

2019-20 SERVICE AGREEMENT

AN AGREEMENT BETWEEN:

**Hunter New England
Local Health District**

AND THE

Calvary Mater Newcastle

FOR THE PERIOD

1 July 2019 – 30 June 2020



Health



NSW Health Service Agreement – 2019-20

Principal Purpose

Service Agreements support partnerships between Local Health Districts and Affiliated Health Organisations. The principal purpose of this Service Agreement is to set out the service and performance expectations for the funding and other support provided to Calvary Mater Newcastle Affiliated Health Organisation (AHO) (the Organisation) to ensure the provision of equitable, safe, high quality, patient-centred healthcare in respect of its services recognised under the Health Services Act 1997 supported by the District.

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

The Agreement recognises and respects the health care philosophy of the AHO. The Agreement may operate within the context of a Memorandum of Understanding or other agreement.

Calvary Mater Newcastle AHO 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 AHO outlined in this Agreement.

Parties to the Agreement

Affiliated Health Organisation

Mr John Watkins

Chair

On behalf of the, Little Company of Mary Health Care Board

Date:

31.10.19

Signed:

John Watkins

Matthew Hanrahan

Deputy NCEO

On behalf of the, Little Company of Mary Health Care

Date:

2/10/19

Signed:

M. Hanrahan

Mr Mark Jeffrey

General Manager

On behalf of the, Calvary Mater Newcastle AHO

Date:

23/8/19

Signed:

Mark Jeffrey

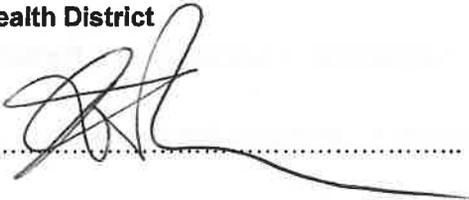
Local Health District
Associate Professor Lyn Fragar
Chair
On behalf of the, Hunter New England Local Health District Board

Date: 22/11/19

Signed: 

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

Date: 15/11/19

Signed: 

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1. Objectives of the Service Agreement

As part of the Public Health Service, Affiliated Health Organisations provide a valued range of services, and support the Districts and Networks in delivering their service obligations:

- To give effect to the partnership between Calvary Mater Newcastle AHO and Hunter New England Local Health District by clearly setting out the service delivery and performance expectations for the funding and other support provided to the Organisation.
- To enable Calvary Mater Newcastle AHO to contribute to Hunter New England Local Health District'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, taking into account the particular needs of their diverse communities.
- To articulate responsibilities and accountabilities across all NSW Health entities for the delivery of the priorities of the NSW Government and NSW Health.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and AHOs include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.

2. CORE Values

Achieving the goals, directions and strategies for NSW Health requires clear, 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. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

These CORE values do not replace but work in conjunction with the Calvary Mater Newcastle's particular mission and values:

- Hospitality
- Healing
- Stewardship
- Respect

3. Culture, Community and Workforce Engagement

Affiliated Health Organisations are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services where applicable. Impact Statements, including Aboriginal Health Impact Statements, are to be considered, and where relevant, incorporated into health policies. Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to the achievement of local priorities.

4. Legislation, Governance and Performance Framework

4.1 Legislation

4.1.1 Preamble

The Health Services Act 1997 (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 and Affiliated Health Organisations in respect of their recognised services and recognises establishments (s.6). The Act defines Local Health Districts and Affiliated Health Organisations as public health organisations (s.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 Affiliated Health Organisations 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 (s.13).

4.1.2 Local Health Districts

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.

4.1.3 Service Agreements between Local Health Districts and Affiliated Health Organisations

This Service Agreement constitutes the performance agreement under section 130 of the Act. Section 130 provides for Local Health Districts exercising the delegated function of determining subsidies for Affiliated Health Organisations to enter into performance agreements with Affiliated Health Organisations 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.

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.

4.1.3 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.

4.2 Variation of the Agreement and Dispute Resolution

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 in the course of the year.

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 endeavour to settle the dispute within a reasonable timeframe, firstly by negotiation, between the General Manager, Calvary Mater Newcastle, and Executive Director – Greater Metropolitan Health Services, HNE Health; secondly, by negotiation with the Deputy National CEO, Little Company of Mary Health Care and Chief Executive, HNE Health; then thirdly, by negotiation between Board Chairpersons. If mediation is required, this is 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 party shall continue to perform its obligations under this Agreement during the dispute resolution process to the fullest extent possible.

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. That Agreement maintains activity based funding and the national efficient price. There is a focus on improved patient safety, quality of services and reduced unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions.

See <http://www.coag.gov.au/agreements>

4.4 Governance

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

Districts and Networks are to ensure:

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

4.4.1 Clinical Governance

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

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

The Australian Safety and Quality Framework for Health Care provides a set of guiding principles that can assist Health Services with their clinical governance obligations.

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

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

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

4.4.2 Corporate Governance

Districts and Networks must ensure services are delivered in a manner consistent with the NSW Health Corporate Governance and Accountability Compendium (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, they are to:

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

4.4.3 Procurement Governance

Affiliated Health Organisations will develop procurement capabilities and participate in whole of Health and Government procurement programs. This includes the NSW Health Procurement Policy, in conjunction with procedures detailed in the NSW Health Goods and Services Procurement Policy Directive (PD2018_030). These documents detail the requirements of all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

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

4.4.4 Safety and Quality Accounts

Districts and Networks will complete a Safety and Quality Account to document achievements, and affirm an ongoing commitment to improving and integrating safety and quality into their functions. The Account provides information about the safety and quality of care delivered by the Districts and Networks, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.

The Account must also demonstrate how the Organisation meets Standard 1. Clinical Governance, of the National Safety and Quality Health Service Standards, which describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients. Standard 1 ensures that frontline clinicians, managers and members of governing bodies, such as boards, are accountable to patients and the community for assuring the

delivery of health services that are safe, effective, integrated, high quality and continuously improving.

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

4.4.5 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.

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 requirement:
 - Little Company of Mary Health Care National Board
 - Hunter New England Local Health District in regard to activity, KPI, clinical indicators, policy compliance, etc.

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

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

Performance concerns will be raised with Districts and Networks for focused discussion at performance review meetings in line with the NSW Health Performance Framework available at: <http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>

Schedule A: Strategies and Priorities

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

NSW Government Priorities

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

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

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

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

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

Election Commitments

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

Minister's Priority

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

NSW State Health Plan: Towards 2021

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time. See

<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

NSW Health Strategic Priorities 2019-20

Value based healthcare

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

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

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

Improving patient experience

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

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

NSW HEALTH STRATEGIC PRIORITIES FY2019-20

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

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

Local Priorities

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

Districts and Networks are responsible for developing the following Plans with Board oversight:

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

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

Affiliated Health Organisations also have particular priorities. Relevant priorities of the Organisation for 2019-20 are as follows:

A Focus on Quality and Safety

1. Maintain hospital accreditations.
2. Maintain a sustainable clinical quality and safety programme.
3. Achieve a 5% reduction in quality and safety KPI focus areas per 1,000 bed days.
4. Improve timeliness of clinical incident investigations.
5. Improve staff engagement.
6. Improve patient experience.
7. Closing the Gap for ATSI patients.

Care of our People and our Working Environments

1. Achieve 90% completion of mandatory training and performance reviews for staff.
2. Leave Management Strategy to reduce excessive leave accumulation.
3. Improve JMO wellbeing and reduce fatigue.
4. Ongoing management of workplace injuries that sees a 5% reduction in LTIFR.
5. Implementation of an ATSI/CALD workforce strategy.
6. Position Calvary Mater Newcastle to be the employer of choice.
7. Nurse recruitment strategy to reduce agency usage by 65%.
8. Improve Emergency Management Plan (EMP).
9. Maintain focus on base establishment, capability and staff engagement.
10. Achieve Calvary Mission Accountability Framework (MAF).

Partnering and Planning for the Present and the Future

1. Better funding outcomes – HNELHD Service Agreement.
2. Create opportunities for further University of Newcastle partnerships.
3. Calvary Mater Newcastle to work with HNELHD in the development of the new capital works programme.
4. Increase the number of clinical trials with external partners.
5. Achieve the goals of the Calvary Mater Newcastle Translational Research Strategic Plan.
6. Focus on engagement with ATSI/CALD communities.
7. Implement CEC Last Days of Life Toolkit.

Caring for our Resources

1. Meet AS4187 requirement/timeframes.
2. Complete facility upgrades/maintenance and equipment replacement.
3. Improve theatre utilisation.
4. Improve ICT service.
5. Achieve budget rectification plan.
6. Reduce hospital environment footprint.
7. Partner with Calvary.

Schedule B: Services and Networks

Services Planning

Affiliated Health Organisations and Districts are to engage in short, medium and long term planning processes relevant to the Organisation, including consideration of any capital and procurement strategy implications.

Networks and Services Provided to Other Organisations

Affiliated Health Organisations are 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.

Districts responsibilities towards AHOs

Districts should consider providing AHOs with access to the following on the same basis as other facilities within the District:

- Continuity of (non-inpatient) acute care services
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport)
- Mental Health/Psychiatric Liaison Services
- Training programs, particularly mandatory training, run by the Health Education and Training Institute
- eMR, ROB, IIMS II (RiskMan), MedChart, eRIC and other NSW Health systems conducive to the fulfilment of the AHO's service, quality and safety and clinical training obligations.
- NSW support programs offered by the ACI and CEC, (e.g. the ACI clinical redesign school)

Additionally Districts are to consider

- Agreed and clearly articulated Information Management support for IT hardware, software and systems support and integration
- Engagement and participation of AHO CEOs in District senior leadership committees

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
Medical Oncology	Northern New South Wales Mid North Coast Central Coast
Haematology	Northern New South Wales Mid North Coast Central Coast
Toxicology	Northern New South Wales Mid North Coast
Radiation Therapy	Northern New South Wales Mid North Coast

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
Nil	Nil

Cross District Referral Networks

Districts, Networks and Affiliated Health Organisations 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) - (PD2018_011)
- Interfacility Transfer Process for Adult Patients Requiring Specialist Care - (PD2011_031)
- Critical Care Tertiary Referral Networks (Paediatrics) - (PD2010_030)
- Children and Adolescents - Inter-Facility Transfers –(PD2010_031)
- Critical Care Tertiary Referral Networks (Perinatal) – (PD2010_069)
- NSW State Spinal Cord Injury Referral Network - (PD2018_011)
- NSW Major Trauma Referral Networks (Adults) - (PD2018_011)
- Children and Adolescents with Mental Health Problems Requiring Inpatient Care - (PD2011_016)

Roles and responsibilities for Mental Health Intensive Care Units (MHICU), including standardisation of referral and clinical handover procedures and pathways, the role of the primary referral centre in securing a MHICU bed, and the standardisation of escalation processes will continue to be a focus for NSW Health in 2019-20.

Calvary Mater Newcastle is the principal referral hospital for Medical Oncology, Radiation Oncology, Haematology, Toxicology 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 Memorandum of Understanding
- Improve patient throughput and reduce waiting times for chemotherapy treatment, particularly in the Greater Metropolitan catchment area.

The Calvary Mater Newcastle will participate actively in Hunter New England Clinical Networks and Streams (as appropriate).

Schedule C: Budget

Hunter New England Local Health District will ensure that Calvary Mater Newcastle is included in all funding enhancements and new program funding received by the Local Health District which is appropriate to Calvary Mater Newcastle's role.

	<u>2019-20</u>
Initial recurrent base - 1 July 2019	\$139,667,875
<u>2019-20 Adjustments</u>	
Escalation	\$3,354,978
NWAU growth (570 NWAU18)	\$2,161,583
Leap Year (89.3 NWAU18) (non-recurrent)	\$938,643
Efficiency Dividends	-\$521,284
Procurement Savings	-\$243,913
	<u>\$144,757,882</u>
Notes:	
- NWAU Growth has been funded at \$3,792 (77% of State Price \$4,925)	
- TMF Premium adjustment W/Comp of \$32,630 will be allocated when MoH process budget adjustment.	
- <i>There will be no additional funding in 2019/20 for any activity that is above the agreed targets summarised in Schedule D.</i>	

Schedule D: Purchased Volumes

2019/20 NWAU Targets

Stream	Target 2018/19	Funded in 2018/19	Total Funded 2018/19	Alcohol & Other Drugs	Leap Year	Growth	Target 2019/20	2019/20 Leap Year + Growth \$
Acute Admitted	17,527	195	17,722	-34	49	170	17,908	\$830,497
Emergency Department	5,040		5,040		15	350	5,405	\$1,384,171
Non Admitted	8,038		8,038	-155	22	50	7,955	\$273,042
Sub and Non Acute	1,223		1,223		3		1,227	\$12,514
AOD_ Admitted				34			34	\$0
AOD_ Non Admitted				155			155	\$0
	31,829	195	32,024	0	89	570	32,683	\$2,500,225

Notes:

- The above NWAU figures are all in NWAU18. Targets will be converted into NWAU19 when the HIE is updated with NWAU19.
- Alcohol and Other Drugs (AOD) are new ABF Programs from 2019/20. Targets have been realigned from Acute Admitted and Non Admitted into the new AOD programs.
- Leap Year and Growth NWAU have been funded at \$3,792 (77% of State Price \$4,925)

Schedule E: Performance against Strategies and Objectives

Key Performance Indicators

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

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

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

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

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Outcome Budgeting

Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2019-20 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by the Organisation.

A. Key Performance Indicators

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
Strategy 2: Provide World-Class Clinical Care Where Patient Safety is First						
2.1	Safety	Fall-related injuries in hospital – Resulting in fracture or intracranial injury (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired venous thromboembolism (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired pressure injuries (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Healthcare associated infections (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired medication complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired respiratory complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired renal failure (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired gastrointestinal bleeding (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired cardiac complications (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired delirium (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired malnutrition (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
		Hospital acquired persistent incontinence (Rate per 10,000 episodes of care)	Individual - See Data Supplement			
				Discharged against medical advice for Aboriginal in-patients (%)	Individual – See Data Supplement	Increase on previous year
2.1	Effectiveness	Unplanned Hospital Readmissions – All unplanned admissions within 28 days of separation (%):				
		• All persons	Decrease from previous Year	Increase on previous year	No change	Decrease from previous Year
		• Aboriginal persons	Decrease from previous Year	Increase on previous year	No change	Decrease from previous Year
2.3	Patient Centred Culture	Overall Patient Experience Index (Number)				
		• Adult admitted patients	≥8.5	<8.2	≥8.2 and <8.5	≥8.5
		• Emergency department	≥8.5	<8.2	≥8.2 and <8.5	≥8.5
		Patient Engagement Index (Number)				
		• Adult admitted patients	≥8.5	<8.2	≥8.2 and <8.5	≥8.5
		• Emergency department	≥8.5	<8.2	≥8.2 and <8.5	≥8.5

Strategic Priority	Safety & Quality Framework Domain	Measure	Target	Not Performing X	Under Performing ↘	Performing ✓
2.4	Timeliness & Accessibility	Elective Surgery:				
		• Access Performance - Patients treated on time (%):				
		• Category 1	100	<100	N/A	100
		• Category 2	≥97	<93	≥93 and <97	≥97
		• Category 3	≥97	<95	≥95 and <97	≥97
		• Overdue - Patients (Number):				
		• Category 1	0	≥1	N/A	0
		• Category 2	0	≥1	N/A	0
		• Category 3	0	≥1	N/A	0
		Emergency Department:				
• Emergency treatment performance - Patients with total time in ED ≤ 4 hrs (%)						
		≥75	<66	≥66 and <75	≥75	
• 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						
3.6	Patient Centred Culture	Electronic Discharge Summaries Completed - Sent electronically to State Clinical Repository (%)	Increase on previous month	Decrease from previous month	No change	Increase on previous month
Strategy 4: Develop and Support Our People and Culture						
4.4	Equity	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	1.8	Decrease from previous Year	No change	Increase on previous Year
4.6	Safety	Compensable Workplace Injury - Claims (Number)	≥10% Decrease	Increase	≥0 and <10% Decrease	≥10% Decrease
Strategy 5: Support and Harness Health and Medical Research and Innovation						
5.4	Research	Ethics Application Approvals - By the Human Research Ethics Committee within 45 calendar days - Involving more than low risk to participants (%)	≥95	<75	≥75 and <95	≥95
		Research Governance Application Authorisations – Site specific within 15 calendar days - Involving more than low risk to participants - (%)	≥95	<75	≥75 and <95	≥95
Strategy 6: Enable eHealth, Health Information and Data Analytics						
6.2	Efficiency	See under 3.6 - Electronic Discharge Summaries				
Strategy 8: Build Financial Sustainability and Robust Governance						
8.1	Finance	Purchased Activity Volumes - Variance (%):				
		• Acute admitted – NWAU	Individual - See Budget	> +/-2.0	> +/-1.0 and ≤ +/-2.0	≤ +/-1.0
		• Emergency department – NWAU				
		• Non-admitted patients – NWAU				
		• Sub-acute services - Admitted – NWAU				
	• Alcohol and other drug related Admitted (NWAU)	See Purchased Volumes	> +/-2.0	> +/-1.0 and ≤ +/-2.0	≤ +/-1.0	
	• Alcohol and other drug related Non Admitted (NWAU)					
Efficiency	Cost Ratio Performance - Cost per NWAU compared to state average - (%)	Average District Cost less than the State Price	Average District Cost greater than or equal to 1% of the State Price	Average District Cost greater than but within 1% of the State Price	Average District Cost less than the State Price	

Schedule F: Other Relevant Agreements

Public Private Partnership Agreement