



Riverland Mallee Coorong  
Local Health Network

# SERVICE AGREEMENT

1 July 2021 – 30 June 2022



Government  
of South Australia

SA Health

## Version Control

Version No.	Changes Made	By Whom	Date
V1	Draft Service Agreement	J Browne	01/03/2021
V1.1	Amendments to incorporate LHN feedback as per Feedback Response Table	J Browne	18/06/2021
Final	Addition of funding tables	J Browne	29/07/2021

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## 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 the 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 required<sup>1</sup> 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](#).

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<sup>1</sup> 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 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.

During 2021-22 the LHN will work to maintain:

- > 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.

### **Care Closer to Home**

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

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

### **Community Engagement**

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

### **Bowel Cancer Prevention**

The LHN will work towards achieving the optimal maximum time from referral to diagnosis and treatment within 120 days of a positive bowel cancer test result including ensuring bowel cancer screening and treatment (including colonoscopies) in accordance with the 2017 NH&MRC Clinical Practice Guidelines for Prevention, Early Detection and Management of Colorectal Cancer.

### **Palliative Care**

The LHN will 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 Improving access to Specialist Palliative Care through telehealth project and the End of Life Choices Packages – Extended project will continue, within the current budget parameters for these projects in 2021-22.

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

### **Heated Pool at Murray Bridge Soldiers' Memorial Hospital**

The State Government is committed to ensuring that the heated pool and spa at Murray Bridge Soldiers' Memorial Hospital remains open and operational. The LHN is required to implement a sustainable solution to ensure long-term viability of the facility.

### **Country Cancer Services**

The LHN is to continue to support the specialist teams to sustain the delivery of chemotherapy services closer to home (where safe to do so).

### **Rural Health Workforce Strategy**

The Rural Support Service (RSS), hosted within the Barossa Hills Fleurieu LHN, is responsible for developing the Rural Health Workforce Strategy broad services plan and workforce plans, with the regional LHNs, under the guidance of the Rural Health Workforce Strategy Steering Committee. The LHN is responsible for implementing the recommended strategies from the approved Rural Health Workforce Strategy Plans, which will contain strategies:

- > To support recruitment retention and training of GP's, nurses and midwives, allied health, Aboriginal health workers, ambulance services and their volunteers.
- > To redesign workforce models as needed for future sustainability.

### **Reactivation of the Repat**

The focus of this section in relation to the regional LHNs is in ensuring rural and remote consumers have continued access to state-wide services at the Repat site.

SA Health is committed to reactivating the Repat as a thriving health precinct that delivers on the needs of the community and achieves the best value use of the site in supporting our hospitals and health services. Much work has been completed in Phase One of the Project, and Phase Two is well advanced.

Phase Two works to be undertaken in 2021-22 includes the:

- > Establishment of the Complex and Restorative Evaluation (CARE) Program in July 2021;
- > Development of a new 48-bed State-wide Brain Injury and Spinal Cord Injury rehabilitation unit by November 2021;
- > Development of the 'town square' with a community hub, open outdoor space and wheelchair sports gymnasium is progressing on program for completion in the last quarter of 2021; and
- > Hammond Care have commenced development of a Dementia Care Facility that will provide 70 places in a 'home-like environment' for care and support for people with dementia who have complex care needs, expected to be completed in late 2022.

The next stages of planning are underway to further develop services for the site, including surgical and procedural services, stepdown transitional accommodation and a residential eating disorder treatment centre. Other services continuing to be considered for the Repat Health Precinct include a dialysis service, SA Dental Service, SA Pharmacy, a 24-hour GP Clinic and community pharmacy.

### **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**

It is recognised that the LHN has made progress in managing their capacity and demand and will continue to make this a priority in 2021-22.

The LHN will continue to take tangible steps to contribute to the development and implementation of state-wide improvement strategies to ensure a significant reduction in delayed Transfer of Care

(ambulance paramedic handover to emergency department clinician), including local protocols and escalation plans and ensuring clinical review of any delayed transfer greater than 60 minutes.

The LHN will continue to monitor the transfer of care to ensure they are meeting Emergency Department Key Performance Indicators (KPIs).

### **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.

### **Vulnerable Adults**

The LHN is also expected to work collaboratively with the Office for Ageing Well, Adult Safeguarding Unit and the National Disability Insurance Scheme Quality and Safeguards Commission to support the safeguarding of vulnerable adults.

### **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.

#### *Older Persons Mental Health Services*

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

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

The LHN, in collaboration with the Rural and Remote Mental Health Service, will support the delivery of the recommendations of The Oakden Report Response Plan Oversight Committee in accordance with the Mental Health Services Plan, including but not limited to:

- > A streamed approach to the management of older people with enduring mental illness and dementia.
- > The establishment and maintenance of a Rapid Access Service, as administered by the Rural and Remote Mental Health Service, into mainstream residential aged care services to support the management of residents with psychiatric illness and dementia with complex, severe and persistent difficult behaviours.
- > Working in collaboration with processes and practices to support the establishment of a state-wide Neurobehavioural Unit (NBU) for people with very severe to extreme behavioural and psychological symptoms of dementia (BPSD).
- > Strengthening relationships to ensure rapid discharge between facilities through an established pathway facilitated through the Neurobehavioural Unit.
- > Establishing services to support the management of residents in all LHN sites i.e. diversion therapy.

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

## Rural Support Service

Publicly funded health services in country South Australia are supported by the RSS, hosted within the Barossa Hills Fleurieu Local Health Network. The service brings together clinical and corporate advisory services focused on improving quality and safety for the regional LHNs. The RSS includes highly specialist, system-wide clinical and corporate capabilities, clinical leadership and expertise. The purpose of the RSS is to support achievement of the following strategic objectives:

- > Optimise Customer Experience
- > Optimise Customer Value
- > Promote & Collaborate

The specific functions to be delivered by the RSS are agreed between the six regional LHNs and documented through a [Memorandum of Understanding](#).

The Parties agree the RSS will undertake a range of specialised clinical and corporate functions or services as set out in the RSS Strategic Plan and the annual RSS Operational Plan as endorsed by the Rural Support Service Governance Committee and Chairs Committee.

A Service Agreement between DHW and the RSS is currently being developed for implementation in 2021-22.

## 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
- > Review the activity, funding, costs and data capture of Grant Funded Units.
- > Review Emergency Department models of care and funding sustainability
- > Undertake block funding reviews, incorporating;
  - Site Specific allocations
  - Intermediate Care allocations
  - 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 reviews.

## 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

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

#### Large (ABF funded)

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

#### Medium (Casemix funded)

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

#### Small (Grant funded)

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

#### Country Residential Aged Care Services

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

Residential Aged Care (Commonwealth funded Aged Care facilities co-located with hospital sites):

- > Barmera Nursing Home/Hawdon House and Bonney Lodge
- > Loxton District Nursing Home and Loxton Hostel for the Aged
- > Mannum District Hospital
- > Renmark Nursing Home and Renmark Paringa District Hospital Hostel.

MPS sites (State and Commonwealth funded Aged Care facilities co-located with hospital sites):

- > Karoonda & District Soldiers' Memorial Hospital, Karoonda Hospital - Kadistra Aged Hostel
- > Lameroo District Health Service, Kyeema Hostel (Lameroo)
- > Meningie Hospital

- > Pinnaroo Soldiers' Memorial Hospital
- > Tailem Bend District Hospital
- > Pioneer Lodge and Haven (Waikerie)

### **Community Health and Supporting Services**

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

- a) Country Health Connect
- b) Mallee Medical Practice
- c) Aged Care Assessment Team
- d) Pharmacy, Medical Imaging and Pathology

The following services will be provided by the Rural Support Service (RSS):

- e) Patient Assistance Transport Scheme
- f) South Australian Virtual Emergency Service
- g) Virtual Clinical Care Home Tele-monitoring
- h) Integrated Cardiovascular Clinical Network
- i) South Australian Tele-Stroke Network
- j) State-wide Tele-Rehabilitation

### **Mental Health Services**

The LHN is responsible for providing integrated mental health services at the sites governed by the Agreement. The following services will continue to be provided in accordance with national standards and the [Mental Health Services Plan 2020-2025](#):

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

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

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

### **Metropolitan Referral Pathway**

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

Metropolitan health services provide a range of specialist support functions for country hospitals and health services including the clinical areas of renal, cancer, cardiac, and acute stroke management. The LHN will focus on integrating its service delivery with metropolitan hospitals and capitalise on innovative service models and technologies to support country patients' access to high quality

services and as close to home as possible. When country residents do receive care in Adelaide, proactive facilitation of a timely transfer back to country areas where able will ensure ongoing care is provided locally, and will assist in the improvement of metropolitan hospital efficiency.

### **Murray Bridge Mobile Assistance Patrol Service**

RMCLHN will undertake a procurement tender process for the Murray Bridge Mobile Assistance Program to ensure the delivery of a contemporary service that is targeted to meet the needs of Aboriginal and Torres Strait clients, and is available to all community members.

### **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](#)

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

Regional sustainability is a key focus of the 2021-22 commissioning process. It is expected that LHNs will perform within their global budget allocation, and any over expenditure will be monitored in performance meetings.

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
<b>Access and Flow</b>			
<b>Emergency</b>	Length of stay <= 4 hours	ED Seen on Time - Category 3 (Urgent/30 Minutes)	Length of stay <= 4 hours (Admitted)
			Length of stay <= 4 hours (Non admitted)
			ED Seen on Time - Category 1 (Resuscitation/Immediately)
			ED Seen on Time - Category 2 (Emergency/10 Minutes)
			ED Seen on Time - Category 4 (Semi Urgent/60 Minutes)
			ED Seen on Time - Category 5 (Non-Urgent/120 Minutes)
<b>Elective Surgery</b>	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 Overdue Patients - Category 3	
<b>Care Closer to Home</b>			Flow
			Self-sufficiency
<b>Productivity and Efficiency</b>			
<b>Finance</b>	End of year net variance to budget (\$m)	Comparison to National Efficient Price (%)	
		Delivery of Savings Initiatives (%)	
<b>Commissioned Activity</b>	Overall NWAUs activity to cap		
<b>Efficiency</b>	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
<b>Quality of Health Information</b>		Critical Errors - Admitted Patient Care	Critical Errors - Emergency Department
<b>Safe and Effective Care</b>			
<b>Safe Care</b>	Healthcare Associated SAB Infection Rate	Healthcare Associated MRSA	Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents
	Hospital Acquired Complication Rate	Mental Health - Restraint Events per 1,000 bed days	Hospital Hand Hygiene Compliance Rate - Overall
	Mental Health – Seclusion 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		% 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
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	Aged Care: Rate Of Pressure Injury Per 1,000 Occupied Bed Days
			Aged Care: Physical Restraints Per 1,000 Occupied Bed Days (Intent to Restrain)
			Aged Care: Physical Restraints Per 1,000 Occupied Bed Days (Physical Restraint)
			Aged Care: Unplanned Weight Loss (Significant)
			Aged Care: Unplanned Weight Loss (Consecutive)
<b>People and Culture</b>			
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	



## 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 Source	Revenue (\$)	Expenditure (\$)	Net Result (\$)
DHW Recurrent Transfer	116,814,000	0	
ABF Operating, State-wide, Mental Health & Intermediate Care	54,699,000	171,513,000	
Other Operating	0	0	
Inter Regional/Inter Portfolio	339,000	339,000	
Special Purpose Funds & Other Own Source Revenue	417,000	377,000	
Capital	6,284,000	0	
Non-Cash Items	0	7,819,000	
<b>Allocation</b>	<b>178,553,000</b>	<b>180,048,000</b>	<b>(1,495,000)</b>

*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 regional NEP relativity. 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).

<b>Activity and Funding Allocation</b>			
<b>Funding Type</b>	<b>2021-22 Cap</b>		<b>Commissioned</b>
	<b>Separations/ Service Events</b>	<b>NWAUs</b>	
<b>Casemix Allocations</b>			
Acute (admitted)	14,526	8,875	\$ 49,671,612
Emergency Department	19,927	2,452	\$ 13,721,238
Outpatients	27,330	1,785	\$ 9,989,217
Sub-Acute	152	527	\$ 2,949,277
<b>Total Activity Allocation</b>	<b>61,935</b>	<b>13,638</b>	<b>\$ 76,331,345</b>
<b>Grant Funded Allocation</b>			
Acute (admitted)	5,270	4,107	\$ 22,988,018
Emergency Department	9,086	1,050	\$ 5,875,923
Outpatients	12,431	724	\$ 4,050,453
Sub-Acute	30	77	\$ 429,643
<b>Total Activity Allocation</b>	<b>26,817</b>	<b>5,957</b>	<b>\$ 33,344,037</b>
<b>Designated Allocations</b>			
Aged Care			\$ 43,674,000
Intermediate Care			\$ 19,018,479
Mental Health			\$ 3,701,024
NEP Relativity Adjustment			(\$10,000,000)
Other (including Rural Access Grant)			\$595,932
Regional Office (Site Specifics)			\$412,000
Site Specifics & Grants			\$4,436,404
<b>Total Designated Allocations</b>			<b>\$61,837,839</b>
<b>Total Expenditure</b>			<b>\$171,513,221</b>

## 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
<b>Activity Allocations</b>			
Acute (Inpatients)	7,116	\$5,597	\$15,159,265
Mental Health (admitted)	1,171	\$5,597	\$2,494,022
Sub-Acute	492	\$5,597	\$1,048,173
Emergency Department	2,289	\$5,597	\$4,876,527
Outpatients	1,250	\$5,597	\$2,662,625
<b>Total ABF Allocations</b>	<b>12,318</b>		<b>\$26,240,612</b>
<b>Block Allocations</b>			
Teaching, Training and Research			\$6,851
Small and Rural Hospitals			\$16,145,232
Non-Admitted Mental Health			\$0
Non-Admitted CAMHS			\$0
Non-Admitted Home Ventilation			\$0
Other Non-Admitted Services (Home Oxygen)			\$129,023
Other Public Hospital Programs			\$0
Highly Specialised Therapies			\$0
<b>Total Block Allocation</b>			<b>\$16,281,106</b>
<b>Grand Total Funding Allocation</b>			<b>\$42,521,718</b>

## Specific Commissioning Commitments

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

Specific Commissioning Commitments	
Service / Program	Allocation
Transition Care Program	Funds are allocated to the LHNs in proportion with their number of Transition Care places <ul style="list-style-type: none"> <li>\$ 1,495,497</li> </ul>
Care Coordinators – Intensive Home Based Support Services and other mental health programs	Salaries & Wages: \$144,000 Supplies & Services: \$8,000 FTE Allocation: 1.0
Community Support Scheme Program	Hours of Service Delivery to be determined by LHN.  Commonwealth allocations: <ul style="list-style-type: none"> <li>Eyre: 141 hours</li> <li>Flinders &amp; Far North: 77 hours</li> <li>Hills Mallee &amp; Southern: 379 hours</li> <li>Mid North: 70 hours</li> <li>Riverland: 91 hours</li> <li>South East: 161 hours</li> <li>Yorke Lower North &amp; Barossa: 219 hours</li> </ul>
Aged Care Assessment Program	Minimum of 177 assessments completed per quarter to a maximum value of \$467,557, including: <ul style="list-style-type: none"> <li>\$650 per completed assessment</li> <li>\$50 per completed support plan, review up to \$7,000</li> </ul>
Multi-Purpose Services	Jointly funded by the Commonwealth and the State to establish and maintain health and aged care services <ul style="list-style-type: none"> <li>149 places</li> <li>\$9,544,574.53</li> </ul>
Country Cancer Services - Chemotherapy	Additional 90 service events
Palliative Care	End of life care packages will be distributed to each regional LHN and supported by the Rural Support Service
Outpatient Neurology Services	514 separations (31 NWAUs) for outpatient neurology (stroke) services

## SIGNATURE

This is a Service Agreement (the Agreement) between the Chief Executive of the Department for Health and Wellbeing (Chief Executive) and the Riverland Mallee Coorong Local Health Network Incorporated (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.

**Dr Peter Joyner OAM**

Chair

On behalf of

Riverland Mallee Coorong Local Health Network Inc. Governing Board

Signed:  .....

Date: 10 March 2022 .....

**Wayne Champion**

Chief Executive Officer

Riverland Mallee Coorong Local Health Network Inc.

Signed:  .....

Date: 10 March 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

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## For more information

**Riverland Mallee Coorong Local Health Network 2021-22 Service Agreement  
Commissioning and Performance**  
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**Government  
of South Australia**

SA Health

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