NSW Health

2026-27 Funding and Performance Supplement

A Supplementary Agreement between the Secretary, NSW Health and St Vincent's Hospital Sydney Limited (St Vincent's Health Network)

for the period 1 July 2026 to 30 June 2027

www.health.nsw.gov.au

2026-27 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 St Vincent's Health Network (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

Mr Paul O'Sullivan
Chair
On behalf of the
St Vincent's Hospital Sydney Limited Board

Date 24 August 2026 Signed .....

Ms Anna McFadgen
Chief Executive
St Vincent's Health Network

Date 19 August 2026 Signed .....

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 26 August 2026 Signed .....

Contents

1 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*

St Vincent's Health Network		Target Volume (NWAU)	2026-27 ($000)
State Efficient Price $6,187 per NWAU26			
Stream A			
Acute Admitted		*54,940*	347,242
Emergency		*10,309*	61,605
Sub-Acute Services		*4,022*	28,115
Non Admitted Services - Incl Dental Services		*9,666*	54,948
Mental Health - Admitted		*3,630*	26,710
Teaching, Training and Research			24,445
Home Vent			-
Total Stream A	**A**	**82,566**	**543,066**
Stream B			
Mental Health - Non Admitted		*2,013*	18,290
Community Health - Incl. Primary Health		*2,372*	27,013
Population Health			830
Aboriginal Health			179
Other Services			(35,090)
Total Stream B	**B**	**4,385**	**11,222**
Restricted Financial Asset Expenses	**C**		**-**
Capital Expense	**D**		**-**
Depreciation (General Funds only)	**E**		**-**
Total Expenses (F = A + B + C + D + E)	**F**	**86,952**	**554,288**
Other - Gain/Loss on disposal of assets etc	**G**		**-**
Total Revenue	**H**		**(554,288)**
GF Revenue - ABF Commonwealth Share			-
GF Revenue - Block Commonwealth Share			-
Own Source Revenue			(554,288)
Net Result (I = F + G + H)	**I**	**86,952**	**0**

1.2 Budget Schedule: Part 2

St Vincent's Health Network		2026-27 ($000)
	Government Grants	
A	Subsidy* - In-Scope ABF State Share	(529,013)
B	Subsidy - In-Scope Block State Share	(24,445)
C	Subsidy - Out of Scope State Share	(829)
D	Capital Subsidy	-
E	Crown Acceptance (Super, LSL)	-
F	**Total Government Contribution (F=A+B+C+D+E)**	**(554,288)**
	Own Source Revenue	
G	GF Revenue	-
H	GF Revenue - Capital	-
I	GF Revenue - ABF Commonwealth Share	-
J	GF Revenue - Block Commonwealth Share	-
K	Restricted Financial Asset Revenue	-
L	**Total Own Source Revenue (K=G+H+I+J+K)**	**-**
M	**Total Revenue (M=F+L)**	**(554,288)**
N	Total Expense Budget - General Funds	554,288
O	Restricted Financial Asset Expense Budget	-
P	Other Expense Budget	-
Q	**Total Expense Budget (Q=N+O+P)**	**554,288**
R	**Net Result (R=M+Q)**	**0**
	Net Result Represented by:	
S	Asset Movements	-
T	Liability Movements	-
U	Entity Transfers	-
V	**Total (V=S+T+U)**	**-**

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, G and H, which are revenue receipts retained by the Districts / Networks and sit outside the National Pool.

1.3 Budget Schedule: Part 3 – National Health Reform Funding Table

St Vincent's Health Network	In-Scope services (NWAU)	Out-of-scope services (NWAU)	Total Services (NWAU)	State Efficient Price ($)	Total Funding ($000)	Total Funding for In-scope services ($000)	C'wealth Funding for In-scope services ($000)	State Funding for In-scope services ($000)	Funding for out-of-scope services ($000)
ABF Allocation									
Emergency Department	*9,323*	*986*	*10,309*	6,187	**61,605**	55,074	26,011	29,063	6,531
Acute Admitted	*52,309*	*2,631*	*54,940*	6,187	**347,242**	324,330	145,935	178,395	22,912
Admitted Mental Health	*3,423*	*207*	*3,630*	6,187	**25,980**	21,867	9,551	12,317	4,113
Sub-Acute	*3,870*	*152*	*4,022*	6,187	**28,115**	26,910	10,796	16,115	1,205
Non-Admitted	*11,971*	*67*	*12,038*	6,187	**81,906**	81,839	33,399	48,441	67
Community Mental Health	*2,013*	-	*2,013*	6,187	**19,005**	18,992	5,616	13,376	13
Total ABF Allocation	**82,910**	**4,042**	**86,952**	**6,187**	**563,854**	**529,013**	**231,307**	**297,706**	**34,841**
Block Allocation									
Teaching, Training and Research					**24,445**	24,445	9,934	14,511	-
Small Rural Hospitals	-	-	-	-	**-**	-	-	-	-
Small Hospital Major Cities	-	-	-	-	**-**	-	-	-	-
Standalone Mental Health	-	-	-	-	**-**	-	-	-	-
Other Mental Health	-	-	-	-	**-**	-	-	-	-
Non-Admitted Home Ventilation					**-**	-	-	-	-
Other Public Hospital Programs					**-**	-	-	-	-
Highly Specialised Therapies					**-**	-	-	-	-
Total Block Allocation	**-**	**-**	**-**	**-**	**24,445**	**24,445**	**9,934**	**14,511**	**-**
Public Health					**830**	829	382	447	1
Non-NHRA Block					**(34,841)**	-	-	-	(34,841)
Total Non-NHRA Block Allocation					**(34,011)**	**829**	**382**	**447**	**(34,841)**
Grand Total Funding Allocation	**82,910**	**4,042**	**86,952**	**-**	**554,288**	**554,288**	**241,623**	**312,665**	**0**

1.4 Budget Schedule: Part 4 – Capital Program ($000)

Project Description	Project Code	Silo	Estimated Total Cost	PY Spend 30 June 26	2026-27	Balance to Complete
Project managed by Health Infrastructure						
Works in Progress						
Aboriginal Health Minor Works Program - SVHN	P57390	MW	235	118	**118**	-
Total Works in Progress			235	118	**118**	-
Total Capital Expenditure Authorisation Limit managed by Health Infrastructure			**235**	**118**	**118**	**-**
Total Capital Expenditure Authorisation Limit			**235**	**118**	**118**	-

Notes:
Expenditure should not exceed to the approved limit without prior authorisation by Ministry of Health.

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.

NSW Health acknowledges that the Network's strategic and operational planning is also developed as part of the strategic and operational plan for St Vincent's Health Australia group.

It also acknowledges that HealthShare and e-Health NSW services may be provided to the Network, under mutually agreed terms given the Organisation's status as a separate legal entity and an Affiliated Health Organisation.

NSW Health acknowledges that as the Network operates as part of the St Vincent's Health Australia group of companies the Network may receive services from and provide services to other facilities within the St Vincent's Health Australia group.

St Vincent's Health Australia takes a collaborative approach to health care and research on the Darlinghurst Campus working with partners Victor Chang Cardiac Research Institute, Garvan Institute of Medical Research and St Vincent's Private Hospital Sydney and the St Vincent's Clinic.

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)
- *Paediatric Service Capability (Paediatric Medicine and Surgery for Children)* (GL2024_005)
- *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* (PD2026_009)
- State-wide Intellectual Disability Mental Health Hubs

2.2 Critical and specialist care

Service name	Locations (bed equivalents where relevant)	Service Requirement
Adult Intensive Care Unit – Level 6 services	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) Wollongong (18)	Services to be provided in accordance with the *Adult Critical and Specialist Care Inter Hospital Transfer* policy. Bed equivalents to provide statewide access to L6 ICU services as required. Units will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's *Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit*.

Service name	Locations (bed equivalents where relevant)	Service Requirement
Neonatal Intensive Care Service	Sydney Children's Hospitals Network (SCHN) - Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (19) Liverpool (18) John Hunter (20) Nepean (13) Westmead (24)	Services to be provided in accordance with the *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* policy and NSW Health Policy Directive *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2023_035).
Paediatric Intensive Care	SCHN – Randwick (18) SCHN – Westmead (24) John Hunter (7)	Services to be provided in accordance with the *Paediatric Service Capability (Paediatric Medicine and Surgery for Children)* and *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* policy.
Extracorporeal Membrane Oxygenation Retrieval	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*.
Mental Health Intensive Care	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 Campbelltown Hospital, South Western Sydney Forensic Hospital, Malabar *(second tier referral facility)*	Provision of equitable access. Services to be provided in accordance with the *Adult Mental Health Intensive Care Networks* policy.
Tertiary Maternity Services – Level 6 services	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Services to be provided in accordance with the NSW Health Policy Directive *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2023_035) and *NSW Health Guideline Maternity and Neonatal Service Capability* (GL2026_010).
Severe Burn Service	Concord Royal North Shore SCHN - Westmead	Services to be provided in accordance with the NSW Agency for Clinical Innovation's *NSW Burn Transfer Guidelines*.
State Spinal Cord Injury Service	Prince of Wales Royal North Shore Royal Rehab SCHN – Westmead and Randwick	Services to be provided in accordance with the *Adult Critical and Specialist Care Inter-Hospital Transfer* and the *NSW Paediatric Clinical Care and Inter-hospital Transfer Arrangements* and the *Paediatric Service Capability (Paediatric Medicine and Surgery for Children)* policies.

Service name	Locations (bed equivalents where relevant)	Service Requirement
Endovascular clot retrieval	Royal Prince Alfred Prince of Wales Royal North Shore Westmead Liverpool John Hunter SCHN	As per the NSW Health strategic report - *Planning for NSW NI Services to 2031.*

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

2.4 Strategic infrastructure

Service name	Locations
Cyclotrons	Royal Prince Alfred Liverpool
Blood and Marrow Transplant Laboratory	St Vincent's - *services Gosford* NSW Health Pathology – Westmead Institute of Clinical Pathology and Medical Research (ICPMR) – *services Nepean, Wollongong and SCHN – Westmead* NSW Health Pathology – Prince of Wales – *services SCHN - Randwick*
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:	
Multiple myeloma *(pending supply agreement)*	Royal Prince Alfred Westmead
Acute lymphoblastic leukaemia (ALL)	SCHN Royal Prince Alfred Westmead Liverpool Royal North Shore
Adult diffuse large B-cell lymphoma (DLBCL)	Royal Prince Alfred Westmead Liverpool Royal North Shore
Adult mantle cell lymphoma (MCL)	Royal Prince Alfred Westmead Royal North Shore
Gene therapy for inherited retinal blindness	SCHN
Gene therapy for paediatric spinal muscular atrophy	SCHN - Randwick
Telestroke	Prince of Wales

3 Purchased volumes and services

3.1 Purchased activity

Activity stream	DWAU	NWAU26
STREAM A		
Acute – Admitted	-	53,521
Emergency Department	-	10,309
Sub-Acute – Admitted	-	4,022
Public Dental Clinical Service – Total Dental Activity (DWAU)	352	-
Mental Health – Admitted	-	3,630
Alcohol and other drug related – Admitted*	-	1,418
Alcohol and other drug related – Non-Admitted*	-	2,148
Non-Admitted – 10/20 Series	-	7,481
Total Stream A	**352**	**82,529**
STREAM B		
Non-Admitted – 40 Series	-	2,372
Mental Health – Non-Admitted	-	2,013
Total Stream B	-	**4,385**
Total purchased activity#		**86,952**

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

#Total purchased activity includes DWAU converted to NWAU26.

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. Some key performance indicators have been categorised as those that relate to the delivery of Future Health.

Key performance indicators are mapped to NSW Health budget 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*

Detailed specifications for the key performance indicators are provided in the *KPI and Monitoring Measures Data Supplement Part 1 of 2 - KPIs*.

Monitoring measures are reported and actively monitored by the central program / policy owners. These measures provide context or early signals for performance against key performance indicators as well as for monitoring implementation of New Policy Proposal investments, service models and programs, and may contribute to performance discussions where necessary. Detailed specifications for the monitoring measures are provided in the *KPI and Monitoring Measures Data Supplement Part 2 of 2 – Monitoring Measures*.

4.1 Key Performance Indicators

4.1.1 Key performance indicators – Future Health Priority Projects

Key performance indicator	Stream	Target	Performance Thresholds		
			Not performing ✘	Underperforming ↘	Performing ✓
Implement the NSW Aboriginal Health Plan 2024-2034					
Discharge against medical advice for Aboriginal inpatients (%)	A	≥ 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	A	≥ 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 “Left at own risk” status	A	≥ 1 % point decrease on previous year	Increase on previous year	≥ 0 and < 1 % point decrease on previous year	≥ 1 % point decrease on previous year
Standardise reporting of patient experience information					
Overall Patient Experience Index (Number):					
Adult admitted patients	A	8.9	< 8.7	≥ 8.7 and < 8.9	≥ 8.9
Emergency department	A	8.6	< 8.4	≥ 8.4 and < 8.6	≥ 8.6
Patient Engagement Index (Number):					
Adult admitted patients	A	8.7	< 8.5	≥ 8.5 and < 8.7	≥ 8.7
Emergency department	A	8.5	< 8.2	≥ 8.2 and < 8.5	≥ 8.5

Key performance indicator	Stream	Target	Performance Thresholds		
			Not performing ✘	Underperforming ↘	Performing ✓
Communication and engagement experience index - Aboriginal adult admitted patients (Number)	B	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 (%)	B	80	< 70	≥ 70 and < 80	≥ 80
Launch the first statewide system of networked virtual hospitals					
Hospital in the Home: Activity Growth (% increase)	A	15	< 5	≥ 5 and < 15	≥ 15
Hospital in the Home: Direct Admissions (%)	A	60	< 50	≥ 50 and < 60	≥ 60
Improve workforce culture					
Compensable Workplace Injury Claims (% of change over rolling 12 month period)	A	5% decrease	Increase	≥ 0 and < 5% decrease	≥ 5% decrease or maintain at 0 claims
Agreed Composite Diversity Targets (Aboriginal participation, Women in leadership, Disability, CALD) - Increase in Overall Score for Diversity Index (Number)	B	Improvement on previous year	Decrease from previous year	No change from previous year	Improvement on previous year
Implement modern employment arrangements					
Nursing Hours Per Patient Day (NHPPD): Hours Under	A	0	≤ 11	> 11 and < 0	≥ 0
Average Sick Leave Taken per FTE (hours)	A	60	> 68	≥ 60 and ≤ 68	< 60

4.1.2 Organisation key performance indicators

Key performance indicator	Stream	Target	Performance Thresholds		
			Not performing ✘	Underperforming ↘	Performing ✓
Harm-free admitted care: (Rate per 10,000 admitted patient services):					
Hospital acquired pressure injuries	A	Individual – See Data Supplement			
Fall-related injuries in hospital – Resulting in fracture or intracranial injury	A	Individual – See Data Supplement			
Healthcare associated infections	A	Individual – See Data Supplement			
Hospital acquired respiratory complications	A	Individual – See Data Supplement			
Hospital acquired venous thromboembolism	A	Individual – See Data Supplement			
Hospital acquired renal failure	A	Individual – See Data Supplement			

Key performance indicator	Stream	Target	Performance Thresholds		
			Not performing ✖	Underperforming ↘	Performing ✓
Hospital acquired gastrointestinal bleeding	A	Individual – See Data Supplement			
Hospital acquired medication complications	A	Individual – See Data Supplement			
Hospital acquired delirium	A	Individual – See Data Supplement			
Hospital acquired incontinence	A	Individual – See Data Supplement			
Hospital acquired endocrine complications	A	Individual – See Data Supplement			
Hospital acquired cardiac complications	A	Individual – See Data Supplement			
Hospital Access Targets (HAT):					
Discharged from ED within 4 hours (%)	A	80	< 70	≥ 70 and < 80	≥ 80
Admitted / transferred from ED within 6 hours (%)	A	80	< 70	≥ 70 and < 80	≥ 80
Admitted to ED Short Stay Unit (EDSSU) within 4 hours (%)	A	60	< 55	≥ 55 and < 60	≥ 60
ED extended stay of no greater than 12 hours (%)	A	95	< 85	≥ 85 and < 95	≥ 95
ED extended stay of no greater than 12 hours – Mental health or self-harm related presentations (%)	A	95	< 85	≥ 85 and < 95	≥ 95
Emergency department presentations treated within benchmark times (%):					
Triage 2: seen within 10 minutes	A	80	< 70	≥ 70 and < 80	≥ 80
Triage 3: seen within 30 minutes	A	75	< 65	≥ 65 and < 75	≥ 75
Inpatient discharges from ED accessible and rehabilitation beds by midday (%)	A	35	< 30	≥ 30 to < 35	≥ 35
Inpatient discharges from Mental Health beds by midday (%)	A	35	< 30	≥ 30 to < 35	≥ 35
Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)	A	90	< 80	≥ 80 to < 90	≥ 90
Overdue Planned (elective) surgery – patients (Number):					
Category 1	A	0	≥ 1	N/A	0
Category 2	A	0	≥ 1	N/A	0
Category 3	A	0	≥ 1	N/A	0
Dental Access Performance – Non-admitted dental patients treated on time (%)	A	98	< 95	≥ 95 and < 98	≥ 98
Mental Health: Acute seclusion:					

Key performance indicator	Stream	Target	Performance Thresholds		
			Not performing ✖	Underperforming ↘	Performing ✓
Occurrence (Episodes per 1,000 bed days)	A	< 5.1	≥ 5.1	N/A	< 5.1
Duration (Average hours)	A	< 4.0	> 5.5	≥ 4.0 and ≤ 5.5	< 4.0
Unplanned Hospital Readmissions: all unplanned admissions within 28 days of separation (%):					
All persons	A	Reduction on previous year	Increase on previous year	No change on previous year	Reduction on previous year
Aboriginal persons	A	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	A	≤ 13	> 20	> 13 and ≤ 20	≤ 13
Aboriginal persons	A	≤ 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)	A	< 0.8	≥ 1.4	≥ 0.8 and < 1.4	< 0.8
Average acute overnight episode length of stay (ED Relief) (reduction in days from 2023-24)	A	0.4	< 0.4	N/A	≥ 0.4
Same day surgery performance for targeted procedures (%)	A	63.4	< 54.9	≥ 54.9 and < 63.4	≥ 63.4
Purchased Activity Volumes - Variance (%):					
Total activity (NWAU)	A	≥ 0 and ≤ +1.5 of Negotiated Activity Target – See Data Supplement	< -1.5 or > +2.5	≥ -1.5 and < 0 or > +1.5 and ≤ +2.5	≥ 0 and ≤ +1.5
Total activity (NWAU) reportable under NHRA clause A95(b)	A	≥ 0 and ≤ +1.5 of Negotiated Activity Target – See Data Supplement	< -1.5 or > +2.5	≥ -1.5 and < 0 or > +1.5 and ≤ +2.5	≥ 0 and ≤ +1.5
Purchased Activity Volumes – Variance (%): Public dental clinical service (DWAU)	A	Individual - See Data Supplement	< -1.5	≥ -1.5 and < 0	≥ 0
Mental Health Acute Post-Discharge Community Care - Follow up within seven days (%):					
All persons	B	75	< 60	≥ 60 and < 75	≥ 75
Aboriginal persons	B	75	< 60	≥ 60 and < 75	≥ 75
Health Outcomes Action Plan: Actions completed (%)	B	90	< 80	≥ 80 and < 90	≥ 90
Domestic Violence Routine Screening – Routine screens conducted (%)	B	70	< 60	≥ 60 and < 70	≥ 70
Research Governance Application Authorisations – Site specific within	B	75	< 55	≥ 55 and < 75	≥ 75

Key performance indicator	Stream	Target	Performance Thresholds		
			Not performing ✖	Underperforming ↘	Performing ✓
60 calendar days - Involving greater than low risk to participants (%)					
Concordance of trials in Clinical Trial Management System vs REGIS (%)	B	85	< 75	≥ 75 and < 85	≥ 85
Sustainability Towards 2030 – Reducing Nitrous Oxide Wastage: Emissions Per Service Event (% decrease on previous year)	B	10	< 5	≥ 5 and < 10	≥ 10

4.2 Performance Deliverables

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

Deliverable Name	Description	Timeframe
Local Strategic Priorities	The Organisation will deliver the agreed Local Strategic Priorities as set out in the Service Agreement and report annually in March on progress against identified performance metrics.	**Annually in March**
Close the gap by prioritising care and programs for Aboriginal people	The Organisation will deliver and report six monthly, providing evidence, to the Ministry of Health on: • The establishment of dedicated ENT pathways for Aboriginal children, in collaboration with Aboriginal Community Controlled Organisations (ACCHOs) where appropriate. • Establishment of formal partnerships with ACCHOs that include documented arrangements for shared decision making and service models to improve health outcomes for Aboriginal communities • Review of Aboriginal leadership across the district/network, including manager roles within services with a significant impact on health outcomes for Aboriginal people (including, but not limited to, First 2000 Days, mental health, drug health, population health, and PARVAN) and identify where roles will be established or elevated	**Six monthly**
	The Organisation will report annually by 30 November 2026 on: • The expenditure on Aboriginal health services and the expenditure by Indigenous status in the 2024/25 financial year. The Organisation should utilise costing submission data from the District and Network Return (DNR) for 2024/25.	**By 30 November 2026**
Health Outcomes Action Plan	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. The Organisation will: • Deliver an updated local Health Outcomes Action Plan for the period 2026/27 – 2028/29 (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 up to 3 of the NSW Health population health priorities: ○ Physical activity ○ Prevalence of smoking and e-cigarette (vaping) use in adults ○ Healthy birthweight ○ Prevalence of diabetes in adults ○ Immunisation rates in adolescents and adults	**By 30 September 2026**
	The Organisation will: • Report six monthly on progress to the Health Outcomes Action Plan, providing evidence, to the Chief Health Officer	**By 31 October 2026 and 30 April 2027**
St Vincent's Health Australia (SVHA) Engagement Survey	SVHA Engagement Survey measures the experiences of individuals, teams and managers across the whole organisation and compares SVHA data to other health organisations. The results of the survey will be used to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practices.	**31 May 2027**