

# 2022-23 Budget Presentation

**Presented by:**

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Chief Executive

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A/ Executive Director of Finance





## Acknowledgement of Country

**Artwork:**

**Ngurang Dali Mana Burudi — a place to get better**

The map was created by our Aboriginal Health staff telling the story of a cultural pathway for our community to gain better access to healthcare.

Artwork by Aboriginal artist Lee Hampton utilising our story.





# Overview



- 10 years Sydney Local Health District
- COVID-19 Response
- Summary of 2021-22 Performance and Achievements
- Overview of 2022-23 Service Agreement
- 2022-23 Service Level Agreement
- Strategies and Priorities
- Service Level Agreement Key Performance Indicators
- Budget Principles
- 2022-23 Budget Allocation from Ministry of Health
- Hospital and Service Budgets
- Next steps

# 10 years Sydney Local Health District



# Highlights and Achievements

## 10 years Sydney Local Health District

“Sydney Local Health District’s first Strategic Plan (2012-2017) put staff, consumers and the community at the centre of decision making about services and care. Today, I am incredibly proud to say that has been at the heart of everything we have done for the past decade.”

Dr Teresa Anderson AM, Chief Executive

- Sydney Local Health District was formed as a legal entity on 1 July 2011 (health reform)
- Today 16,000 staff care for more than 700,000 people who live in our District borders + the 1 million people who come into the District each day to study, work and visit
- Thanked former Board Members, welcomed new Chair and Board Members

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# Reflecting on some of the highlights – 10 years Sydney Local Health District



- Launched the Strategic Plan – first plan of its kind for a local health district in NSW
- First Aboriginal Social Determinants of Health Forum held at the Charles Perkins Centre by the Metropolitan Local Aboriginal Health Partnership
- Launched the District's Patient and Family Centred Care Program
- Launched the Sydney Local Health District Diversity Hub, appointing cultural support workers from communities across the District to help culturally and linguistically diverse patients and their families navigate healthcare



# 10 years Sydney Local Health District



- Sydney is home to the largest graduate health management program in NSW, growing health leaders of the future
- First Local Health District to implement the Electronic Medication Management System eMeds for patients across all acute facilities including mobile technology for Sydney District Nursing staff in the community
- Our workplace giving program raised \$1 million in 10 years building a maternity hospital in Ethiopia
- Launched **rpavirtual** as the first Virtual Hospital in Australia

# 10 years Sydney Local Health District



- Established Sydney Research with 27 key partners
- Sydney Health Partners named one of just four Advanced Health and Research Translation Centres in Australia
- Established the Clinical Research Centre – on a typical day there are more than 600 active clinical trials in around 80 departments
- Launched the Pitch and grew the Sydney Innovation and Research Symposium to celebrate connection, collaboration and dreaming big for the future
- Responded to the COVID-19 global pandemic with staff from right across the District on the frontline



# COVID-19 Response 2021-22

# COVID-19 Response Vaccination Program



- Sydney Local Health District has provided over 1.6 million vaccinations between Feb 2021-Jul 2022 - (32% of the 5,061,876 vaccinations provided by NSW Health)
- More than 1.1m vaccinations provided at 100+ sites in past financial year
- Record vaccination day - 27 August 2021 with 17,439 vaccinations
- Vaccination clinics: RPA Hospital (Mallett Street) - 114,626 vaccinations; Sydney International Airport - 27,113 vaccinations; Koori Clinic at Redfern - 15,812 vaccinations; Canterbury Hospital Clinic - 19,246 vaccinations; NSW Health Vaccination Centre - Sydney Olympic Park - 830,901 vaccinations
- 364 hospital clinics for inpatients and staff



# Highlights and Achievements – COVID-19



- 167 social housing/vulnerable population clinics
- 150 special paediatric vaccination clinics (vaccines for 17,000 + 5-11 year old children) in partnership with Community Health
- 220 special vaccination clinics at ports and quarantine facilities
- 456 community based vaccination clinics including - tailored clinics for high risk essential services such as distribution facilities (eg. midnight clinic at Flemington Markets), vaccination clinics delivered in partnership with community (eg. Lebanese Muslim Association, Community Day with AMS Redfern)

# COVID-19 Response



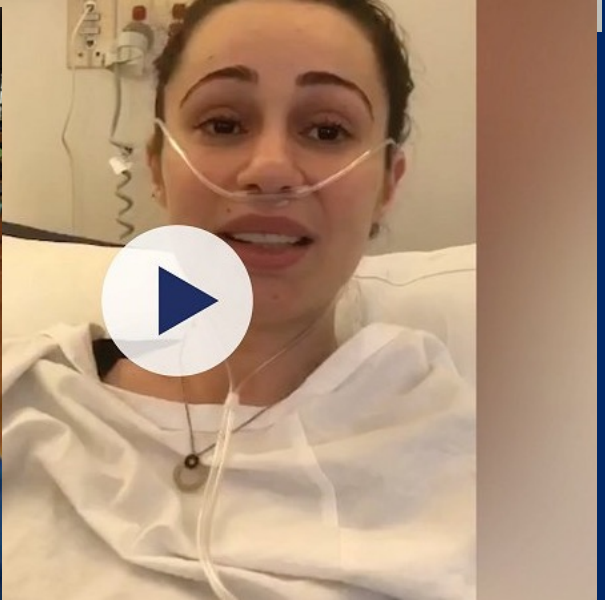
- Public COVID-19 Testing Clinics at: Redfern Health Centre; RPA Hospital; Concord Hospital; Canterbury Hospital; Roselands Shopping Centre (transitioned to private pathology); Eddy Avenue (transitioned to private pathology); Rozelle (transitioned to private pathology); Special Rapid Testing Clinics established in conjunction with NSW Pathology and SLHD Public Health Unit at Lakemba and Ashfield
- Flying Squad and Outbreak Management Teams continued to support RACF and community outbreaks with testing and vaccination
- Screening, surveillance and testing at Sydney Domestic and International Airports

# COVID-19 response



- District's Hospitals continued to support pandemic response - caring for and managing patients with COVID-19
- District's Emergency Departments (ED) enhanced model of care to support the COVID-19 response, establishing enhanced triaging outside the Department to minimise exposure and potential infection of staff and patients in the waiting area
- Special Health Accommodation – cared for 23,000 people in Quarantine (2020-2022)
- Implemented Australian-first COVID-19 vaccine closed loop medication system, to ensure the safe storage and preparation of the thousands of COVID-19 vaccines that are administered by the District every day.
- Established new District Long COVID-Clinic (collaboration of services district wide)
- Developed the Aboriginal Cultural Response Team to support COVID-19 Aboriginal Outbreak Management for SLHD in partnership with AMS Redfern and Metropolitan Local Aboriginal Land Council.
- Establishment of the Canterbury Community Leaders Forum. Consultations held between the Chief Executive and community leaders in the Canterbury area were critical to gather essential insights and establish accessible, community-trusted settings for COVID-19 vaccination clinics
- Won the Premier's Award for Putting Customer at the Centre – NSW Health Vaccination Centre Olympic Park







# Highlights and Achievements

# Highlights and Achievements

## Celebrating our people



- The Pitch Innovation Series – More than 1.6 million dollars has now been invested in the ideas of our staff to make change in their workplace
- People Matter Employee Survey - 39 per cent of our 16,000 staff took part - Engagement (68%) and Culture Index (64%) were the highest results recorded in NSW Health.
- Celebrated the ideas and innovative work of our staff during first Innovation Week since 2019 – 5 days of events; People Matter Day, Patient and Family Experience Symposium, Women's Leadership Breakfast, Two Day - Sydney Innovation and Research Symposium – Care in our Community Forum, Clinical Trials Showcase, Big Idea, Symposium (800+ registered to attend in person – 800+ joined virtually).



# Highlights – Achievements



- The Performance and Talent (PAT) system was over the year rolled out to all facilities and services, to replace paper based performance reviews.
- The Flexible Working in Sydney Local Health District Guideline was finalised and has seen a significant number of staff utilise this provision
- District becoming the first employer in Australia to achieve level two accreditation as a carer-friendly organisation.
- Enhanced support for employees living with a disability
- Launched new Social Media Steering Committee to support engagement via social in the District – and launched District LinkedIn platform LinkedIn to help support recruitment efforts
- Transitioned to the iExpenses Employee Reimbursements payment processing platform

# Highlights – Achievements

- Officially Opened Concord Hospital's new Clinical Services Building – Since September 2021, Concord Hospital facilitated 1,642 patient episodes in the new Rusty Priest Building Redevelopment \* (*Video fast tracked opening*)
- Finalised the construction of the Concord Hospital \$341.2 million Rusty Priest Building Redevelopment, providing inpatient Aged Care, Psychogeriatric, Rehabilitation and Oncology services
- Concord Hospital's National Centre for Veterans' Healthcare (NCVH) supported the health and wellbeing of over 193 Veterans and their families
- Formally opened Fussell House, a 19 room residential accommodation facility for Veterans and their families while being cared for at the National Centre for Veterans' Healthcare
- Celebrated 80 years Concord Hospital.



# Highlights – Achievements



- Continued enabling and early works continued for the \$750 m Redevelopment of RPA – the biggest transformation in the 140 year history of the hospital
- More than \$140m in funding announced over four years for state-of-the-art Sydney Biomedical Accelerator
- Continued to progress the establishment of the Camperdown Health Education and Research Precinct (CHERP)
- Commenced construction for RPA HealthOne
- Celebrated two years of RPA Virtual Hospital (first Virtual Hospital in Australia) – providing virtual care to almost 60,000 patients (February 2020-July 2022)



# Highlights – Achievements

- Launched new Aboriginal Cultural Garden at Canterbury Hospital
- A new and innovative Virtual Rehabilitation Service 'vRehab' was launched
- 60,413 contacts were made with Tresillian in the last financial year with many new parents experiencing mental health and anxiety related issues due to the impact of COVID-19
- Turned the sod and commenced construction on the \$16.4m redevelopment of at Tresillian Wollstonecraft
- Launched 13 new Tresillian facilities in regional NSW



# Highlights and Achievements



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- Capital Engineering and Infrastructure team involved in more than 40 works projects across the district from \$15k to \$9.9 million.
- Highlights include – Parent and Baby Unit – Naamuru (launched by the Premier and Minister this year), Stage Two Renal Services PMBC (Sydney Kidney Centre), RPA Paediatrics, Concord Hospital Palliative Care capital improvement program, RPA Virtual Hospital, Virtual ICU - RPA (Broken Hill), RPA ICU Isolation Rooms, CRGH Resuscitation Bays, Canterbury Hospital Cultural Garden
- District's Sustainability Program continues – strategies to be carbon neutral by 2030

# Highlights – Achievements

- Launched the Digital Health Strategy 2022-2027 during Innovation Week
- Launched Florence, the District's Digital Patient Portal
- In partnership with Far West Local Health District, delivered vICU - Linking care teams in far western NSW with clinicians and intensive care specialists from Sydney's RPA
- Examples of our activity:
  - 3.167 billion eMR Transactions
  - 46.8 million electronic medical orders
  - over 10,000 handsets migrated to new Alcatel IP telephony, including cutover of 3 hospital switchboards
  - 122,371 Zoom meetings with 747,731 participants.
  - Over 244,940 participants in Microsoft Teams, including: 66,561 meetings, 66,412 audio calls, 28,691 video calls
- eReferral implemented at RPA enabling primary care providers to refer electronically to over 24 outpatient services.
- Commenced development of the new District Website (Content Management System)



# Highlights and Achievements



- Celebrated 50 years New Born Care at RPA
- Two hospitals in Sydney Local Health District have received global recognition for high standards in stroke patient treatment and care, with the World Stroke Organisation awarding RPA platinum status and Concord gold status in its 2021 Angels Awards. The awards acknowledge high performing hospitals and aim to improve patient outcomes by setting global benchmarks for best practice stroke care.

# Highlights – Achievements

- Priority Populations Programs was established in early 2022 and builds on the expertise of the HARP Unit with an expanded scope to Women's, Men's and LGBTIQ+ programs of work for the District
- Launch of the Jarjums Connections Yoga Program for NAIDOC Week



- In 21/22 Community Health Services delivered care to 40,549 clients in service locations and 2,846 were delivered in peoples homes. We also provided care to over 31,500 children, tested the vision of 1,459 children and offered 2210 talking and listening checks. The Sexual Assault Service provided a Crisis Response to 257 clients between 1 July 2021 - 30 June 2022
- Youth Health Services saw an increase in activity this year to 2192 occasions of service. Approximately 640 of these occasions of service were through the work Youth Health Services provided to the Special Health Accommodation (SHA)

# Highlights – Achievements



- Launched the Integrated Care Mobile Health Clinic
- Delivered EquityFest 2021 - EquityFest is a Sydney Local Health District annual event to progress the equity agenda
- Implemented a collaborative integrated care pathway with Drug Health Services to facilitate easier access to Sydney Dental Hospital and Oral Health Services for patients.
- Harm Reduction Program distributed 1,447,987 units of sterile injecting equipment and provided 16,590 occasions of service in the Needle Syringe Program.



# Summary of 2021-22 Performance and Achievements

# Service Activity



## 2021-22 Activity

- 164,638 attendances to our emergency departments across the District (a decrease of 0.14%)
- 39,958 operations were performed in our hospitals (a decrease of 4.79%)
- 143,654 admissions and discharges across our hospital (a decrease of 13.27%)
- 5,519 babies were born at RPA and Canterbury

# 2021-22 Performance



- Maintained Performance at level 0 for the full year – 138 months in a row
- Came in on Expenditure budget
- Balmain Hospital successfully achieved accreditation under Version 2 of the National Safety and Quality Health Standards in November 2021
- Canterbury Hospital had a successful accreditation survey under Version 2 of the National Safety and Quality Health Standards in June 2022.



# Wrap up of 2021-22

## GENERAL FUND FOR YEAR TO 30 JUNE 2022

	Actual \$M	Budget \$M	\$ VAR	% VAR	STATUS	Notes
<b>TOTAL EXPENDITURE</b>	\$2,572.11M	\$2,572.73M	\$0.62M (F)	0.02%	(PERFORMING)	
<b>TOTAL REVENUE</b>	\$2,455.97M	\$2,441.24M	\$14.73M(F)	0.60%	(PERFORMING)	Includes: \$68.424M Quarantine Hotel fees
<b>NCoS before Doubtful Debts &amp; Loss on Asset Sales</b>	<b>\$116.14M</b>	<b>\$131.48M</b>	<b>\$15.34M (F)</b>	<b>11.67%</b>	(PERFORMING)	
<b>Doubtful Debts/ Other</b>	\$27.92M	\$27.02M	-\$0.90M (UF)	-3.33%	(UNDER PERFORMING)	Includes: \$10.252M Doubtful Debts for Quarantine Hotel fees
<b>Total NCoS</b>	<b>\$144.06M</b>	<b>\$158.5M</b>	<b>\$14.44M(F)</b>	<b>9.11%</b>	(PERFORMING)	

# Wrap up of 2021-22

## SPECIAL PURPOSE AND TRUST FUND FOR YEAR TO 30 JUNE 2022

	Actual \$M	Budget \$M	\$ VAR	% VAR	STATUS
<b>TOTAL EXPENDITURE</b>	\$22.87M	\$26.21M	\$3.34M (F)	12.74%	(PERFORMING)
<b>TOTAL REVENUE</b>	\$35.32M	\$39.15M	-\$3.83M(UF)	-9.78%	(UNDER PERFORMING)
<b>TOTAL NCoS</b>	-\$12.46M	-\$12.94M	-\$0.48M (UF)	-3.71%	(UNDER PERFORMING)

The consolidated (General Fund and SP&T) NCOS result is \$13.96M favourable to budget

# Wrap up of 2021-22

## FACILITY LEVEL FINANCIAL PERFORMANCE TO 30 June 2022

HOSPITAL / SERVICE	2021/22 NCoS (\$M)	%	2020/21 NCoS (\$M)	%
RPA	-\$41.618M(U)	-5.33%	-\$17.915M(U)	-2.39%
CONCORD	-\$16.21M(U)	-4.24%	-\$10.471M(U)	-2.94%
CANTERBURY	-\$6.048M(U)	-4.47%	-\$3.431M(U)	-2.66%
BALMAIN	-\$1.722M(U)	-4.00%	-\$1.007M(U)	-2.31%
IRO	-\$1.465M(U)	-9.39%	-\$0.094M(U)	-0.43%
SYDNEY DENTAL	-\$0.933M(U)	-1.82%	-\$0.607M(U)	-1.13%
MENTAL HEALTH	-\$7.451M(U)	-5.34%	-\$7.011M(U)	-5.37%
THOMAS WALKER	\$0.887M(F)	9.91%	-\$0.216M(U)	-2.86%
COMMUNITY HEALTH	\$5.332M(F)	8.47%	\$4.536M(F)	9.2%
POPULATION HEALTH	\$0.33M(F)	2.39%	-\$0.303M(U)	-2.43%
REPORTING ENTITY * (including Direct Research & Capital Works)	\$83.338M(F)	1.98%	\$11.808M(F)	3.21%

\* No revenue budget was provided for Quarantines Hotel fees



# Wrap up of 2021-22

## AVERAGE FTE Growth in 2021-22

AWARD TYPE	30-Jun-21	30-Jun-22	Increase	% Increase
MEDICAL	1,495	1,547	52	3.48%
NURSING	4,705	5,013	308	6.55%
ALLIED HEALTH	1018	1,080	62	6.09%
PROFESSIONAL, TECHNICAL & ORAL HEALTH	781	906	125	16.01%
CORPORATE SERVICES, HOSPITAL SUPPORT & HOTEL SERVICES	2,582	2,731	149	5.77%
MAINTENANCE, TRADES & OTHER	116	110	-6	-5.17%
<b>TOTAL</b>	<b>10,697</b>	<b>11,387</b>	<b>690</b>	<b>6.45%</b>

# Wrap up of 2021-22



## NWAU/ DWAU ACTIVITY

Activity Type	Actual	Target	Variance	% Variance
Acute	152,856	172,932	-20,076	-12%
Emergency Department	22,289	24,294	-2,005	-8%
Non Admitted (COVID inc.)**	80,172	50,880	29,292	58%
Sub-Acute*	12,043	12,828	-785	-6%
Mental Health	28,438	29,853	-1,415	-5%
<b>Total (COVID inc.)</b>	<b>295,798</b>	<b>290,787</b>	<b>5,011</b>	<b>2%</b>
Non Admitted (COVID excl.)	38,631	50,880	-12,249	-24%
<b>Total COVID excl.</b>	<b>254,257</b>	<b>290,787</b>	<b>-36,530</b>	<b>-13%</b>
Dental DWAU	41,026	62,282	-21,256	-34%

Note: \*Estimated Sub-Acute NWAU is from Ministry of Health, Health System Performance Report as Sub-Acute NWAU is unavailable.

\*\*COVID vaccination is not included in the Non Admitted (COVID inc.) figure due to NWAU data not being been available.

# 2021-22 Achievements



## LFI PROJECTS FUNDED BY GENERAL FUND CONTINGENCY BUDGET

	PROJECT NAME	EXPENDITURE
01	RPAH STEAM STERILISER REPLACEMENT	\$1.000M
02	GLOUCESER HOUSE LEVEL 7 REFURBISHMENT	\$0.600M
03	GLOUCESER HOUSE LEVEL 6 & 5 REFURBISHMENT	\$0.500M
04	INFUSION CENTRE	\$1.500M
05	AUTOPSY ROOM RESEARCH	\$0.500M
06	RPAH ENT MICROSCOPE	\$0.236M
07	RPAH FLUID WASTE MANAGEMENT	\$0.357M



# 2021-22 Achievements



## LFI PROJECTS FUNDED BY GENERAL FUND CONTINGENCY BUDGET

	PROJECT NAME	EXPENDITURE
08	RPAH OPHTHALMOLOGY OPERATING THEATRE EQUIPMENT	\$0.766M
09	CRGH CENTRAL STERILISING & SUPPLY DEPT	\$0.800M
10	CRGH PET-CT SERVICE	\$2.650M
11	CANTERBURY EDUCATION CENTRE	\$0.500M
12	CANTERBURY HOSPITAL MOBILE COVERAGE ENHANCEMENT	\$0.325M
13	CANTERBURY HOSPITAL OPERATING TABLE REPLACEMENT	\$0.459M
14	CANTERBURY HOSPITAL SURGICAL MICROSCOPES REPLACEMENT	\$0.459M

# 2021-22 Achievements



## LFI PROJECTS FUNDED BY GENERAL FUND CONTINGENCY BUDGET

	PROJECT NAME	EXPENDITURE
15	CANTERBURY HOSPITAL LAPAROSCOPIC EQUIPMENT REPLACEMENT	\$0.346M
16	ICT RELOCATION	\$0.250M
17	STRATEGIC RELATIONS & COMMUNICATION RELOCATION	\$0.650m
18	MASK FIT TESTING & EDUCATION MOBILE BUS	\$0.311M

# 2021-22 Achievements



## PROJECTS COMPLETED

	PROJECT NAME	EXPENDITURE
01	RPA RENAL DIALYSIS RELOCATION TO PMBC	\$3.912M
02	ARRP-RPA7502 REPLACE CASE CARTWASH SSD	\$0.455M
03	IVF FACILITY ENHANCEMENTS (RPA)	\$0.712M
04	CRGH CARDIAC CATHETERISATION LABORATORY	\$0.989M
05	ARRP-CRGH ATS CONTROLLER UPGRADE	\$0.192M
06	ARRP-CONCORD HOSPITAL BUILDING 3 MAIN SWITCHBOARD REPLACEMENT	\$0.530M
07	TWO ABORIGINAL CULTURAL LOUNGES (CRGH and CANTERBURY)	\$0.130M

# 2021-22 Achievements



## PROJECTS COMPLETED

	PROJECT NAME	EXPENDITURE
08	EEGP DESIGN & INSTALL SOLAR SYSTEM AT CANTERBURY HOSPITAL	\$1.001M
09	CANTERBURY HOSPITAL RADIOLOGY SCREENING UNIT	\$0.475M
10	ARRP-BALMAIN LIFT MODERNISATION	\$0.653M
11	SYDNEY DENTAL HOSPITAL RECEPTION & WAITING AREA REFURBISHMENT	\$0.226M
12	SYDNEY DENTAL HOSPITAL WET LABORATORY RENOVATION	\$0.200M
13	SYDNEY DENTAL HOSPITAL OFFICE SPACE RENOVATION	\$0.150M
14	2021/22 MINOR WORKS & EQUIPMENT COVID19 <\$10K<\$250K	\$1.555M



# 2021-22 Achievements



## WORK IN PROGRESS PROJECTS

	PROJECT NAME	EXPENDITURE
01	RPAH CYCLOTRON EXTENSION	\$6.000M
02	RPAH ENVIRONMENT MONITORING SYSTEM	\$0.320M
03	CONCORD HOSPITAL MEDICAL IMAGING MRI	\$4.200M
04	PALLATIVE CARE REFURBISHMENT (CRGH)	\$0.698M
05	SYDNEY DENTAL HOSPITAL CENTRAL STERILISING DEPT REFURBISHMENT	\$0.400M
06	OHMIS (ONCOLOGY & HAEMATOLOGY MANAGEMENT INFO SYSTEM)	\$4.587M

# Overview of the Service Agreement

For the period  
1 July 2022 – 30 June 2023

# Legislation, governance and performance framework



## Legislation

- The Health Services Act 1997 (the Act) provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Local Health Districts (ss. 8, 9, 10).
- Under the Act, the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).
- 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.

# Legislation, governance and performance framework



## Variation of the agreement

- The Agreement may be amended at any time by agreement in writing between the Organisation and the NSW Ministry of Health.
- The Agreement may also be varied by the Secretary or the Minister in the exercise of their general powers under the Act, including determination of the role, functions and activities of Local Health Districts (s. 32).
- Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued by the Ministry of Health in the course of the year.



# Legislation, governance and performance framework



## National Agreement

- The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price.

# Legislation, governance and performance framework



## Governance

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

### 1.1 Clinical governance

- NSW public health services are accredited against the National Safety and Quality Health Service Standards.
- 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.
- The NSW Health Patient Safety and Clinical Quality Program (PD2005\_608) provides an important framework for improvements to clinical quality.

# Legislation, governance and performance framework



## Governance

### 1.2 Corporate governance

- The Organisation must ensure services are delivered in a manner consistent with the NSW Health Corporate Governance and Accountability Compendium.

### 1.3 Procurement governance

- The Organisation must ensure procurement of goods and services complies with NSW Health Goods and Services Procurement Policy (PD2019\_028).

# Legislation, governance and performance framework



## Governance

### 1.4 Aboriginal Procurement Policy

- The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the Aboriginal Procurement Policy to all relevant procurement activities.

### 1.5 Performance Framework

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



# Strategic priorities






- The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.
- It is recognised that the Organisation will identify and implement local priorities to meet the needs of their respective populations taking into consideration the needs of their diverse communities. In doing so they will:
  - work together with clinical staff about key decisions, such as resource allocation and service planning
  - engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.

# Strategic priorities

## Future Health: Strategic Framework

The Future Health Strategic Framework is the roadmap for the health system to achieve NSW Health's vision. It will guide the next decade of care in NSW 2022-32, while adapting to and addressing the demands and challenges facing our system. The framework is also a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our health system by 2031.

Strategic outcomes		Key objectives
	<b>Patients and carers have positive experiences and outcomes that matter:</b> People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.	<ul style="list-style-type: none"> <li>1.1 Partner with patients and communities to make decisions about their own care</li> <li>1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care</li> <li>1.3 Drive greater health literacy and access to information</li> <li>1.4 Partner with consumers in co-design and implementation of models of care</li> </ul>
	<b>Safe care is delivered across all settings:</b> Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.	<ul style="list-style-type: none"> <li>2.1 Deliver safe, high quality reliable care for patients in hospital and other settings</li> <li>2.2 Deliver more services in the home, community and virtual settings</li> <li>2.3 Connect with partners to deliver integrated care services</li> <li>2.4 Strengthen equitable outcomes and access for rural, regional and priority populations</li> <li>2.5 Align infrastructure and service planning around the future care needs</li> </ul>
	<b>People are healthy and well:</b> Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.	<ul style="list-style-type: none"> <li>3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health</li> <li>3.2 Get the best start in life from conception through to age five</li> <li>3.3 Make progress towards zero suicides recognising the devastating impact on society</li> <li>3.4 Support healthy ageing ensuring people can live more years in full health and independently at home</li> <li>3.5 Close the gap by prioritising care and programs for Aboriginal people</li> <li>3.6 Support mental health and wellbeing for our whole community</li> <li>3.7 Partner to address the social determinants of ill health in our communities</li> </ul>
	<b>Our staff are engaged and well supported:</b> Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.	<ul style="list-style-type: none"> <li>4.1 Build positive work environments that bring out the best in everyone</li> <li>4.2 Strengthen diversity in our workforce and decision-making</li> <li>4.3 Empower staff to work to their full potential around the future care needs</li> <li>4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce</li> <li>4.5 Attract and retain skilled people who put patients first</li> <li>4.6 Unlock the ingenuity of our staff to build work practices for the future</li> </ul>
	<b>Research and innovation, and digital advances inform service delivery:</b> Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.	<ul style="list-style-type: none"> <li>5.1 Advance and translate research and innovation with institutions, industry partners and patients</li> <li>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</li> <li>5.3 Enable targeted evidence-based healthcare through precision medicine</li> <li>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</li> </ul>
	<b>The health system is managed sustainably:</b> The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.	<ul style="list-style-type: none"> <li>6.1 Drive value based healthcare that prioritises outcomes and collaboration</li> <li>6.2 Commit to an environmentally sustainable footprint for future healthcare</li> <li>6.3 Adapt performance measurement and funding models to targeted outcomes</li> <li>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</li> </ul>

# Strategic priorities



## NSW Premier's Priorities

In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading three priorities for improving the health system:

- **Improving outpatient and community care**

Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.

- **Improving service levels in hospitals**

100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023

- **Towards zero suicides**

Reduce the rate of suicide deaths in NSW by 20% by 2023.

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

# Strategic priorities



## NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period.

NSW Health has identified five state outcomes that it will achieve for the people of NSW:

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Service Agreement, the NSW Health Performance Framework, the NSW Health Purchasing Framework and the funding model.



# NSW health services and networks



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

## Cross district referral networks

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

- Critical Care Tertiary Referral Networks and Transfer of Care (Adults) (PD2018\_011)
- Interfacility Transfer Process for Adult Patients Requiring Specialist Care (PD2011\_031)
- Critical Care Tertiary Referral Networks (Paediatrics) (PD2010\_030)
- Children and Adolescents - Inter-Facility Transfers (PD2010\_031)
- Tiered Networking Arrangements for Perinatal Care in NSW (PD2020\_014)
- NSW Critical Care Tertiary Referral Networks and Transfer of Care (Adults) (PD2018\_011)
- Children and Adolescents with Mental Health Problems Requiring Inpatient Care (PD2011\_016)
- Adult Mental Health Intensive Care Networks (PD2019\_024)
- State-wide Intellectual Disability Mental Health Hubs - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District).

# NSW health services and networks



## Supra LHD services

Under the NSW Framework for New Health Technologies and Specialised Services (GL2018\_023), Supra LHD services are provided across District and Network boundaries to provide equitable access for everyone in NSW. The following information is included in all Service Agreements to provide an overview of recognised Supra LHD services and Nationally Funded Centres in NSW.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (38 + 2/561 NWAU22) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26 + 2/561 NWAU22) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy.  Units with new beds in 2022/23 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>

# NSW health services and networks



## Supra LHD services

Supra LHD Services	Measurement Unit	Locations	Service requirement
Neonatal Intensive Care Service	Beds	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16 + 1/319 NWAU22) Royal Hospital for Women (17) Liverpool (16 + 1/319 NWAU22) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access. Services to be provided in accordance with Adult Mental Health Intensive Care Networks policy PD2019_024
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6</i> — May 2021

# NSW health services and networks



## Supra LHD services

State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (47) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access.

# NSW health services and networks



## Supra LHD services

Supra LHD Services	Measurement Unit	Locations	Service requirement
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals. Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6</i> — May 2021.
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols



# NSW health services and networks



## Supra LHD services

Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Referral and Protocol for Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016. Participation in the annual reporting process.

# NSW health services and networks

## Supra LHD services

Supra LHD Services	Measurement Unit	Locations	Service requirement
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i> Participation in annual reporting process. Participation in the annual reporting process.
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements Participation in annual reporting process. Participation in the annual reporting process.
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead	Delivery of additional procedures, including targets for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. Establish referral pathways to ensure statewide equity of access Include high risk TAVI patients in surgical waitlists Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience Participate in the annual reporting and any required evaluation activities

# NSW health services and networks



## Supra LHD services

CAR T-cell therapy: Acute lymphoblastic leukaemia (ALL) for children and young adults:  Adult diffuse large B-cell lymphoma (DLBCL)	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital  Royal Prince Alfred Hospital Westmead hospital	As per individual CAR T cell therapy service agreements. Compliance with the annual reporting process.
Gene therapy for inherited retinal blindness	Access	SCHN	As per individual service delivery agreement currently in development.
Gene therapy for paediatric spinal muscular atrophy	Access	SCHN Randwick	Provision of equitable access for all referrals.

# NSW health services and networks



## Nationally Funded Centres

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

# Budget

## State Outcome Budget Schedule: Part 1

2022-23 Budget Presentation

Sydney Local Health District	Target Volume (includes ABF and Small Hospitals)	Activity Based Funding (ABF)	Small Hospitals / Block Funding / Gross-Up	2022/23 Initial Budget
State Efficient Price: \$5,095 per NWAU22	NWAU22	\$000	\$000	\$000
<b>Outcome 1: Keeping people healthy through prevention and health promotion</b> <i>Preventive and population health are critical to keeping people healthier. This outcome covers a range of functions NSW Health is responsible for including to protect and promote public health, control infectious diseases, reduce preventable diseases and death, help people manage their own health, and promote equitable health outcomes in the community.</i>	180	\$919	\$186,303	\$187,223
<b>Outcome 2: People can access care in out of hospital settings to manage their health and wellbeing</b> <i>Healthcare extends beyond the hospital and needs to connect across settings to reduce the burden of chronic disease, assist people with conditions to live well and avoid complications, support people to recover from illness and injury, and prevent avoidable hospitalisations. NSW Health services funded to achieve this outcome include non-admitted and community based services, sub-acute services, hospital in the home, and dental services.</i>	63,000	\$266,942	\$189,292	\$456,235
<b>Outcome 3: People receive timely emergency care</b> <i>NSW Health often provides the first point of contact for those needing access to emergency healthcare and is responsible for managing and administering ambulance and emergency services.</i>	25,532	\$130,088	\$0	\$130,088
<b>Outcome 4: People receive high-quality, safe care in our hospitals</b> <i>This outcome reflects the State's responsibility to manage and administer public hospitals. When people are admitted to a hospital in NSW they can expect world-class medical and surgical care within clinically recommended timeframes.</i>	207,434	\$1,056,876	\$57,947	\$1,114,823
<b>Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences</b> <i>A skilled workforce with access to world leading education and training, and a system that harnesses research and digital innovation are essential to continuously improve outcomes and experiences of care across the system. These enablers are delivered by a range of statutory bodies and system managers.</i>	0	\$0	\$71,453	\$71,453
<b>A TOTAL OUTCOME BUDGET ALLOCATION</b>	296,146	\$1,454,825	\$504,995	\$1,959,820



# Budget

## State Outcome Budget Schedule: Part 1

Sydney Local Health District	2022/23 Initial Budget
<b>B Provision for Specific Initiatives &amp; TMF Adjustments (not included above)</b>	<b>\$20,275</b>
<i>2022/23 New Initiatives</i>	
Brighter Beginnings: Preschool Checks	\$571
Enhance Osteoporosis Refracture (Menopause) Prevention Services	\$157
Enhancing end of life care	\$600
<i>Other Initiatives &amp; Adjustments</i>	
Concord - Annualisation	\$3,637
Funding for Enhancing Community Care	\$673
HealthOne - Green Square	\$1,090
Highly Specialised Services	\$3,236
Hyperemesis Gravidarum	\$160
ICU - eICU program	\$636
IntraHealth Adjustments 22/23	\$1,334
Movement Disorder Positions	\$139
Purchasing Adjustors	(\$851)
RPA Parent and Babies Unit	\$3,129
Specific Dental Initiatives	\$335
State Medicines Formulary	\$168
Stronger Communities Investment (SCI) Pool Funding	\$179
Supporting multi-disciplinary end of life - Workforce Enhancement	\$39
TMF Adjustment 22/23	\$2,448
Towards Zero Suicides	\$1,107
Wellbeing and Health In-Reach Nurse (WHIN) Coordinators Tranche 2	\$392
Year 4 Nursing Hours Election Commitment	\$1,097
<b>C Restricted Financial Asset Expenses</b>	<b>\$25,387</b>
<b>D Depreciation (General Funds only)</b>	<b>\$87,202</b>
<b>E TOTAL EXPENSES E=(A+B+C+D)</b>	<b>\$2,092,685</b>
<b>F Other - Gain/Loss on disposal of assets etc</b>	<b>\$770</b>
<b>G LHD Revenue</b>	<b>(\$2,028,653)</b>
<b>H NET RESULT (H=E+F+G)</b>	<b>\$64,801</b>



# Budget

## State Outcome Budget Schedule: Part 2

2022-23 Budget Presentation

		2022/23 Initial Budget
		\$000
<b>Government Contributions:</b>		
A	Subsidy*	(\$1,359,876)
B	In-Scope Services - Block Funded	(\$198,566)
C	Out of Scope Services - Block Funded	(\$127,201)
D	Capital Subsidy	(\$9,749)
E	Crown Acceptance (Super, LSL)	(\$33,027)
F	<b>Total Government Contributions (F=A+B+C+D+E)</b>	<b>(\$1,728,418)</b>
<b>Own Source Revenue:</b>		
G	GF Revenue	(\$260,592)
H	Restricted Financial Asset Revenue	(\$39,643)
I	<b>Total Own Source Revenue (I=G+H)</b>	<b>(\$300,235)</b>
J	<b>TOTAL REVENUE (J=F+I)</b>	<b>(\$2,028,653)</b>
K	Total Expense Budget - General Funds	\$2,067,298
L	Restricted Financial Asset Expense Budget	\$25,387
M	Other Expense Budget	\$770
N	<b>TOTAL EXPENSE BUDGET (per Outcome Budget Schedule Part 1) (N=K+L+M)</b>	<b>\$2,093,454</b>
O	<b>NET RESULT (O=J+N)</b>	<b>\$64,801</b>
<b>Net Result Represented by:</b>		
P	Asset Movements	(\$58,926)
Q	Liability Movements	(\$5,875)
R	Entity Transfers	\$0
S	<b>TOTAL (S=P+Q+R)</b>	<b>(\$64,801)</b>
<b>NOTES:</b>		
* The subsidy amount does not include items E and G, which are revenue receipts retained by the LHDs/SHNs and sit outside the National Pool.		
** This includes the 25% upfront subsidy payment for Deferred Care to enable health entities to commence the work immediately.		
The minimum cash buffer for unrestricted cash is now zero. All payments-out from local bank accounts are now ceased, and payments are to be managed via the Shared Services accounts payable or payroll teams. All General Fund bank accounts will be swept to zero in line with the published schedule.		

# Budget

## National Health Funding Body Service Agreement

### State Outcome Budget Schedule: NHRA Clause A95(b) Notice

2022-23 Outcomes Budget Schedule						
Sydney Local Health District	ABF		Block \$000	Total \$000	C'wealth Contribution	
	NWAU	\$000			\$000	%
Acute Admitted	163,577	\$885,559			\$369,589	41.7%
Mental Health - Admitted (Acute and Sub-Acute)	22,001	\$116,197			\$49,710	42.8%
Sub-Acute Services - Admitted	13,588	\$73,614			\$30,701	41.7%
Emergency Department	23,775	\$121,253			\$53,717	44.3%
Non Admitted Patients (Including Dental)	50,419	\$260,190			\$113,917	43.8%
Teaching, Training and Research			\$66,727		\$25,277	37.9%
Mental Health - Non Admitted			\$56,079		\$23,598	42.1%
Other Non Admitted Patient Services - Home Ventilation			\$0		\$0	
Block-funded small rural & standalone MH			\$83,265		\$28,998	34.8%
High cost, highly specialised therapies			\$0		\$0	
Public Health			\$127,540		\$31,307	24.5%
<b>In-Scope for Commonwealth &amp; State NHRA Contributions Total</b>	<b>273,361</b>	<b>\$1,456,813</b>	<b>\$333,610</b>	<b>\$1,790,423</b>	<b>\$726,817</b>	<b>40.6%</b>
Acute Admitted	7,768	\$39,578				
Mental Health - Admitted (Acute and Sub-Acute)	169	\$861				
Sub-Acute Services - Admitted	330	\$1,681				
Emergency Department	1,757	\$8,954				
Non Admitted Patients (Including Dental)	2,154	\$10,977				
<b>State &amp; Other Funding Contributions Total</b>	<b>12,179</b>	<b>\$62,051</b>		<b>\$62,051</b>		
<i>State Only Block</i>			\$127,622	\$127,622		
<i>Restricted Financial Asset Expenses</i>			\$25,387	\$25,387		
<i>Depreciation (General Funds only)</i>			\$87,202	\$87,202		
<b>Total</b>	<b>285,540</b>	<b>\$1,518,864</b>	<b>\$573,821</b>	<b>\$2,092,685</b>	<b>\$726,817</b>	<b>34.7%</b>

## State Outcome Budget Schedule: Capital program

Sydney Local Health District										
PROJECTS MANAGED BY HEALTH SERVICE	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	2022/23 Capital Budget Allocation by Source of Funds			
							MOH Funded 2022/23	Local Funds 2022/23	Revenue 2022/23	Lease Liabilities 2022/23
			2022/23 Capital Projects			\$	\$	\$	\$	\$
WORKS IN PROGRESS										
Asset Refurbishment / Replacement Strategy (State-wide)	P55345	ARRP	28,353,828	21,013,659	7,340,169	6,586,356	6,586,356	-	-	-
Canterbury Hospital Education Centre	P56920	LFI	1,000,000	500,000	500,000	500,000	-	500,000	-	-
Concord Medical Imaging Additional MRI	P56486	LFI	4,200,000	-	4,200,000	4,200,000	-	4,200,000	-	-
CRGH Central Sterilising & Supply Department	P56908	LFI	950,000	800,000	150,000	150,000	-	150,000	-	-
CRGH PET-CT Service	P56921	LFI	3,150,000	2,650,000	500,000	500,000	-	500,000	-	-
RPAH Autopsy Room Research	P56919	LFI	1,600,000	500,000	1,100,000	1,100,000	-	1,100,000	-	-
RPAH Gloucester House Level 6 and 5 Refurbishment	P56915	LFI	950,000	500,000	450,000	450,000	-	450,000	-	-
RPAH Gloucester House Level 7 Refurbishment	P56914	LFI	1,500,000	600,000	900,000	900,000	-	900,000	-	-
RPAH iCT Replacement-RPAH Radiology	P56907	LFI	1,600,000	-	1,600,000	1,600,000	-	1,600,000	-	-
RPAH Steam Steriliser Replacement	P56909	LFI	1,505,000	1,000,000	505,000	505,000	-	505,000	-	-
RPAH Strategic Relations & Communications Relocation	P56917	LFI	1,150,000	650,000	500,000	500,000	-	500,000	-	-
Minor Works and Equipment>\$10k<\$250K	P51069	MWE	-	-	-	9,433,000	2,566,000	6,867,000	-	-
Sydney Dental Hospital Central Sterilising Department Refurbishment	P56615	OHMW	400,000	-	400,000	400,000	400,000	-	-	-
Palliative Care Refurbishment	P56532	Other	698,232	502,000	196,232	196,232	196,232	-	-	-
TOTAL WORKS IN PROGRESS			47,057,060	28,715,659	18,341,401	27,020,588	9,748,588	17,272,000	-	-
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY Sydney Local Health District			47,057,060	28,715,659	18,341,401	27,020,588	9,748,588	17,272,000	-	-
PROJECTS MANAGED BY HEALTH INFRASTRUCTURE	Project Code	Reporting Silo	Estimated Total Cost 2022/23	Estimated Expenditure to 30 June 2022	Cost to Complete at 30 June 2022	Capital Budget Allocation 2022/23	Budget Est. 2023/24	Budget Est. 2024/25	Budget Est. 2025/26	Balance to Complete
2022/23 Capital Projects			\$	\$	\$	\$	\$	\$	\$	\$
MAJOR NEW WORKS 2022/23										
Sydney Biomedical Accelerator	P56966	HI Silo	150,000,000		150,000,000	14,940,000	19,277,000	61,720,000	43,293,000	10,770,000
TOTAL MAJOR NEW WORKS			150,000,000	-	150,000,000	14,940,000	19,277,000	61,720,000	43,293,000	10,770,000
MAJOR WORKS IN PROGRESS										
Concord Hospital (Phase 1A and 1B) Upgrade	P56167	HI Silo	341,200,000	310,224,984	30,975,016	30,975,016	-	-	-	-
Concord Hospital Car Park	P56650	HI Silo	32,400,000	1,345,273	31,054,727	12,749,000	13,158,000	5,147,727	-	-
FY19 Planning FNW - Canterbury Hospital	P56466	HI Silo	1,000,000	443,400	556,600	556,600	-	-	-	-
Royal Prince Alfred Hospital Redevelopment	P56699	HI Silo	750,000,000	21,197,783	728,802,217	27,120,000	111,549,000	168,082,000	225,694,000	196,357,217
TOTAL MAJOR WORKS IN PROGRESS			1,124,600,000	333,211,440	791,388,560	71,400,616	124,707,000	173,229,727	225,694,000	196,357,217
TOTAL CAPITAL EXPENDITURE AUTHORISATION LIMIT MANAGED BY HEALTH INFRASTRUCTURE			1,274,600,000	333,211,440	941,388,560	86,340,616	143,984,000	234,949,727	268,987,000	207,127,217
Notes:										
Expenditure needs to remain within the Capital Expenditure Authorisation Limits (CEAL) indicated above										

# Outcome and performance payment schedule

- The schedule below lists indicative additional funding available to the Organisation for targeted strategic initiatives to deliver on key performance indicators and specified outcomes. This funding is not included in the State Outcome Budget Schedule: Parts 1-3 and will be paid to the Organisation according to the Outcome performance metric described in this schedule.
- Activity (NWAU22) is indicative only and relates to the funding available to the Organisation. It is not included in 4.1 State Outcome Budget Schedule: Part 1 or the activity targets in 5.1 Activity.
- FTE is the modelled full time equivalent staff required to deliver the targeted initiative.

Program	Strategic Outcome	\$ '000	NWAU22	FTE	Outcome and performance metric
COVID Deferred Care - Elective surgery and endoscopy	2	23,000	4,514	-	Funding based on delivery of increased activity, calculated on a year-to-date basis by comparing removals from the waitlist (due to patient treatment) compared to the 2018/19 baseline. <b>Key performance / outcome indicators</b> <ul style="list-style-type: none"> <li>Elective Surgery Overdue - Patients (Number)</li> <li>Elective Surgery Access Performance - Patients treated on time (%)</li> </ul>
COVID Deferred Care - Dental	3	500	98	-	Outcome specific funding paid on evidence of DWAU in excess of baseline target and proportionate reduction in dental waiting list % of patients waiting longer than the maximum recommended waiting time. (Reported and paid monthly)
COVID Deferred Care - Breast Screen	3	65	13	-	Delivery of additional screening episodes as described in the <i>BreastScreen NSW Funding and Performance Agreement</i> to deliver improvement in BreastScreen NSW participation rate. <b>Key performance / outcome indicators</b> <ul style="list-style-type: none"> <li>BreastScreen participation rates (%)                             <ul style="list-style-type: none"> <li>Women aged 50-69 years</li> <li>Women aged 70-74 years</li> </ul> </li> </ul>
Workforce - COVID-19 Recovery and Workforce Resilience	4	-	-	124	Funding based on production of evidence of improvement in key measures (monitored monthly): <ul style="list-style-type: none"> <li>Excess leave</li> <li>Reduction in excess leave</li> <li>Reduction in overtime</li> <li>Return premium labour to base year levels</li> <li>Increase in labour costs above baseline levels</li> <li>Evidence of recruitment to backfill leave</li> </ul>



# Purchased Volumes and services

## Activity

Investment by stream	Strategic Outcome	NWAU22	Performance metric
Acute	6	171,345	See KPIs – Strategy 6
Emergency Department	6	25,532	See KPIs – Strategy 6
Sub-Acute – Admitted	6	13,918	See KPIs – Strategy 6
Non-Admitted	6	49,356	See KPIs – Strategy 6
Mental Health – Admitted	6	22,170	See KPIs – Strategy 6
Mental Health – Non-Admitted	6	10,607	See KPIs – Strategy 6
Alcohol and other drug related – Admitted	6	1,425	See KPIs – Strategy 6
Alcohol and other drug related – Non-Admitted	6	1,612	See KPIs – Strategy 6
Public Dental Clinical Service – Total Dental Activity (DWAU)	6	63,095	See KPIs – Strategy 6

Dental Services	DWAU
Specialist Dental Services provided to South Western Sydney Local Health District residents	13,753
General Dental Services provided to South Eastern Sydney Local Health District residents	6,474
Total	20,227

# Purchased Volumes and services



## Election Commitment

Elective surgery volumes	Strategic Outcome	Target	Performance metric
Number of Admissions from Surgical Waiting List – Cataract extraction	2	3,179	Achieve activity
Number of Paediatric Admissions from Elective Surgery Waiting List	2	744	Achieve activity

# Purchased Volumes and services

## Stronger Communities Investment Pool

- Total Stronger Communities Investment funding below (funding envelope to 30 June 2025) includes ongoing funding in the Organisation's base budget as well as supplementation funding included in Schedule 4.1 State Outcome Budget Schedule

Priority area	Strategic Outcome	\$	Performance metric
<b>Stronger Communities Investment Pool (funding envelope to 30 June 2025)</b> <i>Total funding below includes recurrent funding in base budgets as well as supplementation funding, outlined in schedule 4.1.</i>			
Child Protection Counselling Services	3	447,580	Operate in accordance with the service model as described in PD2019-_014 Child Protection Counselling Services Policy and Procedures.
Getting on Track in Time – Got it!	3	598,809	<ul style="list-style-type: none"><li>Recruit and maintain the minimum required FTE per Implementation Plan</li><li>6 Schools completing Got It! program per year</li></ul>
Out of Home Care Health Pathway Program	3	178,544	<ul style="list-style-type: none"><li>Provide access to health assessments, health planning, health interventions, and reviews of health and healthcare plans, for children and young people in statutory out of home care</li><li>Participate in monitoring and evaluation of program activities and outcomes</li></ul>
Substance Use in Pregnancy Services (SUPPS)	3	231,308	Organisation will report quarterly against <ul style="list-style-type: none"><li>Number of patients receiving SUPPS services.</li><li>Number of services provided (closed episodes), including a breakdown of the main services provided.</li></ul>
Sustaining NSW Families	3	2,186,592	Performance will be monitored against: <ul style="list-style-type: none"><li>Families completing the program when child reached 2 years of age (%). See KPI in section 6.1</li><li>At least 80% of funded places for families in the program filled"</li></ul>

# 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.

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See: [http://internal4.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=47648](http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47648)

Outcome Indicators: These key performance indicators are reported to NSW Treasury under the NSW Health Outcome and Business Plan.

# Performance against strategies and objectives

1 Patients and carers have positive experiences and outcomes that matter



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
Outcome 4 Indicator				
Overall Patient Experience Index (Number)				
Adult admitted patients	8.7	<8.5	≥8.5 and <8.7	≥8.7
Emergency department	8.6	<8.4	≥8.4 and <8.6	≥8.6
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
Mental Health Consumer Experience: Mental Health consumers with a score of Very Good or Excellent (%)	80	<70	≥70 and <80	≥80




# Performance against strategies and objectives

2 Safe care is delivered across all settings				
				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
Harm-free admitted care: (Rate per 10,000 episodes of care)				
Hospital acquired pressure injuries	Individual – See Data Supplement			
Healthcare associated infections				
Hospital acquired respiratory complications				
Hospital acquired venous thromboembolism				
Hospital acquired renal failure				
Hospital acquired gastrointestinal bleeding				
Hospital acquired medication complications				
Hospital acquired delirium				
Hospital acquired incontinence				
Hospital acquired endocrine complications				
Hospital acquired cardiac complications				
3rd or 4th degree perineal lacerations during delivery				
Hospital acquired neonatal birth trauma				
Outcome 4 Indicator Fall-related injuries in hospital – Resulting in fracture or intracranial injury				
Emergency Treatment Performance – Admitted (% of patients treated in ≤ 4 hours)	50	<43	≥43 to <50	≥50
Emergency department extended stays: Mental Health presentations staying in ED > 24 hours (Number)	0	>5	≥1 and ≤5	0
Outcome 3 Indicator Emergency Department Presentations Treated within Benchmark Times (%)				
Triage 1: seen within 2 minutes	100	<100	N/A	100
Triage 2: seen within 10 minutes	95	<85	≥85 and <95	≥95
Triage 3: seen within 30 minutes	85	<75	≥75 and <85	≥85
Inpatient Discharges from ED Accessible and Rehabilitation Beds by Midday (%)	≥35	<30	≥30 to <35	≥35
Outcome 3 Indicator Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	<80	≥80 to <90	≥90

# Performance against strategies and objectives


2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Elective Surgery Overdue - Patients (Number):				
Category 1	0	≥1	N/A	0
Category 2	0	≥1	N/A	0
Category 3	0	≥1	N/A	0
Outcome 4 Indicator				
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
Mental Health: Acute Seclusion				
Occurrence - (Episodes per 1,000 bed days)	<5.1	≥5.1	N/A	<5.1
Duration – (Average Hours)	<4.0	>5.5	≥4 and ≤5.5	<4.0
Frequency (%)	<4.1	>5.3	≥4.1 and ≤5.3	<4.1
Mental health: Involuntary patients absconded from an inpatient mental health unit – Incident Types 1 and 2 (rate per 1,000 bed days)	<0.8	≥1.4	≥0.8 and <1.4	<0.8
Outcome 5 Indicator				
Electronic discharge summaries sent electronically and accepted by General Practitioners (%)	51	<49	≥49 and <51	≥51
Virtual Care: Non-admitted services provided through virtual care (%)	30	No change or decrease on baseline	>0 and < 5 percentage points increase on baseline	≥5 percentage points increase on baseline
Outcome 2 Indicator				
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)	75	<60	≥60 and <75	≥75
Outcome 4 Indicator				
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):				
All persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Aboriginal persons	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Mental Health: Acute readmission - Within 28 days (%)	≤13	>20	>13 and ≤20	≤13




# Performance against strategies and objectives


2 Safe care is delivered across all settings 				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Discharge against medical advice for Aboriginal in-patients (%)	≥1% decrease on previous year	Increase on previous year	0 and <1% decrease on previous year	≥1% decrease on previous year
<i>Outcome 2 Indicator</i> Potentially preventable hospital services (%)	≥2% lower than benchmark	2% higher than benchmark	Within 2% of benchmark	≥2% lower than benchmark
Hospital in the Home Admitted Activity (%)	5	<3.5	≥3.5 and <5	≥5
Renal Supportive Care Enrolment: End-Stage Kidney Disease Patient (% variation to target)	Individual - See Data Supplement	Decrease Compared to previous year	Increase Compared to previous year	Target met or exceeded

# Performance against strategies and objectives


3 People are healthy and well 				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
Childhood Obesity – Children with height/length and weight recorded (%)	70	<65	≥65 and <70	≥70
Smoking During Pregnancy - At any time (%):				
Aboriginal women	≥2% decrease on previous year	Increase on previous year	0 to <2% decrease on previous year	≥2% decrease on previous year
Non-Aboriginal women	≥0.5% decrease on previous year	Increase on previous year	0 to <0.5% decrease on previous year	≥0.5% decrease on previous year
<i>Outcome 1 Indicator</i> Pregnant Women Quitting Smoking - by second half of pregnancy (%)	4% increase on previous year	<1% increase on previous year	≥1% and 4% increase on previous year	≥4% increase on previous year
<i>Outcome 1 Indicator</i> Get Healthy Information and Coaching Service - Get Healthy in Pregnancy Referrals (% variance)	Individual - See Data Supplement	<90% of target	≥90% and <100% of target	≥100% of target
<i>Outcome 1 Indicator</i> Children fully immunised at one year of age (%)	95	<90	≥90 and <95	≥95
Hospital Drug and Alcohol Consultation Liaison - number of consultations (% increase)	Maintain or increase from previous year	≥10% decrease on previous year	Up to <10% decrease on previous year	Maintain or increase from previous year
Hepatitis C Antiviral Treatment Initiation – Direct acting by District residents: Variance (%)	Individual - See Data Supplement	<98%	≥98% and <100%	≥100%
Aboriginal paediatric patients undergoing Otitis Media procedures (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than specified target
Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
NSW Health First 2000 Days Implementation Strategy - Delivery of the 1-4 week health check (%)	85	<75	≥75 and <85	≥85 and <100
Sustaining NSW Families Programs - Applicable LHDs only - see Data Supplement:				
Families completing the program when child reached 2 years of age (%)	50	<45	≥45 and <50	≥50
Families enrolled and continuing in the program (%)	65	<55	≥55 and <65	≥65
Mental Health Peer Workforce Employment – Full time equivalents (FTEs) (number)	Individual – See Data Supplement	Less than target	N/A	Equal to or greater than target


# Performance against strategies and objectives

3 People are healthy and well					
Measure	Target	Performance Thresholds			
		Not Performing ✗	Under Performing ⚠	Performing ✓	
Outcome 1 Indicator BreastScreen participation rates (%)					
Women aged 50-69 years	55	<45	≥45 and <55	≥55	
Women aged 70-74 years	55	<45	≥45 and <55	≥55	

4 Our staff are engaged and well supported 				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
Workplace Culture - People Matter Survey Culture Index- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Take action - People Matter Survey take action as a result of the survey- Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
<b>Outcome 5 Indicator</b> Staff Engagement - People Matter Survey Engagement Index - Variation from previous survey (%)	≥-1	≤-5	>-5 and <-1	≥-1
Staff Engagement and Experience – People Matter Survey - Racism experienced by staff Variation from previous survey (%)	≥5% decrease on previous survey	No change or increase from previous survey.	>0 and <5% decrease on previous survey	≥5% decrease on previous survey
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Recruitment: Average time taken from request to recruit to decision to approve/decline/defer recruitment (business days)	≤10	>10	No change from previous year and >10	≤10
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

# Performance against strategies and objectives

5 Research and innovation, and digital advances inform service delivery 				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	<55	≥55 and <75	≥75
<i>Outcome 5 Indicator</i> Ethics Application Approvals - By the Human Research Ethics Committee within 90 calendar days - Involving greater than low risk to participants (%)	75	<55	≥55 and <75	≥75

6 The health system is managed sustainably				
				
Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ↘	Performing ✓
Purchased Activity Volumes - Variance (%):				
Acute admitted (NWAU)	Individual - See Purchased Volumes	> +/-2.0%	> +/-1.0% and ≤ +/-2.0%	≤ +/-1.0%
Emergency department (NWAU)				
Non-admitted patients (NWAU)				
Sub and non-acute services - Admitted (NWAU)				
Mental health – Admitted (NWAU)				
Mental health – Non-admitted (NWAU)				
Alcohol and other drug related Acute Admitted (NWAU)				
Alcohol and other drug related Non-Admitted (NWAU)				
Public dental clinical service (DWAU)				
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)				
Net Cost of Service (NCOS) Matched to Budget - General Fund - Variance (%)				
Asset maintenance Expenditure as a proportion of asset replacement value (%)	2.15	<1.5	≥1.5 and <2.15	≥2.15
Capital renewal as a proportion of asset replacement value (%)	1.4	<0.8	≥0.8 and <1.4	≥1.4
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90%	≥90% and <95%	≥ 95%



# Performance against strategies and objectives



## Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

## 2022-23 Budget Presentation



# Performance against strategies and objectives



Strategic outcome	Deliverable in 2022-23	Due by
<b>Data Governance Reform</b>		
5	Ensure all data custodians have completed the following learning modules accessed through My Health Learning: <ul style="list-style-type: none"> <li>Privacy – It's Yours to Keep</li> <li>Privacy – Handling Personal &amp; Health Information</li> <li>Cyber Security Fundamentals</li> </ul>	Sep 2022
5	Data custodians will be required to complete the Data Custodian Induction Program and the 5 Safes Framework Assessment Tool module.	Sep 2022
5	Implement a process and system that will capture when data requests have been received and when they are fulfilled. This will include information and reasons why requests have been declined.	Dec 2022
<b>Procurement Reform</b>		
6	The Organisation will comply with NSW Government Procurement Policy Framework and NSW Health Procurement Policy. Any breaches in compliance will need to be reported to the Ministry of Health's Strategic Procurement Branch.	Quarterly
<b>NSW Premier's Priorities</b>		
<b>Toward Zero Suicides (TZS)</b>		
3	Implement the Zero Suicides in Care initiative The Organisation will: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE as per the supplementation letter, including suicide prevention peer workers</li> <li>provide training to relevant staff according to relevant Zero Suicides in Care policies</li> <li>deliver and report on actions and progress according to a local implementation plan.</li> </ol>	30 Sep 2022 Ongoing As requested
	Implement the Safe Haven initiative The Organisation will: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE as per the supplementation letter, including suicide prevention peer workers</li> <li>deliver and report on actions and progress according to a local implementation plan.</li> </ol>	30 Sep 2022 As requested
	Implement the Suicide Prevention Outreach Teams initiative The Organisation will: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE as per the supplementation letter, including suicide prevention peer workers</li> <li>deliver and report on actions and progress according to a local implementation plan.</li> </ol>	30 Sep 2022 As requested
<b>Prevention and response to violence, abuse and neglect</b>		
3	The Organisation will undertake or partner in a minimum of 5 community engagement, education and prevention activities for violence, abuse and neglect. For example, this may include Love Bites, 16 days of activism, Sorry Day, Child Protection Week, and supporting local Strong Aboriginal Women, Strong Aboriginal Men or Weaving the Net Programs.	30 Jun 2023
3	The Organisation will complete the annual self-assessment against the Integrated Violence, Abuse and Neglect Framework (PD2019_041)	30 Jun 2023
3	The Organisation will have established integrated 24/7 psychosocial, medical and forensic responses for victims of domestic and family violence, child physical abuse and neglect, and sexual assault.	30 Jun 2023

# Performance against strategies and objectives

Strategic outcome	Deliverable in 2022-23	Due by
	The organisation will advise progress against this outcome at their scheduled presentation on local implementation of VAN Redesign at the PARVAN Senior Executive Steering Committee meeting.	
<b>Palliative care initiatives</b>		
1	Implement new palliative care funding enhancement initiatives: The Organisation will recruit <ul style="list-style-type: none"> <li>to the minimum FTE as per funding allocation and guidelines for the multidisciplinary community care for people with late stage chronic and degenerative conditions initiative (applies to all districts and SVHN only)</li> </ul>	30 Dec 2022
1	Implement funding enhancements to improve access and choices in end of life and palliative care: <ul style="list-style-type: none"> <li>The Organisation will recruit remaining new FTE palliative care nurses to be recruited in 2022/23 as per supplementation letters provided in November 2019.</li> </ul>	30 Sep 2022
<b>NSW Aboriginal Mental Health and Wellbeing Strategy 2020-25</b>		
3	Continue implementation of the Aboriginal Mental Health and Wellbeing Strategy in line with its approved implementation plan: <ol style="list-style-type: none"> <li>deliver and report the actions and progress on locally co-designed implementation plans to the NSW Ministry of Health.</li> <li>participate in the statewide evaluation of the Strategy, led by the NSW Ministry of Health.</li> </ol>	28 Feb 2023 As requested
<b>Aboriginal Mental Health</b>		
3	Implement the Aboriginal Mental Health Care Navigator initiative: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE per the supplementation letter</li> <li>deliver and report the actions and progress according to the implementation plan</li> </ol>	30 Sep 2022 30 Jun 2023
3	Implement the Aboriginal Mental Health Peer Worker initiative: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE per the supplementation letter</li> <li>deliver and report the actions and progress according to the implementation plan</li> </ol>	30 Sep 2022 30 Jun 2023
<b>Pathways to Community Living Initiative – PCLI</b>		
2	<ol style="list-style-type: none"> <li>Implement the Pathways to Community Living Initiative (PCLI) Stage 2.</li> <li>The Organisation will recruit and maintain the minimum required FTE per previous tranches for both Stage One and Two PCLI.</li> </ol>	30 Sep 2022
	<ol style="list-style-type: none"> <li>The Organisation will recruit and maintain the minimum required FTE per the supplementation letter for additional Stage 2 PCLI 2021-22 and 2023-24.</li> </ol>	30 Sep 2022
	<ol style="list-style-type: none"> <li>The Organisation will recruit and maintain the minimum required FTE Program Managers per this Agreement.</li> <li>The Organisation will participate in Ministry of Health-run PCLI statewide meetings with Community Housing Providers and NGOs.</li> </ol>	30 Sep 2022 As requested
<b>NSW Service Plan for People with Eating Disorders 2021-2025</b>		
3	NSW Service Plan for People with Eating Disorders - The Organisation will deliver on the approved implementation plan. <ul style="list-style-type: none"> <li>Report six-monthly on progress with the delivery of their local eating disorders plan.</li> </ul>	30 Dec 2022; 30 Jun 2023
<b>Mental Health Children and Young People - Safeguards</b>		
3	The Safeguards initiative: <ol style="list-style-type: none"> <li>recruit and maintain the minimum required FTE as per the supplementation letter</li> </ol>	30 Sep 2022

# Performance against strategies and objectives

Strategic outcome	Deliverable in 2022-23	Due by
	2. deliver and report the actions and progress according to the implementation plan	30 Jun 2023
<b>Asset maintenance</b>		
6	The organisation will complete an annual review and submission of the local Strategic Asset Management Plan and Asset Management Plan which will inform future asset related decision making.	30 Jun 2023
6	The organisation will complete an annual Asset Management Maturity Assessment to support the development of its Asset Management Framework Implementation Plan.	30 Jun 2023
6	The organisation will evaluate and report annual progress against the local Asset Management Framework Implementation Plan.	30 Jun 2023
6	The organisation will incorporate a whole of lifecycle approach to decision making for maintenance, renewal and future investments based on a balance of cost risk and performance.	30 Jun 2023
<b>Improvements to security in hospitals</b>		
2	Final implementation of the recommendations of the Anderson Report	Dec 2022
	Completion of all security audits (SIAT) of all required facilities	Dec 2022
	Actions required to address identified non-compliance with security standards, identified during security audits, completed	Jun 2023
<b>Workplace culture</b>		
4	The National Medical Training Survey will be used to monitor the quality of training and supervision medical officers receive and to identify areas where the Organisation can improve its management of doctors in training to provide a safe working environment to deliver high quality care.	30 Jun 2023



# Budget Principles



- The District is holding a Contingency of \$54M (to meet additional patient demands, unforeseen equipment replacement or other unexpected District costs)
- The Contingency amount includes budgets for District-wide Community Duress Alarms, Digital Patient Journey Program, Virtual Care Information System, Emergency Hospital in the Home and Drug Health Redesign
- Chris O'Brien Lifehouse budget allocated as per agreement with the NSW Ministry of Health
- The District's budget is a combination of Activity Based Funding (ABF) and Block Funding  $ABF = Activity (NWAU) \times Price (State\ Efficient\ Price)$ .
- Facility budgets have been developed based on current Business As Usual (BAU) principles (after excluding one-off budget supplementations/ enhancements and COVID-19 budgets)



# 2022-2023 Initial Budget from MoH



The Sydney Local Health District Total Expenditure Budget for 1 July 2022 – 30 June 2023:

\$2.093 BILLION	
GENERAL FUND	RESTRICTED FINANCIAL ASSET
\$2.068B	\$0.025B

- The Initial budget allocation represents an increase of \$78M (3.88%, including 1.21% Activity Growth) compared to the annualised budget.

# 2022-2023 Initial Budget from MoH

The Sydney Local Health District Total Revenue Budget for 1 July 2022 – 30 June 2023:

\$2.029 BILLION		
Government Contribution	Restricted Financial Asset	Own Source
\$1.728B	\$0.040B	\$0.261B

- The Initial budget allocation represents a increase of \$9.8M (3.37%) compared to the annualised budget.

# 2022-2023 Initial Budget Allocations

Facility / Service	Expenditure \$M	Revenue \$M	NCoS \$M
RPA	\$ 778.497	\$ 138.571	\$ 639.926
CONCORD	\$ 425.671	\$ 59.136	\$ 366.535
CANTERBURY	\$ 132.353	\$ 9.988	\$ 122.365
BALMAIN	\$ 59.471	\$ 20.262	\$ 39.209
IRO	\$ 23.272	\$ 3.001	\$ 20.271
LIFEHOUSE	\$ 46.027	\$ -	\$ 46.027
MENTAL HEALTH	\$ 143.674	\$ 7.977	\$ 135.697
THOMAS WALKER	\$ 9.137	\$ 0.001	\$ 9.136
COMMUNITY HEALTH	\$ 33.405	\$ 1.215	\$ 32.190
RPA VIRTUAL	\$ 17.077	\$ 6.110	\$ 10.967
POPULATION HEALTH	\$ 14.697	\$ 1.509	\$ 13.188
SYDNEY DENTAL	\$ 50.443	\$ 1.798	\$ 48.645

# 2022-2023 Service Agreement



- Service Agreement for 2022-23 detailing activity and funding was issued to the Chief Executive on 21 June 2022
- The signed Service Agreement must be returned to the Secretary, NSW Health (by 29 July 2022)
- The executed Service Agreement must be displayed in a prominent and easily accessible location on the Sydney Local Health District website (by 31 July 2022)
- Service and facility-level budgets (including staffing and activity levels) should be published on the District website following Board deliberations (by 31 August 2022)
- A summary of each facility and District-wide service total expense budget (all programs) is also to be made available in a prominent location on the SLHD internet site (by 31 August 2022)
- Budgets and forecasts are to be loaded into the Statewide Management Reporting System (SMRS) reporting system (by 12 August 2022)
- SLHD is required to identify the value of Efficiency Improvement Plan (Productivity, Expenses and Revenue) required to achieve on budget performance in 2022-23, and to document those strategies as roadmaps (by 31 July 2022)

# Next Steps



## Continue strong governance over financial performance:

- Monthly distribution of monthly finance reports
- Continued monthly performance reporting to FRAP
- Monitoring of Productivity, Expenses and Revenue Roadmaps
- General Manager led Strategic Revenue Network
- Monthly Facility Budget / Clinical Stream meetings