SCHEDULE OF AGREEMENT

FOR THE PERIOD OF:

1 JULY 2016 – 30 JUNE 2017

THIS IS AN AGREEMENT BETWEEN:

CHIEF EXECUTIVE, DEPARTMENT FOR HEALTH AND AGEING

AND

DEPUTY CHIEF EXECUTIVE, SYSTEM PERFORMANCE AND SERVICE DELIVERY FOR CENTRAL OFFICE SERVICES
## VERSION CONTROL

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<th>Changes Made</th>
<th>By Whom</th>
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PARTIES TO THE AGREEMENT

From 1 July 2016 to 30 June 2017

This is a Service Level Agreement (SLA) between the Chief Executive (CE) of the Department for Health and Ageing (DHA) and the Deputy Chief Executive (DCE) System Performance and Service Delivery of the DHA 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 2016 – 30 June 2017. This SLA may be updated during the term of the SLA if required and by mutual agreement.

LEN RICHARDS
Deputy Chief Executive
System Performance and Service Delivery
Date: 8/9/16
Signed: Richards

VICKIE KAMINSKI
Interim Chief Executive
Department for Health and Ageing
Date: 19/9/16
Signed: Vickers
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INTRODUCTION

SA Health is committed to transforming the South Australian health system, strengthening performance and improving services and programs to better meet the needs of the South Australian community, to enable patients to have access to the best care, first time, every time.

This vision will be achieved through the DHA, Local Health Networks (LHNs) and other Non-Government Organisations (NGOs) 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.

NOTIONAL CONTRACTED SERVICES DETERMINATION

Health services are largely delivered by the Local Health Networks (LHNs) that comprise the SA Health Portfolio. This includes the use of Non-Government Organisations (NGOs) that may be contracted by LHNs. As a result of the governance arrangements associated with a select number of contracted health services that generate in-scope activity and which are delivered by NGOs on behalf of the Department for Health and Ageing, a notional LHN has been formed.

This notional LHN is given the title of Central Office Services but for all intents and purposes is taken to represent the Department for Health and Ageing.

The establishment of a notional LHN in the form of the Central Office Services and this associated Schedule of Agreement (Agreement) is required to meet the data requirements of the Administrator of the National Health Funding Body as guided by the provisions of the National Health Reform Agreement. This Agreement, along with the in-scope activity that is generated by the NGOs that are covered herein, legitimises the receipt of Commonwealth National Health Reform funding.

This Agreement is not a Service Level Agreement and will not seek to add, reduce or redefine any of the contractual requirements that are currently stated in the agreements with relevant NGOs. The existing contracts with relevant NGOs are managed through a separate process and accordingly, this Agreement will not be amended during the term of the Agreement.

As prescribed by the Administrator of the National Health Funding Pool, the Central Office Services notional LHN is not required to meet the LHN governance arrangements set out in clauses D11 to D21 (clause A54(a)) of the National Health Reform Agreement 2011. Nonetheless, all other requirements and responsibilities outlined in the National Health Reform Agreement (and National Health Reform Act 2011) will apply to the Central Office Services notional LHN.

TERM OF THE AGREEMENT

This SLA commences on 1 July 2016 and expires on 30 June 2017.

SERVICE PROFILE

The DHA contracts with NGOs for a range of services. The services to be delivered, associated activity targets, key performance indicators and reporting requirements upon which the performance of the Central Office Services LHN will be assessed, will be those terms agreed in the contracts with the relevant NGOs.
There are three services that report activity data within the Central Office Services LHN and which are eligible for growth funding under the National Health Reform Agreement. They are:

1. Early discharge and hospital avoidance packages
2. Palliative care community nursing service
3. Direct observational therapy community nursing service

The services provided include:

1. Hospital and Health Care At Home (early discharge and hospital avoidance packages). The provision of rapid and short-term out of hospital services from community health service providers to support immediate hospital avoidance and early supported discharge through the Hospital and Health Care at Home (HHC@H) program.

   Services in-scope for Activity Based Funding and used under HHC@H are:
   - Wound Management
   - Continence
   - Palliative Care
   - Paediatrics
   - Hospital Avoidance Programs
   - Post Acute Care
   - Occupational Therapy
   - Physiotherapy
   - Rehabilitation
   - Aids and Appliances

2. Community Nursing (Palliative Care Community Nursing Service). Supports a flexible, holistic approach to ensure that patients with longer term complex care requirements receive clinically appropriate services upon referral from either the community or the acute sector as alternative to a hospital admission.

   Services include:
   - Palliative Care
   - Narcotic infusion pump
   - Breakthrough pain medication
   - Bowel care including management of obstructions
   - Post procedure monitoring eg ascites/pleural taps and pleural drains
   - Care of Percutaneous Endoscopic Gastrostomy (PEG)
   - Delirium/terminal restlessness
   - Vascular and Chronic Wound Management
   - Continence
   - Medication Management

3. Virtual Nursing (Direct Observational Therapy Community Nursing Service). Providing nursing care for individuals diagnosed with both infectious Pulmonary Tuberculosis and extra Pulmonary Tuberculosis who require Direct Observed Therapy (DOT) to ensure medication compliance. Nursing care in this model is provided as a virtual/telehealth nursing service.

   Services include Medication Management
MASTER SCHEDULE: PURCHASED ACTIVITY AND FUNDING

INTRODUCTION

This schedule sets out the activity purchased by the DHA from the Central Office Services and the funding provided for delivery of the purchased activity.

DEFINITIONS

In this schedule:

Service Agreement Value means the figure set out in this schedule as the expected annual service agreement value of the services purchased by the Department for Health and Ageing.

<table>
<thead>
<tr>
<th>CENTRAL OFFICE SERVICES LOCAL HEALTH NETWORK</th>
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<tr>
<td>OPERATIONS GROSS ALLOCATION - IHPA MODEL</td>
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TOTAL NWAU ACTIVITY ALLOCATION: 10,758
TOTAL BLOCK FUNDING: 55,394,298

TOTAL EXPENDITURE: 55,394,298

The Commonwealth funding percentage only applies at the NEP of $4,883 and represents a lower proportion when assessed against the averaged price.

As a result of the nature of the services delivered, there are no teaching, training or research functions undertaken by the Central Office Services and the above activity and funding allocations do not include any such costs.