

2020-21 SERVICE AGREEMENT

AN AGREEMENT BETWEEN:
**South Western Sydney
Local Health District**

AND
**Karitane
Affiliated Health
Organisation**

FOR THE PERIOD
1 July 2020 – 30 June 2021



Health



NSW Health Service Agreement – 2020-21

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 Karitane 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. The Agreement may operate within the context of a Memorandum of Understanding or other agreement.

Karitane AHO agrees to meet the service obligations and performance requirements outlined in this Agreement. South Western Sydney Local Health District agrees to provide the funding and other support to Karitane AHO outlined in this Agreement.

Parties to the Agreement

Affiliated Health Organisation

Lee Carpenter

Chair

On behalf of Karitane Board

Date: 1st October 2020
.....

Signed



Grainne O'Loughlin

Chief Executive

On behalf of Karitane AHO

Date: 1st October 2020
.....

Signed



Local Health District

Mr Sam Haddad

Chair

On behalf of the, South Western Sydney Local Health District Board

Date:

Signed:

Ms Amanda Larkin

Chief Executive, South Western Sydney Local Health District

Date:

Signed:

Contents

1. Objectives of the Service Agreement	3
2. CORE Values	3
3. Culture, Community and Workforce Engagement	4
4. Legislation, Governance and Performance Framework	4
Schedule A: Strategies and Priorities.....	11
Schedule B: Services and Networks	15
Schedule C: Budget.....	19
Schedule D: Purchased Volumes Reporting Template	21
Schedule E: Performance against Strategies and Objectives	29
Schedule F: Other Relevant Agreements.....	30
Addendum 1. Karitane CEWD Schedule.....	31
Addendum 2. MOU with SWSLHD Perinatal Services- 2018-2021	32
Addendum 3. Corporate Governance Compendium (4.4.2).....	33

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 Karitane AHO and South Western 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 Karitane AHO to contribute to South Western Sydney Local Health District's & Statewide 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 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.

2. CORE Values

Achieving the goals, directions and strategies for NSW Health requires clear, co-ordinated and collaborative prioritisation of work programs, and supportive leadership that exemplifies the CORE Values of NSW Health:

- **Collaboration** – we are committed to working collaboratively with each other to achieve the best possible outcomes for our patients who are at the centre of everything we do. In working collaboratively we acknowledge that every person working in the health system plays a valuable role that contributes to achieving the best possible outcomes.
- **Openness** – a commitment to openness in our communications builds confidence and greater cooperation. We are committed to encouraging our patients and all people who work in the health system to provide feedback that will help us provide better services.
- **Respect** – we have respect for the abilities, knowledge, skills and achievements of all people who work in the health system. We are also committed to providing health services that acknowledge and respect the feelings, wishes and rights of our patients and their carers.
- **Empowerment** – in providing quality health care services we aim to ensure our patients are able to make well informed and confident decisions about their care and treatment. We further aim to create a sense of empowerment in the workplace for people to use their knowledge, skills and experience to provide the best possible care to patients, their families and carers.

These CORE values do not replace but work in conjunction with the Affiliated Health Organisation's particular mission and values.

3. Culture, Community and Workforce Engagement

Affiliated Health Organisations are to ensure appropriate consultation and engagement with patients, carers and communities in relation to the design and delivery of health services where applicable. Impact Statements, including Aboriginal Health Impact Statements, are to be considered, and where relevant, incorporated into health policies. Consistent with the principles of accountability and stakeholder consultation, the engagement of clinical staff in key decisions, such as resource allocation and service planning, is crucial to the achievement of local priorities.

4. Legislation, Governance and Performance Framework

4.1 Legislation

4.1.1 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).

4.1.2 Local Health Districts

The Health Services Act 1997 (the Act) 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.

4.1.3 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.

4.1.4 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.

4.2 Variation of the Agreement and Dispute Resolution

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.

Principles

South Western Sydney Local Health District (SWSLHD) & Karitane may, at any time, agree specific timeframes, mediation and other processes consistent with the following principles, which aim to assist in development of mutually, agreed local dispute resolution processes:

- Any disagreements between SWSLHD and Karitane should be resolved in good faith.
- Dispute resolution processes should avoid complexity.
- The parties should minimise the diversion of time, effort, expenditure or other resources on dispute related processes.
- Disagreements should be resolved, wherever possible, without escalating the matter to higher levels of management.
- If escalated, the sequence should be as follows:
 - Between relevant line management
 - Between the respective Chief Executives
 - Between the respective Boards

4.3 National Agreement - Hospital funding and health reform

On 29 May 2020, the Prime Minister announced that the Council of Australian Government (COAG) will cease and a new National Federation Reform Council (NFRC) will be formed, with National Cabinet at the centre of the NFRC. There continues to be 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 See

<http://www.coag.gov.au/agreements>

4.4 Governance

Districts and Networks 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.

Districts and Networks are to ensure:

- Timely implementation of Coroner's findings and recommendations, as well as recommendations of Root Cause Analyses.
- Active participation in state-wide reviews.

4.4.1 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/national-priorities/australian-safety-and-quality-framework-for-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

4.4.2 Corporate Governance

Districts and Networks 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, they are to:

- Provide required reports in accordance with the timeframes advised by the Ministry;
- Review and update 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.

Report Description	Period	Frequency / Due Date	Report to:
Performance Report as per Schedule E (Report to be submitted within 15 days after the end of each quarter, with the exception of the 2 nd quarter due on the 15 February)	Quarterly	15 October, 15 February, 15 April, and 15 July. Excel template provided	SWSLHD
Financial statement	Quarterly	Included in the template above	SWSLHD
AHO Risk Management Register for the top 10 risks identified by the Local Health District or Specialty Network, which should include risks with a consequence or impact rating of extreme or of significant strategic risk (PD2010_039).	Quarterly	Further information on all Policies is available on the following website. http://www.health.nsw.gov.au/policies/	Internal Reported to the Karitane Board.
Audited Financial Statement	Annually	7 November	SWSLHD
Recommendations from Financial Audits and Performance Audits are actioned in a timely manner and no repeat issues arise in the next audit.	Annually	30 October	Internal Recommendations are provided by the External Auditor to Karitane.
Corporate Governance Attestation Statement for the financial year (PD2010_039). Not applicable. Review by Karitane Audit & Risk and Corporate Governance Committee at Board Level.	Annually	31 August	Internal Reported to Karitane Board
Internal Audit and Risk Management Attestation Statement for the financial year (PD2010_039). Not applicable. Review by Karitane Audit & Risk and Corporate Governance Committee at a Board Level.	Annually	14 July	Internal Reported to Karitane Board
Ongoing review and update to ensure currency of the entity Delegations Manual.	Ongoing	Ongoing	Internal
A designated contact person from the AHO will attend 6 monthly meetings with a duly authorised representative from SWSLHD to discuss the effective operating of this agreement.	6 monthly	Dates to be confirmed	As required
Health Ministers have agreed that hospitals, day procedure centers and public dental practices in public hospitals meet the accreditation requirements of the National Safety and Quality Health Service Standards from 1 January 2014.	Duration	ACHS, NSQHS Standards	SWSLHD
Completion of the templates attached for the Mental Health Minimum Data Set Reporting	Annually	15 October, 15 February, 15 April, and 15 July. Excel template provided	SWSLHD

4.4.3 Procurement Governance

Affiliated Health Organisations will develop procurement capabilities and participate in whole of Health and Government procurement programs. This includes the NSW Health Procurement Policy, in conjunction with procedures detailed in the NSW Health Goods and Services Procurement Policy Directive (PD2018_030). These documents detail the requirements of all staff undertaking procurement or disposal of goods and services on behalf of NSW Health.

See https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2018_030

4.4.4 Safety and Quality Accounts

Districts and Networks will complete a Safety and Quality Account to document achievements, and affirm an ongoing commitment to improving and integrating safety and quality into their functions. The Account provides information about the safety and quality of care delivered by the Districts and Networks, including key state-wide mandatory measures, patient safety priorities, service improvements, integration initiatives, and three additional locally selected high priority measures. 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.

The Account must also demonstrate how the Organisation meets Standard 1. Clinical Governance, of the National Safety and Quality Health Service Standards, which describes the clinical governance, and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients. Standard 1 ensures that frontline clinicians, managers and members of governing bodies, such as boards, are accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.

Consistent with the National Health Reform Agreement, The Districts and Networks must continue to focus on reducing the incidence of hospital acquired complications. Through the Purchasing Framework, NSW Health has incentivised Districts and Networks to invest in quality improvement initiatives that specifically target these complications. It is expected that the Safety and Quality Account articulates these initiatives and provides details on approaches and outcomes.

4.4.5 Governance Requirements for Affiliated Health Organisations

Affiliated Health Organisations are to have appropriate corporate and clinical governance arrangements in place to fulfil their statutory obligations and ensure good corporate and clinical governance, as outlined in relevant legislation, applicable NSW Health policy directives, and policy and procedure manuals.

4.4.6 Performance Framework

Service Agreements are central components of the NSW Health Performance Framework, which documents how the Ministry monitors and assesses the performance of public sector health services to achieve the 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 performance improvement approaches, 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 Districts and Networks 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>

Schedule A: Strategies and Priorities

The delivery of NSW Health strategies and priorities is the responsibility of the Ministry, NSW Health Services and Support Organisations. These are to be reflected in the strategic, operational and business plans of these entities.

NSW Government Priorities

The NSW Government has outlined their priorities for their third term:

- Building a strong economy
- Providing high-quality education
- Creating well connected communities
- Providing world class customer service
- Tackling longstanding social challenges

NSW Health will contribute to the NSW Government's priorities in a number of ways:

- Our focus and commitment to put the patient at the centre of all that we do will continue and be expanded.
- We will continue to deliver new and improved health infrastructure and digital solutions that connect communities and improve quality of life for people in rural, regional and metropolitan areas.
- We will help develop solutions to tackle longstanding social challenges including intergenerational disadvantage, suicide and indigenous disadvantage.

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

Election Commitments

NSW Health is responsible for the delivery of 50 election commitments over the period to March 2023. The Ministry of Health will lead the delivery of these commitments with support from Health Services and Support Organisations.

Minister's Priority

NSW Health will strive for engagement, empathy and excellence to promote a positive and compassionate culture that is shared by managers, front-line clinical and support staff alike. This culture will ensure the delivery of safe, appropriate, high quality care for our patients and communities. To do this, Health Services are to continue to effectively engage with the community, and ensure that managers at all levels are visible and working collaboratively with staff, patients and carers within their organisation, service or unit. These requirements will form a critical element of the Safety and Quality Account.

NSW State Health Plan: Towards 2021

The NSW State Health Plan: Towards 2021 provides a strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of the right care, in the right place, at the right time. See

<http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-state-health-plan-towards-2021.pdf>

NSW Health Strategic Priorities

Value based healthcare

Value based healthcare (VBHC) is a framework for organising health systems around the concept of value. In NSW value based healthcare means continually striving to deliver care that improves:

- The health outcomes that matter to patients
- The experience of receiving care
- The experience of providing care
- The effectiveness and efficiency of care

VBHC builds on our long-held emphasis on safety and quality by increasing the focus on delivering health outcomes and the experience of receiving care as defined from the patient perspective; systematically measuring outcomes (rather than outputs) and using insights to further inform resource allocation decisions; and a more integrated approach across the full cycle of care.

Improving patient experience

Consistent with NSW Government priorities to improve customers experience for NSW residents, NSW Health is committed to enhancing patients and their carer's experience of care. A structured approach to patient experience that supports a cohesive, strategic and measurable approach is being progressed. An audit in 2018 of initiatives underway across the NSW Health system identified 260 initiatives across districts, networks and pillar organisations to enhance the patient experience.

In 2020-21, the Ministry of Health will work closely with Health Services and Support Organisations to progress the strategic approach to improving patient experience across the NSW public health system.

NSW HEALTH STRATEGIC PRIORITIES FY2019-20

STRATEGIES	1 KEEP PEOPLE HEALTHY	2 PROVIDE WORLD-CLASS CLINICAL CARE WHERE PATIENT SAFETY IS FIRST	3 INTEGRATE SYSTEMS TO DELIVER TRULY CONNECTED CARE	4 DEVELOP AND SUPPORT OUR PEOPLE AND CULTURE	5 SUPPORT AND HARNESS HEALTH AND MEDICAL RESEARCH AND INNOVATION	6 ENABLE eHEALTH, HEALTH INFORMATION AND DATA ANALYTICS	INFRASTRUCTURE
Executive Sponsors	Population and Public Health	Patient Experience and System Performance	Health System Strategy and Planning	People, Culture and Governance	Population and Public Health	eHealth NSW	Health System
OBJECTIVES Strategic Oversight Leads	<p>1.1 Implement policy and programs to increase healthy weight in children <i>Centre for Population Health</i></p> <p>1.2 Ensure preventive and population health programs to reduce tobacco use <i>Centre for Population Health and Cancer Institute NSW</i></p> <p>1.3 Embed a health system response to alcohol and other drug use and work across government agencies <i>Centre for Population Health</i></p> <p>1.4 Reduce the impact of infectious disease and environmental impacts on the community <i>Health Protection NSW</i></p> <p>1.5 Embed Aboriginal social and cultural concepts of health and wellbeing in programs and services <i>Centre for Aboriginal Health</i></p> <p>1.6 Support pregnancy and the first 2000 days <i>Health and Social Policy</i></p>	<p>2.1 Continue to embed quality improvement and redesign to ensure safer patient care <i>Clinical Excellence Commission and Agency for Clinical Innovation</i></p> <p>2.2 Continue to move from volume to value based healthcare <i>Strategic Reform</i></p> <p>2.3 Improve the patient experience and further engage with patients and carers <i>System Purchasing</i></p> <p>2.4 Ensure timely and equitable access to appropriate care <i>System Management</i></p> <p>2.5 Use system performance information to drive reform to the system <i>System Information and Analytics</i></p>	<p>3.1 Drive system integration through funding and partnership agreements <i>System Performance Support</i></p> <p>3.2 Deliver mental health reforms across the system <i>Mental Health</i></p> <p>3.3 Strengthen integrated approaches to frailty, ageing and end of life care <i>Health and Social Policy</i></p> <p>3.4 Support people with disability within the health sector and between agencies <i>Government Relations</i></p> <p>3.5 Support vulnerable people within the health sector and between agencies <i>Government Relations</i></p> <p>3.6 Share health information to enable connected care across the system <i>System Information and Analytics</i></p>	<p>4.1 Achieve a 'Fit for Purpose' workforce for now and the future <i>Workforce Planning and Development</i></p> <p>4.2 Undertake whole system workforce analysis <i>Workforce Planning and Development</i></p> <p>4.3 Enable new ways of working facilitated by the move to St Leonards <i>Change</i></p> <p>4.4 Strengthen the culture within Health organisations to reflect our CORE values more consistently <i>Workforce Planning and Development</i></p> <p>4.5 Develop effective health professional managers and leaders <i>Health Education and Training Institute</i></p> <p>4.6 Improve health, safety and wellbeing at work <i>Workplace Relations</i></p>	<p>5.1 Drive the generation of policy-relevant translational research <i>Centre for Epidemiology and Evidence/Office of Health and Medical Research</i></p> <p>5.2 Drive research translation in the health system <i>Office of Health and Medical Research and Agency for Clinical Innovation</i></p> <p>5.3 Make NSW a global leader in clinical trials <i>Office of Health and Medical Research</i></p> <p>5.4 Enable the research environment <i>Office of Health and Medical Research</i></p> <p>5.5 Leverage research and innovation opportunities and funding <i>Office of Health and Medical Research</i></p>	<p>6.1 Implement integrated paper-lite key clinical information systems <i>eHealth NSW</i></p> <p>6.2 Foster eHealth solutions that support integrated health services <i>eHealth NSW</i></p> <p>6.3 Enhance systems and tools to improve workforce and business management <i>eHealth NSW</i></p> <p>6.4 Develop and enhance health analytics to improve insights and decision-making <i>eHealth NSW</i></p> <p>6.5 Enhance patient, provider and research community access to digital health information <i>eHealth NSW</i></p> <p>6.5 Enhance systems infrastructure, security and intelligence <i>eHealth NSW</i></p>	<p>7.1 Upgrade digital health infrastructure</p> <p>7.2 Drive digital health innovation</p> <p>7.3 Drive digital health innovation</p> <p>7.4 Support digital health innovation</p>

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. Districts and Networks are 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 each District and Network 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 2020-2021 are as follows:

Community Health Facilities

FACILITY
Karitane Carramar
Karitane Randwick
Karitane Oran Park
Karitane Camden

Other Services of the Affiliated Health Organisation

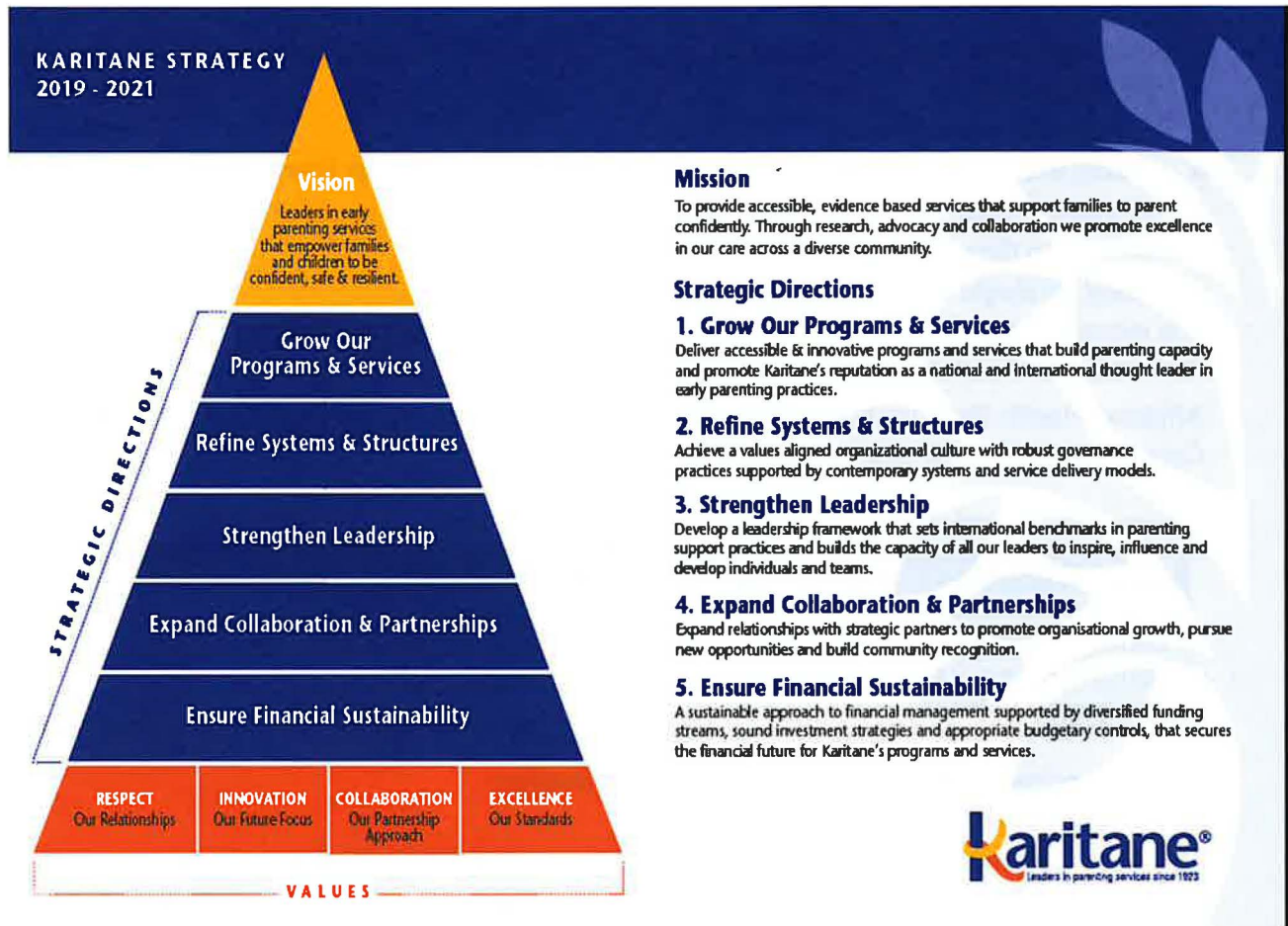
Other services are as follows:

- Primary, Secondary & Tertiary level child & family health services
- Residential Units at Carramar & Camden
- Perinatal infant & child mental health service
- Digital Health Services
- Education Provider (to parents and professionals)
- Research

Other Karitane Services with Other Income sources of funding:

- Toddler Behaviour PCIT Clinics Camden & Carramar (partially Private Donor funded)
- Karitane Linking Families Targeted Early Intervention NSW DCJ funded
- Volunteer Family Connect - home visiting services Macarthur & Fairfield (Private Donor funded)
- Research (Partial Private Donor funded)
- Talking Realities Program (Teenage Pregnancy SWS) DSS Funded)
- CfC Partnerships with NGOs for SWS families (DSS Funded)
- Juvenile Justice Program – Reiby, SWS (Justice Health funded)
- Lil Possums Aboriginal Support Playgroup – Donor funded/NSW DCJ Funded
- Various Grant-funded parenting education groups (Club Grants/foundation grants.) (Balmain Village Health GP Groups – Club grant)
- Bondi Early Parenting Store (SESLHD & Philanthropic funded to June 30th 2021
- Shellharbour Integrated Care Hub – Philanthropically funded
- Maitland Community Pharmacy Service – Philanthropically supported

Taree Aboriginal Volunteer Family Connect – Perpetual funded
 SWSLHD Volunteer Family Connect – Philanthropically funded.



Schedule B: Services and Networks

Services Planning

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

Networks and Services Provided to Other Organisations

Affiliated Health Organisations 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 state-wide and local networks of retrieval, specialty service transfer and inter-district networked specialty clinical services.

Districts responsibilities towards AHOs

** The following list is indicative only and is to be negotiated between Districts and AHOs in keeping with their particular circumstances.*

Districts should consider providing AHOs with access to the following on the same basis as other facilities within the District:

- Continuity of (non-inpatient) acute care services
- EAPs
- Specialised services (e.g. orthotics, specialised seating, bio-medical engineering, pathology, patient transport)
- Mental Health/Psychiatric Liaison Services
- Training programs, particularly mandatory training, run by the Health Education and Training Institute as per the attached CEWD costing schedule.
- Provide support regarding adverse incidents in SWSLHD IMS reporting to the Patient Safety Manager (8738 6925).
- eMR, eRecruitment, ICT and other NSW Health systems conducive to the fulfilment of the AHO's service, quality and safety and clinical training obligations are undergoing negotiations between Karitane and SWSLHD and where appropriate will be added as an addendum to the Agreement.
- NSW support programs offered by the ACI and CEC, (e.g. the ACI clinical redesign school)

Additionally Districts are to consider

- Engagement and participation of AHO CEOs in District senior leadership committees

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
Primary, Secondary & Tertiary level child & family health services	<ul style="list-style-type: none"> • Tertiary level services (Residential Unit Beds) provided State-wide across NSW Primary & secondary level services within LGA's • Digital Health Services State-wide • Randwick Parenting Centre
Jade House & Toddler Clinic (perinatal infant & child mental health service - SWSLHD mental Health funding)	SWSLHD only

Note that New South Wales prisoners are entitled to free inpatient and non-inpatient services in NSW public hospitals (PD2016_024 – Health Services Act 1997 - Scale of Fees for Hospital and Other Services, or as updated).

Non-clinical Services and Other Functions Provided to Other Health Services

Where the Organisation has the lead or joint lead role, continued provision to other Districts and Health Services is to be ensured as follows.

Service or function	Recipient Health Service
Education	Various State-wide/National – upon request

Affiliated Health Organisations

Other AHOs with which the Organisation has a relationship:

AHO

Through the NSW Health Service Association – all AHO members:

- Tresillian
- Calvary
- Mater
- Royal Rehab
- Chris O'Brien LifeHouse
- St Vincent's Health Network
- War Memorial
- St John of God Healthcare
- Mercy Health Care
- Hammond Care
- STARTTS

Australasian Association of Parent & Child Health (AAPCH)– all member groups

Non-Government Organisations

NGOs with which the Organisation has a relationship:

NGO	NGO	NGO	NGO
Benevolent Society	KARI	Royal Far West	Gidget Foundation
Save the Children	Mackillop Family Services	Barnardos	Key Assets
OzChild	Mission Australia	UnitingCare	Life Without Barriers
Australian Childhood Foundation	Red Cross	Catholic Care	Social Futures

Primary Health Networks

Primary Health Networks with which the Organisation has a relationship:

PRIMARY HEALTH NETWORK

SWSPHN; CEPHN; WentWest

Other Organisations

Other organisations with which the Organisation has a relationship:

ORGANISATION	NATURE OF RELATIONSHIP
UNSW	Academic Partnership
WSU	Academic Partnership
SPHERE	Academic Partnership
Royal Hospital for Women	Clinical Partnership
Parents@Work/APLEN	Corporate Partnerships
SWSLHD Primary and Community Health	Oran Park
MinterEllison	Corporate Partnership
Perpetual	NFP support
Other LHDs	SESLHD, HNELHD, ISLHD, SCHN, WSLHD & Others

Cross District Referral Networks

Districts, Networks and Affiliated Health Organisations are part of a referral network with the 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)
- Critical Care Tertiary Referral Networks (Perinatal) – (PD2010_069)
- 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)

Roles and responsibilities for Mental Health Intensive Care Units (MHICU), including standardisation of referral and clinical handover procedures and pathways, the role of the primary referral centre in securing a MHICU bed, and the standardisation of escalation processes will continue to be a focus for NSW Health in 2020 - 2021

Schedule C: Budget

COVID 19 has disrupted the standard budget process for the 2020/21 financial year. The NSW Government has deferred the State Budget until later in the year. Until the Government delivers the State Budget, NSW Health will not be able to confirm the rates of indexation for 2020-2021.

BUDGET as at JUNE 30 2020 [FY 2020/21]	Karitane Budget
SWSLHD Funding Proposed Budget	FY 20/21
INCOME/REVENUE	
Core funding SWSLHD	6,539,661
SWSLHD matched Funding Telehealth (Virtual Home Visiting)	300,000
Oran Park Funding- SWSLHD Primary & Community Health-	119,250
COVID 19 - Carried over from June 2020, NSW MoH enhancement	130,000
MOH Funding PCIT Capacity Building	90,000
IPCIT - Carried over from 2018 & 2019/20	0
COVID 19 (Federal Job keeper plus cash flow boost to 28 September 2020)	994,500
Patient Fees (PHI and Medicare)	460,000
NSW Treasury Private Health Insurance single room rate supplementation	419,338
Karitane Donation Revenue	793,254
Karitane Interest Revenue	120,000
Karitane other own source funding	483,000
INCOME/REVENUE TOTAL	10,449,003
EXPENSES	
SALARIES & WAGES	
Base	6,653,108
Sick Leave - included in salaries & wages	
Superannuation	631,811
Annual Leave Provisions	659,000
LSL Provisions	202,144
Workers Compensation	0
VMO Expenses	244,000
SALARIES & WAGES TOTAL	8,388,063

GOODS & SERVICES	
Accountant fees	35,500
Admin Expenses	640,088
Advertising & marketing	78,374
Bank fees & charges	6,014
Cleaning	94,543
Utilities (electricity, gas, water)	-106,313
Telephone & Other IT	276,128
Rent	0
Staff Training	60,005
Travel & Transport (Including Fleet)	62,648
GOODS & SERVICES TOTAL	1,359,613
REPAIRS, MAINTENANCE & RENEWALS (RMR)	
RMR - New and Replacement	41,046
RMR - Repairs	183,954
REPAIRS, MAINTENANCE & RENEWALS (RMR) TOTAL	225,000
Depreciation	476,328
EXPENSES TOTAL	10,449,003
Net Results	0

I, Grainne Cloughlin, authorised on behalf of the Management Committee / Board of Karitane, certify the above FY 2020/21 Budget estimate.

Signature




Date

1/10/2020

One off funding carried over into 2020/21 and included in the budget

- 2019/20 - One off funding of \$130,000 was provided for enhancement funding for intake and virtual health home visiting to deal with additional demand for virtual services during COVID response. To be expended on service delivery for 12 months across 2020/21
- 2019/20 – One off funding total of \$90,000 for PCIT (NSW CAMHS) Training Project including evaluation, i.e. initial \$75,000 then an additional \$15,000

Schedule D: Purchased Volumes Reporting Template

KARITANE											
KARITANE 2020/2021 KEY PERFORMANCE INDICATORS - SWSLHD FINANCIAL YEAR TO DATE											
 Health South Western Sydney Local Health District	Threshold	Quarterly Health Actuals - Enter Actual					Quarterly Health Targets (BUDGET)				
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD Actuals	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Target
SWSLHD Oran Park							29,812	29,813	29,812	29,813	119,250
COVID funding carried over							32,500	32,500	32,500	32,500	130,000
MoH PCIT Capacity Building carried over							22500	22500	22500	22500	90,000
COVID 19 (Federal Job keeper plus cahs flow to 28 Septembr 2020)							497,250	497,250			994,500
Patient Fees (PHI and Medicare)							115,000	115,000	115,000	115,000	460,000
NSW Treasury PHI single room supplementation							104,835	104,835	104,835	104,835	419,339
Karitane Donation Revenue							198,313	198,313	198,313	198,313	793,253
Karitane Interest Revenue							30,000	30,000	30,000	30,000	120,000
Karitane Own Source funding							120,750	120,750	120,750	120,750	483,000
Total Revenue				0	0		2,860,875	2,860,876	2,363,625	2,363,626	10,449,003
FINANCE - EXPENDITURE											
Health Funding expenditure - S&W BASE											
Health Funding expenditure - S&W SUPER FSS											
Health Funding expenditure - S&W SUPER NON-FSS											
Health Funding expenditure – other costs											
Additional Funding											
Total Expenditure Acquitted							2,860,875	2,860,876	2,363,625	2,363,626	10,449,003
NET COST OF SERVICE				0	0		0	0	0	0	0

SERVICE VOLUMES AND ACTIVITY											
All Overnight Bed Days							300	960	1,288	1,415	3,963
All Occupied Bed Days							306	965	1,296	1,423	3,990
All Same Day Separations							5	5	8	8	26
All Separations							95	300	450	450	1,295
Available Beds - Carramar Residential Unit							22	22	22	22	88
Available Beds - Camden Hospital Residential Unit							0	16	16	16	48
Available Bed Days							934	1,089	1,634	1,634	5,291
Overnight ALOS (Days) - Carramar Residential Unit							3.50	3.50	3.50	3.50	14
Overnight ALOS (Days) - Camden Residential Unit							0.00	2.80	2.80	2.80	8
Occupancy Rate (%)							36%	65%	85%	85%	
Karitane Website Sessions							30,000	30,000	30,000	30,000	120,000
VIRTUAL HOME VISITS											
No. Virtual Home Visits- Video Consults Occasions of Service							300	300	280	300	1,180
Number of FTE's							2	2	2	2	2
CARELINE											
Careline Telephone Enquiries							1,125	1,125	1,125	1,125	4,500
Careline Email Enquiries							55	57	57	57	226

GROUPS & Parent Webinars										
No of Group Sessions						0	40	20	30	90
No in Group Sessions						0	320	140	320	780
No of webinars						40	40	40	40	160
No in webinars						320	320	320	320	1,280
Non Admitted Patient Level Activity Data Reporting (%)						100%	100%	100%	100%	100%
ORAN PARK SERVICE										
Face to Face Individual NAPOOS						165	165	140	165	635
Telephone NAPOOS						78	78	66	78	300
Client Satisfaction						85%	85%	85%	85%	85%
Wait List - Oran Park						<6 Wks	<6 Wks	<6 Wks	<6 Wks	<6 Wks
% of patients / clients showing clinical improvement on Outcome Scales Oran Park						95%	95%	95%	95%	95%
% of patients / clients deteriorated on Outcome scales - Oran Park						5%	5%	5%	5%	5%
Oran Park Number of FTES (excluding contractors)						0.95	0.95	0.95	0.95	0.95

QUALITY AND SAFETY										
Complaints management - resolved within 35 days (%)						80%	80%	80%	80%	80%
Rate of Compliance with Environmental Cleaning Stds (%)						90%	90%	90%	90%	90%
% of patients that are satisfied with Karitane services through client surveys (or use of PET)						85%	85%	85%	85%	85%
Rate of Compliance with Hand Hygiene practice as defined by NSW Health (%)						85%	85%	85%	85%	85%
Number of serious injury (SAC1 or 2) associated with fall while being cared for in hospital						0.00	0.00	0.00	0.00	0.00
Achieve NSW Health's WHS Audit						Standards Met	Standards Met	Standards Met	Standards Met	Standards Met
Achieve ACHS NSQHS Standards accreditation						Standards Met	Standards Met	Standards Met	Standards Met	Standards Met
Ensure coding timeliness: percent of uncoded acute separations in 28 days						0%	0%	0%	0%	0%
WORKFORCE										
% of staff who have a performance review within the last 12 months						90%	90%	90%	90%	90%
% of staff Compliant with mandatory training						85%	85%	85%	85%	85%
% of unsatisfactory sick leave						1%	1%	1%	1%	1%
Number of FTES (excluding contractors)						74	74	74	74	74
Number of employees with accrued annual leave balances at more than 30 days (number)						15	15	15	15	15
Karitane Staff Engagement survey - Staff not disengaged norms above peer average based on BPA (%) conducted every two years.						N/a	N/a	Na	80%	80%
Rate of turnover (%) < 3%						3%	3%	3%	3%	3%

RESEARCH, DEVELOPMENT & EDUCATION										
Number of nominations for innovation awards/grants						1	1	1	1	4
Number of approved investigator led research projects						1	0	1	0	2
Number of New conference papers						1	1	1	1	4
Number of journal articles peer reviewed						1	0	1	0	2
Number of education sessions provided to external health professionals						2	2	3	3	10
% external education revenue against the budget revenue for external education						100%	100%	100%	100%	100%
SERVICE ACCESS & CLINICAL OUTCOMES										
% of patients / clients showing clinical improvement on KPCS Outcome scales - Camden						N/a	95%	95%	95%	71%
% of patients / clients deteriorated on KPCS Outcome scales - Camden						N/a	5%	5%	5%	4%
% of patients / clients showing clinical improvement on KPCS Outcome scales - Carramar						95%	95%	95%	95%	95%
% of patients / clients deteriorated on KPCS Outcome scales - Carramar						5%	5%	5%	5%	5%
Wait list period for services - Camden (measured in weeks)						4	4	4	4	4
Wait list period for services - Carramar						4	4	4	4	4
Wait list period for double child services - Carramar						4	4	4	4	4
Provide a narrative quarterly on the management of each waiting list that includes; profile of clients; management of risk; priority placement; referral to other services. (Enter only: "Provided" or "Not Provided")						Provided	Provided	Provided	Provided	Provided
Wait times for Careline Response (measured in hours, target <24h)						<24 Hrs	<24 Hrs	<24 Hrs	<24 Hrs	<24 Hrs

MENTAL HEALTH MINIMUM DATA REPORT ON JADE HOUSE

STAFF SUMMARY

Medical Officer Staff						0.32	0.32	0.32	0.32	0.32
Nursing						0.84	0.84	0.84	0.84	0.84
Allied Health						3.95	3.95	3.95	3.95	3.95
Administration & Clerical						0.63	0.63	0.63	0.63	0.63
Total Staff FTE						5.74	5.74	5.74	5.74	5.74

STAFF FTE DIRECT CARE

FTE Direct Care						4.27	4.27	4.27	4.27	4.27
FTE Non Direct Care						1.47	1.47	1.47	1.47	1.47
Total						5.74	5.74	5.74	5.74	5.74

COMMUNITY SERVICES - ACTIVITY SUMMARY

Number of individual clients						57	58	57	58	230
Total OOS						730	730	730	730	2,920

OPERATING EXPENDITURE

Total Salaries and Wages						225,329	172,779	169,506	167,930	735,544
Total non salaries and wages						6,437	8,072	5,959	4,920	25,388
Total Expenditure						190,233	190,233	190,233	190,233	760,933

GENERAL

Report on Corporate Governance to the Karitane Clinical Governance Sub Committee at Board Level						Comply	Comply	Comply	Comply	Comply
Complete an Internal Clinical Governance Attestation Statement - Reviewed at Board Level.						Comply	Comply	Comply	Comply	Comply
Complete a Risk Management Register quarterly						Comply	Comply	Comply	Comply	Comply
Update of the Entity Delegations Manual						Comply	Comply	Comply	Comply	Comply
Ensure any recommendations made by all audit are actioned in a timely manner						Comply	Comply	Comply	Comply	Comply

MENTAL HEALTH MINIMUM DATA REPORT ON JADE HOUSE											
STAFF SUMMARY											
Medical Officer Staff							0.32	0.32	0.32	0.32	0.32
Nursing							0.84	0.84	0.84	0.84	0.84
Allied Health							3.95	3.95	3.95	3.95	3.95
Administration & Clerical							0.63	0.63	0.63	0.63	0.63
Total Staff FTE							5.74	5.74	5.74	5.74	5.74
STAFF FTE DIRECT CARE											
FTE Direct Care							4.27	4.27	4.27	4.27	4.27
FTE Non Direct Care							1.47	1.47	1.47	1.47	1.47
Total							5.74	5.74	5.74	5.74	5.74
COMMUNITY SERVICES - ACTIVITY SUMMARY											
Number of individual clients							57	58	57	58	230
Total OOS							730	730	730	730	2,920
OPERATING EXPENDITURE											
Total Salaries and Wages							225,329	172,779	169,506	167,930	735,544
Total non salaries and wages							6,437	8,072	5,959	4,920	25,388
Total Expenditure							190,233	190,233	190,233	190,233	760,933
GENERAL											
Report on Corporate Governance to the Karitane Clinical Governance Sub Committee at Board Level							Comply	Comply	Comply	Comply	Comply
Complete an Internal Clinical Governance Attestation Statement - Reviewed at Board Level.							Comply	Comply	Comply	Comply	Comply
Complete a Risk Management Register quarterly							Comply	Comply	Comply	Comply	Comply
Update of the Entity Delegations Manual							Comply	Comply	Comply	Comply	Comply
Ensure any recommendations made by all audit are actioned in a timely manner							Comply	Comply	Comply	Comply	Comply

Ministry of Health – Virtual Health Home Visits (Telehealth) Service Reporting

Reporting Template - Karitane Virtual Health Home Visits (telehealth) service - Budget Commitment 2018/19														
District	Annual	FTE CFH												
Karitane (funded through SVSLHD)	\$ 300,000	2.0												
Year 1 Reporting 2018/19														
Period end	Report due date	FTE CFH nurses funded	FTE CFH nurses recruited	Total number of Virtual Health Home Visits	Total number of Virtual Health Home Visits to new families	Number of families on the residential unit waitlist	Total number of virtual home visits to families in rural and remote areas	Average waitlist length (in weeks)	Number of new referrals to residential unit as individuals	Number of avoided admissions-residential unit	Number of avoided admissions-Parenting Centre	Number of other occasions of service	YTD number of Virtual Health Home Visits	YTD total number of virtual health home visits
	31/12/2018	14/01/2019	2.0											0
	31/03/2019	15/04/2019	2.0											0
	30/06/2019	15/07/2019	2.0											0
Year 2 Report 2019/20														
Period end	Report due date	FTE CFH nurses funded	FTE CFH nurses recruited	Total number of Virtual Health Home Visits	Total number of Virtual Health Home Visits to new families	Number of families on the residential unit waitlist	Total number of virtual home visits to families in rural and remote areas	Average waitlist length (in weeks)	Number of new referrals to residential unit as individuals	Number of avoided admissions-residential unit	Number of avoided admissions-Parenting Centre	Number of other occasions of service	YTD number of Virtual Health Home Visits	YTD total number of virtual health home visits
	30/09/2019	15/10/2019	2.0											0
	31/12/2019	15/02/2020	2.0											0
	31/03/2020	15/04/2020	2.0											0
	30/06/2020	15/07/2020	2.0											0
Year 3 Report 2020/21														
Period end	Report due date	FTE CFH nurses funded	FTE CFH nurses recruited	Total number of Virtual Health Home Visits	Total number of Virtual Health Home Visits to new families	Number of families on the residential unit waitlist	Total number of virtual home visits to families in rural and remote areas	Average waitlist length (in weeks)	Number of new referrals to residential unit as individuals	Number of avoided admissions-residential unit	Number of avoided admissions-Parenting Centre	Number of other occasions of service	YTD number of Virtual Health Home Visits	YTD total number of virtual health home visits
	30/09/2020	15/10/2020	2.0											0
	31/12/2020	15/02/2021	2.0											0
	31/03/2021	15/04/2021	2.0											0
	30/06/2021	15/07/2021	2.0											0
Year 4 Report 2021/22														
Period end	Report due date	FTE CFH nurses funded	FTE CFH nurses recruited	Total number of Virtual Health Home Visits	Total number of Virtual Health Home Visits to new families	Number of families on the residential unit waitlist	Total number of virtual home visits to families in rural and remote areas	Average waitlist length (in weeks)	Number of new referrals to residential unit as individuals	Number of avoided admissions-residential unit	Number of avoided admissions-Parenting Centre	Number of other occasions of service	YTD number of Virtual Health Home Visits	YTD total number of virtual health home visits
	30/09/2021	15/10/2021	2.0											0
	31/12/2021	15/02/2022	2.0											0
	31/03/2022	15/04/2022	2.0											0
	30/06/2022	15/07/2022	2.0											0

Schedule E: Performance against Strategies and Objectives

Key Performance Indicators See attached KPIs schedule

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 along with the list of improvement measures that will be tracked by business owners within the Ministry. See:

http://hird.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=22508

The Data Supplement maps indicators and measures to key strategic programs including:

- Premier's and State Priorities
- Election Commitments
- Better Value Care
- Patient Safety First
- Mental Health Reform
- Outcome Budgeting

Strategic Deliverables

Key deliverables under the NSW Health Strategic Priorities 2019-20 will also be monitored, noting that process key performance indicators and milestones are held in the detailed Operational Plans developed by the Organisation.

The SWSLHD invests strongly in identifying local priority issues and improving access to health services locally in partnership with Affiliated Health Organisations. The South Western Sydney region is experiencing rapid population growth and infrastructure development, and as such to ensure continuous planning and alignment of key local health priorities between the SWSLHD and their partners meetings will be held across the next 6 months to discuss strategy, planning and performance.

Schedule F: Other Relevant Agreements

Agreement between Local Health District and / or other Health Services

1. **SWSLHD Dietetics Agreement.** This service agreement operates on the provision of a Karitane menu and meal service being provided via computerised Powerchart/CBORD system. The period is for 1/7/2019 to 30/6/2020. Karitane is invoiced 6 monthly by Macarthur Finance Department. Pending.
2. **Virtual Home Visiting Program** funding approved in 2018/19 under NSW Health 'New Parents and Children Initiatives', as a result of the NSW State Budget Parents' Package. Additional reporting as required to the NSW Health Director Maternity, Child, Youth and Paediatrics Deb.Matha@health.nsw.gov.au . Reporting template attached and KPIs included within KPI sheet.
3. **CEWD** Schedule of fees for training sessions – schedule attached
4. **Oran Park Parenting Centre Agreement**– Pending
5. **SWSLHD & Perinatal Services MOU.**
Provides a support service for family discussion on Perinatal Referral and/or Review meetings 2018-21. This process contributes to a team approach for vulnerable women and families and provide follow-up services where identified.

Other Reporting

6. **Jade House:** Karitane has an agreement with SWSLHD Area Mental Health Service to provide clinical services through Jade House. Recurrent funding has been allocated from the initial Burdekin Enhancement funding in 1996, which is part of the annual subsidy Karitane receives from SWSLHD. The reporting requirements are incorporated into the agreement and reported quarterly
7. **Annual Mental Health Minimum Data Set.** The Karitane Affiliated Health Organisation is responsible for maintaining and providing financial, staffing and activity data to meet the requirements of the Annual Mental Health Minimum Data Set. The required data is for the financial year and is to be reported to Mental Health. The reporting requirements are incorporated into the agreement and reported quarterly.
8. **Camden/Campbelltown Hospitals & QVMH.** On 25 August 2010, the Minister for Health announced the establishment of a Karitane service at Camden Hospital. Karitane Residential Family Care Unit at Camden Hospital has an understanding with Camden/Campbelltown Hospitals & QVMH to provide tertiary level Residential Unit services (8 beds). The agreement is for a period of 5 years commencing from November 2010 with an option to extend the agreement for a further five years. Pending.

Addendum 1. Karitane CEWD Schedule



SWSCEWD COURSE INFORMATION PACKAGE

KARITANE STAFF

Version: 3.0 July 2020

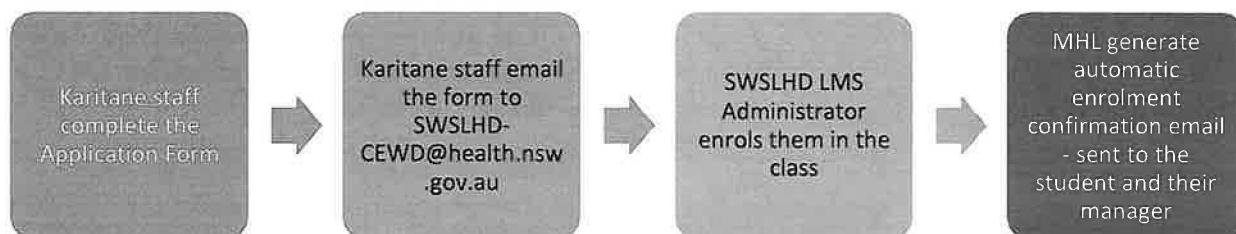
This package Includes information on:

1. Course Application and Enrolment
2. Cancellation
3. Fee Schedule



Course Application and Enrolment

1. Karitane staff can only apply for Continuing Professional Development (CPD) courses. They cannot apply for nationally recognized qualifications at this time.
2. Karitane staff are required to complete the application form and submit it by email to SWSCEWD at SWSLHD-CEWD@health.nsw.gov.au
3. Application form can be accessed via the SWSCEWD [website](#).
4. SWSLHD LMS Administrator will enrol the applicant in the relevant class.
5. My Health Learning (MHL) will generate an automatic enrolment confirmation email which will be sent to the applicant and their manager directly by MHL.



Cancellation

If the Karitane staff member wishes to cancel their enrolment, they can do so by logging on to MHL and un-enrolling from the class they are enrolled in.

If SWSCEWD cancels a class, standard cancellation procedure will be followed. An email notification will be sent to all enrolled participants including Karitane staff notifying them of class cancellation.

Fee Schedule

1. The following fee is effective from 01 July 2019 – 30 June 2020.
2. The fee schedule is subject to annual review.
3. All fees include GST and administration fees as applicable.
4. These fees are applicable to continuing professional development (CPD) courses only.

Course Duration	Other NSW Health Staff & Non-Government Organisations (NGOs)
Continuing Professional Development (CPD) courses	2020-2021 Rate
Half day	\$120
One day	\$180
Two days	\$300
Three days	\$480
Five days	\$780
Working with groups/teams. Rate per day	10-15 participants - \$1250 per day 16 or more participants - \$180 per person/day

**Addendum 2: MOU with SWSLHD Perinatal Services –
2018-2021**

SOUTH WESTERN SYDNEY LOCAL HEALTHDISTRICT

SERVICE AGREEMENT

Between

**South Western Sydney Local Health District
Perinatal Services**

And

Karitane

2018 - 2021

1.0 DEFINITIONS

Facilities	Any Health Sectors or unit
Agreement Objectives	A general statement of the key goals of the Service Agreement
Description of Services	A broad description of the services included in the agreement
Communication, Accountability, Review and Documentation	A description of arrangements for the general communication between the parties
Mutual Obligations	General obligations of both parties
Dispute Resolution	The mechanism for resolving disputes
Variation to the services Level agreement	The process for agreeing on alterations to the agreement
Service Schedule	Details of the service agreement by each party involved in the main processes
Contact Persons/ Custodian	Persons Nominated by the facility to discuss issues pertaining to the service being provided
Customer	The Person, Department/ Unit, or Organisation the Service Agreement is with
Service Provider	Department/Unit of the South Western Sydney Local Health District providing the service
Patient/Resident/Client	Actual Individual receiving the service

2.0 SERVICE AGREEMENT

This document represents a service agreement

between South Western Sydney Local Health District, Perinatal Services
 and Karitane
 for Support Services for families discussed at the Perinatal Referral and/
 or Review Meetings.
 for the period of Jan 2018-Jan 2021.

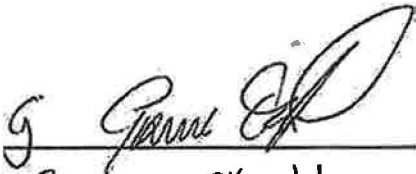
Signed on behalf of NGO

Authorised Officer

Signed

Name (print)

Position Title



 Grainne O'Loughlin
 CEO

Signed on behalf of SWS LHD

Authorised Officer

Signed

Name (print)

Position Title

 Amanda Larkin
 Chief Executive

3.0 GENERAL INFORMATION

3.1 Agreement Objectives:

To invite non-health services to attend the SWS LHD Perinatal Referral and/ or Review Meetings to contribute to a team management approach for vulnerable women and their families and provide follow-up services where identified.

Background

All families need support to raise their children and some families need additional support for their particular needs. Providing this support effectively and promptly can help prevent problems developing and becoming entrenched. As a provider of universal services, NSW Health and Local Health Districts (LHDs) are responsible for provision of services to all women, and therefore well placed to intervene early with families and be an entry point to the wider network of support services available.

All women receiving antenatal care at a SWS LHD hospital will receive a comprehensive assessment aimed to identify the broad range of issues that can affect parenting and the healthy development of the baby.

Any woman identified as vulnerable will be asked for consent for her issues to be discussed at the Perinatal Referral meeting, a multidisciplinary, multi-agency meeting, whose aim it is to determine the best management strategy for the woman and to assist in linking the family to the most appropriate service/s.

Following allocation of the case at this meeting, the key worker/ primary clinician will further assess the woman's level of vulnerability and put appropriate services/ supports in place for the family. Following this assessment, the key worker will feedback to the meeting the supports that have been put in place and any further unaddressed needs. This may include re-referral to another service where appropriate. This feedback process should occur within 4 weeks of the initial allocation.

3.2 Description of Services:

The service will attend the weekly SWS LHD Perinatal Referral Meeting.

NGO role

NGO agencies will be invited to be a part of the meeting as they have an important role in the protection and monitoring of women and families with complex needs in South Western Sydney. In taking up this role, SWS LHD has particular expectation of its NGO partners

- The NGO will, where possible, nominate one main worker to attend the meeting on a regular basis to allow for consistency
- That when that worker is unavailable the NGO will send another representative wherever possible
- That the attending worker will abide by the agency's Confidentiality and Code of Conduct policies and behave in a professional manner at all times
- That each agency worker signs the Confidentiality and Privacy declaration the first time they attend the meeting
- That the agency and attending worker agree to follow the SWS LHD Perinatal Guidelines as referred to in this document
- That the agency and attending worker agree to provide feedback about the initial referral to the meeting within 3 weeks of accepting the referral
- That the agency and attending worker agree to provide written updates at any time when there is a change of client status that is relevant to their antenatal care
- That the agency and attending worker agree to inform the Health Service when there are reports relating to risk of harm and risk of significant harm. This may involve contacting the Health Service before attending the next meeting.

SWS LHD' Role

In return SWS LHD undertakes the following:

- To work with the agency and the attending worker as a partner in the provision of care for the identified woman
- To provide the agency and the attending worker with information relevant to their role in protection and care of the identified woman or baby/ children
- To invite the agency and the attending worker to further case discussion/ case meetings for the identified woman where appropriate
- To inform the agency/case worker immediately where there are reports relating to risk of harm and risk of significant harm.
- To communicate with the agency regarding any issues relating to the working partnership at the earliest opportunity.

3.3 Communication**3.3.1 Service Agreement**

- As a first point, any questions or problems with the service provision will be negotiated between the members attending the meeting and the meeting chair.
- Where SWS LHD feels there any concerns about the working relationship between the agency and the Health Service, these will be discussed with agency management and where these are unable to be resolved, SWS LHD reserves the right to withdraw the invitation to the agency to continue to attend the meeting.

3.4 Accountability

- Each health professional attending the meeting will be responsible to their service manager.
- The local Maternity Unit Manager will be responsible for the running and management of the Referral meeting and the social work manager will be responsible for the Review meeting.

3.5 Documentation**Clinical Records**

Clinical records will be kept by the health service. All files will be stored securely on Health premises and will be accessed only by staff who are actively involved. Non-health agency reports and communication updates will be placed in the medical record by the keyworker.

4.0 TERMS AND CONDITIONS**4.1 Customer Obligation****4.1.1 Occupational Health and Safety**

- To abide by the Occupational Health and Safety Act 2000.

4.3 Dispute Resolution

- Any disputes are to be documented and forwarded to the appropriate manager who will consult the relevant parties to determine what action should be taken.

4.4 Variation to the Service Agreement

- Alterations to this agreement may be made with the mutual agreement of the parties to the agreement. Requests for changes must be in writing and allow adequate time for consideration and implementation.

Addendum 3. Corporate Governance Compendium (4.4.2)

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