

**EXAMINATION OF THE AUDITOR-GENERAL'S
PERFORMANCE AUDIT REPORTS JULY 2015 –
JANUARY 2016**

Organisation: NSW Health
Name: Ms Elizabeth Koff
Position: Secretary
Date Received: 30 August 2017

Mr Bruce Notley-Smith MP
Chair, Legislative Assembly Public Accounts Committee
Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Mr Notley-Smith

Re: NSW Health response to Auditor-General's Report on *Identifying Productivity in the Public Sector*

Thank you for your letter of 26 July 2016 seeking a submission from NSW Health on the implementation of recommendations in the Auditor-General's performance audit *Identifying Productivity in the Public Sector*, tabled on 16 July 2015.

Please find enclosed a submission for your consideration outlining NSW Health's response to the specific recommendations made for NSW Health.

With regard to Recommendation One, NSW Health will not publicly report the real cost per National Weighted Activity Unit, as originally intended. Shifts in Government policy over the past 12 months with respect to public private partnerships in human services have led to commercial sensitivity concerns over this reporting, with implications for the Government's future negotiating position.

Despite this change in circumstances, NSW Health actively looks for opportunities to develop and report appropriate and meaningful efficiency metrics for the health system as part of usual business processes, and will continue to do so.

As noted in NSW Health's formal response to the performance audit, NSW Health already addresses Recommendations Two and Four as part of its usual business processes. NSW Health has also worked to respond to Recommendation Three in a way that is meaningful, reliable, and robust and which supports the government and the organisation's strategic priorities.

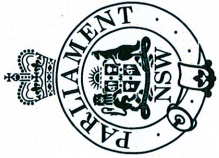
I am confident that our response will satisfy the Committee's requirements. If you have any further queries on the response, please contact Paul Giunta, Director, Corporate Governance and Risk Management on 9391 9654.

Yours sincerely



Elizabeth Koff
Secretary, NSW Health

29/8/16



LEGISLATIVE ASSEMBLY
PUBLIC ACCOUNTS COMMITTEE

IMPLEMENTATION OF RECOMMENDATIONS

Name of Agency: NSW Health

Name of Performance Audit: Identifying Productivity in the Public Sector (Acute Inpatient Care for NSW Health)

RECOMMENDATION	ACCEPTED OR REJECTED	ACTIONS TO BE TAKEN	DUE DATE	STATUS (completed, on track, delayed) and COMMENT	RESPONSIBILITY (Section of agency responsible for implementation)
By December 2015, the Department of Education and Communities, NSW Health, Transport for NSW, NSW Police Force (March 2016 for the Department of Justice) should:					
1 Report its real cost per NWAU to Parliament (either through a NSW Health report or a Bureau of Health Information report)	Accepted	NSW Health will consider whether the Annual Report is an appropriate vehicle for this reporting.	Dec 2015	Unable to comply due to commercial sensitivity NSW Health has closely considered the inclusion of the average NSW cost per National Weighted Activity Unit (NWAU) in future NSW Health Annual Reports. Since accepting the recommendation, NSW Health now considers that it would not be in the public interest to publicly report the real cost per NWAU, due to significant changes in commercial circumstances, and the commercial-in-confidence nature of this measure. The measure is increasingly considered a market-sensitive one, particularly given current government	Activity-Based Funding Taskforce

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				<p>policy with respect to public private partnerships in human services.</p> <p>Despite this change in circumstances, NSW Health is actively and continuously looking for opportunities to develop and report appropriate and meaningful efficiency metrics for the NSW health system.</p>	
2	Accepted	<p>NSW Health already sets extensive service performance targets which have productivity and efficiency dimensions.</p> <p>NSW Health will consider how to further refine the ways productivity and efficiency is captured.</p>	Dec 2015	<p>Complete.</p> <p>Within its regular business processes, NSW Health sets a range of performance objectives with productivity and efficiency elements, for the NSW health system to respond to in the delivery of services.</p> <p>NSW Health will continue to align new and existing performance objectives and KPIs to its strategic priority - to deliver better value care - thereby achieving productivity and efficiency goals.</p> <p>NSW Health will continue to investigate innovative, emerging measures of system productivity, where they are proven to be meaningful and robust.</p> <p>Further comments Service Agreements between the NSW Ministry of Health and Local Health Districts and Specialty Health Networks set relevant performance objectives that</p>	System Purchasing and Performance Division

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				<p>encourage system efficiency, productivity benchmarking, comparative reporting, and financial adjustments, including:</p> <ul style="list-style-type: none">• Emergency department treatment performance (time <4 hours)= >81 per cent• Elective surgery access performance – on time admissions = 97-100 per cent*• Transfer of care – ambulance to ED (<30mins)= >90 per cent• Variation against purchased activity volumes• Expenditure to budget• Population health measures – Healthy Children initiative program• Safety and Quality measures• Mental Health readmissions• Unplanned readmissions for specific conditions• Workforce measures. <p>The Ministry of Health provides ongoing management and support to districts and networks in meeting their productivity and efficiency objectives. See <i>attachment 1 for more information</i>.</p> <p>Quality, effectiveness and value are the key aspects in how NSW Health is pursuing its strategic priority to deliver better value care, and thereby achieve broader system goals.</p> <p>At a state level, the NSW Health Program</p>	

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				<p>Management Office supports Local Health Districts to develop, implement and report on their own locally prepared roadmaps, which drive productivity improvements and initiatives against established KPIs.</p> <p>At a national level, the ongoing health reform agenda is designed to improve system efficiency and productivity, supported by more established and recognised measures including the National Efficient Price (NEP) and National Weighted Activity Unit (NWAU).</p> <p>NSW Health is also leading national reform work to develop an approach to integrate safety and quality into the pricing and funding of public hospital services, and reduce avoidable readmissions. These reforms will ensure resources are used appropriately and to their best advantage.</p>	
3	Accepted	<p>NSW Health will consider whether the Annual Report is the appropriate vehicle for this reporting.</p> <p>NSW will undertake further work to develop appropriate methodologies for health services.</p>	Dec 2015	<p>Complete.</p> <p>NSW Health is confident that Bureau of Health Information (BHI) reports and the NSW Health Annual Report provide Parliament sound advice on the performance and productivity of the NSW health system. This is reflected in numerous performance measures which directly and indirectly reflect productivity trends.</p>	Strategic Relations and Communications Branch

NSW Ministry of Health

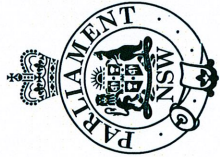
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				<p>NSW Health is leading and engaging in national reform processes, where new ways of measuring system performance will be developed. Despite the acknowledged challenges in measuring health system productivity, NSW Health is committed to improving capability to measure and report on productivity trends, where those measures are assessed as meaningful, reliable, and robust.</p> <p>Further Comments</p> <p><i>Methodology</i></p> <p>The challenges of measuring productivity in public health systems are widely acknowledged.</p> <p>Despite these challenges, NSW Health is actively seeking new, innovative ways of measuring efficiency and productivity in a robust and meaningful way to meet its objectives. NSW Health is monitoring the proxy outcome measures being tested in the Government's Social Impact Investment program, and how a similar approach may be used to identify and track trends in productivity in the health system.</p> <p>The development of this work, together with NSW Health's existing initiatives, is further strengthening the basis upon which productivity and efficiency is measured and monitored across the NSW health</p>	



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4	Accepted	NSW Health already reports efficiency trends. NSW Health will consider how to further refine reporting on efficiency trends.	Dec 2015	<p>system.</p> <p><i>Reporting</i></p> <p>NSW Health is mindful to ensure that any reported trends and measures are significantly robust to stand up to public scrutiny, and serve as meaningful and accountable markers of system performance.</p> <p>Complete.</p> <p>NSW Health already reports efficiency trends in a range of ways, particularly via the Bureau of Health Information's annual <i>Healthcare in focus</i></p> <p>The Bureau is NSW Health's principal expert reporting body and <i>Healthcare in Focus</i> is one of the Bureau's key reports to the NSW Minister for Health on the performance of the NSW public health system.</p> <p>The NSW Health Annual Report also provides Parliament with comprehensive advice on performance of the NSW public system.</p> <p>Efficiency reporting in both these reports is being reviewed to ensure maximum readability.</p> <p>Further Comments</p> <p><i>Healthcare in focus 2015</i> reported that NSW performs at, or above, the international average on a range of efficiency measures:</p>	Strategic Relations and Communications Branch



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				<ul style="list-style-type: none"> • overall value for money • average expenditure per person • average length of stay. <p>The report also notes that NSW is the best performing system on unnecessary visits to an emergency department and that no comparator international jurisdiction has lower spending and better health (Potential Life Years Lost) than NSW.</p> <p>NSW Health will continue to report to Parliament on these indicators via the BHI's <i>Healthcare in focus</i> report.</p> <p>NSW Health also reports to Parliament on other efficiency and effectiveness measures via its Annual Report, as required by the Annual Reports (Departments) Regulation 2010.</p>	
		NSW Health will consider the above expected obligations for annual reporting to Parliament in respect of performance in the 2015-16 financial year.			
5	By June 2016, NSW Treasury should: As part of Financial Management Transformation	For Treasury response		Treasury to update	Treasury



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<p>and implementation of Program-Based Resource Management:</p> <ul style="list-style-type: none">review the Guide to Economic Performance Measurement (TPP 01-03) to provide more up to date guidance to NSW Government agencies on how to measure productivity and efficiency , andprovide guidance to NSW Government agencies on how to report on productivity and efficiency.					

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SERVICE AGREEMENT EXTRACT – 2016/17 Schedule E

SCHEDULE E: Performance Measures

KPIs

The performance of Districts, Networks and other Health Services and Support Organisations is assessed in terms of whether it is meeting the performance targets for individual KPIs.

✓ Performing	Performance at, or better than, target
↘ Underperforming	Performance within a tolerance range
✗ Not performing	Performance outside the tolerance threshold

KPIs have been designated into two tiers:

- **Tier 1** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for the applicable reporting period.
- **Tier 2** - Will generate a performance concern when the organisation's performance is outside the tolerance threshold for more than one reporting period.

Service Measures

A range of service measures are identified to assist the organisation to improve provision of safe and efficient patient care and to provide the contextual information against which to assess performance.

Other Measures

Note that the KPIs and service measures listed above are not the only measures collected and monitored by the NSW Health System. A range of other measures are used for a variety of reasons, including monitoring the implementation of new service models, reporting requirements to NSW Government central agencies and the Commonwealth, and participation in nationally agreed data collections. Relevant measures relating to the National Health Reform Performance and Accountability Framework and NSW State priorities, have been assigned as NSW Health KPIs, service measures or monitoring measures, as appropriate.

NSW: Making it Happen – Performance Measures

Premier's Priorities

Improving Service Levels at Hospitals – '81 per cent of patients through emergency departments within four hours.'

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW					
Tier 1	Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)	≥ 81	< 71	≥ 71 and < 81	≥ 81

Tackling Childhood Obesity – 'Reduce overweight and obesity rates of children by 5 per cent over 10 years'

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
POPULATION HEALTH					
Tier 2	Healthy Children Initiative - (centre based early childhood service sites) – Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted
Tier 2	Healthy Children Initiative - (primary school sites) - Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted

State Priority

Cutting wait times for planned surgeries – 'Increase on-time admissions for planned surgery, in accordance with medical advice.'

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW					
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):					
Tier 1	• Category 1	100	< 100	N/A	100
Tier 1	• Category 2	≥ 97	< 93	≥ 93 and < 97	≥ 97
Tier 1	• Category 3	≥ 97	< 95	≥ 95 and < 97	≥ 97
Overdue Elective Surgery Patients (number)					
Tier 1	• Category 1	0	≥ 1	N/A	0
Tier 1	• Category 2	0	≥ 1	N/A	0
Tier 1	• Category 3	0	≥ 1	N/A	0

Key Performance Indicators

Key Performance Indicator		Target	Not Performing ✗	Under Performing ↘	Performing ✓
SERVICE ACCESS AND PATIENT FLOW					
Tier 1	Transfer of Care – patients transferred from Ambulance to ED ≤ 30 minutes (%)	≥ 90	< 80	≥ 80 and < 90	≥ 90
Tier 1	Emergency Treatment Performance - Patients with total time in ED ≤ 4 hrs (%)	≥ 81	< 71	≥ 71 and < 81	≥ 81
Tier 2	Presentations staying in ED > 24 hours (number)	0	>5	≥1 and ≤5	0
Elective Surgery Access Performance: Elective Surgery Patients Treated on Time (%):					
Tier 1	• Category 1	100	< 100	N/A	100
Tier 1	• Category 2	≥ 97	< 93	≥ 93 and < 97	≥ 97
Tier 1	• Category 3	≥ 97	< 95	≥ 95 and < 97	≥ 97
Overdue Elective Surgery Patients (number)					
Tier 1	• Category 1	0	≥ 1	N/A	0
Tier 1	• Category 2	0	≥ 1	N/A	0
Tier 1	• Category 3	0	≥ 1	N/A	0
Tier 2	Mental Health: Presentations staying in ED > 24 hours (number)	0	> 5	≥ 1 and ≤ 5	0
Tier 2	Non-Urgent Patients waiting > 365 days for an initial specialist outpatient services appointment (Number)	0	Increase from previous Year	Decrease from previous Year	0
Tier 2	Electronic Discharge Summaries Completed (%)	Increase	Decrease from previous month	No change	Increase on previous month
PEOPLE AND CULTURE					
Tier 2	Staff who have had a performance review within the last 12 months (%)	100	< 85	≥ 85 and < 90	≥ 90
INTEGRATED CARE					
Tier 2	Integrated Care Program transition performance (%)	See Data Dictionary Item	< 80	≥ 80 and < 100	= 100

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
FINANCE AND ACTIVITY					
Variation against purchased volume (%)					
Tier 1	Acute Inpatient Services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Emergency Department Services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Sub and Non Acute Inpatient Services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Non Admitted Patient Services – Tier 2 Clinics (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Mental Health Inpatient Activity Acute Inpatients (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 1	Mental Health Inpatient Activity Non Acute Inpatients (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 2	Mental Health Non Admitted services (NWAU)	See Schedule D	> +/- 2.0 variation from target	+/- >1.0 - ≤2.0 variation from target	+/- 1.0 variation from target
Tier 2	Public Dental Clinical Service (DWAU)	100	<100	N/A	≥ 100
Expenditure matched to budget (General Fund):					
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Own Source Revenue Matched to budget (General Fund):					
Tier 1	a) Year to date - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	> 0 but ≤ 0.5 Unfavourable	On budget or Favourable
Tier 1	b) June projection - General Fund (%)	On budget or Favourable	> 0.5 Unfavourable	>0 but ≤ 0.5 Unfavourable	On budget or Favourable
Liquidity					
Tier 1	Recurrent Trade Creditors > 45 days correct and ready for payment (\$)	0	> 0	N/A	0

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
Tier 1	Small Business Creditors paid within 30 days from receipt of a correctly rendered invoice (%)	100	< 100	N/A	100
Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
POPULATION HEALTH					
Tier 2	HIV testing increase within publicly-funded HIV and sexual health services (% increase)	See Data Dictionary Item	> 5.0 % variation below Target	≤ 5.0 % variation below Target	Met or exceeded Target
Tier 2	Get Healthy Information and Coaching Service – Health Professional Referrals (% increase)	See Data Dictionary Item	> 10.0 % variation below Target	≤ 10.0 % variation below Target	Met or exceeded Target
Tier 2	Healthy Children Initiative Program (centre based childhood service sites) - Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted
Tier 2	Healthy Children Initiative Program (primary school sites) - Adopted (% cumulative)	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted	<60%	60 – 69%	≥70% of sites adopting KPI target , with ≥ 80% of practices adopted
SAFETY AND QUALITY					
Tier 1	Staphylococcus aureus bloodstream infections (SA-BSI) (per 10,000 occupied bed days)	< 2	≥ 2.0	N/A	< 2
Tier 2	Patient Experience Survey following treatment: Overall rating of care received - Adult Admitted Patients - good or very good (%)	Increase	Decrease from previous Year	No change	Increase from previous Year
Tier 2	Hospital acquired pressure injuries (rate per 1,000 completed inpatient stays)	Decrease	Increase from previous Year	No change	Decrease from previous Year
Tier 2	Mental Health: Acute readmission within 28 days (%)	≤ 13	≥ 20	> 13 and < 20	≤ 13
Tier 2	Mental Health: Acute Post-Discharge Community Care - follow up within seven days (%)	≥ 70	< 50	≥ 50 and < 70	≥ 70
Tier 2	Mental Health: Acute Seclusion rate (episodes per 1,000 bed days)	< 6.8	≥ 9.9	≥ 6.8 and < 9.9	< 6.8

Key Performance Indicator		Target	Not Performing X	Under Performing ↘	Performing ✓
MENTAL HEALTH REFORM					
Tier 2	Pathways to Community Living Initiative - People comprehensively assessed (Number)	Increase	Decrease from previous quarter	No change	Increase on previous quarter
Tier 2	Mental Health Peer Workforce FTEs (Number)	Increase	Decrease from previous quarter	No change	Increase on previous quarter

Service Measures

SAFETY AND QUALITY

Deteriorating Patients (rate per 1,000 separations):

- Rapid response calls
- Cardio respiratory arrests

Unplanned hospital readmission rates (%) for patients discharged following management of:

- Acute Myocardial Infarction
- Heart Failure
- Knee and hip replacements
- Pediatric tonsillectomy and adenoidectomy

ICU Central Line Associated Bloodstream (CLAB) Infections (number)

Incorrect procedures: Operating Theatre - resulting in death or major permanent loss of function (number)

Hospital acquired venous thromboembolism (rate per 1,000 separations)

Inpatients who were discharged against medical advice (%):

- Aboriginal
- Non-Aboriginal

Re-treatment following restorative treatment: Number of permanent teeth re-treated within 6 months of an episode of restorative treatment. Performance target: less than 6% (less than 6 teeth re-treated per 100 teeth restored).

Denture remakes: Number of same denture type (full or partial) and same arch remade within 12 months. Performance target: less than 3% (less than 3 per 100 dentures).

Patient Experience Survey – Emergency Department Patients: Overall rating of care - good and very good (%)

Mental Health:

- Outcomes readiness (HoNOS completion rates) - (% of mental health episodes with completed HoNOS outcome measures)
- Consumer Experience Measure (YES) Completion Rate - (% of episodes)
- Average duration of seclusion - (Hours)
- Frequency of seclusion - (% of acute mental-health admitted care episodes with seclusion)
- Involuntary patients absconded from an inpatient mental health unit (number)

SERVICE ACCESS AND PATIENT FLOW

Patients with total time in ED \leq 4 hrs (%):

- Admitted (to a ward/ICU/theatre from ED)
- Not Admitted (to an Inpatient Unit from ED)
- Mental Health Patients (admitted to a ward from ED)

SERVICE ACCESS AND PATIENT FLOW (continues)

ED presentations treated within benchmark times (%):

- Triage 1
- Triage 2
- Triage 3
- Triage 4
- Triage 5

Elective Surgery: Activity compared to previous year (Number)

Elective Surgery Theatre Utilisation: Operating Room Occupancy (%)

Surgery for Children - Proportion of children (to 16 years) treated within their LHD of residence:

- Emergency Surgery (%)
- Planned Surgery (%)

Average Length of Episode Stay - Overnight Patients (days)

Acute to Aged-Related Care Services patients seen (number)

Aged Care Services in Emergency Teams patients seen (number)

Breast Screen Participation Rates, disaggregated by Aboriginality and cultural and linguistic diversity (%):

- Women, aged 50-69
- Women, aged 70-74

Home Based Dialysis – Proportion of renal dialysis service events that are home based (%)

INTEGRATED CARE

Unplanned hospital readmissions: all admissions within 28 days of separation (%):

- All persons
- Aboriginal persons
- ABF hospitals (rate in NWAU)

Unplanned and Emergency Re-Presentations to same ED within 48 hours (%):

- All persons
- Aboriginal persons
- ABF hospitals (rate in NWAU)

Hospital in the Home (HITH) Admitted activity (%)

Potentially Preventable Hospitalisations (Rate per 100,000 population)

Electronic Discharge Summaries (%):

- accepted by a General Practitioner (GP) system
- acknowledged by a patient's GP

FINANCE AND ACTIVITY

Specialist Outpatient Services (Service events)

- Initial
- Subsequent

Patient Fee Debtors > 45 days as a percentage of rolling prior 12 months Patient Fee Revenues (%)

Coding timeliness: % uncoded acute separations

ED records unable to be grouped:

- to URG with a breakdown for error codes: E1, E2, E3, E6, E7 and E8 (number and %)
- to UDG with a breakdown for error codes: E1 and E2 (number and %)

NAP data completeness:

- Patient Level (%)

FINANCE AND ACTIVITY (continued)

Wait List Enterprise Data Warehouse data errors, reported separately and disaggregated by error source (%):

- Source System error (issues related to the EDW extract or mappings defects)
- Data collection error (issues related to the actual data collected or reported)
- System Vendor error (issues related to source system defects)

Sub and Non Acute Inpatient Services - Grouped to an AN-SNAP class (%)

PEOPLE AND CULTURE

Workplace Injuries:

- Claims (rate per 100 FTEs)
- Return to work experience -Continuous Average Duration (days)

Premium staff usage - average paid hours per FTE (Hours):

- Medical
- Nursing

Reduction in the number of employees with accrued annual leave balances of more than 30 days(Number)

Recruitment: improvement on baseline average time taken from request to recruit to decision to approve/decline/defer recruitment (days)

Aboriginal Workforce as a proportion of total workforce (%)

Public Service Commission (PSC) People Matter Survey (%)

- Estimated Response Rate
- Engagement Index

POPULATION HEALTH

Quit for New Life Program (%)

- Referred to the Quitline
- Provided Nicotine Replacement Therapy (NRT)
- Booked follow-up Appointment

Children fully immunised (%)

- At one year of age: Non- Aboriginal children
- At one year of age: Aboriginal children
- At four years of age: Non- Aboriginal children
- At four years of age: Aboriginal children

Human papillomavirus vaccine – year 7 students receiving the third dose through the NSW Adolescent Vaccination Program (%)

Comprehensive antenatal visits for all pregnant women before 14 weeks gestation (%)

- Who are Aboriginal
- Who are non-Aboriginal with an Aboriginal baby
- Who are non-Aboriginal with a non-Aboriginal baby
- All women

Women who smoked at any time during pregnancy (%):

- Aboriginal women
- Non-Aboriginal women

Tobacco compliance monitoring: compliance with the Smoke-free Health Care Policy (%)

Organ and Tissue donation –

- Family discussed (%)
- Family consented (%)

MATERNAL, CHILD, YOUTH AND FAMILY SERVICES

Domestic and Family Violence Screening - Routine Domestic Violence Screens conducted (%)

Out of Home Care Health Pathway Program - Children and young people that complete a primary health assessment (%)

Sexual Assault Services – High priority referrals to Sexual Assault Services receiving an initial psychosocial assessment (%)
