



Women's and Children's Health Network Service Agreement

1 July 2021-30 June 2022



Government of South Australia
Women's and Children's
Health Network



Version Control

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Contents

Part A: Introduction, Objectives and Governance.....	5
Introduction.....	5
Objectives of the Service Agreement.....	5
Legislative and Regulatory Framework.....	5
The Health Care (Governance) Amendment Act 2021.....	6
Governance.....	6
Amendments to the Service Agreement.....	7
Commencement of a New Service.....	7
Cessation of Service Delivery.....	7
Dispute Resolution.....	7
Agreements with Other Local Health Networks and Service Providers.....	8
Part B: Government Commitments and strategic partnerships.....	9
Purpose.....	9
Government Commitments.....	9
COVID-19 Response.....	9
Elective Surgery Strategies.....	9
Care Closer to Home.....	10
Community Engagement.....	10
Palliative Care.....	10
New Women’s and Children’s Hospital.....	10
Paediatric Eating Disorder Service.....	10
Strategic Deliverables.....	10
Managing Capacity and Demand.....	11
Outpatient Services.....	11
Mental Health Services.....	11
National Disability Insurance Scheme (NDIS).....	12
Response to the ICAC Commissioner’s Report Troubling Ambiguity: Governance in SA Health.....	12
Aged Care Royal Commission.....	12
Strategic Partnerships.....	12
Rural Workstream - Initiative #1.....	12
DHW/LHN Commitments.....	13
Integrated Safety and Quality Performance Account.....	14
Procurement and Supply Chain.....	14
Part C: Services.....	15
Purpose.....	15
Service Profile.....	15

Services Provided to Other Organisations	15
Metropolitan Referral Unit.....	15
SAAS MedSTAR.....	15
State-wide Services.....	15
Mental Health Services.....	16
Aboriginal Health Services and mainstream services for Aboriginal people.....	16
Anangu Pitjantjatjara Yankunytjatjara (APY) Lands	17
Teaching and Training.....	17
Medical Profession Specific.....	17
Research	17
Part D: Delivery and Performance	19
Purpose	19
Performance Framework	19
Data and Reporting Requirements.....	19
2021-22 KPI Architecture	21
Part E: Funding and Commissioned Activity.....	23
Purpose	23
COVID Related Costs.....	23
Funding Sources	23
Activity and Funding Allocation	24
Independent Hospital Pricing Authority (IHPA) Model	24
Specific Commissioning Commitments	26
Signature	27
Appendix 1 – Companion Architecture	28

PART A: INTRODUCTION, OBJECTIVES AND GOVERNANCE

Introduction

The Agreement supports the delivery of safe, effective and accountable high-quality health care to the South Australian community by formally setting out the performance expectations and funding arrangements between the Department for Health and Wellbeing (DHW) and the Local Health Network (LHN) during the term of the Agreement.

The content and process for preparing the Agreement is consistent with the requirements of the [Health Care Act 2008](#) and the [National Health Reform Agreement \(NHRA\)](#).

Fundamental to the success of the Agreement is:

- a) A strong collaboration between the LHN, including its Chief Executive Officer and its Governing Board (where applicable) and the DHW.
- b) The Parties' commitment to achieving high standards of governance, transparency, integrity and accountability.
- c) The Parties' commitment to delivering high quality health care to the South Australian community.
- d) The Parties' commitment to upholding the [South Australian Public Sector Values and Behaviour Framework](#).

In entering this Agreement, and without limiting any other obligations, both DHW and the LHN commit to the compliance of the following;

- a) The terms of this Agreement
- b) The legislative requirements as set out within the Health Care Act 2008
- c) All regulations made under Charter for Local Health Network Governing Boards Volume 1, and
- d) All applicable Cabinet decisions

Objectives of the Service Agreement

The Agreement is designed to:

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

Legislative and Regulatory Framework

The Agreement is regulated by the [Health Care Act 2008](#) and the [NHRA](#) which provides the Commonwealth funding contribution for the delivery of public hospital services and details a range of reforms.

The NHRA requires the State of South Australia to establish Service Agreements with each Health Service for the commissioning of health services and to implement a performance and accountability framework, including processes for remediation of poor performance.

In delivering health services, the LHN is required to meet the applicable conditions of any National Partnership agreements between the State Government and the Commonwealth Government (including any commitments under related implementation plans).

The Health Care (Governance) Amendment Act 2021

The Health Care (Governance) Amendment Act 2021 passed Parliament on 8 June 2021, with the amendments to the Health Care Act 2008 (HCA) coming into operation on 23 August 2021. These amendments further deliver on the Governments 2018 commitment to establish a new governance and accountability framework for the public health system which devolves decision-making in the public health system to metropolitan and regional Governing Boards; putting real responsibility and accountability at the local level. The amendments aim to deliver improved governance, ensuring there are clear statutory roles, responsibilities and accountabilities across the South Australian public health system.

The insertion of a new Part 4A into the HCA legislates the minimum requirements for the Service Agreements, bringing South Australia in line with other jurisdictions. This Part outlines high-level processes for negotiating amendments and resolving disputes and provides for further operational detail about these processes to be mandated in policy established by the Chief Executive, or as prescribed by the regulations.

It also contains a last resort dispute resolution provision to the effect that if DHW and a LHN or SAAS cannot agree on a term of, or variation to, the Service Agreement, the Minister may make a decision about the term or variation and must advise both parties in writing. Any such Ministerial decision must be tabled in each House of Parliament within seven sitting days after the Service Agreement to which the decision relates is entered into or varied.

A Service Agreement between DHW and a LHN or SAAS is binding and must, within 14 days after it is entered into or varied, be made publicly available by the Chief Executive.

Governance

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

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

Without limiting any other obligations, the LHN must also comply and implement an appropriate compliance management system to ensure compliance with:

- > All Cabinet decisions and directives applicable to the LHN.
- > All Ministerial directives applicable to the LHN.
- > All agreements entered into between the South Australian and Commonwealth Governments applicable to the LHN.
- > All legislation and regulations applicable to the LHN.

- > All State Government and/or SA Health policies, directives, standards, instructions, circulars and determinations applicable to the LHN (refer to Appendix 1 for examples)

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

In order to demonstrate compliance, and in accordance with the [System-wide Integrated Compliance Policy Directive](#), the LHN is also required¹ to:

- > Provide an Annual Compliance Certification from the Chief Executive Officer to its Governing Board and the DHW Chief Executive as the System Leader; and
- > Escalate any serious or systemic breaches to the Governing Board and the DHW Chief Executive as the System Leader.

Amendments to the Service Agreement

An amendment of the Agreement will occur where there is a change to the DHW Chief Executive's commissioning intentions, i.e. a change to funding, to deliverables or to other requirements contained within the Agreement.

Whilst a Party may submit an amendment proposal at any time, including the commencement, transfer or cessation of a service, formal negotiation and finalisation must be communicated in writing between all Parties and follow the process as laid out in the [Service Agreement Amendment Fact Sheet](#).

Commencement of a New Service

In the event that either Party wishes to commence providing a new service, the requesting Party will notify the other Party in writing prior to any commencement or change in service (services in addition to those already delivered, and/or where new funding is required). The correspondence must clearly articulate details of the proposed service, any activity and/or financial implications and intended benefits/outcomes.

The non-requesting Party will provide a formal written response to the requesting Party regarding any proposed new service, including any amendments of Key Performance Indicators (KPIs) (new or revised targets), and will negotiate with the other Party regarding funding associated with any new service.

Cessation of Service Delivery

The DHW and LHN may terminate or temporarily suspend a service by mutual agreement. Any proposed service termination or suspension must be made in writing to the other Party, detailing the patient needs, workforce implications, relevant government policy and LHN sustainability considerations. The Parties will agree to a notice period. Any changes to service delivery must maintain provision of care and minimise disruption to consumers.

Dispute Resolution

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

¹ Refer to the [Integrated Compliance Management](#) (ICMF) for supporting processes and tools.

Agreements with Other Local Health Networks and Service Providers

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

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

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

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

PART B: GOVERNMENT COMMITMENTS AND STRATEGIC PARTNERSHIPS

Purpose

Part B describes the Government commitments and strategic partnerships for DHW and the LHN, and the mutual responsibilities of both Parties for the period of the Agreement.

Government Commitments

The State Government's key priority is to rebalance the South Australian health system in a way that represents the values of the community, delivers the highest standards of safe and quality care and is economically viable for the future. The State Government will use international best practice to develop specific programs that keep people as well as possible and reduce their need to use the existing hospital system by providing increased options for health care provision in the home and community.

The Government continues its strong investment to improve the State's health care system efficiency and effectiveness through a range of initiatives. SA Health is responsible for the delivery of a number of Government commitments in 2021-22 and whilst led by the DHW, the support of the LHN, the SAAS, non-government, education, research, private and Commonwealth sectors are critical to their delivery. Where required, the LHN will work collaboratively with the DHW and provide support to implement these initiatives.

The LHN will deliver or contribute to the achievement of the following in 2021-22:

COVID-19 Response

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

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

Elective Surgery Strategies

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

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

The LHN will work with the DHW to provide timely access to elective surgery and reduce the number of patients who are overdue for their procedure. During 2021-22 the LHN will work towards achieving:

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

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

Furthermore, it is recognised that the suspension of elective surgery during the COVID-19 pandemic has resulted in significant delays in timely admissions and an increase in elective surgery overdue patients. The LHN, with support from DHW, is required to develop a strategy to address this over the

next 12 months, with a key focus on identifying specialities significantly impacting performance and strengthening scheduling practices.

Care Closer to Home

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

The LHN will deploy strategies at a hospital-level, to ensure patients can access high quality services in a timely manner, as close to home as possible in line with the Clinical Service Capability Framework. The goal as a system is for 70% of low complexity activity (where possible) to be received at a patient's local hospital.

Community Engagement

The LHN will ensure meaningful and appropriate engagement with health consumers and community members to refine the LHN's provision of local health services.

Palliative Care

The LHN will continue to trial innovative projects to extend community outreach palliative care services to provide a 24-hour service, 7 days a week and contribute to the development and delivery of a new Palliative Care Services Plan in 2021-22.

The DHW will continue to engage with the LHN through the Commissioning Framework to implement the Palliative Care Services Plan.

New Women's and Children's Hospital

The State Government is committed to delivering a new Women's and Children's Hospital co-located with the new Royal Adelaide Hospital. Where required, the LHN will assist the planning and development process to support progression of the project.

Paediatric Eating Disorder Service

WCHN and SALHN will continue to work together under the agreed governance arrangements to implement the approved model of care for paediatrics, adults and adolescents between 16 and 18 years of age. A central referral point will be supported by a state-wide, all ages, eating disorder specific website with comprehensive resources and tools for patients, families and clinicians. An evaluation will occur 12 months following implementation, with the Eating Disorder Governance Committee leading this process.

Strategic Deliverables

The Parties will co-ordinate and partner to assist in rebalancing the health system and to achieve the key goals, directions and strategies articulated within the following:

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

The LHN has a responsibility to ensure that the delivery of health care services is consistent with SA Health's strategic directions and priorities and that these and local priorities are reflected in strategic and operational plans.

The overarching strategy to address the health needs of all South Australians is underpinned by the SA Health and Wellbeing Strategy 2020-2025. DHW will develop a Statewide Clinical Services Plan which will provide the strategic intent for the health system, with the three-year commissioning plan to provide future funding intent for health services, aligning to the overall strategy. Population health need indices across a range of activity types by geographical area will be developed by the DHW Health Economics and Analytics team. The LHN will be responsible for developing a LHN specific Clinical Services Plan that will determine services required to meet the need of their population, as well as the need for the state where required.

The following strategic deliverables are 2021-22 priorities:

Managing Capacity and Demand

The LHN must take tangible steps to reduce ambulance ramping, including local protocols and escalation plans, strategies to reduce Emergency Department visit time and increase cubicle capacity and to improve utilisation of back of house capacity. All delayed transfers greater than 60 minutes should be clinically reviewed.

The LHN must contribute to the development and implementation of state-wide improvement strategies to ensure a significant reduction in delayed Transfer of Care (ambulance paramedic handover to emergency department clinician). Through the Executive Priority Program, Demand Management Workstream, which has a focus on reducing ambulance ramping, the DHW, SAAS and LHNs will work collaboratively to reduce hospital attendances by developing and expanding pre-hospital strategies and alternatives to Emergency Departments, and to improve hospital flow and timely access to care by implementing hospital strategies which increase efficiency and capacity.

Outpatient Services

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

- > Access to care and quality clinical outcomes by reducing time spent on waiting lists for treatment, in accordance with clinically recommended timeframes.
- > Transparency for referrers and patients to support informed decision making.
- > Innovation and new technology to support contemporary care delivery and access, particularly for those patients living in country and regional settings.
- > Data access and data quality to support clinical, operational and strategic decision making.
- > System-wide governance and accountability to improve the rigor and transparency of the outpatient system.
- > Rethinking and redesigning how outpatient services are commissioned, and where they are delivered to drive sustainable improvements.
- > Exploring opportunities for services to be provided in primary health and community health care settings.

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

Mental Health Services

The [Mental Health Services Plan 2020-2025](#) provides an opportunity to build on what has been working well and to re-shape how services are accessed and delivered in the future to support better outcomes for consumers and staff. It sets the future direction for state government funded mental health and wellbeing services and rebalances the system towards community alternatives as well as

consumer and carer empowerment. It articulates best practice expectations for improved services and delivering better outcomes for all, including people living in regional and remote areas.

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

National Disability Insurance Scheme (NDIS)

The LHN will support the coordination and implementation of services for NDIS health consumers requiring disability and psychosocial support services in the community. This includes assisting consumers to determine their eligibility for the NDIS as well as reviewing and reporting the needs of consumers. This support will assist consumers to discharge from hospital and be supported safely in their community. DHW commits to working with Wellbeing SA and the LHN to achieve safe transition of complex consumers, including NDIS participants.

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

The LHN will support the delivery of the Government response to the ICAC Commissioner's report *Troubling Ambiguity: Governance in SA Health*. This will include work already underway in LHNs to address the issues raised in the report, with LHN action plans developed and implemented. These plans will continue to evolve and will be informed by previous and new audit and review activities, overseen by LHN Audit and Risk Committees. The LHN will continue to improve its governance and administrative arrangements so as to ensure integrity of practises. This will include the alignment of strategies, policies, performance and compliance that is supported by clear accountability framework and training and education programs.

Aged Care Royal Commission

SA Health will undertake a comprehensive review of the final report in conjunction with the Commonwealth Government's response to the Royal Commission into Aged Care Quality & Safety, to identify areas directly related to our provision of aged care services, the aged care sector / health service interface, aged care policy and aged care assessment areas.

The SA Health review will be prepared in consultation with the Office for Ageing Well, Regional LHNs as Aged Care providers, SAAS, Metropolitan LHNs as health service providers, Intergovernment Relations and the policy areas of SA Health and entities relevant to the recommendations.

Aged Care Strategy

Expected to be released in June 2021, the SA Health Aged Care Strategy will identify both system level actions and local level actions to support the provision of high quality, contemporary aged care service delivery into the future.

Strategic Partnerships

Rural Workstream - Initiative #1

The DHW, LHNs and SAAS agree and commit to partnering in the reform of our health system to ensure delivery of safe, high quality care in the right place at the right time for the South Australian's living in rural communities. The response to COVID-19 has impacted work on the Rural Workstream initiative, however this remains a priority and has therefore been carried over into the 2021-22 Service Agreement.

Proposed Year 1 Deliverable: Each LHN to provide a plan which clearly identifies the areas for interrelationships during 2021-22 to support the designed Metro-Rural principles.

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

DHW/LHN Commitments

DHW and the LHN will work together to:

- > Ensure key services are commissioned and funded in line with the SA Health Clinical Services Plan and the LHN's own service plan.
- > Establish an Activity Based Management portal
- > Undertake block funding reviews, incorporating;
 - o Site Specific allocations
 - o Intermediate Care allocations
 - o Adoption of national Mental Health classification

- Research grant funding allocations
- Section 19 (2) opportunities*

*Adjustments to Health Performance Agreements (HPA) may be made in year based on the outcome of the above review

Integrated Safety and Quality Performance Account

Annually the LHN will complete a [Safety and Quality Account](#) (the Account) to demonstrate its achievement and ongoing commitment to assurance and improving and integrating safety and quality activity. The 2021-22 Account, due 20 May 2022, will provide information about clinical governance and the safety and quality performance of the LHN.

Procurement and Supply Chain

During 2021 a new purpose-built Procurement and Supply Chain Distribution Centre will be built and is expected to begin warehousing in August 2021. It is anticipated that this will enable the transition to the Direct To Imprest supply chain model. A Service Level Agreement between Procurement and Supply Chain Management (PSCM) and the LHN/SAAS will be established in 2021-22 to incorporate LHN specific operational priorities and performance indicators for each area of PSCM service delivery.

PART C: SERVICES

Purpose

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

Service Profile

WCHN operates one main site:

Women's and Children's Hospital (WCH) is responsible for providing and coordinating public tertiary and quaternary care for infants, children and women, including medical and surgical services and paediatric rehabilitation.

Services Provided to Other Organisations

Where state funded services are currently provided the LHN will deliver these services in line with agreements, including historical agreements between the LHNs. The LHN will cooperate and liaise with other providers in planning for and providing health services.

Metropolitan Referral Unit

The Metropolitan Referral Unit provides a centralised single point of contact for referral to a range of services to support hospital avoidance and discharge support services for SA Health public hospitals. A team of clinicians in the unit review and assess referrals to link individuals to the most appropriate service model and response to avoid hospital admission or support an early return home from SA Health public hospitals.

The DHW and LHN acknowledge the agreement to transition the governance arrangements for the MRU to Wellbeing SA in 2021-22.

SAAS MedSTAR

SAAS MedSTAR is South Australia's emergency medical retrieval service, which also operates a 24/7 dedicated paediatric and neonatal service component (MedSTAR Kids).

State-wide Services

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

- a) Child Development Unit
- b) Fragile Airways Program
- c) Paediatric Chronic Pain Service
- d) Paediatric and Reproductive Genetics Unit
- e) Youth and Women's Safety and Wellbeing Division (YWSWD)

Child and Family Health Service (CaFHS) – The Women's and Children's Health Network promotes the health, wellbeing and development of children, young people and families across South Australia by providing:

- > Support to parents in areas of parenting
- > Health services for infants, children and young people

- > Support for families and children with additional needs
- > Up to date health information for parents, children and young people

Yarrow Place – the lead public health service for people 16 years and older who have experienced sexual violence and for youth under the Guardianship of the Chief Executive who have been sexually exploited (state-wide).

Women’s Health Service - the lead public health service for women who have experienced domestic and family violence or other challenging life issues (metropolitan).

Metropolitan Youth Health - this service is the lead public health service for vulnerable youth including pregnant and parent youth.

Women’s Safety Strategy (WSS) - includes the health team of the Multi Agency Protection Service and the Multi Agency Assessment Unit. WSS Supports the WCHN and other LHNs in the implementation of policy and procedure to support health care responses to sexual assault, domestic and family violence.

The Gender Dysphoria Service will deliver services to improve the health, wellbeing and function of gender diverse South Australian children and young people.

Mental Health Services

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

a) Child and Adolescent Mental Health Service (CAMHS)

This service provides tertiary mental health services for infants, children, and adolescents and women in the perinatal period, in partnership with other agencies. Inpatient services are provided in Boylan Ward and Helen Mayo House at Glenside.

b) Inpatient Services

- Boylan Ward
- Helen Mayo service (for women and babies)

Aboriginal Health Services and mainstream services for Aboriginal people

Reducing the disparities in health outcomes and life expectancy is one of the main aims of the National Closing the Gap Agreement, under which South Australia has committed to the following clause:

58. The Parties commit to systemic and structural transformation of mainstream government organisations to improve accountability and respond to the needs of Aboriginal and Torres Strait Islander people

The LHN is responsible for working collaboratively with the DHW’s Aboriginal Health, other relevant health services, support organisations and Aboriginal community-controlled health services to continue to implement the regional Aboriginal Health Improvement Plan to support services meeting the needs of the local Aboriginal population.

The LHN is also required to participate in the South Australian Aboriginal Chronic Disease Consortium to progress implementation of the three state-wide plans and consider opportunities to reorientate or reform services aligned with these plans:

- 1) [South Australian Aboriginal Cancer Control Plan 2016-2021](#)
- 2) [South Australian Aboriginal Heart and Stroke Plan 2017-2021](#)

3) [South Australian Aboriginal Diabetes Strategy 2017-2021](#)

Anangu Pitjantjatjara Yankunytjatjara (APY) Lands

The LHN has a state-wide responsibility for providing several specialists clinical services on the APY Lands, including child and family health services, child and adolescent mental health and child protection services.

Teaching and Training

The NHRA, of which this Service Agreement is regulated by, stipulates that the Service Agreement is required to include the teaching, training and research functions to be undertaken at the LHN level.

The LHN is required to have a clearly articulated and published education and training strategy that positions education and training as a foundation for quality and safety in health care. The education and training strategy will be reported against annually and includes, but is not limited to, learning and development, student clinical placements and medical profession specific.

Where any clinical placement is offered, LHNs are required to ensure compliance with all relevant laws, policies and frameworks, including the following:

- [SA Health Clinical Placement Requirements for Healthcare Students](#)
- [Better Placed: Excellence in health education](#)

Medical Profession Specific

The LHN will support ongoing medical education and training in line with the [SA Medical Education and Training Principles](#), and will continue to provide training placements consistent with, and proportionate to, the capacity of the LHN. This includes, but is not limited to, planning and resourcing for clinical placements in collaboration with other LHNs, and the provision of placements for medical students, interns, rural generalist trainees and vocational medical trainees. The LHN must maintain accreditation standards for medical intern and other medical training positions.

Medical training networks may be developed and will assist with linking rural and regional LHNs with metropolitan LHNs and ensure a complete and varied experience in different clinical contexts and hospital settings.

The LHN will also have systems in place to recognise high performance in education and training as a means of promoting a culture of excellence and innovation.

Research

The LHNs and the DHW will work collaboratively to implement the recommendations of the (2018) Birch Review of Research Governance, as well as relevant recommendations of the Productivity Commission's Inquiry into Health and Medical Research. This will enhance the profile of health and medical research across the South Australian public health system and improve research administration and support improved research outcomes.

The LHN's support for health and medical research will be demonstrated through a published Network Research Strategy which fully integrates research into teaching and clinical practice and supports opportunities for translational research.

Quarterly reporting for new human research ethics (HREC) and site specific assessment (SSA) applications and an annual [Network Research Strategy Report](#) (due by 31 August 2022) will be required from the LHN.

During 2021-22, the LHNs will also be required to provide summary research administration and performance data to DHW to fulfil the requirements of the National Aggregate Statistics (NAS) data collection.

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

PART D: DELIVERY AND PERFORMANCE

Purpose

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

Performance Framework

The SA Health Performance Framework 2021-22 sets out how the DHW, as the leader and steward of the public health system, monitors and assesses the performance of public health services and resources within South Australia. The Performance Framework uses performance indicators to monitor the extent to which the LHN is delivering the high level objectives set out in the Agreement. The LHN should refer to the SA Health Performance Framework for further information about the performance assessment process.

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

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

A number of KPIs, including outcome based measures, will be 'monitored' in year and may be considered to transition to Tier 1 or Tier 2 KPIs depending on the health system's performance. A number of KPIs will also be 'shadowed' in year to allow DHW to work with LHNs and/or other business areas to develop clear data and reporting process. Shadow KPIs may be considered to transition to monitor or Tier 1 or Tier 2 as required.

Any performance issues which result in system-wide impacts will be monitored as part of LHN performance reviews.

LHNs have been commissioned at the full National Efficient Price (NEP) incorporating 2021-22 national weights and classifications, as determined by the Independent Hospital Pricing Authority (IHPA). It is expected that LHNs will perform within this price and any over expenditure will be monitored in performance meetings.

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

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

Data and Reporting Requirements

The LHN will provide data to the DHW on the provision and performance of health services (including Community data), in a timely manner and as required by the DHW Chief Executive in alignment with the National Health Care Reform Agreement. All data provisions are outlined in the [Enterprise Data](#)

[And Information \(EDI\) Data Requirements, 2021-2022 Bulletin](#) including routine monthly data submissions and ad hoc requests. It is essential that data is submitted by the date provided within the Bulletin.

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

- > Release of the EDI Branch Strategy, 2021-2026 providing a clear branch vision, purpose and future direction;
- > Reduction in monthly data submissions;
- > Improvements in data quality with a Data Integrity Framework;
- > Finalisation of the patient level Non Admitted Patient Domain;
- > Development of the Elective Surgery Domain;
- > Development of the Emergency Department Domain; and
- > Enhancement in access to data through EDI Data Services.

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

2021-22 KPI Architecture			
Subdomain	Tier 1	Tier 2	Monitor
Access and Flow			
Emergency	Length of stay <= 4 hours	ED Seen on Time - Category 3 (Urgent/30 Minutes)	Length of stay <= 4 hours (Admitted)
	Length of stay > 24 hours		Length of stay <= 4 hours (Non admitted)
	ED seen within clinically recommended time		ED Seen on Time - Category 1 (Resuscitation/Immediately)
	Transfer of care <= 30 minutes		ED Seen on Time - Category 2 (Emergency/10 Minutes)
			ED Seen on Time - Category 4 (Semi Urgent/60 Minutes)
			ED Seen on Time - Category 5 (Non-Urgent/120 Minutes)
Elective Surgery	Elective Surgery Timely Admissions - Category 1 (30 Days)	Elective Surgery Timely Admissions - Category 2 (90 Days)	Elective Surgery Timely Admissions - Overall
	Elective Surgery Overdue Patients - Category 1	Elective Surgery Timely Admissions - Category 3 (365 Days)	Elective Surgery Overdue Patients - All
		Elective Surgery Overdue Patients - Category 2	Elective Surgery Treat in Turn
		Elective Surgery Overdue Patients - Category 3	
Care Closer to Home			Flow
			Self-sufficiency
Productivity and Efficiency			
Finance	End of year net variance to budget (\$m)	Comparison to National Efficient Price (%)	
		Delivery of Savings Initiatives (%)	
Commissioned Activity	Overall NWAUs activity to cap		
Efficiency	Relative Stay Index (Quarterly)	Mental Health – Acute Length of Stay (Hospital or "non-linked" ALOS)	Mental Health – Average Treatment Days Per Three Month Community Care Period
Quality of Health Information		Critical Errors - Admitted Patient Care	Critical Errors - Emergency Department
Safe and Effective Care			
Safe Care	Healthcare Associated SAB Infection Rate	CHBOI - Hospital Standardised Mortality Ratio	Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents
	Hospital Acquired Complication Rate	Healthcare Associated MRSA	Hospital Hand Hygiene Compliance Rate - Overall
	Mental Health – Seclusion per 1,000 bed days	Mental Health - Restraint Events per 1,000 bed days	Rate of Surgical Site Infection - HIP Replacement
			Rate of Surgical Site Infection - Knee Replacement
			Rate of Surgical Site Infection - Lower Segment Caesarean Section
		Sentinel Events	

2021-22 KPI Architecture

Subdomain	Tier 1	Tier 2	Monitor
Consumers Experience of Care	Consumer Experience: Involved in Decision Making	Consumer Experience: Being Heard - Listened to	Consumer Experience: Overall Quality
	Consumer Experience: Feeling Cared About by Staff		
Appropriateness of Care	Maternity - HAC rate 3rd & 4th Degree Perineal tears	Rehabilitation – Timeliness of Care	% of time spent in designated stroke unit
	Mental Health - Post Discharge Community Follow Up Rate		Orthogeriatric time to surgery < 48hrs
			Potentially Preventable Admissions
			Neonatal - APGAR score Less Than 7 at 5 minutes
			Obstetrics - Induction of Labour in Selected Primipara
			% of Planned C-sections performed at < 39 weeks' gestation without an obstetric or medical indication
			Palliative Care – Timeliness of Care
			Low Value Care Procedures
Effectiveness of Care		Emergency Department Unplanned Re-attendances within 48 Hours	Avoidable Hospital Readmissions
		Unplanned\Unexpected Hospital Readmission for Select Elective Procedures within 28 days (Paediatrics)	
People and Culture			
Workforce		Completion of Performance Reviews in Line with the Commissioner's Determination	Expenditure for Workplace Injury Claims
		New Workplace Injury Claims	
		Employees with Excess Annual Leave Balance	
Research			
Research			HREC applications approval within 60 calendar days for more than low risk applications
			SSA applications authorisation within 30 calendar days for more than low risk applications
			Joint Ethics/SSA applications approval within 20 calendar days for low risk applications

PART E: FUNDING AND COMMISSIONED ACTIVITY

Purpose

Part E sets out:

- > The sources of funding that the Agreement is based on and the manner in which these funds will be provided to the LHN.
- > The activity commissioned by the DHW from the LHN.
- > The funding provided for delivery of the commissioned activity.
- > Specific funding commitments.

COVID Related Costs

The 2021-22 funding allocation is exclusive of COVID-19 related costs. DHW will consider this a reportable variance and will monitor in year.

Funding Sources

Funding Sources			
Funding Source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
DHW Recurrent Transfer	476,236,000	0	
ABF Operating, Statewide, Mental Health & Intermediate Care	19,852,000	496,088,000	
Inter Regional/Inter Portfolio	8,832,000	8,832,000	
Special Purpose Funds & Other Own Source Revenue	24,475,000	23,381,000	
Capital	44,339,000	1,186,000	
Non-Cash Items	0	18,317,000	
Total WCHN Allocation	573,734,000	547,804,000	25,930,000

Capital revenue is recognised in full as an Operating Statement budget allocation whereas Capital expenditure is generally treated as Investing Activity and reported in the Balance Sheet. Capital expenditure will only be recognised in the schedule where the budget is Operating in nature. Investing Activity expenditure budget will be recognised in the Projects Module and will be allocated in line with approved allocations.

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

Note the expenditure allocation represents the full allocation of funding under the NEP. This implicitly recognises funding has been allocated for all enterprise agreements (EAs) includes those that are to be renewed in 2021-22. Consistent with prior years, it is recommended that LHNs provision for EA increases likely to occur in 2021-22 in initial budget builds in anticipation, as there is no expectation that supplementation will be available.

Activity and Funding Allocation

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

The LHN may move activity to other service areas of the same activity type within the National Weighted Activity Unit (NWAU) allocation. If the LHN wishes to move activity between commissioned activity types and levels, or make any deliberate changes to the consistent recording of activity that would result in activity moving between activity types and levels, this must be negotiated with DHW.

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

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

Activity and Funding Allocation			
Funding Type	2021-22 Cap		Commissioned
	Separations/ Service Events	NWAUs	
Activity Allocations			
Acute (admitted)	35,366	43,183	\$241,696,347
Emergency Department	54,162	6,299	\$35,256,155
Outpatients	232,234	12,470	\$69,795,167
Sub-Acute	33	174	\$973,774
Total Activity Allocation	321,796	62,126	\$347,721,443
Designated Allocations			
Intermediate Care			\$77,567,000
Mental Health			\$39,777,625
SA Dental Service			0
Site Specifics & Grants			\$31,022,113
Designated Allocations			\$148,366,738
Total Expenditure			\$496,088,181

Independent Hospital Pricing Authority (IHPA) Model

SA Health is required to inform the Administrator of the National Health Funding Pool of the commissioned services of the LHN for the 2021-22 year, expressed in line with the determinations of the IHPA. There have been changes in prior years to the SA Funding Model to achieve alignment with the IHPA determinations. Differences continue to exist to recognise how services are delivered in SA

hospitals and their cost structures. These differences in the IHPA and SA Health Funding Models relate to inclusions/exclusions and their underlying taxonomies.

SA Health sets budgets for the LHN based on its Activity Based Funding (ABF) model with recognition of activity in NWAUs for all service categories. To meet the requirements of the Administrator, the Agreement includes a translation of the SA Health ABF model into the same scope as the IHPA Determination and Funding Model.

The major difference between the SA Health and IHPA model is primarily associated with the exclusion of outputs that are not funded under the NHRA (e.g. DVA) and where services are otherwise block funded in the SA Health model (e.g. Community activity).

National Health Reform Funding Table			
Funding Type	Number of Services (NWAU)	ABF NEP	Commonwealth Funding
Activity Allocations			
Acute (Inpatients)	37,238	\$5,597	\$79,325,699
Mental Health (admitted)	3,086	\$5,597	\$6,573,162
Sub-Acute	162	\$5,597	\$346,079
Emergency Department	5,882	\$5,597	\$12,530,034
Outpatients	8,733	\$5,597	\$18,603,897
Total ABF Allocations	55,102		\$117,378,872
Block Allocations			
Teaching, Training and Research			\$7,932,100
Small and Rural Hospitals			\$0
Non-Admitted Mental Health			\$0
Non-Admitted CAMHS			\$13,333,560
Non-Admitted Home Ventilation			\$849,119
Other Non-Admitted Services (Home Oxygen)			\$315,754
Other Public Hospital Programs			\$0
Highly Specialised Therapies			\$0
Total Block Allocation			\$22,430,533
Grand Total Funding Allocation			\$139,809,405

Specific Commissioning Commitments

The services, programs and projects set out in the table below have been specifically commissioned by the DHW from the LHN. These services will be the focus of detailed monitoring by the DHW. If the LHN forecasts an inability to achieve these commitments, the LHN will promptly notify the DHW.

Specific Commissioning Commitments	
Service / Program	Allocation
Toxicology Services	\$673,000
Gender Dysphoria Model Development	Additional 2,962 service events (\$900,000) as commissioned activity. A further \$500,000 is being held by DHW.
Elective Surgery	A total of 90 NWAUs (\$506,625) has been allocated to WCHN to reduce overdues and implement sustainable elective surgery strategies. 45 NWAUs (\$254,016) have been allocated as commissioned activity within the HPA, with a further 45 NWAUs (\$252,609) available in-year pending performance and trajectory.
Virtual Triage and Assessment Service	\$1,616,000 (as part of Demand Management Workstream cabinet submission)
ECMO	3 separations (100 NWAUs) allocated as commissioned activity for ECMO Start-up.
Specialist Immunisation Service No job no play	239 service events (15 NWAUs) has been allocated, with the existing contract with DHW Communicable Diseases Control Branch ceasing.
Mental Health	<p>Increased access to therapies \$177,000</p> <p>Increased access to services through the use of technology (including digital and telehealth options) \$234,000</p> <p>Juvenile justice and forensic supports \$345,000</p> <p>Extended clinical mental health support hours \$1,000,000</p> <p>Expand mental health capacity during COVID-19 \$702,000</p> <p>Total: \$2,458,000</p>

SIGNATURE

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Women's and Children's Health Network Incorporated (the Parties) which sets out the Parties' mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectations and performance deliverables for the period of 01 July 2021 - 30 June 2022.

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

Jim Birch AM

Chair

On behalf of

Women's and Children's Health Network Inc. Governing Board

Signed:



Date: 03 / 03 / 2022

Lindsey Gough

Chief Executive Officer

Women's and Children's Health Network Inc.

Signed:



Date: 03 / 03 / 2022

Dr Chris McGowan

Chief Executive

Department for Health and Wellbeing

Signed:



Date: 17 / 8 / 2021

APPENDIX 1 – COMPANION ARCHITECTURE

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

Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Better Placed: Excellence in health education

Charter of Responsibility

Clinical Services Capability Framework

Commonwealth Aged Care Quality and Safety Commission (where applicable)

Disaster Resilience Policy Directive

Emergency Management Act 2004

Fifth National Mental Health and Suicide Prevention Plan

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

Health Care Act 2008

Integrated Compliance Management Framework

National Agreement on Closing the Gap

National Clinical Governance Framework

National Health Reform Agreement

National Partnership Agreements between the State and Commonwealth Government

National Safety and Quality Health Service Standards

NDIS Code of Conduct

NDIS Practice Standards and Quality Indicators

Office for the Ageing (Adult Safeguarding) Amendment Act 2018

Office for the Ageing Act 1995

Public Health Act 2011

System-wide Integrated Compliance Policy Directive

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

SA Health Policy Framework

SA Health Aboriginal Cultural Learning Framework

SA Health Aboriginal Health Care Framework

SA Health Aboriginal Workforce Framework 2017-2022

SA Health Accreditation Policy Directive

SA Health Clinical Placement Requirements for Health Care Students

SA Health Clinical Services Capability Framework

SA Health Corporate Governance Framework Summary

SA Health Enterprise Data Information Plan

SA Health Performance Framework 2021-22

SA Health Research Ethics Policy Directive

SA Health Research Governance Policy Directive

SA Medical Education and Training Principles

SA Mental Health Services Plan – 2020-2025

Service Agreement Amendment Fact Sheet

Service Agreement Dispute Resolution Fact Sheet

South Australian Aboriginal Cancer Control Plan 2016-2021

South Australian Aboriginal Diabetes Strategy 2017-2021

South Australian Aboriginal Heart and Stroke Plan 2017-2021

South Australian Health and Wellbeing Strategy 2020-2025

Standards for General Practice (where applicable)

State Emergency Management Plan

State Public Health Plan 2019-2024

The Mental Health Act 2009

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

For more information

**Women's and Children's Health Network 2021-22 Service Agreement
Commissioning and Performance**
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