the impact of the increased numbers of medical graduates in the NSW health system.
  - Implement a Rural Generalist Training Pathway for proceduralist General Practitioners (for LHDs covering rural areas).
  - Expand generalist medical workforce including hospitalist and senior hospitalists utilising the Hospital Skills Program and Senior Hospitalist - Masters of Clinical Medicine (Leadership and Management)
  - Establish new graduate and pre-registration trainee positions in allied health professions to meet future workforce need.
- **Develop effective health professional managers and leaders**
  - Implement the NSW Health People Skills Management Framework, the NSW Health Financial Management training program and the NSW Leadership Framework. Participate in the development of the NSW Health Talent Management Framework.
  - Support the implementation of coordinated training for Medical administrators as part of the Royal Australasian College of Medical Administrators (RACMA) training program.

Research

To be informed by the implementation of the NSW Health and Medical Research Strategic Review and will apply to all research conducted within the LHD. The Strategic Review will also apply to major research facilities and organisations based within the LHD. The LHD should establish a Research Committee (see NSW Health Corporate Governance and Accountability Compendium), work with the Office for Health and Medical Research and be responsible for:

- Encouraging the translation and innovation from research by:
  - Fostering a dynamic and supportive research culture through strategic leadership and governance
  - Attracting and retaining high quality clinician researchers
  - Participating in the development of statewide initiatives to improve collaboration and translation which will include: NSW Strategy for Health and Medical Research Hubs; Framework for NSW Biobanking; NSW Bioinformatics and Data Linkage Strategy
  - Providing training for clinician researchers and facilitating access to research support
  - Ensuring business, human resources, information technology and financial service processes support research activities
  - Attracting clinical trials by removing the barriers to undertaking clinical trials in LHDs
- Improving research administration by appropriately resourcing the research office (or equivalent) to undertake research ethics and governance functions

- Establishment of appropriate governance structures for research entities within the District.

Major research facilities and organisations based within the LHD:

- LHD controlled entities – responsible to and governed by the LHD Board -
    - Not applicable

- Affiliated with the LHD – Universities and other large entities -
    - University Centre for Rural Health North Coast

- Independent Medical Research Institutes within the LHD, not controlled by the LHD -
    - Not applicable

SECTION 8. - NSW Kids and Families

Local Health Districts, relevant Specialty Networks and NSW Kids and Families are to work cooperatively to achieve state and national goals, targets and policy requirements relating to the health, wellbeing and healthcare of babies, children, young people and their families and people affected by family and domestic violence, sexual assault and child abuse and neglect. Major areas of service include maternity; paediatric healthcare; child health, growth and development; identification and support for vulnerable families; domestic and family violence; sexual assault; and child protection.

While NSW Kids and Families plays a leading role in developing relevant policy and guidelines and addressing system-wide issues, the principal responsibility for delivering such services rests with Local Health Districts and relevant Specialty Networks.

SCHEDULE C: Budget

Part 1

Schedule C Part 1

Northern NSW LHD - Budget 2013/14

		2013/14 BUDGET					Comparative Data			
		A	B	C	D	E	F*	G	H	I
		Target Volume (NWAU13)	Volume (Admissions & Attendances) *Indicative only*	State Price per NWAU13	Projected Average Cost per NWAU13	Initial Budget 2013/14 ($ '000)	2012/13 Annualised Budget ($ '000) #	Variance Initial Budget and Annualised ($ '000)	Variance (%)	Volume Forecast 2012/13 (NWAU13)
	Acute	60,711	*74,328*			$283,567	$273,713	$9,854	3.6%	59,804
	Incl. Provision for additional ICU capacity (Schedule D)									
	ED	14,499	*128,706*			$67,723	$63,380	$4,344	6.9%	14,348
	Non Admitted Patients (Outpatient Services)^	7,454	*168,544*			$29,961	$28,355	$1,606	5.7%	7,229
A	*Total*	82,664	*371,578*	$ 4,671	$ 4,857	$381,252	$365,448	$15,804	4.3%	81,380
	Sub-Acute Services - Admitted	5,005	*2,334*			$23,378	$20,147	$3,231	16.0%	4,910
	Incl. Provision for additional Subacute capacity (Schedule D)									
	Sub-Acute Services - Non Admitted^	180	*3,807*			$721	$682	$39	5.7%	178
B	*Total*	5,185	*6,141*			$24,099	$20,829	$3,270	15.7%	5,088
	Mental Health - ABF Hospitals	4,549	*1,496*	$ 4,671	4,857	$21,248	$20,843	$405	1.9%	4,549
	Mental Health - Non Admitted (Block)					$11,359	$11,142	$216	1.9%	
	Mental Health - Transition Grant					$5,405	$5,302	$103	1.9%	
C	*Total*	4,549	*1,496*			$38,012	$37,288	$724	1.9%	4,549
	Block Funding Allocation									
	Block Funded Hospitals (Small Hospitals)					$63,190	$61,986	$1,204	1.9%	
	Block Funded Services In-Scope									
	- Teaching, Training and Research					$1,083	$1,062	$21	1.9%	
	- Other Non Admitted Patient Services					$25,621	$25,133	$488	1.9%	
D	*Total*					$89,894	$88,181	$1,713	1.9%	
	State Only Block Funded Services									
E	*Total*					$61,369	$60,200	$1,169	1.9%	
F	Transition Grant (excluding Mental Health)					$10,139	$9,945	$193	1.9%	
G	Gross-Up (Private Patient Service Adjustments)					$8,830	$8,662	$168	1.9%	
	Provision for Specific Initiatives (not included above)									
	Nurses - Additional CNS					$556				
H	*Total*					$556		$556		
I	SP&T Expenses					$1,358	$1,358	$		
J	Depreciation (General Funds only)					$17,556	$17,556	$		
K	Total Expenses (K=A+B+C+D+E+F+G+H+I+J)					$633,065	$609,468	$23,597	3.9%	
L	Other - Gain/Loss on disposal of assets etc					$301	$301	$		
M	LHD Revenue					-$620,589	-$591,323	-$29,266		
N	Net Result (N=K+L+M)					$12,777	$18,446			

* Note: The allocation to service streams are rebased using the most recent data provided by the districts/networks for 2011/12 and is adjusted for NWAU13

^ Note: Non Admitted budget is determined by Non Admitted volumes and the lower of LHD average Non Admitted patient services cost or State Price

Note: Amount excludes Commonwealth National Partnership Agreement (NPA) $4,900,000

Note: Growth is funded at lower of Cost or State Price

Part 2

Schedule C Part 2

		2013/14
	Northern NSW LHD	$ (000's)
	Government Grants	
A	In-Scope Activity	-$383,492
B	In-Scope Services - Block Funded	-$91,860
C	Out of Scope Services - Block Funded	-$43,990
D	Capital Grants (incl. RMR>$10k)	-$5,669
E	Crown Acceptance (Super, LSL)	-$10,813
F=A+B+C+D+E	*Total Government Contribution:*	-$535,825
	Own Source revenue	
G	Patient Fees	-$38,501
H	Other Revenue	-$44,455
I	SP&T Revenue	-$1,809
J=G+H+I	*Total Own Source Revenue:*	-$84,764
K=F+J	*Total Revenue:*	-$620,589
L	Total Expense Budget - General Funds	$631,707
M	SP&T Expense Budget	$1,358
N	Other Expense Budget	$301
O=L+M+N	*Total Expense Budget as per Attachment C Part 1*	$633,366
P=O+K	*Net Result:*	$12,777
	Net Result Represented by:	
Q	Asset Movements	-$17,461
R	Liability Movements	-$1,235
S	Capital Grants (incl. RMR>$10k)	$5,669
T	Entity Transfers	$250
U=Q+R+S+T	Total:	-$12,777

Part 3

Schedule C Part 3

2013/14 Shared Services & Consolidated Statewide Payment Schedule		
	Northern NSW LHD	$ (000's)
HS Charges	HS Service Centres ICT	$2,364
	HS Service Centres Warehousing	$9,374
	HS Enable NSW	$1,866
	HS Food Services	$16,742
	HS Linen Services	$4,008
	HS Recoups	$2,511
	HS Corporate IT	$384
	HS Information Services SPA	$1,891
	HS Compacks	$2,458
	Total HSS Charges	**$41,598**
IH Transports	Interhospital Ambulance Transports	$9,116
	Interhospital Ambulance NETS	$10
	Total Interhospital Ambulance Charges	**$9,126**
	Interhospital NETS Charges - SCHN	**$6**
Payroll	**Total Payroll (including SGC, Excluding LSL & PAYG)**	**$269,847**
Loans	MoH Loan Repayments	$
	Treasury Loan (SEDA)	$
	Total Loans	**$**
Other Miscellaneous	**Superannuation (Pillar)**	**$20,421**
	Blood and Blood Products	**$3,716**
	SES Wages	**$959**
	NSW Pathology	**$15,011**
	TMF Insurances	**$7,087**
	Energy Australia	**$5,880**
	Total	**$373,650**
	Note: Above recoveries are current estimates subject to ongoing review between LHD and Service Providers	

Part 4

2013-14 National Health Funding Body Service Agreement – Northern NSW LHD

Period: 1 July 2013 - 30 June 2014

Schedule C Part 4

	National Reform Agreement In-Scope Estimated National Weighted Activity Units	Commonwealth Funding Contribution	State Funding Contribution	Total
Activity Based Funding Total	88,791	$146,818,432	$236,673,606	$383,492,038
Block Funding Total		$35,936,152	$55,924,324	$91,860,477
Total	88,791	$182,754,585	$292,597,930	$475,352,515

Notes and Glossary

Overview

Consistent with last year's methodology and pursuant with the National Health Reform Agreement (NHRA), the Ministry of Health has adopted the National Weighted Activity Unit (NWAU) as the currency for Activity Based Funding with the applicable version being NWAU13, which is different from the previous year (NWAU12). In addition, the scope of services under the NHRA from 1 July 2013 has now been expanded to include Mental Health services (Admitted only) and Sub and non acute services (Admitted and Non Admitted), as such a greater number of facilities are now in scope for ABF. See Schedule B for listing of ABF and Block Funded Hospitals.

The Independent Hospital Pricing Authority (IHPA) has also introduced a National Efficient Cost funding model that applies to small regional and remote hospitals. NSW has adopted the mechanics of this funding model expressed in a matrix to determine the funding allocation to Local Health Districts for these small hospitals.

Under the NHRA, services undertaken by Local Health Districts (LHD) and Specialist Health Networks (SHN) fall into either, "in-scope" public hospital services which are subject to funding and reporting requirements of the NHRA or "out of scope" services which continue to be the responsibility of the State. Definitions of in-scope public hospital services are provided in the 2013/14 Funding Guidelines.

For LHDs and SHNs, the 2013/14 Budget (Schedule C) has been prepared to comply with the new national funding arrangements and presented to align with the two core funding elements being;-

- In scope for Commonwealth funding – this element is reflected in row sections A to D in Schedule C Part 1 and it represents funding allocated for both ABF and in scope block funded services;
- Out of scope (State only funding) – this is reflected in row sections E and H and it represents funding allocated for block funded State based programs and services as well as provisions made for specific initiatives not accommodated in the activity targets. From this year, wherever possible, provisions for new services, such as ICU enhancements, have been factored in the activity targets for 2013/14 and funded through growth consistent with the ABF model.

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

Schedule C - Part 1

Row Sections A and B – ABF Expenditure Allocation

Activity targets for Acute, Emergency Department and Sub acute are used to set the ABF budget for these service streams. The value of these NWAU is multiplied against the lower of either the LHD's projected average cost (calculated for all streams, excluding Non Admitted Patient services) or the State Price to calculate the expense budget for each category.

Activity targets for Non Admitted Services (Outpatients Services and Sub-Acute Services – Non Admitted) are used to set the ABF budget for these service streams. Although the activity data collection for Non Admitted Services has improved significantly compared to last year, the absence of patient level costing for this service stream makes it still not robust enough for meaningful pricing in time for this year's budget. This also reflects the feedback received from LHDs.

For this reason, the value of these NWAU is multiplied against the lower of either the LHD's projected average cost (calculated on the aggregate Non Admitted Services' cost, instead of combining it with all streams that are costed at the patient level). This means that from 1 July 2013 ABF principles are applied to the Non Admitted Patient service stream.

The provision for S100 high cost drugs is reflected in the State only block component and offset by the corresponding revenue as applicable, unlike the previous year.

This section does not include Non Admitted Mental Health Services which are block funded in 2013/14.

Row Section C – Mental Health Services

This section reflects the allocation for Mental Health Services whether funded on an ABF basis or through block funding. The principles for funding the ABF component are consistent with those described above for all other ABF services. A small number of standalone psychiatric hospitals have been block funded as they did not meet the criteria for IHPA's small hospitals methodology. In addition, from 1 July 2013, Mental Health Non Admitted services are still being block funded while a new Mental Health Classification for ABF purposes is being developed.

A separate transition grant has been identified for Mental Health to maintain the visibility of Government funding commitments for these services. Any Mental Health Transition grant in this section has been calculated in accordance with the principles described below.

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

Row Section D – Block Funding Allocation

Block Funded Hospitals (Small Hospitals). For 2013/14 NSW has adopted the mechanics of the funding model developed by IHPA for Block Funded Hospitals. See Schedule B for a listing of ABF and Block Funded Hospitals.

Block Funded Services "In Scope" includes Teaching, Training and Research and other non admitted hospital services which have been determined to satisfy the conditions of the NHRA. See the 2013/14 Funding Guidelines for a list of block funded in-scope services.

Row Section E – State Only Block Funded Services

These include those state based services that are "out of scope" services under the NHRA. They include a number of population, aboriginal and community based services. See the 2013/14 Funding Guidelines for a list of state only block funded services.

Row Section F – Transition Grant (Excluding Mental Health)

Transition grants have been provided for this second transition year, noting that the full scale national funding model will apply from 1 July 2014. Transition grants now relate to a larger proportion of services and are based on more up to date and improved costing data.

As a result of these changes, transition grants have moved significantly across LHDs compared to last year and the Ministry considers them to be a much more robust starting point for benchmarking and efficiency improvement. A separate transition grant has been identified for Mental Health to maintain the visibility of Government funding commitments for these services. Consistent with last year, transition grant funding has not been applied to growth activity.

Similarly to the previous year, a transition grant has been identified for those LHDs/SHNs where the projected average cost for all streams and / or the projected average cost for Non Admitted Services were higher than the State Price. Under these circumstances a transition payment has been calculated.

The calculation is the variation between the 2013/14 State price ($4,671) and your LHD's 2013/14 projected average cost per NWAU13 (see column D) multiplied against the total 2012/13 forecast activity for Acute, ED, Subacute and Mental Health NWAUs shown in column I.

Transition	$ (000's)
Acute	$1,749
Emergency Department	$1,395
Mental Health	$5,405
Sub-Acute	$6,995
Non Admitted	$
Block Funded Hospitals (Small Hospitals)	$
Total:	**$15,544**

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

The calculation for Block Funded Hospitals' transition grant is the difference between the overall funding calculated for your LHD's small hospitals, using the IHPA matrix, and the aggregate projected cost calculated based on your District and Network Return for 2011/12 escalated.

For more details on transition grants refer to the 2013/14 Funding Guidelines.

Row Section G – Gross-Up (Private Patient Service Adjustment)

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

Gross-Up (Private Patient Service Adjustments)	$ (000's)
Acute	$7,720
Sub-Acute	$1,110
	$
Total:	**$8,830**

Comparative Data Section – columns F to I

Consistent with last year's budget, column F represents the annualised budget for 2012/13 rather the last year's initial budget. The allocation of the annualised amounts to the respective service streams reflects the most recent full year costing study to enable accurate comparison year on year.

Schedule C - Part 2

Schedule C part 2 provides details as to the LHD/SHN revenue budgets for all programs for the 2013/14 year.

In line with last year's budget allocation, the escalation of individual revenue line items within the revenue budgets of LHD/SHN is in accordance with existing protocols for indexations. Government Grants are inclusive of "subsidy" and are now recognised as revenue in accordance with NSW Treasury Circular (TPP12-01). Further information on this accounting treatment and 2013/14 escalations is included in the 2013/14 Financial Requirements and Condition of Subsidy (Government Grants)

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

Schedule C - Part 3

This schedule represents the estimated 2013/14 shared services and consolidated payments summary.

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

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

IH Transports relate to services provided on behalf of LHD/SHN by either the NSW Ambulances Services or the Neonatal Emergency Transport Service. Formal service agreements will be required to be established to support these charges.

Payroll represents LHD/SHN estimated payroll requirements to pay your employees their fortnightly payroll. The initial estimates are subject to periodic review and discussion between LHD/SHN, the Ministry and HealthShare as the payroll service provider. Existing processes and practices for weekly reconciliations will continue in 2013/14.

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

Other Miscellaneous includes a range of either service agreements such as provision of pathology services or where third party contract and or administrative arrangements exists that require a single whole of health payment either annually in advance (i.e. TMF insurances) or monthly in arrears (i.e. Whole of Health electricity contracts, ACRBS blood supply and State Superannuation (Pillar) payments). The fund management of these accounts is managed by the Ministry supported by third party invoices. As is the case now, costs will be journaled to LHD/SHN monthly to support these consolidated vendor payments.

Schedule C – Part 4 National Health Funding Body Service Agreement

Represents the initial funding advice being provided by the State Manager (i.e. MoH) to the National Health Funding Body (NHFB) to allow calculation and payment of the Government Grant "cash" component of the State price for activity and the in scope block hospital services. Note the Government grant cash component is net of LHD/SHN own source revenues and crown liabilities for In-scope hospital services.

The activity reported in this schedule includes in scope activity only.

Activity Reconciliation	Volume (NWAU13)
Acute	60,711
Emergency Department	14,499
Non Admitted Outpatient Services	7,454
Sub-Acute - Admitted	5,005
Sub-Acute Non Admitted	180
Mental Health	4,549
Schedule C Part 1:	**92,399**
Acute - Compensable	- 2,689
Non Admitted (Compensable)	- 358
Mental Health - Compensable	- 20
Sub-Acute - Admitted - Compensable	- 541
Total Compensable:	**- 3,608**
Schedule C Part 4:	**88,791**

Part 5 - Asset Acquisition Program (AAP)

The 2013/14 capital allocation schedule reflects allocations for new works and works in progress as reflected in Budget Paper 4 of the State Budget brought down on 18 June 2013.

The 2013/14 allocation and the three year forward cashflow for capital works in progress have been determined based on the current approved AAP forecast and adjusted for 2012/13 expenditure projections advised in CapDOHRS as at 29 March 2013. These forward cash flows are indicative amounts included within the overall Asset Acquisition Limits set by NSW Treasury, and are subject to change and will be confirmed when final expenditure figures for 2012/13 are available.

Allocations for capital projects relating to Locally Funded Initiatives, and some Minor Works are under review and will be advised in early August 2013.

It is important for Chief Executives to review the allocations and resolve any end of year adjustments with the Health System Planning and Investment Branch of the Ministry of Health in keeping with the schedule below. Requests for adjustment during 2013/14 will be considered against this baseline and they will only be considered for approval based on offset savings within the budget holder approved limits. As has been the case in 2012-13, capital program expenditure will be closely monitored throughout the year.

The attached table details the capital project schedule with Asset Authorisation Limits for 2013/14 and forward years.

In the 2013/14 financial year, requests for adjustment to allocations will only be considered within set dates and where applicable to coincide with Parameter and Technical change advice requested by the Ministry to Treasury. Deadlines for the receipt of advice on any proposed vary in project cash flow and budget adjustment are as follows:

- Round 1: Initial vary to BP4 project cash flows – **26 July 2013**
- Round 2: Vary for consideration as part of Half Year Review – **18 October 2013**
- Round 3: Vary for consideration as part of Final review for 2013/14 – **14 February 2014**

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

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

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

NORTHERN NSW LHD

ASSET AUTHORISATION LIMITS 2013/14 Capital Projects	DOHRS	BP4 ETC 2013/14	Estimated Expenditure to 30 June 2013	Cost to Complete at 30 June 2013	BP4 Allocation 2013/14	BP4 Est. 2014/15	BP4 Est. 2015/16	BP4 Est. 2016/17	Balance to Complete
		$	$	$	$	$	$	$	$
NEW WORKS 2013/14									
Yamba Community Health Centre	5034	5,500,000	617,000	4,883,000	2,480,000	2,403,000			
TOTAL NEW WORKS		5,500,000	617,000	4,883,000	2,480,000	2,403,000			
WORKS IN PROGRESS									
Lismore Base Hospital Interim ED Upgrade	5129	2,975,000	1,000,000	1,975,000	1,975,000				
RMR>$10,000					1,464,000				
TOTAL WORKS IN PROGRESS		2,975,000	1,000,000	1,975,000	1,975,000				
TOTAL ASSET ACQUISITION PROGRAM		8,475,000	1,617,000	6,858,000	5,919,000	2,403,000			
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
MAJOR NEW WORKS 2013/14									
Northern NSW Planning- Byron Bay	4806	500,000		500,000	500,000				
Lismore Hospital Redevelopment Stage 3A	5028	80,250,000	4,320,000	75,930,000	8,914,000	25,036,000	26,300,000	15,680,000	
TOTAL MAJOR NEW WORKS		80,750,000	4,320,000	76,430,000	9,414,000	25,036,000	26,300,000	15,680,000	
TOTAL MANAGED BY HEALTH INFRASTRUCTURE		80,750,000	4,320,000	76,430,000	9,414,000	25,036,000	26,300,000	15,680,000	

Note: Expenditure needs to remain within the Asset Authorisation Limits indicated above. RMR > $10,000 includes a confund contribution of $1,214,000

SCHEDULE D: Service Volumes and Levels

PART 1

Service Code	Service Name	Measurement Unit	Service Volume	Increase	Notes
Acute Inpatient Services					
AI-001	Acute Inpatient Services - Public	National Weighted Activity Units (NWAU)	53,770	1.6%	
AI-002	Acute Inpatient Services - Eligible Private	National Weighted Activity Units (NWAU)	4,252	1.1%	
AI-003	Acute Inpatient Services - Compensable (DVA, MAA, Other)	National Weighted Activity Units (NWAU)	2,689	1.1%	
Emergency Department Services					
ED-001	Emergency Department Services	National Weighted Activity Units (NWAU)	14,499	1.1%	
Sub Acute Services					
SA-001	Sub and Non Acute Inpatient Services	National Weighted Activity Units (NWAU)	5,005	1.9%	
SA-002	Sub and Non Acute Inpatient Services	Occupied Bed days	28,836	2.1%	
Non Admitted Patient Services					
NA-001	Non Admitted Patient Services - Tier 2 Clinics	National Weighted Activity Units (NWAU)	7,276	3.2%	
NA-002	Non Admitted Patient Services - Tier 2 Clinics	Service Events	131,596	3.2%	
NA-003	Non Admitted Patient Services - Compensable	National Weighted Activity Units (NWAU)	358	N/A	
NA-004	Non Admitted Patient Services - Compensable	Service Events	31,104	N/A	
Mental Health Drug and Alcohol Services					
MHDA-001	Mental Health Inpatient Activity: Acute Inpatients	National Weighted Activity Units (NWAU)	4,547	0.0%	
MHDA-002	Mental Health Inpatient Activity: Acute Inpatients	Occupied Bed Days	23,424	0.0%	
MHDA-003	Mental Health Inpatient Activity: Non Acute Inpatients	National Weighted Activity Units (NWAU)	0	0.0%	
MHDA-004	Mental Health Inpatient Activity: Non Acute Inpatients	Occupied Bed Days	0	0.0%	
MHDA-005	Mental Health Non Admitted services	Service Events	40,754	3.2%	
MHDA-006	Withdrawal Management (Inpatient and outpatient)	Closed Treatment Episodes	996	N/A	
MHDA-007	Counseling, outpatient consultation and support, and case management	Closed treatment episodes	2,155	N/A	
MHDA-008	Opioid Treatment Program (OTP)	Number in public programs (dosed or prescribed)	355	N/A	

Service Code	Service Name	Measurement Unit	Service Volume	Increase	Notes
Public Dental					
PD-001	Public Dental Clinical Service	Dental weighted activity unit	12,072	N/A	Baseline only
Block Funded Hospitals					
	Ballina Transitional Care Beds				1 Year Availability
	Bonalbo				1 Year Availability
	Byron Bay				1 Year Availability
	Campbell, Coraki				1 Year Availability
	Casino				1 Year Availability
	Kyogle (MPS)				1 Year Availability
	Kyogle Residential Age Care				1 Year Availability
	Lismore Multi-Function Centre				1 Year Availability
	Maclean				1 Year Availability
	Mullumbimby				1 Year Availability
	Nimbin (MPS)				1 Year Availability
	Nimbin Residential Aged Care				1 Year Availability
	Riverlands Drug and Alcohol Centre				1 Year Availability
	St. Vincent's Lismore				1 Year Availability
	Urbenville (MPS)				1 Year Availability
	Urbenville Residential Aged Care				1 Year Availability
Teaching and Research					
TT-001	Teaching Training and Research				See Section 7 of Schedule B - Services and Facilities

PART 2

Service Code	Service Name	Measurement Unit	Service Volume	Notes
Statewide and Selected Specialty Services				
AICU-009	Adult Intensive Care Unit Levels 5 and 6 - Lismore Hospital			Adult ICU services are required to be provided at Level 5. These services should be available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2012/13. Services should be provided in accordance with the critical care network referral role described in PD2010_21.
AICU-010	Adult Intensive Care Unit Levels 5 and 6 - Tweed Hospital			Adult ICU services are required to be provided at Level 5. These services should be available 24 hours per day, 7 days per week, 365 days per year at a level not less than activity in 2012/13. Services should be provided in accordance with the critical care network referral role described in PD2010_21.
RTS-007	Regional Trauma Service - Lismore Hospital			Fulfil roles as Regional Trauma Services, as described in the Statewide and Selected Specialty Service Plan for Trauma Services.
RTS-008	Regional Trauma Service - Tweed Hospital			Fulfil role as Regional Trauma Services, as described in the Statewide and Selected Specialty Service Plan for Trauma Services.
RTX-007	Radiotherapy - Lismore Hospital	Courses of Treatment		Access to 2 Linacs, each providing not less than 400 courses of treatment per year.
Other Services				
MAU-001	Medical Assessment Unit	Beds	8	
PI-01	Pain Management Services			LHDs with Tier 3 Pain Management Services to maintain those in 2012/13, and for those with Tier 2 Pain Services to maintain at least a Tier 2 service (they may enhance this to reach Tier 3 but not fall below Tier 2).
PI-02	ComPacks	Packages	1,794	ComPacks Service Providers have been contracted to deliver non-clinical community support services, supporting safe and sustained early hospital discharge of ComPacks eligible patients. Numbers of packages are approximate.
PI-03	Hospital in the Home	Events	950	Deliver hospital substitution clinical care to patients that are reported in Bed Type 25. An episode is clinically equivalent to an inpatient admission, irrespective of the number of clinical assessments or interventions.
HBD-1	Home Based Dialysis - Peritoneal Dialysis	Percentage	30%	
HBD-2	Home Based Dialysis - Haemodialysis	Percentage	20%	
Priority Initiatives				
CN-001	NSW Critical Care Tertiary Referral Networks and Transfer of Care (Adults)	N/A		Maintain established functional referral relationships
CN-002	Network for Adult Patients Requiring Specialist Care	N/A		Maintain established functional referral relationships
SURG-001	Elective Surgery	Number	13,805	Admissions from Elective Surgery Waiting List
Pall-001	Palliative Care - Admitted	Number	867	
Pall-002	Palliative Care - Non Admitted	Service Events	329	
SPEC-01	1 additional ICU bed at The Tweed Hospital	NWAU	299	Additional activity included in the Acute Admitted service stream
SPEC-02	Home Dialysis service	NWAU	110	Additional activity included in the Non Admitted service stream to reflect

PART 3				
Service Code	**Service Name**	**Measurement Unit**	**Service Volume**	**Notes**
Population Health Services				
PH-001	Completeness of identification of aboriginality for priority conditions in the Notifiable Conditions Information Management System (NCIMS)	%	>95%	
PH-002	Food Borne Diseases outbreak response	%	>85%	Food borne disease outbreaks where investigation commenced within 24 hours of report
PH-003	Notification of Active TB in Australian born people	number	<1 per 100,000	Number of Australian born people notified with active TB/<1 per 100,000
PH-004	Drinking water risk Management systems	%	70%	For non metro LHDs, % of local water utilities that have drinking water risk management systems that comply with NSW Health requirements
PH-005	Childhood Immunisation Program	%	≥92%	Immunisation coverage: Aboriginal and Non Aboriginal children fully immunised at 1 and 4 years of age
PH-006	School based immunisation program	%	75%	Immunisation coverage: Year 7 students receiving 3rd dose of human papillomavirus (HPV) vaccine
PH-007	Organ and Tissue donation	% - requested	100%	
PH-007	Organ and Tissue donation	% - consented	75%	
PH-008	Healthy Children's Initiative	%	≥ 50% cumulative	Proportion of Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (%)
PH-008	Healthy Children's Initiative	%	≥ 50% cumulative	Proportion of Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard (%)
PH-008	Healthy Children's Initiative	Number	228	Number of Children 7-13 years who enrol in the Targeted Family Healthy Eating and Physical Activity Program
PH-008	Healthy Children's Initiative	%	≥ 85%	Proportion of children 7-13 years who complete the Targeted Family Healthy Eating and Physical Activity Program
PH-009	Needle and Syringe Program	Number	480,094	Number of needles and syringes distributed in the last 12 months Numbers are to be maintained or increased from levels of activity in the 2011/12 period.
PH-010	Publicly funded sexual health services	HIV testing OOS	1,090	HIV testing OOS provided Numbers are to be maintained or increased from of activity in the 2011/12 period.
PH-010	Publicly funded sexual health services	% HIV testing (Aboriginal)	6.06%	HIV testing proportion provided to Aboriginal people. Numbers are to be maintained or increased from of activity in the 2011/12 period.
PH-010	Publicly funded sexual health services	% HIV testing (homosexual)	29.29%	HIV testing proportion provided to gay men and other homosexually active men. Numbers are to be maintained or increased from of activity in the 2011/12 period.
PH-010	Publicly funded sexual health services	HIV treat/mgmt OOS	2,174	HIV treatment/ management OOS provided (monitoring proportion provided to gay men and other homosexually active men; and Aboriginal people) Numbers are to be maintained or increased from of activity in the 2011/12 period.

Service Code	Service Name	Measurement Unit	Service Volume	Notes
Population Health Services				
PH-010	Publicly funded sexual health services	STI test/treat/mgmt OOS	3,341	STI testing/treatment/ management OOS provided (monitoring proportion provided to gay men and other homosexually active men; sex workers; and Aboriginal people) Numbers are to be maintained or increased from of activity in the 2011/12 period.
PH-011	Health Promotion services	Number	987	Number of Get Healthy Service participants Activity in accordance with - NSW Tobacco Strategy 2012-2017 - The NSW Government Plan for Preventing Overweight and Obesity in Children, Young People and their Families 2009-2011 - Prevention of Falls and Harm from Falls among Older People: 2011-2015
PH-012	Stepping On Program	Number (groups)	42 (cumulative total July 2012 to Dec 2013)	Multi-faceted falls prevention groups are to be delivered to community-dwelling older adults who have either had a fall, or who have a fear of falling (cumulative up to December 2013)
PH-014	Publicly funded hepatitis C related services	Number - Assessed	127	Number of clients in publicly funded services that are assessed for hepatitis C treatment
PH-014	Publicly funded hepatitis C related services	Number - Initiated	36	Number of clients in publicly funded services that are initiated onto hepatitis C treatment
PH-015	Chronic Care for Aboriginal People Program	% followed up	90%	Aboriginal patients with a chronic disease followed up within 2 working days of discharge from hospital.
PH-015	Chronic Care for Aboriginal People Program	% Participating in rehab	60%	Aboriginal people with a chronic disease participating in rehab, less than 1% PAS should be recorded as unknown Targets post acute care

Service Code	Service Name	Measurement Unit	Service Volume	Notes
Child and Family Health Services				
KF-001	Aboriginal Maternal Infant Health Services	Number of women with Aboriginal babies accessing the service	205	The Aboriginal Maternal and Infant Health Service is a community-based maternity service, with a midwife and Aboriginal Health Worker working in partnership with Aboriginal families to provide culturally appropriate and respectful care for Aboriginal women and babies. Number corresponds to 75% of all mothers of Aboriginal babies for each LHD.
KF-002	Building Strong Foundations for Aboriginal Children, Families and Communities	Number of clients on program	N/A	Building Stronger Foundations provides culturally appropriate early childhood health services for Aboriginal children, birth to school entry age and their families.
KF-003	Child and Family Health (including Early Childhood Health Services)	Number of Universal Health Home Visits provided within 2 weeks of baby's birth	2,337	Child and Family Health Services provide preventive, early detection and early intervention health care services to all NSW children aged 0-5 and their families including a home visit following the birth of every child. Number corresponds to 65% of eleigible births for each LHD
KF-004	Child Protection (including Physical Abuse and Neglect of Children services)	Number of inbound referrals provided a service (accepted) by CPCS	N/A in 2013/14 - Benchmark in development	The NSW Health Child Protection Counselling Services provide specialist counselling and casework services to children, young people and their families, referred by Community Services, where abuse and neglect, including exposure to domestic violence has occurred.
KF-005	Domestic and Family Violence Screening	Number of routine DV Screens conducted	1,091	Routine Screening for domestic violence for every woman who visits Antenatal and Early Childhood servcies, all women aged 16+ years who visit Drug & Alcohol Mental Health Services provided by the LHD or their agent. Number corresponds to approximately 70% of eligible women for each LHD
KF-006	Sustaining NSW Families Programs (Keep Them Safe)	Number of clients in program	N/A	Sustaining NSW Families provides intensive home visiting to vulnerable families to support parent-child relationships and optimise child health and wellbeing.
KF-007	Out of Home Care Health Assessments and Coordination (Keep Them Safe)	Number of Health Management Plans provided to children entering OOHC model pathway.	56	Out of Home Care Health assessments are provided to children and young people entering statutory out of home care.
KF-008	New Street Services (Keep Them Safe)	Number of clients in program	N/A in 2013/14 - Benchmark in development	Statewide coordination via SCHN and 4 sites -HNE 2 sites; WS 1 site; WNSW 1 site
KF-009	Sexual Assault Services	Number of referrals receiving a service	N/A in 2013/14 - Benchmark in development	NSW Health's 55 Sexual Assault Services (SASs) offer holistic specialist assistance to adult and child victims of sexual assault including supporting their psycho-social, emotional and cultural wellbeing. Free information, counselling, court support, medical treatment and forensic examinations are available for anyone who has recently been sexually assaulted in NSW.
KF-010	Statewide Eyesight for Preschoolers Screening (StEPS)	Number of eyesight screens provided	2,892	The Statewide Eyesight Preschooler Screening (StEPS) program is a universal, free vision screening program for all four year old children in NSW. Number corresponds to 90% of total eligible children.
KF-011	Victims of Crime Services	N/A		NSW Health Services are required to meet responsibilities to victims of crime under the Victims of Crime Act (1996). Services are delivered through Non-Government Organisations (NGOs).

Service Code	Service Name	Measurement Unit	Service Volume	Notes
Primary and Community Health Services				
PC-001	Facilitated discharge planning for older people, including Aged-Related Care Services (AARCS)	Patients seen	1,070	AARCS service and similar services that facilitate discharge planning of older people, to be maintained or increased from 2011/12 LHD figures.
PC-002	Aged Care Services in Emergency Teams (ASET)	Patients seen	3,654	ASET service to be maintained or increased from 2011/12 LHD figures.
Chronic Disease Management Services				
CC-001	Provision of Connecting Care Chronic Disease Management	Number of Currently Enrolled Clients	2,544	

SCHEDULE E: Performance Measures

KPIs

The performance of a Health Service will be assessed in terms of whether it is meeting the performance targets for individual KPIs.

✓ Performing - Performance at, or better than, target

↘ Underperforming - Performance within a tolerance range

X Not performing - Performance outside the tolerance threshold

KPIs have been designated into two tiers:

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

Service Measures

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

Other Measures

Note that the KPIs and Service Measures listed above are not the only measures collected and monitored by the NSW Health System. A range of other measures are used for a variety of reasons, including monitoring the implementation of new service models, reporting requirements to NSW Government central agencies and the Commonwealth, and participation in nationally agreed data collections. Relevant measures specified in the National Health Reform Performance and Accountability Framework, and in NSW 2021: A Plan to Make NSW Number One, have been assigned as NSW Health KPIs, Service Measures or Monitoring Measures, as appropriate.

Commonwealth funding contingencies

Note that Commonwealth funds are contingent on NSW State level achievement of National Emergency Access Target (NEAT) and National Elective Surgery Target (NEST) Part 1 and Part 2 targets.

KEY PERFORMANCE INDICATORS (KPIs)

Safety and Quality		Target	Not Performing X	Underperforming ↘	Performing ✓
Tier 1	**Staphylococcus aureus bloodstream infections** (SA-BSI) (per 10,000 occupied bed days)	2	≥ 2.0	N/A	< 2
Tier 2	**ICU Central Line Associated Bloodstream** (CLAB) Infections (number)	0	≥ 1	N/A	0
Tier 2	**Incorrect procedures**: Operating Theatre-resulting in death or major loss of function (number)	0	≥ 1	N/A	0
Tier 2	**Mental Health: Acute readmission** within 28 days (%)	13	≥ 20%	> 13% and < 20%	≤ 13
Tier 2	**Mental Health: Acute Post-Discharge Community Care** - follow up within seven days (%)	70	< 50%	≥ 50% and < 70%	≥ 70%

Service Access and Patient Flow		Target	Not Performing X	Underperforming ↘	Performing ✓
Tier 1	**Transfer of Care Time** from Ambulance to ED < 30 minutes (%)	90%	< 80%	≥ 80% and < 90%	≥ 90%
Tier 1	**National Emergency Access Target** (NEAT) - Patients with total time in ED <= 4 hrs (%)	71% Jul-Dec 2013	< 69	≥ 69% and < 71%	≥ 71%
		81% Jan-Jun 2014	< 71%	≥ 71% and < 81%	≥ 81%
Tier 2	**Presentations staying in ED > 24 hours** (number)	0	>5	≥1 and ≤5	0
Tier 1	**National Elective Surgery Target** (NEST) Part 1: Elective Surgery Patients Treated on Time (%):				
	• Category 1	100%	< 100%	N/A	100%
	• Category 2	93% Jul-Dec 2013	< 90%	≥ 90% and < 93%	≥ 93%
		97% Jan-Jun 2014	< 93%	≥ 93% and < 97%	≥ 97%
	• Category 3	95% Jul-Dec 2013	< 92%	≥ 92% and < 95%	≥ 95%
		97% Jan-Jun 2014	< 95%	≥ 95% and < 97%	≥ 97%
Tier 1	**National Elective Surgery Target** (NEST) Part 2.2: Average overdue waiting time (days)				
	• Category 1	0 As at 31 Dec 2013	≥ 1	N/A	0
	• Category 2	20 As at 31 Dec 2013	> 20	N/A	≤ 20
	• Category 3	65 As at 31 Dec 2013	> 65	N/A	≤ 65
Tier 2	**Mental Health: Presentations staying in ED > 24 hours** (number)	0	> 5	≥ 1 and ≤ 5	0
Tier 2	**Connecting Care Program**: people currently enrolled (number)	See Schedule D	> 10% under target	≤ 10% under target	Target met or better

Finance and Activity		Target	Not Performing X	Underperforming ↘	Performing ✓
	Variation against purchased volume (%)				
Tier 1	• Acute Inpatient Services (NWAU)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
Tier 1	• Emergency Department Services (NWAU)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
Tier 1	• Sub and Non Acute Inpatient Services (NWAU)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
Tier 1	• Non Admitted Patient Services – Tier 2 Clinics (NWAU)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
	Mental Health: Variation against purchased volume (%)				
Tier 1	• Mental Health Inpatient Activity: Acute Inpatients (NWAU)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
Tier 1	• Mental Health Inpatient Activity: Non Acute Inpatients (NWAU)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
Tier 2	• Mental Health Non Admitted occasions of service (Service Events)	See Schedule D	> +/- 2.0% variation from target	+/- >1.0%-≤2.0% variation from target	+/- 1.0% variation from target
Tier 2	**Public dental baseline Dental Weighted Activity Units** (DWAUs, % of Baseline Target)	100%	<100%	N/A	=>100%
	Expenditure matched to budget (General Fund):				
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
	Own Source Revenue Matched to budget (General Fund):				
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5% Unfavourable	>0% but < 0.5% Unfavourable	On budget or Favourable
Tier 1	**Recurrent Trade Creditors** > 45 days correct and ready for payment ($)	0	> 0	N/A	0
Tier 1	**Small Business Creditors** paid within 30 days from receipt of a correctly rendered invoice (%)	100	< 100	N/A	100

Population Health		Target	Not Performing X	Underperforming ↘	Performing ✓
	Healthy Children's Initiative				
Tier 2	• Centre-based children's service sites adopting the Children's Healthy Eating and Physical Activity Program in Early Childhood to agreed standard (% cumulative)	≥50	<30% of	≥30 and <50%	≥50%
Tier 2	• Primary school sites adopting the Children's Healthy Eating and Physical Activity Program in Primary School to agreed standard (% cumulative)	≥50	<30% of	>30 and <50%	≥50%
	Children 7-13 years who				
Tier 2	• Enroll in the Targeted Family Healthy Eating and Physical Activity Program (Number)	See Schedule D	<95% of target	>95 and <100% of target	Target met or better
Tier 2	• Complete the Targeted Family Healthy Eating and Physical Activity Program (%)	85%	< 75%	≥ 75% and < 85%	≥ 85%

SERVICE MEASURES

Safety and Quality
Deteriorating Patients (rate per 1,000 separations): • Rapid response calls • Cardio respiratory arrests
Clostridium Difficile Infections (per 1,000 separations)
Root Cause Analysis – completed in 70 days (%)
Complaints Management – resolved within 35 days (%)
Unplanned hospital readmissions: all admissions within 28 days of separation (%): • All persons • Aboriginal persons
Unplanned hospital readmission rates for patients discharged following management of: • Acute Myocardial Infarction • Heart Failure • Knee and hip replacements • Pediatric tonsillectomy and adenoidectomy
Unplanned and Emergency Re-Presentations to same ED within 48 hours (%): • All persons • Aboriginal persons
Aboriginal inpatients who Discharged Against Medical Advice (%)
Re-treatment following restorative treatment: Number of permanent teeth re-treated within 6 months of an episode of restorative treatment. Performance target: less than 6% (less than 6 teeth re-treated per 100 teeth restored).
Denture remakes: Number of same denture type (full or partial) and same arch remade within 12 months. Performance target: less than 3% (less than 3 per 100 dentures).
Patient Experience Survey following treatment: Overall care received (very good, excellent)
Service Access and Patient Flow
Patients with total time in ED <= 4 hrs (%): • Admitted (to a ward/ICU/theatre from ED) • Not Admitted (to an Inpatient Unit from ED)
ED presentations admitted to ward/ICU/Operation Theatre (%)
ED presentations treated within benchmark times (%): • Triage 1 • Triage 2 • Triage 3 • Triage 4 • Triage 5
Emergency Admission Performance - Patients admitted to an inpatient bed within 8 hours of arrival in the ED (%)
Mental Health: Emergency Admission Performance: patients admitted to a mental health inpatient bed within 8 hours of arrival in the ED (%)
Overdue elective surgery patients (number): • Category 1 • Category 2 • Category 3
National Elective Surgery Target (NEST) Part 2.1: 10% of Longest waiting patients as at 31 December 2012 treated by 31 December 2013 (number)
Elective Surgery: Activity compared to previous year (Number)
Waiting List Turnover ratio: Elective patients (%)
Elective Surgery Theatre Utilisation: operating room occupancy (%)

Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence: • Emergency Surgery (%) • Planned Surgery (%)
Separations (number): • Acute overnight • Acute Same Day • Sub Acute overnight • Sub Acute Same Day
Average Length of Episode Stay - Overnight patients (days)
Hospital in the Home: • Admitted activity (%) • Admitted activity (number) • Non admitted activity (number)
Avoidable Admissions for targeted conditions Adults (>16 years): (number) • Pulmonary Embolism without Catastrophic CC • Respiratory Infections/Inflammations W/O CC • Chronic Obstructive Airways Disease W/O Catastrophic CC • Venous Thrombosis without Catastrophic or Severe CC • Osteomyelitis W/O Catastrophic or Severe CC • Cellulitis W/O Catastrophic or Severe CC • Kidney & Urinary Tract Infection without Catastrophic or Severe CC
Available beds (number)
Bed Occupancy (%)
ICU High Dependency Unit transfer of care performance (days)
Connecting Care Program: • Aboriginal people enrolled (number) • People identified as eligible for 48Hr Follow Up (number) • People identified as eligible for Chronic Care Rehab (number) • People identified as requiring an Aged Care Assessment (ACAT Evaluation Unit) (number)
Acute to Aged-Related Care Services (AARCS) patients seen (number)
Aged Care Services in Emergency Teams (ASET) patients seen (number)
Breast Screen Participation Rates: • All women • Aboriginal Women • CALD women
People and Culture
Workplace injuries (%)
Premium staff usage - average paid hours per FTE (Hours): • Medical • Nursing • Allied Health
Annual reduction in the total number of days in respect of accrued leave balances of more than 40 days with specific targets to be agreed.
Leave liability: average paid hours per FTE (Hours)
Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline recruitment (days)
Aboriginal Workforce as a proportion of total workforce

Finance and Activity
Variation of activity against purchased volume (%) • Acute Inpatient Services (Weighted Separations) • Emergency Department Services (Weighted Attendances) • Sub and Non Acute Inpatient Services - Designated (Episodes) • Sub and Non Acute Inpatient Services – Non Designated (Bed days) • Non Admitted Patient Services (Service events)
Mental Health: Activity against notional target • Acute Inpatient Mental Health Activity (occupied bed days) • Sub and Non Acute Inpatient Mental Health Activity (occupied bed days) • Non Admitted Mental Health occasions of service (patient contacts)
Patient Fee Debtors > 45 days as a percentage of rolling prior 12 months Patient Fee Revenues (%)
Cost per NWAU
Coding timeliness – records with valid DRGs (%)
Population Health
Needles and syringes distribution – in the public sector (including dispensing mechanism) (Number)
STI testing/treatment/management – occasions of service within publicly-funded sexual health services by specific priority populations: (Number, proportion) • Total • Aboriginal people • Sex workers • Gay men and other homosexually active men
HIV testing/treatment/management –occasions of service within publicly-funded by specific priority population: (Number, %) • Total • Aboriginal people • Gay men and other homosexually active men
Aboriginal Children fully immunised (%) • At one year of age • At 4 years of age
Human papillomavirus vaccine – year 7 students receiving the third dose through the NSW Adolescent Vaccination Program (%)
Women who identify as having an Aboriginal baby who receive antenatal care before 14 weeks gestation (%)
Aboriginal women who smoked at anytime during pregnancy.

Note:
The Whole of Hospital Program is expected to contribute to the improvement of performance against a number of the above KPI's and Service Measures. Other monitoring measures, specific to implementation in each LHD/SHN, will be developed as the rollout of the Program progresses.

SCHEDULE F: Governance Requirements

The Local Health District Board is responsible for having governance structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals.

In regard to Clinical Governance, the Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.

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

Compliance of the NSW Health Corporate Governance and Accountability Compendium is to be reported Quarterly by exception. Local Health Districts must submit an annual:

- Corporate Governance Statement for the financial year by 31 August each year (refer to the NSW Health Corporate Governance and Accountability Compendium)
- Internal Audit and Risk Management Attestation Statement for the financial year by 31 July each year (refer Internal Audit Policy Directive PD2010_039).

Clinical Governance

The NSW Patient Safety and Clinical Quality Program requires Local Health Districts and Networks to meet the following standards:

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

In addition Health Ministers have agreed that hospitals, day procedure centres and public dental practices in public hospitals meet the accreditation requirements of the National Safety and Quality Health Service Standards from 1 January 2013.

The following guiding principles, based on the National Safety and Quality Framework, will be demonstrated in meeting clinical governance obligations:

- Patient centered – which means:
  - Providing care that is easy for patient to get when they need it
  - Making sure that healthcare staff respect and respond to patient choices, needs and values

- Forming partnerships between patients, their family, carers and healthcare providers
- Driven by information – which means:
  - Using up to date knowledge and evidence to guide decisions
  - Safety and quality data are collected, analysed and fed back for improvement
  - Taking action to improve patients' experiences
- Organised for safety – which means:
  - Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.