
2025-29 Service Agreement

An Agreement between the Secretary, NSW Health
and South Western Sydney Local Health District
for the period 1 July 2025 to 30 June 2029



NSW Health 2025-29 Service Agreement

Principal purpose

The principal purpose of this Service Agreement (**the Agreement**) is to articulate the direction, responsibility and accountability across the NSW Health system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, in keeping with NSW Government and NSW Health priorities.

The *Health Services Act 1997* (NSW) allows the Health Secretary to enter into performance agreements with public health organisations in relation to the provision of health services and health support services (s.126).

Through execution of the Agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in the Agreement (including through the Funding and Performance Supplement which is entered into by the Secretary, NSW Health and the Organisation for each financial year during the term of the Agreement, and forms part of the Agreement).

Objectives

NSW Health's vision is for a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, equitable, invests in wellness and is digitally enabled.

To achieve this, the Service Agreement, and related Funding and Performance Supplements:

- Enable the organisation to deliver high quality, effective services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people
- Promote accountability to Government and the community for service delivery and funding
- Contribute to health system performance monitoring and management to achieve NSW Health and Government goals and priorities
- Recognise that the needs of the population are not the same and all components of the system should strive to improve and drive equitable health outcomes
- Incorporate funding processes that target both allocative and operational efficiency
- Provide longer term funding certainty and investment flexibility with accountability mechanisms.

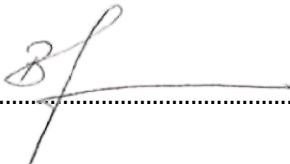
The Service Agreement also seeks to link budget to outcomes to achieve NSW Outcomes:

- People receive timely quality care in hospitals
- People receive timely quality care in the community
- People are supported to make the best decisions for their health
- People are enabled to lead healthy and active lifestyles

Parties to the agreement

The Organisation

Ms Biljana Sankovic
Chair
On behalf of the
South Western Sydney Local Health District Board

Date 28/7/2025 Signed 

Sonia Marshall
Chief Executive
South Western Sydney Local Health District

Date 28/7/2025 Signed 

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 6/8/25 Signed 

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1 Legislation and governance

1.1 Legislation

The *Health Services Act 1997* (the Act) provides a legislative framework for the public health system, including setting out the purposes and functions in relation to Local Health Districts (ss. 8, 9, 10).

Under the Act, the Health Secretary's functions include: to facilitate the achievement and maintenance of adequate standards of patient care within public hospitals and in relation to other services provided by the public health system, to facilitate the efficient and economic operation of the public health system, to provide governance, oversight and control of the public health system and the statutory health organisations within it, and to enter into performance agreements with public health organisations (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.

1.2 Structure of the Service Agreements

The Agreement consists of the following:

- (a) this document;
 - (b) any Funding and Performance Supplement executed between the Secretary, NSW Health and the Organisation for each financial year during the term of the Agreement; and
 - (c) any documents incorporated by reference.
-

1.3 Variation of the agreement

The Agreement may be amended at any time by agreement in writing between the Organisation and the Ministry of Health.

The Agreement is also subject to the powers of the Secretary and the Minister under the Act and the *Health Administration Act 1982*, including the power to determine 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 and / or the Funding and Performance Supplement Agreements for each financial year during the term of the Agreement will be provided through separate documents that may be issued by the Ministry of Health in the course of the year and will be incorporated into the Agreement by reference.

1.4 Conditions of subsidy

The Organisation is required to comply with the various Conditions of Subsidy set out in the *Financial Requirements and Conditions of Subsidy (Government Grants)*.

1.5 National Agreement

The National Cabinet has reaffirmed the commitment of all Australian governments to providing universal healthcare for all Australians. This is enshrined in the 2020-2025 Addendum to the

National Health Reform Agreement (NHRA), which has been extended by one year until 30 June 2026. The NHRA outlines the financial arrangements for Australian public hospital services.

1.6 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.

1.6.1 Clinical governance

NSW public health services are accredited against the National Safety and Quality Health Service Standards. The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined in the Standards (Version 2.0) by the 31 October each year. The Organisation must provide a copy of the annual Governing Body attestation statement, required by the Australian Commission on Safety and Quality in Health Care, to the NSW Ministry of Health by the 31 October each year.

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 Clinical Governance in NSW policy (PD2024_010) provides an important framework for improvements to clinical quality.

1.6.2 Corporate governance

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

1.6.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with NSW Health Procurement (Goods and Services) policy (PD2024_044). The Public Works and Procurement Act 1912 grants the Procurement Board authority to issue directions and policies to government agencies regarding the procurement of goods and services of any kind. The Organisation must ensure procurement of goods and services complies with the NSW Government Procurement Policy Framework and any NSW Procurement Board Directions as issued. The Organisation must also comply with procurement-connected policies, including but not limited to the Aboriginal Procurement Policy and the Small and Medium Enterprise and Regional Procurement Policy.

1.6.4 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.

1.6.5 Affiliated Health Organisations

The Organisation is to enter into an annual Service Agreement with the following Affiliated Health Organisations (AHOs) in receipt of subsidies in respect of the recognised establishments or services recognised under Schedule 3 of the Health Services Act 1997 and listed below:

Organisation	Recognised establishment or recognised service
Benevolent Society of New South Wales	South West Sydney Scarba Services. Early Intervention Program.
Hammondcare Health and Hospitals Limited	Braeside Hospital, Prairiewood.
Karitane	Child and Family health services at Carramar, Fairfield, Liverpool and Randwick.
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)

Section 130 of the Act provides for Local Health Districts exercising the delegated function (s.129) of determining subsidies for AHOs to enter into performance agreements with AHOs in respect of the AHO's recognised establishments and recognised services and may detail operational performance targets for the AHO in the exercise of specified functions relating to the health services concerned during a specified period, and provide for evaluation and review of results in relation to those targets.

Under s.130 of the Act, the AHO is to report performance results under a performance agreement during a financial year to the Organisation within 3 months of the end of that year.

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

To ensure equity across NSW public health organisations in the governance of funding and performance, the Organisation will:

- Include AHO Chief Executive Officers in annual budget planning and negotiations
- Determine subsidies for the AHO, with the key condition of subsidy being the Accounts and Audit Determination for Public Health Organisations
- Include in the annual Service Agreement the operational performance targets, with performance thresholds, for the AHO
- Evaluate and review performance against those targets and thresholds through quarterly meetings with the AHO Chief Executive Officers
- Report those results to the Secretary, NSW Health each year

2 Strategic context

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 alignment with NSW Health core strategies: Future Health, Regional Health, Workforce Plan, and Aboriginal Health. In doing so, the Organisation 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.

2.1 Future Health Strategic Framework

The *Future Health: Strategic Framework* (the Strategic Framework) is the roadmap for how the health system will deliver services to achieve NSW Health's vision.

The Strategic Framework reflects the aspirations of the community, NSW Health's patients, workforce and partners in care for how they envisage our future health system. Future Health guides the delivery of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing the NSW Health system. There will be specific activities for the Ministry of Health, health services and support organisations to deliver as NSW Health implements the Strategic Framework, and services are required to align their strategic, operational and business plans with these Future Health directions.

2.2 Regional Health Strategic Plan

The *Regional Health Strategic Plan 2022-2032* outlines NSW Health's strategies to ensure people living in regional, rural and remote NSW can access high quality and timely healthcare with excellent patient experiences and optimal health outcomes. The *Regional Health Strategic Plan* aims to improve health outcomes for regional, rural and remote NSW residents over the decade from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the plan, such as South Western Sydney and Nepean Blue Mountains. The *Regional Health Strategic Plan* is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The *Regional Health Strategic Plan Priority Framework* outlines a suite of targets for each Strategic Priority, to be achieved in each time horizon of the Plan.

2.3 NSW Aboriginal Health Plan

The *NSW Aboriginal Health Plan 2024-2034* aims to drive change to achieve the highest possible levels of health and wellbeing for Aboriginal people in NSW, in line with the National Agreement on

Closing the Gap, by:

- Guiding how health systems are planned, delivered, and monitored
- Elevating the focus on Aboriginal expertise to drive shared decision-making and innovative collaborations
- Influencing the redesign of health services to achieve health equity
- Providing direction for the elimination of racism in all aspects of health care

The NSW Aboriginal Health Plan is supported by the *NSW Aboriginal Health Governance, Shared Decision Making and Accountability Framework* which promotes partnership and shared decision making and is operationalised through the NSW Aboriginal Health Transformation Agenda which NSW Health Organisations have responsibility for actioning.

2.4 NSW Health Workforce Plan 2022-2032

The *NSW Health Workforce Plan* describes the NSW Health workforce vision and its system priorities:

1. Build positive work environments that bring out the best in everyone.
2. Strengthen diversity in our workforce and decision making.
3. Empower staff to work to their full potential around the future care needs.
4. Equip our people with the skills and capabilities to be an agile, responsive workforce.
5. Attract and retain skilled people who put patients first.
6. Unlock the ingenuity of our staff to build work practices for the future.

State-level leads have been identified to lead specific activities under the first Horizon, on behalf of the system.

However, to achieve the workforce vision, all agencies, local health districts, specialty networks and pillar organisations are responsible for delivering on these six system-wide workforce priorities for the workforce of their organisation.

2.5 NSW Government priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to NSW Health is monitored by the Ministry of Health including:

- Election commitments including the Premier's focus areas
- Inquiry recommendations
- NSW Performance and Wellbeing Framework

3 Local Strategic Priorities

Healthcare service planning supports a more consistent approach to delivering NSW Health's core strategies, to achieve the vision of *a sustainable health system that delivers outcomes that matter most to patients and the community, is personalised, invests in wellness and is digitally enabled*.

The Organisation is responsible for strategic and service planning that meets the particular needs of their local population and has identified the following priorities that will be targeted over the period of this Agreement:

- Establish Antenatal Screening Hub Pilot
- Enhance Lung Cancer Screening Diagnostic and Coordination Services
- Renal services

2025-26 Funding and Performance Supplement

A Supplementary Agreement between the Secretary, NSW Health and South Western Sydney Local Health District for the period 1 July 2025 to 30 June 2026



2025-26 Funding and Performance Supplement

Principal purpose

The principal purpose of the Funding and Performance Supplement is to set out the performance expectations for funding and other support provided to South Western Sydney Local Health District (the Organisation), and to ensure the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, in keeping with NSW Government and NSW Health priorities.

The Funding and Performance Supplement specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

The *Health Services Act 1997* (NSW) allows the Health Secretary to enter into performance agreements with public health organisations in relation to the provision of health services and health support services (s.126). Through execution of the Funding and Performance Supplement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Funding and Performance Supplement.

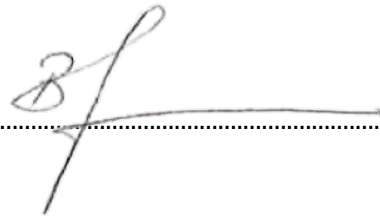
This Funding and Performance Supplement forms part of the NSW Health 2025-29 Service Agreement which has been executed by the Secretary, NSW Health and the Organisation.

Parties to the agreement

The Organisation

Ms Biljana Sankovic
Chair
On behalf of the
South Western Sydney Local Health District Board

Date5/8/2025..... Signed



Ms Sonia Marshall
Chief Executive
South Western Sydney Local Health District

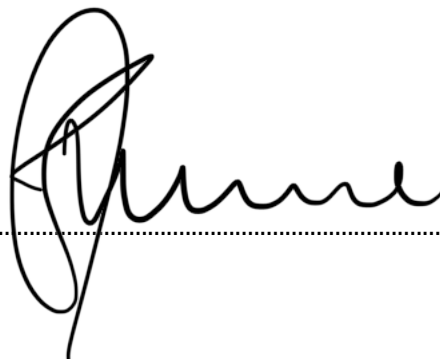
Date5/8/2025..... Signed



NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date6/8/25..... Signed



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Budget

1.1 Budget Schedule: Part 1

Budget schedule is split by Streams:

- Stream A – Budget aligned to state outcome that *People receive timely quality care in hospitals*
- Stream B – Budget aligned to state outcomes that *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

		Initial Budget	
South Western Sydney Local Health District		Target Volume	2025-26
		(NWAU)	(\$000)
State Price \$6,081 per NWAU 25			
Stream A			
Acute Admitted		224,422	1,376,663
Emergency Department		50,790	302,594
Sub-Acute Services		26,949	174,819
Non Admitted Services - Incl Dental Services		37,088	343,254
Mental Health - Admitted		20,103	122,376
Teaching, Training and Research		-	81,172
Home Vent		-	-
Total Stream A	A	359,351	2,400,877
Stream B			
Mental Health - Non Admitted		16,104	90,399
Community Health - Incl. Primary Health		20,750	146,814
Population Health			30,905
Aboriginal Health			1,775
Other Services			32,492
Total Stream B	B	36,855	302,385
Restricted Financial Asset Expenses	C		12,125
Depreciation (General Funds only)	D		115,772
Total Expenses (E = A + B + C + D)	E	396,206	2,831,159
Other - Gain/Loss on disposal of assets etc	F		770
Total Revenue	G		(2,738,395)
GF Revenue - ABF Commonwealth Share			(978,326)
GF Revenue - Block Commonwealth Share			(34,641)
Own Source Revenue			(1,725,428)
Net Result (H = E + F + G)	H	396,206	93,534

1.2 Budget Schedule: Part 2 – Revenue

South Western Sydney Local Health District		2025-26
		(\$000)
Government Grants		
A	Subsidy* - In-Scope ABF State Share	(1,297,612)
B	Subsidy - In-Scope Block State Share	(57,618)
C	Subsidy - Out of Scope State Share	(31,405)
D	Capital Subsidy	(11,256)
E	Crown Acceptance (Super, LSL)	(33,232)
F	Total Government Contribution (F=A+B+C+D+E)	(1,431,122)
Own Source Revenue		
G	GF Revenue	(274,804)
H	GF Revenue - ABF Commonwealth Share	(978,326)
I	GF Revenue - Block Commonwealth Share	(34,641)
J	Restricted Financial Asset Revenue	(19,502)
K	Total Own Source Revenue (K=G+H+I+J)	(1,307,272)
L	Total Revenue (L=F+K)	(2,738,395)
M	Total Expense Budget - General Funds	2,819,034
N	Restricted Financial Asset Expense Budget	12,125
O	Other Expense Budget	770
P	Total Expense Budget (P=M+N+O)	2,831,929
Q	Net Result (Q=L+P)	93,534
Net Result Represented by:		
R	Asset Movements	(95,634)
S	Liability Movements	2,100
T	Entity Transfers	-
U	Total (U=R+S+T)	(93,534)
Note:		
Cash, liquidity and payments are managed centrally by the Ministry and HealthShare to ensure payroll, creditors and other commitments are paid as and when required on behalf of NSW Health entities.		
* The subsidy amount does not include items E and G, which are revenue receipts retained by the Districts / Networks and sit outside the National Pool.		

1.3 Budget Schedule: Part 3 – NHRA Clause A95(b) Notice

South Western Sydney Local Health District	In-Scope services	Out-of- scope services	Total Services	State Price	Total Funding	Total Funding for In- scope services	C'wealth Funding for In- scope services	State Funding for In- scope services	Funding for out-of- scope services
	(NWAU)	(NWAU)	(NWAU)	(\$)	(\$000)	(\$000)	(\$000)	(\$000)	(\$000)
ABF Allocation									
Emergency Department	48,680	2,110	50,790	6,081	301,097	288,354	125,266	163,088	12,743
Acute Admitted	214,736	8,946	223,682	6,081	1,324,066	1,270,997	552,570	718,427	53,069
Admitted Mental Health	19,704	398	20,103	6,081	120,970	118,518	50,704	67,814	2,452
Sub-Acute	24,702	2,247	26,949	6,081	167,923	154,204	63,565	90,639	13,719
Non-Admitted	56,264	1,575	57,838	6,081	356,339	354,497	144,781	209,717	1,841
Community Mental Health	16,104	-	16,104	6,081	89,368	89,368	41,440	47,927	-
Total ABF Allocation	380,190	15,276	395,466	6,081	2,359,762	2,275,937	978,326	1,297,612	83,824
Block Allocation									
Teaching, Training and Research	-	-	-	-	81,172	81,172	30,287	50,884	-
Small Rural Hospitals	-	-	-	-	117	117	55	62	-
Small Hospital Major Cities	-	740	740	-	9,627	9,627	3,694	5,933	-
Standalone Mental Health	-	-	-	-	-	-	-	-	-
Other Mental Health	-	-	-	-	-	-	-	-	-
Non-Admitted Home Ventilation	-	-	-	-	-	-	-	-	-
Other Public Hospital Programs	-	-	-	-	1,343	1,343	604	739	-
Highly Specialised Therapies	-	-	-	-	-	-	-	-	-
Total Block Allocation	-	740	740	-	92,259	92,259	34,641	57,618	-
Public Health	-	-	-	-	30,905	30,905	13,710	17,196	-
Non-NHRA Block	-	-	-	-	348,233	-	-	-	348,233
Total Non-NHRA Block Allocation	-	-	-	-	379,138	30,905	13,710	17,196	348,233
Grand Total Funding Allocation	380,190	16,015	396,206	-	2,831,159	2,399,102	1,026,676	1,372,425	432,057

1.4 Budget Schedule: Part 4 – Capital Program

1.4.1 Capital Program Part 1 – Total Capital Works Program

Project Description	Project Code	Reporting Silo	Estimated Total Cost (\$'000)	Estimated Expenditure to 30 June 2025 (\$'000)	Budget Allocation 2025-26 (\$'000)	Balance to Complete (\$'000)
Projects managed by Health Entity						
2025-26 Major New Works						
Camden Campbelltown Palliative Care	P57459	OTHER	3,000	-	500	2,500
Total Major New Works			3,000	-	500	2,500
Works in Progress						
Bankstown Lidcombe Hospital PET-CT Replacement	P57257	LFI	2,725	-	2,725	-
Campbelltown Hospital SPECT CT Scanners x 2 Procurement and Install	P57481	OTHER	1,988	-	1,988	-
Centralised Sterilisation Service upgrade	P56933	LFI	15,000	14,306	694	-
Liverpool Hospital Mental Health HDU Redesign	P57397	LFI	370	333	37	-
Minor Works & Equipment >\$10K<\$250K *	P51069	MWE	20,060	n.a	5,015	15,045
Renal Dialysis Capacity Expansion	P57432	OTHER	5,243	490	4,753	-
Total Works in Progress			45,386	15,128	15,212	15,045
Total Capital Program managed by Health Entity			48,386	15,128	15,712	17,545
Projects managed by Health Infrastructure						
2025-26 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Bankstown New Hospital	P56706	HI Silo	2,000,000	20,024	23,500	1,956,476
Bowral and District Hospital Redevelopment Stage 2	P56644	HI Silo	55,000	43,750	11,250	-
Fairfield Hospital Redevelopment	P57202	HI Silo	550,000	3,527	12,730	533,743
Liverpool Health and Academic Precinct	P56402	HI Silo	780,000	461,969	50,669	267,362
New Hospital at Western Sydney Aerotropolis (Planning)	P57206	HI Silo	15,000	298	2,885	11,817
Total Works in Progress			3,400,000	529,568	101,034	2,769,398
Total Capital Expenditure Authorisation Limit managed by Health Infrastructure			3,400,000	529,568	101,034	2,769,398
Projects managed by Ministry of Health						
2025-26 Major New Works						
Total Major New Works			-	-	-	-
Works in Progress						
Total Works in Progress			-	-	-	-
Total Capital Expenditure Authorisation Limit managed by Ministry of Health			-	-	-	-

Notes:
- Expenditure should not exceed to the approved limit without prior authorisation by Ministry of Health.
- P51069 Minor Works & Equipment >\$10k<\$250k allocations represent the initial annual allocations to be applied from 2025-26 to 2028-29 (4 years). Health Entities may seek to vary budget as part of the MWE Quarterly review process.

1.4.2 Capital Program Part 2 – Minor Works & Equipment 4 Year Program

Project Code & Description	ETC (\$'000)	2025-26 (\$'000)	2026-27 (\$'000)	2027-28 (\$'000)	2028-29 (\$'000)	Funding Source
P51069 Minor Works & Equipment >\$10K<\$250K	16,060	4,015	4,015	4,015	4,015	Confund
	4,000	1,000	1,000	1,000	1,000	Local
Total Budget	20,060	5,015	5,015	5,015	5,015	Mixed

2 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.

2.1 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:

- [Adult Critical and Specialist Care Inter Hospital Transfer Policy](#) (PD2025_002)
- [NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements](#) (PD2023_019)
- [Tiered Networking Arrangements for Perinatal Care in NSW](#) (PD2023_035)
- [Accessing inpatient mental health care for children and adolescents](#) (IB2023_001)
- [Adult Mental Health Intensive Care Networks](#) (PD2019_024)
- [State-wide Intellectual Disability Mental Health Hubs](#)

2.2 Critical and specialist care

Service name	Unit	Locations	Service Requirement
Adult Intensive Care Unit – Level 6 services	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (30) St Vincent’s (22) St George (36)	Services to be provided in accordance with the <u>Adult Critical and Specialist Care Inter Hospital Transfer</u> policy. Units with new beds in 2025/26 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 <u>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</u> .
Neonatal Intensive Care Service	Beds/NWAU	Sydney Children’s Hospitals Network (SCHN) - Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (18+1/325 NWAU25) Liverpool (18) John Hunter (20) Nepean (12+1/325 NWAU25) Westmead (24)	Services to be provided in accordance with the <u>NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policy and NSW Health Policy Directive <u>Tiered Networking Arrangements for Perinatal Care in NSW</u> (PD2023_035).
Paediatric Intensive Care	Beds/NWAU	SCHN – Randwick (18) SCHN – Westmead (24) John Hunter (7)	Services to be provided in accordance with the <u>NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policy.

Service name	Unit	Locations	Service Requirement
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 <u>ECMO services – Adult patients: Organisational Model of Care</u> and <u>ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care</u> .
Mental Health Intensive Care	Access	Hornsby - Mental Health Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit Orange Health Service Bloomfield - Lachlan Adult Mental Health Intensive Care Unit Concord - McKay East Intensive Psychiatric Care Unit Cumberland – Yaralla Intensive Psychiatric Care Unit Prince of Wales - Mental Health Intensive Care Unit Forensic Hospital, Malabar (second tier referral facility)	Provision of equitable access. Services to be provided in accordance with the <u>Adult Mental Health Intensive Care Networks</u> policy.
High risk maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Providing support, advice and management for all women with high risk pregnancies, in accordance with the NSW Health Policy Directive <u>Tiered Networking Arrangements for Perinatal Care in NSW</u> (PD2023_035).
Severe Burn Service	Access	Concord Royal North Shore SCHN - Westmead	Services to be provided in accordance with the NSW Agency for Clinical Innovation's <u>NSW Burn Transfer Guidelines</u> .
State Spinal Cord Injury Service	Access	Prince of Wales Royal North Shore Royal Rehab SCHN – Westmead and Randwick	Services to be provided in accordance with the <u>Adult Critical and Specialist Care Inter-Hospital Transfer</u> and the <u>NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements</u> policies.
Endovascular clot retrieval	Access	Royal Prince Alfred Prince of Wales Royal North Shore Westmead Liverpool John Hunter SCHN	As per the NSW Health strategic report - <u>Planning for NSW NI Services to 2031</u> .

2.3 Transplant services

Organ transplant services are dependent on the availability of matched organs in accordance with the Transplantation Society of Australia and New Zealand, [*Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.11 – May 2023*](#).

Referral pathways for Haematopoietic Stem Cell Transplantation are detailed in the Agency for Clinical Innovation Bone and Marrow Transplant Network's [*NSW Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis*](#).

Service name	Unit	Locations
Heart, Lung and Heart Lung Transplantation	106	St Vincent's
Adult Liver Transplant	Access	Royal Prince Alfred
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead
Paediatric Heart Transplant	Access	SCHN – Westmead
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's Westmead Royal Prince Alfred Liverpool Royal North Shore SCHN – Randwick SCHN – Westmead
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number	St Vincent's

2.4 Strategic infrastructure

Service name	Locations
Cyclotrons	Royal Prince Alfred Liverpool
Blood and Marrow Transplant Laboratory	St Vincent's - <i>services Gosford</i> NSW Health Pathology – Westmead Institute of Clinical Pathology and Medical Research (ICPMR) – <i>services Nepean, Wollongong and SCHN – Westmead</i> NSW Health Pathology – Prince of Wales – <i>services SCHN - Randwick</i>
Hyperbaric Medicine	Prince of Wales
Biocontainment unit	Westmead

2.5 Implementation of new health technologies

These services are listed in the Agreement according to the NSW Health [*Guideline for New Health*](#)

Technologies and Specialised Services (GL2024_008).

When fully implemented, these services will be transitioned into activity-based service provision and may be transitioned to local governance and removed from the Agreement.

Service name	Locations
CAR T-cell therapy delivered for the following clinical indications in accordance with individual agreements between the Ministry of Health and delivery sites:	
Acute lymphoblastic leukaemia (ALL)	SCHN Royal Prince Alfred Westmead
Adult diffuse large B-cell lymphoma (DLBCL)	Royal Prince Alfred Westmead
Adult mantle cell lymphoma (MCL)	Royal Prince Alfred Westmead
Gene therapy for inherited retinal blindness	SCHN
Gene therapy for paediatric spinal muscular atrophy	SCHN - Randwick
Telestroke	Prince of Wales

2.6 Nationally Funded Centres

All patients across Australia can be accepted onto Nationally Funded Centre programs in line with the *Nationally Funded Centre Agreement*.

Service name	Locations
Pancreas Transplantation	Westmead
Paediatric Liver Transplantation	SCHN - Westmead
Islet Cell Transplantation	Westmead

3 Purchased volumes and services

3.1 Purchased activity

Activity stream	DWAU	NWAU25
STREAM A		
Acute – Admitted	-	223,387
Emergency Department	-	50,790
Sub-Acute – Admitted	-	26,949
Public Dental Clinical Service – Total Dental Activity (DWAU)	51,421	-
Mental Health – Admitted	-	20,103
Alcohol and other drug related – Admitted*	-	1,035
Alcohol and other drug related – Non-Admitted*	-	1,789
Non-Admitted – 10/20 Series	-	30,286
Total Stream A	51,421	354,337
STREAM B		
Non-Admitted – 40 Series	-	20,750
Mental Health – Non-Admitted	-	16,104
Total Stream B	-	36,855
	Total purchased activity#	396,206

* Alcohol and other drug activity is a subset of acute, sub-acute or non-admitted

#Total purchased activity includes DWAU25 converted to NWAU25.

State-wide Dental Services

Activity stream	DWAU	Performance metric
Specialist Services provided as a State-wide service	773	Ongoing monitoring by the District and the Centre for Oral Health

3.2 Priority programs – New Policy Proposals (NPP)

The Organisation has received an allocation of the NSW Government investment in NPPs for initiatives that will improve outcomes for the people of NSW.

Funding, allocated as block, activity or mixed, is included in the Organisation’s initial budget in *Budget* schedule or purchased activity of the *Purchased volumes and services* schedule.

3.2.1 New Policy Proposals – *People receive timely quality care in hospitals*

Program or initiative	Allocation method	Benefit / outcome / performance metrics
Emergency Department Relief Package		
Creating Inpatient Capacity - Hospital in the Home (HITH)	Activity	<p>Outcomes / Benefits</p> <ul style="list-style-type: none"> District-wide access HITH service with central single access point District wide operational governance to support 7-day week clinical service with medical oversight. Senior Medical Leadership - Generalist speciality to form medical governance. Virtual enablement and integration with Face-to-Face service. Implementation of a model of care to support emergency department (ED) diversion to HITH e.g. Rapid Access Clinic to manage Category 3-5 ED presentations and/or differentiate patients suitable for HITH.
Creating Inpatient Capacity – Emergency Department Short Stay Units (SSU)	Both	<p>Outcomes / Benefits</p> <ul style="list-style-type: none"> Operationalise 22 additional EDSSU treatment spaces across 5 LHDs and optimise EDSSU capacity <p>Performance metrics:</p> <ul style="list-style-type: none"> ED Length of Stay (LOS): 60% of patients admitted to EDSSUs have a LOS ≤ 4 hours EDSSU Turnover Rate: 2.5 patients processed per treatment space per day
Creating Inpatient Capacity – Discharge concierge	Block	<p>Outcomes / Benefits</p> <ul style="list-style-type: none"> Optimise current care coordination and discharge processes to reduce inpatient length of stay and readmission. <p>Performance metrics</p> <ul style="list-style-type: none"> Reduction in overnight acute LOS Reduction in readmission rates Increase in volume of discharge before noon
Strengthening Medicare – Specialist Virtual Services	Activity	<p>Outcomes / Benefits</p> <ul style="list-style-type: none"> Increased access for people over 65 to HITH services. Referral pathways for people over 65 between ACOS and HITH services. Access to specialist geriatric care for people over 65 through a HITH service.
VirtualADULTS and virtualSPECIALIST Urgent Care Services	Block	<p>Outcomes / Benefits</p> <ul style="list-style-type: none"> Reduction in avoidable ED presentations Patients receive safe care that is appropriate to their healthcare needs, at the right time

Program or initiative	Allocation method	Benefit / outcome / performance metrics
Alternate Care Pathways – Urgent Care Services	Block	<ul style="list-style-type: none"> Improvement in equity of access to health care, for those seeking urgent care LHDs facilitate referral pathways to local services for patients requiring follow up care after post a virtualADULTS episode <p>Outcomes/Benefits:</p> <ul style="list-style-type: none"> Urgent Care Services (UCS) encompasses short-term, episodic care for urgent but non-life-threatening health care needs that can be delivered in locations outside Emergency Departments to support ED diversion. UCS in NSW are delivered using a range of healthcare models appropriate to local settings including general practice-based care, virtual care, flying squads, in-home care and rapid response teams. Care is provided to patients of all ages and at no cost. UCS should provide comprehensive care for the episode, including diagnostics like radiology and pathology, with minimal need for external referrals. Ideally, these services should be 'co-located,' meaning they are easily accessible in terms of location and operating hours. Preferred access to UCS is via Healthdirect and the Single Front Door where relevant, with walk-in patients also accepted. <p>Performance metrics:</p> <ul style="list-style-type: none"> Patient-reported emergency department (ED) avoidance – patients indicated they would have attended an ED if not referred to a UCS. Referrals to UCS via Healthdirect – patients directed to UCS through Healthdirect services. Patient satisfaction survey results – feedback collected to assess patient experience and satisfaction with UCS services.

3.2.2 New Policy Proposals – *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

Program or initiative	Allocation method	Benefit / outcome / performance metrics
Priority Populations Immunisation Program (previously the Vaccine for hesitant and hardly reached communities program.)	Block	<p>The Organisation must submit by 31 July each year to the <u>Chief Health Officer</u>, for approval by the Ministry of Health (MoH), an annual project plan that should:</p> <ul style="list-style-type: none"> outline local strategies to increase vaccination coverage in priority and harder to reach population that interact with NSW Health services include appropriate measures, including key performance indicators, that will measure success of the funded strategies On 31 October 2025 and 30 April 2026 – submit a report demonstrating activity against the LHD plan and utilisation of the funding for positions.


4 Performance


The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health strategic priorities. Set out below are the priorities for Future Health Guiding the next decade of care in NSW 2022-2032 (in dark blue).

Detailed specifications for the key performance indicators are provided in the [KPI Data Supplement](#).

4.1 Key Performance Indicators

4.1.1 Indicators – People receive timely quality care in hospitals

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Overall Patient Experience Index (Number):				
Adult admitted patients	8.9	< 8.7	≥ 8.5 and < 8.9	≥ 8.9
Emergency department	8.6	< 8.4	≥ 8.4 and < 8.6	≥ 8.6
Patient Engagement Index (Number):				
Adult admitted patients	8.7	< 8.5	≥ 8.5 and < 8.7	≥ 8.7
Emergency department	8.5	< 8.2	≥ 8.2 and < 8.5	≥ 8.5

2 Safe care is delivered across all settings 				
Measure	Target	Performance Thresholds		
		Not performing x	Underperforming ↘	Performing ✓
Harm-free admitted care: (Rate per 10,000 admitted patient services):				
Hospital acquired pressure injuries	Individual – See Data Supplement			
Fall-related injuries in hospital – Resulting in fracture or intracranial injury	Individual – See Data Supplement			
Healthcare associated infections	Individual – See Data Supplement			
Hospital acquired respiratory complications	Individual – See Data Supplement			
Hospital acquired venous thromboembolism	Individual – See Data Supplement			
Hospital acquired renal failure	Individual – See Data Supplement			
Hospital acquired gastrointestinal bleeding	Individual – See Data Supplement			
Hospital acquired medication complications	Individual – See Data Supplement			

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚡	Performing ✔
Hospital acquired delirium	Individual – See Data Supplement			
Hospital acquired incontinence	Individual – See Data Supplement			
Hospital acquired endocrine complications	Individual – See Data Supplement			
Hospital acquired cardiac complications	Individual – See Data Supplement			
3rd or 4th degree perineal lacerations during delivery	Individual – See Data Supplement			
Hospital acquired neonatal birth trauma	Individual – See Data Supplement			
Hospital Access Targets (HAT):				
Discharged from ED within 4 hours (%)	80	< 70	≥ 70 and < 80	≥ 80
Admitted / transferred from ED within 6 hours (%)	80	< 70	≥ 70 and < 80	≥ 80
Admitted to ED Short Stay Unit (EDSSU) within 4 hours (%)	60	< 55	≥ 55 and < 60	≥ 60
ED extended stay of no greater than 12 hours (%)	95	< 85	≥ 85 and < 95	≥ 95
ED extended stay of no greater than 12 hours – Mental health or self-harm related presentations (%)	95	< 85	≥ 85 and < 95	≥ 95
Emergency department presentations treated within benchmark times (%):				
Triage 2: seen within 10 minutes	80	< 70	≥ 70 and < 80	≥ 80
Triage 3: seen within 30 minutes	75	< 65	≥ 65 and < 75	≥ 75
Inpatient discharges from ED accessible and rehabilitation beds by midday (%)	35	< 30	≥ 30 to < 35	≥ 35
Discharges from Mental Health inpatient beds by midday (%)	35	< 30	≥ 30 to < 35	≥ 35
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	90	< 80	≥ 80 to < 90	≥ 90
Overdue Planned (elective) surgery – patients (Number):				
Category 1	0	≥ 1	N/A	0
Category 2	0	≥ 1	N/A	0
Category 3	0	≥ 1	N/A	0
Dental Access Performance – Non-admitted dental patients treated on time (%)	98	< 95	≥ 95 and < 98	≥ 98
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	≥ 4.0 and ≤ 5.5	< 4.0

2 Safe care is delivered across all settings




Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚡	Performing ✔
Frequency (%)	< 4.1	> 5.3	≥ 4.1 and ≤ 5.3	< 4.1
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 (%):				
All persons	≤ 13	> 20	> 13 and ≤ 20	≤ 13
Aboriginal persons	≤ 13	> 20	> 13 and ≤ 20	≤ 13
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
Discharge against medical advice for Aboriginal inpatients (%)	≥ 1 % point decrease on previous year	Increase on previous year	≥ 0 and < 1 % point decrease on previous year	≥ 1 % point decrease on previous year
Incomplete emergency department attendances for Aboriginal patients (%):				
Patients who departed from an ED with a “Did not wait” status	≥ 1 % point decrease on previous year	Increase on previous year	≥ 0 and < 1 % point decrease on previous year	≥ 1 % point decrease on previous year
Patients who departed from an ED with a “Left at own risk” status	≥ 1 % point decrease on previous year	Increase on previous year	≥ 0 and < 1 % point decrease on previous year	≥ 1 % point decrease on previous year
Non-admitted services provided through virtual care (%)	30	No change or decrease on previous year	> 0 and < 5 % points increase on previous year	≥ 5 % points increase on previous year
Hospital in the Home: Admitted Activity (%)	5	< 3.5	≥ 3.5 and < 5	≥ 5
Hospital in the Home: Direct Referrals (%)	50	< 40	≥ 40 and < 50	≥ 50
Victims receiving a timely psychosocial and medical forensic response to sexual assault or abuse (%):	80	<70%	≥70% and <80%	≥80%


6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚡	Performing ✔
Purchased Activity Volumes - Variance (%):				
Total activity (NWAU)	Individual - See Data Supplement	< -1.5% or > +2.5%	≥ -1.5% and < 0	≥ 0% and ≤ +2.5%

6 The health system is managed sustainably 				
Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚡	Performing ✔
Total activity (NWAU) reportable under NHRA clause A95(b)	Individual - See Data Supplement	< -1.5% or > +2.5%	≥ -1.5% and < 0	≥ 0% and ≤ +2.5%
Purchased Activity Volumes – Variance (%): Public dental clinical service (DWAU)	Individual - See Data Supplement	< -1.5%	≥ -1.5% and < 0	≥ 0%
Expenditure Matched to Budget - Year to date variance - General Fund (%)	On budget or favourable	< -0.25	< 0 and ≥ -0.25	≥ 0
Own Sourced Revenue Matched to Budget - Year to date variance - General Fund (%)	On budget or favourable	< -0.25	< 0 and ≥ -0.25	≥ 0
Net Cost of Service (NCOS) Matched to Budget - Year to date variance - General Fund (%)	On budget or favourable	< -0.25	< 0 and ≥ -0.25	≥ 0
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual - See Data Supplement	< 90% of target	≥ 90% and < 95% of target	≥ 95% of target
Average acute overnight episode length of stay (reduction in days from 2023-24)	0.2	< 0.2	N/A	≥ 0.2
Same day surgery performance for targeted procedures (%)	68.8	< 36.8	≥ 36.8 and < 68.8	≥ 68.8%
Sustainability Towards 2030 – Reducing Nitrous Oxide Wastage: Emissions Per Service Event (% decrease on previous year)	10	< 5	≥ 5 and < 10	≥ 10

4.1.2 Indicators – People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚡	Performing ✔
Communication and engagement experience index - Aboriginal adult admitted patients (Number)	8.0	< 7.8	≥ 7.8 and < 8.0	≥ 8.0
Mental Health Consumer Experience: Mental health consumers with a score of very good or excellent (%)	80	< 70	≥ 70 and < 80	≥ 80

2 Safe care is delivered across all settings 				
Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚡	Performing ✔
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%)				

2 Safe care is delivered across all settings



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ↘	Performing ✓
All persons	75	< 60	≥ 60 and < 75	≥ 75
Aboriginal persons	75	< 60	≥ 60 and < 75	≥ 75
Potentially preventable hospital services (%)	≥ 2 % points lower than previous year	≥ 2 % points higher than previous year	Within 2 % points of previous year	≥ 2 % points lower than previous year

3 People are healthy and well



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ↘	Performing ✓
Health Outcomes Action Plan:				
Approved by Chief Health Officer by 30 September 2025	Completed	Not completed	N/A	Completed
Actions completed (%)	90	< 80	≥ 80 and < 90	≥ 90
Initial Hepatitis C Antiviral Treatment by District residents (% variance)	Individual – See Data Supplement	< 98% of target	≥ 98% and < 100% of target	≥ 100% of 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
Sustaining NSW Families Programs:				
Families enrolled and continuing in the program when child is 1 year of age (%)	65	< 55	≥ 55 and < 65	≥ 65
Families completing the program when child reached 2 years of age (%)	50	< 45	≥ 45 and < 50	≥ 50
Families enrolled in the program compared to the funded places (%)	80	< 65	≥ 65 and < 80	≥ 80
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
BreastScreen participation rates – Women aged 50-74 years (%):				
All women (%)	55	< 50	≥ 50 and < 55	≥ 55
Aboriginal women (%)	50	< 45	≥ 45 and < 50	≥ 50
CALD women (%)	50	< 45	≥ 45 and < 50	≥ 50

4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚠	Performing ✔
Workplace Culture - People Matter Survey Culture Index (% variance from previous year)	≥ -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
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 % points decrease on previous survey	No change or increase from previous survey.	> 0 and < 5 % points decrease on previous survey	≥ 5 % points 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 (%)	3.43	< 2.0	≥ 2.0 and < 3.43	≥ 3.43
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	5% decrease	Increase	≥ 0 and < 5% decrease	≥ 5% decrease or maintain at 0 claims

5 Research and innovation, and digital advances inform service delivery



Measure	Target	Performance Thresholds		
		Not performing ✘	Underperforming ⚠	Performing ✔
Research Governance Application Authorisations – Site specific within 60 calendar days - Involving greater than low risk to participants - (%)	75	< 55	≥ 55 and < 75	≥ 75
Concordance of trials in Clinical Trial Management System vs REGIS (%)	75	< 65	≥ 65 and < 75	≥ 75

4.2 Performance Deliverables

Key deliverables will be monitored, noting that indicators and milestones are held in detailed program operational plans.

4.2.1 Deliverables – *People receive timely quality care in hospitals*

Deliverable Name	Description
Outpatient State-wide Referral Criteria	<p>The Organisation will</p> <ul style="list-style-type: none"> • Deliver and report quarterly, providing evidence, on implementation of state-wide referral criteria to the Ministry of Health on: <ul style="list-style-type: none"> ○ Diabetes and endocrinology, general paediatrics, maternity and gynaecology (inclusive of general gynaecology, gynaecological oncology and menopause) state-wide referral criteria within outpatient services ○ Integration within HealthPathways and electronic referrals, where applicable ○ Engagement with local Primary Health Network and referring health professionals • Participate in periodic referral audits and post-implementation evaluation activities

4.2.2 Deliverables – *People receive timely quality care in the community and are supported to make the best decisions for their health and lead active lifestyles*

Deliverable Name	Description
Close the gap by prioritising care and programs for Aboriginal people	<p>The Organisation will deliver and report six monthly, providing evidence, to the Ministry of Health on:</p> <ul style="list-style-type: none"> • Initiatives to provide culturally responsive maternity care for Aboriginal women and families throughout all maternity services • Review of the second tier of Aboriginal leadership in all health services, including manager roles within Aboriginal health divisions and in key program areas. The Organisation will map how these roles will be strengthened to elevate the second tier of Aboriginal Health leadership. • Development of innovative programs, shared workforce models and/or models of care between the Organisation and Aboriginal Community Controlled Health Organisations.
Health Outcomes Action Plan	<p>Integration of prevention and population health activities into routine admitted and non-admitted clinical care for long-term benefits for communities and the system. This outcome will require a comprehensive and coordinated, whole of organisation approach and effective partnerships with other stakeholders.</p> <p>The Organisation will</p> <ul style="list-style-type: none"> • By 30 September 2025 – Deliver a local 4-year Health Outcomes Action Plan (the Plan), supported by the Organisation’s Health Care Service Plan, approved by the Chief Executive and agreed to by the Chief Health Officer. The Plan will outline the organisation wide approach to contributing to improving outcomes against 3 of the NSW Health population health priorities: <ul style="list-style-type: none"> ○ Physical activity ○ Prevalence of smoking and e-cigarette (vaping) use in adults ○ Healthy birthweight

Deliverable Name	Description
	<ul style="list-style-type: none"> ○ Prevalence of diabetes in adults ○ Immunisation rates in adolescents and adults • On 31 October 2025 and 30 April 2026 – Report six monthly on progress to the Health Outcomes Action Plan, providing evidence, to the Chief Health Officer