Riverland Mallee Coorong Local Health Network

Service Agreement

01 July 2019 – 30 June 2020

Government of South Australia

SA Health

Version Control

Version No.	Changes Made	By Whom	Date
V1	Draft Service Agreement	N Edge	09/04/2019
V2	Changes to reflect LHN feedback	M Arnautovic	29/04/2019
V3	Updated with budget and activity	M Arnautovic	07/06/2019
V4	Changes to reflect LHN feedback	M Arnautovic	27/06/2019
V5	Final amendments	M Arnautovic	01/08/2019
V6	Final review and Minister changes	K Lang	13/09/2019

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 Riverland Mallee Coorong Local 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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: …… Signed: ……

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network Inc.

Date: …… Signed: ……

Dr Chris McGowan
Chief Executive
Department for Health and Wellbeing

Date: …… Signed: ……

Contents

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

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 each Party 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, the LHNs and the 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,* the *Office of the Ageing Act 1995* and 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 the 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 LHN, SAAS and Statewide Clinical Support Services (SCSS) and take remedial action when performance does not meet the expected standard.
- Develop Service Level Agreements (SLAs), where applicable, and monitor KPIs to assess the outcomes of the DHW, Wellbeing SA, Commission of Excellence and Innovation 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 DHW, including the *Health Care Act 2008*, the *Mental Health Act 2009,* the *Office of 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 DHW, including attendance at routine Performance Review Meetings.

7.1 Corporate Governance

The LHN must ensure services are delivered in a manner consistent with the SA Health 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, 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 Safety and Quality 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.
- All sites providing residential aged care services are accredited under the Commonwealth Aged Care Quality and Safety Commission.
- All medical centres owned or managed by the LHN are accredited in accordance with the published Standards for General Practice, developed by the Royal Australian College of General Practitioners (RACGP) and in line with the National General Practice Accreditation Scheme.
- 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 LHNs are 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 SLAs are established. It is expected that the SLAs 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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: 5/2/2020 Signed: .....

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network Inc.

Date: 3.2.20 Signed: .....

Don FRATER
~~*Dr Chris McGowan*~~
A/ **Chief Executive**
Department for Health and Wellbeing

Date: 10/2/2020 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 system 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's 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.

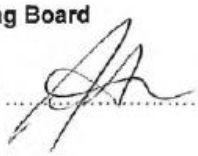
4. Strategic Deliverables

2019-20 Priorities	Deliverables
Managing Capacity and Demand	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. 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.
Outpatient Services	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.
Older Persons Mental Health Services	The LHN will support the delivery of the recommendations of 'The Oakden Report Response', including but not limited to: • A streamed approach to the management of older people with enduring mental illness and dementia. • The establishment and maintenance of a Rapid Access Service into mainstream residential aged care services to support the management of residents with psychiatric illness and dementia with complex, severe and persistent difficult behaviours. • Working in collaboration with processes and practices to support the establishment of a statewide Neuro-behavioural Unit for people with very severe to extreme behavioural and psychological symptoms of dementia. The LHN is also expected to work collaboratively with the Office for Ageing Well, Adult Safeguarding Unit to support the safeguarding of vulnerable adults aged 65 years or over and Aboriginal and Torres Strait Islander people aged 50 years or over.
National Disability Insurance Scheme (NDIS) Transition	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.

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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: 5/2/2020 Signed: 

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network Inc.

Date: 3.2.2020 Signed: 

DON FRATER
~~*Dr Chris McGowan*~~
A/Chief Executive
Department for Health and Wellbeing

Date: 10/2/2020 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:

2019-20 Priorities	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: • 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.
Bowel Cancer Prevention	The LHN will work towards achieving the optimal maximum time from referral to diagnosis and treatment of 120 days following a positive bowel cancer test result.
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.
Heated Pool and Spa – Murray Bridge Soldiers' Memorial Hospital	The State Government is committed to ensuring that the heated pool and spa at Murray Bridge Soldiers' Memorial Hospital remains open and operational. The LHN is required to implement a sustainable solution to ensure long-term viability of the facility.
Country Cancer Services	The LHN is to continue to support the specialist teams to double the chemotherapy delivered in regional South Australia.
Rural Health Workforce Strategy	The LHN is responsible for developing the Rural Health Workforce Strategy broad services plan and workforce plans, under the guidance of the Rural Health Workforce Strategy Steering Committee and implementing the recommended strategies from the approved Rural Health Workforce Strategy Plans, which will contain strategies: • To support recruitment retention and training of GP's, nurses and midwives, allied health, Aboriginal health workers, ambulance services and their volunteers. • To redesign workforce models as needed for future sustainability.

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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: 5/2/2020 Signed: .....

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network Inc.

Date: 3.2.2020 Signed: .....

DON FRATER
~~***Dr Chris McGowan***~~
Chief Executive
Department for Health and Wellbeing

Date: 10/2/2020 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).

The LHN is responsible for delivering core health services to around 70,000 people living within this region. Services are provided by two large sites and several smaller sites, supported by a range of community based facilities.

Riverland Mallee Coorong LHN operates the following hospital and health service sites:

Large (ABF funded)

- *Riverland General Hospital (Berri)* is a 38-bed (6 bed Mental Health inpatient unit) public hospital providing a comprehensive range of medical and surgical services to patients from across the Riverland and surrounding communities including the Mallee.

Medium (Casemix funded)

- *Murray Bridge Soldiers' Memorial Hospital* provides a comprehensive range of medical and surgical services.

Small (Grant funded)

- *Barmera Hospital*
- *Karoonda and District Soldiers' Memorial Hospital*
- *Lameroo District Health Service*
- *Loxton Hospital Complex*
- *Mannum District Hospital*
- *Meningie and Districts Memorial Hospital and Health Service*
- *Pinnaroo Soldiers' Memorial Hospital*
- *Renmark Paringa District Hospital*
- *Tailem Bend District Hospital*
- *Waikerie Health Service*

Country Residential Aged Care Services

The LHN is responsible for a number of Commonwealth funded residential aged care places and a number of Multi-Purpose Service (MPS) places and Retirement Village Units:

- Bonney Lodge (Barmera)
- Hawdon House (Barmera)
- Mannum
- Loxton
- Renmark

The LHN will continue to provide the services outlined in Appendix 1 from the sites listed above and in line with the CSCF.

2.1 Rural Support Service

Publicly funded health services in country South Australia will be supported by the Rural Support Service, hosted within the Barossa Hills Fleurieu LHN. The service brings together clinical and corporate advisory services focused on improving quality and safety for the regional LHNs. The Rural Support Service includes highly specialist, system-wide clinical and corporate capabilities, clinical leadership and expertise.

The purpose of the Rural Support Service is:

- To support regional LHNs to deliver safe, efficient and accessible health care to people living in rural and remote communities.
- To provide system-wide capacity and capability across a range of specialised clinical and corporate functions.
- To enable the regional LHNs to develop local capacity and capability to become self-sufficient in the delivery of these functions.

The specific functions to be delivered by the Rural Support Service will be agreed between the six regional LHNs and documented through an annual Memorandum of Administrative Arrangement.

The Rural Support Service will be led by Management Oversight Committee consisting of the six regional LHNs with an independent chair. The oversight of the Rural Support Service will be guided by a governance charter developed by the six regional LHNs.

2.2 Community Health and Supporting Services

A pool of funding is allocated to the LHN for a range of community health services and must be used to efficiently and effectively meet local health care needs. The LHN has discretion to allocate funding across primary care and community health services according to local priorities.

The LHN has responsibility for the provision and/or coordination of the following services and will liaise with the other LHNs and the Chief Executive to support the provision of these services.

a) Country Health Connect
b) Mallee Medical Practice
c) Integrated Cardiovascular Clinical Network (iCCnet)
d) Patient Assistance Transport Scheme (PATS)
e) South Australian Virtual Emergency Service (SAVES)
f) Virtual Clinical Care Home Tele-monitoring (VCC)
g) Pharmacy, Medical Imaging and Pathology
h) Aged Care Assessment Team (ACAT)

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:

- Integrated Mental Health Inpatient Units (located in Riverland, Glenside).
- Community Mental Health Services.
- Distance consultation service including tele-psychiatry, emergency triage and liaison.

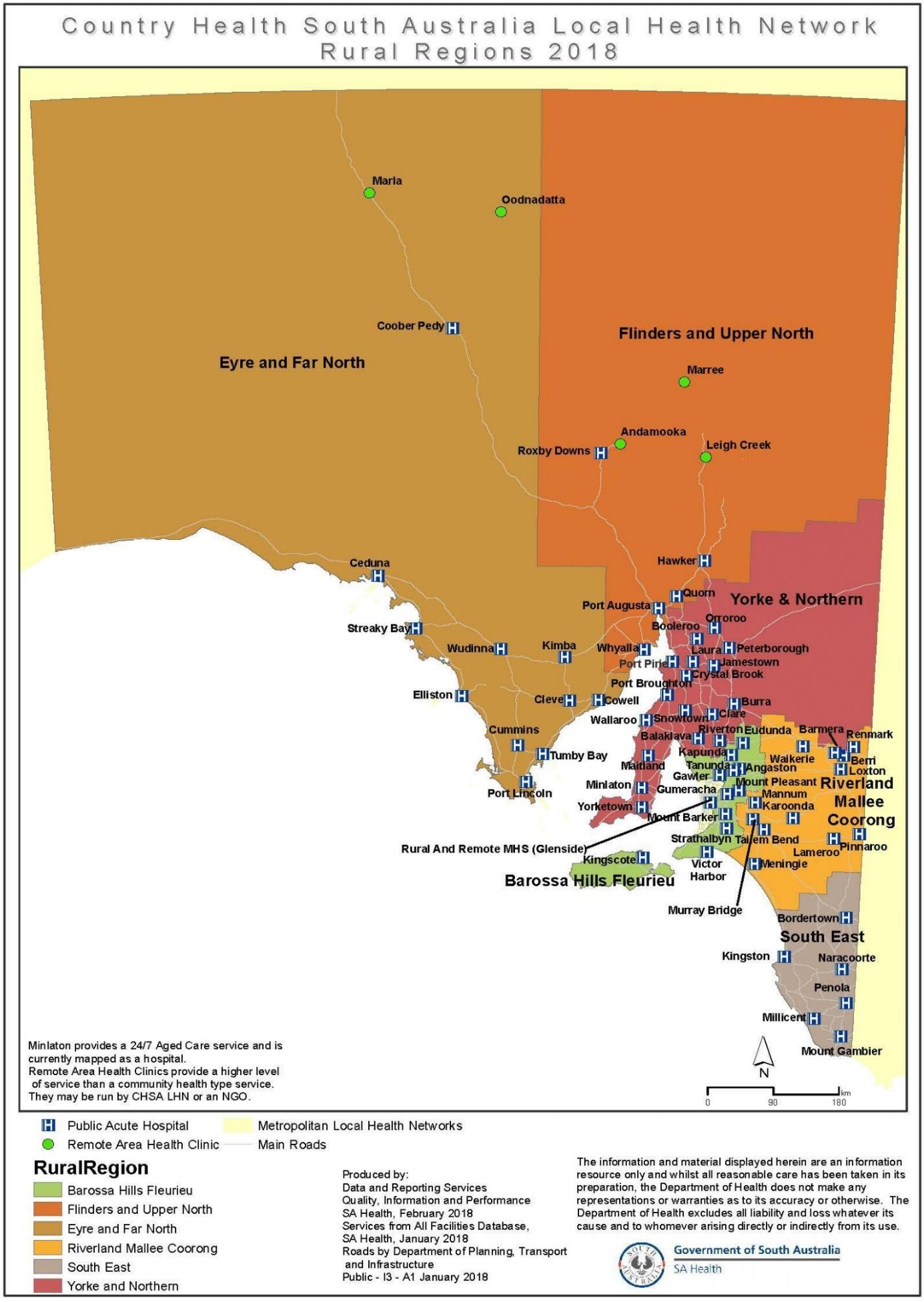
In addition, the 23-bed Rural and Remote Inpatient Unit on the Glenside Health Service provides the majority of inpatient beds for country people.

Access to short-stay psychiatric intensive care and statewide inpatient rehabilitation services are accessed through the localised bed management plan and negotiation with metropolitan LHNs.

3. Metropolitan Referral Pathway

Whilst patients may commence their stay at a large LHN hospital and/or health service, they may finish their care at a neighbouring hospital with specialist medical or allied health input as required. Equally, whilst patients may receive services within the LHN, country patients commonly require access to health services provided within metropolitan hospitals. These services are supported by visited specialised clinicians, and the use of the existing Digital Telehealth Network.

Metropolitan health services provide a range of specialist support functions for country hospitals and health services including the clinical areas of renal, cancer, cardiac, and acute stroke management. The LHN will focus on integrating its service delivery with metropolitan hospitals and capitalise on innovative service models and technologies to support country patients' access to high quality services and as close to home as possible. When country residents do receive care in Adelaide, proactive facilitation of a timely transfer back to country areas where able will ensure ongoing care is provided locally, and will assist in the improvement of metropolitan hospital efficiency.


Country Health South Australia Local Health Network
Rural Regions 2018
Marla
Oodnadatta
Coober Pedy
Eyre and Far North
Flinders and Upper North
Marree
Andamooka
Roxby Downs
Leigh Creek
Ceduna
Hawker
Quorn
Yorke & Northern
Port Augusta
Orroroo
Booleroo
Streaky Bay
Wudinna
Kimba
Whyalla
Laura
Peterborough
Port Pirie
Jamestown
Crystal Brook
Port Broughton
Elliston
Cleve
Cowell
Burra
Clare
Wallaroo
Snowtown
Riverton
Eudunda
Barmera
Renmark
Cummins
Balaklava
Kapunda
Berri
Loxton
Tumby Bay
Maitland
Tanunda
Angaston
Walkerie
Gawler
Mount Pleasant
Riverland
Minlaton
Gumeracha
Mannum
Mallee
Port Lincoln
Yorketown
Karoonda
Coorong
Mount Barker
Strathalbyn
Tailem Bend
Pinnaroo
Lameroo
Rural And Remote MHS (Glenside)
Kingscote
Victor Harbor
Meningie
Barossa Hills Fleurieu
Murray Bridge
Bordertown
South East
Kingston
Naracoorte
Penola
Millicent
Mount Gambier
Minlaton provides a 24/7 Aged Care service and is currently mapped as a hospital.
Remote Area Health Clinics provide a higher level of service than a community health type service. They may be run by CHSA LHN or an NGO.
N
0
90
180
km
Public Acute Hospital
Remote Area Health Clinic
Metropolitan Local Health Networks
Main Roads
RuralRegion
Barossa Hills Fleurieu
Flinders and Upper North
Eyre and Far North
Riverland Mallee Coorong
South East
Yorke and Northern
Produced by:
Data and Reporting Services
Quality, Information and Performance
SA Health, February 2018
Services from All Facilities Database,
SA Health, January 2018
Roads by Department of Planning, Transport and Infrastructure
Public - I3 - A1 January 2018
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Government of South Australia
SA Health

4. 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.

4.1 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.

In recognition of the need to ensure appropriate resource allocation for Aboriginal Health Programs, the LHN should maintain or increase their relative funding allocation to these programs commensurate with their total funding allocation.

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

5. 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.

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. Adult Safeguarding Unit

As prescribed under the *Office for the Ageing (Adult Safeguarding) Amendment Act 2018*, the Adult Safeguarding Unit has been established to make it easier for the community to report suspected or actual cases of abuse or neglect of vulnerable adults. The Unit will be empowered to investigate issues and to request information from government and non-government organisations. Working closely with South Australian Police, its key focus will be to minimise harm through early intervention, multiagency coordination and information sharing.

The LHN will work collaboratively with the Office for Ageing Well, Adult Safeguarding Unit to support the safeguarding of vulnerable adults 65 years of age or over or 50 years of age for Aboriginal and Torres Strait Islander people.

8. 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.

9. 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.

10. 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.

11. 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 the DHW.

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

12. Research and Teaching Commitments

The LHN is required to facilitate education, training and research for which funding, if applicable, is identified within Schedule 4, 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

12.1 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.

12.2 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 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 LHNs.

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

12.3 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.

12.4 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.

13. 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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: 5/2/2020 Signed: 

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network Inc.

Date: 3.2.2020 Signed: 

DON FRATER
~~*Dr Chris McGowan*~~
Chief Executive
Department for Health and Wellbeing

Date: 10/2/2020 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.
- The funding provided for delivery of the commissioned activity.
- Specific funding commitments.
- 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	106,757,000	0	
ABF Operating, Statewide, Mental Health & Intermediate Care	50,268,000	157,025,000	
Other Operating	0	0	
Inter Entity / Intra Portfolio	45,000	45,000	
Special Purpose Funds & Other Own Source Revenue	0	0	
Capital	4,000,000	0	
Non-Cash Items	0	7,134,000	
Allocation	**161,070,000**	**164,204,000**	**(3,134,000)**

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. Activity and Budget Allocation

The DHW will monitor actual activity against commissioned levels.

The overall activity is capped and the LHN will not be paid for additional activity unless explicitly agreed.

- 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 Units (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. Monitoring will occur through the Performance Review Meetings, and as part of the overall performance framework 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, and 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*	47,675,611
Intermediate Care	2,592,389
Total Revenue	**50,268,000**

** 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 *(admitted)*	14,761	8,930	5,134	45,849,090
Emergency Department	17,805	2,059	5,134	10,569,221
Outpatients	24,194	1,584	5,134	8,131,506
Sub-Acute & Non-Acute *(admitted)*	122	419	5,134	2,150,142
Total Activity Allocation	**56,882**	**12,992**	**5,134**	**66,699,959**
Grant Funded Allocations				
Acute *(admitted)*	5,269	3,849	5,134	19,759,926
Emergency Department	9,230	1,001	5,134	5,138,996
Outpatients	13,239	679	5,134	3,487,954
Sub-Acute & Non-Acute *(admitted)*	37	68	5,134	347,972
Total Activity Allocation	**27,775**	**5,597**	**5,134**	**28,734,848**
Designated Allocations				
Site Specifics & Grants				4,399,002
Rebalancing 2019-20				(9,700,000)
Other (including Rural Access Grant)				3,493,810
Mental Health				3,501,211
Regional Office (Site Specific)				444,000
Intermediate Care				59,452,565
Total Designated Allocations				**61,590,588**
Total Expenditure				**157,025,395**

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 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 *(Inpatients)*	7,099	5,134	36,444,442
Mental Health *(admitted)*	1,039	5,134	5,333,770
Sub-Acute	372	5,134	1,907,423
Emergency Department	1,980	5,134	10,163,311
Outpatients	912	5,134	4,680,560
Total Activity Allocations	**11,400**		**58,529,507**
Block Allocations			
Teaching Training and Research			17,161
A17 List (Home Oxygen)			312,967
Total Block Funding			**330,128**
Total Expenditure			**58,859,635**

5. DHW Held 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	TBA
Forensic Mental Health Facility	4,900,000	0
Forensic Court Diversion Service	1,500,000	0
Telehealth and Tele-rehabilitation Funding	400,000	TBA
SAMI On-Road X-Ray Service	256,000	0
Lymphoedema Compression Garment Subsidy Program	237,000	0
Enhancement of the QIP Hub	1,500,000	0
Total Committed funding for new services (devolved to the LHNs)	**10,293,000**	**TBA**

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.

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 lymphoedema garment subsidy program is a program for all of South Australia that will provide support for garments to prevent symptoms relating to lymphoedema.

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 support all overdue patients to be treated such that there are no overdue patients by 30 September 2019. Additional funding will be provided to the LHN to ensure sustainability of no overdue patients ongoing.

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 home hospital and priority care centres were funded from the growth allocation, with the aim of providing alternative treatment options. DHW has reallocated half (6 months) of the LHN's contribution back to the LHN, given implementation is not expected to commence until January 2020. The LHN will be expected to fund the current costs associated with the home hospital pilots from this reallocation.

The Neuro Behavioural Unit is unlikely to be operational during 2019-20 and therefore a proportion of this funding has been re-allocated to support the LHN to manage these patients with the support required. 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. Access to this pool will be via a standardised process that will include assessment against agreed criteria.

Initiative	Total funding held by DHW ($)	LHN Funding Contribution/ Accessible Funds ($)
Election Commitments	**30,000,000**	**TBA**
Elective Surgery	20,000,000	TBA
Bowel Cancer Prevention	1,000,000	TBA
Modbury High Dependency Unit	5,000,000	0
Palliative Care 24/7	4,000,000	TBA
New Funded Initiatives	**17,859,000**	**TBA**
Home Hospital	8,152,000	0
Priority Care Centres	2,307,000	0
Neuro Behavioural Unit (Tier 7) (6 months)*	4,400,000	TBA
SA Community Care Contract Expansion	3,000,000	TBA
Quality Improvement Pool	**2,724,000**	**0**
Elective Surgery Category 1 Breaches	743,000	0
24 hours in ED Breaches	1,981,000	0
Total	**50,583,000**	**TBA**

* The Neuro Behavioural Unit is unlikely to be operational in 2019-20.

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 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 innovated 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
Transition Care Program (TCP)	TCP funds are allocated to the LHNs in proportion with their number of Transition Care places • $1,453,885
Chronic Pain Model of Care	884 service events (outpatients)
Care Coordinators – Intensive Home Based Support Services (IBHSS) and other mental health programs	Salaries & Wages: $140,000 Supplies & Services: $10,000 FTE Allocation: 1.00
Community Support Scheme Program (CSS)	Under 65s: Per demand Over 65s: 1,138 hours (to be distributed across country regions)
Country Cancer Services	248 service events (Berri) 79 service events (Murray Bridge)
Aged Care Assessment Programme (ACAP)	$455,977 maximum. Includes: • $650 per completed assessment • $50 per completed support plan, review up to $6,895 • 159 assessments completed per quarter
Multi-Purpose Services (MPS)	Jointly funded by the Commonwealth and the State to establish and maintain health and aged care services • 144 places • $8,239,740

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.

Incentive/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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: …… Signed: ……

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local 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 the LHN and other health service providers.

The LHN will endeavour to meet target for each KPI identified in the table below. Internal improvement targets may be negotiated for specific indicators, where agreed. 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[1]	% 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	Seen on Time[1]	% 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[1]	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[1]	% of presentations where patient left at own risk after treatment started	<=3%	<=3.0%	>3.0% and <=5.5%	>5.5%
	Elective Surgery					
T1	Timely Admissions[2]	% 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%	 <100.0% and >=95.0% <97.0% and >=92.0% <95.0% and >=90.0%	 <95.0% <92.0% <90.0%
T1	Overdue Patients[2]	# of Category 1 patients # of Category 2 patients # of Category 3 patients	0	0	>=1 and <=6	>6
	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% to 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[1] (Quarterly)	Average cost per NWAU	<=$5,134	N/A	N/A	>$5,134
T1	Workforce Cost	Total workforce cost compared to budgeted workforce cost	<=0% YTD Variance to YTD Workforce Cap	<=0.0%	>0.0% and <=0.5%	>0.5%
T2	Coding Timeliness[1]	% 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%

Tier	Indicator Name	Measures	2019-20 Targets	Performing ✓	Performance Concern ↘	Under Performing X
	Occupancy					
T1	Relative Stay Index[1] (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	Mental Health – Acute Linked Length of Stay (LOS)[3]	# of days (acute general/adult mental health – non short stay)	<=14 days	<=14 days	>14 days and <=16 days	>16 days
T2	Post Discharge Community Follow Up[3]	% 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[1]	% 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[4]	% 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[2]	Variance of hospital admissions identified as an unplanned/unexpected readmission occurring at the same hospital within 28 days of a select elective procedure	<=previous year	<=previous year	>previous year to <=2.5% above previous year	>2.5% above previous year
T2	Potentially Preventable Admissions[1]	% of total separations	<=8%	<=8.0%	>8.0% and <=10.0%	>10.0%
T2	% of Aboriginal Patients Who Left Hospital Against Medical Advice[1]	% of overnight Aboriginal and/or Torres Strait Islander separations	<=4.5%	<=4.5%	>4.5% and <=6.5%	>6.5%
	Safety					
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
T1	Hospital-Acquired Complication Rate[1]	% of overnight episodes where a patient had a hospital-acquired complication	<=1%	<=1.0%	N/A	>1.0%
T2	Open Disclosure Rate for all SAC 1 & 2 Patient Incidents[1]	% 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[1]: - Overall	% compliant (3 audit periods during the year)	>=80%	>=80.0%	<80.0% and >=70.0%	<70.0%
T2	Health care Associated Infection Rate[1]: - MRSA	# of health care associated infections per 10,000 patient bed days	<=0.4	on target	N/A	above target

Tier	Indicator Name	Measures	2019-20 Targets	Performing ✓	Performance Concern ↘	Under Performing X
	Mental Health					
T1	Mental Health Seclusion events per 1,000 bed days[3]	# of episodes per 1,000 bed days	<=3	<=3	>3 and <=5	>5
T2	Mental Health Restraints per 1,000 bed days[3]	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%
T2	Mental Health - Adult/Older Persons Acute 28 Day Readmission Rate[3]	% of patients who had a readmission within 28 days (non-short stay) of discharge	<=12%	<=12.0%	>12.0% and <=14.5%	>14.5%
	People and Culture					
	Workforce					
T1	Consumer Experience: Feeling Cared About by Staff (Quarterly)[1]	% respondents who mostly or always felt cared for	>=85%	>=85.0%	<85.0% and >=80.0%	<80.0%
T1	Expenditure for Workplace Injury Claims[1]	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[1]	Variance of new workplace injury claims	<=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%
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%

[1] = Riverland; and Murray Bridge.
[2] = Riverland; Murray Bridge; Renmark; Loxton; and Waikerie.
[3] = Riverland.
[4] = Riverland Murray Bridge; Loxton; and Waikerie.

3. 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 Agreement 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.

Dr Peter Joyner OAM
Chair
On behalf of
Riverland Mallee Coorong Local Health Network Inc. Governing Board

Date: 5/2/2020 Signed: 

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network Inc.

Date: 3.2.2020 Signed: 

DON FRATER
~~***Dr Chris McGowan***~~
Chief Executive
Department for Health and Wellbeing

Date: 10/2/2020 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

Riverland Mallee Coorong (Large and Medium sites) – Inpatient Services		
	Riverland	**Murray Bridge**
General Medicine		
Cardiology [a]	✓	✓
Respiratory Medicine [a]	✓	✓
Gastroenterology [a]	✓	✓
Neurology [a]	✓	✓
Endocrinology [a]	✓	✓
Renal Medicine	✓	✓
Renal Dialysis	✓	✓
Haematology [a]	✓	✓
Medical Oncology [b]	-	-
Chemotherapy [c]	✓	✓
Rheumatology [a]	✓	✓
Dermatology [a]	✓	✓
General Medicine	✓	✓
Surgery		
Interventional Cardiology	-	-
Cardiothoracic Surgery [d]	-	-
GIT Endoscopy [e]	✓	✓
Neurosurgery	-	
Ear, Nose and Throat (ENT) [d]	✓	✓
Ophthalmology	✓	-
Head and Neck Surgery [f]	✓	-
Dentistry	✓	-
Upper GIT Surgery	✓	✓
Colorectal Surgery	✓	✓
Orthopaedics	✓	✓
Urology	✓	✓
Vascular Surgery [g]	✓	✓
General Surgery	✓	✓
Breast Surgery [h]	✓	-
Plastic and Reconstructive Surgery	✓	-
Gynaecology	✓	✓
Transplantation	-	-
Tracheostomy	-	-
Burns [i]	✓	-
Maternal and Neonatal		
Obstetrics	✓	✓
Babies [j]	✓	✓
Mental Health		
Drug and Alcohol	✓	✓
Psychiatry	✓	✓
Emergency Department	✓	✓
Non-Acute		
Rehabilitation Services	✓	-
Geriatric Assessment	-	-
Palliative Care [k]	✓	✓
Maintenance Care	-	✓
Other		
Hospital in the Home	-	-
Intensive Care Unit (level III)	-	-
Sleep Centre	-	-
Cancer Centre	-	-
Stroke Unit	✓	-
Domiciliary Care	-	-
Aboriginal Health	-	✓

[a] no specialised units, but appropriate admissions are supported
[b] undertaken through visiting outpatients
[c] no radiotherapy; most chemotherapy is done as OP, but some private patients may be admitted
[d] some ENT procedures are grouped into SRG 3 Cardiothoracic, so small number of admissions.
[e] most scopes are undertaken as OP
[f] no specialist admissions and some dental procedures are grouped into SRG 19 Head and Neck Surgery, so small number of admissions.
[g] no specialist vascular surgery. Minor vascular procedures performed.
[h] no specialised breast surgery, but some skin/abscess procedures are grouped into SRG 28 Breast Surgery, so small number of admissions
[i] no specialised burns unit, but small number of admissions.
[j] no designated hospice beds, but palliative care admissions accepted.

Riverland Mallee Coorong (Large and Medium site) – Outpatient		
	Riverland	**Murray Bridge**
Procedural		
Endoscopy services	✓	✓
Chemotherapy	✓	✓
Treatment room	✓	✓
Clinics		
Audiology	-	-
Breast	-	-
Burns	-	-
Cardiac	-	-
Colorectal	-	-
Craniofacial	-	-
Dental	-	-
Dermatology	✓	-
Ear, Nose and Throat (ENT)	✓	-
Endocrine	✓	-
Family and Planning	-	-
Fracture	-	-
Gastroenterology	✓	-
General Medicine	✓	-
General Surgery	✓	-
Genetic	-	-
Geriatric	✓	-
Gynaecology	✓	-
Haematology	-	-
Immunology	-	-
Neonatal	✓	-
Nephrology	✓	-
Neurology	✓	-
Obstetrics	✓	-
Oncology	-	✓
Ophthalmology	✓	-
Orthopaedic	✓	-
Paediatric	✓	-
Paediatric (Develop. /Disabilities)	-	-
Pain	-	-
Palliative Care	-	-
Plastic Surgery	-	-
Pre-admission	✓	-
Pre-anaesthesia	✓	-
Psychiatric	✓	-
Radiation Oncology	✓	-
Rehabilitation	-	-
Respiratory	-	-
Rheumatology	-	-
Stomal Therapy	-	-
Urology	✓	-
Vascular Surgery	✓	-

Appendix 2: Clinical Services Capability Framework (CSCF)

CSCF Service Profiles – Riverland Mallee Coorong LHN (Casemix Sites) (as at April 2019)			
CSCF Module		**Riverland**	**Murray Bridge**
Emergency	Emergency	3	3
	Emergency – Children's	-	-
Medical	Medical	3	2
	Medical – Children's	2	2
Maternity & Neonatal	Maternity	3	3
	Neonatal	2	2
Surgical	Surgical	3	3
	Surgical – Children's	3	3
Anaesthetics	Anaesthetics	3	3
	Anaesthetics – Children's	3	3
Perioperative	Acute Pain	-	-
	Day Surgery	3	3
	Endoscopy	3	3
	Operating Suite (incl. Sterilising Services)	3	3
	Post Anaesthetic Care	3	3
Clinical Support	Pharmacy	4	3
	Medical Imaging	4	4
	Nuclear Medicine	-	-
	Pathology	3	3
Intensive Care	Intensive Care	-	-
	Intensive Care-Children's	-	-
Cancer	Children's	-	-
	Haematological Malignancy	-	-
	Medical Oncology	3	3
	Radiation Oncology	-	-
	Radiation Oncology-Children's	-	-
Cardiac	Cardiac (Coronary Care) Unit	-	-
	Cardiac Diagnostic & Interventional	3	3
	Cardiac Medicine	3	3
	Cardiac Surgery	-	-
	Cardiac Rehabilitation-Inpatient	2	2
	Cardiac Rehabilitation-Outpatient	4	4
	Cardiac Outreach	-	-
General Medicine	General Medicine (Physician)	2	2
Sub-Acute	Geriatric Medicine	2	2
	Rehabilitation	4	2
	Palliative Care	4	2
Renal	Renal	3	3
Stroke	Stroke	4	3
Mental Health	Mental Health - Adult & Youth - Ambulatory	4	4
	Mental Health - Adult & Youth - Acute Inpatient	5	2
	Mental Health - Adult & Youth - Non-acute Inpatient	-	-
	Mental Health-Children's	-	-
	Mental Health-Older Persons	-	-
	Mental Health-Statewide Services	-	-
	Adult Forensic	-	-
	Child & Youth Forensic	-	-
	Eating Disorders	-	-
	Emergency Services & Short Stay Unit	-	-
	Evolve Therapeutic Service	-	-
	Perinatal and Infant	-	-

CSCF Service Profiles – Riverland Mallee Coorong LHN (Grant Funded Sites) (as at April 2019)						
CSCF Module		**Barmera**	**Karoonda**	**Lameroo**	**Loxton**	**Mannum**
Emergency	Emergency	1	1	1	2	2
	Emergency – Children's	-	-	-	-	-
Medical	Medical	2	2	2	2	2
	Medical – Children's	2	2	2	2	2
Maternity & Neonatal	Maternity	-	-	-	3	-
	Neonatal	1	1	1	2	1
Surgical	Surgical	-	-	-	3	
	Surgical – Children's	-	-	-	3	-
Anaesthetics	Anaesthetics	-	-	-	3	-
	Anaesthetics – Children's	-	-	-	3	-
Perioperative	Acute Pain	-	-	-	-	-
	Day Surgery	-	-	-	3	-
	Endoscopy	-	-	-	-	-
	Operating Suite (incl. Sterilising Services)	-	-	-	3	-
	Post Anaesthetic Care	-	-	-	3	-
Clinical Support	Pharmacy	2	2	2	2	2
	Medical Imaging	-	1	1	1	1
	Nuclear Medicine	-	-	-	-	-
	Pathology	2	2	2	2	2
Intensive Care	Intensive Care	-	-	-	-	-
	Intensive Care-Children's	-	-	-	-	-
Cancer	Children's	-	-	-	-	-
	Haematological Malignancy	-	-	-	-	-
	Medical Oncology	-	-	-	-	-
	Radiation Oncology	-	-	-	-	-
	Radiation Oncology-Children's	-	-	-	-	-
Cardiac	Cardiac (Coronary Care) Unit	-	-	-	-	-
	Cardiac Diagnostic & Interventional	-	-	-	-	-
	Cardiac Medicine	-	-	-	-	-
	Cardiac Surgery	-	-	-	-	-
	Cardiac Rehabilitation-Inpatient	2	2	2	2	2
	Cardiac Rehabilitation-Outpatient	4	4	4	4	4
	Cardiac Outreach	-	-	-	-	-
General Medicine	General Medicine (Physician)	-	-	-	-	-
Sub-Acute	Geriatric Medicine	-	-	-	-	-
	Rehabilitation	2	2	2	2	2
	Palliative Care	1	1	1	1	1
Renal	Renal	-	-	-	-	-
Stroke	Stroke	2	2	2	2	2
Mental Health	Mental Health - Adult & Youth - Ambulatory	-	-	-	-	-
	Mental Health - Adult & Youth - Acute Inpatient	-	-	-	-	-
	Mental Health - Adult & Youth - Non-acute Inpatient	-	-	-	-	-
	Mental Health-Children's	-	-	-	-	-
	Mental Health-Older Persons	-	-	-	-	-
	Mental Health-Statewide Services	-	-	-	-	-
	Adult Forensic	-	-	-	-	-
	Child & Youth Forensic	-	-	-	-	-
	Eating Disorders	-	-	-	-	-
	Emergency Services & Short Stay Unit	-	-	-	-	-
	Evolve Therapeutic Service	-	-	-	-	-
	Perinatal and Infant	-	-	-	-	-

CSCF Service Profiles – Riverland Mallee Coorong LHN (Grant Funded Sites) (as at April 2019)						
CSCF Module		**Meningie**	**Pinnaroo**	**Renmark**	**Tailem Bend**	**Waikerie**
Emergency	Emergency	2	1	1	1	2
	Emergency – Children's	-	-	-	-	-
Medical	Medical	2	2	2	2	2
	Medical – Children's	2	2	2	2	2
Maternity & Neonatal	Maternity	-	-	-	-	3
	Neonatal	1	1	1	1	2
Surgical	Surgical	-	-	3	-	3
	Surgical – Children's	-	-	3	-	3
Anaesthetics	Anaesthetics	-	-	3	-	3
	Anaesthetics – Children's	-	-	3	-	3
Perioperative	Acute Pain	-	-	-	-	-
	Day Surgery	-	-	3	-	3
	Endoscopy	-	-	3	-	-
	Operating Suite (incl. Sterilising Services)	-	-	3	-	3
	Post Anaesthetic Care	-	-	3	-	3
Clinical Support	Pharmacy	2	2	2	2	2
	Medical Imaging	1	1	-	-	1
	Nuclear Medicine	-	-	-	-	-
	Pathology	2	2	2	2	2
Intensive Care	Intensive Care	-	-	-	-	-
	Intensive Care-Children's	-	-	-	-	-
Cancer	Children's	-	-	-	-	-
	Haematological Malignancy	-	-	-	-	-
	Medical Oncology	-	-	-	-	-
	Radiation Oncology	-	-	-	-	-
	Radiation Oncology-Children's	-	-	-	-	-
Cardiac	Cardiac (Coronary Care) Unit	-	-	-	-	-
	Cardiac Diagnostic & Interventional	-	-	-	-	-
	Cardiac Medicine	-	-	-	-	-
	Cardiac Surgery	-	-	-	-	-
	Cardiac Rehabilitation-Inpatient	2	2	2	2	2
	Cardiac Rehabilitation-Outpatient	4	4	4	4	4
	Cardiac Outreach	-	-	-	-	-
General Medicine	General Medicine (Physician)	-	-	-	-	-
Sub-Acute	Geriatric Medicine	-	-	-	-	-
	Rehabilitation	2	2	2	2	2
	Palliative Care	1	1	1	1	1
Renal	Renal	-	-	-	-	-
Stroke	Stroke	2	2	2	2	2
Mental Health	Mental Health - Adult & Youth - Ambulatory	-	-	-	-	-
	Mental Health - Adult & Youth - Acute Inpatient	-	-	-	-	-
	Mental Health - Adult & Youth - Non-acute Inpatient	-	-	-	-	-
	Mental Health-Children's	-	-	-	-	-
	Mental Health-Older Persons	-	-	-	-	-
	Mental Health-Statewide Services	-	-	-	-	-
	Adult Forensic	-	-	-	-	-
	Child & Youth Forensic	-	-	-	-	-
	Eating Disorders	-	-	-	-	-
	Emergency Services & Short Stay Unit	-	-	-	-	-
	Evolve Therapeutic Service	-	-	-	-	-
	Perinatal and Infant	-	-	-	-	-