

# Service Agreement 2021-22

AN AGREEMENT BETWEEN

Sydney Local Health District

AND THE

Tresillian Family Care Centres Affiliated Health Organisation

FOR THE PERIOD

1 July 2021 - 30 June 2022



# NSW Health Service Agreement – 2021-22

## Principal Purpose

Service Agreements support partnerships between Local Health Districts and Affiliated Health Organisations. The principal purpose of this Service Agreement is to set out the service and performance expectations for the funding and other support provided to Tresillian Family Care Centres Affiliated Health Organisation (AHO) (the Organisation) to ensure the provision of equitable, safe, high quality, patient-centred healthcare in respect of its services recognised under the *Health Services Act 1997* supported by the District.

The Agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of NSW Government and NSW Health priorities. It specifies the service delivery and performance requirements expected of the Organisation that will be monitored consistent with the NSW Health Performance Framework.

The Agreement recognises and respects the health care philosophy of the AHO. In some instances there may be a Memorandum of Understanding or other agreement that operates within the context of this Agreement.

Tresillian Family Care Centres AHO agrees to meet the service obligations and performance requirements outlined in this Agreement. Sydney Local Health District (SLHD) agrees to provide the funding and other support to Tresillian Family Care Centres AHO outlined in this Agreement.

## Parties to the agreement

### Tresillian Family Care Centres

#### Dr Nick Kowalenko

President

On behalf of the Tresillian Family Care Centres AHO Board

Date 23/12/21 Signed 

#### Associate Professor Robert Mills

Chief Executive

On behalf of the Tresillian Family Care Centres AHO

Date 23/12/21 Signed 

**Sydney Local Health District**

**The Hon, John Ajaka**

Chair

On behalf of the Sydney Local Health District Board

Date ..... Signed .....

**Dr Teresa Anderson AM**

Chief Executive

Sydney Local Health District

Date 22.12.21 Signed  .....

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## 1. Objectives of the service agreement

As part of the Public Health Service, Affiliated Health Organisations provide a valued range of services, and support the Districts and Networks in delivering their service obligations:

- To give effect to the partnership between Tresillian Family Care Centres AHO and Sydney Local Health District by clearly setting out the service delivery and performance expectations for the funding and other support provided to the Organisation.
- To enable Tresillian Family Care Centres AHO to contribute to SLHD Local Health District's delivery of high quality, effective services that promote, protect and maintain the health of the community, and provide care and treatment to sick and injured people, taking into account the particular needs of their diverse communities.
- To articulate responsibilities and accountabilities across all NSW Health entities and AHOs for the delivery of the priorities of the NSW Government and NSW Health.
- To develop formal and ongoing, effective partnerships with Aboriginal Community Controlled Health Services ensuring all health plans and programs developed by Districts and AHOs include measurable objectives that reflect agreed Aboriginal health priorities.
- To promote accountability to Government and the community for service delivery and funding.
- To ensure that the CORE Values of Collaboration, Openness, Respect and Empowerment are reinforced throughout NSW Health. These CORE values do not replace but work in conjunction with the Affiliated Health Organisation's mission and values.

## 2. Legislation, governance and performance framework

### 2.1 Legislation

#### 2.1.1 Preamble

The *Health Services Act 1997* (the "Act") provides the framework for the NSW public health system. Section 7 of the Act provides that the public health system constitutes, inter alia, Local Health Districts and Affiliated Health Organisations in respect of their recognised services and recognises establishments (s.6). The Act defines Local Health Districts and Affiliated Health Organisations as public health organisations (s.7).

A Local Health District is a public health organisation that facilitates the conduct of public hospitals and health institutions in a specific geographical area for the provision of public health services for that specific area.

The principal reason for recognising services and establishments or organisations as Affiliated Health Organisations is to enable certain non-profit, religious, charitable or other non-government organisations and institutions to be treated as part of the public health system where they control hospitals, health institutions, health services or health support services that significantly contribute to the operation of the system (s.13).

#### 2.1.2 Local Health Districts

The *Health Services Act 1997* provides a legislative framework for the public health system, including setting out purposes and/or functions in relation to Districts (ss. 9, 10, 14).

Under the Act the Health Secretary's functions include: the facilitation of the achievement and maintenance of adequate standards of patient care within public hospitals, provision of governance, oversight and control of the public health system and the statutory health organisations within it, as well as in relation to other services provided by the public health system, and to facilitate the efficient and economic operation of the public health system (s.122).

The Act allows the Health Secretary to enter into performance agreements with Districts and Networks in relation to the provision of health services and health support services (s.126). The performance agreement may include provisions of a service agreement.

Under the Act the Minister may attach conditions to the payment of any subsidy (or part of any subsidy) (s.127). As a condition of subsidy all funding provided for specific purposes must be used for those purposes unless approved by the Health Secretary.

#### 2.1.3 Service Agreements between Local Health Districts and Affiliated Health Organisations

This Service Agreement constitutes the performance agreement under section 130 of the Act. Section 130 provides for Local Health Districts exercising the delegated function of determining subsidies for Affiliated Health Organisations to enter into performance agreements with Affiliated Health Organisations in respect of recognised establishments and established services and may detail performance targets and provide for evaluation and review of results in relation to those targets.

Section 130 of the Act addresses performance agreements between local health districts and affiliated health organisations:

(1) A Local Health District exercising a function delegated under section 129 in respect of an affiliated health organisation may enter into a performance agreement with the Affiliated Health Organisation in respect of its recognised establishments and recognised services.

(2) A performance agreement:

(a) may set operational performance targets for the Affiliated Health Organisation in the exercise of specified functions in relation to the health services concerned during a specified period, and

(b) may provide for the evaluation and review of results in relation to those targets.

(3) The Affiliated Health Organisation must, as far as practicable, exercise its functions in accordance with the performance agreement.

(4) The Affiliated Health Organisation is to report the results of the organisation's performance under a performance agreement during a financial year to the local health district within 3 months of the end of that year.

(5) The Local Health District is to evaluate and review the results of the organisation's performance for each financial year under the performance agreement and to report those results to the Secretary, NSW Health.

(6) The Secretary, NSW Health may make such recommendations to the Minister concerning the results reported to the Secretary, NSW Health under subsection (5) as the Secretary, NSW Health thinks fit.

While the Act requires a formal annual report, effective performance management will require more frequent reviews of progress against agreed priorities and service performance measures by the parties to the Service Agreement.

#### 2.1.4 Subsidy and financial framework

In accordance with Section 127 (Determination of Subsidies) of the *Health Services Act 1997*, the Minister for Health approves the initial cash subsidies to NSW Health Public Health Organisations for the relevant financial year.

All NSW Health public health organisations must ensure that the subsidy is expended strictly in accordance with the Minister's approval and must comply with other conditions placed upon the payment of the subsidy.

The key condition of subsidy is the *Accounts and Audit Determination for Public Health Organisations*. Under section 127(4) of the *Health Services Act 1997* the Secretary, NSW Health, as delegate of the Minister, has determined that it shall be a condition of the receipt of Consolidated Fund Recurrent Payments and Consolidated Fund Capital Payments that every public health organisation receiving such monies shall comply with the applicable requirements of the *Accounts and Audit Determination and the Accounting Manual for Public Health Organisations*.

The Secretary, NSW Health may impose further conditions for Consolidated Fund Payments as may be deemed appropriate in relation to any public health organisation.

Under the Accounts and Audit Determination the governing body of a public health organisation must ensure:

- the proper performance of its accounting procedures including the adequacy of its internal controls;
- the accuracy of its accounting, financial and other records;
- the proper compilation and accuracy of its statistical records; and

- the due observance of the directions and requirements of the Secretary, NSW Health and the Ministry as laid down in applicable circulars, policy directives and policy and procedure manuals issued by the Minister, the Secretary, NSW Health and the Ministry.

## 2.2 Variation of the agreement

The Agreement may be amended at any time by agreement in writing by all the parties. The Agreement may also be varied by the Secretary or the Minister as provided in the Health Services Act 1997. Any updates to finance or activity information further to the original contents of the Agreement will be provided through separate documents that may be issued in the course of the year.

The parties are to agree on an appropriate local dispute resolution process. Should a dispute be unable to be resolved by the relevant officers the matter should be escalated, in the first instance to the relevant Chief Executives and, if not resolved, subsequently to the Secretary, NSW Health.

\*Note: The parties may insert a description here of any locally agreed dispute resolution process and refer to further documents, if necessary, which may be attached at Section 8 – Other Relevant Agreements.

## 2.3 National Agreement

The National Cabinet has reaffirmed that providing universal healthcare for all Australians is a shared priority and agreed in a Heads of Agreement for public hospitals funding from 1 July 2020 to 30 June 2025. That Agreement maintains activity based funding and the national efficient price. There is a focus on improved patient safety, quality of services and reduced unnecessary hospitalisations. The Commonwealth will continue its focus on reforms in primary care that are designed to improve patient outcomes and reduce avoidable hospital admissions.

## 2.4 Governance

The Organisation must ensure that all applicable duties, obligations and accountabilities are understood and complied with, and that services are provided in a manner consistent with all NSW Health policies, procedures, plans, circulars, inter-agency agreements, Ministerial directives and other instruments and statutory obligations.

### 2.4.1 Clinical governance

NSW public health services are accredited against the *National Safety and Quality Health Service Standards*.

<https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

The *Australian Safety and Quality Framework for Health Care* provides a set of guiding principles that can assist health services with their clinical governance obligations.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-safety-and-quality-framework-health-care>

The NSW Patient Safety and Clinical Quality Program provides an important framework for improvements to clinical quality.



[http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005\\_608.pdf](http://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2005_608.pdf)

#### 2.4.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health Corporate Governance and Accountability Compendium* (the Compendium) seven corporate governance standards. The Compendium is at:

<http://www.health.nsw.gov.au/policies/manuals/pages/corporate-governance-compendium.aspx>

Where applicable, the Organisation is to:

- Provide required reports in accordance with timeframes advised by the Ministry;
- Review and update the *Manual of Delegations* (PD2012\_059) to ensure currency;
- Ensure recommendations of the NSW Auditor-General, the Public Accounts Committee and the NSW Ombudsman, where accepted by NSW Health, are actioned in a timely and effective manner, and that repeat audit issues are avoided.

#### 2.4.3 Procurement governance

Affiliated Health Organisations will develop procurement capabilities and participate in whole of Health and Government procurement programs. The Organisation must ensure procurement of goods and services complies with the *NSW Health Goods and Services Procurement Policy Directive* (PD2019\_028). This policy directive details the requirements for all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

The policy is at [https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019\\_028](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2019_028)

#### 2.4.4 Aboriginal Procurement Policy

The NSW Government support employment opportunities for Aboriginal people, and the sustainable growth of Aboriginal businesses by driving demand via Government procurement of goods, services and construction. NSW Government agencies must apply the *Aboriginal Procurement Policy* to all relevant procurement activities. The policy is at: <https://buy.nsw.gov.au/policy-library/policies/aboriginal-procurement-policy>

#### 2.4.5 Performance Framework

Service Agreements are a central component of the *NSW Health Performance Framework*, which documents how the Ministry monitors and assesses the performance of public sector health services to achieve expected service levels, financial performance, governance and other requirements.

The performance of a health service is assessed on whether the organisation is meeting the strategic objectives for NSW Health and government, the Premier's Priorities and performance against key performance indicators. The availability and implementation of governance structures and processes, and whether there has been a significant critical incident or sentinel event also influences the assessment.

The Framework sets out responses to performance concerns and management processes that support the achievement of outcomes in accordance with NSW Health and government policies and priorities. Performance concerns will be raised with the Organisation for focused discussion at performance review meetings in line with the *NSW Health Performance Framework* available at: <http://www.health.nsw.gov.au/Performance/Pages/frameworks.aspx>.

### 3. Strategic and local priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry of Health, health services and support organisations. These are to be reflected in the strategic, operational and business plans of these entities.

#### 3.1 NSW Premier's Priorities

In June 2019, the NSW Premier set new social priorities to tackle tough community challenges, lift the quality of life for everyone in NSW and put people at the heart of everything the Government does.

NSW Health is leading the three priorities for improving the health system:

- Improving outpatient and community care  
Reduce preventable hospital visits by 5% through to 2023 by caring for people in the community.
- Improving service levels in hospitals  
100% of all triage category 1, 95% of triage category 2, and 85% of triage category 3 patients commencing treatment on time by 2023
- Towards zero suicides - Reduce the rate of suicide deaths in NSW by 20% by 2023

NSW Health staff will continue to work together to deliver a sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.

#### 3.2 NSW Health Outcome and Business Plan 2019-20 to 2022-23

The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The overarching objective of Outcome Budgeting is to shift the focus of the NSW Government to deliver better outcomes for the people of NSW with increased transparency, accountability and value (TPP 18-09 – available at <https://www.treasury.nsw.gov.au/sites/default/files/2018-12/TPP18-09%20Outcome%20Budgeting.pdf>).

The *NSW Health Outcome and Business Plan* is an agreement between the Minister for Health and Medical Research, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the period 2019-20 to 2022-23.

NSW Health has identified five state outcomes that it will achieve for the people of NSW. The state outcomes cover the broad range of functions and services provided across care settings.

1. Keeping people healthy through prevention and health promotion
2. People can access care in out of hospital settings to manage their health and wellbeing
3. People receive timely emergency care
4. People receive high-quality, safe care in our hospitals
5. Our people and systems are continuously improving to deliver the best health outcomes and experiences

To achieve these outcomes, NSW Health has set a series of ambitious targets and has a comprehensive program of change initiatives in place. These targets have been built into key performance indicators in the Service Agreement, the *NSW Health Performance Framework*, the *NSW Health Purchasing Framework* and the funding model.

### 3.3 Local priorities

Under the *Health Services Act 1997*, Boards have the function of ensuring that Districts and Networks develop strategic plans to guide the delivery of services, and for approving these plans.

The Organisation is responsible for developing the following plans with Board oversight:

- Strategic Plan
- Clinical Services Plans
- Safety and Quality Account and subsequent Safety and Quality Plan
- Workforce Plan
- Corporate Governance Plan
- Asset Strategic Plan

It is recognised that the Organisation will implement local priorities to meet the needs of their respective populations.

Affiliated Health Organisations also have particular priorities. Relevant priorities of the Organisation for 2020-21 are as follows:

#### **Tresillian Strategic Plan 2021-2024**

1. **Focus on Mental Health** - Enhance our focus on perinatal & infant mental health by strengthening the social and emotional wellbeing of families
  - a. ***Increased focus on perinatal & infant mental health***
    - Identify and deliver new initiatives addressing parent and infant relationship based mental health services that support the social and emotional wellbeing of families with vulnerabilities.
  
2. **Increasing Accessibility** - Expand services to meet the needs of the child and family in diverse cultural communities and geographic locations
  - a. ***Grow partnerships***
    - Drive partnership and fundraising opportunities that provide financial support for the expanded delivery of Tresillian services
    - Investigate a range of growth opportunities and partnerships to increase our reach and capability
    - Extend research partnerships and collaboration
  - b. ***Increase our reach and capability***
    - Enhance service delivery to address gaps with key identified populations including:-
      - Populations with intermediate and high clinical risk
      - Regional locations
      - Aboriginal and Torres Strait Islander populations
      - CALD communities
    - Embed research into all service delivery and publish results

3. **Build New Facilities & a New Digital Pathway** - Develop state of the art facilities and digital services for delivering excellent clinical care into the future
  - a. ***Shape future-focussed infrastructure and services***
    - Realise the potential of the Wollstonecraft Centre of Excellence in promoting health & wellbeing in the first 2000 days of a child's life
    - Identify opportunities for investment in infrastructure to support Tresillian's strategic objectives
    - Scope and expand the breadth of the '*digital path*' with appropriate new initiatives that address identified gaps
    - Develop Learning management systems for staff training and external providers (External education platforms and training modules)



## 4. NSW health services and networks

### 4.1 Services planning

Affiliated Health Organisations and Districts are to collaborate in short, medium and long term planning processes relevant to the Organisation, including consideration of any capital and procurement.

### 4.2 Networks and services provided to other organisations

Each NSW Health service including AHOs are part of integrated networks of clinical services that aim to ensure timely access to appropriate care for all eligible patients. The Organisation must ensure effective contribution, where applicable, to the operation of statewide and local networks of retrieval, specialty service transfer and inter-district networked specialty clinical services as agreed.

### 4.3 District responsibilities to AHOs

In keeping with the AHO's recognised establishments and recognised services, Districts must negotiate, on the same basis as other facilities within the District, access to the following:

- Continuity of (non-inpatient) acute care services
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport)
- Training programs, particularly mandatory training, run by the Health Education and Training Institute
- NSW support programs offered by pillar organisations
- eMR, eRecruitment, (including credentialing of medical staff), IMS+ and other NSW Health systems conducive to the fulfilment of the AHO's service, quality and safety and clinical training obligations.
- Agreed and clearly articulated information management support for IT hardware, software and systems support and integration
- Engagement and participation of AHO Chief Executive Officers in District budget planning and negotiations.
- Access to capital support and the Asset Replacement and Refurbishment Plan where services are situated on NSW Health property
- Engagement and participation of AHO Chief Executive Officers in District senior leadership committees and with pillar and support organisations as required.
- EAP services (noting that Tresillian uses PeopleSense to provide EAP services to all sites across NSW & ACT)
- Access to District Training and Development Services & courses

#### 4.4 Key Clinical Services Provided to Other Health Services

The Organisation is also to ensure continued provision of access by other Districts and Networks, as set out in the table below. The respective responsibilities should be incorporated in formal service agreements between the parties.

Service	Recipient Health Service
Residential Services	State-wide
Virtual Residential Parenting Service	State-wide
Day Services	State-wide
Parents Helpline	State-wide
Home visiting Service including Extended Home Visiting Program	State-Wide
Perinatal and infant mental health service	State-wide

Other services are as follows:

##### **Tresillian Canterbury (Head Office), McKenzie Street, Belmore**

- Residential Unit
- Day Services that may be centre based or home based within district
- Parents Help Line
- Education & Research
- Administration
- Perinatal and infant mental health service (at every centre except Lismore)

##### **Tresillian Willoughby, 2 Second Avenue, Willoughby**

- Residential Unit

##### **Tresillian Wollstonecraft, 25 Shirley Road, Wollstonecraft**

- Day Services that may be centre based or home based within district
- Guthrie Child Care Centre

##### **Tresillian Nepean, 18 Barber Avenue, Kingswood**

- Residential Unit
- Day Services that may be centre based or home based within district

##### **Tresillian Lismore, 46 Uralba Street, Lismore**

- Day Services that are centre based in Lismore and home based at Grafton

The Tresillian Family Care Centre, Lismore provides secondary level specialist child and family health services to families experiencing complex early parenting issues. Families are referred by a primary health care provider with common presenting issues including unsettled and infant sleep difficulties, breastfeeding problems, parent-infant relationship difficulties, adjustment to parenting and support regarding psychosocial issues and the emotional health and wellbeing of parents. Families are referred and travel from across a large catchment area

from the Queensland Border to Coffs Harbour. The Tresillian Family Care Centre Lismore provides a range of services including individual consultations with specialist child and family health nurses and group programs. Through a memorandum of understanding with the North Coast Primary Health Network, a psychologist is co-located at the centre enabling an inter-professional team to support parents at risk of or experiencing perinatal mood disorders.

**State-wide and Selected Specialties:**

- Tresillian state-wide Specialist Inpatient Residential Service for Mothers and Babies.
- Tresillian services are funded through Block Funded Budget.
- Willoughby: Residential Inpatient: Services provided from Willoughby: Monday to Friday (24 beds)
- Canterbury: Services provided from Canterbury: 7 days a week (28 beds)
- Nepean: Services provided from Nepean: 7 days a week (40 beds)

**Other Metropolitan Services:**

- Day Services (centre based and home based) provided from Canterbury, Wollstonecraft, Nepean and Lismore
- Childcare Centre: provided from Wollstonecraft (42 places)

**Rural Services**

- Rural and Regional Day Services (centre-based and home-based including Extended Home Visiting Program) in Lismore (Northern NSW LHD), Wagga Wagga (Murrumbidgee LHD) Albury Wodonga (Southern NSW and North East Border Victoria)
- Rural Family Care Centres in centre based and home based including Extended Home Visiting Program Broken Hill, Queanbeyan/Cooma, Dubbo, Coffs Harbour and Taree where local families access comprehensive assessment, consultation, and management of early parenting challenges and early intervention programs.
- NSW Ministry of Health funding for 6 new Family Care Centres in Armidale, Cowra, Goulburn, Grafton, Griffith, Moruya & Muswellbrook.

**Tresillian 2U Mobile Parenting Support Service.**

The Early Years Parenting Service' is an innovative new service utilising a mobile .0service delivery approach to increase access to level 2 specialist child and family health services for families with children 0-3 years residing within the MNCLHD living in lower population density areas. The service is the first of its type in Australia, providing specialist child and family health services to families through a fit-for-purpose van which will be located on a rotational schedule to a series of communities across the MNCLHD, thus enhancing accessibility by bringing the service to the families within their own communities.

NSW Ministry of Health funding for 5 new Tresillian 2U mobile vans in Bathurst, Inverell, Moruya, Murwillumbah & Queanbeyan.

### **First 2000 Days Partnership**

First 2000 days project is a partnership between Tresillian, Northern NSW Local Health District, North Coast Primary Health Network and Bulgarr Ngaru Medical Aboriginal Corporation. The focus of this first Northern NSW First 2000 Days of Life Action Plan is on wellness and early intervention, and the collaborative implementation of these strategies. The Clarence Valley was chosen as a priority area because of the high rates of disadvantage, the substantial Aboriginal population and the profile of existing services in the area.

### **Tresillian in Macksville Hospital**

Tresillian will be opening 8 residential beds (4 parent & 4 baby beds) at Macksville Hospital on 15 February 2021, which will be collocated with the Maternity Unit. An addendum to the current SLA will reflect the payment of NWAU funding being transferred from MNCLHD to Tresillian.

## 4.5 Cross district referral networks

Districts and Networks are part of a referral network with other relevant services, and must ensure the continued effective operation of these networks, especially the following:

- *Critical Care Tertiary Referral Networks and Transfer of Care (Adults)* - (PD2018\_011)
- *Interfacility Transfer Process for Adult Patients Requiring Specialist Care* - (PD2011\_031)
- *Critical Care Tertiary Referral Networks (Paediatrics)* - (PD2010\_030)
- *Children and Adolescents - Inter-Facility Transfers* - (PD2010\_031)
- *Tiered Networking Arrangements for Perinatal Care in NSW* (PD2020\_014)
- *NSW State Spinal Cord Injury Referral Network* - (PD2018\_011)
- *NSW Major Trauma Referral Networks (Adults)* - (PD2018\_011)
- *Children and Adolescents with Mental Health Problems Requiring Inpatient Care* - (PD2011\_016)
- *Adult Mental Health Intensive Care Networks* - (PD2019\_024)
- *State-wide Intellectual Disability Mental Health Hubs* - (Services provided as per March 2019 Service Level Agreements with Sydney Children's Hospitals Network and Sydney Local Health District)



## 4.6 Supra LHD services

Under the *NSW Framework for New Health Technologies and Specialised Services (GL2018\_023)*, Supra LHD services are provided across District and Network boundaries and are characterised by a combination of the following factors:

- Services are provided on behalf of the State; that is, a significant proportion of service users are from outside the host District's/Network's catchment
- Services are provided from limited sites across NSW
- Services are high cost with low-volume activity
- Individual clinicians or teams in Supra LHD services have specialised skills
- Provision of the service is dependent on highly specialised equipment and/or support services
- Significant investment in infrastructure is required

Ensuring equitable access to Supra LHD services is a key focus. Supra LHD services are expected to establish efficient and effective referral networks to ensure all eligible patients in NSW have access regardless of their location.

Annual reporting processes are being trialled with selected services in 2021-22. These reports are being developed in collaboration with clinical teams and host districts and networks to ensure they are tailored to the requirements of specific services.

The following information is included in all Service Agreements to provide an overview of recognised Supra LHD services and Nationally Funded Centres in NSW.

Supra LHD service	Measurement unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (37 +1/286 NWAU21) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (26) St Vincent's (21) St George (36)	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> policy.  Units with new beds in 2020-21 will need to demonstrate networked arrangements with identified partner Level 4 AICU services, in accordance with the recommended standards in the NSW Agency for Clinical Innovation's <i>Intensive Care Service Model: NSW Level 4 Adult Intensive Care Unit</i>

Supra LHD service	Measurement unit	Locations	Service requirement
Mental Health Intensive Care	Access	Concord - McKay East Ward Hornsby - Mental Health Intensive Care Unit Prince of Wales - Mental Health Intensive Care Unit Cumberland – Yaralla Ward Orange Health Service - Orange Lachlan Intensive Care Unit Mater, Hunter New England – Psychiatric Intensive Care Unit	Provision of equitable access.
Adult Liver Transplant	Access	Royal Prince Alfred	Dependent on the availability of matched organs, in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i>
State Spinal Cord Injury Service (adult and paediatric)	Access	Prince of Wales Royal North Shore Royal Rehabilitation Centre, Sydney SCHN – Westmead and Randwick	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> and <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies. Participation in the annual reporting process.
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (39+8/103 NWAU21) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care

Supra LHD service	Measurement unit	Locations	Service requirement
Heart, Lung and Heart Lung Transplantation	Number of Transplants	St Vincent's (106)	To provide heart, lung and heart lung transplantation services at a level where all available donor organs with matched recipients are transplanted. These services will be available equitably to all referrals.  Dependent on the availability of matched organs in accordance with The Transplantation Society of Australia and New Zealand, <i>Clinical Guidelines for Organ Transplantation from Deceased Donors, Version 1.6— May 2021</i> .
High Risk Maternity	Access	Royal Prince Alfred Royal North Shore Royal Hospital for Women Liverpool John Hunter Nepean Westmead	Access for all women with high risk pregnancies, in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (16) Royal Hospital for Women (16+1/323 NWAU21) Liverpool (15+1/323 NWAU21) John Hunter (19) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
Paediatric Intensive Care	NWAU	SCHN Randwick (13) SCHN Westmead (22) John Hunter (5)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
Severe Burn Service	Access	Concord Royal North Shore SCHN Westmead	Services to be provided in accordance with <i>Critical Care Tertiary Referral Networks &amp; Transfer of Care (Adults)</i> , <i>Critical Care Tertiary Referral Networks (Paediatrics)</i> policies and the NSW Agency for Clinical Innovation's <i>NSW Burn Transfer Guidelines</i> .
Sydney Dialysis Centre	Access	Royal North Shore	In accordance with the Sydney Dialysis Centre funding agreement with Northern Sydney Local Health District

Supra LHD service	Measurement unit	Locations	Service requirement
Hyperbaric Medicine	Access	Prince of Wales	Provision of equitable access to hyperbaric services.
Haematopoietic Stem Cell Transplantation for Severe Scleroderma	Number of Transplants	St Vincent's (10)	Provision of equitable access for all referrals as per <i>NSW Protocol for Autologous Haematopoietic Stem Cell Transplantation for Systemic Sclerosis</i> , BMT Network, Agency for Clinical Innovation, 2016. Participation in the annual reporting process.
Neurointervention Services endovascular clot retrieval for Acute Ischaemic Stroke	Access	Royal Prince Alfred Prince of Wales Liverpool John Hunter SCHN	As per the NSW Health strategic report - <i>Planning for NSW NI Services to 2031</i> Participation in annual reporting process. Participation in the annual reporting process.
Organ Retrieval Services	Access	St Vincent's Royal Prince Alfred Westmead	Services are to be provided in line with the clinical service plan for organ retrieval. Services should focus on a model which is safe, sustainable and meets donor family needs, clinical needs and reflects best practice.
Norwood Procedure for Hypoplastic Left Heart Syndrome (HLHS)	Access	SCHN Westmead	Provision of equitable access for all referrals
Telestroke	Access for up to 23 referring sites in rural and regional NSW	Prince of Wales	As per individual service agreements Participation in annual reporting process. Participation in the annual reporting process.



Supra LHD service	Measurement unit	Locations	Service requirement
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore SESLHD John Hunter Liverpool Westmead	Delivery of additional procedures, including targeted for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health  All services must: <ul style="list-style-type: none"> <li>• Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians.</li> <li>• Establish referral pathways to ensure statewide equity of access</li> <li>• Include high risk TAVI patients in surgical waitlists</li> <li>• Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience</li> <li>• Participate in the annual reporting and any required evaluation activities</li> </ul>
CAR T-cell therapy: <ul style="list-style-type: none"> <li>• Acute lymphoblastic leukaemia (ALL) for children and young adults:</li> <li>• Adult diffuse large B-cell lymphoma (DLBCL)</li> </ul>	Access	Sydney Children's Hospital, Randwick Royal Prince Alfred Hospital  Royal Prince Alfred Hospital Westmead hospital	As per individual CAR T cell therapy service agreements. Compliance with the annual reporting process.
Gene therapy for inherited retinal blindness	Access	SCHN	As per individual service delivery agreement currently in development
Gene therapy for paediatric spinal muscular atrophy	Access	SCHN Randwick	As per individual service delivery agreement currently in development

#### 4.7 Nationally Funded Centres


Service name	Locations	Service requirement
Pancreas Transplantation – Nationally Funded Centre	Westmead	As per Nationally Funded Centre Agreement - Access for all patients across Australia accepted onto Nationally Funded Centre program
Paediatric Liver Transplantation – Nationally Funded Centre	SCHN Westmead	
Islet Cell Transplantation – Nationally Funded Centre	Westmead	

## 5. Budget

Local Health Districts have responsibility for funding AHO service delivery across district borders where an organisation has statewide or cross-border sites listed in Schedule 3 of the Health Services Act 1997. The Budget includes an indicative split based on service delivery.

The Local Health District also undertakes to advise the AHO of opportunities for additional funding as they arise at any time, through the life of this Agreement.

\*Note: The AHO and LHD are to agree the content, taking into consideration that Budget information should be sufficient for the AHO to readily understand the budget allocation. Negotiations are to specifically include obligation to share and make transparent all opportunities for application, negotiation and/or disbursement of growth/expansion/enhancement funding.

 <span style="float: right;">Tresillian</span>		
The following information is provided in respect to the budget and activity requirements for the financial year 2021-2022. The budget represents the initial allocation and may be subject to change as the year progresses.		
<b>INITIAL BUDGET ALLOCATION FINANCIAL YEAR 2021-2022</b>		
<b>2021-2022 BUDGET ALLOCATION</b>	('000)	
	Keeping people healthy through prevention and health promotion	
	People can access care in out of hospital settings to manage their health and wellbeing	
	People receive timely emergency care	\$13,492
	People receive high-quality, safe care in our hospitals	
	Our people and systems are continuously improving to deliver the best health outcomes and experiences	
	Provision for Specific Initiatives	
	Long Service Leave	
	Depreciation (General Funds only)	
	<b>Total Expenses</b>	<b>\$13,492</b>
Revenue		
<b>Net Result</b>	<b>\$13,492</b>	
<b>ACTIVITY TARGETS 2021-2022</b>		
	Target Volume (NWAJ21)	
Acute		
Drug & Alcohol		
ED		
Mental Health		
Non Admitted Patients		
Sub-Acute Services - Admitted		
<b>Total</b>	<b>0</b>	
<b>FTE BUDGET 2021-2022</b>	<b>N/A</b>	

This schedule represents the NSW Treasury's transition to Outcome Budgeting (TPP 18-09) and aligns to the *NSW Health Business Plan 2019-20 to 2022-23*. The NSW Treasury Outcome Budgeting initiative intends to transform the way budget decisions are made, and resources are managed in the NSW public sector. The initiative aims to shift the focus of the NSW Government to deliver better outcomes for the people of NSW (TPP 18-09).

As this transition will take place across several years, figures listed in this schedule are currently unable to accurately be carried through from LHD/SHN budgets to each facility. Some facility figures will therefore be consolidated at a LHD/SHN level with investment allocation managed locally.

Figures included in this schedule do not include 2021-2022 stimulus funding in response to the COVID-19 pandemic.

## 5.1 Profit and Loss Statement

N/A

## 6. Purchased volumes and services




N/A



## 7. Performance against strategies and objectives

### 7.1 Key performance indicators

The performance of the Organisation is assessed in terms of whether it is meeting key performance indicator targets for NSW Health Strategic Priorities.

	Performing	Performance at, or better than, target
	Underperforming	Performance within a tolerance range
	Not performing	Performance outside the tolerance threshold

Detailed specifications for the key performance indicators are provided in the Service Agreement Data Supplement. See:

[http://hird.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=47060](http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=47060)

**Outcome Indicators:** These key performance indicators are reported to NSW Treasury under the NSW Health Outcome and Business Plan

### NSW Health Outcome 1

Keeping people healthy through prevention and health promotion

Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
Childhood Obesity – Children with height and weight recorded (%)	70	<65	≥65 and <70	≥70

### NSW Health Outcome 2

People can access care in out of hospital settings to manage their health and wellbeing

Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
Domestic Violence Routine Screening – Routine Screens conducted (%)	70	<60	≥60 and <70	≥70
Telehealth Service Access: Non-admitted services provided through telehealth (%)	10	<5	≥5 and <10	≥10

### NSW Health Outcome 5

Our people and systems are continuously improving to deliver the best health outcomes and experiences

Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✓
Staff Performance Reviews - Within the last 12 months (%)	100	<85	≥85 and <90	≥90
Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	3	<1.8	≥1.8 and <3	≥3
Employment of Aboriginal Health Practitioners (Number)	Individual – See Data Supplement	Below target	N/A	At or above target
Compensable Workplace Injury - Claims (% of change)	≥10% decrease	Increase	≥0 and <10% decrease	≥10% decrease

Finance				
Measure	Target	Not Performing ✘	Under Performing ↘	Performing ✔
Expenditure Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable
Own Sourced Revenue Matched to Budget - General Fund - Variance (%)	On budget or favourable	>0.5% unfavourable	>0 and ≤0.5% unfavourable	On budget or favourable

## 7.2 Performance deliverables

Key deliverables will also be monitored, noting that process indicators and milestones are held in the detailed operational plans developed by the Organisation.

NSW Health outcome	Deliverable in 2021-22	Due by
<b>Safety and Quality Accounts</b>		
Outcome 5	<p>The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined by the <i>National Safety and Quality Health Service Standards (Version 2.0)</i>.</p> <p>The Account documents achievements and affirms an ongoing commitment to improving and integrating safety and quality into their functions.</p> <p>It includes key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures.</p> <p>Locally selected high priority measures must demonstrate a holistic approach to safety and quality, and at least one of these must focus on improving safety and quality for Aboriginal patients.</p>	31 October 2021
<b>Workplace culture</b>		
Outcome 5	The results of the Tresillian BPA Employee Survey will be used to identify areas of best practice and improvement opportunities.	30 June 2022
Outcome 5	The National Medical Training Survey will be used to monitor the quality of training and supervision medical officers receive and to identify areas where the system can improve its management of doctors in training to provide a safe working environment to deliver high quality care.	30 June 2022



## 8. Other Relevant Agreements

\*\*\*Relevant Memoranda of Understanding or other Agreements may be attached here.

1. Tresillian and North Coast PHN and NNSWLHD agreement for the "Tresillian Lismore Family Care Centre" (attached)
2. Tresillian and Albury Wodonga Health agreement for the "Albury Wodonga Health and Tresillian Parents & Babies Service" (attached)
3. Tresillian and Murrumbidgee Local Health District agreement for the "Tresillian in Murrumbidgee Family Care Centre" (attached)
4. Tresillian and Western NSW Local Health District agreement for the "Tresillian Family Care Centre in Dubbo" (attached)
5. Tresillian and Sothern NSW Local Health District agreement for the "Tresillian Family Care Centre in Queanbeyan" (attached)
6. Tresillian and Far West Local Health District agreement for the "Tresillian Family Care Centre in Broken Hill" (attached)
7. Tresillian and Hunter New England Local Health District agreement for the "Tresillian Family Care Centre in Taree" (attached)
8. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian Family Care Centre in Coffs Harbour" (attached)
9. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian 2U Mobile Parenting Service" (attached)
10. Tresillian and Nepean Blue Mountains Local health District agreement for the "Tresillian Residential Unit – Nepean"
11. Tresillian and Mid-North Coast Local Health District agreement for the "Tresillian Residential Beds at Macksville Hospital" (attached) An addendum to the current SLA will reflect the payment of NWAU funding being transferred from MNCLHD to Tresillian.
12. New Deeds of Variation to the current regional LHD SLA's will be added for the 6 new regional Family Care Centres and Tresillian 2U Vans when signed.
13. Tresillian and NSW Ministry of Health SLA for the Virtual Residential Parenting Service (VRPS)