2017-18 SERVICE AGREEMENT

AN AGREEMENT BETWEEN:

Secretary, NSW Health

AND

Far West Local Health District

FOR THE PERIOD

1 July 2017 – 30 June 2018

NSW GOVERNMENT | Health

NSW Health Service Agreement – 2017/18

Principal Purpose

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

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

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

Parties to the Agreement

Local Health District

Dr Andrew Refshauge
Chair
On behalf of the
Far West Local Health District Board

Date: 28/8/17 Signed: .....

Stephen Rodwell
~~Mr Stuart Riley~~
I/**Chief Executive**
Far West Local Health District

Date: 28.08.2017 Signed: .....

NSW Health

Ms Elizabeth Koff
Secretary
NSW Health

Date: 4/9/17 Signed: .....

Contents

1. Objectives of the Service Agreement

- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of the priorities of the NSW Government and NSW Health.
- To establish with Districts and Networks a performance management and accountability system for the delivery of high quality, effective health care services that promote, protect and maintain the health of the community and provide care and treatment to sick and injured people.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by the Districts and Networks.
- To promote accountability to Government and the community for service delivery and funding.

2. CORE Values

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

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

3. Culture, Community and Workforce Engagement

Districts and Networks are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services. Impact Statements are to be considered, and where relevant, appropriately incorporated into health policies.

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

Engagement Surveys

- The People Matter Employee Survey measures the experiences of individuals across the NSW Health system in working with their team, managers and the organisation. The results of the survey will be used to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.
- The Australian Medical Association, in conjunction with the Australian Salaried Medical Officers Association will be undertaking regular surveys of senior medical staff to assess clinical participation and involvement in local decision making to deliver patient centred care.

4. Legislation, Governance and Performance Framework

4.1 Legislation

The Health Services Act 1997 (the Act) provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Districts (ss. 9, 10, 14).

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

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

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

4.2 Variation of the Agreement

The Agreement may be amended at any time by agreement in writing by all the Parties. The Agreement may also be varied by the Secretary or the Minister as provided in the Health Services Act 1997. Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued by the Ministry in the course of the year.

4.3 National Agreement - Hospital funding and health reform

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

4.4 Governance

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

Districts and Networks are to ensure

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

4.4.1 Corporate Governance

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

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

4.4.2 Clinical Governance

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality. Accreditation requirements of the National Safety and Quality Health Service Standards have applied from 1 January 2014. The Australian Safety and Quality Framework for Health Care provides a set of guiding principles that can assist Health Services with their clinical governance obligations. See http://www.safetyandquality.gov.au/wp-content/uploads/2012/04/Australian-SandQ-Framework1.pdf

4.4.3 Safety and Quality Accounts

Annually, the Organisation will complete a Safety and Quality Account to demonstrate achievements and ongoing commitment to improving and integrating safety and quality into the organisation.

This approach places safety and quality reporting on the same level as financial reporting as an accountability mechanism with public transparency. The Account will review performance against key quality and safety measures and include patient safety priorities, service improvements and integration initiatives.

4.5 Performance Framework

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

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

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

Schedule A: Strategies and Priorities

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

NSW: Making it Happen

NSW: Making it Happen outlines NSW Health's State Priorities, including 12 Premier's Priorities that together define the NSW Government's vision for a stronger, healthier and safer NSW. As delivery of both Premier's and State priorities is the responsibility of all NSW Government Agencies, all entities work together to ensure successful delivery, in both lead and partnering agency capacities.

Election Commitments

To be led by the Ministry, NSW Health is responsible for the delivery of 102 election commitments over the period to March 2019 with the critical support of Health Services and Support Organisations – see also

http://nswtreasury.prod.acquia-sites.com/sites/default/files/pdf/2015-2016_Budget_Papers_-_Election_Commitments_2015-19.pdf

NSW State Health Plan: Towards 2021

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

The NSW Health Strategic Priorities 2017/18 document outlines how we work together to achieve our core objectives. It builds on and complements the NSW State Health Plan: Towards 2021 as well as directly aligning to the NSW State and Premier's Priorities. The new approach outlined in the plan reframes the Ministry's role as system manager for NSW Health, strengthens system governance, and establishes a strategic planning framework that:

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

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

Minister's Priority

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

NSW - Making it Happen

Contribution to the 30 NSW Priorities

NSW Health is contributing directly to 12 of the 30 NSW Priorities: 5 State Priorities and 7 Premier's Priorities

STATE PRIORITIES

BETTER SERVICES

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

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

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

BUILDING INFRASTRUCTURE

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

PROTECTING THE VULNERABLE

Successful implementation of the NDIS by 2018

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

SAFER COMMUNITIES

Reduce adult re-offending by 5% by 2019

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

STRONG BUDGET AND ECONOMY

Expenditure growth to be less than revenue growth

- Make NSW the easiest state to start a business
- Be the leading Australian state in business confidence
- Increase the proportion of completed apprenticeships
- Halve the time taken to assess planning applications
- Maintain the AAA credit rating

PREMIER'S PRIORITIES

BUILDING INFRASTRUCTURE

Key infrastructure projects to be delivered on time and on budget

CREATING JOBS

- 150,000 new jobs by 2019

DRIVING PUBLIC SECTOR DIVERSITY

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

FASTER HOUSING APPROVALS

- 90% of housing development applications determined within 40 days

IMPROVING EDUCATION RESULTS

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

IMPROVING GOVERNMENT SERVICES

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

IMPROVING SERVICE LEVELS IN HOSPITALS

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

KEEPING OUR ENVIRONMENT CLEAN

- Reduce the volume of litter by 40% by 2020

PROTECTING OUR KIDS

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

REDUCING DOMESTIC VIOLENCE

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

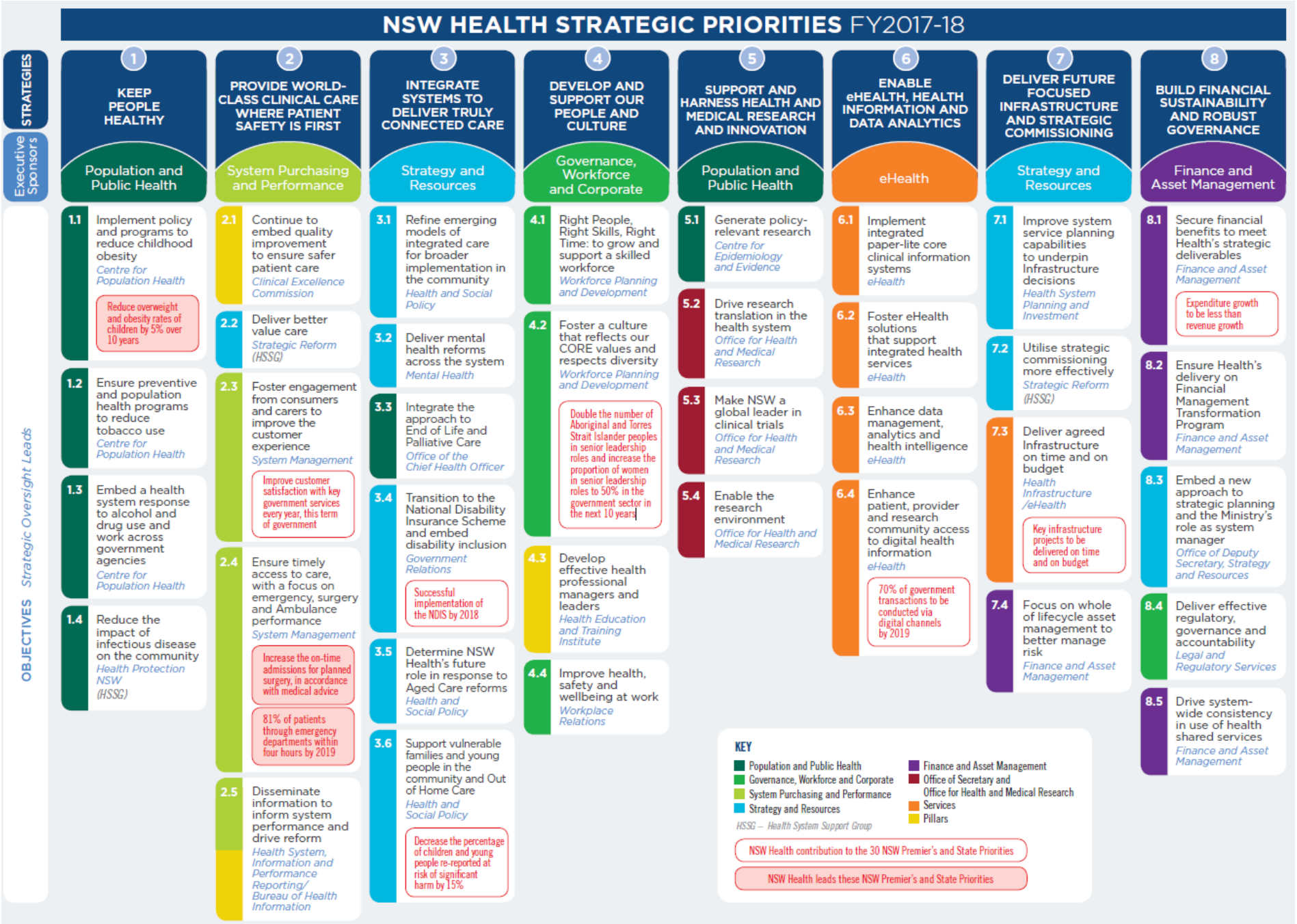
REDUCING YOUTH HOMELESSNESS

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

TACKLING CHILDHOOD OBESITY

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

NSW Health Strategic Priorities



Shared priorities

The Leading Better Value Care Program will create shared priorities across the NSW health system so that the system works together to improve health outcomes, to improve the experience of care and provide efficient and effective care. The main components of this approach include the following.

- The Ministry of Health will continue as system administrator, purchaser and manager and will articulate the priorities for NSW Health. Performance against delivery of the priorities will be monitored in line with the NSW Health Performance Framework.
- Districts and Networks will determine implementation plans reflective of their local circumstances. The Pillars, as required, will support Districts and Networks in a flexible and customisable manner, to meet local needs.
- The Leading Better Value Care Program initiatives will be evaluated through Evaluation and Monitoring Plans developed by the Agency for Innovation and Clinical Excellence Commission. The primary objective is to assess the impact of the initiatives across the Triple Aim. As some improvement measures are yet to be developed, measurement across the Triple Aim will evolve.

Local Priorities

Under the Health Services Act 1997, Boards have the function of ensuring that strategic plans to guide the delivery of services are developed for the District or Network and for approving these plans. Local Health Districts and Specialty Health Networks oversighted by their Boards have responsibility for developing the following Plans:

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

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

The District's local priorities for 2017/18 are as follows:

1. Expanding the application of telehealth across the District.
2. Expand the role and engagement of Aboriginal people in the planning, development and delivery of services.
3. Improve communication with communities and consumers
4. Increase staff retention
5. Reduce the use of locum and agency staff
6. Increase Aboriginal workforce to greater than 10%

Schedule B: Services and Networks

Services

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

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

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

Networks and Services Provided to Other Organisations

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

Key Clinical Services Provided to Other Health Services

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

Service	Recipient Health Service
NA	

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

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

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

Service or function	Recipient Health Service
Travel booking services	Western NSWLHD HealthShare EHealth NSW Agency for Clinical Innovation Clinical Excellence Commission Heath Education and Training Institute Bureau of Health Information Murrumbidgee LHD (reconciliation services only)

Cross District Referral Networks

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

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) - (PD2010_021)
- Interfacility Transfer Process for Adult Patients Requiring Specialist Care - (PD2011_031)
- Critical Care Tertiary Referral Networks (Paediatrics) - (PD2010_030)
- Tiered Network Arrangements for Maternity and Neonatal Care in NSW
- NSW Acute Spinal Cord Injury Referral Network - (PD2010_021)
- NSW Trauma Services Networks (Adults and Paediatrics) - (PD2010_021)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)

Roles and responsibilities for Mental Health Intensive Care Units (MHICU), including standardisation of referral and clinical handover procedures and pathways, the role of the primary referral centre in securing a MHICU bed, and the standardisation of escalation processes will be a key focus for NSW Health in 2017/18.

Supra LHD Services

The following information is included in all Service Agreements for the purpose of providing an overview of recognised Supra LHD Services and Nationally Funded Centres in NSW.

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

- Services are provided from limited sites across NSW;
- Services are high cost with low-volume activity;
- Individual clinicians or teams in Supra LHD services have specialised skills;
- Provision of the service is dependent on highly specialised equipment and/or support organisations;
- Significant investment in infrastructure is required;
- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment

Ensuring equitable access to Supra LHD Services will be a key focus in 2017/18. Supra LHD locations and service levels are as follows:

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Adult Intensive Care Unit	Beds	Royal North Shore (38) Westmead (49) Nepean (20 +1 new in 2017/18) Liverpool (32 +1 new in 2017/18) Royal Prince Alfred (51) Concord (16) Prince of Wales (22) John Hunter (23, including 4 paediatric intensive care cots) St Vincent's (21) St George (36 - corrected baseline including additional activity in 2017/18)	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_21. Units with new beds in 2017/18 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince Of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan ICU Mater, Hunter New England – Psychiatric Intensive Care Unit	Services to be provided in accordance with the proposed Mental Health Intensive Care Referral Networks (Adult) Policy Directive. Units will need to demonstrate referral arrangements with identified networks.
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0—April 2016
Severe Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_21 and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (26) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN at Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN Randwick & Westmead	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_21.
Heart and Heart Lung Transplantation	Access	St Vincent's (95)	To provide Heart and Heart Lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.0—April 2016.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with NSW Critical Care Networks (Perinatal) PD2010_069.

Supra LHD Service	Measurement Unit	Locations	Service Requirement
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (15 +1 new in 2017/18) Royal Hospital for Women (16) Liverpool (12) John Hunter (18 +1 new in 2017/18) Nepean (12) Westmead (24)	Services to be provided in accordance with NSW Critical Care Networks (Perinatal) PD2010_069
Peritonectomy	Number	St George (115) Royal Prince Alfred (60)	Provision of Equitable access for referrals as per agreed protocols
Paediatric Intensive Care	Beds	SCHN Randwick (13) SCHN Westmead (22) John Hunter (up to 4)	Services to be provided in accordance with NSW Critical Care Networks (Paediatrics) PD2010_030
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with Critical Care Tertiary Referral Networks & Transfer of Care (Adults) PD2010_21 and NSW Burn Transfer Guidelines (ACI 2014) and and Critical Care Tertiary Referral Networks (Paediatrics) PD2010_030
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with 2013 Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per “NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis” BMT Network, Agency for Clinical Innovation 2015.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - Planning for NSW NI Services to 2031
Organ Retrieval Services	Access	St Vincent’s Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals

Nationally Funded Centres

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

Schedule C: Budget

Part 1

Schedule C Part 1

		Far West LHD - Budget 2017/18								
		2017/18 BUDGET					Comparative Data			
		A	B	C	D	E	F	G	H	I
		Target Volume (NWAU17)	Volume (Admissions & Attendances) Indicative only	State Price per NWAU17	LHD/SHN Projected Average Cost per NWAU17	Initial Budget 2017/18 ($ '000)	2016/17 Annualised Budget ($ '000)	Variance Initial and Annualised ($ '000)	Variance (%)	Volume Forecast 2016/17 (NWAU17)
	Acute Admitted	5,434	*7,523*	$4,691	$5,615	$25,492	$24,707	$785		5,379
	Emergency Department	1,828	*22,039*			$8,574	$8,367	$207		1,826
	Non Admitted Patients (Including Dental)	1,997	*45,681*			$9,367	$8,918	$449		1,951
A	***Total***	**9,259**	***75,242***			**$43,433**	**$41,992**	**$1,441**	**3.4%**	**9,156**
	Sub-Acute Services - Admitted	360	*138*	$4,691	$5,615	$1,687	$1,641	$46		359
	Sub-Acute Services - Non Admitted	87				$406	$396	$10		87
B	***Total***	**446**	***138***			**$2,093**	**$2,037**	**$56**	**2.8%**	**445**
	Mental Health - Admitted (Acute and Sub-Acute)	1,262	*387*	$4,691	$5,615	$5,921	$5,775	$146		1,138
	Mental Health - Non Admitted	1,373	*23,730*			$5,643	$5,501	$142		1,373
	Mental Health - Classification Adjustment					-$584	-$572	-$12		
	Mental Health - Transition Grant					$3,773	$3,678	$95		
C	***Total***	**2,635**	***24,117***			**$14,754**	**$14,382**	**$372**	**2.6%**	**2,511**
	Block Funding Allocation									
	Block Funded Hospitals (Small Hospitals)					$14,982	$14,604	$377		
	Block Funded Services In-Scope									
	- Teaching, Training and Research					$1,048	$1,022	$26		
D	***Total***					**$16,030**	**$15,626**	**$404**	**2.6%**	
E	**State Only Block Funded Services Total**					**$15,517**	**$15,126**	**$391**	**2.6%**	
	Transition Grant					$1,882				
	Recognised Structural Cost (RSC) - Provisional Only					$4,570				
F	**Transition Grant (excluding Mental Health) and RSC[8]**					**$6,452**	**$6,289**	**$162**	**2.6%**	
G	**Gross-Up (Private Patient Service Adjustments)**					**$1,398**	**$1,363**	**$35**	**2.6%**	
	Provision for Specific Initiatives & TMF Adjustments (not included above)									
	Additional Palliative Care Nurses					$333				
	Purchasing Adjustors and Data Quality Projects					$498				
	Better Value Care Initiatives					$258				
	TMF Workers Compensation Premium Adjustment					$41				
	Election Commitment - Additional Nursing, Midwifery and Support positions					$215				
	Enhancement to Violence, Abuse and Neglect Services					$250				
	Year 2 Drug & Alcohol Package					$23				
H	***Total***					**$1,618**		**$1,618**		
I	**Restricted Financial Asset Expenses**									
J	**Depreciation (General Funds only)**					**$4,226**	**$4,226**			
K	**Total Expenses (K=A+B+C+D+E+F+G+H+I+J)**					**$105,521**	**$101,041**	**$4,480**	**4.4%**	
L	**Other - Gain/Loss on disposal of assets etc**									
M	**LHD Revenue**					**-$103,661**	**-$96,822**	**-$6,840**		
N	**Net Result (N=K+L+M)**					**$1,860**	**$4,220**			

Part 2

Schedule C Part 2

		2017/18
	Far West LHD	**$ (000's)**
	Government Grants	
A	Subsidy*	-$56,342
B	In-Scope Services - Block Funded	-$20,005
C	Out of Scope Services - Block Funded	-$11,780
D	Capital Subsidy	-$2,360
E	Crown Acceptance (Super, LSL)	-$1,554
F	**Total Government Contribution (F=A+B+C+D+E)**	**-$92,041**
	Own Source revenue	
G	GF Revenue	-$11,620
H	Restricted Financial Asset Revenue	-$1
I	**Total Own Source Revenue (I=G+H)**	**-$11,621**
J	**Total Revenue (J=F+I)**	**-$103,661**
K	Total Expense Budget - General Funds	$105,521
L	Restricted Financial Asset Expense Budget	
M	Other Expense Budget	
N	**Total Expense Budget as per Attachment C Part 1 (N=K+L+M)**	**$105,521**
O	**Net Result (O=J+N)**	**$1,860**
	Net Result Represented by:	
P	Asset Movements	-$1,717
Q	Liability Movements	-$142
R	Entity Transfers	
S	**Total (S=P+Q+R)**	**-$1,860**

Note:

The minimum weekly cash reserve buffer for unrestricted cash at bank has been updated for FY 2017/18 to $0.5m and remains at approximately 4 days' cash expenses after removing Depreciation, Crown Acceptance and MOH Holdbacks). Based on final June 2017 cash balances, adjustments will be made in July 2017 to ensure alignment with the cash buffer requirements of NSW Treasury Circular TC15_01 Cash Management – Expanding the Scope of the Treasury Banking System.

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

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

Part 3

Schedule C Part 3

2017/18Shared Services & Consolidated Statewide Payment Schedule		
	Far West LHD	**$ (000's)**
HS Charges	HS Service Centres	$528
	HS Service Centres Warehousing	
	HS Enable NSW	$290
	HS Food Services	
	HS Linen Services	
	HS Recoups	$602
	HS IPTAAS	$2,321
	HS Fleet Services	$891
	HS Patient Transport Services	
	HS MEAPP	
	Total HSS Charges	**$4,632**
eHealth	EH Corporate IT	$243
	EH Information Services ICT SPA	$1,636
	Total eHealth Charges	**$1,879**
IH Transports	Interhospital Ambulance Transports	$1,067
	Interhospital Ambulance NETS	
	Total Interhospital Ambulance Charges	**$1,067**
	Interhospital NETS Charges - SCHN	**$4**
Payroll	**Total Payroll (including SGC, FSS, Excluding LSL & PAYG)**	**$51,727**
Loans	MoH Loan Repayments	
	Treasury Loan (SEDA)	
	Total Loans	
	Blood and Blood Products	**$151**
	NSW Pathology	**$1,197**
	Compacks (HSSG)	**$299**
	TMF Insurances (WC, MV & Property)	**$776**
	Energy Australia	**$987**
	Total	**$62,718**

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

Part 4

2017/18 National Health Funding Body Service Agreement - Far West LHD

Period: 1 July 2017 - 30 June 2018

Schedule C Part 4

	National Reform Agreement In-	Commonwealth
Acute	5,369	
ED	1,827	
Mental Health	677	
Sub Acute	806	
Non Admitted	1,613	
Activity Based Funding Total	**10,291**	
Block Funding Total		**$7,759,688**
Total	**10,291**	**$7,759,688**

Capital Program

FAR WEST LHD ASSET AUTHORISATION LIMITS 2017/18 Capital Projects	SMRT	BP2 ETC 2017/18	Estimated Expenditure to 30 June 2017	Cost to Complete at 30 June 2017	BP2 Allocation 2017/18	BP2 Est. 2018/19	BP2 Est. 2019/20	BP2 Est. 2020/21	Balance to Complete
		$	$	$	$	$	$	$	$
WORKS IN PROGRESS									
Asset Refurbishment/Replacement Strategy - Statewide	P55345	2,345,896	1,895,896	450,000	450,000				
Remote Staff Accomodation at Wilcannia, Tibooburra, White (	P56177	996,000	455,000	541,000	541,000				
Broken Hill Health Service Bed & Mobility Aid Storage Project	P56178	120,000		120,000	120,000				
Minor Works and Equipment >$10,000	P51069	1,499,000		1,499,000	1,499,000				
TOTAL WORKS IN PROGRESS		4,960,896	2,350,896	2,610,000	2,610,000				
TOTAL ASSET ACQUISITION PROGRAM		**4,960,896**	**2,350,896**	**2,610,000**	**2,610,000**				
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE									
MAJOR WORKS IN PROGRESS									
Ivanhoe HealthOne	P55460	2,407,258	2,345,524	61,734		61,734			
Reconfiguration of Broken Hill Hospital and Dental Facility	P56039	30,000,000	3,176,729	26,823,271	9,618,769	13,147,131	4,057,370		
TOTAL MAJOR WORKS IN PROGRESS		32,407,258	5,522,253	26,885,005	9,618,769	13,208,865	4,057,370		
TOTAL MANAGED BY HEALTH INFRASTRUCTURE		**32,407,258**	**5,522,253**	**26,885,005**	**9,618,769**	**13,208,865**	**4,057,370**		

Notes:

Expenditure needs to remain within the Asset Authorisation Limits indicated above

Minor Works and Equipment > $10,000 includes a confund contribution of $1,249,000

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

Schedule D: Purchased Volumes

Service Stream	Target (NWAU17)
Acute Inpatient Services	5,434
Emergency Department Services	1,828
Sub and Non Acute Inpatient Services - All	360
Sub and Non Acute Inpatient Services – Palliative Care Component	129
Non Admitted Patient Services - Tier 2 Clinics	1,810
Public Dental Clinical Service – Total Dental Activity	274 (2,108 DWAU)
Mental Health Inpatient Activity	1,262
Mental Health Non Admitted services	1,373

	Strategic Priority	Target	Performance Metric
STATE PRIORITY			
Elective Surgery Volumes			
Number of Admissions from Surgical Waiting List - All Patients	**2.4**	**1,065**	**Number**
Number of Admissions from Surgical Waiting List - Children < 16 Years Old	**2.4**	**40**	**Number**

Growth Investment	Strategic Priority	$ '000	NWAU17	Performance Metric
PROVIDING WORLD-CLASS CLINICAL CARE				
BETTER VALUE CARE				
Statewide Initiatives				
Management of Osteoarthritis – OACCP	**2.2**		**4.372**	**ACI Evaluation**
Osteoporotic Refracture Prevention - ORP	**2.2**		**13.115**	**ACI Evaluation**
Diabetes High Risk Foot Services – HRFS	**2.2**		**6.22**	**ACI Evaluation**
Diabetes Mellitus	**2.2**		**-**	**ACI Evaluation**
Chronic Heart Failure – CHF	**2.2**	**258**	**-**	**ACI Evaluation**
Chronic Obstructive Pulmonary Disease – COPD	**2.2**		**-**	**ACI Evaluation**
Renal Supportive Care	**2.2 & 3.3**		**17.667**	**ACI Evaluation**
Adverse Events: Falls in Hospitals	**2.1**		**-**	**CEC Criteria**
Total NWAU			**41.374**	
IMPLEMENTATION INVESTMENT				
Improving Safety and Quality Data				
Data quality improvement – clinical coding / documentation	**6**	**250**	**-**	**Data quality improvement**
EDWARD business implementation	**6**	**250**	**-**	**Deployment of emergency department and wait list data streams**

Growth Investment	Strategic Priority	$ '000	NWAU17	Performance Metric
INTEGRATED CARE				
Local Initiatives				
Integrated Care program *Not included in Schedule C, a separate budget supplementation for this amount will be provided in July 2017*	**3.1**	**800**	**-**	**Demonstration of delivery of activities outlined in the approved Activity Work Plan and the RPM Roadmap**

Growth Investment	Strategic Priority	$	NWAU17	Performance Metric
SERVICE INVESTMENT				
System Priority Investment				
Clinical Redesign of NSW Health Responses to Violence, Abuse and Neglect	**3.6**	**250,000**	**-**	**Participation in clinical redesign and recruitment of additional clinical staff**
Local Priority Issues				
Acute	**2**	**-**	**5,434**	**Activity of new service identified**
Emergency Department	**2.4**	**-**	**1,828**	**Activity of new service identified**
Sub-Acute (Admitted and Non-Admitted)	**2**	**-**	**360**	**Activity of new service identified**
Non-Admitted	**2 / 3**	**-**	**1,810**	**Activity of new service identified**
Mental Health Admitted	**3.2**	**-**	**1,262**	**Activity of new service identified**
Mental Health Non-Admitted	**3.2**	**-**	**1,373**	**Activity of new service identified**

Schedule E: Performance against Strategies and Objectives

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

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

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

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

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

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

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

Key deliverables under the NSW Health Strategic Priorities 2017-18 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by each Health Service and Support Organisation.

Key Performance Indicators

Strategic Priority	Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Strategy 1: Keep People Healthy						
1.1	Population Health	**Get Healthy Information and Coaching Service** – Health Professional Referrals (% increase)	Individual - See Data Supplement	>10.0 variation below Target	<=10.0 variation below Target	Met or exceeded Target
		Healthy Children Initiative - Children's Healthy Eating and Physical Activity Program (% cumulative):				
	Population Health	• Primary schools - Trained primary schools achieving agreed proportion (60%) of Live Life Well @ School program practices	>=60	<50	50-59	>=60
	Population Health	• Early childhood services - Sites achieving agreed proportion (50%) of Munch and Move program practices	>=60	<50	50-59	>=60
1.2		**Women who smoked at any time during pregnancy:**				
	Equity	• Aboriginal women (%)	Decrease on previous year	Increase on previous year	No change	Decrease on previous year
	Equity	• Non-aboriginal women (%)	Decrease on previous year	Increase on previous year	No change	Decrease on previous year
	Effectiveness	**Women who quit smoking** by the second half of pregnancy (%)	Increase on previous year	Decrease on previous year	No change	Increase on previous year
1.4	Population Health	**Human Immunodeficiency Virus (HIV) -** HIV testing within publicly-funded HIV and sexual health services – (% increase)	Individual - See Data Supplement	>5.0 variation below Target	<=5.0 variation below Target	Met or exceeded Target
	Effectiveness	**Hepatitis C treatment dispensed** - LHD residents who have been dispensed hepatitis C treatment by prescriber type (%)	Increase on previous year	Decrease on previous year	No change	Increase on previous year
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.1	Safety	**Fall-related injuries in hospital** – resulting in intracranial injury, fractured neck of femur or other fracture (per 1,000 bed days)	Decrease	Increase on Previous Year	No Change	Decrease on Previous Year
	Safety	**Hospital acquired pressure injuries** (rate per 1,000 completed admitted patient stays)	Decrease	Increase on Previous Year	No Change	Decrease on Previous Year
	Safety	**Surgical Site Infections** (rate per 1,000 surgical procedural DRG separations)	Decrease on previous year	Increase from previous year	No Change	Decrease on previous year
2.3	Patient Centred Culture	**Patient Experience Survey Following Treatment** - Overall rating of care received - Adult Admitted - good or very good (%)	Increase	Decrease from previous Year	No change	Increase from previous Year
	Equity	**Equitable Experience of Health Care:** Patient Experience Survey Following Treatment for Adult Admitted Patients: overall rating of care received: Disaggregated by (i) Aboriginality, (ii) Relative Socio-economic Disadvantage Index, and (iii) Remoteness Areas (%)	Increase from previous year	Decrease on previous year	No change	Increase from previous year
2.4		**Elective Surgery**				
		• **Access Performance** - Patients Treated on Time (%):				
	Timeliness and Accessibility	• Category 1	100	<100	N/A	100
	Timeliness and Accessibility	• Category 2	>=97	<93	>=93 and <97	>=97
	Timeliness and Accessibility	• Category 3	>=97	<95	>=95 and <97	>=97
		• **Overdue** - Patients (number):				
	Timeliness and Accessibility	• Category 1	0	>=1	N/A	0
	Timeliness and Accessibility	• Category 2	0	>=1	N/A	0
	Timeliness and Accessibility	• Category 3	0	>=1	N/A	0

Strategic Priority	Domain	Measure	Target	Not Performing ✗	Under Performing ↘	Performing ✓
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.4		**Emergency Department**				
	Timeliness and Accessibility	• Emergency Treatment Performance - Patients with total time in ED <= 4 hrs (%)	>=81	<71	>=71 and <81	>=81
	Timeliness and Accessibility	• Transfer of Care – Patients transferred from Ambulance to ED <= 30 minutes (%)	>=90	<80	>=80 and <90	>=90
Strategy 3: Integrate Systems to Deliver Truly Connected Care						
3.1	Patient Centred Culture	**Electronic Discharge Summaries Completed** - Sent electronically to State Clinical Repository (%)	Increase	Decrease from previous month	No change	Increase on previous month
		Unplanned hospital readmissions – All admissions within 28 days of separation (%):				
	Effectiveness	• All persons	Decrease	Increase from previous year.	No change	Decrease from previous Year
	Effectiveness	• Aboriginal persons	Decrease	Increase from previous year.	No change	Decrease from previous Year
3.2		**Mental Health:**				
	Effectiveness	• **Acute Post-Discharge Community Care** - follow up within seven days (%)	>=70	<50	>=50 and <70	>=70
	Effectiveness	• **Acute readmission** - within 28 days (%)	<=13	>=20	>13 and <20	<=13
	Appropriateness	• **Acute Seclusion** rate (episodes per 1,000 bed days)	<6.8	>=9.9	>=6.8 and <9.9	<6.8
	Appropriateness	• **Average duration of seclusion** - (Hours)	< 4	>5.5	<= 4 and <= 5.5	< 4
	Safety	• **Involuntary patients absconded** – (Types 1 and 2) from an inpatient mental health unit (number)	0	>0	N/A	0
	Patient Centred Culture	• **Mental Health Consumer Experience Measure** (YES) - Completion rate (%)	Increase from previous year	Decrease on previous year	No change	Increase from previous year
	Timeliness and Accessibility	• **Presentations staying in ED > 24 hours** (Number)	0	>5	Between 1 and 5	0
		Mental Health Reform:				
	Patient Centred Culture	• **Pathways to Community Living** - People transitioned to the community - (Number) *(Applicable LHDs only - see Data Supplement)*	Increase	Decrease from previous quarter	No change	Increase on previous quarter
	Patient Centred Culture	• **Peer Workforce** - FTEs (Number)	Increase	Decrease from previous quarter	No change	Increase on previous quarter
3.5	Timeliness and Access	**Aged Care Assessment Team** (ACAT) - Average time from ACAT Referral Issued to Delegation for admitted patients (days).	<=5	>6	>5 and <=6	<=5
3.6	Effectiveness	**Domestic and Family Violence Screening** - Routine Domestic Violence Screens conducted (%)	70%	<60%	>=60 and <70%	=>70%
	Effectiveness	**Out of Home Care Health Pathway Program** - Children and young people that complete a primary health assessment (%)	100%	<90%	>=90 and <100%	100%
	Effectiveness	**Sexual Assault Services** – High priority referrals receiving an initial psychosocial assessment (%)	80%	<70%	>=70 and <80%	=>80%

Strategic Priority	Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 4: Develop and Support our People and Culture						
4.1	Safety	**Staff Engagement** - Public Service Commission (PSC) People Matter Survey - Engagement Index: Variation from previous year (%)	Increase, or no change from previous Year	=>5% decrease from previous Year	<5% decrease from previous Year	Increase, or no change from previous Year
	Efficiency	**Performance Reviews** - Staff who have had a performance review within the last 12 months (%)	100	<85	>=85 and <90	>=90
4.2	Equity	**Aboriginal Workforce Improvement:** Aboriginal Workforce as a proportion of total workforce - across all salary bands (%)	1.8%	Decrease from previous Year	Nil increase from previous year	Increase from previous Year
4.4	Safety	**Compensable Workplace Injury** - reduction in compensable injury claims- (number)	10% Decrease	Increase	>=0 and <10% Decrease	>= 10% Decrease
Strategy 5: Support and Harness Health and Medical Research and Innovation						
5.3	Research	**Ethics applications** - involving more than low risk to participants - Approved by the reviewing Human Research Ethics Committee within 60 calendar days (%).	95%	<75%	>=75 and <95	>=95
	Research	**Research Governance applications** - involving more than low risk to participants: Site specific applications authorised within 30 calendar days (%)	95%	<75%	>=75 and <95	>=95
Strategy 6: Enable eHealth, Health Infomatics and Data Analytics						
	Efficiency	See under 3.1 - Electronic Discharge Summaries	NA	NA	NA	NA
Strategy 7: Deliver Future Focused Infrastructure and Strategic Commissioning						
7.3	Efficiency	**Capital** - Variation Against Approved Budget (%)	On budget	> +/- 10 of budget	NA	< +/- 10 of budget
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1		**Variation Against Purchased Volume** – NWAU (%)				
	Efficiency	• Acute Admitted	Individual - See Budget	> +/-2.0	> +/-1.0 and <= +/-2.0	<= +/-1.0
	Efficiency	• Emergency Department				
	Efficiency	• Non-Admitted Patients				
	Efficiency	• Sub Acute Services - Admitted				
	Efficiency	• Mental Health – Admitted				
	Efficiency	• Mental Health - Non admitted				
	Efficiency	• Public Dental Clinical Service (DWAU) (%)	See Purchased Volumes	=> 2.0 under target	>1.0 and < 2.0 under target	On or above target or <= 1.0 under target
	Efficiency	**Expenditure Matched to Budget** - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable
	Efficiency	**Own Sourced Revenue Matched to Budget** - General Fund - Variance (%)	On budget or Favourable	>0.5 Unfavourable	>0 but =<0.5 Unfavourable	On budget or Favourable
	Efficiency	**Cost Ratio Improvement:** Cost per NWAU compared to state average, current year against previous year, in current NWAU (District cost divided by average state cost) (%)	Decrease on previous year	Increase from previous year	No Change	Decrease on previous year