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# 2025-26 Statement of Service

An Agreement between the Secretary, NSW Health  
and NSW Health Pathology  
for the period 1 July 2025 to 30 June 2026

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# NSW Health 2025-26 Statement of Service

## Principal purpose

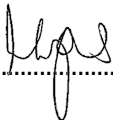
The principal purpose of the Statement of Service is to set out the service and performance expectations for funding and other support provided to NSW Health Pathology (the Organisation), to ensure the provision of equitable, safe, high quality and human-centred healthcare services. The agreement articulates 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 Statement of Service.


## Parties to the agreement

### The Organisation

Dr Nigel Lyons  
Chair  
On behalf of the  
NSW Health Pathology Board

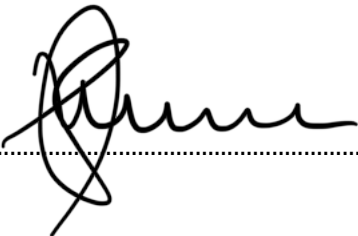
Date 4 August 2025 Signed 

Ms Vanessa Janissen  
Chief Executive  
NSW Health Pathology

Date 4 August 2025 Signed 

### NSW Health

Ms Susan Pearce AM  
Secretary  
NSW Health

Date 6/8/25 Signed 

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# 1 Legislation and governance

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## 1.1 Legislation

The *Health Services Act 1997* (the Act) provides a legislative framework for the public health system, including the provision of health support services (s.126B).

NSW Health Pathology is an Administrative Division of the Health Administration Corporation, established on 31 May 2012, vested with certain of the Secretary's service provider functions under section 126B of the Act.

The Secretary established the NSW Health Pathology Board as an appointed body under section 126C of the Act in November 2012.

NSW Health Pathology ensures it meets the requirements of the regulatory framework for Medicare Australia under the Health Insurance Act (1973). All NSW public pathology services are accredited to standards defined by the National Pathology Accreditation Advisory Council (NPAAC).

### 1.1.1 Ministerial determination of functions

The Statement of Service recognises the functions established for NSW Health Pathology pursuant to Section 126B of the *Health Services Act 1997*, signed by the Secretary, NSW Health on 06 June 2019.

NSW Health Pathology is established to provide specialist pathology and forensic services, including clinically integrated diagnostic, disease monitoring and forensic and scientific analysis expertise.

NSW Health Pathology shall comprise of the following two Units:

- i) NSW Health Pathology Operations
- ii) NSW Forensic Analytical Science Service

The functions of NSW Health Pathology are to:

1. Operate on behalf of the Health Secretary as the preferred provider and commissioner of pathology, forensic and analytical science services for the NSW Health system, with the responsibility to:
  - a. Deliver better health and justice systems through an integrated whole of state model of service
  - b. Develop and implement rigorous clinical and corporate governance frameworks that provide sustainable, responsive, efficient, high quality pathology, forensic and analytical science services
  - c. Operate services with transparency and clear accountabilities, ensuring that organisational performance and financial management meet the requirements of the Health Secretary
  - d. Provide teaching and training and undertake research and development relevant to the provision of pathology, forensic and analytical science services
  - e. Build strong relationships with NSW Health agencies, the Department of Family and Community Services and Justice, NSW Police and other key stakeholders and contribute to the achievement of NSW Government priorities.
2. Undertake pathology, forensic and analytical science services for such other persons or entities outside the NSW Health system as approved by the Minister for Health under s126B(2) of the *Health Services Act 1997* (NSW).
3. Undertake other functions as the Health Secretary may request from time to time.

Functions of NSW Health Pathology Board as delegated under Section 126B(4) of the *Health Services Act 1997*:

1. To provide effective and ethical governance of NSW Health Pathology in relation to the provision of sustainable, responsive, efficient and high quality pathology, forensic and analytical science services.
2. To endorse the strategic direction and plan for NSW Health Pathology and make decisions regarding pathology, forensic and analytical science services that are for the collective benefit of the NSW health and justice systems, and approve and monitor compliance with the Strategic Plans of NSW Health Pathology.
3. To ensure effective and comprehensive corporate and clinical governance frameworks are established and approved by the Board to support the maintenance and improvement of standards and quality of services provided by NSW Health Pathology.
4. To provide strategic oversight of and monitor NSW Health Pathology's performance (clinical, operational and financial) in accordance with the objectives and measures set by the Health Secretary.
5. To ensure appropriate internal controls and robust systems are in place including:
  - a. Financial and other internal reporting mechanisms which provide adequate, accurate and timely information about the performance of NSW Health Pathology to the Board, the NSW Ministry of Health and the Health Secretary.
  - b. Risk management framework, including ongoing monitoring of the effectiveness of risk management systems for NSW Health Pathology.
  - c. Clinical governance and quality frameworks to monitor quality of care and service delivered across NSW Health Pathology.
  - d. Effective compliance frameworks and quality standards for accreditation of pathology laboratories and forensic facilities.
6. To ensure effective clinical and capital planning by NSW Health Pathology which also aligns with the NSW Health system's strategic goals.
7. To champion a strong values-driven culture with a focus on staff engagement within NSW Health Pathology.
8. To champion innovation to achieve best practice across NSW Health Pathology services.
9. To review and evaluate present and future opportunities, threats and risks in the external environment and identify appropriate responses to maximise the position of NSW Health Pathology and the NSW Health system.
10. To ensure that the needs of all stakeholders (internal and external) are appropriately considered, and to confer with the Chief Executive about how best to support, encourage and facilitate stakeholder and clinician involvement, in the planning of NSW Health Pathology services.
11. To establish and oversee the work of Board sub-committees and consider any recommendations of those sub-committees including endorse and oversee the implementation of annual audit plans via the Audit and Risk Management Committee.
12. To provide such advice to the Health Secretary on the provision and integration of pathology, forensic and analytical science services within the NSW health and justice systems as requested from time to time.

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## 1.2 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.

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### 1.3 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).

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### 1.4 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.

#### 1.4.1 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 Clinical Governance in NSW policy directive (PD2024\_010) provides an important framework for improvements to clinical quality.

NSW Health Pathology ensures it meets the requirements of the regulatory framework for Medicare Australia under the *Health Insurances Act 1973* (Cth). All NSW public pathology services are accredited to standards defined by the National Pathology Accreditation Advisory Council (NPAAC).

The NSW Health Pathology Forensic & Analytical Science Service is accredited by the National Association of Testing Authorities (NATA) against ISO17025 and ISO15189.

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.

#### 1.4.2 Corporate governance

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

#### 1.4.3 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.

#### **1.4.4 Performance Framework**

Statements of Service 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 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.

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### 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.

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### 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.

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### 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.

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## 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.

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## 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 Budget

## 3.1 Budget Schedule

NSW Health Pathology		2025-2026 Allocation in BTS (\$'000)
<b>A</b>	<b>Expenditure Budget by Account Group (General Fund)</b>	
	Employee Related	\$532,277
	VMO Payments	\$36
	Goods & Services	\$294,883
	Repairs, Maintenance & Renewals	\$29,057
	Grants & Subsidies	\$267
	Finance Costs	\$52
	Depreciation and Amortisation	\$26,511
	<i>Sub-total</i>	<b>\$883,084</b>
<b>B</b>	<b>Other items not included above</b>	
	Additional Escalation to be allocated	\$26,195
	Service Demand and Volume Growth	\$8,373
	<b>Time Limited Initiatives</b>	
	Wastewater surveillance program	\$228
	World Class End of Life Care - Pathology	\$308
	Destitute Burials	\$477
	1RR Co-locating Agencies	\$287
	<b>Annualised Initiatives</b>	
	Seized Samples program	\$355
	Technical Officer to Hospital Scientist Conversion	\$2,018
	Workplace Culture and Safety	\$162
	<b>Savings Initiatives</b>	
	Comprehensive Expenditure Review Savings Allocation	-\$6,590
	Procurement Savings Allocation	-\$540
	<b>IntraHealth and TMF Adjustments</b>	
	IntraHealth - eHealth 25/26 Adjustment	\$1,856
	Funding for Pathology 25/26 IntraHealth Adjustments	\$2,603
	TMF Adjustment - Workers Compensation	\$580
	TMF Adjustment - Property	\$5
	TMF Adjustment - Motor Vehicle	\$52.6
	<i>Sub-total</i>	<b>\$36,367</b>
<b>C</b>	<b>RFA Expenses</b>	<b>\$17,519</b>
<b>D</b>	<b>Total Expenses (D=A+B+C)</b>	<b>\$936,970</b>

E	Other - Gain/Loss on disposal of assets etc	\$602
F	Revenue	-\$918,030
G	Net Result (G=D+E+F)	\$19,542

## 3.2 Funding Allocation Schedule

NSW Health Pathology		2025-2026 Allocation in BTS (\$'000)
<b>Government Grants</b>		
A	Recurrent Subsidy	-\$76,181
B	Capital Subsidy	\$0
C	Crown Acceptance (Super, LSL)	-\$16,311
D	<i>Total Government Contribution (D=A+B+C)</i>	<b>-\$92,492</b>
<b>Own Source revenue</b>		
E	GF Revenue	-\$801,553
F	Restricted Financial Asset Revenue	-\$23,986
G	<i>Total Own Source Revenue (G=E+F)</i>	<b>-\$825,538</b>
H	<b>Total Revenue Budget (H=D+G)</b>	<b>-\$918,030</b>
<b>Expenses</b>		
I	Total Expense Budget - General Funds	\$919,452
J	Restricted Financial Asset Expense Budget	\$17,519
K	Other Expense Budget	\$602
L	<b>Total Expense Budget (L=I+J+K)</b>	<b>\$937,572</b>
M	<b>Net Result (M=H+L)</b>	<b>\$19,542</b>
<b>Net Result Represented by:</b>		
N	Asset Movements	-\$19,621
O	Liability Movements	\$79
P	Entity Transfers	\$0
Q	<b>Total (Q=N+O+P)</b>	<b>-\$19,542</b>

### Note:

As all banking has moved to being centrally managed, any local bank accounts remaining will be swept regularly and no funds should be held locally anymore.

### 3.3 Budget Schedule: Capital 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)
<b>Projects managed by Health Entity</b>						
<b>2025-26 Major New Works</b>						
<b>Total Major New Works</b>			-	-	-	-
<b>Works in Progress</b>						
Chemistry and Immunoassay Testing Solution	P56845	LFI	16,980	16,180	800	-
Chemistry Equipment Replacement (East and South)	P57224	LFI	17,015	10,599	6,416	-
Chemistry Equipment Replacement (North)	P57246	LFI	23,760	9,566	14,195	-
Haematology Digital Morphology	P57413	LFI	5,907	4,323	1,019	564
Minor Works & Equipment >\$10K<\$250K *	P51069	MWE	20,000	n.a	5,000	15,000
NSWHP Dubbo Laboratory Redevelopment at Dubbo Hospital	P56802	LFI	8,163	7,110	1,053	-
NSWHP Pathology Refurbishment at Coffs Harbour Base Hospital	P56803	LFI	3,198	1,901	1,296	-
PathWorks App - Phase 2	P57469	LFI	2,182	66	960	1,156
Single Digital Patient Record - LIMS (Fusion)	P57445	ICT	69,092	41,026	15,917	12,149
Westmead ICT Solution Pathogen Genomics Cloud Service	P57141	LFI	672	471	200	-
<b>Total Works in Progress</b>			<b>166,969</b>	<b>91,243</b>	<b>46,857</b>	<b>28,870</b>
<b>Total Capital Program managed by Health Entity</b>			<b>166,969</b>	<b>91,243</b>	<b>46,857</b>	<b>28,870</b>
<b>Projects managed by Health Infrastructure</b>						
<b>2025-26 Major New Works</b>						
NSW Health Pathology Statewide Hub	P57461	HI Silo	492,000	-	500	491,500
<b>Total Major New Works</b>			<b>492,000</b>	<b>-</b>	<b>500</b>	<b>491,500</b>
<b>Works in Progress</b>						
<b>Total Works in Progress</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Capital Expenditure Authorisation Limit managed by Health Infrastructure</b>			<b>492,000</b>	<b>-</b>	<b>500</b>	<b>491,500</b>
<b>Projects managed by Ministry of Health</b>						
<b>2025-26 Major New Works</b>						
<b>Total Major New Works</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Works in Progress</b>						
<b>Total Works in Progress</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total Capital Expenditure Authorisation Limit managed by Ministry of Health</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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.

#### 3.3.1 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	-	-	-	-	-	Confund
	20,000	5,000	5,000	5,000	5,000	Local
<b>Total Budget</b>	<b>20,000</b>	<b>5,000</b>	<b>5,000</b>	<b>5,000</b>	<b>5,000</b>	<b>Mixed</b>


# 4 Performance

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

1 Patients and carers have positive experiences and outcomes that matter 				
Measure	Target	Performance Thresholds		
		Not performing ✖	Underperforming ⚡	Performing ✓
Collection Centres - Customer and community satisfaction (%)	≥ 85	< 75	75 and < 85	≥ 85
Forensic Medicine - Number of incomplete coronial post mortem reports >12 months	> 0% decrease	> 5% increase	≥ 0% and ≤5% increase	> 0% decrease
Forensic Medicine - Number of incomplete coronial post mortem reports >6 months.	> 0% decrease	> 5% increase	≥ 0% and ≤5% increase	> 0% decrease

2 Safe care is delivered across all settings 				
Measure	Target	Performance Thresholds		
		Not performing ✖	Underperforming ⚡	Performing ✓
Harm Score 2,3,4s complete in ≤ 45 days of incident notification (%)	≥ 80	< 70	70 and 80	≥ 80
ACHS Pathology Turnaround Time Compliance (%)	≥ 0% increase	> 5% decrease	≤ 5% and > 0% decrease	≥ 0% increase
Troponin for ED in lab to validated time Compliance (%)	≥ 0% increase	> 5% decrease	≤ 5% and > 0% decrease	≥ 0% increase

3 People are healthy and well 				
Measure	Target	Performance Thresholds		
		Not performing ✖	Underperforming ⚡	Performing ✓
Combined Surveillance and Monitoring of Seized Samples (CoSMoSS) – results reported in less than or equal to 36 calendar days of sample receipt (%)	≥ 95	< 90	≥ 90 and < 95	≥ 95
Prescription, Recreational and Illicit Substance Evaluation (PRISE) preliminary results from high priority triage category samples (M1) reported within 2 business days of sample receipt (%)	≥ 95	< 90	≥ 90 and < 95	≥ 95

#### 4 Our staff are engaged and well supported



Measure	Target	Performance Thresholds		
		Not performing ✖	Underperforming ⚠	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)	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
Number of Research Projects Approved by NSW Health Pathology in REGIS (Per Annum)	≥ 40	< 30	≥ 30 and < 40	≥ 40

#### 6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not performing ✖	Underperforming ⚠	Performing ✓
Overheads % in Cost Base	4.94%	> 3% increase	≤ 3% and > 0% increase	≥ 0% decrease

## 6 The health system is managed sustainably



Measure	Target	Performance Thresholds		
		Not performing ✖	Underperforming ⚠	Performing ✓
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 Result Matched to Budget - General Fund - Variance (%)	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
Red Blood Cells Discards as a Percentage of Issues (DAPI) rate (%)	1.01	≥ 1.21	> 1.01 and < 1.21	≤ 1.01
Quarterly Executive engagement meetings with Local Health Districts	1 for each LHD	> 5 LHDs without a meeting	> 2 and ≤ 5 LHDs without a meeting	≤ 2 LHDs without a meeting
Productivity – Activity / Hours Worked (Number)	≥ 0% increase	> 5 decrease	≤ 5 and > 0 decrease	≥ 0 increase
Goods & Services Spend / Activity (\$) Reported statewide & LHD	On Target – See Agreed Data Definition	See Agreed Data Definition	See Agreed Data Definition	See Agreed Data Definition
Total Charges - Charges / Activity (\$)	On Target – See Agreed Data Definition	See Agreed Data Definition	See Agreed Data Definition	See Agreed Data Definition
Total Costs / Activity (\$)	On Target – See Agreed Data Definition	See Agreed Data Definition	See Agreed Data Definition	See Agreed Data Definition
LHD Ordering Practices (LFT / EUC Ratio)	≥ 0% decrease	> 5% increase	≤ 5% and > 0% increase	≥ 0% decrease
LHD Ordering Practices (Blood Gases per Patient Day)	≥ 0% decrease	> 5% increase	≤ 5% and > 0% increase	≥ 0% decrease