Service Agreement

An agreement between

Hunter New England Local Health District

and

Calvary Mater Newcastle

for the period

1 July 2015  -  30 June 2016
AGREEMENT

This Agreement supports a partnership between Local Health Districts and Affiliated Health Organisations for the provision of safe, high quality, patient centred healthcare in New South Wales by setting out the service and performance expectations and funding for Calvary Mater Newcastle in respect of its services recognised under the Health Services Act 1997, which are supported by the District. The Agreement may operate within the context of a Memorandum of Understanding or other agreement.

This Agreement recognises and respects the health care philosophy of the AHO.

Calvary Mater Newcastle agrees to meet the service obligations and performance requirements outlined in this Agreement.

Hunter New England Local Health District agrees to provide the funding and other support to Calvary Mater Newcastle outlined in this Agreement.

Parties to the Agreement

Calvary Mater Newcastle

Mr Greg Flint
Chief Executive
On behalf of the
Calvary Mater Newcastle

Date:  …………………………   Signed:  ……………………………………………..

Ms Brenda Ainsworth
National Director Public Hospitals
On behalf of the
Little Company of Mary Health Care

Date:  …………………………   Signed:  ……………………………………………..

Mr John Watkins
Chair
On behalf of the
Little Company of Mary Health Care

Date:  …………………………   Signed:  ……………………………………………..
Local Health District

A/Prof Lyn Fragar  
Chair  
On behalf of  
Hunter New England Local Health District Board

Date: ......................... Signed: ......................................................

Mr Michael DiRienzo  
Chief Executive  
Hunter New England Local Health District Board

Date: ......................... Signed: ......................................................
Terminology

In this Service Agreement:

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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABF</td>
<td>Activity Based Funding</td>
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<tr>
<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Service</td>
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<td>ACI</td>
<td>Agency for Clinical Innovation</td>
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<td>ADA</td>
<td>Australian Dental Association</td>
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<td>AHO</td>
<td>Affiliated Health Organisation</td>
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<td>AMA</td>
<td>Australian Medical Association</td>
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<td>AN-SNAP</td>
<td>Australian National Sub-Acute and Non-Acute Patient</td>
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<td>ASMOF</td>
<td>Australian Salaried Medical Officers Federation</td>
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<td>CEC</td>
<td>Clinical Excellence Commission</td>
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<td>CI</td>
<td>Cancer Institute</td>
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<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>DRG</td>
<td>Diagnostic Related Group</td>
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<td>FTE</td>
<td>Full Time Equivalent</td>
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<td>GL</td>
<td>Guideline</td>
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<td>GP</td>
<td>General Practice/Practitioner</td>
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<td>HETI</td>
<td>Health Education and Training Institute</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>ICT</td>
<td>Information &amp; Communications Technology</td>
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<td>KPI</td>
<td>Key Performance Indicator</td>
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<tr>
<td>LHD</td>
<td>Local Health District</td>
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<tr>
<td>MHDAO</td>
<td>Mental Health and Drug &amp; Alcohol Office</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MPS</td>
<td>Multipurpose Service</td>
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<td>NFC</td>
<td>Nationally Funded Centre</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NHRA</td>
<td>National Health Reform Agreement</td>
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<td>NPA</td>
<td>National Partnership Agreement</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>NSWKF</td>
<td>NSW Kids and Families</td>
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<td>NWAU</td>
<td>National Weighted Activity Unit</td>
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<td>PD</td>
<td>Policy Directive</td>
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<td>RACMA</td>
<td>Royal Australasian College of Medical Administrators</td>
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<td>SCHN</td>
<td>Sydney Children’s Hospital Network</td>
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<td>SHC</td>
<td>Statutory Health Corporation</td>
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<td>SHN</td>
<td>Specialty Health Network</td>
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<td>SSS</td>
<td>Selected Specialty Services</td>
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<td>STI</td>
<td>Sexually Transmitted Infections</td>
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<td>UDG</td>
<td>Urgency Disposition Group</td>
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<td>URG</td>
<td>Urgency Related Group</td>
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1. Purpose and Objectives of the Service Agreement

Principal Purpose:
- To give effect to the partnership between Calvary Mater Newcastle and Hunter New England LHD by clearly setting out the service delivery and performance expectations for the funding and other support provided to the Organisation.

Objectives:
- To enable Calvary Mater Newcastle to contribute to Hunter New England LHD’s delivery of high quality, effective services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure NSW Government health priorities, services, outputs and outcomes are achieved.
- To establish with the Organisation 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 Organisation.
- To outline the Organisation’s roles and responsibilities as a key member organisation of a wider NSW public health network of services and support organisations.
- To facilitate the implementation of a purchasing framework incorporating activity based funding.
- To develop effective and working partnerships with Aboriginal Community Controlled Health Services and ensure the health needs of Aboriginal people are considered in all health plans and programs developed by the Districts and Networks.
- To provide a framework from which to progress the development of partnerships and collaboration with Primary Health Networks.
- To address the requirements of the National Health Reform Agreement in relation to Service Agreements.

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

The environment in which the health system operates is not static, and as a system, we must be responsive and adaptable, to ensure we deliver the best in healthcare to the people of NSW. The issues of increasing health service demand and rising cost of health service delivery, which are attributable to the ageing of the population, increasing chronic disease, and advances in health technology, present challenges to health service delivery. These factors need to be considered in the context of our local operating environments.

The expressed intention of the Commonwealth government to cease the National Health Reform Agreement in 2017/18, the Reform of Federation process, the Commonwealth review of Medicare Benefits Scheme (MBS) items and Primary Care, plus the creation of Primary Health Networks, all have the potential to change funding and health service delivery models within NSW. The Ministry of Health (MoH) will actively participate in the work associated with these initiatives to ensure maximum benefit to the state’s health services in delivering appropriate and accessible health services for the people of New South Wales.

The NSW State Health Plan: Towards 2021 and the NSW Rural Health Plan: Towards 2021 articulate the key Directions and Strategies for NSW Health. These plans can be found at the following links:


The Government’s election commitments for health delivery will be incorporated as priorities within the existing NSW State Health Plan framework.

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

- **Collaboration** – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.

- **Openness** – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.

- **Respect** – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.

- **Empowerment** – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment.
These CORE values do not replace but work in conjunction with Calvary Mater Newcastle’s particular mission and values.

Little Company of Mary Health Care Values:

- Hospitality
- Healing
- Stewardship
- Respect

3. Regulatory and Legislative Framework for this Agreement

Preamble

The Health Services Act 1997 (NSW) (the “Act”) provides the framework for the NSW public health system. Section 7 of the Act provides that the public health system constitutes, inter alia, Local Health Districts (LHDs) and Affiliated Health Organisations in respect of their recognised services and recognises establishments (AHOs) (section 6). The Act defines LHDs and AHOs as public health organisations (section 7).

A Local Health District is a public health organisation that facilitates the conduct of public hospitals and health institutions in a specific geographical area for the provision of public health services for that specific area.

The principal reason for recognising services and establishments or organisations as AHOs is to enable certain non-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they control hospitals, health institutions, health services or health support services that significantly contribute to the operation of the system (section 13).

Section 130 of the Act provides for LHDs exercising the delegated function of determining subsidies for AHOs to enter into performance agreements with AHOs in respect of recognised establishments and established services and may detail performance targets and provide for evaluation and review of results in relation to those targets. This Service Agreement constitutes the performance agreement under section 130 of the Act.

Health Services Act 1997

Local Health Districts

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

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

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

Under s127 of the Health Services Act 1997, the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) to a Local Health District. Under the
conditions of subsidy applicable to Districts, all funding provided for specific purposes must be used for those purposes unless approved by the Secretary, NSW Health. Districts are also required to maintain and support an effective statewide and local network of retrieval, specialty service transfer and inter-District networked specialty clinical services to provide timely and clinically appropriate access for patients requiring these services.

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

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

**Affiliated Health Organisations**

The *Health Services Act 1997* recognises as Affiliated Health Organisations certain non-government institutions and organisations that provide health services and health support services within the State that contribute significantly to the public health system (s4).

Under the Act, an Affiliated Health Organisation is a public health organisation (s7c) that is part of the public health system (s6c) only in respect of its recognised establishments and recognised services (s13(2)).

The functions of an Affiliated Health Organisation (s14) are:

(a) to achieve and maintain an adequate standard in the conduct of its recognised establishments and the provision of its recognised services,

(b) to ensure the efficient and economic operation of those establishments and services,

(c) to carry out such other functions as are conferred or imposed on it by or under this or any other Act or as may be prescribed by the regulations.

Chapter 5 sets out provisions that relate particularly to Affiliated Health Organisations, which are listed in Schedule 3 of the Act. In particular, s129 provides for funding of recognised establishments and recognised services of affiliated health organisations. The Minister may delegate to any local health district the function of determining:

(a) the subsidy (if any) to be received by any affiliated health organisation for its recognised establishments and recognised services, and

(b) the conditions (if any) that should attach to that subsidy.

**Service Agreements between Local Health Districts and Affiliated Health Organisations**

Section 130 of the Act addresses performance agreements between local health districts and affiliated health organisations:

(1) A local health district exercising a function delegated under section 129 in respect of an affiliated health organisation may enter into a performance agreement with the affiliated health organisation in respect of its recognised establishments and recognised services.

(2) A performance agreement:
(a) may set operational performance targets for the affiliated health organisation in the exercise of specified functions in relation to the health services concerned during a specified period, and

(b) may provide for the evaluation and review of results in relation to those targets.

(3) The affiliated health organisation must, as far as practicable, exercise its functions in accordance with the performance agreement.

(4) The affiliated health organisation is to report the results of the organisation’s performance under a performance agreement during a financial year to the local health district within 3 months of the end of that year.

(5) The local health district is to evaluate and review the results of the organisation’s performance for each financial year under the performance agreement and to report those results to the Secretary, NSW Health.

(6) The Secretary, NSW Health may make such recommendations to the Minister concerning the results reported to the Secretary, NSW Health under subsection (5) as the Secretary, NSW Health thinks fit.

While the Act requires a formal annual report, effective performance management will require more frequent reviews of progress against agreed priorities and service performance measures by the parties to the Service Agreement.

Subsidy and financial framework

In accordance with Section 127 (Determination of Subsidies) of the *Health Services Act 1997*, the Minister for Health approves the initial cash subsidies to NSW Health Public Health Organisations for the relevant financial year.

All NSW Health public health organisations must ensure that the subsidy is expended strictly in accordance with the Minister’s approval and must comply with other conditions placed upon the payment of the subsidy.

The key condition of subsidy is the Accounts and Audit Determination for Public Health Organisations. Under section 127(4) of the Health Services Act 1997 the Secretary, NSW Health, as delegate of the Minister, has determined that it shall be a condition of the receipt of Consolidated Fund Recurrent Payments and Consolidated Fund Capital Payments that every public health organisation receiving such monies shall comply with the applicable requirements of the Accounts and Audit Determination and the Accounting Manual for Public Health Organisations.

The Secretary, NSW Health may impose further conditions for Consolidated Fund Payments as may be deemed appropriate in relation to any public health organisation.

Under the Accounts and Audit Determination the governing body of a public health organisation must ensure:

- the proper performance of its accounting procedures including the adequacy of its internal controls;
- the accuracy of its accounting, financial and other records;
- the proper compilation and accuracy of its statistical records; and
- the due observance of the directions and requirements of the Secretary, NSW Health and the Ministry as laid down in applicable circulars, policy directives and policy and procedure manuals issued by the Minister, the Secretary, NSW Health and the Ministry.
HNE LHD will ensure that CMN is included in all funding enhancements and new program funding received by the LHD which is appropriate to CMN's role.
National Agreements

As context, the National Health Reform Agreement (NHRA) requires the NSW Government to establish a Service Agreement with each LHD and SHN, which specifies the number and broad mix of services and the level of funding to be provided (sD8).

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

Inclusions within Schedule C of this Agreement will form the basis of LHD/SHN-level reporting to the Administrator of the National Health Funding Body for NHRA in-scope services.

The Administrator of the National Health Funding Pool requires states and territories to provide patient identified data on actual hospital services delivered (NHRA, clause B63). This will broadly include:

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

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

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

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

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

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 Secretary or the Minister as provided in the *Health Services Act 1997*.

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

6. Dispute Resolution

The parties are to agree on an appropriate local dispute resolution process. Should a dispute be unable to be resolved by the relevant officers the matter should be escalated, in the first instance to the relevant Chief Executives and, if not resolved, subsequently to the Secretary, NSW Health.

If a dispute arises out of or relates to the Service Agreement, or the breach, termination validity or subject matter thereof, the parties agree to endeavor to settle the dispute within a reasonable timeframe, firstly by negotiation, between the Chief Executive Officer, Calvary Mater Newcastle, and Executive Director – Greater Metropolitan Health Services, HNE Health; secondly, by negotiation with National Director Public Hospitals, Little Company of Mary Health Care and Chief Executive, HNE Health; then thirdly, by negotiation between Board Chairpersons. If mediation is required, this it to be administered by the Australian Commercial Disputes Centre (ACDC) or other mutually agreed mediation agency before having recourse to litigation. The mediator shall be a person agreed by the parties.

Notwithstanding the existence of a dispute, each part shall continue to perform its obligations under this Agreement during the dispute resolution process to the fullest extent possible.
7. Summary of Schedules

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

B: Services and Facilities - Relates primarily to services and facilities under the governance of, or supported by, the LHD as well as partnerships, collaborations or other significant relationships with other organisations. This is a context for AHO service provision and planning. AHOs engage with LHDs in short, medium and long term planning processes relevant to the Organisation. These services and facilities are articulated within the following sections of Schedule B:

- SECTION 1 Service Planning and Provision
- SECTION 2 Services and Facilities
- SECTION 3 Organisations with which the LHD has partnerships, collaborations or other significant relationships
- SECTION 4 Community Based Service Streams
- SECTION 5 Population Health programs
- SECTION 6 Aboriginal Health
- SECTION 7 Teaching, Training and Research.
- SECTION 8 Provision of State Wide Support Services

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

D: Service Volumes and Levels - Lists the volume, weighted volume or level of each service, where applicable to be provided by the recognised services of the Organisation under this Agreement.

E: Performance Measures - Lists the Key Performance Indicators that affect escalation/de-escalation under the NSW Health Performance Framework and the Service Measures that provide context against which performance is assessed.

F: Governance Requirements - Affiliated Health Organisations will have the appropriate corporate and clinical governance in place in accordance with the applicable organisational governance, legal status and legislative frameworks.

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

This Schedule also outlines any specific governance requirements to ensure effective operation of this Agreement.

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

G: Other Agreements – This Agreement may be supplemented by a Memorandum of Understanding or other Agreements. Where applicable, these documents will be listed and/or attached in this Schedule.
SCHEDULE A: Strategic Priorities

This Schedule outlines the key strategic priorities for NSW Health in 2015/16. These priorities are to be reflected in the strategic and operational plans of the NSW Ministry of Health, Support Organisations and Health Services comprising NSW Health. Delivery of the strategic priorities is the responsibility of all entities.

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

- Achieve the key goals, directions and strategies articulated within the *NSW State Health Plan: Towards 2021* and the *NSW Rural Health Plan: Towards 2021*.
- Harmonise the implementation and delivery of key plans and programs across NSW Health
- Support Districts and Networks to deliver optimal and efficient frontline services.
- Provide leadership in NSW Health’s contribution to the process of Federation reform and review of primary health care.

The Ministry and Pillars have taken note of feedback from Districts and Networks of the need for enhanced co-ordination amongst the Pillars, and between the Pillars and the Ministry, in the delivery of key developmental activities. The strategic priorities outlined in this schedule provide a framework to guide a more coordinated approach.

Based on feedback from Districts and Networks, it is planned that state wide and local strategic priorities will be regularly discussed as part of the quarterly performance meetings, in addition to reviews of operational performance.

Achievement of strategic priorities also requires effective collaboration with other relevant entities, including Primary Health Networks, Non-Government Organisations, the Aboriginal Community Controlled Health Sector, Aboriginal Health and Medical Research Council and other Government agencies.

In addition, local priorities are to be detailed in District and Network Strategic Plans, a copy of which is to be provided to the Ministry.

Key System Priorities for 2015/16

Whole of Health Program

Access to high quality, safe and timely health care is critical for patients, carers and staff. The Whole of Health Program supports Health Services in driving the strategic change needed to improve access to care and patient flow within NSW public hospitals. Using a centrally facilitated but locally led approach, the Ministry of Health is working with its Whole of Health partners to help Health Services develop capability in devising and implementing sustainable patient flow improvement strategies, whilst sharing knowledge and experience across the sector. Further detail on the Whole of Health Program is available at:

Reducing Unwarranted Clinical Variation

Unwarranted Clinical Variation is variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance. Left unchecked it has the potential to reduce safety, quality, performance effectiveness and efficiency outcomes. The Reducing Unwarranted Clinical Variation Taskforce oversees the development and implementation of a system-wide approach to identify, address and reduce Unwarranted Clinical Variation (UCV).


Integrated Care Strategy

The NSW Integrated Care Strategy continues to be a key priority for NSW Health in 2015/16. This is reflected in the NSW State Health Plan: Towards 2021. Announced in 2014, the Integrated Care Strategy aims to transform how healthcare is delivered in NSW, moving from a health system that is often hospital-centric and episodic to one where care is connected across different health and social care providers. A greater emphasis on preventative, primary and community-based services will better support people with long term conditions. A range of agencies and organisations including but not limited to Primary Health Networks, Aboriginal Community Controlled Health Services, Non-government organisations, consumer groups and general practice are critical in delivering our Integrated Care Strategy. Further detail on the Integrated Care Strategy is available at:


Public Specialist Outpatient Services

Ensuring timely access to public Specialist Outpatient Services across NSW is a key priority for NSW Health. In 2015/16 it is expected that Health Services will continue to focus on improving the delivery of public Specialist Outpatient Services to ensure that they are:

- Responsive to community and individual needs.
- Delivery of the right care, in the right place, at the right time.
- Accessible, effective and sustainable.
- Enhancing the system as a whole to better integrate services across the continuum.
- Underpinned by evidenced-based standards of care that are contemporary, efficient and of a consistently high quality of care.

Living Well: A Strategic Plan for Mental Health in NSW 2014-2024

The Strategic Plan for Mental Health in NSW will involve extensive change to the way mental health is supported in the State. The Plan includes 141 actions for implementation by Health, Justice and Human Service agencies. The total approved funding of $115 million over the first 3 years (2014/15-16/17) focuses on eight strategic priorities and 27 initiatives. The strategic priorities and initiatives build on, and align with, existing change and reform directions across the NSW Health system.

There are three critical elements of reform that will be the major focus of the first three years of the work program these include:

- **380 institutionalised clients** - implementing a phased program to transition long-stay hospital patients into community care (transitioning 100 patients in first 3 yrs).
- **Specialist clinical mental health services in the community** - filling service gaps and expanding community based mental health services, enhancing Whole Family Teams
and continuing Community Integration Teams involving a number of agencies as key partners in delivery.

- **Community Living Supports** - Enhancing partnerships with NGOs to deliver health and psychosocial supports for consumers, as well as developing more effective pathways for all State Government agencies to access appropriate support for clients.


**Key Focus Areas for 2015/16**

**Reducing Smoking Rates Amongst Aboriginal populations**

Ensuring an enhanced focus on tobacco control among Aboriginal populations is a key priority for 2015/16. The involvement of Districts and Networks in implementing enhanced activity in this area is critical to the achievement of State targets and will make a significant contribution to closing the gap. It is intended that Districts and Networks will:

- Implement the Quit for New Life program.
- Embed brief interventions to reduce tobacco consumption as part of core clinical practice, including access to nicotine replacement therapy where clinically indicated and referral to the Aboriginal quit line.
- Support tobacco control social marketing campaigns at the local level.
- Increase awareness of new outdoor smoking bans among Aboriginal communities.
- Establish partnerships with Aboriginal Community Controlled Health Services to ensure a strong focus on community engagement.
- Establish local performance monitoring strategies to assess progress toward targets.

**Local Accountability and Clinician Engagement**

As part of the devolution to Districts and Networks, strong clinician engagement, which ensures the involvement of clinicians in key decisions affecting patient care, is essential.

Consistent with a Joint Statement of Cooperation between the Minister for Health, Australian Medical Association (AMA) and Australian Salaried Medical Officers Federation (ASMOF), senior medical clinician engagement is an area of focus for both Districts/Networks and senior medical clinicians in the context of NSW Health performance management systems.

The AMA in conjunction with ASMOF will be undertaking regular surveys of senior medical staff. These surveys relate to the engagement of senior medical clinicians and the survey questions have been agreed with the Ministry.

The results of the AMA/ASMOF survey, together with the results of the Calvary Mater Newcastle National BPA Staff Engagement survey, will be considered as part of understanding and assessing performance of Districts and Networks.

**Workplace Culture**

A healthy and functional workplace culture is essential to facilitate the delivery of first class patient centred care. The further consolidation within our workforce of NSW Health’s core values of Collaboration, Openness, Respect and Empowerment (CORE) continues to be a key focus area in 2015/16. Calvary Mater Newcastle is to actively implement an action plan.
developed in response to the National BPA Staff Engagement Survey, conducted second yearly. Culture Indices will be indicative of the effectiveness of improvement initiatives.

**National Disability Insurance Scheme**

The National Disability Insurance Scheme (NDIS) will deliver a national system of disability support focused on the individual needs and choices of people with a disability. The NDIS is designed to provide people with a disability reasonable and necessary supports to achieve their goals and participate in the community both socially and economically. Under the new Scheme, funding for disability support will be allocated to each eligible individual, rather than a service provider, giving people control over the support they want as well as from whom they wish to purchase that support. Under the NDIS, investment in NSW for disability supports is expected to more than double in next five years to provide supports for around 140,000 people.

NSW Health is currently working with the National Disability Insurance Agency and the NSW Department of Family and Community Services to promote a seamless transition to the NDIS for people currently receiving disability services through the NSW health system. Local Health Districts (other than HNELHD and NBMLHD) will begin a phased transition starting in 2016. NSW Health is also working closely with the Department of Premier and Cabinet, the Commonwealth and other Health jurisdictions to agree on roles and responsibilities of different Agencies.

Further detail on the National Disability Insurance Scheme is available at:  

**Other Priority Plans and Initiatives**

In addition to the whole of system priorities outlined above, a number of high priority plans and initiatives are in place to assist in achieving the overarching goals and priorities of the *NSW State Health Plan* including:

- Keep Them Safe — A Shared Approach to Child Wellbeing
- The NSW Aboriginal Health Plan 2013-2023
- 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 Aboriginal Workforce Strategic Framework 2011 – 2015
- NSW Government Response to the NSW Health and Medical Research Strategic Review. 2012
- Strategic Plan for Mental Health
- NSW Healthy Eating and Active Living Strategy 2013-2018
- NSW HIV Strategy 2012-2015: A New Era
- Blueprint for eHealth in NSW
- NSW Tobacco Strategy 2012 – 2017
Increasing Organ Donation in NSW: Government Plan 2012
Advance Planning for Quality Care at End of Life: Action Plan 2-13-2018
Essentials of Care - Strengthening the focus on the human elements in healthcare through the continued and sustained roll out of the Essentials of Care program.
NSW Refugee Health Plan 2011-2016
NSW Government Plan to Increase Access to Palliative Care 2012-2016
NSW Health Carers (Recognition) Act Implementation Plan 2013 - 2016
NSW State Disability Inclusion Plan (under development)
NSW Pain Management Plan 2012-2016
NSW Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures
NSW Service Plan for People with Eating Disorders 2013-2018
The NSW Health Aboriginal Family Health Strategy: Responding to Family Violence in Aboriginal Communities (2011-2016)
SCHEDULE B: Services and Facilities

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

SECTION 1 - Service Planning and Provision

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

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

Under the Health Services Act 1997, Boards have the function of ensuring that strategic plans to guide the delivery of services are developed for the local health district or specialty health networks, and for approving these plans.

Where applicable to the particular Health Service, Boards have responsibility for developing the following Plans:

- Strategic Plan
- Health Care Services Plans
- Corporate Governance Plan
- Annual Asset Strategic Plan
- Operations/Business plans at all management levels of a Local Health District, Network or relevant Health Service.

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

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

Affiliated Health Organisations and Local Health Districts are to engage in short, medium and long term planning processes relevant to the Organisation, including consideration of any capital implications. Regarding procurement strategy and planning, the AHO will develop its procurement capabilities and participate in whole of Health and Government procurement strategies.
SECTION 2 - Services and Facilities

Hospitals

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>ABF STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calvary Mater Newcastle</td>
<td>A, ED, NA, S-A</td>
</tr>
</tbody>
</table>

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

Other Services of the Affiliated Health Organisation

Other services (District and Tertiary) of Calvary Mater Newcastle are as follows:

- Anaesthetics
- Clinical Pharmacology
- Clinical Toxicology
- Consultation Liaison Psychiatry
- Cardiology
- Drug and Alcohol
- Emergency
- General Medicine
- General Surgery
- Haematology
- Intensive Care
- Medical Oncology
- Melanoma Services
- Palliative Care
- Radiation Oncology
- Stroke

Networked Services

Calvary Mater Newcastle is part of an integrated network of clinical services that aim to ensure timely access to appropriate care for all residents in NSW. Variation to these service provisions should not occur without prior agreement with the Ministry of Health. It is also recognised that some services continue to be provided through Hosted Service Agreements or Inter-District/Network Agreements. While these arrangements are in place, each District and Network and other affected Health Service will need to ensure appropriate services are maintained to the residents of their respective District or Network.

Nationally Funded Centres and Supra LHD Services

Nationally Funded Centres and Supra LHD Services are set out in Schedule D, Part B.
Cross District Referral Networks

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

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) - (PD2010_021)
- Network for Adult Patients Requiring Specialist Care - (PD2011_031)
- Critical Care Tertiary Referral Networks (Paediatrics) - (PD2010_030)
- Critical Care Tertiary Referral Networks (Perinatal) - (PD2010_069)
- NSW Burn Transfer Guidelines - (IB2014_071)
- NSW Acute Spinal Cord Injury Referral Network - (PD2010_021)
- NSW Trauma Services Networks (Adults and Paediatrics) – (Selected Specialty and Statewide Service Plans: NSW Trauma Services, 2009)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)

Calvary Mater Newcastle is the principal referral hospital for Medical Oncology, Radiation Oncology, Haematology and Specialist Palliative Care services. It forms the central hub of the Hunter New England Cancer Network with responsibility (through the Clinical Cancer Network Leadership Committee and the Director of Cancer Services) to the whole of the LHD.

As the principal provider of cancer services the Calvary Mater Newcastle will:

Provide support to LHD oncology clinicians by:

- Offering advice as requested by Specialist Oncologists servicing rural centres
- Accepting referrals from rural centres for patients requiring tertiary level care
- Provide clinical support and professional development opportunities to cancer clinicians in rural sites
- Provide remote tertiary consultative services using appropriate technology (eg. telephone, Telehealth) for solo practitioners in current non-metropolitan sites to ensure safe, high quality patient care
- Support haematology services provided by the North West Cancer Centre as detailed in the MoU
- Improve patient throughput and reduce waiting times for chemotherapy treatment, particularly in the Greater Metropolitan catchment area. Medical Oncology services will receive an enhancement out of growth funding.
Key Clinical Services provided to other Districts, Networks and Health Services
Where applicable, the Organisation is to ensure continued provision of access by other Health Services as set out in Schedule D Part B. The Organisation is also to ensure continued provision of access by other Health Services, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>RECIPIENT LHDs/NETWORKs/HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Oncology</td>
<td>Northern New South Wales</td>
</tr>
<tr>
<td></td>
<td>Mid North Coast</td>
</tr>
<tr>
<td></td>
<td>Central Coast</td>
</tr>
<tr>
<td>Haematology</td>
<td>Northern New South Wales</td>
</tr>
<tr>
<td></td>
<td>Mid North Coast</td>
</tr>
<tr>
<td></td>
<td>Central Coast</td>
</tr>
<tr>
<td>Toxicology</td>
<td>Mid North Coast</td>
</tr>
<tr>
<td></td>
<td>Central Coast</td>
</tr>
<tr>
<td>Radiation Therapy</td>
<td>Northern New South Wales</td>
</tr>
<tr>
<td></td>
<td>Mid North Coast</td>
</tr>
</tbody>
</table>

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

Non-clinical Services and Other Functions provided to other Districts and Health Services
Where the Organisation 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.

<table>
<thead>
<tr>
<th>SERVICE OR FUNCTION</th>
<th>RECIPIENT LHDs/NETWORKs/HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>
SECTION 3 – Other Organisations with which the Organisation has partnerships, collaborations or other significant relationships

**Affiliated Health Organisations**
Other AHOs with which the Organisation has a relationship

<table>
<thead>
<tr>
<th>AHO</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td></td>
</tr>
</tbody>
</table>

**Non-Government Organisations**
NGOs with which the Organisation has a relationship

<table>
<thead>
<tr>
<th>NGO</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Cancer Council</td>
<td></td>
</tr>
<tr>
<td>Leukaemia Foundation</td>
<td></td>
</tr>
<tr>
<td>Hunter Melanoma Foundation</td>
<td></td>
</tr>
</tbody>
</table>

**Primary Health Networks**
Primary Health Networks with which the Organisation has a relationship

<table>
<thead>
<tr>
<th>PRIMARY HEALTH NETWORK</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunter New England and Central Coast Primary Health Network</td>
<td></td>
</tr>
</tbody>
</table>

**Other Organisations**
Other organisations with which the Organisation has a relationship

<table>
<thead>
<tr>
<th>ORGANISATION</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANZ Breast Cancer Trials Group</td>
<td>Separate organisation but accommodated on CMN site.</td>
</tr>
<tr>
<td>Catholic Health Australia</td>
<td>Membership.</td>
</tr>
<tr>
<td>Health Services Association</td>
<td>Membership.</td>
</tr>
<tr>
<td>HMRI</td>
<td>Collaborative partner in research.</td>
</tr>
<tr>
<td>Hunter Breast Screening</td>
<td>Separate organisation but accommodated on CMN site.</td>
</tr>
<tr>
<td>Trans-Tasman Radiology Oncology Group</td>
<td>Separate organisation but accommodated on CMN site.</td>
</tr>
<tr>
<td>University of Newcastle</td>
<td>Collaborative partner. CMN hosts students, teaching and research.</td>
</tr>
</tbody>
</table>
SECTION 4 - Community Based Service Streams

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

Maternal, Child, Youth and Family Services – including:
- Adolescent and Young Adults with Cancer

Chronic Care, Rehabilitation and Aged Health Services – including:
- Palliative Care
- Hospital in the Home

Mental Health and Drug & Alcohol Services – including:
- Consultation Liaison Psychiatry

Calvary Mater Newcastle will provide medical registrar support to assist Mater Mental Health Centre provide a Rapid Response Team to its patients in 2015/16. The Calvary Mater Newcastle support will include a trainee physician who will respond and support an Advanced Life Support Registered Nurse (from Mental Health) and a Hunter New England Mental Health medical officer in attending to a deteriorating patient.

Mental Health will purchase and maintain the necessary equipment to standardise the equipment required for a Medical Emergency Team call, based on the advice of the Calvary Mater Newcastle.

Agreed costs are limited to the recurrent funded two (2) hours per day medical cover Monday to Friday from the HNE Mental Health Service. Each Rapid Response call will be reviewed by the Mental Health Director of Medical Services.

Community-based Specialist Drug and Alcohol Services – including:
- Specialist Drug & Alcohol Treatment Services

SECTION 5 - Population Health Services

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

Implement programs and policies to achieve NSW targets, focusing on:
- Reducing smoking rates (both the Aboriginal and non-Aboriginal population).
- Reducing smoking in pregnant women (both the Aboriginal and non-Aboriginal population).
- Reducing overweight and obesity rates in children, young people, and adults
- Reducing risk drinking.
- Closing the gap in Aboriginal infant mortality.
Implement *NSW HIV Strategy 2012-2015* with a focus on increasing HIV testing

Implement *NSW Hepatitis B Strategy 2014-2020* with a focus on reducing the sharing of injecting equipment among people who inject drugs.

Implement the *NSW Aboriginal Health Plan 2013-2023* with a focus on enhancing formal partnerships with local Aboriginal Community Controlled Health Services, and ensuring appropriate consultation in the development of local healthcare plans.

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:
- Support primary care providers to safely and effectively deliver the National Immunisation Program.
- Deliver school based immunisation.
- Undertake surveillance for, and respond to cases and outbreaks of communicable diseases.
- Facilitate the reduction of health risks associated with environmental sources.

### SECTION 6 - Aboriginal Health

Calvary Mater Newcastle will work collaboratively with Hunter New England Health, the Ministry of Health, NSW Kids and Families, other relevant Health Services, Support Organisations and Aboriginal Community Controlled Health Services to implement the *NSW Aboriginal Health Plan 2013-2023*.

To realise the vision of the Plan, it is essential to place the needs of Aboriginal people at the centre of service delivery, and to develop strong partnerships with Aboriginal communities and organisations. Every organisation within the health system has a unique and important role in improving Aboriginal health. To this end all services should reflect on utilisation by Aboriginal people and where data systems permit, the extent to which Aboriginal health outcomes comparable to those for non-Aboriginal people are being delivered.

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

Services of the Organisation specifically targeting Aboriginal people include:
- Aboriginal Health Palliative Care Education
- Chronic Care for Aboriginal People Program
- Early Referral into Treatment
- One Deadly Step: Chronic Disease Program
The AHO works in partnership with the following Aboriginal Community Controlled Health Services:

- Aboriginal Family Health Workers
- Awabakal

Health Services and Support Organisations will continue to work towards achieving a minimum of 2.6% Aboriginal and Torres Strait Islander employment in the health system by 2015/16. A specific strategy will include continued participation in the Aboriginal Nursing and Midwifery Cadetship Program.

SECTION 7 - Teaching, Training and Research

The Organisation is to cooperate, where appropriate, with the Local Health District in its teaching, training and research functions, which are addressed in this section.

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

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

Teaching and Training

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

Grow and support a skilled, competent and capable workforce

- Implement a LHD Education and Training Plan incorporating HETI Online modules and face to face courses.
- Ensure effective Information & Communication Technology infrastructure that adequately supports online education and training across the LHD.
- Negotiate with AHOs regarding HETI Online access for their staff.
- Work in partnership with HETI to ensure the District-HETI Operational Model is delivering District nominated education and training priorities.
- Ensure staff have learning plans that include learning resources from HETI Online.
- Meet the HETI Workforce Distribution Formula for the number of LHD intern positions in line with planned growth in medical graduates, and the NSW Government’s COAG commitment.
- Monitor expenditure and take-up of Training, Education and Study Leave across specialties and facilities.
- Ensure support for the provision of training and education for allied health professionals.
• Meet the NSW Ministry of Health reporting requirements for education and training programs for professional entry, for clinical, clinical support, administration and corporate staff in the public health system.
• Report the clinical placement hours provided by the LHD for professional entry students in Nursing & Midwifery, Medicine, Allied Health and Dentistry/Oral Health for reporting 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 and the *Respecting the Difference Aboriginal Cultural Training Framework*.
• Implement the NSW Health Mandatory Training Classification System, including compliance monitoring.
• Ensure staff managing new starters and teams use HETI-endorsed learning resources (Foundations Program).

**Recognise the value of generalist and specialist skills**
• Expand medical specialist training opportunities in line with current and future service requirements.
• Continue a Rural Generalist Training Pathway for proceduralist GPs (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.
• Establish new graduate and pre-registration trainee positions in allied health professions to meet future workforce need.

**Develop effective health professional managers and leaders**
• Co-lead the implementation of Financial Management Essentials training and meet LHD program targets in partnership with HETI.
• Implement the NSW Health People Skills Management Framework, and the NSW Health Leadership Framework.
• Implement the *NSW Health Education and Training Framework*.
• Participate in management and leadership development activity as mapped to the NSW Health People Skills Management Framework, and the NSW Health Leadership Framework.
• Participate in the development of a talent management framework.
• Support the development and implementation of the NSW Health Team Framework.
• Support the implementation of coordinated training for Medical administrators as part of the Royal Australian College of Medical Administrators training program.

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

Calvary Mater Newcastle must have regard to the Code of Ethical Standards for Catholic health and Aged Care Services in Australia (2001).

Calvary Mater Newcastle is to cooperate, where appropriate, with the Hunter New England Local Health District in the following.

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

- Encouraging the translation and innovation from research by:
  - Fostering a dynamic and supportive research culture through strategic leadership and governance.
  - Attracting and retaining high quality clinician researchers.
  - Providing training for clinician researchers and facilitating access to research support.
  - Ensuring business, human resources, information technology and financial service processes support research activities.
  - Attracting clinical trials by removing the barriers to undertaking clinical trials in LHDs.
  - Participating in the development of state-wide initiatives to improve collaboration and translation which will include *NSW Strategy for Health and Medical Research Hubs* and its related strategies.
- Implementing mechanisms to monitor and report on research activity within the LHD as required which will include reporting on research collaborations that add value to the LHD.
- Improving research administration by appropriately resourcing the research office (or equivalent) to undertake research ethics and governance functions.
- Implementing mechanisms to monitor and report on the activity of each Human Research Ethics Committee established under an LHD controlled entity, notably, ensuring research applications are reviewed, approved and tracked in accordance with NHMRC certification criteria.
- Establishment of appropriate governance structures for research entities within the LHD.

**Major research facilities and organisations based within the Organisation:**

- Calvary Mater Newcastle controlled entities – responsible to and governed by the Organisation’s Board:
  - Nil
- Affiliated with the Organisation – Universities and other large entities:
  - Australian and New Zealand College of Anaesthetists
  - Australian Catholic University
  - Australian Council on Healthcare Standards (Hospital Accreditation under National Safety and Quality Health Service Standards (NSQHSS))
  - Avondale College
  - Charles Sturt University
  - College of Intensive Care Medicine (Accreditation for Basic Training in Intensive Care Medicine; Accreditation of Advanced Training in Intensive Care Medicine)
  - Deakin University
• Health Education and Training Institute (HETI)
• Hunter Cancer Research Alliance
• Hunter Institute of Technology (TAFE)
• National Association of testing Authorities (NATA / Royal College of Pathologists of Australasia (RCPA) (Accreditation for Laboratories)
• Australian College of Emergency Medicine (Accreditation for Registrars in Emergency and Emergency Medicine)
• Royal Australasian College of Physicians (Accreditation for Basic Registrar Training, Level 3 Teaching Hospital)
• Royal Australasian College of Radiologists (Accreditation of Advanced training in Radiation Oncology)
• Royal Australasian College of Surgeons
• Royal College of Pathologists of Australasia (Clinical Haematology / NATA)
• University of Newcastle
• University of New England
• University of Western Sydney, Macarthur
• University of Western Sydney, Nepean

• Independent Medical Research Institutes within the Organisation, not controlled by the Organisation:
  • ANZ Breast Cancer Trials Group
  • NSW Cancer Institute
  • Hunter Medical Research Institute
  • National Health and Medical Research Centre (NH&MRC)
  • Trans-Tasman Radiation Oncology Group (TROG)

SECTION 8 – Provision of State Wide Support Services

The following Support Organisations provide support services to Districts, Networks and applicable Health Services:

HealthShare NSW

HealthShare NSW is a unit of the Health Administration Corporation providing shared services to the NSW Health system. HealthShare NSW provides corporate services including finance, procurement, logistics, human resources and payroll, linen, meals and other associated services necessary for the day to day operations of public hospitals and other facilities.

eHealth NSW

eHealth NSW is a unit of the Health Administration Corporation providing shared services to the NSW Health system. eHealth NSW undertakes Information Communications Technology (ICT) services on a statewide level.

NSW Health Pathology

NSW Health Pathology provides public pathology services to the NSW Health system and the communities of NSW. NSW Health Pathology provides a range of diagnostic and clinical services to meet the needs of Districts and Networks and is committed to working closely with Districts and Networks to improve the quality, timeliness and value of pathology.
services. The configuration of services and the agreed strategies to enhance service provision are articulated in the Customer Charter of Services developed by the relevant pathology network in consultation with Districts and Networks.

Charges for the support services provided by the Support Organisations are incorporated into this Service Agreement. Details of the charges will be provided annually in a pricing booklet specific to the District or Network, and services will be delivered within the timeframes and standards specified in the Support Organisation's service catalogue.
SCHEDULE C: Budget

HNE LHD will ensure that CMN is included in all funding enhancements and new program funding received by the LHD which is appropriate to CMN’s role.

Calvary Mater Newcastle 2015/16

Initial recurrent base – 1 July 2015 117,680,509

2015/16 Adjustments

2015/2016 leap year funding 350,147
Escalation 2,487,953
Acute Inpatient / ED / OP Growth Note 1 2,470,204
Revenue efficiency increase Note 2 - 102,356
Revenue volume increase on private and compensable components of acute growth Note 3 - 446,096
HETI Online licence cost 43,000
TMF Premium adjustment 92,306

GRAND TOTAL 122,575,667

Note 1. Growth as defined in schedule D is funded at the state price of $4,569 and includes the following:
Plastics
Chemo chairs
Haematology Growth
Mental Health MET Calls

Note 2. Nominal Revenue increase 15/16. Revenue adjustment for 2016/17 to be reviewed in line with changes to car parking on site.

Note 3. Volume increase is calculated by multiplying NWAU by the HNE Price $4,569 multiplied by 0.27. The 0.27 represents the percentage of private patients 23% plus compensable patients 4% for the 2014/15 year.

<table>
<thead>
<tr>
<th>CMN Patient Fees 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
</tr>
<tr>
<td>23%</td>
</tr>
<tr>
<td>Compensable</td>
</tr>
<tr>
<td>4%</td>
</tr>
<tr>
<td>Public</td>
</tr>
<tr>
<td>73%</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>100%</td>
</tr>
</tbody>
</table>
SCHEDULE D: Part A: Service Volumes and Levels

<table>
<thead>
<tr>
<th>Stream</th>
<th>Separations/ Episodes/ Days</th>
<th>NWAU14</th>
<th>NWAU15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute</td>
<td>Separations 15,506 294 15,800</td>
<td>17,575 17,543 336 30 17,909</td>
<td>17,570</td>
</tr>
<tr>
<td>ED</td>
<td>Presentations 34,363 184 34,547</td>
<td>4,582 4,482 117 8 4,607</td>
<td>4,539</td>
</tr>
<tr>
<td>Sub and Non Acute</td>
<td>Separations</td>
<td>1,831 1,670 76 2 1,748</td>
<td>1,603</td>
</tr>
<tr>
<td>Non Admitted</td>
<td>Service Events</td>
<td>8,068 8,207 73 14 8,294</td>
<td>8,252</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>49,869 478 50,347</td>
<td>32,057 31,901 602 54 32,557</td>
</tr>
</tbody>
</table>

Note: 2015/16 target includes leap year adjustment of $350,147 @ $4,569 = 76 NWAU
SCHEDULE E: Performance Measures

KPIs
The performance of Districts, Networks, other Health Services and Support Organisations is assessed in terms of whether it is meeting the performance targets for individual KPIs.

- ✔ Performing: Performance at, or better than, target
- ❮ Underperforming: Performance within a tolerance range
- ✗ Not performing: Performance outside the tolerance threshold

KPIs have been designated into two tiers:
- **Tier 1** - Will generate a performance concern when the organisation’s performance is outside the tolerance threshold for the applicable reporting period.
- **Tier 2** - Will generate a performance concern when the organisation’s performance is outside the tolerance threshold for more than one reporting period.

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

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

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Target</th>
<th>Not Performing</th>
<th>Under Performing</th>
<th>Performing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAFETY AND QUALITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 Staphylococcus aureus bloodstream infections (SA-BSI) (per 10,000 occupied bed days)</td>
<td>&lt; 2</td>
<td>≥ 2.0</td>
<td>N/A</td>
<td>&lt; 2</td>
</tr>
<tr>
<td>Tier 2 Patient Experience Survey following treatment: Overall care received - good and very good (%)</td>
<td>Increase</td>
<td>Decrease from previous Year</td>
<td>No change</td>
<td>Increase from previous Year</td>
</tr>
<tr>
<td>Tier 2 Hospital acquired pressure injuries (rate per 1,000 completed inpatient stays)</td>
<td>Decrease</td>
<td>Increase from previous Year</td>
<td>No change</td>
<td>Decrease from previous Year</td>
</tr>
<tr>
<td><strong>SERVICE ACCESS AND PATIENT FLOW</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 Transfer of Care – Patients transferred from Ambulance to ED &lt; 30 minutes (%)</td>
<td>≥ 90</td>
<td>&lt; 80</td>
<td>≥ 80 and &lt; 90</td>
<td>≥ 90</td>
</tr>
<tr>
<td>Tier 1 Emergency Treatment Performance - Patients with total time in ED &lt;= 4 hrs (%)</td>
<td>≥ 81</td>
<td>&lt; 71</td>
<td>≥ 71 and &lt; 81</td>
<td>≥ 81</td>
</tr>
<tr>
<td>Tier 2 Presentations staying in ED &gt; 24 hours (number)</td>
<td>0</td>
<td>&gt; 5</td>
<td>≥ 1 and ≤ 5</td>
<td>0</td>
</tr>
<tr>
<td>Tier 1 Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 • Category 1</td>
<td>100</td>
<td>&lt; 100</td>
<td>N/A</td>
<td>100</td>
</tr>
<tr>
<td>Tier 1 • Category 2</td>
<td>≥ 97</td>
<td>&lt; 93</td>
<td>≥ 93 and &lt; 97</td>
<td>≥ 97</td>
</tr>
<tr>
<td>Tier 1 • Category 3</td>
<td>≥ 97</td>
<td>&lt; 95</td>
<td>≥ 95 and &lt; 97</td>
<td>≥ 97</td>
</tr>
<tr>
<td>Tier 1 Overdue Elective Surgery Patients (number)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 • Category 1</td>
<td>0</td>
<td>≥ 1</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Tier 1 • Category 2</td>
<td>0</td>
<td>≥ 1</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Tier 1 • Category 3</td>
<td>0</td>
<td>≥ 1</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Tier 2 Mental Health: Presentations staying in ED &gt; 24 hours (number)</td>
<td>0</td>
<td>&gt; 5</td>
<td>≥ 1 and ≤ 5</td>
<td>0</td>
</tr>
<tr>
<td>Tier 2 Non-Urgent Patients waiting &gt; 365 days for an initial specialist outpatient services appointment (Number)</td>
<td>0</td>
<td>Increase from previous Year</td>
<td>Decrease from previous Year</td>
<td>0</td>
</tr>
<tr>
<td>Key Performance Indicator</td>
<td>Target</td>
<td>Not Performing</td>
<td>Under Performing</td>
<td>Performing</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>FINANCE AND ACTIVITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Variation against purchased volume (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 Acute Inpatient Services (NWAU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Schedule D</td>
<td></td>
<td>See Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; +/- 2.0 variation from target</td>
<td></td>
<td>+/- 1.0 -2.0 variation from target</td>
<td>+/- 1.0 variation from target</td>
<td></td>
</tr>
<tr>
<td>Tier 1 Emergency Department Services (NWAU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Schedule D</td>
<td></td>
<td>See Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; +/- 2.0 variation from target</td>
<td></td>
<td>+/- 1.0 -2.0 variation from target</td>
<td>+/- 1.0 variation from target</td>
<td></td>
</tr>
<tr>
<td>Tier 1 Sub and Non Acute Inpatient Services (NWAU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Schedule D</td>
<td></td>
<td>See Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; +/- 2.0 variation from target</td>
<td></td>
<td>+/- 1.0 -2.0 variation from target</td>
<td>+/- 1.0 variation from target</td>
<td></td>
</tr>
<tr>
<td>Tier 1 Non Admitted Patient Services – Tier 2 Clinics (NWAU)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Schedule D</td>
<td></td>
<td>See Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; +/- 2.0 variation from target</td>
<td></td>
<td>+/- 1.0 -2.0 variation from target</td>
<td>+/- 1.0 variation from target</td>
<td></td>
</tr>
<tr>
<td><strong>Expenditure matched to budget (General Fund):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 a) Year to date - General Fund (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On budget or Favourable</td>
<td></td>
<td>&gt; 0.5 Unfavourable</td>
<td>&gt; 0 but ≤ 0.5 Unfavourable</td>
<td>On budget or Favourable</td>
</tr>
<tr>
<td>Tier 1 b) June projection - General Fund (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On budget or Favourable</td>
<td></td>
<td>&gt; 0.5 Unfavourable</td>
<td>&gt; 0 but ≤ 0.5 Unfavourable</td>
<td>On budget or Favourable</td>
</tr>
<tr>
<td><strong>Own Source Revenue Matched to budget (General Fund):</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 a) Year to date - General Fund (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On budget or Favourable</td>
<td></td>
<td>&gt; 0.5 Unfavourable</td>
<td>&gt; 0 but ≤ 0.5 Unfavourable</td>
<td>On budget or Favourable</td>
</tr>
<tr>
<td>Tier 1 b) June projection - General Fund (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On budget or Favourable</td>
<td></td>
<td>&gt; 0.5 Unfavourable</td>
<td>&gt; 0 but ≤ 0.5 Unfavourable</td>
<td>On budget or Favourable</td>
</tr>
<tr>
<td><strong>Liquidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 Recurrent Trade Creditors &gt; 45 days correct and ready for payment ($)</td>
<td>0</td>
<td>&gt; 0</td>
<td>N/A</td>
<td>0</td>
</tr>
<tr>
<td>Tier 1 Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%)</td>
<td>100</td>
<td>&lt; 100</td>
<td>N/A</td>
<td>100</td>
</tr>
<tr>
<td><strong>PEOPLE AND CULTURE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2 Staff who have had a performance review (%)</td>
<td>100</td>
<td>&lt; 85</td>
<td>≥ 85 and &lt; 90</td>
<td>≥ 90</td>
</tr>
</tbody>
</table>
## SERVICE MEASURES

### SAFETY AND QUALITY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deteriorating Patients (rate per 1,000 separations)</td>
<td>- Rapid response calls</td>
</tr>
<tr>
<td></td>
<td>- Cardio respiratory arrests</td>
</tr>
<tr>
<td>Unplanned hospital readmission rates (%) for patients discharged</td>
<td>following management of:</td>
</tr>
<tr>
<td></td>
<td>- Acute Myocardial Infarction</td>
</tr>
<tr>
<td></td>
<td>- Heart Failure</td>
</tr>
<tr>
<td>ICU Central Line Associated Bloodstream (CLAB) Infections (number)</td>
<td></td>
</tr>
<tr>
<td>Incorrect procedures: Operating Theatre - resulting in death or major</td>
<td>loss of function (number)</td>
</tr>
<tr>
<td>Hospital acquired venous thromboembolism (rate per 1,000 separations)</td>
<td></td>
</tr>
<tr>
<td>Inpatients who were discharged against medical advice (%)</td>
<td>- Aboriginal</td>
</tr>
<tr>
<td></td>
<td>- Non-Aboriginal</td>
</tr>
<tr>
<td>Patient Experience Survey – Emergency Department Patients: Overall rating</td>
<td>care - good and very good (%)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SERVICE ACCESS AND PATIENT FLOW

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with total time in ED &lt;= 4 hrs (%)</td>
<td>- Admitted (to a ward/ICU/theatre from ED)</td>
</tr>
<tr>
<td></td>
<td>- Not Admitted (to an Inpatient Unit from ED)</td>
</tr>
<tr>
<td></td>
<td>- Mental Health Patients (admitted to a ward from ED)</td>
</tr>
<tr>
<td>ED attendances treated within benchmark times (%)</td>
<td>- Triage 1</td>
</tr>
<tr>
<td></td>
<td>- Triage 2</td>
</tr>
<tr>
<td></td>
<td>- Triage 3</td>
</tr>
<tr>
<td></td>
<td>- Triage 4</td>
</tr>
<tr>
<td></td>
<td>- Triage 5</td>
</tr>
<tr>
<td>Elective Surgery: Activity compared to previous year (Number)</td>
<td></td>
</tr>
<tr>
<td>Elective Surgery Theatre Utilisation: Operating Room Occupancy (%)</td>
<td></td>
</tr>
<tr>
<td>Average Length of Episode Stay - Overnight Patients (days)</td>
<td></td>
</tr>
<tr>
<td>Acute to Aged-Related Care Services patients seen (number)</td>
<td></td>
</tr>
<tr>
<td>Aged Care Services in Emergency Teams patients seen (number)</td>
<td></td>
</tr>
</tbody>
</table>

### INTEGRATED CARE

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unplanned hospital readmissions: all admissions within 28 days of</td>
<td>separation (%)</td>
</tr>
<tr>
<td></td>
<td>- All persons</td>
</tr>
<tr>
<td></td>
<td>- Aboriginal persons</td>
</tr>
<tr>
<td></td>
<td>- ABF hospitals (rate in NWAU)</td>
</tr>
<tr>
<td>Unplanned and Emergency Re-Presentations to same ED within 48 hours (%)</td>
<td>- All persons</td>
</tr>
<tr>
<td></td>
<td>- Aboriginal persons</td>
</tr>
<tr>
<td></td>
<td>- ABF hospitals (rate in NWAU)</td>
</tr>
<tr>
<td>Potentially Preventable Hospitalisations (Rate per 100,000 population)</td>
<td></td>
</tr>
<tr>
<td>Discharge Summaries: Number and percentage electronically delivered to</td>
<td>patient’s General Practitioner</td>
</tr>
<tr>
<td></td>
<td>(Number and %)</td>
</tr>
</tbody>
</table>

### FINANCE AND ACTIVITY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist Outpatient Services (Service events)</td>
<td>- Initial</td>
</tr>
<tr>
<td></td>
<td>- Subsequent</td>
</tr>
<tr>
<td>Patient Fee Debtors &gt; 45 days as a percentage of rolling prior 12 months</td>
<td>Patient Fee Revenues (%)</td>
</tr>
<tr>
<td></td>
<td>Coding timeliness: % uncoded acute separations</td>
</tr>
</tbody>
</table>
ED records unable to be grouped:
- to URG with a breakdown for error codes: E1, E2, E3, E6, E7 and E8 (number and %)
- to UDG with a breakdown for error codes: E1 and E2 (number and %)

NAP data completeness:
- Patient Level (%)

Sub and Non Acute Inpatient Services - Grouped to an AN-SNAP class (%)

### PEOPLE AND CULTURE

**Workplace Injuries:**
- Claims (rate per 100 FTEs)
- Return to work experience - Continuous Average Duration (days)

**Premium staff usage - average paid hours per FTE (Hours):**
- Medical
- Nursing

**Reduction in the number of employees with accrued annual leave balances of more than 30 days (Number)**

**Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)**

**Aboriginal Workforce as a proportion of total workforce (%)**
SCHEDULE F: Governance Requirements

Context for Affiliated Health Organisation Governance Requirements

The Service Agreement operates within the NSW Health Performance Framework and in the context of the NSW Health Funding Reform, Purchasing Framework and NSW Activity Based Funding and Small Hospitals Operational Specifications. Although Service Agreements and Compacts do not specify every responsibility of NSW Health organisations, this does not diminish other applicable duties, obligations or accountabilities, or the effects of NSW Health policies, plans, circulars, inter-agency agreements, Ministerial directives or other instruments.

The Boards of Districts, Networks, other applicable Health Services and Support Organisations are responsible for having governance structures and processes in place to fulfill statutory obligations and to ensure good corporate and clinical governance, as outlined in relevant legislation, NSW Health policy directives and policy and procedure manuals. Districts, Networks, other applicable Health Services and Support Organisations are also part of the NSW Public Sector and its governance and accountability framework, and must have effective governance and risk management processes in place to ensure compliance with this wider public sector framework.

This Schedule also outlines any specific governance requirements relating to the Organisation to ensure effective operation of this Agreement.

Clinical Governance

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

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

- Consumer centred
- Driven by information
- Organised for safety

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


Corporate Governance

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

The Corporate Governance and Accountability Compendium can be found at:

Corporate Governance Compliance

In accordance with the Compendium, compliance must be demonstrated as a minimum through:

- Due 31 August each year a completed Corporate Governance Attestation Statement for the financial year (PD2010_039).
- Due 14 July each year a completed Internal Audit and Risk Management Attestation Statement for the financial year (PD2010_039).
- Due Quarterly (financial year) the entity Risk Management Register for the top 10 risks identified by the Local Health District or Specialty Network, which should include risks with a consequence or impact rating of extreme or of significant strategic risk (PD2010_039).
- Ongoing review and update to ensure currency of the entity Delegations Manual.
- Ensure recommendations made by the Auditor-General arising from Financial Audits and Performance Audits are actioned in a timely manner and no repeat issues arise in the next audit.

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

Capacity Assessment Project

In 2014/15 NSW Health assessed the operational level of development, organisational capacity and maturity across NSW Health services under the following domains:

- Quality and Safety
- People and Culture
- Governance and Leadership
- Finance

In 2015/16, Districts and Networks, as well as the Ministry and Pillars, will determine a plan of action to further develop system capacity and maturity in the areas identified for improvement under the Capacity Assessment Project. A Leading Practice compendium will also be released, sharing learnings and good practice across the system.

Governance Requirements for Affiliated Health Organisations

Affiliated Health Organisations are to have appropriate corporate and clinical governance arrangements in place to fulfil their statutory obligations and ensure good corporate and clinical governance, as outlined in relevant legislation, applicable NSW Health policy directives and policy and procedure manuals.

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

Specific governance requirements relating to the Organisation to ensure effective operation of this Agreement are as follows:

Calvary Mater Newcastle reports to the following organisations to meet their governance requirements:
- Little Company of Mary Health Care National Board
- Hunter New England Local Health District in regard to activity, KPI, clinical indicators, policy compliance, etc.
SCHEDULE G: Other Agreements

Public Private Partnership Agreement.