



Central Adelaide Local Health Network

SERVICE AGREEMENT

1 July 2020 – 30 June 2021



Government
of South Australia
SA Health

Version Control

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Contents

Part A – Introduction, Objectives and Governance	6
Introduction	6
Objectives of the Service Agreement	6
Legislative and Regulatory Framework	6
Governance	7
Amendments to the Service Agreement	7
Commencement of a New Service	7
Cessation of Service Delivery	7
Dispute Resolution	8
Agreements with Other Local Health Networks and Service Providers	8
Part B: Strategic Priorities and Government Commitments	9
Purpose	9
Strategic Direction	9
Managing Capacity and Demand	9
Outpatient Services	9
Vulnerable Adults	10
Mental Health Services	10
National Disability Insurance Scheme (NDIS)	11
Response to the ICAC Commissioner's Report Troubling Ambiguity: Governance in SA Health	11
Strategic Partnerships	12
Rural Workstream - Initiative #1	12
DHW Commitments	13
Premier and State Priorities	13
Government Commitments	13
Elective Surgery Strategies	13
Care Closer to Home	14
Community Engagement	14
Bowel Cancer Prevention	14
Palliative Care	14
Reactivation of the Repat	14
Safety and Quality Account	14
Procurement and Supply Chain	15
Part C: Services	16
Purpose	16
Service Profile	16
Services Provided to Other Organisations	16

Metropolitan Referral Unit	16
State-wide Services	16
Mental Health Services	17
Aboriginal Health Services.....	17
Watto Purrinna Aboriginal Health.....	17
Research.....	18
Part D: Delivery and Performance.....	19
Purpose.....	19
Performance Framework	19
Data and Reporting Requirements	19
2020-21 KPI Architecture.....	21
Part E: Funding and Commissioned Activity	23
Purpose.....	23
South Australian State Budget 2020-21	23
Funding Sources.....	23
Activity and Funding Allocation.....	24
Independent Hospital Pricing Authority (IHPA) Model.....	25
Specific Commissioning Commitments	26
Lymphoedema Garment Fitting and Diagnosis Services.....	27
Transvaginal Pelvic Mesh Repair.....	27
Renal Dialysis.....	27
Radiation Therapy	27
Signature	28
Appendix 1 – Companion Architecture.....	31

PART A – INTRODUCTION, OBJECTIVES AND GOVERNANCE

Introduction

SA Health is committed to strengthening performance and improved services and programs that will better meet the needs of the community. The Agreement supports the delivery of safe, effective and accountable high quality health care by formally setting out the performance expectations and funding arrangements between the Department for Health and Wellbeing (DHW) and the Local Health Network (LHN) during the term of the Agreement.

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) and the DHW.
- b) The Parties' commitment to achieving high standards of governance, transparency, integrity and accountability.
- c) The Parties' commitment to upholding the [South Australian Public Health Sector Values](#).

Objectives of the Service Agreement

The Agreement is designed to:

- 1) Describe the strategic priorities and Government commitments for the DHW and LHN and the mutual and individual responsibilities of the Parties.
- 2) Describe the key services and accountabilities that the LHN is required to meet including particulars of the volume, scope and standard of services.
- 3) Describe the performance indicators, associated reporting arrangements and monitoring methods that apply to the LHN.
- 4) Describe the sources of funding that the Agreement is based on and the manner in which these funds will be provided to the LHN, including the commissioned activity and criteria, and processes for financial adjustment.
- 5) Detail any other matter the DHW Chief Executive considers relevant to the provision of the services by the LHN.

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.

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).

Governance

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

The [SA Health Corporate Governance Framework Summary](#) provides the high level architecture of critical strategic documents required for DHW and LHN Governing Boards to deliver services under this Agreement.

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

- > 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.

DHW will ensure that any decision or agreement impacting on an LHN will be discussed and formally communicated to the LHN.

Amendments to the Service Agreement

An amendment of the Agreement will occur where there is a change to the DHW 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, including the commencement or cessation of a service, formal negotiation and finalisation must be communicated in writing between Parties and follow the process as laid out in the [Service Agreement Amendment Fact Sheet](#).

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 delivered, 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 Key Performance Indicators (KPIs) (new or revised targets), and will negotiate with the LHN regarding funding associated with any new service.

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 to a notice period. Any changes to service delivery must maintain provision of care and minimise disruption to patients.

Dispute Resolution

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

Agreements with Other Local Health Networks and Service Providers

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

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

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

Where a service is provided by either the DHW or the other LHNs to the LHN, the DHW, in principle, agree to ensure Service Agreements are established. It is expected that the Service Agreements will articulate scope, deliverables and KPIs that will assist the LHN in delivering service requirements. In the event that the LHN is experiencing difficulties in establishing required Service Agreements, DHW will provide assistance as appropriate within their role of system leader.

PART B: STRATEGIC PRIORITIES AND GOVERNMENT COMMITMENTS

Purpose

Ensuring the provision of public sector health services across South Australia requires clear priorities, supportive leadership and staff who work together and across each level of the health system. Part B describes the strategic priorities and Government commitments for DHW and the LHN, and the mutual responsibilities of both Parties for the period of the Agreement.

Strategic Direction

The State Government's 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:

- > [SA Health Strategic Plan 2017 to 2020](#)
- > [South Australian Health and Wellbeing Strategy 2020-2025](#)
- > [State Public Health Plan 2019-2024](#)
- > [SA Mental Health Services Plan – 2020-2025](#)
- > [SA Health Clinical Services Capability Framework](#)

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 following strategic deliverables are 2020-21 priorities:

Managing Capacity and Demand

The LHN must take tangible steps to reduce ambulance ramping and contribute to the development and implementation of state-wide 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.

My Home Hospital

SA Health, through Wellbeing SA, is looking to grow the number of South Australians able to receive hospital-level care in the comfort and privacy of their own home by creating My Home Hospital.

Outpatient Services

The LHN and DHW will work collaboratively to support the Outpatient Department (OPD) Redesign Workstream (the workstream) which will focus on improving:

- > Access to care and quality clinical outcomes by reducing time spent on waiting lists for treatment.
- > Improved transparency for referrers and patients to support informed decision making.
- > Embracing innovation and new technology to support contemporary care delivery and access.

- > Data access and quality to support clinical, operational and strategic decision making.
- > System-wide governance and accountability to improve the rigour and transparency of the outpatient system, as supported by SA Health policy.

The workstream will ensure targeted strategies are implemented to address demand exceeding capacity for waiting lists greater than 12 months.

Vulnerable Adults

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.

Mental Health Services

The [SA Mental Health Services Plan](#) provides an opportunity to build on what has been working well and to re-shape how services are accessed and delivered in the future to support better outcomes for consumers and staff. It sets the future direction for state government funded mental health and wellbeing services and rebalances the system towards community alternatives as well as consumer and carer empowerment. It articulates best practice expectations for improved services and delivering better outcomes for all, including people living in regional and remote areas.

The LHN will support the delivery of the SA Mental Health Services Plan to ensure quality care occurs in consistent and innovative ways across the state. The LHN will consider local service requirements to ensure locally based projects that have a mental health focus are aligned with the plan, and the intent to deliver quality and consistent care in mental health services across the state.

Older Persons Mental Health Services

By 2026 it is estimated that the number of people 65 years and older will increase by 27%. A much larger number of non-acute, sub-acute and long term beds as well as beds in residential aged care facilities will be required for this age group.

The Mental Health Services Plan has adopted the recommendations of the [Oakden Report Response Plan Oversight Committee final report](#).

The LHN will support the delivery of the recommendations of The Oakden Report Response Plan Oversight Committee in accordance with the Mental Health Services Plan, 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 state-wide Neuro-behavioural Unit for people with very severe to extreme behavioural and psychological symptoms of dementia (BPSD).
- > Strengthening relationships to ensure rapid discharge between facilities through an established pathway facilitated through the Neurobehavioural Unit (NBU).
- > Establishing services to support the management of residents in all LHN sites i.e. diversion therapy.

The Neurobehavioural Unit

The establishment and scheduled opening of the NBU at the Repat Health Precinct will ensure 18 additional places are available across the system to provide care for all people with very severe to extreme BPSD, including those with younger onset dementia.

The NBU will be operated as a high dependent unit for high acuity presentation, but will also be developed as homelike environment, enabling therapeutic and least restrictive care and facilitating an environment that is safe for both patients and staff. The units will focus on working in partnership with the consumers and their families, ensuring the needs of the individual are valued and supported.

The Virtual Support Network

The Government has committed to fund \$4.421 million across the LHNs for the Mental Health Virtual Support Network (VSN) to mitigate mental health impacts arising from the current COVID-19 pandemic. It is intended that these funds are used to implement the South Australian COVID-19 Mental Health, Wellbeing and Resilience Response by supporting a range of mental health initiatives delivered either virtually or in person.

Stage 2 of the VSN allocation commences on 1 July 2020 and concludes on 30 September 2020. DHW will develop a performance indicator data collection tool with the support of the LHNs to monitor the progress and impact of these initiatives. The continuation of funding for a further limited period beyond September 2020 will be subject to a review of the assessed need for such services and additional Government funding availability during pandemic recovery and response period.

More detailed information regarding the Virtual Support Network can be found on [the SA Health website](#).

National Disability Insurance Scheme (NDIS)

The LHN will support the coordination and implementation of services for NDIS health consumers requiring disability and psychosocial support services in the community. This includes assisting consumers to determine their eligibility for the NDIS as well as reviewing and reporting the needs of consumers. This support will assist consumers to discharge from hospital and be supported safely in their community.

DHW commits to working with Wellbeing SA and the LHN to achieve safe transition of complex consumers, including NDIS participants and ensuring strategies are implemented to reduce length of stay in hospital settings.

Response to the ICAC Commissioner's Report Troubling Ambiguity: Governance in SA Health

The LHN will support the delivery of the Government response to the ICAC commissioner's report *Troubling Ambiguity: Governance in SA Health*. This will include work already underway in LHNs to address the issues raised in the report, with LHN action plans developed and implemented. These plans will continue to evolve and will be informed by previous and new audit and review activities, overseen by LHN Audit and Risk Committees. The LHN will also implement whole of system policy directives and support local staff through training and education programs.

Strategic Partnerships

Rural Workstream - Initiative #1

The DHW, LHNs and SAAS agree and commit to partnering in the reform of our health system to ensure delivery of safe, high quality care in the right place at the right time for the South Australian's living in rural communities.

Proposed Year 1 Deliverable: Each LHN to provide a plan which clearly identifies the areas for interrelationships during 2020-21 to support the designed Metro-Rural principles.

Rural Workstream - Initiative #1		
Domain	Principles	Examples
Patient Centred	<ul style="list-style-type: none"> Improved access for consumers of the health system, addressing the expectation of access regardless of location 	<ul style="list-style-type: none"> Using innovation and technology to improve experience
Leadership	<ul style="list-style-type: none"> Active collaboration with the right leadership and clinical involvement to make it happen Commitment to test new and innovative approaches in smaller ways toward longer term gains 	<ul style="list-style-type: none"> Clinical Pathways based on formal agreements with clinical leadership (rather than historical focus) Explore multiple viable options Explore smaller proof of concept initiatives
Equitable	<ul style="list-style-type: none"> Systems approach acknowledging that taking a partnership approach is mutually beneficial and recognising that each LHN has different needs and requirements Service sustainability and self-sufficiency, building capability, capacity and purchasing power in rural areas 	<ul style="list-style-type: none"> Funding model – funding and allocation focused on where the services are needed Staffing rotation agreements Metro-Rural supported by funding model
Timely, Effective and Efficient	<ul style="list-style-type: none"> Consumers and clinicians will have clear pathways across LHN boundaries and should only need to travel when absolutely necessary Technology should enable provision of services in a flexible way, closer to home 	<ul style="list-style-type: none"> Geographical connectors defined, understood and inform clinical pathways Baseline technology assessment and pipeline projects toward longer term digital strategy
Appropriateness	<ul style="list-style-type: none"> Facilitating a health system that responds appropriately to the needs of the SA community to provide the treatment, advice, guidance and support required. 	<ul style="list-style-type: none"> Regular performance monitoring and evaluation of the appropriateness of services offered across the health system. Respond innovatively to create alternative patient pathways to more appropriate care.

DHW Commitments

DHW is committed to working in year with the LHN to:

- > Work with the LHN to review the cost of providing chemotherapy to understand the impacts (from outpatient to sameday admitted).
- > Work with the LHN regarding their financial recovery such that this funding can commence to be targeted across the system.
- > Review Models of care for chemotherapy and radiation therapy to consider as a state-wide approach.
- > Work with LHNs to build self-sufficiency and refine flows where appropriate.
- > Review and continue to refine the KPI Architecture and reporting processes, including the development of indicators for Prison Health Services and Aboriginal Health.

Premier and State Priorities

The delivery of both Premier's and State priorities is the responsibility of the DHW and all LHNs, and it is expected that all entities will work together to ensure successful delivery.

SA Health is responsible for the delivery of a number of Government commitments in 2020-21 and whilst led by the DHW, the support of the LHN, the SAAS, non-government, education, research, private and Commonwealth sectors are critical to their delivery.

Government Commitments

The Government continues its strong investment to improve the State's health care system efficiency and effectiveness through a range of initiatives. Where required, the LHN will work collaboratively with the DHW and provide support to implement these initiatives.

The LHN will deliver or contribute to the achievement of the following in 2020-21:

Elective Surgery Strategies

SA Health is committed to providing timely and equitable access to elective surgery services for all South Australians, where treatment is prioritised based on clinical need.

To support this commitment the LHN is expected to undertake performance sustainability strategies to manage timely elective surgery in accordance with clinical timeframes on an ongoing basis.

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 2020-21 the LHN will work towards achieving:

- > 100% timely admissions for Category 1;
- > 97% timely admissions for Category 2;
- > 95% timely admissions for Category 3.

This will be measured on a monthly basis as part of the performance assessment process.

Furthermore, it is recognised that the suspension of elective surgery during the COVID-19 pandemic has resulted in significant delays in timely admissions and an increase in elective surgery overdue patients. The LHN, with support from DHW, is required to develop a strategy to address this over the next 12 months, with a key focus on identifying specialities significantly impacting performance and strengthening scheduling practices.

Care Closer to Home

DHW commits to working with LHNs to build self-sufficiency and refine flows where appropriate to do so over the next 3 years.

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, and 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 ensure meaningful and appropriate engagement 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 within 120 days of a positive bowel cancer test result including ensuring bowel cancer screening and treatment (including colonoscopies) in accordance with the 2017 NH&MRC Clinical Practice Guidelines for Prevention, Early Detection and Management of Colorectal Cancer

Palliative Care

The LHN will trial innovative projects to 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.

For 2020-21, innovation pilot projects will continue within agreed timeframes and funding allocations.

DHW will work in year with the LHN to conduct an evaluation process that will inform recommendations to the Minister for Health and Wellbeing to seek approval for funding allocations to the LHN through to the end of the election commitment funding in June 2022.

Reactivation of the Repat

SA Health is committed to reactivating the Repat as a thriving health precinct that delivers on the needs of the community and achieves the best value use of the site in supporting our hospitals and health services.

Notably phase one of the reactivation includes:

- > An 18-bed NBU, for the specialised treatment of complex needs dementia patients assessed as having Tier-7 Behavioural and Psychological Symptoms of Dementia (BPSD).
- > A redeveloped 12-bed ward for the specialised treatment of complex needs dementia patients assessed as having acute medical conditions.
- > Refurbishment of decommissioned wards to provide a 26-bed transitional care facility.

Safety and Quality Account

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. The Account, due 19 May 2021, will provide information about the safety and quality of care delivered by the LHN and demonstrate that appropriate clinical governance systems are in place.

Procurement and Supply Chain

During 2020-21 a new purpose-built Procurement and Supply Chain Distribution Centre will be built and is expected to begin warehousing in August 2021. It is anticipated that this will enable the transition to the Direct To Imprest supply chain model. A high-level strategic Service Agreement between Procurement and Supply Chain Management (PSCM) and the LHN/SAAS has been established with further work to be undertaken to develop LHN specific operational priorities and performance indicators for each area of PSCM service delivery.

PART C: SERVICES

Purpose

Without limiting any other obligation of the LHN, this Part sets out the key services that the LHN is required to meet under the terms of the Agreement.

Service Profile

CALHN operates five main sites:

- > Royal Adelaide Hospital (RAH)
- > The Queen Elizabeth Hospital (TQEH)
- > Hampstead Rehabilitation Centre (HRC)
- > St Margaret's Hospital (SMH)
- > Glenside Health Service (GHS)

DHW recognises that CALHN will work in year to define a new model of care and transition plan for St Margaret's Hospital and will provide support as required.

Services Provided to Other Organisations

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

Metropolitan Referral Unit

The Metropolitan Referral Unit (MRU) provides a centralised single point of contact for referral to a range of services to support hospital avoidance and discharge support services for SA Health public hospitals. A team of clinicians in the unit review and assess referrals to link individuals to the most appropriate service model and response to avoid hospital admission or support an early return home from SA Health public hospitals. The governance arrangements for the MRU are transitioning in 2020-21 from the Southern Adelaide Local Health Network to Wellbeing SA with any resulting changes to the service to be formally communicated to all LHNs.

State-wide Services

The LHN has responsibility for the provision and/or coordination of the following state-wide services and will liaise with the other LHNs and the Chief Executive to support the provision of these services. The respective responsibilities should be incorporated in formal agreements between the Parties.

- a) State-wide Clinical Support Services
- b) Adult Burns Service
- c) The Australian Craniofacial Unit (ACFU)
- d) Donate Life SA
- e) Neurosurgical Service
- f) Oral and Maxillofacial Surgery (OMS)
- g) SA Brain Injury Rehabilitation Service and SA Spinal Cord Injury Service
- h) Central Northern Adelaide Renal Transplant Service
- i) South Australian Dental Service

- j) South Australian Prison Health Service
- k) Nationally Funded Centres Program
- l) State-wide Pelvic Mesh Service
- m) State-wide Trauma Service

Mental Health Services

The LHN is responsible for providing the following integrated mental health services in accordance with national standards and the [Mental Health Services Plan 2020-2025](#):

- a) Acute Psychiatric Care Services (RAH, TQEH and Glenside Hospital).
- b) Intermediate Care Centre (Queenstown).
- c) Inpatient Rehabilitation State-wide Service (Glenside).
- d) Community Rehabilitation Centre (Elpida House).
- e) Community Mental Health Centres (Tranmere and Woodville).
- f) Centre for Anxiety and Depression (Mile End).
- g) Supported accommodation (Glenside) provided in conjunction with an appointed NGO provider enabling 24/7 support and clinical in-reach.

Aboriginal Health Services

The LHN is responsible for working 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.

Watto Purrinna Aboriginal Health

Watto Purrinna Aboriginal Health Care Service delivers culturally appropriate and comprehensive primary health care services (clinical and wellbeing) for the Aboriginal community across both the Northern and Central Adelaide Local Health Network catchment areas with four Kurna names service sits, including:

- a) Muna Paiendi – *'First Seek Knowledge'* (Elizabeth Vale)
- b) Maringga Turtpandi – *'Reaching out to the East'* (Hillcrest)
- c) Wonggangga Turtpandi – *'Reaching out to the East'* (Port Adelaide)
- d) Kangggawodli Clinic – *'Caring House'* (Dudley Park)

Accredited by the Royal Australasian College of General Practitioners standards, services include chronic disease management, targeted hospital avoidance programs for clients with complex health needs, General Practice, health promotion and illness prevention.

The Kangggawodi 'Caring House' residential facility at Dudley Park provides culturally responsive accommodation and support for rural and remote Aboriginal people from across Australia travelling to Adelaide for specialist care at the Royal Adelaide Hospital, The Queen Elizabeth Hospital, Lyell McEwin Hospital, Modbury Hospital and Flinders Medical Centre.

The LHN is also required to participate in the South Australian Aboriginal Chronic Disease Consortium to progress implementation of the three state-wide 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](#)

The DHW's Workforce Services will work collaboratively with, and support, the LHN 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.

Research

In 2018 an independent consultant was engaged to evaluate the South Australian research governance approach and undertake a research governance review (Birch Review). This [Review of Research Governance in the Department for Health and Wellbeing \(SA\) and related LHNs](#) is now complete.

The LHN will work with the DHW to implement the review recommendations, thereby continuing to raise the profile of Clinical Research across the health system and improve research governance processes and structures.

The support for health and medical research will be demonstrated through the development of a Network Research Strategy which fully integrates research into teaching and clinical practice and supports opportunities for translational research. DHW will work in year with the LHN to develop a SA Health wide strategy.

A key deliverable will be a [Network Research Strategy Annual Report](#), with report submissions for the 2020-21 year due to DHW by 31 August 2021. During 2020-21 in year monitoring of three KPI's and further developmental work will occur on planning for public reporting of research performance and additional performance indicators.

In the case of the country LHN's this work will be facilitated by the Rural Support Service.

More information regarding Research, Research Governance and the Network Research Strategy Annual Report template can be found in the [Human Research Ethics Committee and Site Specific Approvals Technical Bulletin](#).

PART D: DELIVERY AND PERFORMANCE

Purpose

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

Performance Framework

The [SA Health Performance Framework 2020-21](#) sets out how the DHW, as the leader and steward of the public health system, monitors and assesses the performance of public health services and resources within South Australia. The Performance Framework uses performance indicators to monitor the extent to which 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 DHW is responsible for providing a full Performance Assessment Summary to the LHNs on a regular basis and will be reviewed following Performance Review Meetings.

The LHN will endeavour to meet targets for each KPI identified in the table below. All sites within the LHN must meet performance targets as described under the four domain areas; access and flow, productivity and efficiency, safe and effective care and people and culture.

DHW are committed to working with LHNs in maturing how the performance of the health system is monitored and evaluated, by incorporating a number of outcomes based measures in 2020-21.

The new outcome KPIs will be 'monitored' in year and may be considered to transition to Tier 1 or Tier 2 KPIs in 2020-21 depending on the health system's performance.

Monitored measures do not contribute to the evaluation of the LHN's overall Performance Level, but will inform opportunities for improvement.

More detailed information regarding the 2020-21 KPI architecture, including KPI descriptions, levels (Tier 1, Tier 2, shadow and monitor), calculation methodology, targets and reporting frequency is available in the 2020-21 [KPI Master Definition Document](#).

Data and Reporting Requirements

The LHN will provide data to the DHW on the provision and performance of health services (including Community data), in a timely manner and as required by the DHW Chief Executive. All data provisions are outlined in the [Enterprise Data And Information \(EDI\) Data Requirements, 2020-2021 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

DHW is committed to supporting the LHN with their data and reporting requirements. The EDI work plan for 2020-21 will deliver:

- > Continued expansion of the QIP Hub, including:
 - o Inpatient Analytics Dashboard;
 - o Nursing & Midwifery Dashboard;
 - o Challenging Behaviours Dashboard;
 - o Performance Reporting Dashboard(s);
- > Development of a centralised patient level outpatients data set;
- > Reduction in monthly data submissions;

- > DHW to provide LHNs with clear processes for tracking of ICT assets, replacement dates and infrastructure refresh policies;
- > Improvements in data quality; and
- > Enhancement in access to data.

The LHN is also required to maintain up-to-date information for the public on its website regarding its relevant facilities and services including population health, inpatient services and other non-inpatient services and community health. DHW is committed to working in year with LHNs to establish routine public reporting across all domains.

Critical Errors

When data is provided that is incomplete, it is flagged as a critical error. A critical error occurs when an invalid or inconsistent value is submitted for a particular data field. Records that have a critical error are unable to be submitted to IHPA, and subsequently no associated funding can be provided.

DHW is committed to efficient communication with LHNs regarding critical errors to facilitate prompt amendment and appropriate funding. It should also be noted that in accordance with the renewed focus on minimising critical errors, a corresponding Tier 1 KPI has been included in the 2020-21 KPI Architecture. This KPI is undergoing review in-year and LHNs will be consulted during this process. Any changes will be notified to LHNs in timely manner.

2020-21 KPI Architecture

Subdomain	Tier 1	Tier 2	Monitor
Access and Flow			
Emergency	Length of stay <= 4 hours Length of stay > 24 hours ED seen in clinically recommended time Transfer of care <= 30 minutes	ED Seen on Time - Category 3 (Urgent/30 Minutes)	Length of stay <= 4 hours (Admitted) Length of stay <= 4 hours (Non admitted) ED Seen on Time - Category 1 (Resuscitation/Immediately) ED Seen on Time - Category 2 (Emergency/10 Minutes) ED Seen on Time - Category 4 (Semi Urgent/60 Minutes) ED Seen on Time - Category 5 (Non-Urgent/120 Minutes)
Elective Surgery	Elective Surgery Timely Admissions - Category 1 (30 Days) Elective Surgery Overdue Patients - Category 1	Elective Surgery Timely Admissions - Category 2 (90 Days) Elective Surgery Timely Admissions - Category 3 (365 Days) Elective Surgery Overdue Patients - Category 2 Elective Surgery Overdue Patients - Category 3	Elective Surgery Timely Admissions - Overall Elective Surgery Overdue Patients - All Elective Surgery Treat in Turn Median Wait Time for Elective Surgery
Care Closer to Home			Flow Self-sufficiency
Productivity and Efficiency			
Finance	End of year net variance to budget (\$m)		
Commissioned Activity	Overall NWAUs activity to cap		Inpatient Acute Admitted - SEPS (Estimated) Inpatient Acute Admitted - NWAUs (Estimated) Inpatient Sub-Acute/Maintenance - SEPS (Estimated) Inpatient Sub-Acute/Maintenance - NWAUs (Estimated) Emergency Department - Presentations Emergency Department - NWAUs Outpatients - Service Events Outpatients - NWAUs
Efficiency	Relative Stay Index (Quarterly)	Mental Health – Acute Length of Stay (Hospital or "non-linked" ALOS)	Mental Health - Average treatment days per three-month community care period
Quality of Health Information	Critical Errors - Admitted Patient Care	Critical Errors - Emergency Department	Coding Timeliness

Subdomain	Tier 1	Tier 2	Monitor
Safe and Effective Care			
Safe Care	Healthcare Associated SAB Infection Rate	CHBOI - Hospital Standardised Mortality Ratio	Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents
	Hospital Acquired Complication Rate	Healthcare Associated MRSA	Hospital Hand Hygiene Compliance Rate - Overall
Consumers Experience of Care	Mental Health – Seclusion per 1,000 bed days	Mental Health - Restraint Events per 1,000 bed days	Rate of Surgical Site Infection - HIP Replacement
	Consumer Experience: Involved in Decision Making	Consumer Experience: Being Heard - Listened to (Quarterly)	Rate of Surgical Site Infection - Knee Replacement
Appropriateness of Care	Consumer Experience: Feeling Cared About by Staff		Sentinel Events
	Mental Health - Post Discharge Community Follow Up Rate	Rehabilitation – Timeliness of Care	Consumer Experience: Overall Quality
Effectiveness of Care		Emergency Department Unplanned Re-attendances within 48 Hours	% of time spent in designated stroke unit
		Unplanned/Unexpected Hospital Readmission for Select Elective Procedures within 28 days	Orthogeriatric time to surgery < 48hrs
			Potentially Preventable Admissions
			Palliative Care – Timeliness of Care
			Emergency Department Left at Own Risk - All
			Emergency Department Left at Own Risk - Aboriginal Health
			Emergency Department Left at Own Risk - Mental Health
People and Culture			
Workforce		Completion of Performance Reviews in Line with the Commissioner's Determination	Aboriginal and Torres Strait Islander Employment Rate
		New Workplace Injury Claims	
		Employees with Excess Annual Leave Balance	
Research			
Research			HREC applications approval within 60 calendar days for more than low risk applications
			SSA applications authorisation within 30 calendar days for more than low risk applications
			Joint Ethics/SSA applications approval within 20 calendar days for low risk applications

PART E: FUNDING AND COMMISSIONED ACTIVITY

Purpose

Part E 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.

South Australian State Budget 2020-21

Due to the COVID-19 pandemic, the date for the South Australian State Budget 2020-21 has been delayed. It is anticipated that the Federal Budget 2020-21 will be handed down in Parliament on 6 October 2020, after which the State Budget will be released. For further detail, refer to <https://statebudget.sa.gov.au/>.

Funding Sources

Funding Sources			
Funding Source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
DHW Recurrent Transfer	1,524,804,000	0	
ABF Operating, Statewide, Mental Health & Intermediate Care	110,443,000	1,618,692,000	
Other Operating	0	159,941,000	
Inter Regional/Inter Portfolio	15,808,000	15,808,000	
Special Purpose Funds & Other Own Source Revenue	81,446,000	70,194,000	
Capital	38,000,000	0	
Non-Cash Items	0	120,764,000	
Allocation	1,770,501,000	1,985,399,000	(214,898,000)

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

Any financial impacts from initiatives that are approved by the Government post HPA will be effected via a Budget Variation (BV) that will be processed direct to the LHN.

Note the expenditure allocation represents the full allocation of funding under the NEP. This implicitly recognises funding has been allocated for all enterprise agreements includes those that are to be renewed in 2020-21. Consistent with the prior year, provisions should be allowed for those EAs to be renewed in 2020-21 in your initial budget build in anticipation as there are no expectations that supplementation will be available.

The DHW Transfer represented above recognises the amount of cash for the net expenditure incurred by CALHN (where this HPA represents CALHN the management reporting entity). The CALHN arrangements with SCSS (as a separate management reporting entity) and the creation of an internal recharge arrangement within Business '55' (known as the Contra) results in the external expenditure being incurred by SCSS for Pathology, Imaging and Pharmacy services provided to CALHN. However, given the consolidated nature of CALHN and SCSS (as a governance entity for financial statement reporting) with only a single bank account and that the Contra is not a formal recharge arrangement, the DHW Transfer Revenue of both CALHN and SCSS is loaded entirely to an RI mapping to CALHN.

Activity and Funding Allocation

The DHW will monitor actual activity against commissioned levels on a monthly basis with the LHN and formally through the Performance Review Meeting process.

The LHN may move activity to other service areas of the same activity type within the National Weighted Activity Unit (NWAU) allocation, excluding any adjustments that would result in a material change to the activity allocation for Rehabilitation and Palliative Care which has been set for population needs. If the LHN wishes to move activity between commissioned activity types and levels, or make any deliberate changes to the consistent recording of activity that would result in activity moving between activity types and levels, this must be negotiated with DHW.

The LHN has a responsibility to actively monitor variances from commissioned activity levels, to notify the DHW of any potential variance and to take appropriate action to avoid variance exceeding agreed tolerances.

It should be noted that the LHN has been allocated funding based on their activity, irrespective of LHN patient residence, with DHW committed to support all LHNs to identify patient flows and target areas for growth in out years, in line with the Clinical Services Plan and Commissioning Plans (in development).

Activity and Funding Allocation			
Funding Type	2020-21 Cap		Commissioned
	Separations/ Service Events	NWAUs	
Activity Allocations			
Acute (admitted)	130,557	154,501	\$821,947,532
Emergency Department	121,580	19,860	\$105,653,780
Outpatients	561,796	38,859	\$206,727,302
Sub-Acute & Non-Acute (admitted)	4,351	16,223	\$86,307,457
Total Activity Allocation	-	229,443	\$1,220,636,071
Designated Allocations			
Intermediate Care			\$26,685,000
Mental Health			\$100,690,000
Prison Health			\$24,081,000
Rebalancing 2020-21			\$97,000,000
Regional Office (Site Specifics)			\$341,000
SA Dental Service			\$86,878,000
Site Specifics & Grants			\$62,380,952
Total Designated Allocations			\$398,055,952
Total Expenditure			\$1,618,692,022

Independent Hospital Pricing Authority (IHPA) Model

SA Health is required to inform the Administrator of the National Health Funding Pool of the commissioned services of the LHN for the 2020-21 year, expressed in line with the determinations of the 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 Base 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 Types			
Funding Type	2020-21 Cap NWAU	2020-21 NEP	Commissioned
Activity Allocations			
Acute (Inpatients)	121,169	\$5,320	\$644,617,057
Mental Health (admitted)	17,548	\$5,320	\$93,352,989
Sub-Acute	12,965	\$5,320	\$68,972,704
Emergency Department	19,437	\$5,320	\$103,404,393
Outpatients	29,076	\$5,320	\$154,686,867
Total Activity Allocations	200,194		\$1,065,034,009
Block Allocations			
Teaching Training and Research			\$50,246,445
Non-Admitted Mental Health			\$40,074,543
A17 List (Home Oxygen)			\$2,397,723
Total Block Funding			\$92,718,710
Total Expenditure			\$1,157,752,719

Specific Commissioning Commitments

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.

Specific Commissioning Commitments	
Service / Program	Allocation
Transition Care Program ¹	Funds are allocated to the LHNs in proportion with their number of Transition Care places <ul style="list-style-type: none"> • 115 places • \$10,160,210
Care Coordinators – Intensive Home Based Support Services	Salaries & Wages: \$142,000 Supplies & Services: \$8,000 FTE Allocations: 1.00
Older Persons Mental Health MOC - Rapid Access Service	\$702,125
Aged Care Assessment Program	\$3,211,875 maximum. Includes: <ul style="list-style-type: none"> • \$625 per completed assessment • \$50,000 project funding • \$50 per completed support plan, review up to \$50,000 1,185 assessments completed per quarter
Care Awaiting Placement	\$3,036,000 26 places LOS: ≤ 21 days
National Partnership on Dental Services for Adults ²	TBC
Community Support Scheme Program	Under 65: Per demand - this program is to be phased out and will cease on 31 January 2021 Over 65s: 1186 hours
Lymphoedema Compression Garment Program	DHW to administer the provision of garments - \$297,000
Priority Care Centres	\$172,000 (6 months) RN staffing costs. ABF activity has been reduced in recognition of patient flow to PCC.
Renal Dialysis	Additional 2,536 separations 269 NWAUs
Transvaginal Pelvic Mesh	2,000 service events, \$400,000 has been removed and held centrally to support patients requiring full mesh removal interstate
Radiation Therapy	5,060 service events, 376 NWAUs has been added to support increased demand and service model changes.
DonateLife ³	\$3,531,118

¹ Funding for the Transitional Care Program (TCP) places is based on 2019-20. Once confirmation is received from the Commonwealth on the subsidy rate for 2020-21 updated funding will be provided

² Discussions with the Commonwealth are not yet finalised. Updated funding will be provided when available

³ Program extension is not yet finalised with the Commonwealth. A Budget Variation will occur upon formal execution of a new Agreement.

Lymphoedema Garment Fitting and Diagnosis Services

The activity allocated to support lymphoedema garment fitting and diagnosis services has been allocated at a population level. These services are specialised and may not reside within the LHN. The LHN should use this allocation to support their catchment population obtain the services they require including accessing services from alternate providers, including other LHNs.

Transvaginal Pelvic Mesh Repair

CALHN provides a multi-disciplinary clinic for women with transvaginal mesh implants. DHW has held \$400,000 to support women requiring full mesh removal interstate.

Renal Dialysis

Activity has been increased by 2,536 separations and 269 NWAUs to address current demand for dialysis services.

Radiation Therapy

Additional activity of 5,060 outpatient service events and 376 NWAUs has been provided to recognise the large increase in demand and changes in modality of treatment.

Signature

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Central Adelaide Local Health Network Incorporated (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 2020 - 30 June 2021.

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

Raymond Spencer

Chair

On behalf of

Central Adelaide Local Health Network Inc. Governing Board

Date: 3/2/2021 Signed: 

Lesley Dwyer

Chief Executive Officer


Central Adelaide Local Health Network Inc.

Date: 3/2/2021 Signed: 

Dr Chris McGowan

Chief Executive

Department for Health and Wellbeing

Date:  Signed: 5/2/21

APPENDIX 1 – COMPANION ARCHITECTURE

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

Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Better Placed: Excellence in Health Education 2017-2019

Charter of Responsibility

Clinical Services Capability Framework

Commonwealth Aged Care Quality and Safety Commission (where applicable)

Disaster Resilience Policy Directive

Emergency Management Act 2004

Fifth National Mental Health and Suicide Prevention Plan

Health Care (Governance) Amendment Act 2018

Health Care Act 2008

National Clinical Governance Framework

National Health Reform Agenda

National Partnership Agreements between the State and Commonwealth Government

National Safety and Quality Health Service Standards

NDIS Code of Conduct

NDIS Practice Standards and Quality Indicators

Office for the Ageing (Adult Safeguarding) Amendment Act 2018

Office for the Ageing Act 1995

Public Health Act 2011

SA Health Aboriginal Cultural Learning Framework

SA Health Aboriginal Workforce Framework 2017-2022

SA Health Accreditation Policy Directive

SA Health Clinical Placement Principles

SA Health Clinical Services Capability Framework

SA Health Corporate Governance Framework Summary

SA Health Enterprise Data Information Plan

SA Health Performance Framework 2020-21

SA Health Research Ethics Policy Directive



SA Health Research Focus 2020 Framework
SA Health Research Governance Policy Directive
SA Health Strategic Plan 2017 to 2020
SA Medical Education and Training Principles
SA Mental Health Services Plan – 2020-2025
Service Agreement Amendment Fact Sheet
Service Agreement Dispute Resolution Fact Sheet
South Australian Aboriginal Cancer Control Plan 2016-2021
South Australian Aboriginal Diabetes Strategy 2017-2021
South Australian Aboriginal Heart and Stroke Plan 2017-2021
South Australian Health and Wellbeing Strategy 2020-2025
Standards for General Practice (where applicable)
State Emergency Management Plan
State Public Health Plan 2019-2024
The Mental Health Act 2009
All other policies and directives applicable to DHW





For more information

Central Adelaide Local Health Network 2020-21 Service Agreement

Commissioning and Performance

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Interpreter



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