

# Service Plan 2023-24: NT Regional Health Services

Variation 1 - March 2024

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# Contents

1. Purpose.....	4
2. Execution.....	4
3. Variation 1.....	4
4. Objectives .....	4
5. NT Regional Health Services .....	5
6. Strategic Directions and Priorities.....	5
7. Legislative, Agreement and Governance Requirements .....	6
8. Stakeholder and Consumer Requirements .....	8
9. Reporting Requirements.....	9
10. Service Delivery Profile .....	10
11. Funding and Activity Schedules.....	11
12. Key Performance Indicators.....	14

## 1. Purpose

The Service Plan (the Plan) outlines the responsibilities, key performance standards and funding support for NT Regional Health Services (NTRHS) in the delivery of health services.

The Service Plan is issued in accordance with the requirements of the *Health Service Act 2021* and operates in conjunction with the Performance Framework, which provides the process for monitoring and managing NTRHS performance against Service Plan requirements including remediation of underperformance. The Service Plan is also issued to comply with requirements of the National Health Reform Agreement (NHRA). NTRHS is the NT's sole Local Hospital Network (LHN) for the purposes of the NHRA.

The success of this Service Plan depends on the strong shared commitment between the System Manager and NTRHS, supported by open and effective communication, to achieve the best health outcomes from available resources.

This Plan is effective from **1 July 2023** to **30 June 2024**.

## 2. Execution

Title:	<b>Chief Executive Officer, Department of Health, Northern Territory Government</b>
Name:	Prof. Marco Briceno
Date:	15 March 2024 (As Variation 1)

## 3. Variation 1

This variation to the Service Plan is made in writing by the System Manager in consultation with the NTRHS Executive, pursuant to section 19 of the *Health Services Act 2021*.

Variation 1 amends Section 11 (Funding and Activity Schedules) to incorporate revised NTRHS budget envelope, provide itemised amounts for NT block funding and revise hospital activity targets following final reconciliation of 2022-23 weighted activity by the Administrator of the National Health Funding Pool.

## 4. Objectives

NT Health is committed to ensuring all Territorians have great health by fostering a system that encompasses person-centred care, providing value to the patient and client while also carefully managing within policy and budgetary constraints.

This Service Plan, jointly with the Performance Framework, supports NT Health's vision by:

- Specifying responsibilities and accountabilities for delivery of health services.
- Establishing clear service delivery and performance expectations as well as processes for performance management and monitoring.
- Ensuring that consultation and management processes are appropriate to support the design and delivery of health services that meet local needs.
- Promoting accountability to Government and the community.

## 5. NT Regional Health Services

NTRHS is comprised of the following regions:

- **Top End** - located in the far north of the NT covering the areas of Darwin, Palmerston, as well as Pirlangimpi, Milikapiti and Wurrumiyanga on the Tiwi Islands, and 14 major Aboriginal communities on the mainland.
- **East Arnhem** - encompassing the towns of Nhulunbuy on the Gove Peninsula, Alyangula, Angurugu and Umbakumba on Groote Eylandt, the islands of Elcho, Milingimbi, Milyakburra and the major Aboriginal communities on the mainland.
- **Big Rivers** - located in and around the Katherine area covering an area between the Western Australia/Queensland borders, extending south to Dunmarra and north to Pine Creek. It includes the Victoria River area and the Gulf region across the Roper to Borroloola.
- **Barkly** - located in the centre of the NT and surrounding the township of Tennant Creek, which is located 500 kilometres north of Alice Springs. Includes the major communities and outstations of Ampilatwatja, Urapuntja, Alpurrurulam, Ali Curung, Canteen Creek and Wutunugurra (Epenarra).
- **Central Australia** - located in the centre of Australia and covers a large area extending into the bordering areas of South Australia and Western Australia. Includes the township of Alice Springs and surrounding major remote centres of Ntaria, Yuendumu and Papunya, and communities and outstations including Wallace Rockhole, Haast's Bluff, Yuelemu, Mt Liebig and Titjikala.

## 6. Strategic Directions and Priorities

The [NT Health Strategic Plan 2023-2028](#) (the Strategic Plan) provides the overarching vision for the delivery of healthcare services in the NT. The Strategic Plan is centred around four focus areas:

Strategic Focus Areas
<p><b>Support and develop our workforce</b></p> <p>We are committed to supporting a workforce that is safe, responsive and kind. Staff will be empowered to work to their full scope of practice and ability, doing the best job they can every day and supported to achieve their career aspirations.</p>
<p><b>Promote wellbeing and prevent illness</b></p> <p>We will tackle the fundamental issue of social determinants of health and build an environment that enables Territorians to have the best start in life and support healthy lifestyles across our life span. Territorians will have an increased awareness of harms and be protected through legislation and action. Health care is something we will provide together with our partners and our communities.</p>
<p><b>Provide high quality healthcare that reflects personal and community needs</b></p> <p>We will provide high quality care for Territorians that is safe, effective, and person-centred – with flexibility to adjust to personal needs and preferences, values and community context. At the same time we will provide more guidance to support self-managed care, and more choices to enable access to care closer to home.</p>
<p><b>Connect service delivery and support systems for a sustainable future</b></p> <p>Our financial, digital, governance and infrastructure management will support new models of care and emergency planning while making sure we are an environmentally sustainable and fiscally responsible organisation. We will continuously improve our practice and care through learning, evaluating our programs and implementing actions.</p>

### 6.1.1. Remediation Plan

The System Manager has developed the NT Health Remediation Plan which establishes the following short term reform priorities for NTRHS:

- Reduce the length of time patients need to wait to receive elective surgery.
- Reduce the length of time patients need to spend in hospital.
- Deliver care closer to home
- Improve clinical workforce sustainability.

NTRHS is required to develop and implement initiatives to achieve the above priorities. The System Manager will monitor progress against Remediation Plan activities and may direct NTRHS to undertake actions deemed necessary to ensure success against the reform priorities.

## 7. Legislative, Agreement and Governance Requirements

### 7.1. Legislation

The *Health Service Act 2021* (the Act) provides the legislative framework for the provision of high quality public health services for Territorians and sets out the purposes and functions in relation to the NTRHS.

Under Section 11 of the Act, NTRHS' functions and powers include:

- Provision of health services and health support services set out in the Service Plan within budget.
- Ensuring services are delivered in an efficient, effective and economical way.
- Ensuring health services meet the needs of the community by consulting and collaborating with other service providers and minimising service duplication and fragmentation.
- Developing local clinical and other governance arrangements and best practice guidelines or standards consistent with the requirements of the Service Plan.
- Providing training and education relevant to the provision of services.
- Collecting data on performance and reporting to the System Manager.

Under the Act, the System Manager is required to undertake functions relating to service planning, agreement negotiations, performance monitoring and data collection/reporting. However, the System Manager may undertake some NTRHS responsibilities and functions on its behalf, with associated costs on-passed. In particular, the System Manager provides the following shared services to support NTRHS:

- Financial services.
- Clinical coding.
- Clinical data analytics.
- Workforce services, strategy and policy.
- Safety and quality performance monitoring, clinical governance assurance and facilitation of clinical excellence and patient safety improvements.
- Pathology services

Both parties commit to evaluating and reviewing the quality of these services as part of performance management processes detailed in the Performance Framework, as required.

## 7.2. Agreements

The provision of universal healthcare for all Australians is a shared priority for the Commonwealth, States and Territories, as agreed in the 2020-2025 Addendum to the National Health Reform Agreement (the NHRA). The NHRA focuses on improved patient safety, quality of services and reducing unnecessary hospitalisations while maintaining activity based funding and the national efficient price for hospital services. Under the NHRA, the Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions. As the NT's sole Local Hospital Network (LHN), NTRHS shall deliver responsibilities and comply with requirements for LHNs as detailed in Schedule of E of the NHRA.

NTRHS is also provided funding under a range of national and bilateral agreements, Commonwealth Own Purpose Expenditure (COPE) payments and other funding agreements. These agreements carry various program, financial and performance reporting requirements. NTRHS shall comply with these requirements.

## 7.3. Governance

NTRHS 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 NT Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

### 7.3.1. Performance Framework

The Service Plan operates in conjunction with the NT Health Performance Framework, which documents how the System Manager monitors and assesses the performance of NTRHS. The Framework sets out collaborative processes that support the achievement of performance outcomes, including identification and resolution of any performance concerns.

### 7.3.2. Clinical Governance

The *Health Service Act 2021* and NHRA provide that NTRHS is accountable for local clinical governance arrangements and best practice guidelines or standards, as well as implementation of national clinical standards. The System Manager will support NTRHS to achieve these accountabilities by monitoring safety and quality performance, providing assurance on implementation of clinical governance arrangements, as well as facilitating improvements to clinical excellence and patient safety.

#### Accreditation

All NTRHS public hospitals are to maintain accreditation under the Australian Health Service Safety and Quality Accreditation Scheme.

All NTRHS primary health care (PHC) centres are to maintain accreditation in accordance with the current edition of the Royal Australian College of General Practitioners (RACGP) accreditation standards and in line with the National General Practice Accreditation Scheme.

#### Safety and Quality

NTRHS shall ensure the provision of safe and quality health care for all Territorians. This includes timely access to quality health care services, maintaining an appropriately skilled clinical workforce, and meeting National Safety and Quality Health Service standards (NSQHS).

### 7.3.3. Corporate Governance

#### Financial Management and Reporting

NTRHS shall comply with the following financial instruments:

- *Financial Management Act 1995 (FMA)*
- Treasurer's Directions

In particular, NTRHS must not overcommit money for expenditure that would result in it exceeding its approved budget.

In accordance with the Northern Territory *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*, the Commonwealth *National Health Reform Act 2011* and the *National Health Reform Agreement 2011*, a Special Purpose Financial Statement comprising of a statement of receipts and payments of the State Pool Account and accompanying notes is audited annually by the NT Auditor-General.

The *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012* specifies payments out of the State Pool Account are to fund the following, under the National Health Reform Agreement:

- Services provided by local hospital networks;
- Health teaching, training and research provided by local hospital networks or other organisations;
- Any other matter that under that Agreement is to be funded through the National Health Funding Pool

Section 24 of the *Health Service Act 2021* requires the above funding be deposited into the NTRHS bank account. These funds flow through this bank account to represent the funding for the local hospital network to be spent in accordance with the *Health Service Act 2021* and Service Plan. NTRHS funding flowed through the bank account shall be reconciled at cost centre level as part of the audit and acquittal requirements detailed below.

Section 25 of the *Health Service Act 2021* requires NTRHS to prepare and give the System Manager an annual acquittal of all funding received under the Health Funding Act by 31 July of each subsequent financial year. This acquittal reflects the funding received under the *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012* and the expenditure of this money in accordance with the Act.

Section 26 of the *Health Service Act 2021* requires the Auditor-General to conduct an annual audit of the acquittal of funding and to provide a copy to the System Manager by 30 September.

## 8. Stakeholder and Consumer Requirements

The *Health Service Act 2021* and NHRA requires NTRHS to consult and collaborate with local stakeholders as part of the design and delivery of health services. The System Manager is required under the *Health Service Act 2021* to ensure that NTRHS has appropriate mechanisms in place to achieve these outcomes. The System Manager will also support consultation by coordinating the NT Health Advisory Committee.

### 8.1. Stakeholder Engagement

NTRHS is required to ensure a robust process exists that requires engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering health services and, in particular, shaping local service delivery to local needs.



NTRHS will provide the System Manager with a report annually by 31 January that details, for the preceding calendar year:

- Evidence of engagement with local clinicians, consumers and community members in developing and delivering health services that meet the health needs of the community.
- An overview of consultation and collaboration mechanisms with other providers aimed at minimising service duplication and fragmentation.

## 8.2. Consumer Feedback

NTRHS will ensure there are culturally appropriate mechanisms in place to capture, monitor and evaluate consumer and community feedback. NTRHS will also ensure that any feedback of concern that may attract significant media attention or substantial liability is escalated to the System Manager.

NTRHS will provide the System Manager with a report annually by 31 January that details, for the preceding calendar year:

- a trend analysis outlining the overall number of complaints and compliments (formal and point of service) received for the six month period by severity rating
- An overview of key themes identified from complaints reporting and what actions NTRHS is taking to address these themes.
- A demonstration of the development and promotion of opportunities for the voices and experiences of consumers including consumers of diverse cultures, abilities, ages, sexual orientation and genders to be reflected in quality and safety improvements within health care environments.

## 9. Reporting Requirements

NTRHS will support the System Manager to ensure that all of NT Health's reporting obligations are met, including those required to:

- Deliver and manage clinical care and services.
- Report to national bodies, including but not limited to National Minimum Data Sets, National Best Endeavour Data Sets and the National Hospital Cost Data Collection.
- Meet relevant legislation, including but not limited to the *Information Act 2002* and the *Public Sector Employment and Management Act 1993*.
- Determine activity based funding and block funding amounts; to facilitate reporting against the key performance indicators set out in this Plan; and to monitor implementation of NT Health policies and whole of Government plans.
- Acquit funding received under tied funding agreements.

## 10. Service Delivery Profile

### 10.1. Hospital Services

NTRHS provides hospital services at the following facilities:

- Royal Darwin Hospital
- Palmerston Regional Hospital
- Gove District Hospital
- Katherine Hospital
- Tennant Creek Hospital
- Alice Springs Hospital

### 10.2. Non-hospital Services

NTRHS provides the following non-hospital services:

- Primary Health Care
- Visiting Specialist and Allied Health Services
- Rehabilitation and Recovery
- Remote morgues
- Sexual Assault Referral Centre
- Mental Health
- Oral Health Services
- Hearing Health Services
- Aged Care Services
- Alcohol and Other Drugs Services

### 10.3. Hosted Services

Each individual region of NTRHS will be accountable for administering health services within their defined geographic region. Some regions may however administer services across some or all of the five regions.

# 11. Funding and Activity Schedules

## 11.1. Purchased Activity and Services – NTRHS

Activity Funded Services Price per Weighted Activity Unit (WAU) = \$6,032	Activity (WAU)	Funding (\$000)
Admitted Acute	120,615	727,550
Admitted Sub Acute	8,815	53,172
Admitted Mental Health	6,311	38,068
Emergency Department	28,481	171,797
Non-admitted	28,306	170,742
<b>Total ABF Purchase</b>	<b>192,528</b>	<b>1,161,329</b>
Additional activity funded from within existing resources (2022-23 reconciliation outcome)		<b>-12,911</b>
<b>Total ABF Allocation</b>		<b>1,148,418</b>

Block Funded Services	Funding (\$000)
<b>NHRA Block</b>	<b>96,279</b>
Teaching, Training and Research	42,131
Non-admitted Mental Health - Adult	40,111
Non-admitted Mental Health – Children	6,039
Non-admitted Mental Health - Residential	7,095
Non-admitted Home Ventilation	93
<b>Hospital Services – Non-NHRA Funded</b>	<b>144,444</b>
Highly Specialised Drugs	14,887
Patient Travel – Non-ABF	63,800
Patient Travel – ABF Transition	30,963
Cross Border Charges	34,794
<b>Non-Hospital Services</b>	<b>296,930</b>
Primary Health Care	240,676
Alcohol & Other Drugs	17,274
Secure Care	9,355
Aged Care	8,684
Other Services – Unspecified	20,941
<b>Total Block Allocation</b>	<b>537,653</b>

<b>Operating Expenses Budget (excl. Savings, Depreciation and Lease Interest Expense)</b>	<b>1,686,071</b>
Depreciation and Amortisation	74,771
Lease Interest Expense	1,520
Balance Sheet Items that impact the Operating Statement	7,012
<b>Operating Expenses Budget</b>	<b>1,769,374</b>

## 11.2 Regional allocation – Activity funded services

<b>Central Australia</b> Price per Weighted Activity Unit (WAU) = \$6,032	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	33,613	202,754
Admitted Sub Acute	1,681	10,140
Admitted Mental Health	1,211	7,305
Emergency Department	7,897	47,635
Non-admitted	6,231	37,585
<b>Total ABF Purchase</b>	<b>50,633</b>	<b>305,418</b>

<b>Barkly</b> Price per Weighted Activity Unit (WAU) = \$6,032	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	3,610	21,776
Admitted Sub Acute	72	434
Admitted Mental Health	-	-
Emergency Department	1,549	9,344
Non-admitted	451	2,720
<b>Total ABF Purchase</b>	<b>5,682</b>	<b>34,274</b>

<b>Big Rivers</b> Price per Weighted Activity Unit (WAU) = \$6,032	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	4,889	29,490
Admitted Sub Acute	326	1,966
Admitted Mental Health	-	-
Emergency Department	2,595	15,653
Non-admitted	1,167	7,039
<b>Total ABF Purchase</b>	<b>8,977</b>	<b>54,149</b>

<b>East Arnhem</b> Price per Weighted Activity Unit (WAU) = \$6,032	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	3,636	21,932
Admitted Sub Acute	207	1,249
Admitted Mental Health	-	-
Emergency Department	1,533	9,247
Non-admitted	524	3,161
<b>Total ABF Purchase</b>	<b>5,900</b>	<b>35,589</b>

<b>Top End</b> Price per Weighted Activity Unit (WAU) = \$6,032	<b>Activity (WAU)</b>	<b>Funding (\$000)</b>
Admitted Acute	74,867	451,598
Admitted Sub Acute	6,529	39,383
Admitted Mental Health	5,100	30,763
Emergency Department	14,907	89,919
Non-admitted	19,933	120,236
<b>Total ABF Purchase</b>	<b>121,336</b>	<b>731,899</b>

### 11.3. Funding Sources

Funding Source	Funding (\$000)
Commonwealth NHFB Hospital Funding	358,018
Commonwealth NHFB Hospital Block Funding	24,396
Commonwealth NHFB Public Health Funding	2,522
NT Hospital & Block Funding	928,491
Health Service Generated Revenue	105,859
Health Service Generated Revenue Private Patients	5,027
Commonwealth and other Tied Funding	100,286
<b>Funding Total</b>	<b>1,524,600</b>

Shared services provided	
System Manager Charges	55,615
DIPL Free of Charge	40,457
DCDD Free of Charge	73,931
<b>Shared Services Provided Total</b>	<b>170,003</b>

<b>Funding Grand Total</b>	<b>1,694,603</b>
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Non-Funded Expense	
Depreciation and Amortisation	74,771

<b>Total Funding + Non-Funded Expense</b>	<b>1,769,374</b>
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### 11.4. Commonwealth National Health Reform Funding Table

Activity Funded Services	Activity (NWAU)
Admitted Acute	116,723
Admitted Sub Acute	8,170
Admitted Mental Health	6,055
Emergency Department	28,358
Non-admitted	25,869
<b>Total ABF Allocation</b>	<b>185,175</b>

## 12. Key Performance Indicators

KPIs are organised into Tiers, which provide a risk basis for KPI monitoring. The Performance Framework provides additional detail on KPI Tiers.

Key Performance Indicator	Tier	Target	Performing	Performance concern	Not performing
<b>Strategic Focus Area 1: Support and develop our workforce</b>					
Aboriginal health workforce as a proportion of overall FTE	S	10%	≥10%	<10% - 7.5%	<7.5%
Medical/Nursing FTE (including Agency/Overtime) as a proportion of Budget	1	100%	95% - 105%	90% - 95% 105% - 110%	<90% >110%
<b>Strategic Focus Area 2: Promote wellbeing and prevent illness</b>					
HbA1c measurement within certain levels	S	41%	≥41%	<41% - 36%	<36%
Recent HbA1c test for clients aged 15 years and over	2	80%	≥80%	<80% - 75%	<75%
Rheumatic heart disease prophylaxis adherence	S	60%	≥60%	<60% - 52%	<52%
Children under 5 who are anaemic	S	10%	≤10%	>10 - 15%	>15%
Children under 5 measured for anaemia	2	80%	≥80%	<80% - 75%	<75%
Adult health check coverage	2	70%	≥70%	<70% - 67%	<67%
Aged care assessment program clients receiving timely intervention	3	90%	≥90%	<90% - 85%	<85%
First antenatal visit	S	70%	≥70	<70% - 60%	<60%
Chronic disease management plan	2	85%	≥85%	<85% - 80%	<80%
Early intervention for conductive hearing loss	S	45%	≥45%	<45% - 37%	<37%
Potentially preventable hospitalisations (excluding dialysis)	S	10%	≤10%	>10% - 13%	>13%
<b>Strategic Focus Area 3: Provide high quality health care that reflects personal and community needs</b>					
<b>Hospital access</b>					
Relative stay index	S	1	≤1	>1 - 1.2	>1.2
Elective Surgery timely admissions:					
- Category 1	1	100%	100%	<100% - 95%	<95%
- Category 2	1	97%	≥97%	<97% - 80%	<80%
- Category 3	1	97%	≥97%	<97% - 70%	<70%
Elective Surgery admissions *see table below for breakdown	1	9,384	100%	<100% - 90%	<90%
Elective Surgery % long waits	1	10%	≤10%	<10% - 30%	>30%
Acute long stay outliers ≥35 days *see table below for breakdown	1	6	≤ 6	>6 - 8	≥ 8

Key Performance Indicator	Tier	Target	Performing	Performance concern	Not performing
Practical Access Numbers for Emergency (PANE) <i>*RDPH &amp; ASH only</i>	1	4	≤ 4	>4-10	≥10
Inpatient Cubicles in Emergency (ICE) <i>*RDPH &amp; ASH only</i>	1	4	≤ 4	>4-10	≥10
<b>Emergency Access</b>					
Patients admitted to an inpatient unit or transferred from the ED within 4 hours	3	60%	≥ 60%	59% - 40%	< 40%
Patients admitted to an ED short stay unit from the ED within 4 hours	3	80%	≥ 80%	79% - 70%	< 70%
Patients discharged from the ED within 4 hours	3	80%	≥ 80%	79% - 70%	< 70%
Patients with ED length of stay less than or equal to 4 hours	1	80%	≥ 80%	79% - 60%	< 60%
<b>Safety and quality</b>					
Aboriginal clients discharged against medical advice (DAMA)	S	7%	≤7%	>7% - 9%	> 9%
Sentinel events against nationally agreed events	2	0	0	NA	> 0
SAB infections (per 10,000 OBDS)	3	1.0	≤1.0	>1.0 - 1.5	>1.5
Hand hygiene compliance	3	85%	≥85%	<85% - 80%	<80%
Sepsis fatality (interim measure for antibiotic provision within 60 minutes of diagnosis)	S	0%	≤ 0%	> 0% - 5%	> 5%
Avoidable hospital readmissions	2	Decrease prior year	< previous year	≤3% increase previous year	> 3% increase previous year
Hospital acquired complications (per 100 separations)	2	2.0	≤2.0	>2.0 - 2.4	>2.4
Patient experience – timely responses	3	90%	≥ 90%	89% - 80%	<80%
<b>Mental health</b>					
Mental health 28 day readmissions	2	10%	≤10%	>10% - 12%	>12%
Community follow-up within first 7 days of mental health inpatient discharge	2	80%	≥80%	<80% - 75%	<75%
Mental health seclusions per 1,000 occupied bed-days	2	8	≤8	>8 - 13	>13
<b>Primary and Community Care</b>					
Telehealth <i>*see table below for breakdown</i>	2	52,610	100%	<100% -85%	<85%
<b>Strategic Focus Area 4: Connect service delivery and support systems for a sustainable future</b>					
Cost per NWAU (compared with NEP)	S	1	≤1	>1 - 1.15	>1.15
Variance against purchased activity [in WAUs per category]	1	0%	± 1.0%	>1.0% - 5% <-1.0% - -5%	>5% <-5%

Key Performance Indicator	Tier	Target	Performing	Performance concern	Not performing
Expenditure - variance against budget	1	0%	≤1.0%	>1.0% - 5%	>5%
Coding timeliness	2	100%	100%	<100% - 80%	<80%
Mental health assigned phase of care for active patients	2	95%	≥95%	<95% - 90%	<90%
Mental health phase of care reviewed within 91 days	2	90%	≥90%	<90% - 85%	<85%

 New KPI in 2023-24

### 12.1. Annual targets for service count KPIs, by Regional Health Service

Region	Top End	Big Rivers	East Arnhem	Central Australia	Barkly	NTRHS
Elective surgery admissions	6,228	456	336	2,364	N/A	9,384
Acute Long Stay Outliers	5	0	0	1	0	6
Telehealth	42,949	1,919	132	6,710	900	52,610