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PARTIES TO THE AGREEMENT

From 1 July 2018 to 30 June 2019

This is a Service Level Agreement (SLA) between the Chief Executive of the Department for Health and Wellbeing and the Chief Executive Officer of the Women’s and Children’s Health Network 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 1 July 2018 - 30 June 2019. This SLA may be updated during the term of the SLA if required and by mutual agreement.

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

Date: 2 October 2018  
Signed:  

Chris McGowan  
Chief Executive  
Department for Health and Wellbeing

Date:  
Signed:  
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1. INTRODUCTION

SA Health is committed to delivering evidence informed, high quality services that meet the needs of the South Australian community from beginning to end of life.

This vision will be achieved through the Department for Health and Wellbeing (DHW) as the System Manager and purchaser of health and wellbeing services for the local population, the Local Health Network (LHN) as the service provider and its Health Advisory Council (known as the Governing Council) working together in partnership to ensure quality and timely delivery of health care and to continue to build a highly skilled, engaged and resilient workforce based on a culture of collaboration, respect, integrity and accountability.

This SLA formally assigns accountability for the high level outcomes and targets to be achieved during the term of the agreement. It sets out the parties’ mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectation and performance deliverables for the period 1 July 2018 - 30 June 2019.

The content and process for preparing this SLA is consistent with the requirements of the Health Care Act, 2008. Key elements of this SLA include the health and other services to be provided by the LHN, funding provided to the LHN to deliver these services, purchased activity, and Key Performance Indicators (KPIs).

2. DEFINITIONS

In this SLA:


Chief Executive (CE) means the Chief Executive of 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.

Health Advisory Council (known as the Governing Council) means a Health Advisory Council under the Health Care Act, 2008. The key role includes monitoring and providing advice on improving clinical care outcomes within the LHN, with a particular focus on local service integration, performance, the safety and quality of services, and risk management.

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), Country Health South Australia Local Health Network (CHSALHN) and the Women’s and Children’s Health Network (WCHN).

LHN Chief Executive Officer (LHN CEO) means the Chief Executive Officer of the Local Health Network.

Parties means the CE and the LHN CEO to which the SLA applies.

Policy means any policy documents (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 DHW, its LHNs, and the South Australian Ambulance Service (SAAS).

Schedule means the schedules to this SLA.

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

South Australian Ambulance Service (SAAS) means the agency acting as the principal provider of ambulance services in South Australia.

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 Measures 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.

3. TERM OF THE AGREEMENT

This SLA commences on 1 July 2018 and expires on 30 June 2019.

The parties will enter into negotiations for the next SLA at least six months before the expiry of the existing SLA (31 December 2018).

4. PURPOSE

This SLA formally defines the minimum level of service delivery and performance required from the LHN throughout the term of the agreement for the funding and other support provided. This SLA functions as a:

- Communication tool: The process of establishing an SLA between the two parties helps to open up communication and dialogue on a regular basis for the duration of the SLA.
- Support tool: SLAs provide a shared understanding of the needs and responsibilities of each party and help to avoid or alleviate disputes.
- Measuring tool: SLAs ensure that both parties use the same criteria to evaluate the service quality and safety.

5. PRINCIPLES AND VALUES

A common set of overarching principles and values, agreed upon and used the SA Health system, provide a way to achieve the vision for healthy South Australians to enjoy a great quality life, through an effective, well-managed health system that is highly regarded by the public:

- The SA Health Purchasing and Funding Guidelines combined with the SA Health Performance Framework (Schedule 5) offer a holistic approach to addressing issues of governance, accountability and performance management in a constructive manner. These shared principles assist SA Health with decision-making and provide the common ground needed for each party to work successfully together to address mutual objectives.
The South Australian health system is best served by consistent strategic intent, clear
goals, and evidence based decision making and commitments to our patients and
community that are shared by all those responsible for making decisions that affect quality
outcomes.

The health system's ability to achieve its strategic direction requires effective and engaged
general and clinical leadership, highly skilled, flexible and engaged people right across the
system and collaboration with a diverse range of partners.

The risks associated with providing or not providing a particular health service are
understood, explained and managed.

Health services are delivered and maintained within the designated budget in accordance
with this SLA and the SA Health Strategic Plan.

Health services are managed within a framework of articulated ethics and the South
Australian Public Sector values that are communicated and understood within the LHN and
across the health system.

There is a commitment to public transparency and accountability on health care plans,
system performance, and implications for change demonstrated through effective
communication and consultation to the public and staff (particularly clinicians).

LHNs will continue to meet the requirements of South Australian legislation, regulations,
DHW policies, and agreements remaining in force during the term of this SLA.

6. OBJECTIVES OF THE AGREEMENT

The objectives of the SLA are:

- to clarify expectations regarding the delivery of an integrated approach to high quality and
  safe patient care within the LHN, which supports the system to improve and maintain
  access to high quality health care in the right setting in line with the South Australian
  Government’s key priorities;
- to promote accountability to government and the community and to provide the framework
  for the LHN CEO performance agreement;
- to implement the SA Health Performance Framework (Schedule 5) and to apply this to the
  functions and responsibilities of the LHN;
- to ensure DHW, state and national health priorities, services, outputs and outcomes are
  achieved;
- to provide a framework from which to progress the development of partnerships and
  collaboration with Primary Health Networks;
- to facilitate the implementation of a purchasing framework incorporating the adoption of the
  National Efficient Price (NEP) for hospital services;
- to articulate the agreed activity requirements and associated funding allocations and
  movements; and
- to articulate the KPIs to measure performance of the LHN and the assurances on the LHN
  responsibilities in meeting the relevant South Australian legislation, regulations, and whole
  of Government and DHW policy requirements.
Both parties must:

- maintain regular dialogue within a professional code of conduct;
- ensure flexibility where there are genuine problems in delivery; and
- maintain honesty and transparency across both parties and with service users and the public.

7. HEALTH SYSTEM PRIORITIES

SA Health’s key objective is to ensure that South Australians are healthy, enjoy a great quality of life and experience a safe, contemporary and sustainable health care system. The strategic priorities, goals and outcomes for SA Health are defined in the SA Health Strategic Plan 2017-20. The South Australian Government, Premier or the Minister for Health and Wellbeing may articulate key priorities and themes from time to time.

It is a requirement under the CE Performance Agreement for all Chief Executives to have a departmental strategic plan. WCHN will be required to develop a departmental strategic plan, which addresses the strategic themes and priorities detailed in the SA Health Strategic Plan 2017-2020. WCHN is required to ensure that all applicable government policies, and requirements issued by the South Australian or Commonwealth Government, are complied with and that planning within WCHN is informed by the government priorities and aligned with these policies.

In delivering health services, WCHN is required to meet the applicable conditions of the Council of Australian Governments (COAG) national agreements and national partnership agreements between SA Government and the Commonwealth Government and commitments under any related implementation plans.

The SLA will be informed by the Clinical Services Plan currently under development and due for release in December 2018. WCHN will be expected to work collaboratively with DHW in the development of strategies and projects, and to ensure implementation plans are successfully delivered.

State-wide and local strategic priorities will be regularly discussed as part of the Contract Performance Meetings. Delivery of the strategic priorities is the responsibility of all entities.

8. REGULATORY AND LEGISLATIVE FRAMEWORK

This SLA is regulated by the National Health Reform Agreement (NHRA).

The NHRA requires the South Australian Government to establish service agreements with each LHN and to implement a performance and accountability framework including processes for remediation of poor performance. This SLA operates within the SA Health Performance Framework and in the context of SA Health Purchasing and Funding Guidelines and SA Health Financial requirements. This SLA does not specify every responsibility of the LHN, however, this does not diminish other applicable duties, obligations or accountabilities, or the effects of SA Health policies, plans and Ministerial directives.

The LHN, as an incorporated hospital under the Health Care Act, 2008, is responsible for the planning and delivery of purchased health services and ensuring compliance with the legislation as it applies to the LHN.
Under clause 4 of the NHRA, the LHN is required to provide health and emergency services through the public hospital system, based on the following Medicare principles:

a. eligible persons are to be given the choice to receive, free of charge as public patients, health and emergency services of a kind or kinds that are currently, or were historically provided by hospitals;

b. access to such services by public patients free of charge is to be on the basis of clinical need and within a clinically appropriate period; and

c. arrangements are to be in place to ensure equitable access to such services for all eligible persons, regardless of their geographic location.

The universality principle (4b) ensures that the following must not be a determinant of an eligible person’s priority or eligibility for receiving hospital services:

- whether or not an eligible person has health insurance;
- an eligible person’s financial status or place of residence; and
- whether or not an eligible person intends to elect, or elects, to be treated as a public or private patient.

The addendum to the NHRA includes a commitment for States and Territories to implement a number of reforms designed to improve health outcomes for patients and decrease potentially avoidable demand for public hospital services:

- Coordinated Care for patients with chronic and complex disease;

  A number of bi-lateral agreements have been negotiated nationally for implementation from 1 July 2017 to support the development of a joint national approach to enhance, coordinated care. The Commonwealth’s contribution focusses on their Health Care Homes (HCHs) initiative, while SA Health has identified a number of reform initiatives that have the potential to contribute to the HCHs initiative and meet the NHRA’s core objectives around data collection and analysis, system integration and care coordination. In addition, SA Health has identified other complementary areas of focus including a more strategic partnership with South Australian Primary Health Networks, a comprehensive strategy to improve End of Life Care in South Australia and a proof of concept trial of care coordination, discharge and care planning and chronic disease management across a remote community.

- Incorporating Safety and Quality into hospital pricing and funding;

  Australia’s public hospitals deliver safe, high quality care but there remain opportunities for improvement. Reducing sentinel events, hospital acquired complications (HACs) and avoidable hospital re-admissions will deliver better health outcomes, improve patient safety and support greater efficiency in the health system.

The quality and safety framework is being implemented iteratively leading to a range of objectives for delivery:
non-payment by the Commonwealth for a range of sentinel events (current); and

a payment adjustment for an agreed set of Hospital Acquired complications from 1 July 2018.

9. LOCAL HEALTH NETWORK ACCOUNTABILITIES

WCHN must comply with:

• the terms of this SLA;

• all legislation applicable to the LHN, including the *Health Care Act, 2008* and *Mental Health Act 2009*;

• all Cabinet decisions 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 regulations made under the *Health Care Act, 2008*; and

• all health services directives applicable to the LHN.

The LHN CEO is responsible for:

• The provision of safe, high quality health care services within agreed financial parameters.

• Managing the LHN budget and performance outcomes as determined by DHW in accordance with this SLA. This will include ensuring the provision of timely and accurate data and information regarding service delivery, in order to satisfy the requirements of both South Australian and Commonwealth Government performance and funding requirements and compliance with agreed monitoring and reporting arrangements.

• Implementing the National Safety and Quality Health Service (NSQHS) Standards and ensuring that all hospitals are accredited under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.

• Engaging with the local community and local clinicians and considering their views into the day-to-day operational planning of health services, particularly in the areas of safety and quality of patient care.

• Ensuring the environment and patterns of patient care respect the ethnic, cultural and religious rights, views, values and expectation of all peoples.

• Developing effective and working partnerships with Aboriginal Health Community and ensuring health needs of Aboriginal people are considered in all health plans, programs and models of care developed by the LHN.

• Implementing local clinical governance arrangements that support a clinical leadership model.

• Working with DHW through contributing expertise, local knowledge and other relevant information to state service planning, policy development and capital planning.
• Ensuring collaboration with Primary Health Networks (or other primary health organisations as developed through the Commonwealth Government) to provide innovative and cost effective approaches to meeting population need and to avoid unnecessary hospital activity.

• Leveraging the assets of the LHN, including the workforce, to produce sustainable quality outcomes.

CORPORATE AND CLINICAL GOVERNANCE REQUIREMENTS

The LHN CEO is to have structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in the Health Care Act, 2008, relevant South Australian legislation and regulations, and SA Health policies.

The LHN CEO is responsible for establishing, implementing and maintaining robust local LHN governance arrangements that enable a unified, flexible and nimble approach to leading, partnering and delivering the health and wellbeing outcomes for all South Australians underpinned by the agreed Project Management Framework. The use of QuickBase as a project management tool and the central repository for capturing, monitoring and reporting all programs, projects and associated plans and strategies (financial recovery, savings and other) reviews and reforms is mandatory.

In 2018-19, the Program Delivery Support Office (PDSO) will assist LHNs to embed the Project Management Framework strengthening and growing project management expertise to enable and support ongoing reforms necessary to deliver the health and wellbeing outcomes of the future. The PDSO will continue to provide a suite of assurance support functions to the bodies and individuals tasked with leading and enabling the ongoing reforms.

LHNs will also develop and implement Integrated Risk and Assurance Plans that:

• ensure maintenance of a comprehensive strategic and operational risk profile, with all risks rated as Extreme or High post controls requiring the need for additional risk treatment strategies or alternatively escalation to DHW;

• detail active participation in state-wide and SAAS clinical reviews and timely implementation of agreed recommendations, including those from the Auditor-General’s Department or the Risk and Assurance Services Internal Audit unit;

• facilitate timely investigation of all matters referred to SAAS following a referral from the Independent Commissioner Against Corruption; and

• implement Coroner’s findings and recommendations, and recommendations of Root Cause Analyses in a timely fashion.

The LHN CEO is a Work Health and Safety (WHS) defined officer and is required to meet the elements of WHS due diligence, including the implementation of the SA Health Work Health and Safety and Injury Management (WHSIM) System.

The LHN will exercise its decision making power in relation to all Human Resources (HR) management functions which may be delegated to it by the CE in respect of health service employees, in a lawful and reasonable manner and with due diligence, and in accordance with:

• relevant legislation, including the Code of Ethics for the South Australian Public Sector;

• health service directives;
• health employment directives;
• any policy document that applies to the health service employee;
• any industrial instrument that applies to the health service employee; and
• the HR delegations manual.

WCHN must ensure that:

• 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.

• 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 clinical service framework of the facility/ies at which the service is provided).

• 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 LHNs and sites, ensuring safe quality practice for patients/clients of SA Health.

• All facilities will undertake a self-assessment on an annual basis against the Clinical Services Capability Framework (CSCF) to ensure maintenance and provision of high quality, safe and sustainable services which meet the healthcare needs of our community. This self-assessment must be reported annually to DHW. For 2018-19 the baseline assessment will be the 2017-18 assessment against CSCF version 1 (Appendix 1).

• DHW will be notified when a change to the CSCF baseline self-assessment occurs through the established process. In the event that a CSCF module is updated or a new module is introduced, a self-assessment will be undertaken against the relevant module and submitted to DHW.

• Processes for access to specialist surgical and medical services in line with clinical prioritisation criteria and agreed models of care are implemented, where these are in place, in order to improve equity of access to specialist services.

• The LHN complies with the obligations set out in the SA Health Blood Supply and Stewardship Policy Directive 2016.

• The facilities and services outlined in the LHN Service Profile (Schedule 1), for which funding is provided in Purchased Activity and Funding (Schedule 3) continue to be provided.

• Through accepting the funding levels defined in Purchased Activity and Funding (Schedule 3), WCHN accepts responsibility for the delivery of the associated programs and reporting requirements to state and Commonwealth bodies as defined by DHW.

ACCREDITATION

All South Australian public hospitals, day procedure services, and health care centres managed within the framework of hospital and health services are to maintain accreditation under the AHSSQA Scheme. The Australian Safety and Quality for Health Care provides a set of guiding principles that can assist LHNs with their clinical governance obligations as follows:
consumer centred;

• driven by information, and

• organised for safety.

Accreditation will be against the ten clinical NSQHS Standards and will include any other standards offered by the accrediting agency engaged by the LHN.

Mental health services must maintain accreditation against the NSQHS Standards and the National Standards for Mental Health Services.

For the purpose of accreditation, the performance of the LHN against the NSQHS Standards can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

Following an accreditation event, the LHN will provide to the Executive Director, Quality, Information and Performance:

• a copy of the ‘not met’ report within two days of receipt by the LHN;

• the accreditation report within seven days of receipt by the LHN, providing no significant patient risks have been identified; and

• immediate advice should any requirement of a rectification period after the accreditation event not be met resulting in the facility not being accredited.

If the LHN does not meet accreditation requirements, the LHN has 90 days to address any core not met actions.

**Significant Patient Risk**

The AHSSQA Scheme requires approved accrediting agencies to notify regulators if a significant risk of patient harm is identified during an onsite visit to a health service organisation.


*Note: this link can only be opened in Internet Explorer*

**Work Health, Safety and Injury Management (WHSIM)**

The LHN must ensure compliance with legislation and WHSIM requirements which supports the management of workplace health and safety considerations which includes, but is not limited to:

• *Work Health and Safety Act, 2012.*

• *Work Health and Safety Regulations, 2012* and associated Approved Codes of Practice.

• *Return to Work Act, 2014.*

• *Return to Work Regulations, 2015.*

• *South Australian Public Sector Code of Practice for Crown Self-Insured Employers.*

• *Building Safety Excellence in the Public Sector 2015 - 2020* and associated targets and implementation of the aligned SA Health WHSIM Strategic Plan.

• *Public Sector Audit Verification for Work Health and Safety.*
• Return to Work SA Regulation and Evaluation.

• SA Health Work Health Safety and Injury Management System and associated frameworks, KPIs, policy directives, guidelines and corporate procedures, including the SA Health Operations Manual for Injury Management Personnel.

• WHSIM Training Needs Analysis and provision of training.

• Work Health and Safety requirements as specified under the NSQHS Standards.

Safety, Quality and Clinical Effectiveness

Annually, LHNs will complete a Safety and Quality Account to demonstrate achievement and ongoing commitment to improving and integrating safety and quality into the LHN. This approach places safety and quality reporting on the same level as financial reporting as an accountability mechanism with public transparency. The account will review performance against key quality and safety measures and include patient safety priorities, service improvements and integration initiatives.

WCHN is required to support and implement activities to improve appropriateness of care and consistency with evidence-based guidelines and aligned to national clinical standards in relation to antimicrobial stewardship and heavy menstrual bleeding.

10. DEPARTMENT ACCOUNTABILITIES

DHW must comply with:

• the terms of this SLA;

• the legislative requirements as set out in the Health Care Act 2008 and Mental Health Act 2009;

• all regulations made under the Health Care Act 2008; and

• all Cabinet decisions applicable to DHW.

The CE is responsible for:

• being the System Manager and purchaser of public health services and functions through this SLA;

• advocating at whole of government level for appropriate funding and legislative outcomes to support the work of SA Health and ensuring processes to enact legislative change;

• allocating the financial resources provided by the South Australian Government, which may include Commonwealth funding, to health service providers and support service providers in a manner which is transparent;

• system-wide health service planning, including arrangements for providing highly specialised services and adjusting services between LHNs to meet changes in demand;

• issuing policy guidance, regulations and other requirements which support the role of health service providers and support service providers in the delivery of approved services to approved South Australian standards;
system-wide health service capital planning and management in consultation with LHNs and SAAS, and project management of all major capital projects;

- collecting and analysing data provided by health service providers and support service providers to support the objectives of comparability and transparency, and to ensure that information is shared in a timely manner which promotes better state health outcomes and service management; and

- monitoring the performance of health service providers and support service providers against the agreed performance monitoring measures specified in the SA Health Performance Framework (Schedule 5) and LHN CEO Performance Agreements.

11. LHN KEY DELIVERABLES

DHW will convene regular Contract Performance Meetings with WCHN to review performance and agree on actions to be taken by the health services to improve performance where applicable.

The primary focus in 2018-19 will be on achieving a balanced budget and working in collaboration with DHW to establish the Governing Board and associated arrangements. Key deliverables include:

- managing activity volumes and full-time equivalent (FTE) staffing within agreed parameters and approved budgets;

- improving the quality of patient care in Chronic Pain Management by ensuring compliance with agreed clinical standards and model of care;

- developing local plans informed by the Clinical Services Plan when it is released;

- continuing 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, ensuring targeted strategies to address demand exceeding capacity for waiting lists greater than 12 months and reporting of specialist outpatient clinic waiting times by hospital from 1 July 2018;

- through the Maternal and Neonatal Community of Practice, continue to lead a state-wide improvement program for perineal status after vaginal birth;

- implementing the National Clinical Care Standards for Colonoscopy. WCHN will assess compliance against the Colonoscopy Quality Model (public activity only) and provide a report to DHW by December 2018. (When purchasing private activity, WCHN are to ensure service provision is compliant with the Clinical Care Standards and Quality Model of Care);

- reducing the number of healthcare acquired complications by improving documentation, coding practices and clinical assessment, with a particular focus on Urinary Tract Infections (UTIs) and Pneumonia;

- ensuring compliance with SA Health Restrictive Practices Policy and National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint;

- ensuring adequate surge capacity and implementation of strategies to meet seasonal demand, including improvement in 7 day processes and criteria led discharge;

- contributing 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) and associated ambulance ramping,
including local protocols and escalation plans and ensuring clinical review of any delayed transfer greater than 120 minutes;

- engaging in the implementation of the *Fifth National Mental Health and Suicide Prevention Plan 2017-2022* and annual reporting in accordance with the requirements of the National Mental Health Commission;

- supporting the implementation of agreed recommendations and providing regular progress reports to DHW in relation to the Nyland Review;

- using Health Round Table (HRT) and other benchmark data to drive continuous improvement in clinical care; and

- achieving other KPIs to assist improvement and redesign of the health service and key strategic priorities, focusing on better quality, access and efficiency of health care.

WCHN will be required to confirm saving strategies by August 2018 for review and discussion at the first Contract Performance Meeting.

WCHN will be expected to demonstrate progress towards embedding a constructive culture and deliver on the aspiration to put people first. In particular, WCHN is expected to measure the experiences of individuals across the SA Health system in working with their team, managers and the organisation to identify areas of both best practice and improvement opportunities, to determine how change can be affected at an individual, organisational and system level to improve workplace culture and practises.

WCHN will be expected to monitor workforce metrics and at least maintain, if not improve on, performance. This includes, but is not limited to:

- Injury data including manual handling and psychological health.
- Disputes.
- Collaboration.
- Policy and Enterprise Agreement implementation.

WCHN will be expected to enable progression of gender equity and diversity priorities through provision of staff and resources to committees, working groups and workshops as prioritised by SA Health Gender Equity and Diversity Committee and report annually on the following:

- the number of staff involved in committees, work groups and workshops;
- funding provided to support initiatives implemented; and
- progress in achieving the associated Key Performance Indicators as set by the SA Health Gender Equity and Diversity Committee.

Where it is proposed that a service move from one LHN to another, activity volumes and associated funding arrangements will be agreed between DHW and respective LHN CEOs prior to any change in patient flows. The mechanism for funding and activity allocation will be agreed between relevant parties.

WCHN will be required to provide regular evidence and assurance that the agreed outcomes are being met and to evidence compliance with the Capacity Management Framework and other
endorsed operational policies and procedures to support demand management and system improvement. WCHN is also required to ensure provision of adequate surge capacity and implementation of strategies and processes to meet seasonal demand.

Commencement of a New Service

In the event that the LHN wishes to commence providing a new service (addition to the current capability framework) or to change agreed service provision (variation to the current capability framework or agreed model of care, or where an internal service change is likely to have an ongoing funding implication), the LHN will notify DHW in writing in advance of commencement, clearly articulating the service details proposed, any activity and/or funding implications and intended benefits/outcomes. DHW will provide a formal response regarding the new service to the LHN in writing within 30 days of receiving the proposal, where appropriate, and may not agree to purchase the new service or to provide funding on either a recurrent or non-recurrent basis.

12. MANAGEMENT OF SERVICE LEVEL AGREEMENT

Overall management of the SLA rests with the Deputy Chief Executive, noting that:

- this SLA may be amended at any time by agreement in writing by both parties;
- the SLA may be varied by the CE as provided in the Health Care Act, 2008 and/or as a result of agreements between South Australian and Commonwealth Governments; and
- any alterations to the LHN activity targets and funding levels contained in this SLA must be notified in writing by the Deputy CE, to the Administrator of the National Health Funding Pool within 28 days of doing so.

Where the LHN CEO forms the view that they cannot manage within their budget constraints they are required to report via the mechanism outlined in the SA Health Performance Framework (link in Schedule 5).

13. AMENDMENTS TO SERVICE LEVEL AGREEMENT

The parties recognise two types of amendments to the SLA:

1. An amendment to the SLA that only affects the value and/or purchased activity levels.
2. Other amendments to the SLA (e.g. a variation to the content of any schedules).

AMENDMENT WINDOW

In order for DHW to manage amendments across all LHN SLAs, and their effect on the delivery of public health services in South Australia, amendment proposals will be negotiated and finalised during set periods of time during the year known as Amendment Windows.

As per the Purchasing Technical Bulletin 2 – Requesting Base Workload Amendments, any amendments to purchased activity and/or value will be reflected in the SLA by the end of each quarter. No further changes will be made after 31 March 2019. Other agreed amendments may be reflected in the SLA in alignment with the Purchasing Technical Bulletin 2 timeframes where applicable, but primarily following mid-year review (end of December 2018).
AMENDMENT PROPOSAL

An amendment proposal is made by:

- the LHN CEO completing the designated Base Workload amendment form or providing an amendment proposal for consideration; or
- the CE providing an amendment proposal to the LHN for consideration.

Subject to the terms of this SLA, any requests for amendment made outside these specific periods are not amendment proposals for the purposes of this agreement and need not be considered by the other party.

A party giving an amendment proposal must provide the other party with the following information:

a. the reasons for the proposed amendment;

b. the precise drafting for the proposed amendment;

c. any information and documents relevant to the proposed amendment;

d. details and explanation of any financial, activity or service delivery impact of the amendment; and

e. provide a formal response within the agreed timeframe.

If the CE at any time:

a. considers that an amendment agreed with the LHN may or will have associated impacts on other LHNs; or

b. considers it appropriate for any other reasons;

then the CE may:

a. propose further amendments to any LHNs affected; and

b. may address the amendment and/or associated impacts of the amendment in other ways, including through the exercise of any statutory powers and/or statutory directions under the Health Care Act, 2008.

Amendment proposals that are resolved will be formally documented to this SLA and executed by the CE.

End of Year Financial Adjustments

End of year financial adjustments may be determined after the financial year and outside of the Amendment Window process. The scope will be defined by DHW;
• DHW will provide the LHN with a reconciliation of all Service Agreement funding and purchased activity for the prior financial year. This will reflect the agreed position between the parties following conclusion of the end of year financial adjustments process.

• The impact of end of year financial adjustments on subsequent year funding and activity will incorporated in the SLA for the following year through the next available amendment window.

14. DISPUTE RESOLUTION PROCESS

It is envisaged that both parties will work constructively in the spirit of agreement and goodwill in the provision of funding and the delivery of health services. If one party believes the SLA is not being fulfilled they will in the first instance initiate discussions with the other party to resolve concerns through the Contract Performance Meeting. If either party is dissatisfied with the outcome of these initial discussions the following process will be initiated:

• the dispute must be immediately referred to the Deputy CE, and the LHN CEO who must meet within 24 hours and make their best endeavours to resolve the dispute; and

• if the dispute is not resolved within a further five business days, it must be immediately referred to the CE who will make a determination in order to resolve the dispute.

Notwithstanding the existence of one or more disputes, the LHN must continue to perform and comply with this SLA to the best of their abilities given the circumstances.
SCHEDULE 1: WOMEN’S AND CHILDREN’S HEALTH SERVICE PROFILE

The Women’s and Children’s Health Network (WCHN) is the state-wide provider of public tertiary and quaternary care for infants, children and women. With an annual budget of over $430 million and over 2,600 FTE, WCHN provides comprehensive acute inpatient and outpatient services including emergency and elective paediatrics, obstetrics, neonatology and gynaecology as well as a number of state-wide services.

Each year, the hospital has over 48,000 presentations to the Paediatric Emergency Department, around 11,000 presentations to the Women’s Assessment Service and has more than 30,000 inpatient separations. WCHN undertakes around 14,000 procedures (surgical operations and medical procedures inclusive of women and paediatrics) and delivers around 4,800 babies.

WCHN takes carriage of some state-wide responsibilities and for the coordination of the Maternal, Neonatal and Gynaecology Community of Practice (MNGCoP) and the Child and Adolescent Health Community of Practice (CAHCoP).

The MNGCoP and CAHCoP are auspice by the WCHN. They are responsible for developing sustainable, high quality, equitable state-wide maternity, gynaecology and neonatal services for women and health services targeted at children and adolescents in South Australia. Membership comprises of health care clinicians from metropolitan and country health working in the appropriate clinical areas and services, who together with key representatives from relevant areas form a Strategic Executive group to develop the work plan.

MNGCoP and CAHCoP also provides comment and advice to the Chief Executive Officer, WCHN on proposals and other related outcomes on contemporary paediatric practice across South Australia.

A key function of MNGCoP and CAHCoP is the governance of the South Australian Maternity, Neonatal and Gynaecology Clinical Practice Guidelines Reference Group and the Paediatric Clinical Practice Guidelines Reference Group in the provision of professional and collegial leadership involving lead clinicians from across South Australia to revise and develop evidence-based clinical practice guidelines.

The services provided at WCHN (in alphabetical order) include:

- Aboriginal Health Services – Including services on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands.
- Access and Flow
- Allied Health
- Child and Adolescent Mental Health Service – state-wide
- Child and Family Health Service – state-wide
- Child Development Unit
- Child Protection Service
- Chronic Pain (state-wide) and Acute Pain
- Clinical Genetics
- Disability and Complex Care Services
- Infection Prevention/ Immunisation Services
• Paediatric Medicine
• Paediatric Rehabilitation
• Palliative Care
• Spiritual Care
• Surgical Services
• Toxinology
• Women’s and Babies’ Health Service
• Yarrow Place Rape and Sexual Assault Service – state-wide
• Youth Health Service

SERVICE DESCRIPTIONS – IN ALPHABETICAL ORDER

ABORIGINAL HEALTH SERVICES

WCHN provides services specifically targeting Aboriginal people, including those provided through the Closing the Gap Program (funding until June 2020). Each LHN have brokered schedules (agreements) outlining additional funding to support programs contributing to Closing the Gap and are required to provide bi-annual updates on Key Performance Indicators (KPIs) and milestones contained within the schedules and which will be reviewed at LHN Contract Meetings.

WCHN will work collaboratively with DHW, other relevant health services, support organisations and Aboriginal community controlled health services to continue to implement the regional Aboriginal Health Improvement Plan to ensure that services are tailored specifically to the needs of the local Aboriginal population.

WCHN participates in the South Australian Aboriginal Chronic Disease Consortium to progress implementation of the three state-wide strategies and consider opportunities to reorientate or reform services aligned with these plans:

• South Australian Aboriginal Cancer Control Plan 2016-2021.
• South Australian Aboriginal Heart and Stroke Plan 2017-2021.
• South Australian Aboriginal Diabetes Strategy 2017-2021.

WCHN is required to achieve a minimum of 4% Aboriginal and Torres Strait Islander employment in the health system.

Areas in Aboriginal Health that WCHN has expertise in includes:

• Aboriginal maternal and infant care, supporting pregnant Aboriginal mothers.
• Cultural support for inpatients at WCH (Aboriginal Hospital Liaison Unit), knowledge of internal and external support services for Aboriginal patients and their families.
• Aboriginal cultural respect training, communication and working with Aboriginal families.
• Mental health (social and emotional wellbeing), health and wellbeing for young people in custody.
• Aboriginal mothers and babies, universal family home visits, Aboriginal cultural consultants, child development on APY Lands, Aboriginal family support services, young peoples’ health.
• Aboriginal women’s health.

Aboriginal Hospital Liaison Unit

The Aboriginal Hospital Liaison Unit has developed partnerships with other health providers and is an advocate for Aboriginal Health in South Australia. A small team of Aboriginal Liaison Officers visit all Aboriginal inpatients with the aim of ensuring their medical, practical and cultural needs are met while at the Women’s and Children’s Hospital (WCH). The Unit also offers a place for Aboriginal people to gather whilst visiting the WCH, and staff of the Unit act as a cultural broker to staff of the WCH and to clients.

Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

WCHN has state-wide responsibility for providing a number of specialist clinical services on the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands, including child and family health services, child and adolescent mental health and child protection services. These services are provided by lands based workers and a FIFO (fly-in fly-out) model. A number of local Anangu are also employed to provide direct services within their community.

ACCESS AND FLOW

The Access and Flow Unit coordinates the Access and Flow Strategy for WCHN. This has resulted in a more coordinated approach to managing patient flow and bed capacity in an effort to improve the consumer journey from admission to discharge at WCH. The WCHN Access and Flow Strategy is a whole of network approach and provides a platform of standardisation of practices and processes supporting daily patient demand and capacity. The Access and Flow Director is responsible for the after-hours coordinators and staffing, nursing and midwifery pool, and two services focused on improving Access and Flow.

These services are the:

Metropolitan Referral Unit

The Metropolitan Referral Unit (MRU) provides a centralised single point of contact for a range of services to support hospital avoidance and early supported discharge and is the only entry point for patients requiring referral to Health Care at Home and Country Home Link.

The MRU also provides information on:

• Early supported discharge and hospital avoidance services.
• Identifying potential transfers to country/rural/interstate hospitals.
• Liaising with appropriate staff members and teams.
• Organising transport arrangements for hospital transfers and discharges.
• MedSTAR, Royal Flying Doctor Service, South Australian Ambulance Service.
• Patient Assistance Transport Scheme.

The Model of Care is currently under review with the aim of increasing early discharge and hospital avoidance programs. An enhanced model for MRU will be implemented in 2018-19.
ALLIED HEALTH

The Allied Health Team consists of occupational therapy, orthotics prosthetics, physiotherapy, social work, speech pathology, music, and play and arts therapists. They provide a range of services across WCH to inpatients and outpatients.

Children’s Audiology

The Audiology Unit provides a comprehensive evaluation of hearing. The unit tests babies and toddlers, school age children and teenagers and provides an audiology service for paediatric inpatients and paediatric outpatient clinics, as well as for other specialised clinics in the hospital. WCH also accept outside referrals.

As part of the hearing loss management program, services are provided to children with severe to profound hearing loss that may be suitable for cochlear implantation. This includes close liaison with the Ear Nose and Throat (ENT) Department, Child Development Unit, speech pathology, Australian Hearing, and educational facilities. They provide long-term management, programming of the cochlear implant, and post-operative evaluation.

Dietetics

The Department of Nutrition's qualified dietitians provide clinical nutrition services, including nutrition assessment, management and education for inpatients and outpatients of the WCH.

The Department of Food Services provides high quality meals for patients staying in the WCH, caters for hospital staff and visitors in The Café and Nic Nath Café on The Deck, and provides a functions service for meetings and events.

The Department of Nutrition provides nutritional advice and expertise to the Department of Food Services for the management of patient meals and special diets.

Crèche

The Hospital has a free child-minding service for:

- siblings of inpatients and outpatients (Paediatric Wards and Nurseries);
- children who are required to use the hospital bus service; and
- children whose mother is attending women’s outpatient clinics.

Three qualified staff members run the crèche and are assisted by a team of trained volunteers.

Early Childhood and Families Team

The Early Childhood and Families Team is a multidisciplinary allied health team that assesses and provides early intervention for children with developmental delay. Children may be referred from GPs, paediatricians, Child and Family Health Service or self-referred. If children are eligible for National Disability Insurance Scheme (NDIS) they will be referred to that pathway. This small team was transferred from the Central Adelaide LHN and provides services to children in the metropolitan central/western area.

Hospital School

School SA (Department of Education and Child Development) provides onsite services; the school offers:
• flexible learning programs connected to the school curriculum, within the context of student health needs;
• face-to-face teaching for students from preschool to year 12 and for siblings of patients enrolled in non-metro schools;
• a consultancy outreach service that facilitates the student's transition back to school;
• assistance with sustained peer support and social contact;
• South Australian Certificate of Education (SACE) for senior secondary students;
• preschool for three to five year olds;
• links with schools and regional support services to ensure continuity of curriculum and health care; and
• a consultancy service for the Child Development Unit and Child and Adolescent Mental Health Service.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICE – STATE-WIDE

Child and Adolescent Mental Health Service (CAMHS) is a state-wide mental health service operating under the governance of the WCHN. CAMHS is led through a co-director model consisting of the Director, Mental Health Strategic Operations and the Clinical Director.

Tertiary mental health services for infants, children, adolescents and women in the perinatal period are delivered in hospital based settings or the community and include individual therapy and group programs. Strong links and partnerships with agencies such as the Department of Child Protection and Department of Education and Child Development enhance the therapeutic approach to providing services for CAMHS consumers.

CAMHS community teams and ambulatory services provide close to 80,000 sessions per-annum to over 10,000 consumers. Inpatient services consist of Boylan Adolescent Inpatient Ward (a 12 bed unit based at the WCH) and Helen Mayo House (a six bed perinatal and infant inpatient unit based at Glenside). Combined, there are approximately 770 annual admissions.

CAMHS is on a transformation journey which intensified at the beginning of this decade with the development of a state-wide service and has most recently involved extensive consultation on a new organisational structure and new model of care. Implementation commenced in 2017-18 and will continue in 2018-19. A summary of these key changes include:

• Strengthened clinical and operational governance.
• CAMHS centralised triage and a mobile assertive outreach service.
• Reconfigured multidisciplinary community teams.
• Introduction of a lived experience position.
• Enhanced clinical services including, consultation liaison, speech pathology and targeted services for children under Guardianship of the Minister, Aboriginal children, young people and their families, and young people with an eating disorder.

The new SA Mental Health Services Plan is a progression to the SA Mental Health Commission’s SA Mental Health Strategic Plan 2017-2022, and, in part, is SA Health’s response to that plan. The SA Mental Health Services Plan will identify the State’s commitments to Australia’s Fifth National Mental Health and Suicide Prevention Plan. Its state-wide application will provide direction for state operated and commissioned mental health and wellbeing services to benefit
consumers and carers and support clinicians to deliver best practice, person-centred, recovery oriented care.

CHILD AND FAMILY HEALTH SERVICE – STATE-WIDE

Child and Family Health Service (CaFHS) is committed to providing the best possible services to support infants, children and their families in the early years of their development, from birth to five years of age. CaFHS does this under the leadership and policy direction of the Department for Education whilst services continue to be delivered for families through the WCHN.

CaFHS also works collaboratively with other organisations across the health, education, social and family support sectors, in particular medical and paediatric services, allied health services (e.g. speech pathology), the Department for Child Protection, CAMHS and Department for Education Children’s Centres. This supports infants, children and families to navigate the system, to access timely and coordinated care and to ensure continuity of care across transition times. CaFHS is committed to enabling clear pathways of care between CaFHS and specialist services to support timely and accessible services in response to identified needs such as child health and development.

CaFHS is an integral part of the early childhood development system in South Australia, providing services from more than 110 sites to an overall population of approximately 20,000 births per annum, including approximately 1,000 Aboriginal births. The CaFHS workforce consists of a range of experienced professional and administrative staff including nurses, allied health professionals and Aboriginal cultural consultants.

CaFHS aims to support parents to give their children the best possible start in life by providing high quality, evidence-based care that is child-centred, culturally responsive, contemporary, coordinated and consistent.

In 2015, CaFHS commenced the review of their model of care and conducted an extensive consultation process to develop a new model of care. The final model of care was launched in February 2018; implementation commenced in early 2018 and will continue in 2018-19.

The principles underpinning the new model of care include:

- Child focused
- Evidence informed
- Equity of Service
- Progressive universalism
- Flexible and adaptive
- Early intervention and prevention as key
- Respect for diversity
- Communication and engagement
- Broader views of parents and families.

CHILD DEVELOPMENT UNIT

The WCH Child Development Unit (CDU) provides a multidisciplinary developmental assessment service for children with complex developmental concerns. CDU is a tertiary developmental assessment service and provides a multi-disciplinary (allied health and medical) approach to children presenting with complex developmental difficulties in three or more areas. Many of the children and
young people assessed in the CDU have been referred for Autism Spectrum Disorder (ASD). The diagnosis of ASD in SA requires two suitably qualified clinicians (paediatricians, psychologists, speech pathologists and psychiatrists) to assess behavioural, historical, and parent-reported information to determine a diagnosis. Around 70% of those diagnosed with autism also meet diagnostic criteria for at least one other disorder that further impairs function.

CHILD PROTECTION SERVICE

The Child Protection Service (CPS) is a tertiary level child protection service to children, young people and their families who have been referred by the Department for Child Protection (DCP) or SA Police (SAPOL) following suspected or confirmed child abuse and neglect.

Staff employed in dedicated SA Health child protection roles and units are required to be trauma specialists, who are aware of, and are responsive to the dynamics of trauma. Moreover, staff are required to understand and practice in a culturally safe manner, acknowledging that Aboriginal families and children are grossly over-represented within the child protection system. It is well recognised that if trauma remains unresolved, the impact on children and their families can be lifelong and intergenerational.

Based on the Clinical Services Capability Framework, WCHN provides a Level 6 Child Protection Service. The main elements of the service include:

- Consultation Liaison - for DCP, SAPOL, SA Health staff and the broader professional community to assist in the determination of whether a particular child may have experienced abuse and/or neglect and determine what additional information should be gathered and/or actions should be undertaken.

- Psychosocial Forensic Assessment – an assessment that is designed to elicit accurate, detailed and reliable information about an event or an experience pertaining to an allegation of abuse, neglect or a criminal act.

- Forensic Medical Assessment - an assessment involves the medical evaluation of a child where there are concerns about possible abuse and/or neglect. The conduct of a forensic medical assessment must ensure that any of the information gathered or obtained is done so in a manner that allows its optimal use within the various legal jurisdictions.

- Parenting Capacity Assessments - an assessment in the context of significant child protection concerns is undertaken to explore the factors impacting upon a parent’s capacity to meet the needs of a child where abuse and neglect is alleged or confirmed, and in turn whether the child’s safety and wellbeing can be assured in the parenting environment being provided to them.

- Comprehensive Health and Development Assessments and Medical Reviews (where indicated) – assessments for children in out-of-home care are designed to identify and respond to the holistic physical, developmental, psycho-social and mental health needs of individual children and young people under the Guardianship of the Minister.

- High Risk Infant Program - a tertiary child protection response for high risk infants and their mothers is offered in instances where high to very-high risk has been identified.

- Therapeutic Service - a child is eligible for a therapeutic service at the CPS where there is evidence of a therapeutic need following an experience of abuse and/or neglect. Children under the Guardianship of the Minister are prioritised for the therapeutic service.
CHILD HEALTH POLICY – STATE-WIDE

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

The team is also responsible for developing and coordinating state-wide children’s health policy and has been involved in the development of numerous polices including the Child Safe Environments Policy Directive, Collaborative Case Management of High Risk Infants Policy Directive, State-wide Safe Sleeping Standards and currently the SA Health Breastfeeding Policy Directive. Additionally, the team supports the work of the Child and Adolescent Health Community of Practice.

CHRONIC AND ACUTE PAIN

In 2018, WCHN launched the Chronic Pain Service. Chronic pain management requires well-coordinated, integrated holistic multi-disciplinary care to address the physical, psychological and life impacts experienced by those with persistent pain. This service provides early intervention and coordinated care that will prevent the inappropriate use of costly inpatient resources. It will prevent unnecessary investigations, specialist referrals, ED presentations and fragmented care.

Through its multidisciplinary team, the Paediatric Chronic Pain Service will allow early referral and coordinated outpatient management of young people with persistent pain. The team will work together with the young person and their family to formulate a pain management plan and provide education and resources that empower young people to participate in their own care to the highest degree possible, with the ultimate aim of restoring each young person to their functional best. Communicating and working in collaboration with community partners is key to the success and sustainability of this service. WCHN will seek to build capacity and strengthen the supports available so that young people may be cared for in their local community.

The WCH Acute Pain Service (APS) was established in 2004. The service has primary responsibility in the provision of safe and effective pain management for women and children with surgical, trauma, disease or treatment related pain. The majority of patients are referred following a surgical procedure, but APS will review any patient on referral. Anaesthetists from both paediatric and women’s areas undertake a daily pain round seven-days a week to evaluate, plan and initiate appropriate analgesic regimes. The Clinical Practice Consultant’s primary responsibilities are day-to-day management of patients under the care of APS, staff education and support, clinical research and audit, development and review of pain management protocols and guidelines, and promotion of optimal pain management throughout the hospital. Out-of-hours cover is provided by anaesthetic registrars and the on-call Anaesthetic Consultant. Pain management for children incorporates procedural sedation and the APS support this area of practice and are available for consultation.

CLINICAL GENETICS

The WCHN Clinical Genetics Service provides the state-wide clinical genetics and genetic counselling service for South Australia and neighbouring areas of adjacent states.

The Paediatric and Reproductive Genetics Unit provides diagnostic and counselling services for genetic disorders which occur during prenatal development or childhood, prenatal genetic testing for mothers with positive in utero screens of possible defects, and couples with higher risk of hereditary disease transmission to their children.

The Paediatric Metabolic Clinic manages inherited disorders of metabolism which occur during childhood.
DISABILITY AND COMPLEX CARE SERVICES

Access Assistant Program

The Access Assistant Program (AAP) provides trained staff to support students with complex health care needs and/or a disability to enable participation in government or non-government preschool or school. In order to receive the health support required, AAP must receive a completed referral from the preschool or school Principal/Director and the parent/guardian. The AAP works very closely with the Registered Nurse Delegation of Care Program to support the training of staff. This program is funded by the Ministerial Advisory Council for Children and Students with Disabilities, delivered by WCHN.

Registered Nurse Delegation of Care Program

The Registered Nurse Delegation of Care Program (RNDCP) is a community based program of the WCHN. The RNDCP allows children with complex health needs and/or a disability to safely access community services, including preschool/school, out-of-school-hours care, child care, in-home support and respite.

MyTime Program

MyTime is a facilitated peer support program for parents and carers of children with a disability, developmental delay or chronic medical condition. Currently there are 26 groups across both metropolitan and regional South Australia. MyTime groups are for parents and carers who want to connect with others and share their experiences.

Complex Care

The Complex Care Clinical Practice Consultant and Complex Care Social Worker positions are situated in the Complex Care Coordination Unit. Patients with complex health care needs have been defined as those patients having a chronic physical, developmental, behavioural and/or emotional condition who require greater than usual levels of health care intervention.

This patient group can include those requiring:

- involvement from multiple specialised clinics;
- specialised multi-disciplinary team management;
- frequent hospital admissions/appointments;
- psychosocial support and with complex socioeconomic needs;
- assistance with chronic health conditions (diagnosed and undiagnosed); and
- additional health care and educational resources to facilitate their support in the community (i.e. rural and remote patients).

The Complex Care Clinicians are responsible for the coordination and the management of patients with complex health care needs across the continuum of care within WCHN. This work is being done in collaboration with WCHN staff, consumers and external services to promote sustainability and service improvement in-line with the WCHN and State Strategic Plan. In 2017-18 the team were coordinating care for over 70 complex patients.

Fragile Airways Program

The Fragile Airways Program provides a state-wide program for both in-home nursing and other care to children (0-18 years of age) with a fragile airway (tracheostomy or nasopharyngeal tube) who may
also have chronic/complex health care needs. Patients are referred from the WCH and the service includes both rural and metropolitan clients.

**Home Equipment Centre and Home Oxygen**

WCHN also manages a home equipment centre and the provision of home oxygen. The home equipment centre supplies equipment to patients of the WCH so they may be cared for in the home, rather than in hospital.

**INFECTION PREVENTION/ IMMUNISATION SERVICES**

The Infection Prevention and Control Unit is an integral service at the WCHN. It provides information, education and resources to all departments and staff throughout the hospital regarding the control and prevention of infectious diseases. This ensures that our patients and staff remain safe from infections. The unit also provides phone information and advice to the public on infectious diseases affecting both children and pregnant women. The primary roles of the infection prevention and control unit/immunisation services include:

- Preventing the acquisition and transmission of healthcare-associated infections between all patients and all staff.
- Reducing mortality, morbidity and cost.
- Educating and advising staff, patients and their families of infection prevention and control principles.
- Helping to improve practice in regards to infection prevention and control.
- Performing surveillance of healthcare associated infections.
- Developing, implementing and assessing policies, guidelines and procedures regarding infection prevention and control practices.
- Providing inpatient immunisation services.

The Immunisation Program is an essential part of the WCHN Winter Strategy through targeting medically at risk patients and their families. WCH provides a dedicated Immunisation Clinic adjacent to outpatients, and medically at risk children and pregnant women attend for immunisation at the scheduled times. Family members can also purchase their vaccinations at the pharmacy and be immunised at the clinic. There is a high uptake by WCHN patients and their families for this service.

**PAEDIATRIC MEDICINE**

Paediatric services include general and specialised medical services for children and young people as inpatients, outpatients and in the community.

**Specialty Services**

- Allergy/Immunology
- Cardiology
- Clinical Genetics
- Dermatology
- Endocrine and Diabetes
- Gastroenterology
- General Medicine
- Haematology/Oncology
- Infectious Diseases Unit
• Metabolic
• Medicine Services (Divisional Office)
• Neurology and Clinical Neurophysiology
• Paediatric Outpatients
• Paediatrics - University of Adelaide
• Rheumatology
• Respiratory and Sleep Medicine
• Renal and Medical Day Unit
• VIRTU - Vaccine trials

Patient Care Units/Wards

The Adolescent Ward is a ward for young people over the age of 12. Cassia Ward is a medical sub-specialty ward specialising in the care of children 12 months to 12 years with acute and chronic illnesses. Rose ward is a medical/surgical ward that primarily looks after babies from birth to 12 months. The Medical Short Stay Ward cares for children aged from six months to 18 years with a variety of medical conditions that have a length of stay less than 48 hours.

The Medical Day Unit (MDU) incorporates the WCH Dialysis Unit and provides inpatient and outpatient services for children and young people living in South Australia and the nearer parts of the Northern Territory who suffer from kidney disease, high blood pressure and kidney failure. The Dialysis Unit provides dialysis treatment for acute, chronic and end-stage renal failure, as well as paediatric apheresis. The MDU also provides care to a wide range of consumers that only require treatment for a less than eight-hour stay for conditions such as: allergy, gastroenterology, rehabilitation and neurology.

Construction work has commenced on the MDU and it is due for completion by the second quarter of 2018. The new unit will have 18 treatment spaces, two procedure rooms, improved patient consulting spaces and clinical support spaces, including a dedicated reception area. Work has commenced on the development of the new model of care which will be implemented in 2018-19.

The Michael Rice Centre Ward cares for children from South Australia and the Northern Territory who have blood disorders and cancer. The ward is a centre for:

• diagnosis for new patients;
• chemotherapy;
• treatment of infections and low blood counts;
• transplants; and
• other disease related therapies.

The Paediatric ED sees over 48,000 patients each year ranging in age from 0-18 years. Patients range in complexity and are triaged in line with National Standards according to presentation. The WCH is the designated children's major trauma service for South Australia as well as for the Northern Territory, western Victoria and south-west New South Wales and provides care for children with major trauma aged under 16 years. Patients aged 16 years and over are more appropriately managed by the Adult Major Trauma Service at the Royal Adelaide Hospital or Flinders Medical Centre.

The WCH Children's Trauma Service participates in the full continuum of children's trauma care. This includes pre-hospital care (MedSTAR), emergency in-hospital management, intensive care, surgical management and rehabilitation. To provide this care, WCH is staffed by a full range of medical and surgical specialists as well as specialist nursing and allied health staff. The WCH Children's Trauma Service recognises the importance of child-focused psychosocial support for the
patient and family and has recently appointed a world-first Trauma Family Support Coordinator with the help of funding by the Day of Difference Foundation.

The Department of Paediatric Critical Care Medicine incorporates the Paediatric Intensive Care Unit, Paediatric High Dependency Unit and the Medical Emergency Team. The Department is a self-contained facility providing complex multi-system life support for infants, children, and adolescents, as well as for obstetric women. It acts as the tertiary referral centre for critically ill children in South Australia, the Northern Territory, western New South Wales and western Victoria. The unit also provides the intra-hospital Code Blue, Medical Emergency and Trauma teams and medical supervision of the paediatric retrieval service for South Australia – MedSTAR Kids – who also retrieve patients from the Northern Territory, western New South Wales and western Victoria.

PAEDIATRIC REHABILITATION

The Paediatric Rehabilitation Department is responsible for the provision of intensive rehabilitation for children/adolescents with an acquired (and often catastrophic) reduction in function due to trauma, illness or medical procedures. The aim is to assist children/adolescents to achieve the highest level of independence, physically, socially and psychologically, in order to maximise their quality of life and participation within their family and community.

Care is interdisciplinary, delivered by a team of highly skilled medical, nursing and allied health staff. The child and family are central to delivery of care and establishment of functional goals. There is a focus on discharge planning and re-integration into the child’s home, school and community. The Department is accredited as a designated rehabilitation facility by the Australasian Faculty of Rehabilitation Medicine and provides training for rehabilitation physicians.

The Paediatric Rehabilitation Department provides the following services:

- Ambulatory Rehabilitation Service
- Botulinum Toxin Therapy Program
- Centre for Robotics and Innovation
- Hip Surveillance Program
- Inpatient Rehabilitation Service
- Intrathecal Baclofen Program
- Movement Disorder Service
- Outpatient/Outreach Rehabilitation Clinics (Country SA and Northern Territory).

PALLIATIVE CARE

The Paediatric Palliative Care Service provides a service to children and families facing life-limiting illness through:

- partnering with families to individualise care;
- providing specialised expert interdisciplinary team work across locations and diversities, offering holistic care; and
- supporting families through collaboration and advocacy with health care and community resources.
SPIRITUAL CARE

The Spiritual Care Team, including Chaplains and volunteers who have completed accredited training, provide pastoral and spiritual care for patients and their families. The Spiritual Care Coordinator or Chaplains can contact a variety of religious traditions and support networks including Buddhist, Christian, Jewish and Muslim faiths. The service is coordinated by a Spiritual Care Coordinator.

SURGICAL SERVICES

The Division of Paediatric Surgical Services coordinates and manages support to the surgical departments and units of the WCH. The hospital is the main referral centre for complex paediatric surgical conditions, for South Australia, the Northern Territory and some regional centres in western Victoria and western New South Wales.

Surgical Services

- Acute Pain Service
- Anaesthesia - children’s
- Burns Service
- Cardiac Surgery – minor
- Craniofacial Unit
- Dentistry
- Ear, Nose and Throat
- Gynaecology Theatres
- Neurosurgery
- Ophthalmology
- Orthopaedic Surgery
- Paediatric Surgery
- Plastic and Reconstructive Surgery
- Surgical Outpatients
- Trauma Services
- Tracheostomy Service
- Urology

Patient Care Units/Wards

The Division has three inpatient wards — Campbell Ward, Kate Hill and Newland Ward. These are surgical units dedicated to caring for children and adolescents requiring elective and emergency care for minor and complex surgery and procedures (approximately 5,000 patients per year). Newland Ward provides care for children with more complex surgical needs and has an average length of stay greater than 36 hours. Campbell Ward provides care for children and adolescents who have procedures requiring anaesthesia followed by a short stay in hospital of up to 36 hours. Surgical patients are also treated in Rose Ward and the Adolescent Ward depending on the age and care required.

The Day of Surgery Admissions unit admits 80% of children in preparation for elective surgical/medical interventions. The Day Surgery Unit comprises 20 beds/cots catering for children/young adolescents aged from four weeks to 18 years who require an anaesthetic or a procedure.

The Rogerson Operating Suite provides services to Women and Babies, paediatric surgical departments, Medical Imaging (anaesthetic service) and Paediatric Medicine. Queen Victoria Operating Suite provides elective obstetric/gynaecological services and at times elective paediatrics.
There has been a gradual increase in the number of emergency surgical procedures and the operating theatre rostering profile has been streamlined to accommodate emergency cases within the core hours of 8.30am-9pm.

TOXINOLOGY

Toxinology deals with cases of envenoming or poisoning from animals; particularly snakebite, spider bite, related arthropod bites and stings and marine envenoming and poisoning. The Toxinology Department was formed in 1990, though its origins go back to the 1970s. This is currently the only toxinology department in any Australian hospital, though there are a number of doctors with clinical toxinology expertise in other hospitals. Most have received training through the WCHN Toxinology Department.

The Department provides a consultant clinical toxinology service to doctors, hospitals, poison information centres and antivenom producers nationwide.

Continuing education is a vital part of the Department’s functions, with regular lectures to medical students, medical graduates, nurses and other health professionals, particularly those attending the University of Adelaide, University of South Australia and Flinders University. In conjunction with the University of Adelaide, the Department facilitates a Clinical Toxinology Short Course every two years. This internationally recognised course is the only one of its type and attracts doctors and other health professionals from around the world.

Research interests include clinical aspects of bites and stings, especially snake bite and spider bite, as well as basic research into venoms.

WOMEN’S AND BABIES

The Women’s and Babies Division is a major provider of obstetric, midwifery, neonatal and gynaecological services to South Australia, the Northern Territory and far western New South Wales and Victoria. The maternity and neonatal services include care delivery, health information and education as well as support and advice to women and their families during pregnancy, labour, birth, and the postnatal and neonatal period. These services are provided at a primary, secondary and tertiary level. The division also provides gynaecological services at a primary, secondary and tertiary level. Approximately 4,800 babies are born in the Women’s and Babies Division of the hospital each year. These births are spread across all risk groups.

**Women’s and Babies Services**

- Outpatients Obstetrics
- Maternal-Fetal Medicine Service*
- Neonatology
- Gynaecology
- Obstetrics and Gynaecology - University of Adelaide
- Anaesthesia – women’s

*The Maternal Fetal Medicine Service (MFMS) is a multi-disciplinary service with a diverse medical and midwifery faculty providing expert diagnosis, ongoing surveillance and discerning management for women whose pregnancies are significantly complicated by maternal and/or fetal conditions. The MFMS is the Tertiary MFMS referral service for South Australia but also for far western New South Wales, western Victoria and the Northern Territory.
Patient Care Units/Wards

- Women’s Outpatients (including Cowandilla, Oceanview Parks, Gilles Plains and Trinity Gardens)
- Parent Education
- Obstetric GP Shared Care Program
- Women’s Assessment Service
- Antenatal/Gynaecology
- Delivery Suite/High Dependency Unit (Intensive Care is provided in the Paediatric Intensive Care Unit in an emergency and the patient is then reviewed to determine whether transfer to an Adult Intensive Care Unit is required)
- Midwifery Group Practice
- Postnatal
- Domiciliary Midwifery Care Practice
- Neonatal Intensive Care Unit*
- Special Care Baby Unit including Neonatal Early Discharge program

*The Neonatal Intensive Care Unit (NICU) is a 14-bed unit responsible for the provision of care for babies in need of intensive care (Level 6) born at the WCH or elsewhere in South Australia, the Northern Territory, western Victoria and the far west of New South Wales.

WOMEN’S HEALTH SERVICE – METRO

The Women’s Health Service (WHS) provides free health services for women who have health consequences as a result of domestic and family violence and women with challenging life issues. Priority groups include Aboriginal, refugees and migrant women. The WHS provide health checks, health assessment and injury documentation for domestic and family violence, sexual and gynaecological health care, trauma counselling and case management.

WOMEN’S SAFETY STRATEGY - STATE-WIDE

The Women’s Safety Strategy (WSS) supports WCHN and SA Health in the implementation of information sharing and healthcare responses to relationship violence, sexual assault, domestic and family violence. WSS offers training and capacity building to professional groups as well as consultation for practice concerns. WSS includes the Multi Agency Protections Service (MAPS), Multi Agency Assessment Unit (MAAU) and Family Safety Framework.

METROPOLITAN YOUTH HEALTH – METRO

Metropolitan Youth Health (MY Health) is an integrated youth health service and provides a targeted health response to young people 12–25 years of age (targeting those less than 18 years of age) with an emphasis on building young people’s capacity to manage their own health care. Target populations include young people currently (or who have previously been) under the Guardianship of the Minister, Aboriginal young people, young people who have experienced relationship violence and those currently in the Adelaide Youth Training Centre. MY Health provide comprehensive health assessments, health care, counselling, therapeutic case management, group programs, Aboriginal health programs and young pregnant and parenting programs.
YARROW PLACE - STATE-WIDE

Yarrow Place is the lead public health agency responding to rape and sexual assault in South Australia. It is a community service with a state-wide mandate.

Yarrow Place focuses on:

- Providing services to people who have been raped or sexually assaulted.
- Providing a lead agency role in South Australia, which includes advocacy in relation to public policy development, planning and service delivery in the area of sexual violence against adults.
- Building community capacity to respond to and prevent sexual assault through training and education.

TEACHING, TRAINING AND RESEARCH

WCHN is responsible for providing teaching and training for which funding is identified within the Purchased Activity and Funding section (Schedule 3) of this SLA and as described below:

**Learning and Development**

Delivering first class health care to the people of South Australia now and into the future relies on the knowledge and capabilities of staff and their ability to adapt to changing needs. Learning and development is a critical function in ensuring maintenance and development of the required capabilities and to create a learning culture.

WCHN is responsible for supporting its staff to develop and maintain their knowledge and capabilities, in alignment with their roles and organisational priorities, and for working to ensure that across each LHN, and SA Health as a whole, knowledge is leveraged and the development of organisational and individual capability and a constructive, high performing, learning culture is fostered.

WCHN is required to:

- Enable staff through learning and development, which supports their ability to perform their role and develop their potential, including:
  - implementation of an annual education and training plan; and
  - bi-annual performance reviews for all staff and development of learning plans.
- Foster a culture of learning and innovation:
  - encourage, enable and support staff to participate in state-wide and multidisciplinary learning to enhance understanding of the broader health system and build system thinking capacity; and
  - encourage, enable and support leadership development as a collective endeavour, in addition to individual leader development including but not limited to, management training and skills development, support for continued professional development (e.g. postgraduate study) and National Safety and Quality Healthcare Service Standards and the leadership, learning and training obligations under these.
- Develop and maintain systems and processes that support high quality learning and development.
Clinical Education and Training

SA Health is using an online Clinical Placement Management System (CPMS) for clinical placement allocation and coordination which is now being used for most health professions.

WCHN will continue to maintain clinical placement capacity to support delivery of effective health services and will engage with universities, colleges, practitioners and consumers in order to develop appropriate training and research to continue to improve outcomes for patients and consumers of the health system.

Under the current framework for clinical placements Better Placed: Education 2017 - 2019, there are four key goals:

1. Strong partnerships that work;
2. Making the most of clinical placement capacity;
3. Alignment with workforce need; and

WCHN will be required to demonstrate that clinical placements are offered to students in medicine, nursing, midwifery and allied health. As described in the SA Health Clinical Placement Principles document, WCHN has responsibility to optimise clinical placement capacity and be creative and innovative in identifying alternative and different options to provide quality clinical placements, particularly during times of change or transition. WCHN will also work collaboratively with other LHNs to optimise the available clinical placements across SA Health sites and will consider options for redistribution when required.

The key principles that will underpin the provision of clinical education and training provided in order to ensure that students become resilient and adaptable clinicians are:

a. Quality and excellence
b. Efficiency and sustainability
c. Broad participation and inclusion
d. Transparency and consistency
e. Respect and understanding
f. Flexibility and responsiveness
g. Collaboration and collegiality
h. Supporting, not brokering.

All students are to be entered into the CPMS system by their University four weeks ahead of their placement to ensure the approvals occur for access to the various ICT while on placement. LHN managers are to facilitate the approvals required in their LHN in a timely manner to enable the SA Health State-wide HAD Student Access Team to upload HAD access in time for the first day of placement.

LHNs are to support relevant staff in applying for AHP+ Professional Development Reimbursement Program funding and associated professional development leave entitlements. An annual report will be provided to LHNs detailing staff access of the AHP+ funding and types of training undertaken during the financial year.

LHNs are to work with the Office for Professional Leadership on the Professional Development Reimbursement Improvement Project for medicine to improve the current administrative
mechanisms to ensure timely reimbursement to medical staff for their professional development funding and leave entitlements across all LHNs.

Research

Supporting health and medical research is considered important due to the many benefits that flow to the institution from research, including the development of knowledge that can inform policy and practice and improve patient care and outcomes. While not mandated, where the LHN is involved in supporting research, including providing infrastructure for research, this research should be consistent with the strategic directions and policies of SA Health.

WCHN is required to provide sufficient resources and implement processes to ensure appropriate ethical and governance oversight over health and medical research, compliant with the:

- SA Health Research Ethics Policy
- SA Health Research Governance Policy
- SA Health Privacy Policy Directive and SA Health Privacy Policy Framework and
- other relevant policies, guidelines and frameworks.

WCHN should undertake high quality health and medical research that:

- provides outcomes that can be translated into SA Health policy and clinical practice;
- responds to SA Health strategic agendas and identified priorities;
- is supported primarily by non-operational, external funding sources, e.g. nationally competitive grant funding and commercial funding sources;
- promotes a culture of learning and innovation across the LHNs; and
- attracts and retains high quality medical, nursing, midwifery, allied health and other clinical staff.

WCHN is required to:

- Implement mechanisms to monitor and report on research activity within the LHN.
- Prepare an annual report to the CE, which summarises research activity undertaken at hospitals and sites within the LHN. This should include information on:
  - total numbers of new research projects initiated during the reporting period
  - sources of project funding and amounts awarded, highlighting significant grants and grant recipients
  - expenditure and revenue data, activity implications and associated information on research
  - significant collaborations with external organisations (e.g. universities, Health and Medical Research Institutes)
  - any significant Intellectual Property and commercialisation opportunities identified as a result of research activity and
  - the relevance and links between research activity and SA Health policy and strategic directions, including research translation opportunities.
- Report on the percentage of research time and funding provided to allied health, nursing and midwifery.
<table>
<thead>
<tr>
<th>Service Area</th>
<th>Inpatient Service</th>
<th>Outpatient and Ambulatory Service</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAEDIATRICS</strong></td>
<td></td>
<td></td>
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<tr>
<td>Allergy and Immunology</td>
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<tr>
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<tr>
<td>Endocrinology &amp; Diabetes</td>
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<td>Gastroenterology</td>
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<td>Infectious Diseases Unit</td>
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<td>Metabolic</td>
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</tr>
<tr>
<td>Neurology and Clinical Neurophysiology</td>
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<td>√</td>
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<tr>
<td>Palliative Care</td>
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<td>Rehabilitation</td>
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<tr>
<td>Renal Medicine (Nephrology)</td>
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<tr>
<td>Respiratory and Sleep Medicine</td>
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<tr>
<td>Rheumatology</td>
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<tr>
<td>Burns</td>
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<tr>
<td>Dentistry</td>
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<td>Neurosurgery</td>
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<td>Orthopaedic</td>
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<td>Ophthalmology</td>
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<tr>
<td>Paediatric Major Trauma Service</td>
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<tr>
<td>Plastic</td>
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<td>Urology</td>
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<tr>
<td>Stomal Therapy</td>
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<tr>
<td><strong>WOMENS AND BABIES</strong></td>
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<td></td>
</tr>
<tr>
<td>Neonatal</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Obstetrics</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Gynaecology –Women’s</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Gynaecology - Paediatric</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Domiciliary Midwife Service</td>
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<td>║</td>
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<tr>
<td>Maternal Fetal Medicine</td>
<td>√</td>
<td>√</td>
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<tr>
<td>Antenatal Care/Education</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Midwifery Group Practice</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td><strong>MENTAL HEALTH</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boylan Adolescent Inpatient Unit</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Helen Mayo House – Perinatal Inpatient Service</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Child Protection Service</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>
SCHEDULE 2: STRATEGIC PRIORITIES

The State and Premier’s priorities for 2018-19 and beyond, define the SA Government’s vision for a sustainable health system, ensuring healthier, longer and better lives for all South Australians. As delivery of both Premier’s and State priorities is the responsibility of all SA Health Government Agencies, 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.

**Election Commitments**

SA Health is responsible for the delivery of a number of election commitments over the period 2018-19 to 2021-2022. The election commitments comprise a mix of capital, service and research initiatives to build capacity and drive improvements across SA Health. To be led by DHW, the support of LHNs, SAAS and other health agencies are critical to delivery. Specific commitments related to WCHN currently include (and may be refined):

1. Building a new Women’s and Children’s Hospital (WCH) co-located with the Royal Adelaide Hospital (RAH). The Government has committed to establish a high-level Task Force to drive the project and develop a fully costed plan; the Task Force is due to deliver their proposal to State Government by 31 December 2018.

2. Decentralising the public health system through the establishment of metropolitan and regional boards of management.

3. Providing more information to patients and doctors to enable them to make informed choices about treatment. Specifically, the release of outpatient clinic waiting times by speciality and hospital on a quarterly basis from 1 July 2018.

4. Providing $40 million over two years to reduce the number of patients overdue for an elective surgery procedure through strategies such as considering use of facilities at the Repatriation General Hospital, undertaking additional theatre lists, and exploring partnering with private providers.

5. Investing $16 million to extend community outreach palliative care to a 24-hour seven days a week service; conduct a state-wide assessment of unmet need for palliative care and workforce analysis; and establish a state-wide clinical network for palliative care with the urgent task to co-design and deliver a new SA Health Palliative Care Services Plan.

6. Encouraging SA Health and LHNs to develop and implement policies on criteria-led discharge processes.

7. Ensuring that from 1 July 2018 onwards annual SLAs between DHW and metropolitan LHNs include agreed strategies and/or tangible steps to both address ambulance ramping and strengthen the surge capacity of individual hospitals - steps such as establishing discharge lounges and improving discharge protocols.

8. Acting to ensure affordable car parking fees apply at all South Australian public hospitals, including the establishment of a new patient and carer parking scheme to apply at all metropolitan public hospitals.

There are a number of agency targets that support these election commitments. Information about the election commitments and agency targets can be found at:

http://www.statebudget.sa.gov.au/#Budget_Papers
The key strategic priorities for SA Health are articulated in the Strategic Plan 2017-2020 which can be accessed at the following links:

SCHEDULE 3: PURCHASED ACTIVITY AND FUNDING

INTRODUCTION

This schedule sets out:

- the activity purchased by DHW from the LHN;
- the funding provided for delivery of the purchased activity; and
- the criteria and processes for financial adjustment associated with the delivery of purchased activity and specific funding commitments.

DEFINITIONS

In this schedule:

**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.

**Service Agreement Value** means the figure set out in Purchased Activity and Funding (Schedule 3) as the annual service agreement value of the services purchased by DHW.

BUDGET ALLOCATION 2018-19

<table>
<thead>
<tr>
<th>FUNDING TO BE PROVIDED COMPRISSES:</th>
<th>Revenue ($)</th>
<th>Expenditure ($)</th>
<th>Net Result ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DH Recurrent Appropriation</td>
<td>391,202,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>ABF Operating, Statewide, Mental Health &amp; Intermediate Care</td>
<td>12,389,000</td>
<td>403,591,000</td>
<td></td>
</tr>
<tr>
<td>Other Operating</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Inter Entity/Intra Portfolio</td>
<td>10,218,000</td>
<td>10,218,000</td>
<td></td>
</tr>
<tr>
<td>Special Purpose Funds &amp; Other Own Source Revenue</td>
<td>24,156,000</td>
<td>23,460,000</td>
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</tr>
<tr>
<td>Capital</td>
<td>15,241,000</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Non-Cash Items</td>
<td>0</td>
<td>13,002,000</td>
<td></td>
</tr>
<tr>
<td><strong>ALLOCATION</strong></td>
<td><strong>453,206,000</strong></td>
<td><strong>450,271,000</strong></td>
<td><strong>2,935,000</strong></td>
</tr>
</tbody>
</table>

Note:

*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 2018-19 State Budget is set to be handed down in September 2018. 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.
The addendum to the National Health Reform Agreement continues existing funding arrangements for public hospitals services until 2020 in anticipation of a new, longer term funding arrangement.

SA Health is required to inform the Administrator of the National Health Funding Pool of the level of purchased services of each LHN for the 2018-19 year expressed in a basis that is consistent with the determinations of the Independent Hospital Pricing Authority (IHPA). While there have been major changes initiated in prior years to the SA Funding Model to achieve greater alignment and consistency with the IHPA determinations, differences continue to exist and are necessary to ensure an equitable model applies and recognises the requirements of 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.

For the 2018-19 year, SA Health sets LHN budgets based on its ABF model with continued recognition of activity in NWAUs (National Weighted Activity Units) for all service categories. The

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**WOMEN'S AND CHILDREN'S HEALTH NETWORK OPERATIONS GROSS ALLOCATION 2018-19**

<table>
<thead>
<tr>
<th>NWAU Activity Target Total</th>
<th>LHN Price ($)</th>
<th>Budget ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTIVITY TARGETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td>40,473</td>
<td>4,503</td>
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<tr>
<td>Sub and Non Acute</td>
<td>275</td>
<td>4,503</td>
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<tr>
<td>Private Patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non Admitted</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatients</td>
<td>9,360</td>
<td>4,503</td>
</tr>
<tr>
<td>Emergency</td>
<td>7,082</td>
<td>4,503</td>
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<tr>
<td><strong>TOTAL ACTIVITY ALLOCATION</strong></td>
<td>57,190</td>
<td>268,563,265</td>
</tr>
</tbody>
</table>

| **DESIGNATED ALLOCATIONS** |                  |            |
| Acute Site Specifics & Grants |              | 26,228,281 |
| Mental Health               |              | 34,952,800 |
| Regional Office (Site Specific) |          | 2,151,048  |
| Intermediate Care           |              | 71,696,000 |
| **TOTAL DESIGNATED ALLOCATIONS** |              | 135,028,129 |

| **TOTAL EXPENDITURE** | 403,591,395 |

| **GROSS REVENUE** |                  |
| * Hospital Based Revenue | 11,939,939 |
| Intermediate Care     | 449,000       |
| **TOTAL REVENUE** | 12,388,939 |

**Notes:**  
* Comprises Compensable, Non-Medicare, Private Patients, Rights of Private Practice and Other revenue.
SLA includes a translation of the SA Health ABF model into the same scope as the IHPA Determination and Funding Model to satisfy the Administrator.

The major areas of difference between the SA Health and IHPA model are (but not limited to):

- IHPA set the NEP price at $5,012, which applies in this model to the National Health Reform proportion of funded activity, whereas SA Health funds its share at levels it determines are appropriate with its intentions as System Manager.

- IHPA does not accommodate Site Specific payments so funding in the SA Health model for relevant Site Specific components are loaded in the price of the IHPA model.

- The IHPA model does not apply peer group adjustments for emergency and outpatient services.

- The IHPA model does not fund private outpatients and discounts payment to private inpatients. The SA Health model funds these services in full so funding to an equivalent level requires SA Health to provide a grant to cover the cost of these services that are not in the IHPA model.

- The IHPA model and NEP assume the “full service cost” is borne by each LHN, whereas the SA LHN budgets do not. For example, the full cost of SA Pathology/Procurement/IT/Workforce/Imaging is not allocated to LHN’s with the cost excess above the allocated budget being funded by DHW or Statewide Clinical Support Services.

SA Health and all other jurisdictions have been working with the IHPA, amongst other matters, on what constitutes in scope public hospital services for the purpose of attracting Commonwealth funding contribution for efficient growth from 2018-19.

The categories represented in the following schedule are not the complete range of public hospital services, they only represent those services that are able to be funded on an activity basis using the IHPA funding model.
Activity has been applied to meet the requirements of the funding model with acute activity at a Service Related Group level. LHNs are expected to align activity to clinical groups based on internal evidence and population need and allocate activity monthly based on seasonal changes. Movement between activity types requires agreement with DHW.

As part of the SLA value, the services, programs and projects set out in the table below have been purchased by DHW from the LHN. These services will be the focus of detailed monitoring by DHW. The LHN will promptly notify DHW if forecasting an inability to achieve commitments linked to these specific funding commitments.

<table>
<thead>
<tr>
<th>Activity Target</th>
<th>NWAU</th>
<th>ABF Price ($)</th>
<th>Budget ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Inpatients</td>
<td>37,200</td>
<td>5,176</td>
<td>192,535,767</td>
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<tr>
<td>Admitted Mental Health</td>
<td>2,154</td>
<td>5,176</td>
<td>11,150,640</td>
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<td>Sub-Acute</td>
<td>186</td>
<td>5,176</td>
<td>962,844</td>
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<td>ED</td>
<td>5,789</td>
<td>5,176</td>
<td>29,963,008</td>
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<td>Outpatients</td>
<td>11,186</td>
<td>5,176</td>
<td>57,897,032</td>
</tr>
<tr>
<td><strong>TOTAL NWAU ACTIVITY ALLOCATION</strong></td>
<td><strong>56,517</strong></td>
<td><strong>5,176</strong></td>
<td><strong>292,509,291</strong></td>
</tr>
<tr>
<td><strong>TOTAL BLOCK FUNDING</strong></td>
<td></td>
<td></td>
<td><strong>10,357,587</strong></td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td></td>
<td></td>
<td><strong>302,866,878</strong></td>
</tr>
</tbody>
</table>
### SPECIFIC PURCHASING/FUNDING COMMITMENTS

<table>
<thead>
<tr>
<th>Service Program</th>
<th>Funding</th>
<th>Activity</th>
<th>Conditions</th>
</tr>
</thead>
</table>
| Chronic Pain Model of Care              | $226,134  | 1,680 Service events | WCHN is required to deliver the Paediatric Model of Care for Chronic Pain management.  
The WCHN pain unit to be enrolled in Paed ePPOC (the Paediatric electronic Persistent Pain Outcomes Collaboration) and to collect and load the data.  
The increased activity allocation for WCH is being purchased next year with a focus on new patient referrals and will be adjusted the following year to include follow-up reviews. Outpatient service events will include:  
• Multidisciplinary new patient assessments  
• Medical new patient assessments  
• Review appointments  
Funding includes activity to support the paediatric demand across the state. |
| Collaborative Approach Antenatal to 2 years (Closing the Gap) | $968,770  | N/A            | The purpose of the project is to develop a collaborative approach to early engagement of pregnant Aboriginal women and/or women having an Aboriginal infant in order to provide adequate support and intervention to reduce significant psycho-social disadvantage.  
This would involve collaboration between Aboriginal Family Birthing Program (AFBP) and Child and Family Health Service Aboriginal Infant Support Service (AISS), and would ensure holistic support is provided to Aboriginal women or women having an Aboriginal infant and their babies from clinical and social health perspectives.  
The project proposal seeks to increase the AFBP’s capacity to care for every pregnant Aboriginal woman or woman having an Aboriginal infant presenting at the Women’s and Children’s Hospital who wants to be part of the program. It would also involve increasing the capacity of (AISS) to ensure a team is allocated to work with women accessing the WCHN AFBP.  
WCHN is responsible for achieving agreed service standards and reporting arrangements:  
• Providing six monthly activity and financial reports detailing achievement of planned 2018-2020 services as identified in section 13 of Schedule A. |
<table>
<thead>
<tr>
<th>Service</th>
<th>Budget</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Journey Home (Closing the Gap)</strong></td>
<td>$609,041</td>
<td>N/A</td>
</tr>
</tbody>
</table>
| The state-wide Journey Home Program involves case management, cultural and clinical support for Aboriginal young people who have been involved in offending behaviour, with a view to reducing their offending and preventing repeated returns to custody. This is achieved by:  
  - Provision of mental health assessment and therapy as required;  
  - Case management within a cultural framework to enable the young person to re-engage with culture and family kinship, access education and employment opportunities, and source stable accommodation and income;  
  - Build the capacity and knowledge of Aboriginal families to best support their young people and access relevant services;  
  - Provision of group work within and outside custody settings, focusing on building positive cultural identity and increasing resilience;  
  - Provision of intensive support and engagement with young people who are rapidly cycling through periods of residing in and out of custody;  
  - Support and training for non-Aboriginal staff in custodial settings, re: understanding cultural factors and needs of Aboriginal young people, and the impact of trauma on adolescent development. |

| **KATU (Kunpungku Atunymankunytjaku Tjitji Uwarkara) (Closing the Gap)** | $907,445 | N/A |
| The KATU (CAMHS APY) provides therapeutic interventions to individuals, families and communities to respond to the mental health issues associated with these challenges, and also responds to problem sexualised behaviour, sexual abuse and sexually abusive behaviours. WCHN is responsible for achieving agreed service standards and reporting arrangements:  
  - Providing six monthly activity and financial reports detailing achievement of planned 2018-2020 services as identified in section 13 of Schedule A.  
  - Providing six monthly expenditure reports (July-December and January-June) commencing January 2019. |
<table>
<thead>
<tr>
<th>Program</th>
<th>Funding</th>
<th>Reporting</th>
<th>Description</th>
</tr>
</thead>
</table>
| Strengthening Families (Closing the Gap)     | $648,781  | N/A       | The Strengthening Families Program provides culturally appropriate, social and emotional wellbeing (SEWB) services through intensive therapeutic, case management and support to Aboriginal children and families identified as at risk of engagement with the child protection system. It aims to:  
- Develop strategic partnerships with the Aboriginal community and other key stakeholders to improve quality outcomes for Aboriginal children and families.  
- Work with TAFE and other education providers to negotiate education options.  
- Develop and implement policy, procedure and practices to achieve positive outcomes for the social and emotional wellbeing of young Aboriginal people and their children.  
- Provide cultural consultations to local schools.  
- Develop collaborative working relationships between agencies.  
WCHN is responsible for achieving agreed service standards and reporting arrangements:  
- Providing six monthly activity and financial reports detailing achievement of planned 2018-2020 services as identified in section 13 of Schedule A.  
- Providing six monthly expenditure reports (July-December and January-June) commencing January 2019. |
| Under 8’s Ear Health (Closing the Gap)       | $226,850.75 | N/A       | This is a renewed Under 8’s Aboriginal Ear Health Program aligning with the SA Aboriginal Ear Health Framework and addresses gaps in provision of prioritised referral and management pathways for Aboriginal children living in metropolitan South Australia (SA). The renewed program will:  
- Coordinate follow-up, treatment and monitoring of Aboriginal children screened for ear disease in NALHN and SALHN. This critical care coordination role post screening will be the responsibility of the WCHN Aboriginal audiology team. |
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>
|   | • Ensure direct referral pathways into audiology and ENT services at the most appropriate location for families (Flinders Medical Centre (FMC), Women's and Children's Hospital (WCH) or Lyell McEwin Hospital) and improve speech pathology referral pathways. The dedicated Aboriginal audiology team will independently determine which children require ENT assessment, resulting in a positive impact on ENT wait lists.  
• Collect and report audiology and ENT outcomes data for Aboriginal children across SA utilising the Neonatal Hearing Screening program database.  
• Provide day-to-day professional development and support for Aboriginal Health Workers (AHWs) in NALHN and SALHN who currently screen Aboriginal children for middle ear disease as part of well child health checks.  
• Ensure access to state-of-the art audiological equipment for NALHN and SALHN Under 8’s child health screening teams.  
WCHN is responsible for achieving agreed service standards and reporting arrangements:  
• Providing six monthly activity and financial reports detailing achievement of planned 2018-2020 services as identified in section 13 of Schedule A.  
• Providing six monthly expenditure reports (July-December and January-June) commencing January 2019. |   |   |
ACTIVITY ALLOCATION 2018-19

The process for allocating the volume of purchased activity for 2018-19 is based on the SA Health Purchasing and Funding Principles.

The supporting technical bulletins Annual Purchasing Cycle and Performance Monitoring and Reporting Process outline the approach and process for activity allocation and reporting and monitoring of the SLA.

The activity schedules below detail the purchased activity caps for the year 2018-19. The inpatient allocation is specified at Service Related Group (SRG) level. The adjustments made to the activity profiles are highlighted in Schedule 3 and performance monitoring will be focussed on these areas. Each 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 NWAU allocation. The unit of measure will be separations and NWAUs which is based on the 2018-19 Pricing Determination published by the IHPA.

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

- LHNs are required to focus on clinical areas where utilisation rates are high or where there is significant variation identified in benchmark data and to ensure appropriate strategies are developed to enable achievement of purchased activity caps.

- Activity caps will be monitored at activity type level except when specific adjustments have been made as listed in the Summary of Purchasing and Pricing Adjustments 2018-19 table on page 52. Monitoring will occur through the Contract Performance Meetings, and as part of the overall performance framework will form the basis of ongoing discussions with the LHN.

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

- If the LHN wishes to move activity between purchased activity types and levels, for example, activity moving from inpatient to outpatient, the LHN must negotiate this with DHW based on a sound needs based rationale.

- Any resulting changes to funding and purchased activity levels will be actioned through the processes outlined in section 13 of this agreement.

Notes: activity flows to be provided by the LHN by 31 July 2018.
### Women's and Children's Hospital (WCH)

#### Inpatient Activity

<table>
<thead>
<tr>
<th>Service Events</th>
<th>NWAUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Cardiology</td>
<td>128</td>
</tr>
<tr>
<td>02 Interventional Cardiology</td>
<td>21</td>
</tr>
<tr>
<td>03 Cardiothoracic Surgery</td>
<td>272</td>
</tr>
<tr>
<td>04 Respiratory Medicine</td>
<td>2,104</td>
</tr>
<tr>
<td>05 Gastroenterology</td>
<td>1,490</td>
</tr>
<tr>
<td>06 GIT Endoscopy</td>
<td>532</td>
</tr>
<tr>
<td>07 Neurology</td>
<td>1,108</td>
</tr>
<tr>
<td>08 Neurosurgery</td>
<td>362</td>
</tr>
<tr>
<td>09 Endocrinology</td>
<td>514</td>
</tr>
<tr>
<td>10 Renal Medicine</td>
<td>224</td>
</tr>
<tr>
<td>11 Renal Dialysis</td>
<td>281</td>
</tr>
<tr>
<td>12 Haematology</td>
<td>1,420</td>
</tr>
<tr>
<td>13 ENT</td>
<td>1,782</td>
</tr>
<tr>
<td>14 Ophthalmology</td>
<td>370</td>
</tr>
<tr>
<td>15 Medical Oncology</td>
<td>231</td>
</tr>
<tr>
<td>17 Rheumatology</td>
<td>235</td>
</tr>
<tr>
<td>18 Dermatology</td>
<td>185</td>
</tr>
<tr>
<td>19 Head and Neck Surgery</td>
<td>62</td>
</tr>
<tr>
<td>20 Dentistry</td>
<td>835</td>
</tr>
<tr>
<td>21 Upper GIT Surgery</td>
<td>56</td>
</tr>
<tr>
<td>22 Colorectal Surgery</td>
<td>108</td>
</tr>
<tr>
<td>23 Orthopaedics</td>
<td>1,716</td>
</tr>
<tr>
<td>24 Urology</td>
<td>592</td>
</tr>
<tr>
<td>25 Vascular Surgery</td>
<td>97</td>
</tr>
<tr>
<td>26 General Medicine</td>
<td>4,480</td>
</tr>
<tr>
<td>27 General Surgery</td>
<td>1,873</td>
</tr>
<tr>
<td>28 Breast Surgery</td>
<td>20</td>
</tr>
<tr>
<td>29 Plastic and Reconstructive Surgery</td>
<td>415</td>
</tr>
<tr>
<td>30 Gynaecology</td>
<td>1,607</td>
</tr>
<tr>
<td>31 Obstetrics</td>
<td>6,161</td>
</tr>
<tr>
<td>32 Babies</td>
<td>2,096</td>
</tr>
<tr>
<td>33 Transplantation</td>
<td>2</td>
</tr>
<tr>
<td>34 Tracheostomy</td>
<td>19</td>
</tr>
<tr>
<td>35 Drug &amp; Alcohol</td>
<td>147</td>
</tr>
<tr>
<td>36 Burns</td>
<td>191</td>
</tr>
<tr>
<td>37 Psychiatry</td>
<td>531</td>
</tr>
<tr>
<td>39 Ungroupable</td>
<td>55</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>32,323</strong></td>
</tr>
</tbody>
</table>

#### Outpatient (OPD)

<table>
<thead>
<tr>
<th>Service Events</th>
<th>NWAUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Cardiology</td>
<td>230,401</td>
</tr>
<tr>
<td>02 Interventional Cardiology</td>
<td>9,360</td>
</tr>
<tr>
<td>03 Cardiothoracic Surgery</td>
<td>56,792</td>
</tr>
<tr>
<td>04 Respiratory Medicine</td>
<td>7,082</td>
</tr>
</tbody>
</table>

#### Emergency Department (ED)

<table>
<thead>
<tr>
<th>Separations</th>
<th>NWAUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Cardiology</td>
<td>17</td>
</tr>
<tr>
<td>02 Interventional Cardiology</td>
<td>193</td>
</tr>
</tbody>
</table>

#### Palliative Care

<table>
<thead>
<tr>
<th>Separations</th>
<th>NWAUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Cardiology</td>
<td>10</td>
</tr>
<tr>
<td>02 Interventional Cardiology</td>
<td>83</td>
</tr>
</tbody>
</table>
Purchasing and Pricing Adjustments

The table below details a range of funding adjustments aligned to the SA Health Purchasing Principles and Funding Guidelines, including incentive and penalty payments related to specific areas of priority.

SA Health launched the quality improvement pool in 2017-18 to provide an opportunity to link funding allocations to discrete performance measures that demonstrate LHN success in reducing preventable harm and improving the quality of care.

Transparent reinforcement supports rapid implementation of clinical standards and agreed models of care and recognises high performance across the system. The intent is also to address significant deterioration in hospital/service performance, encouraging focus on improving the patient journey and experience and to re-orient existing resources in order to ensure appropriate and timely access to the right care in the right setting. For example, handover of clinical care between ambulance paramedics and clinicians in the Emergency Department is a high-risk area for patient safety and ensuring that this is completed in a timely manner positively impacts on patient outcomes, patient flow in the Emergency Department and ambulance response times and efficiency.
### SUMMARY OF PURCHASING AND PRICING ADJUSTMENTS 2018-19

<table>
<thead>
<tr>
<th>Purchasing</th>
<th>Activity Adjustment</th>
<th>Scope</th>
<th>Purchasing Principle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer of Activity to NALHN (T3)</td>
<td>Rehabilitation</td>
<td>Modbury</td>
<td>Full year equivalent of 24 beds (remaining 5 weeks of activity)</td>
</tr>
<tr>
<td>Transfer of Obstetrics from Tanunda</td>
<td>IP</td>
<td>Tanunda, Gawler and Kapunda</td>
<td>All obstetric activity transferred from Tanunda to Kapunda and Gawler</td>
</tr>
<tr>
<td>Transfer of Medical Abortions to CALHN</td>
<td>IP/OPD</td>
<td>RAH</td>
<td>All medical abortions transferred to Pregnancy Advisory Unit (PAC)</td>
</tr>
<tr>
<td>Same Day Surgery Policy</td>
<td>IP</td>
<td>All sites</td>
<td>No change to targets</td>
</tr>
<tr>
<td>Extended Day Surgery Policy</td>
<td>IP</td>
<td>All sites</td>
<td>No change to target – 80%</td>
</tr>
<tr>
<td>Surgical Exclusion Policy</td>
<td>IP</td>
<td>All sites</td>
<td>No change</td>
</tr>
<tr>
<td>Chronic Pain MOC</td>
<td>IP/OPD</td>
<td>All sites</td>
<td>Year two impact applied (Year 1 WCHN)</td>
</tr>
<tr>
<td>Nurse Endoscopist MOC</td>
<td>OPD</td>
<td>TQEH</td>
<td>Additional activity allocated to support the new MOC</td>
</tr>
<tr>
<td>Women's Assessment Unit Phone calls</td>
<td>OPD</td>
<td>LMH</td>
<td>Additional activity allocated to reflect Model of care and historical activity</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>OPD</td>
<td>TQEH</td>
<td>Site specific funding (Mary Potter) rolled into the activity pool</td>
</tr>
<tr>
<td>Ventilated Patients</td>
<td>OPD</td>
<td>WCH, FMC</td>
<td>Activity to be funded as site specific.</td>
</tr>
<tr>
<td>Stroke Acuity</td>
<td>IP</td>
<td>RAH</td>
<td>Additional complexity applied for additional thromboectomy volumes based on latest evidence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incentive/Pricing</th>
<th>Description</th>
<th>Scope</th>
<th>Funding Adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Model of Care</td>
<td>Incentive payment of $1000 (per patient) for achievement of agreed indicators</td>
<td>All LHNs</td>
<td>Retrospective adjustment - quarterly budget variation</td>
</tr>
<tr>
<td>Sentinel Events</td>
<td>Zero payment</td>
<td>All LHNs</td>
<td>Retrospective adjustment - quarterly budget variation</td>
</tr>
<tr>
<td>Emergency Department 'Did Not Wait' (DNW)</td>
<td>Zero payment</td>
<td>All LHNs</td>
<td>SA Health funding model</td>
</tr>
<tr>
<td>Emergency Department Admissions</td>
<td>Zero payment</td>
<td>All LHNs</td>
<td>SA Health funding model</td>
</tr>
<tr>
<td>Out of Scope Activity</td>
<td>Zero Payment</td>
<td>All LHNs</td>
<td>SA Health funding model</td>
</tr>
<tr>
<td>Emergency Department Waits &gt; 24 hours</td>
<td>Penalty payment of $1000 per episode</td>
<td>All LHNs</td>
<td>Retrospective adjustment – quarter 3 budget variation</td>
</tr>
<tr>
<td>Elective Surgery Untimely Admissions (Category 1)</td>
<td>Penalty payment of $1000 per episode</td>
<td>ALL LHNs</td>
<td>Retrospective adjustment – quarter 3 budget variation</td>
</tr>
<tr>
<td>Timely Repatriation of Stroke Patients</td>
<td>Penalty payment of $1000 per episode</td>
<td>RAH, FMC, LMH</td>
<td>Retrospective adjustment – quarter 3 budget variation</td>
</tr>
<tr>
<td>Transfer of Care &gt; 60 minutes &lt;120 minutes</td>
<td>Penalty payment of $500 per episode $1000 per episode</td>
<td>Metro LHNs</td>
<td>Retrospective adjustment – quarter 3 budget variation</td>
</tr>
<tr>
<td>Elective Short Stay Admissions</td>
<td>Zero payment where LOS &lt;4 hours with no procedure</td>
<td>All LHNs</td>
<td>SA Health funding model</td>
</tr>
</tbody>
</table>
SCHEDULE 4: PERFORMANCE INDICATORS AND TARGETS

PURPOSE

This schedule outlines the KPIs and associated targets that the LHN is required to meet during the 2018-19 financial year.

The KPIs have been reviewed and revised to ensure alignment with expected outcomes for 2018-19. It is not expected that further, significant changes to the KPIs will be made for the 2018-19 financial year, however, should any changes be required these will be agreed with the LHN through the SLA amendment process.

KEY PERFORMANCE INDICATORS

The KPIs defined within this schedule are used within the SA Health Performance Framework to monitor the extent to which the LHN is delivering the high level objectives within the SLA.

The Tier 1 KPIs are limited in number and reflect the highest priority performance areas. These will receive significant focus at the Contract Performance Meetings.

These KPIs are underpinned by a larger set of supporting indicators and improvement measures (Tier 2) that reflect a balance across the dimensions of access and flow, quality (effectiveness, safety and patient centred care), productivity and sustainability and workforce.

In order to support delivery of the Closing the Gap agenda, and implementation of the National Safety and Quality Health Service Standards related to Aboriginal and Torres Strait Islander health, wherever possible performance data will be collated for the population as a whole and for Aboriginal and Torres Strait Islander peoples. The LHN should implement processes to identify patients as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems.

The KPIs for 2018-19 are listed on page 57.

Annual targets for each KPI have been specified. Where appropriate, these reflect established national or state targets. A tolerance band for each indicator will be set and achieving a level of performance within these tolerance bands will be deemed acceptable.

The LHN is required to flow relevant targets by month/quarter and provide them to DHW (a pro-forma will be provided). The purpose is to provide interim monthly/quarterly targets that reflect the level of anticipated progress towards the annual target that must be achieved by 30 June 2019. Performance during the year will be monitored against the interim targets. For some indicators, the monthly targets will need to be the same as the annual targets. These will be identified on the pro-forma.

Data Provision

The LHN will:

- provide, including the form and manner at the times specified, the required data for 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 submitted in accordance with the requirements of each data collection and ensuring data quality and timeliness, in particular, consistent achievement of
coding timeliness, completeness and accuracy is a critical expectation and timely response to addressing data errors;

• provide 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 Health Service Directive or Policy; and

• provide, as requested by the CE from time to time, data in the form and manner and at the times specified by the CE; and

• ensure data and information, including Health Round Table data, is used to drive continuous improvement across the range of health services.

DHW will:

• produce monthly reports, including actual activity compared to purchased 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
  ➢ to monitor and promote improvements in safety and quality of health services
  ➢ to support clinical innovation; and

• advise the LHNs of any updates to data set specification as they occur.

DHW has developed the Quality, Information and Performance Hub to provide Health services with timely access to a clearly defined set of clinical, safety and quality and performance information. Development of the Hub is an iterative process. Over time, it is intended to transition all SLA contract performance data onto the Hub to minimise manual reporting. A selected number of key performance indicators will be available in the performance area of the Hub during 2018-19.

**Mental Health Phase of Care Data**

The Independent Hospital Pricing Authority (IHPA) requires Phase of Care data as a key component of its Australian Mental Health Care Classification to support future activity based funding for mental health services. All LHN publicly operated mental health services are required to capture Phase of Care data for all target populations and all service settings. Phase of Care has been included in the National Outcomes and Casemix Collection (NOCC) data set to facilitate this reporting, replacing NOCC Focus of Care.

**Palliative Care outcomes Collection**

The Palliative Care Outcomes Collaboration (PCOC) is a national program that utilises standardised clinical assessment tools to measure and benchmark patient outcomes in palliative care. All LHNs (excluding WCHN) are to be registered for participation in PCOC, (specialist and generalist) and ensure processes to support data entry, extraction and quality are in place.
DEFINITIONS

Use the following link to find KPI definitions and explanations for each of the different agreements. (KPIs): http://metadata.health.sa.gov.au/content/index.phtml/itemId/410221.
## KEY PERFORMANCE INDICATORS

### Access and Flow

#### Elective Surgery

<table>
<thead>
<tr>
<th>Tier</th>
<th>Indicator</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Timely Admissions</td>
<td>% of elective surgery patients admitted within clinically recommended times Category 1 (30 days) Category 2 (90 days) Category 3 (365 days)</td>
<td>100%</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Overdue Patients</td>
<td># of Category 1 patients # of Category 2 patients # of Category 3 patients</td>
<td>0</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Treat in Turn</td>
<td>% of Category 2 and 3 patients who received their treatment in turn based on the date they were placed on the elective surgery waiting list</td>
<td>&gt;=60%</td>
</tr>
</tbody>
</table>

#### Emergency Department

<table>
<thead>
<tr>
<th>Tier</th>
<th>Indicator</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Length of Stay Less Than or Equal to 4 hours</td>
<td>% 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</td>
<td>&gt;=90%</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Seen on Time</td>
<td>% 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)</td>
<td>100%  &gt;=80%  &gt;=75%  &gt;=70%  &gt;=70%</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Transfer of Patient Care Less Than or Equal to 25 Minutes</td>
<td>% of patients transferred from ambulance paramedic to ED clinician within 25 minutes of ambulance arrival at a metropolitan public hospital</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Ambulance Hospital Turnaround (Shared with SA Ambulance Service)</td>
<td>% of transports to a major metropolitan hospital ED with a combined clearance time within 45 minutes, from ambulance arrival to ambulance clearance</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Admission Rate</td>
<td>% of ED presentations admitted as inpatients</td>
<td>Monitor</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Left at Own Risk</td>
<td>% of All ED presentations % of ATSI presentations % of Mental Health presentations</td>
<td>&lt;=3.0%</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Length of Stay Greater Than 24 Hours</td>
<td># 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</td>
<td>0</td>
</tr>
</tbody>
</table>

### Productivity and Efficiency

#### Finance and Activity

<table>
<thead>
<tr>
<th>Tier</th>
<th>Indicator</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Total and Unfunded Variation in Net Cost of Service for End of Year</td>
<td>Balanced or surplus</td>
<td>$0</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Coding Timeliness</td>
<td>% of separations which have been clinically coded at the time the Integrated South Australian Activity Collection (ISAAC) is refreshed</td>
<td>Monitor</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure</td>
<td>Target</td>
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<tr>
<td><strong>Productivity and Efficiency</strong></td>
<td></td>
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</tr>
<tr>
<td>Tier 1</td>
<td><strong>Purchased Activity: Admitted Acute Admitted (Non-DVA) Sub-Acute/Maintenance</strong></td>
<td>&lt;=0%YTD Variance to YTD Purchased Activity Cap</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of NWAUs # of Separations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td><strong>Purchased Activity: Emergency Department</strong></td>
<td>&lt;=0%YTD Variance to YTD Purchased Activity Cap</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of NWAUs # of Presentations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td><strong>Purchased Activity: Outpatients</strong></td>
<td>&lt;=0%YTD Variance to YTD Purchased Activity Cap</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of NWAUs # of Service Events</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Post Discharge Community Follow Up Rate</strong></td>
<td>&gt;=70%</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of people receiving one or more mental health service contacts while in the community within 7 days post discharge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Mental Health Acute Unit Occupancy Rate</strong></td>
<td>&lt;=90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% occupancy (all Mental Health wards) Inpatient (Admitted) Short Stay</td>
<td>&lt;=65%</td>
<td></td>
</tr>
<tr>
<td><strong>Occupancy</strong></td>
<td></td>
<td></td>
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<tr>
<td>Tier 2</td>
<td><strong>Average Overnight Length of Stay (ALOS)</strong></td>
<td>Monitor</td>
<td></td>
</tr>
<tr>
<td></td>
<td># of days (overnight separations) Includes ICU / Excludes HITH/RITH</td>
<td></td>
<td></td>
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<tr>
<td>Tier 2</td>
<td><strong>Multi Day Beds</strong></td>
<td>Monitor</td>
<td></td>
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<tr>
<td></td>
<td># of actual activity based beds (overnight)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Same Day Elective Surgery Rate</strong></td>
<td>&gt;=90%</td>
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</tr>
<tr>
<td></td>
<td>% of elective surgical procedures on Same Day surgery list managed on a same day basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Extended Day Surgery (23 Hours) Rates</strong></td>
<td>&gt;=80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of elective surgical procedures on the Extended Day (23 hour) surgery list that are managed within 23 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Day of Surgery Admission (DOSA) Rate</strong></td>
<td>&gt;=95%</td>
<td></td>
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<tr>
<td></td>
<td>% of elective overnight patients admitted for elective surgery on the day of their surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Discharge Summary Transmission Rate</strong></td>
<td>&gt;=80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of discharge summaries transmitted within 48 hours of separation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td><strong>Same Day Separation Rate</strong></td>
<td>Monitor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of same day separations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatients</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tier 2</td>
<td><strong>Outpatient Utilisation</strong></td>
<td>Monitor</td>
<td></td>
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<tr>
<td></td>
<td>% all cancellations % cancelled (hospital and patient) % failed to attend # of outpatient presentations to public hospital</td>
<td></td>
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</tbody>
</table>

* Performance measure under review
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safe and Effective Care</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Clinical Pathways</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Rehabilitation: Individual Care Plan</td>
<td>% of rehabilitation patients who leave hospital with an individualised care plan</td>
</tr>
<tr>
<td></td>
<td>7 Day Therapy Rate</td>
<td># of patients that received more than 12 hours of therapy per day based on 7 days per week.</td>
</tr>
<tr>
<td></td>
<td>Day Rehabilitation Service Within 7 Days of Discharge</td>
<td>% of patients who commence Day Rehabilitation services do so within 7 days of completing an inpatient rehabilitation episode</td>
</tr>
<tr>
<td></td>
<td>No Acute Readmission Within 7 Days of Discharge</td>
<td>% of patients who do not require readmission at an acute facility, within 7 days of completing an inpatient rehabilitation episode</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Mental Health Seclusion</td>
<td># of episodes per 1,000 bed days</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Mental Health Restraint</td>
<td># of episodes per 1,000 bed days</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Suicide of persons in inpatient mental health units</td>
<td># of suicides that occur in admitted patient specialised mental health services</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Compliance for Level 1 Inpatient Treatment Orders with the Mental Health Act 2009</td>
<td>% of level 1 inpatient treatment orders sent to the Office of the Chief Psychiatrist which comply with the Act</td>
</tr>
<tr>
<td><strong>Quality and Effectiveness</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Unplanned/Unexpected Hospital Readmission for Paediatric Tonsillectomy and Adenoidectomy</td>
<td>% of patients who had admission within 28 days of separation for selected surgical episodes</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Consumer Experience Survey: Being Heard - Listened To</td>
<td>% respondents who: Mostly or always felt their views and concerns were listened to</td>
</tr>
<tr>
<td></td>
<td>Being Heard - Involved in Decision Making</td>
<td>Mostly or always felt they were involved as much as they wanted in making decisions about treatment and care</td>
</tr>
<tr>
<td></td>
<td>Feeling Cared About by Staff</td>
<td>Mostly or always felt cared for</td>
</tr>
<tr>
<td></td>
<td>Being Kept Informed</td>
<td>Were mostly or always kept informed as much as they wanted about their care and treatment</td>
</tr>
<tr>
<td></td>
<td>Overall Quality</td>
<td>Reported the overall quality of the treatment and care received as good or very good</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Emergency Department Unplanned Re-attendances within 48 Hours</td>
<td>% of ED patients re-presenting to ED within 48 hours of previous presentation</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Potentially Preventable Admissions</td>
<td>% of total separations</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Proportion of Babies with Neonatal Hearing Screening Undertaken within Benchmark Time</td>
<td>% of eligible infants screened within 1 month</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Perineal Status after Vaginal Birth: Rate of all 3rd and 4th degree tears</td>
<td>% of women who have been classified as sustaining a third or fourth degree perineal laceration after giving birth vaginally</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Perineal Status after Vaginal Birth: Rate of 3rd and 4th degree tears in selected primipara</td>
<td>% of selected primipara who have been classified as sustaining a third or fourth degree perineal laceration after giving birth vaginally</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure</td>
<td>Target</td>
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<tr>
<td>---------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Safe and Effective Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Healthcare Associated SAB Infection Rate</td>
<td># of healthcare associated infections per 10,000 patient bed days</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Serious Adverse Events (Actual SAC 1 &amp; 2)</td>
<td># of Actual SAC 1 &amp; 2 incidents</td>
</tr>
<tr>
<td>Tier 1</td>
<td>CHBOI 1: Hospital Standardised Mortality Ratio (HSMR)</td>
<td>Quarterly and rolling annual funnel plots</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Healthcare Associated MRSA Infection Rate</td>
<td># of healthcare associated infections per 10,000 patient bed days</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Healthcare Associated VRE Infection Rate</td>
<td># of healthcare associated infections per 10,000 patient bed days</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Hospital Hand Hygiene Compliance Rate:</td>
<td>% compliant (3 audit periods during year)</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Hospital-Acquired Complication Variance:</td>
<td>% reduction in all hospital-acquired complications compared with previous year</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Surgical Site Infections - General Interventions</td>
<td># of surgical site infection post general intervention, per 1,000 general interventions</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Open Disclosure Rate for all Actual SAC 1 &amp; 2 Incidents (Unless Declined or Deferred)</td>
<td>% of Actual SAC 1 &amp; 2 incidents that are openly disclosed</td>
</tr>
<tr>
<td><strong>Aboriginal Health</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Aboriginal Patients Who Left Hospital Against Medical Advice</td>
<td>% of overnight Aboriginal and/or Torres Strait Islander patients who left hospital against medical advice</td>
</tr>
<tr>
<td><strong>People and Culture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Workforce</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1</td>
<td>Total Labour Effort Variance to Budget</td>
<td># of actual Standard, Additional and Agency FTE compared to budgeted FTE</td>
</tr>
<tr>
<td>Tier 1</td>
<td>Expenditure for Workplace Injury Claims</td>
<td>$ gross value of expenditure</td>
</tr>
<tr>
<td>Tier 1</td>
<td>New Workplace Injury Claims Rate</td>
<td># of new workers injury claims reported per 1,000 FTE</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Completion of Performance Reviews</td>
<td>% of staff with completed performance reviews in last 6 months</td>
</tr>
<tr>
<td>Tier 2</td>
<td>ATSI Employee Participation Rate</td>
<td>% of employees who identified as being of Aboriginal or Torres Strait Islander origin</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Employees with Excess Annual Leave</td>
<td>% of employee with annual leave balance greater than or equal to 2 years entitlement</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Completion of the Aboriginal Cultural Competence Program</td>
<td>% of employees who have completed Aboriginal cultural competence training</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Participation of Women in the Executive Workforce</td>
<td>% of women in SAES 1 and SAES 2 and equivalent roles</td>
</tr>
<tr>
<td>Indicator</td>
<td>Measure</td>
<td>Target</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>SA Medical Imaging / Local Health Network – Request to Arrive</td>
<td>% meeting turnaround times by modality for ED and Inpatient</td>
<td>TBA</td>
</tr>
<tr>
<td>Mental Health – Rates of follow-up after suicide attempt/self-harm</td>
<td>% of presentations to hospital for which there was a follow-up in the community within an appropriate period</td>
<td>TBA</td>
</tr>
</tbody>
</table>
SCHEDULE 5: SA HEALTH PERFORMANCE FRAMEWORK

The [SA Health Performance Framework](#) sets out the systems and processes that DHW will employ to fulfil its responsibility as the overall manager of public health system performance.

PERFORMANCE REVIEW PROCESSES

These processes include, but are not limited to, assessing and rating LHN performance, monitoring LHN performance, and as required, intervening to manage identified performance issues. The SA Health Performance Framework also recognises high performance.

The SA Health Performance Framework defines the in-year service agreement management rules for financial adjustments and is integral to measuring and monitoring performance and accountability.

The KPIs, against which WCHN’s performance will be measured, are detailed in Performance Indicators and Targets (Schedule 4) of this agreement.

This SLA focuses on the key agreed priorities. It is not intended that all performance expectations of the LHN are identified in the SLA. Project plans and milestones, clinical measures aligned to models of care, safety and quality indicators and a range of performance indicators and benchmarks will be monitored through QuickBase, the QIP Hub or alternate data sources as specified and/or required.

The key activities that form the performance accountability assessment, reporting and management for the LHN are detailed in the Schedules.

Operation of the performance accountability assessment, reporting and management processes will involve:

- on-going review of the performance of the LHN;
- identifying performance issues and determining appropriate responses;
- determining when a performance recovery plan is required and level of intervention required; and
- determining when the performance intervention needs to be escalated or de-escalated.

The processes for monitoring performance against the key deliverables for 2018-19, including associated targets, outcomes and activity levels the LHN is expected to achieve as outlined in the SLA Schedules, include:

- Monthly and quarterly monitoring and reporting of key and supporting indicators against targets throughout 2018-19. The Performance Report will assess performance against the agreed key and supporting indicators, including purchased activity and FTE and a range of other indicators related to access, productivity and efficiency, safety and quality, mental health and people and culture. A tolerance band for each indicator has been set. Actual performance for each indicator will be assessed to determine whether the indicator is outside the tolerance band.

- Contract Performance Meetings to review performance, particularly in relation to the key indicators (Tier 1), and to discuss and develop mitigation strategies where appropriate and to monitor progress. At least one meeting will focus on Mental Health specific deliverables.
and KPIs and at least one meeting will focus on Aboriginal Health specific deliverables and KPIs.

- Based on the outcomes of the Contract Performance Meetings, performance meetings between the CE or Deputy CE, and LHN CEO may be convened to discuss specific performance issues and to monitor delivery of recovery plans and mitigation strategies.

- Where performance is escalated to level 3 or above, DHW will convene frequent Operational Performance Meetings to assist in unpacking performance issues, development of specific mitigation strategies and to track progress in implementing actions. Where appropriate, DHW will provide diagnostic and operational support to the LHN.

The frequency of the Contract and Operational Performance meetings will depend on LHN demonstrated performance (satisfactory, sustainable or improving).

The SA Health Performance Framework may be reviewed during the term of the SLA in accordance with state and national reforms.

CEO PERFORMANCE REVIEW

Performance assessment processes will be extended to include a bi-annual review of LHN CEO performance, recognising their key role in delivering system performance and benefits to patients and the community. These reviews will encompass a mid-term review in January 2018 and an end of financial year evaluation covering:

1. System-wide priorities;

2. LHN specific priorities - including performance against Tier 1 KPIs and Tier 2 Performance Indicators and;

3. Individual objectives.

The reviews will also incorporate two-way feedback about leadership and personal development.

The following performance management actions will occur in the following circumstances:

<table>
<thead>
<tr>
<th>Performance outside tolerance band</th>
<th>Initial actions by LHN</th>
<th>Meetings</th>
<th>Follow up actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any of the key (Tier 1) KPIs.</td>
<td>Report on underlying factors and development of recovery plan.</td>
<td>Review performance at Contract Performance Meetings and agree on recovery plan. Where performance does not improve, LHN CEO to meet with CE and/or Deputy CE, System Performance and Service Delivery to agree further actions.</td>
<td>Interim targets adjusted to reflect agreed recovery plan.</td>
</tr>
<tr>
<td>Significant variation in other (Tier 2) Indicators and improvement measures.</td>
<td>Report on underlying factors and mitigation strategy.</td>
<td>Review at relevant governance committee and/or monthly contract meeting and agree on recovery plan. Where performance does not improve, escalation may be required.</td>
<td>LHN to report progress against recovery plan to Contract Performance Meetings.</td>
</tr>
</tbody>
</table>
At each Contract Performance Meeting, the LHN CEO will report on performance against KPIs and the progress of recovery plans to address performance outside tolerance bands. LHNs will undertake appropriate analysis and investigation to address performance issues and identify appropriate improvement solutions.

WCHN has a responsibility to provide the relevant data and information to enable monitoring of performance and in particular, to provide on a monthly basis, actual, YTD and forecast information for FTEs, expenditure, purchased activity, Emergency Department and Elective Surgery trajectories where KPI targets are not being met.

**BI-ANNUAL REVIEW**

A mid-year review will be undertaken (January 2019) of progress towards the annual KPI targets. In addition to identifying key service pressures and performance issues, this review will enable formal notification of proposed changes for the following year in relation to services, activity, funding, safety and quality and other intended outcomes by both parties to support negotiations in relation to the development of the SLA for 2019-20.

**ANNUAL REVIEW**

A formal annual evaluation of performance under the SLA will be undertaken between the CE and LHN CEO. The annual evaluation will include review of the LHN performance against the annual KPI targets. A target will be considered met if the annual target value lies within the tolerance limit of the target. The annual review will also incorporate the review of the LHN CEO's performance on the three areas outlined above.
## APPENDIX 1: CAPABILITY FRAMEWORK SELF-ASSESSMENT

<table>
<thead>
<tr>
<th>CSCF Module</th>
<th>Service Profile</th>
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<tbody>
<tr>
<td>Anaesthetic</td>
<td>5</td>
</tr>
<tr>
<td>Anaesthetic - Children's</td>
<td>6</td>
</tr>
<tr>
<td>Cancer</td>
<td>Children's Haematological Malignancy Medical Oncology Radiation Oncology Radiation Oncology - Children's</td>
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<tr>
<td>Cardiac</td>
<td>Cardiac (Coronary) Care Unit Cardiac Diagnostic and Intervention Cardiac Medicine Cardiac Surgery Cardiac Rehabilitation Cardiac Outreach</td>
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<tr>
<td>Emergency</td>
<td>6</td>
</tr>
<tr>
<td>Emergency - Children's</td>
<td>6</td>
</tr>
<tr>
<td>Geriatric Medicine</td>
<td>6</td>
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<tr>
<td>Intensive Care</td>
<td>6</td>
</tr>
<tr>
<td>Intensive Care - Children's</td>
<td>6</td>
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<tr>
<td>Maternity &amp; Neonatal</td>
<td>Maternity Neonatal</td>
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<tr>
<td>Medical</td>
<td>6</td>
</tr>
<tr>
<td>Medical - Children's</td>
<td>6</td>
</tr>
<tr>
<td>Medical Imaging</td>
<td>6</td>
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<tr>
<td>Mental Health - Adult and Youth</td>
<td>Ambulatory Acute Inpatient Non-acute Inpatient</td>
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<tr>
<td>Mental Health - Children's</td>
<td>Ambulatory Acute Inpatient</td>
</tr>
<tr>
<td>Mental Health - Older Persons</td>
<td>Ambulatory Acute Inpatient</td>
</tr>
<tr>
<td>Mental Health - State-wide / Targeted</td>
<td>Adult Forensic Child &amp; Youth Forensic Eating Disorders Emergency Services &amp; Short Stay Unit Perinatal &amp; Infant</td>
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<tr>
<td>Nuclear Medicine</td>
<td>5</td>
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<tr>
<td>Palliative Care</td>
<td>6</td>
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<td>Pathology</td>
<td>6</td>
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<td>Perioperative</td>
<td>6</td>
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<tr>
<td>Pharmacy</td>
<td>6</td>
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<tr>
<td>Rehabilitation</td>
<td>6</td>
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<tr>
<td>CSCF Module</td>
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<tr>
<td>Renal</td>
<td>6</td>
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<tr>
<td>Surgical</td>
<td>6</td>
</tr>
<tr>
<td>Surgical - Children’s</td>
<td>6</td>
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</table>