



Women's and Children's Health Network
Service Agreement

01 July 2019 – 30 June 2020



Government
of South Australia

SA Health

Version Control

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Parties to the Service Agreement 2019-20

From 01 July 2019 to 30 June 2020

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Women's and Children's Health Network Incorporated (Local Health Network) (the Parties) which sets out the Parties' mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectations and performance deliverables for the period of 01 July 2019 - 30 June 2020.

Through execution of the Agreement, the Local Health Network agrees to meet the service obligations and performance requirements as detailed in the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in the Agreement.

Jim Birch OAM
Chair
On behalf of
Women's and Children's Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

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1. Introduction

SA Health's vision is that all South Australians are healthy, enjoy a great quality of life and experience a safe, contemporary and sustainable health care system.

The Agreement supports the delivery of safe, effective and accountable high quality health care by formally setting out the performance expectations and funding arrangements for the Local Health Network (LHN) during the term of the Agreement.

Included within the Agreement are:

- The funding allocations to the LHN for the provision of hospital and other health services (including activity based funding (ABF) where applicable).
- Key performance indicators (KPIs) that are designed to monitor performance, accountability and data reporting requirements.
- Other obligations of both the Department for Health and Wellbeing (DHW) and the LHN.

The content and process for preparing the Agreement is consistent with the requirements of the *Health Care Act 2008* and the National Health Reform Agreement (NHRA).

Fundamental to the success of the Agreement is:

- a) A strong collaboration between the LHN, including its Chief Executive Officer and its Governing Board (where applicable).
- b) The Parties' commitment to achieving high standards of governance, transparency, integrity and accountability.

2. Objectives of the Service Agreement

The Agreement is designed to:

- 1) Describe the health services, teaching, training and research to be provided by the LHN, including particulars of the volume, scope and standard of services.
- 2) Describe the funding allocated to the LHN for the provision of the services, including the way in which the funding is to be allocated.
- 3) Detail the agreed performance measures and operational targets for the provision of the services by the LHN.
- 4) Detail how the evaluation and review of results in relation to the performance measures and operational targets are to be carried out.
- 5) Describe the requirements for performance data and other information to be provided by the LHN to the Chief Executive, including how, and how often, the data is to be provided.
- 6) Detail any other matter the Chief Executive considers relevant to the provision of the services by the LHN.
- 7) Outline the responsibilities and accountabilities for and facilitate achievement of the DHW, State and Commonwealth Government priorities, services, outputs and outcomes.
- 8) Promote accountability to Government and the community for service delivery and funding.

3. Legislative and Regulatory Framework

The Agreement is regulated by the [Health Care Act 2008](#) and the NHRA which provides the Commonwealth funding contribution for the delivery of public hospital services and details a range of reforms.

The NHRA requires the State of South Australia to establish Service Agreements with each health service for the commissioning of health services and to implement a performance and accountability framework including processes for remediation of poor performance. The *Health Care Act 2008*, states under Part 4 – Service Agreements, that the Service Agreement is to be executed between the Chief Executive Officer of the LHN (following endorsement of the Governing Board); and the Chief Executive. The Service Agreement is binding on the Parties.

In delivering health services, the LHN is required to meet the applicable conditions of any National Partnership agreements between the State Government and the Commonwealth Government (including any commitments under related implementation plans). This is inclusive of any relevant Council of Australian Governments (COAG) national agreements including, for example, the Health Practitioner Regulation National Law.

For further information, refer to <http://www.coag.gov.au/agreements>

In addition to complying with all relevant legislation and regulations, the Parties will adhere to a common set of overarching guidelines, policies and principles. These assist the DHW with decision-making for the health care system and provide the common ground needed for the Parties to work successfully together to address mutual objectives within stipulated timeframes.

4. Principles

Achieving the goals, directions and strategies for SA Health requires clear priorities, supportive leadership and staff who work together and across each level of the health system and who exemplify the following South Australian Public Health Sector Values:

- 1) **Collaboration and respect:** recognising, accepting and working in partnership with all relevant Parties in a respectful manner to achieve the best possible outcomes. Providing health services that acknowledge and respect the wishes and rights of our patients and their carers.
- 2) **Transparency:** a commitment to openness in our community to build confidence and greater cooperation, having clear roles, responsibilities, procedures and documentation for making evidence-based decisions and exercising power. Being accountable to the people of South Australia for the performance and quality of our public health services.
- 3) **Honesty and Integrity:** acting impartially, honestly and ethically in the interest of the public, whilst using every opportunity to enhance the value of public assets and institutions that have been entrusted to care.
- 4) **Sustainability:** ensuring the best use of resources to further the aims of SA Health, with a commitment to evidence-based strategies for improvement and future sustainability.
- 5) **Empowerment:** creating a sense of empowerment in the workplace to ensure maximum benefit of knowledge, skills and experience and to ensure that our patients are able to make well-informed and confident decisions about their care and treatment.

5. Governance and Accountabilities

The Charter of Responsibility sets out the legislative roles and responsibilities of the DHW, LHNs and South Australian Ambulance Service (SAAS) which is consistent with the *Health Care Act 2008* and articulates the shared commitment and accountabilities of each Party to support the operation of the South Australian health system.

6. Department for Health and Wellbeing Role and Accountabilities

Without limiting any other obligations, the DHW must comply with:

- The terms of the Agreement.
- The legislative requirements applicable to the DHW, including the *Health Care Act 2008*, the *Mental Health Act 2009* and the *Office for the Ageing Act 1995*, all regulations made under these Acts.
- All Cabinet decisions and directives applicable to the DHW.
- All Ministerial directives applicable to the DHW.
- All agreements entered into between the South Australian and Commonwealth Governments applicable to the DHW.
- All State Government policies, standards, instructions, circulars and determinations applicable to the DHW.
- All policies and directives applicable to DHW.

The DHW will lead and steward the public health system, working in collaboration with the LHN to ensure delivery of high quality hospital and other health services, having regard to the principles and objectives of the national health system.

The DHW will:

- Facilitate the provision of funding to the LHN as specified under Schedule 4 of the Agreement.
- Provide strategic leadership and direction for the provision of public health services in the State, including the development of health system-wide planning.
- Promote the effective and efficient use of available resources in the provision of public health services in the State.
- Contribute, where required, to the development and implementation of statewide service plans that apply to the LHN.
- Oversee, monitor and promote improvements in safety and quality within the LHN.
- Monitor the performance of the LHNs, SAAS and Statewide Clinical Support Services (SCSS) and take remedial action when performance does not meet the expected standard.
- Develop Service Agreements, where applicable, and monitor KPIs to assess the outcomes of the DHW, Wellbeing SA, Commission of Excellence and Innovation in Health and Digital Health SA.
- Develop and issue health service policies and directives to apply to the DHW and the LHN.
- Report on system-wide performance, including DHW agreed objectives and KPIs.

The DHW has a role in informing national initiatives, coordination of system-wide responses to national health initiatives and supporting Commonwealth-State relations. The DHW also has a role in leading the development and delivery of the objectives of the Ageing Well Portfolio and in line with the *Office for the Ageing Act 1995*.

The DHW will endeavour to commission services with proven effectiveness and efficient use of available resources, improve equity of access to health care and reflect the required scope of publicly funded services.

The DHW will maintain a public record of the endorsed Clinical Service Capability Framework (CSCF) levels for all public facilities based on the information provided by the LHN.

7. Local Health Network Role and Accountabilities

Without limiting any other obligations, the LHN must comply with:

- The terms of the Agreement.
- The legislative requirements applicable to the LHN, including the *Health Care Act 2008*, the *Mental Health Act 2009* and the *Office for the Ageing Act 1995* and all regulations made under these Acts.
- All Cabinet decisions and directives applicable to the LHN.
- All Ministerial directives applicable to the LHN.
- All agreements entered into between the South Australian and Commonwealth Governments applicable to the LHN.
- All State Government policies, standards, instructions, circulars and determinations applicable to the LHN and policies and directives applicable to the LHN.

The main role of the LHN under the Agreement is to provide the services and responsibilities detailed in Schedule 3, within the allocated funding stipulated in Schedule 4, and in accordance with the performance measures and targets set by the DHW in Schedule 5.

Additional functions of the LHN include, but are not limited to:

- Ensure the operations of the LHN are carried out efficiently, effectively and economically.
- Comply with all necessary clinical governance, ethics, principles and standards such as relevant national safety and quality requirements, including obtaining appropriate accreditation to deliver commissioned services.
- Provide teaching, training and research in support of the provision of health services and to enable a highly skilled, engaged and resilient workforce.
- Promote consultation with health professionals working within the health service and engage with health consumers and community members about the services that the health service provides.
- Report to the DHW on the provision and performance of health services, including flowed activity targets (where applicable) and any data or information as required by the Chief Executive.
- Actively partake in collaboration with the DHW, including at routine Performance Review Meetings.
- The LHN is committed to working collaboratively with the Country LHNs to support clinical service delivery and workforce.

7.1 Corporate Governance

The LHN must ensure services are delivered in a manner consistent with the SA Health Corporate Governance Framework.

In particular, and where applicable, the LHN is required to:

- Provide required reports in accordance with the timeframes advised by the DHW.
- Review and update Manual of Delegations to ensure currency.

- Work collaboratively with DHW to ensure timely implementation of agreed recommendations from the Auditor-General's Department or the SA Health Risk and Assurance Services Internal Audit Unit so that repeat audit issues are avoided.

The LHN must also ensure:

- Timely implementation of Coroner's findings and recommendations as well as recommendations of Root Cause Analyses (where the recommendations have been accepted).
- Active participation in statewide reviews.
- Timely investigation of all matters referred to the LHN following a referral from the Independent Commissioner Against Corruption.

7.2 Provision of Data and Information

The *Health Care Act 2008* provides that the Agreement will state the performance data and other data to be provided by the LHN to the Chief Executive, including how, and how often, the data is to be provided. High quality data is used to provide meaningful information for evidence-based decision making with a strong focus on supporting current and emerging priorities and strategic areas and to comply with national reporting requirements.

The LHN will provide data to the DHW on the provision and performance of health services in a timely manner and as required by the Chief Executive, including data pursuant to ad hoc requests. All data is to be submitted in accordance with the requirements stipulated within Schedule 5 of the Agreement.

The LHN is also required to maintain up-to-date information for the public on its website regarding its relevant facilities and services including population health, inpatient services and other non-inpatient services and community health.

7.3 Safety, Quality and Clinical Effectiveness

Annually, the LHN will complete a Safety and Quality Account (the Account) to demonstrate its achievement and ongoing commitment to improving and integrating safety and quality activity. This approach places safety and quality reporting on the same level as financial reporting as an accountability mechanism with public transparency. The Account will provide information about the safety and quality of care delivered by the LHN, including performance against key quality and safety measures and patient safety priorities, service improvements and integration initiatives.

The Account seeks to ensure that structures, systems and processes are in place that require and foster quality service delivery and ongoing improvement. The Account will cover the five components of the [National Clinical Governance Framework](#).

Consistent with the National Agreement, the LHN must continue to focus on reducing the incidence of Hospital Acquired Complications. It is expected that the annual Account articulates the initiatives and provides details on the approach and outcomes.

7.4 Accreditation and Credentialing

The LHN must ensure:

- All public hospitals, day procedure services, and health care centres are accredited under the [Australian Health Service Safety and Quality Accreditation \(AHSSQA\) Scheme](#) and in line with the [SA Health Accreditation Policy Directive](#).

- Mental health services within the LHN are accredited against the [National Safety and Quality Health Service Standards](#) (NSQHS standards) and work towards implementing the [Fifth National Mental Health and Suicide Prevention Plan](#) in-year.
- Compliance with all SA Health Policy Directives relating to appropriate staff credentialing and scope of clinical practice.
- All relevant staff are entered into the SA Health Credentialing System.

8. Performance Framework

The [SA Health Performance Framework 2019-20](#) sets out how the DHW, as the leader and steward of the public health system, monitors and assesses the performance of public health services and resources within South Australia. The systems and processes in place to achieve this include, but are not limited to, assessing and monitoring LHN performance, reporting on LHN performance and as required, intervening to manage identified performance issues.

The Performance Framework uses Performance Measures to monitor the extent to which the LHN is delivering the high level objectives set out in the Agreement. The KPIs and other measures of performance against which the LHN will be assessed and benchmarked are detailed in Schedule 5 of the Agreement.

The parties agree to constructively implement the Performance Framework.

9. Amendments to the Service Agreement

An amendment of the Agreement will occur where there is a change to the Chief Executive's commissioning intentions, i.e. a change to funding, to deliverables or to other requirements contained within the Agreement.

Whilst a Party may submit an amendment proposal at any time, formal negotiation and finalisation will only occur during set periods of time during the year (Amendment Windows). For further information, please refer to the [Service Agreement Amendment Fact Sheet](#).

9.1 Commencement of a New Service

In the event that either Party wishes to commence providing a new service, the requesting Party will notify the other Party in writing prior to any commencement or change in service (services in addition to those already delivery, and/or where new funding is required). The correspondence must clearly articulate details of the proposed service, any activity and/or funding implications and intended benefits/outcomes.

The DHW will provide a formal written response to the LHN regarding any proposed new service, including any amendments of KPIs (new or revised targets), and will negotiate with the LHN regarding funding associated with any new service.

9.2 Cessation of Service Delivery

The DHW and LHN may terminate or temporarily suspend a service by mutual agreement. Any proposed Service Termination or Suspension must be made in writing to the other Party, detailing the patient needs, workforce implications, relevant government policy and LHN sustainability considerations. The Parties will agree a notice period. Any changes to service delivery must maintain maintenance of care and minimise disruption to patients.

10. Dispute Resolution

Use of the dispute resolution process should only occur where an agreement cannot be reached despite the best endeavours of the Parties to negotiate and agree a resolution to an issue at the local level. The dispute resolution process will not be used for the resolution of ongoing issues or performance related issues.

Resolution of disputes will be through a tiered resolution process, commencing at the local level and escalating to the Chief Executive and if required, through to the Minister for Health and Wellbeing. Further information is specified in the [Service Agreement Dispute Resolution Policy Directive](#).

11. Agreements with Other Local Health Networks and Service Providers

The DHW is responsible for supporting and managing whole of health contracts. Where a service is required for which there is an SA Government or SA Health panel contract in place, the LHN is required to engage approved providers.

Where a service is required outside of an approved panel contract, the LHN may agree with another service provider for that service provider to deliver services on behalf of the LHN according to their business needs.

The terms of an agreement made with any health service provider do not limit the LHN's obligations under the Agreement, including the performance standards provided for in the Agreement.

Where a service is provided by either the DHW or the other LHNs to the LHN, the DHW, in principle, agree to ensure Service Agreements are established. It is expected that the Service Agreements will articulate scope, deliverables and KPIs that will assist the LHN in delivering service requirements, however work will progress in the 2019-20 financial year to determine appropriate arrangements.

Parties to Section 1: Introduction and Conditions of the Service Agreement 2019-20

The Local Health Network agrees to meet the service obligations and performance requirements as detailed in Section 1 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this section of the Agreement.

Jim Birch OAM
Chair
On behalf of
Women's and Children's Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

Schedule 1: Strategic Priorities

1. Purpose

This Schedule outlines the strategic priorities for SA Health and the mutual responsibilities of both Parties in supporting South Australians to be as healthy as possible and protecting and improving the health and wellbeing of all South Australians.

2. Strategic Direction

The State Governments' key priority is to rebalance the South Australian health in a way that represents the values of the community, delivers the highest standards of safe and quality care and is economically viable for the future. The State Government will use international best practice to develop specific programs that keep people as well as possible and reduce their need to use the existing hospital system by providing increased options for health care provision in the home and community.

The Parties will co-ordinate and partner to assist in rebalancing the health system and to achieve the key goals, directions and strategies articulated within the following and to deliver on the SA Government commitments:

- [SA Health Strategic Plan 2017 to 2020](#)
- [South Australian Health and Wellbeing Strategy 2019-2024](#)
- [State Public Health Plan 2019-2024](#)
- [SA Mental Health Services Plan](#)

The LHN has a responsibility to ensure that the delivery of health care services is consistent with SA Health strategic directions and priorities and that these and local priorities are reflected in strategic and operational plans. The South Australian Government, Premier or the Minister for Health and Wellbeing may articulate key priorities and themes.

3. Local Priorities

Under the *Health Care Act 2008*, the Governing Board must ensure that strategic plans to guide the delivery of services are developed for the LHN and for approving these plans. The LHN is required to work collaboratively with their Governing Board to develop the following plans:

- Strategic Plan
- Clinical Services Plan/Health and Wellbeing Strategy
- Safety and Quality Account
- Workforce Plan, including an education and training strategy
- Corporate Governance Plan
- Clinical, consumer and community engagement strategies
- Annual Report

It is acknowledged that the LHN will implement local priorities to deliver the SA Government and SA Health priorities and meet the needs of their respective populations.

4. Strategic Deliverables

2019-20 Priorities	Deliverables
Managing Capacity and Demand	<p>The LHN must take tangible steps to improve hospital surge capacity to meet seasonal demand, including through the adoption and operation of criteria-led-discharge and transferring appropriate patients to peri-urban sites to maximise capacity.</p> <p>The LHN must also take tangible steps to reduce ambulance ramping and contribute to the development and implementation of statewide improvement strategies to ensure a significant reduction in delayed Transfer of Care (ambulance paramedic handover to emergency department clinician), including local protocols and escalation plans and ensuring clinical review of any delayed transfer greater than 60 minutes.</p>
Outpatient Services	<p>The LHN is expected to improve the efficiency and effectiveness of outpatient services by reviewing the accuracy and completeness of referrals in source systems, implementing sustainable waiting list management practices in accordance with SA Health policy and ensuring targeted strategies to address demand exceeding capacity for waiting lists greater than 12 months.</p>
Mental Health Services	<p>The LHN will support the delivery of the SA Mental Health Services Plan to ensure quality care occurs in consistent and innovative ways across the state in consideration for local services requirements to ensure locally based projects that have a mental health focus are aligned with the plan and the intent to deliver quality and consistent care in mental health services across the state.</p>
National Disability Insurance Scheme (NDIS) Transition	<p>The LHN will manage and coordinate service allocations provided to mental health consumers requiring psychosocial services by non-government organisations (NGOs) during the transfer of eligible consumers to the NDIS. This includes assisting consumers to determine their eligibility for the NDIS as well as reviewing the psychosocial needs of consumers not transitioning to the NDIS on a monthly basis.</p>
South Australian Trauma System Clinical Governance Framework	<p>The LHN will work collaboratively with the DHW to ensure that all sites, where applicable, work towards operating within the model of care to ensure that people impacted by major trauma receive the designated level of care.</p> <p>The LHN is also expected to work collaboratively with the other LHNs and SAAS to ensure that trauma services work as a unified system to meet the needs of all South Australians.</p>

Parties to Schedule 1: Strategic Priorities

The Local Health Network agrees to meet the service obligations and performance requirements as detailed in Schedule 1 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

Jim Birch OAM
Chair
On behalf of
Women's and Children's Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

Schedule 2: Government Commitments

1. Purpose

This Schedule outlines the Government's commitments over the period of 2019-20 to 2021-22 and the mutual responsibilities of all Parties to ensure successful delivery.

2. Premier and State Priorities

The delivery of both Premier's and State priorities is the responsibility of all SA Health, and it is expected that all entities will work together to ensure successful delivery. This includes contributing to the implementation and delivery of the Premier's and State priorities in both lead and partnering agency capabilities.

SA Health is responsible for the delivery of a number of Government commitments over the period 2019-20 to 2021-22 including capital, service and research initiatives to build capacity and drive improvements across SA Health. Although led by the DHW, the support of the LHN, the SAAS, non-government, education, research, private and Commonwealth sectors are critical to their delivery.

Information regarding all of the State Government's commitments can be found at the following website: <https://strongplan.com.au/policies/>

The LHN will deliver or contribute to the achievement of the following in 2019-20:

Government Commitments	Deliverables
Elective Surgery Strategies	The LHN is expected to undertake performance sustainability strategies to manage timely elective surgery in accordance with clinical timeframes on an ongoing basis.
Elective Surgery Backlog	The LHN will work with the DHW to provide timely access to elective surgery and reduce the number of patients who are overdue for their procedure. During 2019-20 the LHN will work towards achieving: <ul style="list-style-type: none"> • 100% timely admissions for Category 1 (with zero overdues) • 97% timely admissions for Category 2 • 95% timely admissions for Category 3. This will be measured on a monthly basis, as well as the LHN's treat in turn rate, as part of the performance assessment process. It is expected that there will be no more than 300 elective surgery overdue patients at any one time, statewide.
Care Closer to Home	The LHN will deploy strategies at a hospital-level, to ensure patients can access high quality services in a timely manner, as close to home as possible in line with the Clinical Service Capability Framework. The goal as a system is for 70% of low complexity activity (where possible) is to be received at a patient's local hospital.
Community Engagement	The LHN will promote consultation with health consumers and community members to refine the LHN's provision of local health services.

Palliative Care	The LHN will extend community outreach palliative care services to provide a 24-hour service, 7 days a week and contribute to the development and delivery of a new Palliative Care Services Plan.
New Women's and Children's Hospital	The State Government is committed to delivering a new Women's and Children's Hospital co-located with the new Royal Adelaide Hospital. Where required, the LHN will assist the planning and development process to support progression of the project.
Paediatric Eating Disorder Service	The LHN must continue to work with the Chief Psychiatrist, DHW, to establish a dedicated and well-resourced paediatric eating disorder service, with a focus on outpatient services for young people under 15 years of age with an eating disorder.

3. South Australian State Budget 2019-20

The State Budget for 2019-20 was released on 18 June 2019, and includes funding for the State's health system to reduce savings targets, with an aim to reach national average efficiency levels in health service delivery by 2021-22.

The Government remains committed to this objective, and steps have already been taken to improve the performance of our health system, including the commencement of financial and organisational recovery plans.

Funding in the 2019-20 State Budget recognises that financial targets for the portfolio have not been achieved in 2018-19. A significant savings task remains and SA Health will continue to drive efficiencies and service improvements across the sector.

In addition, the Government continues its strong investment to improve the State's health care system efficiency and effectiveness through a range of initiatives. A range of initiatives will commence during 2019-20, with a number also due for completion. Where required, the LHN will work collaboratively with DHW and provide support to implement these initiatives.

For further detail, refer to <https://statebudget.sa.gov.au/>

Parties to Schedule 2: Government Commitments

The Local Health Network agrees to meet the service obligations and performance requirements as detailed in Schedule 2 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

Jim Birch OAM
Chair
On behalf of
Women's and Children's Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

Schedule 3: Local Health Network – Services and Accountabilities

1. Purpose

Without limiting any other obligations of the LHN, this Schedule sets out the key services and accountabilities that the LHN is required to meet under the terms of the Agreement.

2. Services

The LHN is to maintain up-to-date information for the public on its website regarding its relevant facilities and services including population health, inpatient services, community health, other non-inpatient services and multipurpose services (where applicable).

WCHN operates one main site:

- *Women's and Children's Hospital (WCH)* is responsible for providing and coordinating public tertiary and quaternary care for infants, children and women, including medical and surgical services and paediatric rehabilitation.

The LHN will continue to provide the services outlined in Appendix 1 from the sites listed above and in line with the Clinical Services Capability Framework (CSCF).

2.1 Services Provided to Other Organisations

The LHN forms part of an integrated network of clinical services that aim to ensure timely access to appropriate care for all eligible patients, regardless of geographical area of residence. Where state funded services are currently provided the LHN will deliver these services in line with agreements, including historical agreements between the LHNs. The LHN will cooperate and liaise with other providers in planning for and providing health services.

a) Metropolitan Referral Unit

The Metropolitan Referral Unit provides a centralised single point of contact for referral to a range of services to support hospital avoidance and discharge support services for SA Health public hospitals. A team of clinicians in the unit, review and assess referrals to link individuals to the most appropriate service model and response to avoid hospital admission, or support an early return home from SA Health public hospitals.

b) SAAS MedSTAR

SAAS MedSTAR is South Australia's emergency medical retrieval service, which also operates a 24/7 dedicated paediatric and neonatal service component (MedSTAR Kids).

2.2 Statewide Services

The LHN has responsibility for a number of statewide services, including statewide maternity, and neonatal services and health services targeted at children and adolescents in South Australia, and will liaise with the other LHNs and the Chief Executive to support the provision of these services. The respective responsibilities should be incorporated in formal agreements between the Parties.

- a) Child Development Unit
- b) Fragile Airways Program
- c) Paediatric Chronic Pain Service
- d) Paediatric and Reproductive Genetics Unit
- e) Youth and Women's Safety and Wellbeing Division (YWSWD)

Child and Family Health Service (CaFHS) – The Women's and Children's Health Network promotes the health, wellbeing and development of children, young people and families across South Australia by providing:

- Support to parents in areas of parenting
- Health services for infants, children and young people
- Support for families and children with additional needs
- Up to date health information for parents, children and young people

Yarrow Place – the lead public health service for people 16 years and older who have experienced sexual violence and for youth under the Guardianship of the Chief Executive who have been sexually exploited (statewide).

Women's Health Service - the lead public health service for women who have experienced domestic and family violence or other challenging life issues (metro).

Metropolitan Youth Health - this service is the lead public health service for vulnerable youth including pregnant and parent youth.

Women's Safety Strategy (WSS) - includes the health team of the Multi Agency Protection Service and the Multi Agency Assessment Unit. WSS Supports the WCHN and other LHNs in the implementation of policy and procedure to support health care responses to sexual assault, domestic and family violence.

2.3 Mental Health Services

The LHN is responsible for providing integrated mental health services at the sites governed by the Agreement. The LHN will continue to promote and maintain strong links and partnerships with other LHNs through access to sub-specialist services, statewide services and acute inpatient beds when at capacity.

The following services will continue to be provided in accordance with national standards:

a) **Child and Adolescent Mental Health Service (CAMHS)**

This service provides tertiary mental health services for infants, children, and adolescents and women in the perinatal period, in partnership with other agencies. Inpatient services are provided in Boylan Ward and Helen Mayo House at Glenside.

b) **Inpatient Services**

- Boylan Ward
- Helen Mayo service (for women and babies)

3. Services for Priority Population Groups

SA Health maintains a strong commitment to delivering a culturally respectful and sustainable health care system that improves the health and cultural wellbeing of all South Australians, in particular those most vulnerable including, but not limited to, Aboriginal South Australians, culturally and linguistically diverse consumers and those with disabilities, the very young and the aged. SA Health will continue to deliver discrete programs and services and strive to build mainstream services, which are delivered by a culturally respectful and competent workforce.

3.1 Aboriginal Health Services

The LHN will work collaboratively with the DHW's Aboriginal Health, other relevant health services, support organisations and Aboriginal community-controlled health services to continue to implement the regional Aboriginal Health Improvement Plan to support services meeting the needs of the local Aboriginal population.

The LHN is also required to participate in the South Australian Aboriginal Chronic Disease Consortium to progress implementation of the three statewide plans and consider opportunities to reorientate or reform services aligned with these plans:

- 1) [South Australian Aboriginal Cancer Control Plan 2016-2021](#)
- 2) [South Australian Aboriginal Heart and Stroke Plan 2017-2021](#)
- 3) [South Australian Aboriginal Diabetes Strategy 2017-2021](#)

A significant enabler to improving the health and wellbeing of Aboriginal South Australians is building the capacity and capability of our workforce to deliver quality care to Aboriginal people.

The DHW's Workforce Services will work collaboratively with, and support, the LHN and SAAS to implement the [SA Health Aboriginal Workforce Framework 2017-2022](#) which identifies key strategies for SA Health to attract, retain and develop Aboriginal staff, and consequently increase the number of Aboriginal people working across our organisation. The DHW will also work with the LHN and SAAS to increase the cultural competence of our whole workforce through the implementation of the SA Health Aboriginal Cultural Learning Framework which is a significant strategy for SA Health to meet the accreditation requirements of the NSQHS.

Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

The LHN has a statewide responsibility for providing several specialists clinical services on the APY Lands, including child and family health services, child and adolescent mental health and child protection services.

4. Health Promotion

In accordance with the *Health Care Act 2008*, health services should be provided as part of an integrated system that includes all aspects of health promotion and disease, illness and injury prevention to maximise community health and wellbeing.

Where possible, the LHN will support and encourage responsibility at a community and individual level to ensure that people can make informed decisions about their health. The LHN is encouraged to support promotion and development of healthy communities and individuals through a range of initiatives. For example, risk factor prevention, lifestyle

modification and early intervention targeting nutrition, physical activity, alcohol consumption and tobacco use, overweight and obesity and falls prevention.

5. Child Health Policy

The Child Health Policy team develops and coordinates statewide children's health policy and is responsible for managing SA Health's statewide responses to the needs of children and families as health service consumers, incorporating analysis and presentation of detailed health service information to support the development and implementation of reforms to the system that directly impact or respond to the needs of children. The team also engages in significant inter and intra departmental liaison to ensure that children's health services are designed and delivered in a coordinated and efficient manner.

The LHN also takes carriage of the Maternal, Neonatal and Gynaecology Community of Practice (MNGCoP) and the Child and Adolescent Health Community of Practice (CAHCoP) to drive the development of evidence-based clinical practice guidelines.

The DHW and LHN will negotiate future arrangements during the term of this Agreement.

6. Preventative Health

As prescribed under the *Health Care Act 2008*, the LHN may be required to provide services for the prevention of disease and the improvement of health. Where required, the LHN will continue to contribute to and support investigation, prevention and control activities for communicable diseases and environmental hazards. The LHN will also lead the investigation and response to situations where there is a risk of communicable disease transmission and environmental hazard exposure in their public hospitals.

7. SA Digital Telehealth Network

Telehealth is the delivery of accessible, patient centric health care services, at a distance using information and telecommunications technologies.

The SA Digital Telehealth Network provides the technology for clinicians and consumers to communicate face-to-face from different locations. Remote patients can receive health services conveniently, reducing time and travel requirements. Currently the Digital Telehealth Network is utilised in over 90 country and metropolitan health service sites.

The LHN is required to support the delivery of health services via telecommunication technologies facilitated by the Digital Telehealth Network, including health consultation services such as medical oncology and rehabilitation. The LHN will collaborate with the DHW, other LHNs, relevant non-government organisations and primary health care providers to contribute to an expanded network of telehealth services better enabling patient access to a range of clinical services, otherwise not offered in their locality.

The LHN will also assist in driving the promotion of telehealth across the state through intra and cross LHN clinician led engagement and change management initiatives as well as informing the development and implementation of clinical protocols and new telehealth enabled models of care.

8. Disaster Management

The LHN will ensure disaster resilience arrangements are established in accordance with the Disaster Resilience Policy Directive. The Policy Directive sets the minimum standard for the consistent application of preventing, mitigating, preparing for, responding to and recovering from emergencies, disasters and business disruption incidents across SA Health. It aims to strengthen greater integration, commonality and consistency in the achievement of disaster resilience objectives across SA Health. This Policy Directive, and its associated frameworks, also ensures SA Health's compliance with legislative, regulatory and Commonwealth/State Government requirements, including the *Emergency Management Act 2004*, the *Public Health Act 2011* and the State Emergency Management Plan.

9. Registration and Scope of Clinical Practice

The LHN must ensure that:

- 1) All persons who provide a clinical service for which there is a national or South Australian legal requirement for registration, have and maintain current registration throughout their employment and only practise within the scope of that registration.
- 2) All persons who provide a clinical service and who fall within the scope of current credentialing policies (i.e. including medical, dental, nursing, midwifery and allied health), have a current scope of clinical practice and practise within that scope of clinical practice (which includes practising within their registration conditions and within the scope of the CSCF of the site/s at which the service is provided).
- 3) All staff, contractors, visiting private practitioners, volunteers and students are credentialed. All paid staff included in the SA Health Credentialing Policies are to be entered into the SA Health Credentialing System to ensure visibility of credentials across the LHN and sites, ensuring safe quality practice for patients/clients of SA Health.

Confirmation of registration and/or professional memberships is to be undertaken in accordance with relevant processes, as amended from time to time.

10. Clinical Services Capability Framework

The LHN will ensure that:

- 1) All facilities undertake a self-assessment on an annual basis against the CSCF to ensure maintenance and provision of high quality, safe and sustainable services which meet the health care needs of the community.
- 2) The self-assessment is reported annually to the DHW. For 2019-20, the baseline assessment will be the 2018-19 assessment against the CSCF version 1 (Appendix 2).
- 3) The DHW will be notified when a change to the CSCF base-line self-assessment occurs through the established public hospital notification process.
- 4) In the event that a CSCF module is updated or a new module is introduced, a self-assessment will be undertaken against the relevant module and submitted to DHW.

The LHN is accountable for attesting to the accuracy of the information contained in any CSCF self-assessment submitted to the DHW.

11. Research and Teaching Commitments

The LHN is required to facilitate education, training and research for which funding, if applicable, is identified within Schedule 3, and ensure compliance with the responsibilities outlined below.

The LHN is required to have a clearly articulated education, training and research strategy that positions education, training and research as a foundation for quality and safety in health care. The education, training and research strategy is reported against annually and includes but is not limited to the following key areas:

- Learning and development
- Clinical education and training
- Medical profession specific
- Research

11.1 Learning and Development

Learning and development is a critical function in ensuring maintenance and development of the required capabilities and in creating a learning and innovative culture. The LHN will encourage and support leadership development as a collective endeavour, in addition to individual leader development.

The LHN will ensure that:

- Staff are supported to develop and maintain their skillset in line with their assigned roles and responsibilities.
- Staff are encouraged and supported to participate in statewide and multi-disciplinary learning to enhance understanding of the health system through management training and professional development opportunities.
- All staff have an annual education and training plan to facilitate learning and development.
- Bi-annual performance reviews are undertaken with all LHN staff.
- Where relevant, support staff in applying for funding and associated professional development leave entitlements.

11.2 Clinical Education and Training

SA Health supports clinical placement allocations and coordination for health professionals. The statewide Clinical Placement Agreements between the Minister for Health and Wellbeing and education providers (including universities, TAFE SA and registered training organisations) are centrally coordinated by the Better Placed Team in the DHW on behalf of the LHN.

To ensure that clinical placements are available across the system, the LHN is required to:

- Optimise and maintain clinical placement capacity and be creative and innovative in identifying alternative and different options to provide quality clinical placements.
- Engage with universities, colleges, other education providers, practitioners and consumers in order to develop appropriate training and research, with the aim to continue to improve outcomes for patients and consumers of the health system.
- Demonstrate that clinical placements are offered to students in medicine, nursing, midwifery and allied health and optimise clinical placement capacity as described in the SA Health Better Placed: Clinical Placement Guidelines document

- Work collaboratively with other LHNs to optimise the available clinical placements across sites and consider options for redistribution when required.
- Where any clinical placement is offered, ensure compliance with all relevant laws, policies and frameworks, including the following:
 - [SA Health Clinical Placement Requirements for Healthcare Students](#)
 - [Better Placed: Excellence in Health 2017-2019](#)
 - [SA Medical Education and Training Principles](#)

11.3 Medical Profession specific

Continuous learning and professional development fosters an engaged and responsive medical workforce that drives excellence and innovation in the delivery of health care. The LHN will support ongoing medical education and training in line with the SA Medical Education and Training principles. The LHN will also have systems in place to recognise high performance in education and training as a means for promoting a culture of excellence and innovation.

The LHN must maintain accreditation standards for medical intern and other medical training positions, as set out by the South Australian Medical Education and Training Council and specialty medical colleges. Medical training positions can be located in metropolitan and rural and remote settings.

Medical training networks can be developed and will assist with linking country LHNs with metropolitan LHNs to increase rural training opportunities for all levels of medical trainees, including specialist training programs.

Training networks can cross LHN boundaries, including rural and remote, and ensure a complete and varied experience for medical professionals in different clinical contexts and hospital settings. Directors of clinical training will oversee the training in their network, and for their specialty, and will have working relationships across the system with their equivalents.

11.4 Research

The LHN will support health and medical research including provision of operational funding to support research governance. The LHN will support staff by promoting and enhancing health and medical research opportunities including fostering early career researchers and clinician researchers. A particular focus on translational research will stimulate excellence and innovation in improved health care. When the LHN is supporting research, including providing infrastructure, the following is required:

- Any research undertaken by the LHN must be compliant with all relevant laws, ethics, policies and frameworks, including the following:
 - [SA Health Research Ethics Policy Directive](#)
 - [SA Health Research Governance Policy Directive](#)
 - [SA Health Research Focus 2020 Framework](#)
- The LHN must have appropriate mechanisms to monitor and report research in line with the SA Health Research Focus 2020 Framework and reporting to DHW information such as the clinical trials data aligned with the National Aggregate Statistics (NAS), which compliancy is mandatory.

- Demonstrate that there is a strategy to provide operational funding to support research governance and within an agreed timeframe.

12. Workforce Management

The LHN Chief Executive Officer is a Work Health and Safety defined officer and is required to meet the elements of Work Health and Safety due diligence. This includes compliance with legislation and the implementation of the SA Health Work Health and Safety and Injury Management System which supports workplace health, safety and wellbeing considerations and the development of a safety culture.

The LHN will ensure a safe, respectful and positive working environment that fosters workforce wellbeing and a culture of respect. The LHN will actively promote positive workplace behaviours and encourage reporting and will take prompt action to deal constructively with behaviours that are not respectful in the workplace. The LHN is responsible for implementing workplace wellbeing initiatives and encouraging, enabling and supporting leadership development as a collective endeavour, in addition to individual leadership development. This includes but is not limited to, management training and skills development, support for continued professional development (e.g. postgraduate study) and NSQHS Standards, work health and safety competencies, and the leadership, learning and training obligations under these.

The LHN Chief Executive Officer will exercise their decision making power in relation to all Human Resources (HR) management functions which may be delegated to the LHN Chief Executive Officer by the Chief Executive in respect of health service employees. All decisions must be made, in a lawful and reasonable manner and with due diligence, in accordance with relevant legislation and policy, including but not limited to:

- [Code of Ethics for the South Australian Public Sector](#).
- Employing authority policies and directives.
- South Australian public sector directions, determinations and guidelines.
- Any other policy document that applies to the health service employee.
- Any industrial instrument that applies to the health service employee.
- The HR delegations manual.

This also includes ensuring health service employees are suitably qualified to perform their required functions and accuracy of credentialing information.

The LHN will be expected to monitor workforce metrics and at least maintain, if not improve on performance. This includes, but is not limited to, the collection of injury data (e.g. manual tasks and psychological health), disputes, collaboration, and policy and enterprise agreement implementation.

The LHN shall provide to the Chief Executive, HR, workforce and health and safety reports of a type, and at the intervals agreed between the Parties, or as reasonably specified by the Chief Executive.

Parties to Schedule 3: Local Health Network – Services and Accountabilities

The Local Health Network agrees to meet the service obligations and performance requirements as detailed in Schedule 3 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

Jim Birch OAM
Chair
On behalf of
Women’s and Children’s Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women’s and Children’s Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

Schedule 4: Funding and Commissioned Activity

1. Purpose

This Schedule sets out:

- The sources of funding that the Agreement is based on and the manner in which these funds will be provided to the LHN.
- The activity commissioned by the DHW from the LHN.
- Specific funding commitments.
- The funding provided for delivery of the commissioned activity.
- The criteria and processes for financial adjustment associated with the delivery of commissioned activity and specific funding commitments.

2. Funding Sources

Funding source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
DHW Recurrent Transfer	437,374,000	0	
ABF Operating, Statewide, Mental Health & Intermediate Care	15,850,000	453,224,000	
Other Operating	0	0	
Inter Entity / Intra Portfolio	10,093,000	10,093,000	
Special Purpose Funds & Other Own Source Revenue	24,757,000	23,921,000	
Capital	23,923,000	0	
Non-Cash Items	0	17,829,000	
Allocation	511,997,000	505,067,000	6,930,000

Capital revenue is recognised in full as an Operating Budget allocation whereas Capital expenditure is only recognised in the schedule where the budget is Operating in nature. Capitalised expenditure budget will be recognised in the Projects Module and will be allocated in line with approved allocations.

The 2019-20 State Budget was handed down on 18 June 2019. Any financial impacts from initiatives that are approved by the Government post HPA will be effected via a Budget Variation (BV) that will be processed direct to the LHN.

3. Budget and Activity Allocation

The overall activity is capped and the LHN will not be paid for additional activity unless explicitly agreed. The DHW will monitor actual activity against commissioned levels.

- The LHN has the freedom to move activity to other service areas within the activity type as determined by the need of the population or service requirements within the National Weighted Activity Unit (NWAU) allocation.
- If the LHN wishes to move activity between commissioned activity types and levels (for example, activity moving from acute to outpatient) the LHN must negotiate this with DHW based on a sound needs based rationale.
- Activity caps will be monitored at activity type level that will include any specific adjustments have been made. Activity monitoring will occur through the Performance Review Meetings as part of the overall performance framework and will form the basis of ongoing discussions with the LHN.
- It is the responsibility of the LHN to flow total activity allocations monthly based on seasonality and other trends.
- The LHN has a responsibility to actively monitor variances from commissioned activity levels, to notify the DHW of any potential variance and to take appropriate action to avoid variance exceeding agreed tolerances.
- The LHN will notify the DHW of deliberate changes to the consistent recording of activity within the year that would result in activity moving between commissioned activity types and levels.
- Any resulting changes to funding and commissioned activity levels will be actioned through the processes outlined in the Agreement.

Funding Type	Budget (\$)
Gross Revenue	
Hospital Based Revenue*	14,495,000
Intermediate Care	1,355,000
SPF	2,818,000
Other Own Source Revenue	21,869,000
Total Revenue	40,537,000

* Comprises Compensable, Non-Medicare, Private Patients, Rights of Private Practice and Other revenue.

Revenue is presented by historical budget variations and therefore, flexibility is available in the allocation when building budgets.

Funding Type	2019-20 Cap		LHN Price (\$)	Commissioned (\$)
	Separations	NWAUs		
Casemix Allocations				
Acute (<i>admitted</i>)	34,652	40,793	5,134	209,429,376
Emergency Department	54,466	6,641	5,134	34,092,857
Outpatients	228,073	11,868	5,134	60,928,202
Sub-Acute & Non-Acute (<i>admitted</i>)	38	279	5,134	1,430,882
Total Activity Allocation	317,229	59,580	5,134	305,881,316
Designated Allocations				
Site Specifics & Grants				31,534,430
Rebalancing 2019-20				1,959,000
Mental Health				35,903,145
Intermediate Care				77,946,000
Total Designated Allocations				147,342,575
Total Expenditure				453,223,891

It is important to note that this expenditure allocation represents the full allocation of available Treasury funding. This implicitly recognises funding has been allocated for enterprise agreements that are expired/expiring in 2019-20 such as Nursing and Midwifery, VMOs and Maintenance Trades. Provisions should be allowed for this in budget builds as there are no expectations that supplementation will be available.

4. Independent Hospital Pricing Authority (IHPA) Model

SA Health is required to inform the Administrator of the National Health Funding Pool of the commissioned services of each LHN for the 2019-20 year expressed in line with the determinations of the Independent Hospital Pricing Authority (IHPA). There have been changes in prior years to the SA Funding Model to achieve alignment with the IHPA determinations. Differences continue to exist to recognise how services are delivered in SA hospitals and their cost structures. These differences in the IHPA and SA Health Funding Models relate to inclusions/exclusions and their underlying taxonomies.

SA Health sets budgets for the LHN based on its Activity Based Funding (ABF) model with recognition of activity in NWAUs for all service categories. To meet the requirements of the administrator, the Agreement includes a translation of the SA Health ABF model into the same scope as the IHPA Determination and Funding Model.

The major difference between the SA Health and IHPA model is primarily associated with the exclusion of outputs that are not funded under the NHRA (e.g. DVA) and where services are otherwise block funded in the SA Health model (e.g. Community activity).

Funding Type	2019-20 Cap NWAU	ABF Price (\$)	Commissioned (\$) (Price x NWAU)
Activity Allocations			
Acute (<i>Inpatients</i>)	38,244	5,134	196,344,804
Mental Health (<i>admitted</i>)	1,268	5,134	6,509,653
Sub-Acute	154	5,134	788,715
Emergency Department	5,226	5,134	26,831,882
Outpatients	9,931	5,134	50,988,257
Total Activity Allocations	54,823		281,463,311
Block Allocations			
Teaching Training and Research			19,890,112
Non-Admitted Mental Health			0
Child and Adolescent Mental Health			31,588,761
Home Ventilation			2,114,000
A17 List (Home Oxygen)			763,911
Total Block Funding			54,356,784
Total Expenditure			335,820,095

5. New Funding and Initiatives

5.1 Fully Funded

A number of new initiatives to support the health needs of the South Australian population have been funded across the system. These programs have been fully funded to individual LHNs to manage however these services will benefit all of the South Australian population.

Initiative	Total funding allocated (\$)	LHN funding received (\$)
Older Person's Mental Health Rapid Access	1,500,000	0
Forensic Mental Health Facility	4,900,000	0
Forensic Court Diversion Service	1,500,000	0
Neuro Behavioural Support	600,000	0
Telehealth and Tele-rehabilitation Funding	400,000	0
SAMI On-Road X-Ray Service	256,000	0
Lymphedema Compression Garment Subsidy Program	237,000	0
Enhancement of the QIP Hub	1,500,000	0
Total Committed funding for new services	10,893,000	0

Programs funded are aimed to assist in improving patient flow through the system to ensure patients are treated in the right place with the right care. Access to the Forensic Mental Health Facility will enable patients requiring this service to be transferred with other programs (Rapid Access Clinic and Court Diversion) to improve access to services. Neuro behavioural support is provided to assist the LHN in supporting these patients prior to the Neuro Behavioural Unit being operational.

SAMI On-Road X-Ray service is predominantly focussed in Southern Adelaide metropolitan area to avoid patients having to attend the Emergency Department, thereby reducing demand on the tertiary system. The lymphedema garment subsidy program is a program for all of South Australia that will provide support for garments to prevent symptoms relating to lymphedema.

The QIP Hub enhancement will continue to provide updated data sources to provide a single data source to measure performance and clinical outcomes to improve the system overall that all SA Health staff can access.

5.2 Withheld Funding

New services and funding that has been withheld by the DHW provide options for the LHN to access this funding and service providers to support ongoing demand as well as quality improvement initiatives.

Elective surgery and bowel cancer prevention funding will be allocated to the LHN based on providing adequate funding to reduce the number of patients who are overdue for their procedure, such that:

- 100% of Category 1 patients have timely admissions
- 97% of Category 2 patients have timely admissions

- 95% of Category 3 patients have timely admissions

Funding will be provided to the LHN to ensure the sustainability of meeting the timely admission rates.

The palliative care election commitment is to increase services across the state to support a 24 hour, 7 day a week service. As the model of care is in development, this funding will be allocated to support the implementation of the election commitment.

The expansion of the SA Community Contract is aimed to support more patients in their own homes and therefore reducing demand on the hospital system.

The Quality Improvement Pool was created from breaches for Elective Surgery category 1 patients and length of stay in an Emergency Department of greater than 24 hours.

Initiative	Total funding held by DHW (\$)	LHN Funding Contribution/ Accessible Funds (\$)
Election Commitments	30,000,000	0
Elective Surgery	20,000,000	0
Bowel Cancer Prevention	1,000,000	0
Modbury High Dependency Unit	5,000,000	0
Palliative Care 24/7	4,000,000	0
New Funded Initiatives	17,860,596	0
Home Hospital	8,153,596	0
Priority Care Centres	2,307,000	0
Neuro Behavioural Unit (Tier) (6 months)	4,400,000	0
SA Community Care Contract Expansion	3,000,000	0
Quality Improvement Pool	2,724,000	2,000
Elective Surgery Category 1 Breaches	743,000	2,000
24 hours in ED Breaches	1,981,000	0
Total	50,584,596	2,000

6. Specific Commissioning/Funding Commitments

In 2019-20 there will be a focus on developing strategies to re-balance the system, and thereby limiting inpatient growth. Strategies include:

- A focus on clinical areas where relative utilisation rates are high compared with the national average.
- Home hospital – hospital substitution to assist in hospital avoidance and reducing hospital length of stay.
- Priority Care Centres to divert Emergency Department presentations.
- Alternative models of care that reduce attendance and/or admission to hospital, including use of intermediate care for selected specialties and innovative shared care solutions.
- Incentivising continuous improvement in patient safety and quality and rewarding the use of National/State best practice pathways and models.
- Promotion of investment in technology that links the patient to their health outcomes and allows patients to receive more care in their home.
- Improving health prevention and promotion programs that allow people to stay healthier longer.

The services, programs and projects set out in the table below have been specifically commissioned by the DHW from the LHN. These services will be the focus of detailed monitoring by the DHW. If the LHN forecasts an inability to achieve these commitments, the LHN will promptly notify the DHW.

Service / Program	Allocation
Collaborative Approach Antenatal to 2 years (Closing the Gap)	\$988,585
Kunpungku Atunymankunytjacku Tjitji Uwarkara (KATU)	\$926,006
Strengthening Families	\$662,052
Journey Home (Closing the Gap)	\$621,499
Under 8's Ear Health	\$226,932

7. Commissioning and Pricing Adjustments

The table below details a range of funding adjustments aligned to the 2019-20 SA Health Commissioning Principles and Priorities, including penalty payments related to specific areas of priority.

The funding impact of these penalty payments will be reoriented into the Quality Improvement Pool for 2019-20 to enable investment in initiatives and strategies to improve safety and quality of care, in particular reducing preventable harm.

Disincentive	Description	Scope	Funding Adjustment
Sentinel Events	Zero Payment (ABF national pricing model)	All LHNs	Retrospective adjustment
Emergency Department 'Did Not Wait' (DNW)	Zero Payment (ABF national pricing model)	All LHNs	SA Health Funding Model
Emergency Department Admissions	Zero Payment	All LHNs	SA Health Funding Model
Out of Scope Activity	Zero Payment (ABF national pricing model)	All LHNs	SA Health Funding Model
Emergency Department Waits > 24 hours	Penalty of \$1,000 per episode	All LHNs	50% of projected funding impact (2018-19) removed from budget
Elective Surgery Untimely Admissions (Category 1)	Penalty of \$1,000 per episode	All LHNs	50% of projected funding impact (2018-19) removed from budget

**No further penalties in year but breaches within 2019-20 will be used for 2020-21 withheld monies.*

Parties to Schedule 4: Funding and Commissioned Activity

The Local Health Network agrees to meet the service obligations and performance requirements as detailed in Schedule 4 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

Jim Birch OAM
Chair
On behalf of
Women's and Children's Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women's and Children's Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

Schedule 5: Performance Monitoring

1. Purpose

This Schedule outlines the performance indicators and associated reporting arrangements that apply to the LHN.

2. Performance Indicators

The Performance Framework 2019-20 uses performance indicators to monitor the extent to which the LHN is delivering the high level objectives set out in the Agreement.

The LHN should refer to the [SA Health Performance Framework](#) for further information about the performance assessment process.

The performance of the LHN is assessed in terms of whether designated targets are met for individual KPIs. KPIs are limited in number and reflect the highest priority performance areas across the domains of:

- Access and flow
- Productivity and efficiency
- Safe and effective care
- People and culture

Performance will be assessed as the following:

✓	Performing - Performance at, or better than, target
↘	Performance Concern - Performance within a tolerance range
X	Under Performing - Performance outside the tolerance threshold

KPIs are also accompanied by a suite of supporting performance information which provides contextual information and enable an improved understanding of performance, facilitate benchmarking and provide intelligence on potential future areas of focus.

Where appropriate, annual targets for individual indicators and measures have been specified. The LHN is required to flow relevant annual targets by month and provide them to the DHW, to reflect the anticipated progress towards the annual target that must be achieved by 30 June 2020.

Key deliverables under the SA Strategic Plan 2017-2020 and other agreed priorities may also be monitored, noting that process key performance indicators and milestones may be held in the detailed Operational Plans developed by LHNs and other health service providers.

The LHN will endeavour to meet target for each KPI identified in the table below. Internal improvement targets have been negotiated for specific indicators, as detailed in Appendix 3. All sites within the LHN must meet performance targets.

Tier	Indicator Name	Measures	2019-20 Targets	Performing ✓	Performance Concern ↘	Under Performing X
Access and Flow						
Emergency Department						
T1	Length of Stay Less Than or Equal to 4 hours	% of presentations to an ED where the time from presentation to the time of physical departure (i.e. the length of the ED stay) is less than or equal to 4 hours	>=90%	>=90.0%	<90.0% and >=80.0%	<80.0%
T1	Transfer of Patient Care Less Than or Equal to 30 Minutes	% of patients transferred from ambulance paramedic to ED clinician less than or equal 30 minutes of ambulance arrival at a metropolitan public hospital	>=90%	>=90.0%	<90.0% and >=85.0%	<85.0%
T1	Seen on Time	% of patients attending ED who commenced treatment within clinically accepted timeframes: Category 1 (Resuscitation/Immediately) Category 2 (Emergency/10 Minutes) Category 3 (Urgent/30 Minutes) Category 4 (Semi Urgent/60 Minutes) Category 5 (Non-Urgent/120 Minutes)	Cat 1:100% Cat 2: >=80% Cat 3: >=75% Cat 4: >=70% Cat 5: >=70%	100% >=80.0% >=75.0% >=70.0% >=70.0%	<100% and >=97.5% <80.0% and >=75.0% <75.0% and >=70.0% <70.0% and >=65.0% <70.0% and >=65.0%	<97.5% <75.0% <70.0% <65.0% <65.0%
T2	Length of Stay Greater Than 24 Hours	Variance of presentations to an ED where the time from presentation to the time of physical departure (i.e. the length of the ED stay) is greater than 24 hours	>=50% reduction compared to same time previous year	>=50.0% reduction compared to same time previous year	N/A	>=50.0% reduction compared to same time previous year
T2	Left at Own Risk	% of presentations where a patient left at own risk after treatment started	<=3%	<=3.0%	>3.0% and <=5.5%	>5.5%
Elective Surgery						
T1	Timely Admissions	% of elective surgery patients admitted within clinically recommended times: Category 1 (30 days) Category 2 (90 days) Category 3 (365 days)	100% >=97% >=95%	100% >=97.0% >=95.0%	<100% and >=95.0% <97.0% and >=92.0% <95.0% and >=90.0%	<95.0% <92.0% <90.0%
T1	Overdue Patients	# of Category 1 patients # of Category 2 patients # of Category 3 patients	0	0	>=1 and <=6	>6
T2	Treat in Turn	% of Category 2 and 3 patients who received their treatment in turn based on the date they were placed on the elective surgery waiting list	>=60%	>=60.0%	<60.0 and >=55.0%	<55.0%
Productivity and Efficiency						
Finance and Activity						
T1	End of Year Projection Net Variance to Budget	Variance of end of year projection to adjusted budget	<=0% - Balanced or surplus	<=0.0%	>0.0% and <=0.5%	>0.5%
T1	Commissioned Activity	Variance of activity to target for: - Acute Admitted - Separations - Acute Admitted - NWAU's - Sub-Acute/Maintenance - Separations - Sub-Acute/Maintenance - NWAU's - Emergency Department - Presentations - Emergency Department - NWAU's - Outpatients - Service Events - Outpatients - NWAU's	<=0%YTD Variance to YTD Commissioned Activity Cap	<=0.0%	>0.0% and <=2.5%	>2.5%
T1	Average cost per NWAU (Quarterly)	Average cost per NWAU	<=\$5,134	N/A	N/A	>\$5,134

Tier	Indicator Name	Measures	2019-20 Targets	Performing ✓	Performance Concern ↘	Under Performing X
T1	Workforce Cost	Total workforce cost compared to budgeted workforce cost	Variance to YTD Workforce Cap	<=0.0%	>0.0% and <=0.5%	>0.5%
T2	Coding Timeliness	% of separations which have been clinically coded at the time the Integrated South Australian Activity Collection (ISAAC) is refreshed	100%	100%	<100% and >=95.0%	<95.0%
Occupancy						
T1	Relative Stay Index (Quarterly)	# of patient days for acute care separations in selected AR-DRGs divided by the expected # of patient days adjusted for casemix sites	<=0.95	<=0.95	N/A	>0.95
Mental Health						
T2	Post Discharge Community Follow Up	% of people receiving one or more mental health service contacts while in the community within 7 days post discharge	>=80%	>=80.0%	<80.0% and >=75.0%	<75.0%
Safe and Effective Care						
Quality and Effectiveness						
T1	Consumer Experience (Quarterly)	% of respondents who reported a positive response to consumer questions: - Overall quality - Being heard: Listened to	>=85%	>=85.0%	<85.0% and >=80.0%	<80.0%
T2	Emergency Department Unplanned Re-attendances within 48 Hours	% of ED patients re-presenting to ED within 48 hours of previous presentation	<=4.5%	<=4.5%	>4.5% and <=6.5%	>6.5%
T2	Proportion of Babies with Neonatal Hearing Screening Undertaken within Benchmark Time	% of eligible infants born in a public hospital who completed a neonatal hearing screen before 1 month corrected age	>=97%	>=97.0%	<97.0% and >=94.5%	<94.5%
T2	Unplanned/Unexpected Hospital Readmission for Paediatric Tonsillectomy and Adenoidectomy	Variance of hospital admissions identified as an unplanned/unexpected readmission occurring at the same hospital within 28 days of a select elective paediatric procedure	<=previous year	<=previous year	>previous year to <=2.5% above previous year	>2.5% above previous year
T2	Unplanned/Unexpected Hospital Readmission	Variance of hospital admissions identified as an unplanned/unexpected readmission occurring at the same hospital within 28 days of a select elective paediatric procedures	<=previous year	<=previous year	>previous year to <=2.5% above previous year	>2.5% above previous year
T2	Potentially Preventable Admissions	% of total separations	<=8%	<=8.0%	>8.0% and <=10.0%	>10.0%
T2	% of Aboriginal Patients Who Left Hospital Against Medical Advice	% of overnight Aboriginal and/or Torres Strait Islander separations	<=4.5%	<=4.5%	>4.5% and <=6.5%	>6.5%
Safety						
T1	CHBOI 1: Hospital Standardised Mortality Ratio (HSMR)	Quarterly and rolling annual funnel plots	Inlier	Inlier	N/A	Outlier
T1	Health care Associated Infection Rate ¹ : - SAB	# of health care associated infections per 10,000 patient bed days	<=1.0	<=1.0	N/A	>1.0

Safety						
T1	Hospital-Acquired Complication Rate	% of overnight episodes where a patient had a hospital-acquired complication	<=2%	<=2.0%	N/A	>=2.0%
T2	Open Disclosure Rate for all SAC 1 & 2 Patient Incidents	% of Actual SAC 1 & 2 incidents that are openly disclosed (unless declined or deferred)	>=95%	>=95.0%	<95.0% and >=85.0%	<85.0%
T2	Hospital Hand Hygiene Compliance Rate: - Overall	% compliant (3 audit periods during the year)	>=80%	>=80.0%	<80.0% and >=70.0%	<70.0%
T2	Health care Associated Infection Rate: - MRSA	# of health care associated infections per 10,000 patient bed days	<=1.2	on target	N/A	above target
Mental Health						
T1	Mental Health Seclusion events per 1,000 bed days	# of episodes per 1,000 bed days	<=3	<=3	>3 and <=5	>5
T2	Mental Health Restraints per 1,000 bed days	Variance of mental health episodes where a restraint event was recorded	>=25% reduction on previous year	>=25.0%	<25.0% and >=20.0%	<20.0%
People and Culture						
Workforce						
T1	Consumer Experience: Feeling Cared About by Staff (Quarterly)	% respondents who mostly or always felt cared for	>=85%	>=85.0%	<85.0% and >=80.0%	<80.0%
T1	Expenditure for Workplace Injury Claims	Variance of gross workers compensation expenditure	<=same time previous year	<=same time previous year	>same time previous year to <=5.0% above same time previous year	>5.0% above same time previous year
T2	New Workplace Injury Claims	Variance of new workplace injury claims reported	<=same time previous year	<=same time previous year	>same time previous year to <=5.0% above same time previous year	>5.0% above same time previous year
T2	Completion of Performance Reviews	% of staff with completed performance reviews in last 6 months	>=80%	>=80.0%	<80.0% and >=75.0%	<75.0%
T2	ATSI Employee Rate	% of employees who identified as being of Aboriginal or Torres Strait Islander origin	>=4%	>=4.0%	<4.0% and >=1.5%	<1.5%

3. Interim Improvement Targets

The LHN will endeavour to meet targets for each of the KPIs identified in the Service Agreement. Internal improvement targets for specific indicators have been agreed and are specified below.

Tier	Indicator Name	Measures	2019-20 Service Agreement Targets	Q1 Interim Target	Q2 Interim Target	Q3 Interim Target	Q4 Interim Target
Access and Flow							
Emergency Department							
T1	Length of Stay Less Than or Equal to 4 hours	% of presentations to an ED where the time from presentation to the time of physical departure (i.e. the length of the ED stay) is less than or equal to 4 hours	>=90%	73.0%	78.0%	83.0%	83.0%
T1	Seen on Time	% of patients attending ED who commenced treatment within clinically accepted timeframes: Category 1 (Resuscitation/Immediately) Category 2 (Emergency/10 Minutes) Category 3 (Urgent/30 Minutes) Category 4 (Semi Urgent/60 Minutes) Category 5 (Non-Urgent/120 Minutes)	Cat 1:100% Cat 2: >=80% Cat 3: >=75% Cat 4: >=70% Cat 5: >=70%	- - >=35.0% >=50.0% -	- - >=40.0% >=53.0% -	- - >=45.0% >=57.0% -	- - >=50.0% >=60.0% -
Elective Surgery							
T2	Treat in Turn	% of Category 2 and 3 patients who received their treatment in turn based on the date they were placed on the elective surgery waiting list	>=60%	>=50.0%	>=50.0%	>=50.0%	>=50.0%

4. Data and Reporting Requirements

Without limiting any other obligations of the LHN and the DHW, responsibilities related to performance data for the purpose of monitoring the Agreements and other data to be provided are outlined below. In signing the Agreement, the LHN acknowledges it must comply with the requirements for the provision of all data outlined in the [SA Health Data Plan](#).

The LHN must:

- Provide, including in the form and manner at the times specified, the required data assets for commissioning, monitoring and reporting purposes, including data as required to facilitate reporting against the performance indicators set out in this schedule and national reporting requirements.
- Ensure that such data is collected and submitted in accordance with the requirements of each data asset and ensuring data quality and timeliness.
- Provide (or support the provision of) data to other LHNs that is not patient identifiable data, for the purposes of benchmarking and performance improvement as required.
- Provide data as specified within the provision of a Policy Directive.
- Provide, as requested by the Chief Executive from time to time, data in the form and manner and at the times specified by the Chief Executive.

- Ensure a data driven culture through the intelligent use of data and information, including Health Round Table data, to drive continuous improvement across the range of health services and to assist in predicting and planning for outcomes and demand.

The DHW must:

- Provide details to the LHN, including the quality, format and timeframes, about the required data assets used for commissioning, monitoring and reporting purposes, including data as required to facilitate reporting against the performance indicators set out in this schedule and national reporting requirements, in a timely manner.
- Provide details to the LHN, including the definitions, methodology and timeframes, about the required indicator set listed in this schedule, in a timely manner.
- Produce monthly reports, including actual activity compared to commissioned activity levels and access to relevant data and costing information, as required to demonstrate LHN performance against the indicator targets specified in this schedule and the achievement of commitments linked to specifically allocated funding.
- Utilise data sets provided for a range of purposes including:
 - To fulfil legislative requirements.
 - Deliver accountabilities to State and Commonwealth Governments and national reporting requirements.
 - To monitor and promote improvements in safety and quality of health services.
 - To support clinical innovation.
 - To respond to media and ministerial requests.
- Advise the LHN of any updates to indicator set specification as they occur.

Parties to Schedule 5: Performance Monitoring

The Local Health Network agrees to meet the service obligations and performance requirements as detailed in Schedule 5 of the Agreement. The Chief Executive agrees to provide the funding and other support as outlined in this schedule of the Agreement.

Jim Birch OAM
Chair
On behalf of
Women's and Children's Health Network Inc. Governing Board

Date:

Signed:

Lindsey Gough
Chief Executive Officer
Women's and Children's Local Health Network Inc.

Date:

Signed:

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date:

Signed:

Schedule 6: Definitions

In the Agreement:

2019-2020 means the term commencing 1 July 2019 and ending 30 June 2020.

Activity Based Funding (ABF) refers to the ABF framework which allocates health funding to hospitals based on the standardised costs of health care services. The framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money allocated.

Chief Executive means the Chief Executive of the DHW administering the *Health Care Act 2008*.

Department for Health and Wellbeing (DHW) means the public sector agency (administrative unit) established under the *Public Sector Act 2009* with responsibility for the policy, administration, and operation of South Australia's public health system.

Governing Board means a Governing Board under the *Health Care Act 2008*. Governing Boards are accountable to the Minister for Health and Wellbeing for the delivery of health services within local areas and will have responsibility for providing safe, high-quality and accessible services, being reflective of local values, needs and priorities and being sustainable within the resources available.

LHN Chief Executive Officer means the Chief Executive Officer of the Local Health Network.

Local Health Network (LHN) means an incorporated hospital under the *Health Care Act 2008* with responsibility for the planning and delivery of health services. The LHNs for South Australia are: Central Adelaide Local Health Network (CALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), the Women's and Children's Health Network (WCHN), Barossa Hills Fleurieu Local Health Network (BHFLHN), Eyre and Far North Local Health Network (EFNLHN), Flinders and Upper North Local Health Network (FUNLHN), Riverland Mallee Coorong Local Health Network (RMCLHN), Limestone Coast Local Health Network (LCLHN) and Yorke and Northern Local Health Network (YNLHN).

Policy means any policy document (including directives and guidelines) that apply for SA Health employees, including DHW and LHN policies.

SA Health means the South Australian public health system, services, and agencies, comprising the DHW, its LHNs, and the South Australian Ambulance Service (SAAS).

Schedule means the schedules to the Agreement.

Service Agreement Value means the figure set out in Commissioned Activity and Funding (Schedule 4) as the annual service agreement value of the services commissioned by the DHW.

South Australian Ambulance Service (SAAS) means the SA Ambulance Service Inc. This agency acts as the principal provider of ambulance services in South Australia.

the Account means the Safety and Quality Account which outlines the safety and quality of care delivered by the LHNs, SAAS and SCSS, including performance against key quality and safety measures and patient safety priorities, service improvements and integration initiatives.

the Agreement means this Service Agreement, including the schedules in annexures, as amended from time to time.

the Parties means the Chief Executive and the LHN Chief Executive Officer to which the Agreement applies.

Tier 1 Key Performance Indicators (Tier 1 KPIs) are critical system markers which operate as intervention triggers. This means that underperformance triggers immediate attention, analysis of the cause of deviation, and consideration of the need for intervention. This provides an early warning system to enable appropriate intervention as a performance issue arises within critical performance areas.

Tier 2 Supporting Indicators and Improvement Information are used as supporting indicators to assist in providing context to Tier 1 KPIs when triggered within a specific domain and to assist the organisation to improve provision of safe and efficient patient care.

Appendix 1: Inpatient and Outpatient Health Services

WCHN – Inpatient Health Services	
	WCH
Paediatrics	
Allergy and Immunology	✓
Cardiology	✓
Chronic Pain	✓
Clinical Genetics	✓
Dermatology	✓
Endocrinology & Diabetes	✓
Gastroenterology	✓
General Medicine	✓
Haematology/Oncology	✓
Infectious Diseases Unit	✓
Metabolic	✓
Neurology & Clinical Neurophysiology	✓
Palliative Care	✓
Rehabilitation	✓
Renal Medicine (Nephrology)	✓
Renal – Dialysis Services	✓
Respiratory and Sleep Medicine	✓
Rheumatology	✓
Surgery	
Acute Pain Service	✓
Burns	✓
Craniofacial	✓
Dentistry	✓
ENT	✓
General Surgery	✓
Neurosurgery	✓
Orthopaedic	✓
Ophthalmology	✓
Paediatric Major Trauma	✓
Plastic	✓
Urology	✓
Stomal Therapy	✓
Women's and Babies	
Neonatal	✓
Obstetrics	✓
Gynaecology – Women's	✓
Gynaecology – Paediatric	✓
Domiciliary Midwife Service	-
Maternal Fetal Medicine	✓
Antenatal Care/Education	✓
Midwifery Group Practice	✓
Mental Health	✓
Boylan Adolescent Inpatient Ward	✓

WCHN – Outpatient Health Services	
	WCH
Outpatient	
Allergy and Immunology	✓
Cardiology	✓
Chronic Pain	✓
Clinical Genetics	✓
Dermatology	✓
Endocrinology & Diabetes	✓
Gastroenterology	✓
General Medicine	✓
Haematology/Oncology	✓
Infectious Diseases Unit	-
Metabolic	✓
Neurology & Clinical Neurophysiology	✓
Palliative Care	✓
Rehabilitation	✓
Renal Medicine (Nephrology)	✓
Renal – Dialysis Services	✓
Respiratory and Sleep Medicine	✓
Rheumatology	✓
Acute Pain Service	-
Burns	✓
Craniofacial	✓
Dentistry	✓
ENT	✓
General Surgery	✓
Neurosurgery	✓
Orthopaedic	✓
Ophthalmology	✓
Paediatric Major Trauma	-
Plastic	✓
Urology	✓
Stomal Therapy	✓
Neonatal	✓
Obstetrics	✓
Gynaecology (Women's & Paediatric)	✓
Domiciliary Midwife Service	✓
Mental Health	✓

Appendix 2: Clinical Services Capability Framework (CSCF)

CSCF Service Profiles – WCHN (as at April 2019)		
CSCF Module		WCH
Anaesthetic		5
Anaesthetic - Children's		6
Cancer	Children's	6
	Haematological Malignancy	6
	Medical Oncology	6
	Radiation Oncology	-
	Radiation Oncology - Children's	-
Cardiac	Cardiac (Coronary) Care Unit	5
	Cardiac Diagnostic and Intervention	5
	Cardiac Medicine	5
	Cardiac Surgery	-
	Cardiac Rehabilitation	-
	Cardiac Outreach	-
Child Protection Services	Consultancy / Liaison	6
	Psychosocial Forensic Assessment	6
	Forensic Medical Assessment	6
	Parenting Capacity Assessment	6
	Comprehensive Health and Development Assessments	6
	High Risk Infant Program	6
	Therapeutic Interventions	6
Emergency		-
Emergency - Children's		6
General Medicine		-
Geriatric Medicine		-
Intensive Care		-
Intensive Care - Children's		6
Maternity & Neonatal	Maternity	5
	Neonatal	6
Medical		-
Medical – Children's		6
Medical Imaging		6
Mental Health – Adult and Youth	Ambulatory	5
	Acute Inpatient	5
	Non-acute Inpatient	-
Mental Health – Children's	Ambulatory	5
	Acute Inpatient	5
Mental Health – Older Persons	Ambulatory	-
	Acute Inpatient	-
Mental Health – Statewide / Targeted	Adult Forensic	-
	Child & Youth Forensic	6
	Eating Disorders	6
	Emergency Services & Short Stay Unit	6
	Perinatal & Infant	6
Nuclear Medicine		5
Palliative Care		6
Pathology		6
Perioperative	Acute Pain	6
	Day Surgery	6
	Endoscopy	6
	Operating Suite (including sterilising services)	6
	Post-Anaesthetic Care	6
Pharmacy		6
Rehabilitation		6
Renal		6
Stroke		-
Surgical		6
Surgical – Children's		6