

Performance Agreement 2023-24

An agreement between the
Secretary, NSW Health and the
Health Education and Training Institute
for the period 1 July 2023 – 30 June 2024



NSW Health Performance Agreement – 2023-24

Principal purpose

The principal purpose of the Performance Agreement is to set out the service and performance expectations for funding and other support provided to the Health Education and Training Institute (the Organisation), to support the provision of equitable, safe, high quality and human-centred healthcare services.


The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line with the *NSW Health Performance Framework*.

Through execution of the agreement, the Secretary agrees to provide the funding and other support to the Organisation as outlined in this Performance Agreement.

Parties to the agreement

The Organisation

Adjunct Professor Annette Solman
Chief Executive
Health Education and Training Institute

Date 27 October 2023 Signed 

NSW Health

Ms Susan Pearce AM
Secretary
NSW Health

Date 31/10/23 Signed 

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1. Legislation, governance and performance framework

1.1 Legislation

The *Health Services Act 1997* (the Act) provides a legislative framework for the public health system, including the establishment of Statutory Health Corporations to enable certain health services and health support services to be provided within the State other than on an area basis (s.11). The Health Education and Training Institute is a Chief Executive governed statutory health corporation established under section 52B, 52C and 52E and specified in Schedule 2 of the Act.

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).

1.2 Ministerial Determination of Functions

The Performance Agreement recognises that the Health Education and Training Institute has a clearly defined role and set of functions as articulated in the Ministerial Determination of Functions for the Support Organisation, signed by the Secretary of the Ministry of Health on 13 September 2017, pursuant to Section 53 of *The Health Services Act 1997*.

1. Role

The primary role of the Institute is to provide leadership to Local Health Districts, Networks and other NSW public health organisations and training providers on the development and delivery of education and training across the NSW public health system. The Health Education and Training Institute ensures education and training across the system:

- (i) supports safe, high quality, multi-disciplinary team based, patient centred care;
- (ii) meets service delivery needs and operational requirements; and
- (iii) enhances workforce skills, flexibility and productivity;

2. Functions

- a. To design, commission, conduct, coordinate, support and evaluate education and training programs for:
 - i. clinical, corporate and support staff, including Vocational Education and Training sector trainees, vocational, undergraduate, professional entry/clinical trainees, new graduates; and
 - ii. such other education and training and workforce development programs as the Secretary may direct from time to time;
- b. To establish governance for whole of health education and training programs for the NSW Health system;
- c. To design, commission, conduct, coordinate, support and evaluate management, leadership and professional development programs;
- d. To support reform and improve workforce capacity and quality of clinical and non-clinical training through:
 - i. identification and development of statewide programs for clinicians to become skilled teachers, trainers and supervisors;

- ii. managing a registered training organisation;
 - iii. maintaining and administering an online learning management system, including provision of quality assurance standards and resource development;
 - iv. statewide oversight, coordination and implementation of best practice learning including simulated learning environments, and other technologies;
- e. To maintain registration as a higher education provider and develop and deliver as appropriate higher education courses to support identified workforce needs;
- f. To institute, coordinate, oversee and evaluate education and training networks, and ensure they support service delivery needs, meet operational requirements, optimise the use of Statewide and Local Health District education and training resources and are, as far as possible, consistent with, clinical service networks;
- g. To set standards for education and training including medical training and accredit institutions for prevocational education and supervision;
- h. To establish effective monitoring and reporting systems to meet statewide and national reporting requirements for education and training in the health sector;
- i. To ensure education and training programs and other projects it undertakes in performing its functions:
 - i. are responsive to local needs,
 - ii. are cost effective, affordable and accessible,
 - iii. meet both individual local health district, specialty network and whole of system needs,
 - iv. support staff in providing safe, high quality, multi-disciplinary team-based, patient-centred care,
 - v. support inter-professional learning and team-based practice.
- j. To work closely with Local Health Districts, Specialty Networks and education providers;
- k. To develop a three year Strategic Plan and an Annual Work Plan, linking activities and priorities of the Health Education and Training Institute to the statewide directions and priorities of NSW Health and work in accordance with these plans and the Service Compact agreed with the Secretary;
- l. To provide advice to the Secretary on matters relevant to its functions.

1.3 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 support organisations.

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.

1.4 Conditions of Subsidy

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

1.5 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.

1.5.1 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.

1.5.2 Corporate governance

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

1.5.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with NSW Health Procurement policy (PD2022_02).

1.5.4 Aboriginal Procurement Policy

The NSW Government supports 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.

1.5.5 Public health emergency preparedness and response

The Organisation must comply with standards set out in Public Health Emergency Response Preparedness Minimum Standards (PD2019_007) and adhere to the roles and responsibilities set out in Early Response to High Consequence Infectious Disease (PD2023_008)

1.5.6 Performance Framework





Performance 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.

2. 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.

2.1 Future Health: Strategic Framework

The *Future Health Strategic Framework* is the roadmap for the health system to achieve NSW Health's vision.

Strategic outcomes		Key objectives
	Patients and carers have positive experiences and outcomes that matter: 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.	1.1 Partner with patients and communities to make decisions about their own care 1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care 1.3 Drive greater health literacy and access to information 1.4 Partner with consumers in co-design and implementation of models of care
	Safe care is delivered across all settings: 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.	2.1 Deliver safe, high quality reliable care for patients in hospital and other settings 2.2 Deliver more services in the home, community and virtual settings 2.3 Connect with partners to deliver integrated care services 2.4 Strengthen equitable outcomes and access for rural, regional and priority populations 2.5 Align infrastructure and service planning around the future care needs
	People are healthy and well: Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.	3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health 3.2 Get the best start in life from conception through to age five 3.3 Make progress towards zero suicides recognising the devastating impact on society 3.4 Support healthy ageing ensuring people can live more years in full health and independently at home 3.5 Close the gap by prioritising care and programs for Aboriginal people 3.6 Support mental health and wellbeing for our whole community 3.7 Partner to address the social determinants of ill health in our communities 3.8 Invest in wellness, prevention and early detection
	Our staff are engaged and well supported: Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.	4.1 Build positive work environments that bring out the best in everyone 4.2 Strengthen diversity in our workforce and decision-making 4.3 Empower staff to work to their full potential around the future care needs 4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce 4.5 Attract and retain skilled people who put patients first 4.6 Unlock the ingenuity of our staff to build work practices for the future
	Research and innovation, and digital advances inform service delivery: Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.	5.1 Advance and translate research and innovation with institutions, industry partners and patients 5.2 Ensure health data and information is high quality, integrated, accessible and utilised 5.3 Enable targeted evidence-based healthcare through precision medicine 5.4 Accelerate digital investments in systems, infrastructure, security and intelligence
	The health system is managed sustainably: The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.	6.1 Drive value based healthcare that prioritises outcomes and collaboration 6.2 Commit to an environmentally sustainable footprint for future healthcare 6.3 Adapt performance measurement and funding models to targeted outcomes 6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and





support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.



2.2 Regional Health Strategic Plan 2022-32

The Regional Health Strategic Plan (the Plan) outlines NSW Health's strategies to ensure people living in regional, rural and remote NSW can access high quality, timely healthcare with excellent patient experiences and optimal health outcomes. The Plan aims to improve health outcomes for regional, rural and remote NSW residents over the next decade of, 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 Plan Priority Framework outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

PRIORITIES	KEY OBJECTIVES
 <p>1. Strengthen the regional health workforce: Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.</p>	<p>1.1 Invest in and promote rural generalism for allied health professionals, nurses and doctors</p> <p>1.2 Prioritise the attraction and retention of healthcare professionals and non-clinical staff in regional NSW</p> <p>1.3 Tailor and support career pathways for Aboriginal health staff with a focus on recruitment and retention</p> <p>1.4 Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers</p> <p>1.5 Accelerate changes to scope of practice whilst maintaining quality and safety, encouraging innovative workforce models and recognition of staff experience and skills</p> <p>1.6 Nurture culture, psychological and physical safety in all NSW Health workplaces and build positive work environments that allow staff to thrive</p>
 <p>2. Enable better access to safe, high quality and timely health services: Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.</p>	<p>2.1 Improve local transport solutions and travel assistance schemes, and address their affordability, to strengthen equitable access to care</p> <p>2.2 Deliver appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home</p> <p>2.3 Leverage virtual care to improve access, whilst ensuring cultural and digital barriers are addressed</p> <p>2.4 Enable seamless cross-border care and streamline pathways to specialist care ensuring access to the best patient care regardless of postcode</p> <p>2.5 Drive and support improved clinical care, safety and quality outcomes for patients in hospitals and other settings</p> <p>2.6 Align infrastructure and sustainable service planning around the needs of staff and communities and to enable virtual care</p>
 <p>3. Keep people healthy and well through prevention, early intervention and education: Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.</p>	<p>3.1 Address the social determinants of health in our communities by partnering across government, business and community</p> <p>3.2 Invest in mental health and make progress towards zero suicides</p> <p>3.3 Invest in maternity care and early childhood intervention and healthcare to give children the best start in life</p> <p>3.4 Invest in wellness, prevention and early detection</p> <p>3.5 Prevent, prepare for, respond to, and recover from pandemics and other threats to population health</p>
 <p>4. Keep communities informed, build engagement, seek feedback: Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.</p>	<p>4.1 Encourage choice and control over health outcomes by investing in health literacy, awareness of services and access to information</p> <p>4.2 Engage communities through genuine consultation and shared decision-making in design of services and sustainable local health service development</p> <p>4.3 Support culturally appropriate care and cultural safety for zero tolerance for racism and discrimination in health settings</p> <p>4.4 Capture patient experience and feedback and use these insights to improve access, safety and quality of care</p> <p>4.5 Improve transparency of NSW Health decision-making and how it is perceived and understood by patients and the community</p>

PRIORITIES	KEY OBJECTIVES
 <p>5. Expand integration of primary, community and hospital care: Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.</p>	<p>5.1 Develop detailed designs for expanded primary care models and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners</p> <p>5.2 Address the employer model to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities</p> <p>5.3 Improve access and equity of services for Aboriginal people and communities to support decision making at each stage of their health journey</p> <p>5.4 Develop 'place-based' health needs assessments and plans by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs</p>
 <p>6. Harness and evaluate innovation to support a sustainable health system: Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.</p>	<p>6.1 Align NSW and Commonwealth funding and resourcing models to provide the financial resources to deliver optimal regional health services and health outcomes</p> <p>6.2 Fund and implement digital health investments and increase capability of workforce to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes</p> <p>6.3 Undertake research and evaluation with institutions, industry partners, NGOs, consumers and carers</p> <p>6.4 Commit to environmental sustainability footprint for future regional healthcare</p>

2.3 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 Health is monitored by the Ministry of Health including:

- Election commitments
- Charter Letter commitments
- Inquiry recommendations

2.4 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. In 2022 NSW Health's Outcome Structure was realigned to the Future Health strategic framework. The revised state outcomes are:

- People are healthy and well
- Safe care is delivered within our community
- Safe emergency care is delivered
- Safe care is delivered within our hospitals
- Our staff are engaged and well supported
- Research and innovation and digital advances inform service delivery

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 Performance Agreement, the NSW Health Performance Framework, the NSW Health Purchasing Framework and the funding model.

3. Budget

3.1 Budget Schedule: Part 1

Health Education and Training Institute		2023-2024 Initial Budget (\$'000)
A	Expenditure Budget by Account Group (General Fund)	
	Employee Related	\$26,180
	Goods & Services	\$5,755
	Repairs, Maintenance & Renewals	\$44
	Grants & Subsidies	\$8,337
	Depreciation and Amortisation	\$198
	Sub-total	\$40,513
B	Other items not included above	
	Additional Escalation to be allocated	\$1,478
	Better salary packaging for healthcare workers	\$.3
	Allocated Savings Programs	-\$3,005
	TMF Adjustment - Workers Compensation	\$47
	TMF Adjustment - Motor Vehicle	\$1
	IntraHealth - HealthShare 23/24 Adjustment	\$3
	IntraHealth - eHealth 23/24 Adjustment	\$274
	Funding for Cancer 23/24 IntraHealth Adjustment (LHDs)	-\$43
	Sub-total	-\$1,245
C	RFA Expenses	
D	Total Expenses (D=A+B+C)	\$39,268
E	Other - Gain/Loss on disposal of assets etc	
F	Revenue	-\$39,093
G	Net Result (G=D+E+F)	\$175

3.2 Budget Schedule: Part 2

Health Education and Training Institute		2023-2024 Initial Budget (\$'000)
Government Grants		
A	Recurrent Subsidy	-\$30,191
B	Capital Subsidy	
C	Crown Acceptance (Super, LSL)	-\$676
D	Total Government Contribution (D=A+B+C)	-\$30,867
Own Source revenue		
E	GF Revenue	-\$8,226
F	Restricted Financial Asset Revenue	
G	Total Own Source Revenue (G=E+F)	-\$8,226
H	Total Revenue (H=D+G)	-\$39,093
Expenses		
I	Total Expense Budget - General Funds	\$39,268
J	Restricted Financial Asset Expense Budget	
K	Other Expense Budget	
L	Total Expense Budget as per Schedule A Part 1 (L=I+J+K)	\$39,268
M	Net Result (M=H+L)	\$175
Net Result Represented by:		
N	Asset Movements	-\$198
O	Liability Movements	\$23
P	Entity Transfers	
Q	Total (Q=N+O+P)	-\$175

Note:

The Ministry will closely monitor cash at bank balances to ensure funds for payments are available as required for central payment of payroll and creditors in alignment with NSW Treasury requirements.


4. Performance against strategies and objectives

4.1 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 generic 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=48373

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
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)	0	Increase	≥0 and <5% decrease	≥5% decrease or maintain at 0

6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not Performing ✗	Under Performing ⚠	Performing ✓
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 (%)				
Annual Procurement Savings Target Achieved – (% of target achieved)	Individual – See Data Supplement	<90% of target	≥90% and <95% of target	≥95% of target

Note:

People Matter Survey indicators: Given the size of the organisation's workforce and the volatility of results, the standard performance thresholds will not apply. Performance will be assessed on previous performance as well as current.


Aboriginal Workforce Participation: Due to the small organisational size and low turnover rate it will be considered performing if it undertakes to actively recruit Aboriginal and Torres Strait Islanders (ATSI) when vacancies occur.


4.2 Future Health actions and performance deliverables

Future Health actions and performance deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.


4.2.1 Future Health actions


Action code	Achievement statement	Actions	Due by
4 Our staff are engaged and well supported			
4.1.1.1.1	Strong leadership embedded across the system to sustain a progressive, inclusive, safe, healthy workplace	Train senior employees in leadership, mentoring and coaching to support on the job learning	30 June 2024
4.1.1.1.2	Strong leadership embedded across the system to sustain a progressive, inclusive, safe, healthy workplace	Co-design and embed a central hub for 'just in time' resources to equip and support leaders to deliver a positive, constructive, collaborative work environment	30 June 2024
4.1.1.1.3	Strong leadership embedded across the system to sustain a progressive, inclusive, safe, healthy workplace	Develop a wellbeing leadership program to ensure leaders have the skills to support resilience in the workplace	30 June 2024
4.4.1.1.3	Opportunities to upskill: There are ongoing opportunities to learn and upskill, including through workplace- and competency-based training, so the workforce is fit-for-purpose for now and the future.	Uplift workforce capability through a standardised approach to organisational learning	30 June 2024
4.4.1.1.4	Opportunities to upskill: There are ongoing opportunities to learn and upskill, including through workplace- and competency-based training, so the workforce is fit-for-purpose for now and the future.	Measure and assess workforce capability against the NSW Public Service Capability Framework	30 June 2024
4.4.1.1.6	Opportunities to upskill: There are ongoing opportunities to learn and upskill, including through workplace- and competency-based training, so the workforce is fit-for-purpose for now and the future.	Establish a Community of Practice to create, design and build a culture of organisational learning	30 June 2024
4.4.1.5.2	Wellness & prevention skills: NSW Health staff focus on and respond to the social determinants of health and preventative care, including by working collaboratively across sectors in order to deliver the best outcomes and experiences for the community.	Work with tertiary and VET sector education providers to incorporate a focus on the social determinants of health and preventative care at tertiary institutions	30 June 2024

Action code	Achievement statement	Actions	Due by
4 Our staff are engaged and well supported			
4.5.1.1.4	State-wide workforce data: There is a pipeline of future-ready workforces identified and enabled by accessible and accurate state-wide workforce data.	Upskill key workforce segments to create base-level capability to interpret, use and report data to inform decisions	30 June 2024
4.5.1.3.3	We have closed workforce gaps in rural and remote areas in collaboration with local stakeholders	Continue to develop Vocational Medical Workforce networks and mechanisms that support rural training	30 June 2024

Action code	Achievement statement	Actions	Due by
5 Research and innovation, and digital advances inform service delivery			
5.3.1.3.2	Upskill workforce: Strategies are developed to continually support and upskill the health workforce to use precision medicine as technologies evolve, and manage emerging skills gaps in areas such as bioinformatics, bioengineering, and health informatics	Enhance point of care access to precision medicine and genomics education to upskill the health workforce	30 June 2024

4.2.2 Performance deliverables

Key Objective / Action code	Deliverable in 2023-24	Due by
4 Our staff are engaged and well supported		
4.1.1.1.1	Make resources available on leadership and mentoring for senior employees <ul style="list-style-type: none"> Two or more resources made available subject to finance availability 	30 June 2024
4.1.1.1.3	Review and refresh resources for resilience <ul style="list-style-type: none"> Two or more resources for resilience reviewed and refreshed subject to finance availability 	30 June 2024
	Using a co-design approach, HETI will develop a generic resource for communities of practice <ul style="list-style-type: none"> Resource developed and published subject to finance availability 	30 June 2024
	HETI will co-design another two modules in partnership with ACI for resources to develop clinicians' capability in virtual care <ul style="list-style-type: none"> Two modules developed and published subject to finance availability 	30 June 2024
4.5.1.3.3	HETI will continue to develop vocational medical workforce networks and mechanisms that support rural training <ul style="list-style-type: none"> Programs in place with four or more vocational networks 	30 June 2024
4.1.1.1.2	Refresh just in time resources on HETI's website that support leaders to deliver a positive, constructive and collaborative work environment (subject to finance availability)	30 June 2024

Key Objective	Deliverable in 2023-24	Due by
6 The health system is managed sustainably		
	<p>Procurement reform</p> <p>The Organisation will report on:</p> <p>Procurement capability</p> <ul style="list-style-type: none"> Local resources and training to uplift procurement capability of non-procurement staff Procurement staff attend Procurement Academy training <p>Procurement compliance</p> <ul style="list-style-type: none"> Goods and services procurements and Information and Communication Technology (ICT) procurements valued over \$30,000 and outside existing arrangements are tested against the Risk Assessment Tool. Disclosure requirements for contracts (including purchase orders) valued over \$150,000 are met: <ul style="list-style-type: none"> Contracts/purchase orders are disclosed on eTendering Contracts/purchase orders are saved on PROcure, where relevant Procurements outside existing arrangements that are valued over \$250,000 are referred to HealthShare or eHealth NSW to conduct the procurement (unless an exemption applies) The ICT Purchasing Framework contract templates (Core & contracts; Master ICT Agreement/ICT Agreement contracting framework) are used when engaging suppliers on the ICT Services Scheme (where relevant) unless an exemption applies. <p>Social and sustainable procurement</p> <ul style="list-style-type: none"> Spend and contracts with Aboriginal businesses Achieve and report on a minimum 1.5% Aboriginal participation for contracts valued >\$7.5m through the Department of Customer Services (DCS) reporting portal (unless an exemption applies). Achieve and report on Small and Medium Enterprise participation of 25% of project addressable spend for goods and services contracts valued >\$3m through the DCS portal (unless an exemption applies). 	Quarterly