

# Service Agreement 2021-22

AN AGREEMENT BETWEEN

South Western Sydney Local Health District

AND THE

Karitane 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 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. In some instances there may be a Memorandum of Understanding or other agreement that operates within the context of this 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 the Karitane AHO Board

Date 27-Sep-21 | 2:20 AM PDT Signed Lee Carpenter

Grainne O'Loughlin

Chief Executive

On behalf of the Karitane AHO

Date 27-Sep-21 | 2:08 AM PDT Signed Grainne O'Loughlin

### South Western Sydney Local Health District

Sam Hadadd

Chair

On behalf of the South Western Sydney Local Health District Board

Date 05 October 2021 Signed Shaddad

Amanda Larkin

Chief Executive

On behalf of the South Western Sydney Local Health District

Date 05 October 2021 Signed Amanda Larkin



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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 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 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.

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 <sup>nd</sup> 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. <a href="http://www.health.nsw.gov.au/policies/">http://www.health.nsw.gov.au/policies/</a>	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.	Annually	31 August	Internal

Review by Karitane Audit & Risk and Corporate Governance Committee at Board Level.			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

### 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 2021-22 are as follows:

#### Community Health Facilities

FACILITY
Karitane Carramar
Karitane Randwick
Karitane Oran Park
Karitane Camden

#### Other Services of the Affiliated Health Organisation

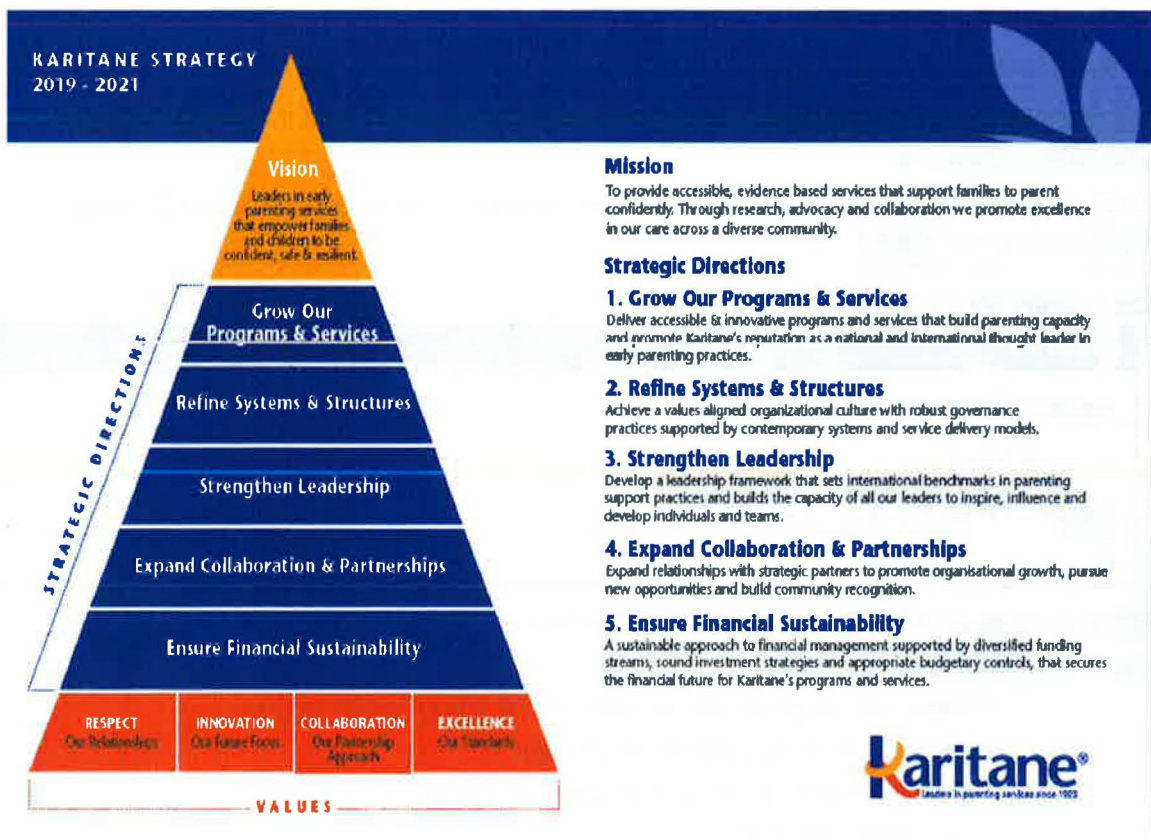
Other services are as follows:

- 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:

- Connect & Care (Commonwealth Funded)
- Connecting the Dots – National - Nutritional Program for children & infants DSS funded
- 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 & Taree (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)
- Wollie Creek Integrated Care Hub – SESLHD & Philanthropic funded
- NSW Health – Early Childhood Nutrition resource development project
- 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.



## 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, IIMS II (RiskMan) 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
- 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
Primary, Secondary & Tertiary level child & family health services	<ul style="list-style-type: none"> <li>Tertiary level services (Residential Unit - Beds) provided State-wide across NSW Primary &amp; secondary level services within other LGA's</li> <li>Digital Health Services State-wide</li> <li>Randwick Parenting Centre</li> <li>Wolli Creek Integrated Care Hub – SESLHD &amp; Philanthropic funded</li> </ul>
Jade House & Statewide Toddler Clinic (perinatal infant & child mental health service – SWSLHD mental Health funding)	SWSLHD only
Oran Park Integrated Care Hub	

#### 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
<p><b>Through the NSW Health Service Association – all AHO members:</b></p> <ul style="list-style-type: none"> <li>Tresillian</li> <li>Calvary</li> <li>Mater</li> <li>Royal Rehab</li> <li>Chris O'Brien LifeHouse</li> <li>St Vincent's Health Network</li> <li>War Memorial</li> <li>St John of God Healthcare</li> <li>Mercy Health Care</li> <li>Hammond Care</li> <li>STARTTS</li> </ul> <p><b>Australasian Association of Parent &amp; Child Health (AAPCH)– all member groups</b></p>



### 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
National AAPCH Partners for delivery of federal grants	Parenting Research Centre, Victoria

## 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>
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

Supra LHD service	Measurement unit	Locations	Service requirement
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
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

Supra LHD service	Measurement unit	Locations	Service requirement
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
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.

<b>BUDGET as at JUNE 30 2021[FY 2021/22]</b>	
<b>SWSLHD Funding</b>	<b>FY 21/22</b>
<b>INCOME/REVENUE</b>	
Core funding SWSLHD	7,025,299
Oran Park Funding- SWSLHD Primary & Community Health-	119,250
MOH Funding PCIT Capacity Building	48,000
COVID 19 - MOH Funding	348,000
*Patient Fees (PHI and Medicare)	350,114
NSW Treasury Private Health Insurance single room rate supplementation	419,339
MOH Funding Covid Reimbursement	45,000
Karitane Donation Revenue	576,000
Karitane Interest Revenue	88,740
Karitane other own source funding	507,773
<b>INCOME/REVENUE TOTAL</b>	<b>9,527,515</b>
<b>EXPENSES</b>	
<b>SALARIES &amp; WAGES</b>	
Base	7,130,635
Sick Leave - included in salaries & wages	
Superannuation	728,556
Annual Leave Provisions	642,402
LSL Provisions	217,742
Workers Compensation	
VMO Expenses	323,699
<b>SALARIES &amp; WAGES TOTAL</b>	<b>9,043,034</b>
<b>GOODS &amp; SERVICES</b>	
Accountant fees	33,600

Admin Expenses	605,928
Advertising & marketing	49,175
Bank fees & charges	6,432
Cleaning	80,114
Utilities (electricity, gas, water)	112,308
Telephone & Other IT	195,108
Rent	
Staff Training	46,980
Travel & Transport (Including Fleet)	28,885
<b>GOODS &amp; SERVICES TOTAL</b>	<b>1,158,530</b>
<b>REPAIRS, MAINTENANCE &amp; RENEWALS (RMR)</b>	
RMR - New and Replacement	15,264
RMR - Repairs	156,674
<b>REPAIRS, MAINTENANCE &amp; RENEWALS (RMR) TOTAL</b>	<b>171,938</b>
<b>EXPENSES TOTAL</b>	<b>10,373,502</b>
<b>Net Results</b>	<b>-845,987</b>

#### Notes funding carried over and other supplementation into 2021/22 budget

- 2020/21 – SWSLHD agreed Karitane’s request for \$48,000 roll over for PCIT (NSW CAMHS) Training Project
- Budget recoup for Dietetics for Camden Dietetic Support –Camden Residential Unit
- \$348K MoH budget supplementation for COVID-19 response
- Significant deficit recorded on SLA, Funding equity re: Tresilian and Karitane, currently under discussion with the Secretary, Ministry of Health and Chair, Karitane.
- \*Due to current lockdowns and the beds closure the Private Health Insurance & Medicare revenue has been adjusted as is expected to reduce by \$314K in Q1 &Q2


*Grainne O'Loughlin*

27-Sep-21 | 2:08 AM PDT



## 6. Purchased volumes and services

### 6.1 Activity

KARITANE 2021/2022 KEY PERFORMANCE INDICATORS					
	Quarterly Health Targets (BUDGET)				
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual Target
<b>Service Volumes and Activity</b>					
All Overnight Bed Days	1,415	1,375	1,288	1,415	5,493
All Occupied Bed Days	1,423	1,382	1,296	1,423	5,524
All Same Day Separations	8	7	8	8	31
All Separations	450	450	450	450	1,800
Available Beds - Carramar Residential Unit	22	22	22	22	88
Available Beds - Camden Hospital Residential Unit	16	16	16	16	64
Available Bed Days	1,634	1,634	1,634	1,634	6,536
Overnight ALOS (Days) - Carramar Residential Unit	3.50	3.50	3.50	3.50	14
Overnight ALOS (Days) - Camden Residential Unit	2.80	2.80	2.80	2.80	11
Occupancy Rate (%)	85%	85%	85%	85%	85%
*Virtual Residential Unit (VRU) due to COVID 19- residential unit closure	120				120
*Virtual Residential Parenting Service (VRPS) - due to COVID 19- residential unit closure	20				20
Face to Face Individual NAPOOS	2,625	2,625	2,625	2,625	10,500
Telephone NAPOOS	2,500	2,500	2,500	2,500	10,000
Video call NAPOOS	600	600	600	600	2,400
Karitane Website Sessions	30,000	30,000	30,000	30,000	120,000
Facebook Live Views	2,185	2,185	1,945	2,185	8,500
<b>Careline</b>					
Careline Telephone Enquiries	1,125	1,125	1,125	1,125	4,500
Careline Email Enquiries	55	57	57	57	226
<b>Intake</b>					
Total Intake referrals	1,000	1,000	1,000	1,000	4,000

<b>Groups &amp; Parent Webinars</b>					
No of Group Sessions	30	30	20	30	110
No in Group Sessions	120	120	80	120	440
No of webinars	30	30	30	30	120
No in webinars	120	120	120	120	480
Non Admitted Patient Level Activity Data Reporting (%)	100%	100%	100%	100%	100%
<b>Oran Park Service</b>					
Face to Face or Virtual NAPOOS	125	125	100	125	475
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 reporting improvement on PROMS at Oran Park	95%	95%	95%	95%	95%
Oran Park Number of FTES (excluding contractors)	0.95	0.95	0.95	0.95	0.95
<b>Quality and Safety</b>					
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%
<b>Workforce</b>					
% 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.	80%	80%	80%	80%	80%
Rate of turnover (%) < 3%	3%	3%	3%	3%	3%
<b>Research, Development &amp; Education</b>					
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%
<b>Service Access &amp; Clinical Outcomes</b>					
% of patients reporting improvement on PROMS at Camden	95%	95%	95%	95%	95%
% of patients reporting improvement on PROMS at Carramar	95%	95%	95%	95%	95%
Wait list period for services - Camden (measured in weeks)	6	6	6	6	6
Wait list period for services - Carramar	9	9	9	9	9
Wait list period for double child services - Carramar	13	13	13	13	13
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. <b>(Enter only: "Provided" or "Not Provided")</b>	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

<b>Mental Health Minimum Data Report on Jade House</b>					
<b>Staff Summary</b>					
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
<b>Total Staff FTE</b>	<b>5.74</b>	<b>5.74</b>	<b>5.74</b>	<b>5.74</b>	<b>5.74</b>
<b>Staff FTE Direct Care</b>					
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
<b>Total</b>	<b>5.74</b>	<b>5.74</b>	<b>5.74</b>	<b>5.74</b>	<b>5.74</b>
<b>Community Services - Activity Summary</b>					
Number of individual clients	57	58	57	58	230
Total OOS	450	450	450	450	1,800
<b>Operating Expenditure</b>					
Total Salaries and Wages	192,029	174,122	171,259	175,532	712,942
Total non salaries and wages	4,233	5,733	4,733	4,233	18,932
<b>Total Expenditure</b>	<b>190,233</b>	<b>190,233</b>	<b>190,233</b>	<b>190,233</b>	<b>760,933</b>
<b>General</b>					
Report on Governance to the Karitane Board	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

Please note: Review of identified KPIs to be undertaken over the next 6 months. Addendum to the above KPIs will be undertaken at the end of the reviews.




**Reporting Template - Karitane Virtual Health Home Visits (telehealth) service - Budget Commitment 2018/19/20**

District		Annual funding	FTE CFH nurses											
Karitane (funded through SWSLHD)		\$ 300,000	2.0											
<b>Year 1 Reporting 2018/19</b>														
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 <small>(Families that have RU Date but are being seen by Telehealth as a hold or avoid strategy)</small>	Total number of virtual home visits to families in rural and remote areas	Average waitlist length (in weeks) Telehealth Wait List)	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 to new families
31/12/2018	14/01/2019	2.0												
31/03/2019	15/04/2019	2.0												
30/06/2019	15/07/2019	2.0												
<b>Year 2 Report 2019/20</b>														
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 to new families
30/09/2019	15/10/2019	2.0												
31/12/2019	15/02/2020	2.0												
31/03/2020	15/04/2020	2.0												
30/06/2020	15/07/2020	2.0												
<b>Year 3 Report 2020/21</b>														
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 to new families
30/09/2020	15/10/2020	2.0												
31/12/2020	15/02/2021	2.0												
31/03/2021	15/04/2021	2.0												
30/06/2021	15/07/2021	2.0												
<b>Year 4 Report 2021/22</b>														
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 to new families
30/09/2021	15/10/2021	2.0											0	0
31/12/2021	15/02/2022	2.0											0	0
31/03/2022	15/04/2022	2.0											0	0
30/06/2022	15/07/2022	2.0											0	0

## 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

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.

## 8. 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 1/7/2021 to 30/6/2022. Subsidy payment reduced by the agreed amount between the parties and transferred by SWSLHD District Finance to the allocated Dietetics Cost Centre.
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](mailto:Deb.Matha@health.nsw.gov.au) . MoH reporting template attached in the Purchased Activity/Volumes Section 6 of the Agreement.
3. **SWSLHD & Perinatal Services MOU.**  
Provides a support service for family discussion on Perinatal Referral and/or Review meetings 2021-2024. This process contributes to a team approach for vulnerable women and families and provide follow-up services where identified.
4. **Camden – Karitane Residential Unit**  
12 month agreement between Camden/Campbelltown Hospitals and Karitane for the provision of an eight (8) inpatient bed Residential Unit Program for eight infants less than 18 months old and eight beds for mothers/caregivers at Camden Hospital.
5. **CEWD** Schedule of fees for training sessions – schedule attached
6. **Other Reporting**
7. **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
8. **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.



**Health**  
South Western Sydney  
Local Health District

### **Nutrition and Dietetic Service Camden Hospital Agreement with Karitane**

SWSLHD Nutrition and Dietetic Service, Camden Hospital have had shared services with Karitane for a number of years. Up to July 2020, Karitane had been invoiced by Finance Department, Camden Hospital for the expenses related to providing the Karitane Residential Unit with a dietetic service.

Since 2020 the expenses for these shared services have formed part of the Kartiane Service Level Agreement. The service level agreement is for a period of 12 month from 1 July 2021 to 30 June 2022.

The service agreement operates on the provision of the following:

1. Karitane adult clients will be provided menus by the Dietitian Assistant (DA) generated from dietetics ordered by Karitane staff in Powerchart.
2. The DA will liaise with Karitane clients as required and process menus accordingly. Infants will not receive menus.
3. On the occasional event of short staffing adults would receive default meals.
4. Karitane will continue to liaise with Food Services Department regarding bulk meal orders as and when required.
5. Any requirement for additional DA hours will be discussed between the Dietetics HOD and Karitane NUM in liaison with the relevant executive prior to making any changes. Adjustments to the service agreement would be made accordingly.
6. Termination of the service agreement will be made in writing and with a minimum period of one month's notice.
7. District Finance will arrange the journal transfer from the district cost centre of the Karitane expenses by the yearly value of the DA salaries and wages each year to the Dietetics Department, Camden & Campbelltown Hospital Cost Centre 500250.

Dietetics Assistant service 1.25 hours per week = \$2,060

The positions will be itemised within the 2021/22 Karitane expenditure statement within the service level agreement. It is agreed that any variation of services or costs will be discussed prior through as per point 5 or at subsequent meetings.

.....  
Luke Taylor  
**Acting Allied Health Director**  
**Camden and Campbelltown Hospital**  
**Date:**

*Grainne O'Loughlin*  
.....  
Grainne O'Loughlin  
**Chief Executive Officer**  
**Karitane**  
**Date**



**SOUTH WESTERN SYDNEY LOCAL HEALTH DISTRICT  
SERVICE AGREEMENT**

**Between**

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

**And**

**Karitane**

**2021- 2024**

## 1.0 DEFINITIONS

<b>Facilities</b>	Any Health Sectors or unit
<b>Agreement Objectives</b>	A general statement of the key goals of the Service Agreement
<b>Description of Services</b>	A broad description of the services included in the agreement
<b>Communication, Accountability, Review and Documentation</b>	A description of arrangements for the general communication between the parties
<b>Mutual Obligations</b>	General obligations of both parties
<b>Dispute Resolution</b>	The mechanism for resolving disputes
<b>Variation to the services Level agreement</b>	The process for agreeing on alterations to the agreement
<b>Service Schedule</b>	Details of the service agreement by each party involved in the main processes
<b>Main process</b>	Psychosocial vulnerabilities are identified, perinatal psychosocial referral attended, perinatal referral meeting, women gets linked to the most appropriate service, feedback to occur from the customer within 4 weeks back to the perinatal referral meeting.
<b>Key worker/ Primary clinician Main worker</b>	Persons nominated by the facility to discuss issues pertaining to the service being provided
<b>Customer</b>	The Person, Department/ Unit, or Organisation the Service Agreement is with
<b>Service Provider</b>	Department/Unit of the South Western Sydney Local Health District providing the service
<b>Women/Family/Families</b>	Actual individual receiving the service
<b>Health Professionals</b>	Midwives, Social workers, Psychologists, Drug and Alcohol Services, Mental Health, Counsellors, Aboriginal Liaison Officers, Child and Family Health Nurses, FaCS Perinatal Case Workers and representatives from appropriate local NGO's who have signed the Confidentiality/Privacy Declaration.

**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 July 2021– Jan 2024.

Signed on behalf of NGO

**Authorised Officer**

Signed Grainne O'Loughlin  
 Name (print) Grainne O'Loughlin  
 Position Title CEO

Signed on behalf of SWSLHD

**Authorised Officer**

Signed \_\_\_\_\_  
 Name (print) \_\_\_\_\_  
 Position Title \_\_\_\_\_

### 3.0 GENERAL INFORMATION

#### 3.1 Agreement Objectives:

To invite non-health services to attend the SWSLHD 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 service 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 SWSLHD 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 3 weeks of the initial allocation.

#### 3.2 Description of Customer Services:

The service will attend the weekly SWSLHD Perinatal Referral Meeting.

#### **NGO Role**

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

1. The NGO will, where possible, nominate one main worker to attend the meeting on a regular basis to allow for consistency.
2. That when that worker is unavailable the NGO will send another representative wherever possible.
3. 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.
4. That each agency worker signs the Confidentiality and Privacy declaration the first time they attend the meeting.
5. That the agency and attending worker agree to follow the SWSLHD Perinatal Guidelines as referred to in this document.
6. That the agency and attending worker agree to provide feedback about the initial referral to the meeting within 3 weeks of accepting the referral.
7. 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 (see attached form).
8. That the agency and attending worker agree to inform the Health Service immediately when there are reports relating to risk of harm and risk of significant harm.

**SWSLHD' Role**

In return SWSLHD undertakes the following:

1. To work with the agency and the attending worker as a partner in the provision of care for the identified woman
2. 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.
3. To invite the agency and the attending worker to further case discussion/ case meetings for the identified woman where appropriate.
4. To inform the agency/case worker immediately where there are reports relating to risk of harm and risk of significant harm.
5. 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**

1. 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.
2. Where SWSLHD 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, SWSLHD reserves the right to withdraw the invitation to the agency to continue to attend the meeting.

**3.3.2 Annual review mechanisms**

1. A meeting will be held annually between the NGO Manager and Antenatal Manager to ensure the service level agreement is being adhered to and complied with.
2. Any amendments to the contract terms may be requested as per clause 4.4
3. Neither party should unreasonably withhold approval of such amendments.
4. All changes to the contract terms will be annexed to the Service Level Agreement, being signed and dated by authorised personnel of organisations to this contract.

**3.4 Accountability**

1. Each health professional attending the meeting will be responsible to their service manager
2. The local MUM will be responsible for the running and management of the 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. NGO reports and communication updates will be placed in the medical record by the keyworker.

The *State Records Act 1998* creates a statutory framework for authorising the disposal of State records and for deciding which records will be retained as State archives.

Patient/Client Healthcare records should be created, maintained and disposed of in accordance with:

1. NSW State Archives & Records General retention and disposal authority - *Health Services, Public: Patient/Client records (GDA17)*
2. The principles outlined in NSW Department of Health Circular No 98/59 *Principles for the creation, management, storage and disposal of health care records*
3. Policies and procedures contained in the Department's *Patient Matters Manual* and *Health Records and Information Manual for Community Health Facilities*
4. Any guidelines or directives that may be issued by the Department from time to time.

#### **4.0 TERMS AND CONDITIONS**

##### **4.1 Customer Obligation**

###### **4.1.1 Workplace Health and Safety**

1. To abide by the Workplace Health and Safety Act 2011.

##### **4.3 Dispute Resolution**

1. Any disputes are to be documented and forwarded to the Maternity Service MUM who will consult the relevant parties to determine what action should be taken.
2. If the parties impacted by such determination by the MUM have any further grievance, the matter will be escalated to the Safe Start Coordinator.
3. If a suitable outcome is still not reached, the matter will be addressed via an approved alternative dispute resolution mechanism. The outcome at this forum is final. Each party is responsible for their own costs should the matter be escalated to such forum.

##### **4.4 Variation to the Service Agreement**

1. 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.

#### **5.0 JURISDICTION**

1. This agreement is governed by the law of the state of New South Wales

## **Provision of Karitane Residential Family Care Unit at Camden Hospital**

### **Description of Services**

Karitane is to provide an eight (8) bed inpatient Residential Unit Program (tertiary level service) for eight (8) infants less than 18 months old and eight (8) beds for mothers/caregivers.

### **Residential Unit Program – Model of Care**

The Karitane residential program is a tertiary referral service, providing specialist inpatient Intervention for families experiencing complex early parenting and psychosocial issues that have not responded to prior primary and secondary level health care interventions. The majority of families are referred for persistent difficulties relating to infant sleep, settling or feeding, attachment relationship difficulties. The program utilizes a strengths-based, family centered approach and aims to enhance protective factors that contribute to effective parenting (e.g. parental sensitivity and confidence), prevent adverse child and parental mental health outcomes, and to aid healthy emotional development. The unit is staffed by a multidisciplinary team of registered child and family health nurses, enrolled parent-craft nurses, psychologist, social worker and visiting psychiatrist, GP and paediatrician. Following referral, pre-admission telephone interviews are conducted with clients and referrals agents to commence the assessment and identify appropriateness for admission. Fathers and close support people are encouraged to attend and participate in the program. The Inpatient nature of the residential program provides a unique opportunity for a comprehensive assessment and the development of individualised management plans to address identified goals and family needs.

Groups are run throughout the week addressing topics such as adjustment to parenthood, stress management and an evening group for fathers. The program also addresses factors affecting the parent-Infant relationship such as parental separation anxiety and also provides education about the role of consistent and predictable Interactions in optimal child development. Planning for discharge begins at first contact. Referrals are often made to professional services for ongoing care and focal support services are identified to enhance social networks and continue to build on parenting strengths.

### **Service Times for Residential Unit**

The Residential Unit program will operate over four days and three nights from 8.30am Monday to 5.00pm Thursday. This enables residential services to operate at capacity with occupancy rates of 90%-95%.

**Access to Residential Unit**

- Access to a tertiary level service must be by referral from a health professional or community service organization e.g. Department of Community Services, early Intervention non-government agencies. Since COVID-19, Clients may self-refer to our intake team who will triage and assess suitability for Karitane services depending on complexity and care needs.
- Intake for admission will be through Karitane, Carramar Intake Officer. Planning commences in consultation with primary care providers to support pre-admission and post-discharge assessment and support and to maximize positive outcomes for families. Clients for admission to the Camden unit will be required to meet the eligibility criteria (see Table 1)
- Admission of families identified as meeting criteria for 'urgent' admission, including those with limited supports, will be given priority following assessment by the senior nursing manager. Prioritization of referrals, management planning to address the needs of families, and coordination of care, from pre-admission to post-discharge, will be Informed by expert consultation through the weekly multidisciplinary case conference that Includes visiting medical officers and allied health.
- Partners will be encouraged to stay and participate in all aspects of the residential unit program.
- Service provision will be informed by research and review of residential services In line with evidence based practice, with reporting mechanisms including monitoring through the Karitane Clinical Governance Committee.

**Eligibility Criteria for Admission to Camden Residential Unit**

- Children under 18 months
- Edinburgh Depression Score Assessment
- Assessed on the Karitane Triage Tool for level of care needs

**Signature**

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Grant Isedale

General Manager

Campbelltown Hospital

Date: .....

*Grainne O'Loughlin*

.....

Grainne O'Loughlin

Chief Executive Officer

Karitane

27-Sep-21 | 2:08 AM PDT

Date.....



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# SWSCEWD COURSE INFORMATION PACKAGE

# KARITANE STAFF

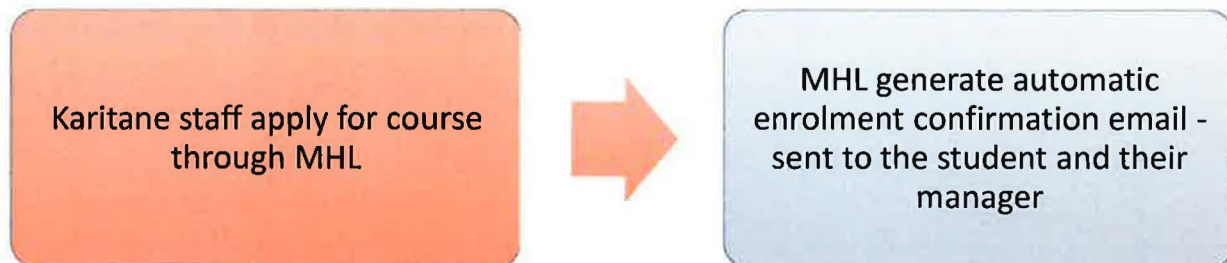
Version: 5.0 July 2021

**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 recognised qualifications.
2. All applications are submitted through My Health Learning (MHL).
3. MHL will generate an automatic enrolment confirmation email which will be sent to the applicant and their manager directly through MHL.



4. Karitane staff are required to comply with applicable COVID-19 restrictions that are in place when they attend training.

### 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.

Staff who do not attend the training will be marked as 'No Show' in MHL. SWSCEWD will charge full fee depending on the course days.

If SWSCEWD cancels a class, standard cancellation procedure will be followed. An email notification will be sent to all enrolled participants including Braeside staff notifying them of class cancellation. SWSCEWD may be required to cancel classes within short notice due to changing guidelines with COVID-19 restrictions. Staff will be informed of the same via email if classes were cancelled.

### Fee Schedule

1. The following fee is effective from **01 July 2021 – 30 June 2022**.
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)
<b>Continuing Professional Development (CPD) courses</b>	<b>2020-2021 Rate</b>
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