



Statewide Clinical Support Services

SERVICE AGREEMENT

1 July 2021 – 30 June 2022



Government
of South Australia

SA Health

Version Control

Version No.	Changes Made	By Whom	Date
V1	Draft Service Agreement	J Browne	01/03/2021
V1.1	Amendments to incorporate LHN feedback as per Feedback Response Table	J Browne	18/06/2021
Final	Addition of funding tables	J Browne	29/07/2021
Final V2	Amendments to incorporate LHN feedback	M McKinnon	10/11/2021

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CONTENTS

Part A: Purpose.....	4
Purpose	4
Strategic Partnerships	4
DHW and SCSS Commitments	4
COVID-19 Response	4
Part B: Services	5
Purpose	5
Service Profile	5
SA Pathology	5
SA Medical Imaging	5
SA Pharmacy	5
BreastScreen SA	5
Part C: Delivery and Performance	6
Purpose	6
Performance Framework	6
Data and Reporting Requirements	6
2021-22 KPI Architecture	8
Part D: Funding	9
Purpose	9
Funding Allocation	9
Summary of Allocation.....	9
Signature	12
Appendix 1: Companion Architecture	13

PART A: PURPOSE

Purpose

Without limiting any other obligations of the LHN, this Service Agreement sets out the services that the Department of Health and Wellbeing (DHW) will commission from Central Adelaide Local Health Network (CALHN) for the provision of Statewide Clinical Support Services (SCSS) and the associated funding and performance measures.

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) and the DHW.
- b) The Parties' commitment to achieving high standards of governance, transparency, integrity and accountability.
- c) The Parties' commitment to delivering high quality health care to the South Australian community.
- d) The Parties' commitment to upholding the [South Australian Public Sector Values and Behaviour Framework](#).

Strategic Partnerships

DHW and SCSS Commitments

DHW and the SCSS will work together in year to:

- < Commission a review of the current charging models to LHNs
- < Consider recommendations from the review, including a Principles Based Charging Framework

COVID-19 Response

Significant work and investment by DHW and LHNs continues as part of the COVID-19 response. This includes ensuring that testing is available where and when required, that positive cases are identified rapidly and that people who are in quarantine receive the health services that they require.

The response also includes the roll-out of the COVID-19 vaccination program to ensure timely distribution of a safe and effective COVID-19 vaccine to the South Australian community.

PART B: SERVICES

Purpose

Without limiting any other obligation, Part B sets out the key services that SCSS is required to deliver under the terms of the Agreement.

Service Profile

The LHN is responsible for the provision and coordination of the following state-wide services and will liaise with 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.

SA Pathology

SA Pathology is the state-wide pathology provider for the South Australian health sector providing quality pathology services to South Australian medical practitioners and public/private hospitals through a linked system of laboratories across the state. These include specialist laboratories providing tertiary referral and reference laboratory services, general laboratories in large metropolitan hospitals and laboratories in rural and remote hospitals.

SA Medical Imaging

South Australia Medical Imaging (SAMI) is a state-wide service that provides specialist, integrated, multi-discipline, medical imaging services to public and private inpatients, outpatients and emergency department patients within six metropolitan and four country South Australian hospitals.

SA Pharmacy

SA Pharmacy is accountable for providing a clinically led, cost-efficient, professional pharmacy service to sixteen of South Australia's metropolitan public hospitals, at country hospitals with on-site pharmacy departments and at associated outreach sites. In addition, SA Pharmacy provides a range of out-of-hospital based services through Drug and Alcohol Services SA, SA Ambulance Service and SA Prison Health Services.

BreastScreen SA

BreastScreen SA (BSSA) provides free screening mammography at seven clinics and three mobile units throughout South Australia to assist in the early detection of breast cancer in South Australian women.

PART C: DELIVERY AND PERFORMANCE

Purpose

Part C outlines the performance indicators, associated reporting requirements and monitoring methods that apply to the LHN.

Performance Framework

The SA Health Performance Framework 2021-22 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 Performance Framework uses performance indicators to monitor the extent to which SCSS is delivering the high level objectives set out in the Agreement. SCSS should refer to the SA Health Performance Framework for further information about the performance assessment process.

SCSS will endeavour to meet targets for each KPI identified in the table below as described under the four domain areas; access and flow, productivity and efficiency, safe and effective care and people and culture. Interim KPI targets that reflects a performance improvement trajectory will be agreed with SCSS and will be used as the basis for monitoring performance in 2021-22.

While SCSS KPI reports will be issued monthly as an internal reporting tool, a formal assessment of performance will be completed quarterly. The quarterly progress will include DHW undertaking an initial assessment to be discussed with SCSS to incorporate agreed contextual and qualitative aspects of sustainable performance. This negotiation will inform the final quarterly performance assessment issued to SCSS. Performance levels are not assigned solely on KPI data, instead a range of other factors are also considered by DHW.

A number of KPIs, including outcome based measures, will be 'monitored' in year and may be considered to transition to Tier 1 or Tier 2 KPIs depending on the health system's performance.

A number of KPIs will also be 'shadowed' in year to allow DHW to work with SCSS/or other business areas to develop clear data and reporting process. Shadow KPIs may be considered to transition to monitor or Tier 1 or Tier 2 as required.

Monitored and shadow KPIs do not contribute to the evaluation of the overall Performance Level, but will inform opportunities for improvement.

More detailed information regarding the 2021-22 KPI architecture, including KPI descriptions, levels (Tier 1, Tier 2, shadow and monitor), calculation methodology, targets and reporting frequency is available in the [2021-22 KPI Master Definition Document](#).

Data and Reporting Requirements

SCSS will provide data to the DHW on the provision and performance of health services (including Community data), in a timely manner and as required by the DHW Chief Executive in alignment with the National Health Care Reform Agreement. All data provisions are outlined in the [Enterprise Data And Information \(EDI\) Data Requirements, 2021-2022 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

DHW is committed to supporting SCSS with their data and reporting requirements. The EDI work plan for 2021-22 will deliver:

- < Release of the EDI Branch Strategy, 2021-2026 providing a clear branch vision, purpose and future direction;
- < Reduction in monthly data submissions;
- < Improvements in data quality with a Data Integrity Framework;

SCSS is required to maintain up-to-date information for the public on its relevant website (currently only SA Pathology has an external website) regarding relevant facilities and services. All other services are to maintain up to date information on their relevant intranet sites or on the SA Health public website. DHW is committed to working in year with SCSS to establish routine public reporting across all domains.

2021-22 KPI Architecture			
Subdomain	Tier 1	Tier 2	Monitor
SA Pathology			
	Troponin for ED - in lab to validated time <50 minutes		
	Potassium for ED – in lab to validated time <40 minutes		
SA Pharmacy			
	Outpatient Turnaround Times (Quarterly)		
	Inpatient Turnaround Times (Quarterly)		
SA Medical Imaging			
	CT for ED: Exam to Report <60 minutes	CT for ED – Arrival to Exam <60 minutes	Quarterly Radiation Dose Compliance Rate
	CT for Inpatient: Exam to Report <120 minutes	CT for Inpatient – Arrival to Exam <60 minutes	
	MRI for ED: Exam to Report <60 minutes	MRI for ED – Arrival to Exam <60 minutes	
	MRI for Inpatient: Exam to Report <120 minutes	MRI for Inpatient – Arrival to Exam <60 minutes	
BreastScreen SA			
	Diagnosed with Small Invasive Breast Cancer	Number of Screening Mammograms	
Productivity and Efficiency			
	End of year net variance to budget (\$m)	Delivery of Savings Initiatives (%)	
	SA Pathology LHN billing timeliness		
Safe and Effective Care			
			Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents
			Sentinel Events
People and Culture			
Workforce		New Workplace Injury Claims	Expenditure for Workplace Injury Claims
		Employees with Excess Annual Leave Balance	
		Completion of Performance Reviews in line with the Commissioner's Determination	

PART D: FUNDING

Purpose

Part D sets out the funding provided for the delivery of services.

Funding Allocation

Funding Allocation			
Funding Type	Revenue (\$)	Expenditure (\$)	Net Result (\$)
Operating Services	766,788,000	620,664,000	
Capital	8,983,000	0	
Inter Entity	106,453,000	106,453,000	
Special Purpose Funds and Own Source Revenue	20,823,000	20,707,000	
Non-Cash Items	0	18,584,000	
Contra	(146,124,000)	(146,124,000)	
Total SCSS Allocation	756,923,000	620,284,000	136,639,000

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.

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 SCSS.

Consistent with past years, the expenditure allocation represents the pass through of DTF 'parameter' funding for enterprise agreements. This implicitly recognises funding has been allocated to contribute towards all enterprise agreements includes those that are to be renewed in 2021-22. Consistent with the prior year, provisions should be allowed for those EAs to be renewed in 2021-22 in your initial budget build in anticipation as there are no expectations that supplementation will be available.

Summary of Allocation

Summary of Allocation			
Funding Type	Revenue (\$)	Expenditure (\$)	Net Result (\$)
Operating Services			
DHW Recurrent Transfer	43,228,383	0	
Contra related revenue with CALHN	146,124,000	0	
Breastscreen*	0	23,095,000	
PBS	233,692,000	225,882,000	
SA Pathology	155,999,000	184,667,181	

Summary of Allocation			
Funding Type	Revenue (\$)	Expenditure (\$)	Net Result (\$)
SA Pharmacy	73,404,000	72,584,000	
SAMI	114,341,000	114,436,202	
Total Operating Services	766,788,383	620,664,383	
Inter Entity			
Pathology Services Inter Entity	46,288,000	46,288,000	
SA Medical Imaging Inter Entity	26,549,000	26,549,000	
SA Pharmacy Inter Entity	33,616,000	33,616,000	
Total Inter Entity	106,453,000	106,453,000	
Special Purpose Funds and Own Source Revenue			
Contributed Assets & Services	116,000	0	
Pathology Services	7,187,000	7,187,000	
SA Medical Imaging	13,520,000	13,520,000	
Total Special Purpose Funds and Own Source Revenue	20,823,000	20,707,000	
Total Operating	894,064,383	747,824,383	146,240,000
Capital			
Breastscreen*	850,000	0	
Pathology Services	3,998,000	0	
SA Medical Imaging	4,030,000	0	
SA Pharmacy	105,000	0	
Total Capital	8,983,000	0	
Non-Cash Items			
Depreciation and Amortisation - Breastscreen	0	714,000	
Depreciation and Amortisation - Pathology Services	0	8,831,000	
Depreciation and Amortisation - SA Medical Imaging	0	6,241,000	
Revaluation of Employment Entitlements - Breastscreen	0	86,000	
Revaluation of Employment Entitlements - Pathology Services	0	1,672,000	
Revaluation of Employment Entitlements - SA Medical Imaging	0	738,000	
Revaluation of Employment Entitlements - SA Pharmacy	0	302,000	
Total Non-Cash Items	0	18,584,000	

Summary of Allocation			
Funding Type	Revenue (\$)	Expenditure (\$)	Net Result (\$)
Contra			
Pharmacy Contra with CALHN	(50,847,000)	(50,847,000)	
SA Path Contra with CALHN	(43,188,000)	(43,188,000)	
SAMI Contra with CALHN	(52,089,000)	(52,089,000)	
Total Contra	(146,124,000)	(146,124,000)	

* Note: This does not include Commonwealth funding for clients aged 70-74.

SIGNATURE

This is a Service Agreement between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Central Adelaide 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 2021 - 30 June 2022.

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

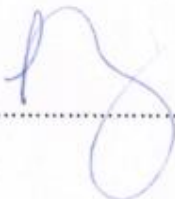
Raymond Spencer
Chair
On behalf of
Central Adelaide Local Health Network Inc. Governing Board

Signed:  Date: 3/12/2021

Julie Hartley-Jones
Group Executive Director
Statewide Clinical Support Services

Signed:  Date: 3/12/2021

Lesley Dwyer
Chief Executive Officer
Central Adelaide Local Health Network Inc.

Signed:  Date: 13/12/2021

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Signed:  Date: 20/1/22

APPENDIX 1: COMPANION ARCHITECTURE

Without limiting any other obligations, the delivery of services under this Agreement requires the LHN and DHW to comply with:

Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Better Placed: Excellence in health education

Charter of Responsibility

Clinical Services Capability Framework

Commonwealth Aged Care Quality and Safety Commission (where applicable)

Disaster Resilience Policy Directive

Emergency Management Act 2004

Fifth National Mental Health and Suicide Prevention Plan

Health Care (Governance) Amendment Bill 2020 (Due to come into effect in the first quarter of 2021-22)

Health Care Act 2008

Integrated Compliance Management Framework

National Agreement on Closing the Gap

National Clinical Governance Framework

National Health Reform Agreement

National Partnership Agreements between the State and Commonwealth Government

National Safety and Quality Health Service Standards

NDIS Code of Conduct

NDIS Practice Standards and Quality Indicators

Office for the Ageing (Adult Safeguarding) Amendment Act 2018

Office for the Ageing Act 1995

Public Health Act 2011

System-wide Integrated Compliance Policy Directive

SA Health Gender Equality and Diversity Steering Committee: Strategic Directions 2020-2023

SA Health Policy Framework

SA Health Aboriginal Cultural Learning Framework

SA Health Aboriginal Health Care Framework

SA Health Aboriginal Workforce Framework 2017-2022

SA Health Accreditation Policy Directive

SA Health Clinical Placement Requirements for Health Care Students

SA Health Clinical Services Capability Framework

SA Health Corporate Governance Framework Summary

SA Health Enterprise Data Information Plan

SA Health Performance Framework 2021-22

SA Health Research Ethics Policy Directive

SA Health Research Governance Policy Directive

SA Medical Education and Training Principles

SA Mental Health Services Plan – 2020-2025

Service Agreement Amendment Fact Sheet

Service Agreement Dispute Resolution Fact Sheet

South Australian Aboriginal Cancer Control Plan 2016-2021

South Australian Aboriginal Diabetes Strategy 2017-2021

South Australian Aboriginal Heart and Stroke Plan 2017-2021

South Australian Health and Wellbeing Strategy 2020-2025

Standards for General Practice (where applicable)

State Emergency Management Plan

State Public Health Plan 2019-2024

The Mental Health Act 2009

All other [policies and directives applicable](#) to DHW

For more information

**Statewide Clinical Support Services 2021-22 Service Agreement
Commissioning and Performance**

**11 Hindmarsh Square
ADELAIDE SA 5000**

health.commissioning@sa.gov.au
www.sahealth.sa.gov.au

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