



# NSW Health Service Agreement – 2023-24

## Principal purpose

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

The agreement articulates direction, responsibility and accountability across the NSW Health system for the delivery of high quality, effective healthcare services that promote, protect and maintain the health of the community, in keeping with NSW Government and NSW Health priorities. Additionally, it specifies the service delivery and performance requirements expected of the Organisation that will be monitored in line 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

### Karitane Affiliated Health Organisation

Mr Lee Carpenter  
 Chair  
 On behalf of the  
 Karitane Affiliated Health Organisation Board

Date 05-Apr-24 | 9:26 AM AEDT Signed lee carpenter

Grainne O’Loughlin  
 Chief Executive  
 Karitane Affiliated Health Organisation

Please see attached covering letter as agreed with SWSLHD to be provided in conjunction with the signed SLA Grainne O’Loughlin

Date 5th April 2024 Signed

### South Western Sydney Local Health District

Mr Sam Haddad  
 Chair  
 On behalf of the South Western Sydney Local Health District Board

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

Sonia Marshall  
Chief Executive  
On behalf of the South Western Sydney Local Health District

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



5<sup>th</sup> April 2024

Ms Sonia Marshall  
Chief Executive  
SWSLHD

Email: [REDACTED]

Dear Sonia,

**Karitane signed Service Level Agreement 2023/2024 (refer attached)**

We understand that South West Sydney Local Health District (SWSLHD) are this year seeking Karitane to sign the 2023/2024 Service Level Agreement in the full knowledge of our critical \$1.7M forecast budget deficit for the financial year for the provision of the SWSLHD activity outlined in the SLA. You have also advised us that should we fail to sign the Service Level Agreement you may be required to terminate our monthly subsidy payments until such time as the Agreement is signed.

We confirm that we received the final amended version of the SLA for signatory from Ms Kim Jobburn on 4<sup>th</sup> April 2024. As discussed at the Performance meeting with the SWSLHD team on 27<sup>th</sup> March 2024, the addendum for the operating costs of the Campbelltown Site are still to be negotiated and provided to Karitane and are not included in the SLA at this time.

Please find attached the signed Service Level Agreement 2023/2024 for your records.

Karitane has signed the document in good faith with this accompanying letter but does not acknowledge that the deficit is due to inefficiency or underperformance on our part. Karitane has provided detailed information to SWSLHD outlining its efficient cost of delivery under the Service Level Agreement. Meetings and correspondence on these matters between Karitane and the LHD over several years are well documented.

We have provided all the services as articulated in the draft Service Level Agreement for 2023/2024, including the new 19 Bed Unit officially opened by the Hon Ryan Park in November 2023. The current direction contradicts the advice provided by the former CE that Karitane must open/operate 19 beds and this was documented at the PUG meeting on 19<sup>th</sup> June 2022 under item 3.1 that:

*19 bedrooms must be kept (CE) & VRPS rooms are required due to shared staff model, not having separate toddler rooms also raises revenue issues.*

It should be noted that the SLA services have a long history of underfunding by the LHD since at least 2016, notwithstanding the recent challenges related to some lack of foresight in the project management support which has resulted in additional recurrent operational budget/costs for the Campbelltown service.

Like many not-for-profit services we are proud of the incredible work we have been able to achieve with the funding provided as well as the way we utilise funds raised through philanthropic efforts and other revenue streams to provide a higher level of service to public patients, especially those in South West Sydney.

When we met for Karitane's performance meeting on 25<sup>th</sup> May 2023, the LHD acknowledged Karitane's valuable contribution, reviewed the outcome of the 2022/2023 Karitane efficiency review, and agreed to provide the necessary top-up funding for the 2022/2023 FY funding gap as an outcome of that positive efficiency review. At that time, and previously with the SWSLHD Chair, Mr Haddad and CE, Ms Larkin, there was agreement that the next step would be to jointly advocate to NSW MoH & government to secure future and equitable funding allocation for the recurrent underlying gap.

Nevertheless, and in response, we note that since 2023, nothing has changed in our delivery of the requested activity within the SLA from the time of the efficiency review, except the consolidation and opening of the 19 beds in Campbelltown.

Having now exhausted all our requests for financial support, regrettably 60% (11) of these beds will now need to be closed for Karitane to "operate within our budget envelope". Karitane is no longer able to absorb losses of this magnitude (\$1.7M FY 23/24) from our limited reserves and the deficit must be resolved through either the proposed service cuts or budget adjustment. Karitane has provided a year-to-date invoice to SWSLHD seeking reimbursement for the deficit as at January 31<sup>st</sup> 2024 to recover costs of providing the SLA services and relocation costs to Campbelltown.

Karitane presented the requested Deficit Management Plan at the SWSLHD Performance Management meeting on 27<sup>th</sup> March 2024 and we have since been requested by NSW MoH to delay providing the final Deficit Management Plan to SWSLHD until we attend our joint meeting with them on 9<sup>th</sup> April 2024.

We seek the continued commitment of the LHD's Board and Executive to advocate to the NSW Ministry of Health and Minister for Health for adequate funding to address our significant shortfall of **\$1.7M** this financial year and hereafter. This assurance, along with a promise of budgeting transparency, has been previously made to Karitane on several occasions.

We look forward to pursuing our joint advocacy and forthcoming discussions with you and the NSW MoH team scheduled for 9<sup>th</sup> April 2024 and to continue to collaborate on the delivery of safe, evidence-based, high-quality care for South West Sydney and NSW families in the First 2000 Days.

Yours sincerely,



Lee Carpenter

**Chair**



Grainne O'Loughlin

**CEO**

**Our Vision:**

Leaders in early parenting services that empower families and children to be confident, safe and resilient.

All correspondence to PO Box 241, Villawood NSW 2163

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[www.karitane.com.au](http://www.karitane.com.au)

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# 1. Legislation, governance and performance framework

## 1.1 Legislation

### 1.1.1 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).

### 1.1.2 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.

### 1.1.3 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.

#### 1.1.4 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.



## 1.2 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.

## 1.3 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.

## 1.4 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.

### 1.4.1 Clinical governance

NSW public health services are accredited against the *National Safety and Quality Health Service Standards*. The Organisation will complete a Safety and Quality Account inclusive of an annual attestation statement as outlined in the Standards (Version 2.0) by the 31 October each year.

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.

The NSW Health *Patient Safety and Clinical Quality Program* (PD2005\_608) provides an important framework for improvements to clinical quality.

### 1.4.2 Corporate governance

The Organisation must ensure services are delivered in a manner consistent with the *NSW Health Corporate Governance and Accountability Compendium*.

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	Quarterly	Further information on all Policies is available on the following website.	Internal

extreme or of significant strategic risk (PD2010_039).		<a href="http://www.health.nsw.gov.au/policies/">http://www.health.nsw.gov.au/policies/</a>	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

### 1.4.3 Procurement governance

The Organisation must ensure procurement of goods and services complies with NSW Health Procurement policy (PD2022\_020).

### 1.4.4 Aboriginal Procurement Policy

The NSW Government supports 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.

#### 1.4.5 Public health emergency preparedness and response

The Organisation must comply with standards set out in Public Health Emergency Response Preparedness Minimum Standards (PD2019\_007) and adhere to the roles and responsibilities set out in Early Response to High Consequence Infectious Disease (PD2023\_008)

#### 1.4.6 Performance Framework

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

## 2. Strategic 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.





It is recognised that the Organisation will identify and implement local priorities to meet the needs of their respective populations taking into consideration the needs of their diverse communities and alignment with the broader NSW Health strategic priorities. In doing so they will:

- work together with clinical staff about key decisions, such as resource allocation and service planning
- engage in appropriate consultation with patients, carers and communities in the design and delivery of health services.

### 2.1 Future Health: Strategic Framework

The *Future Health Strategic Framework* is the roadmap for the health system to achieve NSW Health's vision.

The framework is a reflection of the aspirations of the community, our patients, workforce and partners in care for how they envisage our future health system. The Strategic Framework and delivery plans will guide the next decade of care in NSW from 2022-32, while adapting to and addressing the demands and challenges facing our system. There will be specific activities for the Ministry of Health, health services and support organisations to deliver as we implement the Future Health strategy, and services should align their strategic, operational and business plans with these Future Health directions.

Strategic outcomes	Key objectives
 <p><b>Patients and carers have positive experiences and outcomes that matter:</b> People have more control over their own health, enabling them to make decisions about their care that will achieve the outcomes that matter most to them.</p>	<ol style="list-style-type: none"> <li>1.1 Partner with patients and communities to make decisions about their own care</li> <li>1.2 Bring kindness and compassion into the delivery of personalised and culturally safe care</li> <li>1.3 Drive greater health literacy and access to information</li> <li>1.4 Partner with consumers in co-design and implementation of models of care</li> </ol>
 <p><b>Safe care is delivered across all settings:</b> Safe, high quality reliable care is delivered by us and our partners in a sustainable and personalised way, within our hospitals, in communities, at home and virtually.</p>	<ol style="list-style-type: none"> <li>2.1 Deliver safe, high quality reliable care for patients in hospital and other settings</li> <li>2.2 Deliver more services in the home, community and virtual settings</li> <li>2.3 Connect with partners to deliver integrated care services</li> <li>2.4 Strengthen equitable outcomes and access for rural, regional and priority populations</li> <li>2.5 Align infrastructure and service planning around the future care needs</li> </ol>
 <p><b>People are healthy and well:</b> Investment is made in keeping people healthy to prevent ill health and tackle health inequality in our communities.</p>	<ol style="list-style-type: none"> <li>3.1 Prevent, prepare for, respond to and recover from pandemic and other threats to population health</li> <li>3.2 Get the best start in life from conception through to age five</li> <li>3.3 Make progress towards zero suicides recognising the devastating impact on society</li> <li>3.4 Support healthy ageing ensuring people can live more years in full health and independently at home</li> <li>3.5 Close the gap by prioritising care and programs for Aboriginal people</li> <li>3.6 Support mental health and wellbeing for our whole community</li> <li>3.7 Partner to address the social determinants of ill health in our communities</li> <li>3.8 Invest in wellness, prevention and early detection</li> </ol>
 <p><b>Our staff are engaged and well supported:</b> Staff are supported to deliver safe, reliable person-centred care driving the best outcomes and experiences.</p>	<ol style="list-style-type: none"> <li>4.1 Build positive work environments that bring out the best in everyone</li> <li>4.2 Strengthen diversity in our workforce and decision-making</li> <li>4.3 Empower staff to work to their full potential around the future care needs</li> <li>4.4 Equip our people with the skills and capabilities to be an agile, responsive workforce</li> <li>4.5 Attract and retain skilled people who put patients first</li> <li>4.6 Unlock the ingenuity of our staff to build work practices for the future</li> </ol>




Strategic outcomes	Key objectives
 <p><b>Research and innovation, and digital advances inform service delivery:</b> Clinical service delivery continues to transform through health and medical research, digital technologies, and data analytics.</p>	<p>5.1 Advance and translate research and innovation with institutions, industry partners and patients</p> <p>5.2 Ensure health data and information is high quality, integrated, accessible and utilised</p> <p>5.3 Enable targeted evidence-based healthcare through precision medicine</p> <p>5.4 Accelerate digital investments in systems, infrastructure, security and intelligence</p>
 <p><b>The health system is managed sustainably:</b> The health system is managed with an outcomes-focused lens to deliver a financially and environmentally sustainable future.</p>	<p>6.1 Drive value based healthcare that prioritises outcomes and collaboration</p> <p>6.2 Commit to an environmentally sustainable footprint for future healthcare</p> <p>6.3 Adapt performance measurement and funding models to targeted outcomes</p> <p>6.4 Align our governance and leaders to support the system and deliver the outcomes of Future Health</p>




## 2.2 Regional Health Strategic Plan 2022-32

The *Regional Health Strategic Plan* (the Plan) outlines NSW Health's strategies to ensure people living in regional, rural and remote NSW can access high quality, timely healthcare with excellent patient experiences and optimal health outcomes. The Plan aims to improve health outcomes for regional, rural and remote NSW residents over the next decade, from 2022 to 2032.

Regional NSW encompasses all regional, rural and remote areas of NSW. There are nine regional local health districts in NSW: Central Coast, Far West, Hunter New England, Illawarra Shoalhaven, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW and Western NSW. Some areas of other local health districts may also be considered regional for the purpose of the plan such as South Western Sydney and Nepean Blue Mountains. The Regional Health Strategic Plan is also supported by the metropolitan local health districts and by the Specialty Health Networks which have patients in many regional locations.

The Regional Health Plan Priority Framework outlines a suite of targets for each Strategic Priority, to be achieved in the first time horizon of the Plan (years 1-3).

PRIORITIES	KEY OBJECTIVES
 <p><b>1. Strengthen the regional health workforce:</b> Build our regional workforce; provide career pathways for people to train and stay in the regions; attract and retain healthcare staff; address culture and psychological safety, physical safety and racism in the workplace.</p>	<p>1.1 Invest in and promote rural generalism for allied health professionals, nurses and doctors</p> <p>1.2 Prioritise the attraction and retention of healthcare professionals and non-clinical staff in regional NSW</p> <p>1.3 Tailor and support career pathways for Aboriginal health staff with a focus on recruitment and retention</p> <p>1.4 Expand training and upskilling opportunities, including across borders to build a pipeline of regionally based workers</p> <p>1.5 Accelerate changes to scope of practice whilst maintaining quality and safety, encouraging innovative workforce models and recognition of staff experience and skills</p> <p>1.6 Nurture culture, psychological and physical safety in all NSW Health workplaces and build positive work environments that allow staff to thrive</p>
 <p><b>2. Enable better access to safe, high quality and timely health services:</b> Improve transport and assistance schemes; deliver appropriate services in the community; continue to embed virtual care as an option to complement face-to-face care and to provide multidisciplinary support to clinicians in regional settings.</p>	<p>2.1 Improve local transport solutions and travel assistance schemes, and address their affordability, to strengthen equitable access to care</p> <p>2.2 Deliver appropriate services in the community that provide more sustainable solutions for access to healthcare closer to home</p> <p>2.3 Leverage virtual care to improve access, whilst ensuring cultural and digital barriers are addressed</p> <p>2.4 Enable seamless cross-border care and streamline pathways to specialist care ensuring access to the best patient care regardless of postcode</p> <p>2.5 Drive and support improved clinical care, safety and quality outcomes for patients in hospitals and other settings</p> <p>2.6 Align infrastructure and sustainable service planning around the needs of staff and communities and to enable virtual care</p>
 <p><b>3. Keep people healthy and well through prevention, early intervention and education:</b> Prevent some of the most significant causes of poor health by working across government, community, and other organisations to tackle the social determinants of health; prepare and respond to threats to population health.</p>	<p>3.1 Address the social determinants of health in our communities by partnering across government, business and community</p> <p>3.2 Invest in mental health and make progress towards zero suicides</p> <p>3.3 Invest in maternity care and early childhood intervention and healthcare to give children the best start in life</p> <p>3.4 Invest in wellness, prevention and early detection</p> <p>3.5 Prevent, prepare for, respond to, and recover from pandemics and other threats to population health</p>

PRIORITIES	KEY OBJECTIVES
 <p><b>4. Keep communities informed, build engagement, seek feedback:</b> Provide more information to communities about what health services are available and how to access them; empower the community to be involved in how health services are planned and delivered; increase responsiveness to patient experiences.</p>	<p>4.1 Encourage choice and control over health outcomes by investing in health literacy, awareness of services and access to information</p> <p>4.2 Engage communities through genuine consultation and shared decision-making in design of services and sustainable local health service development</p> <p>4.3 Support culturally appropriate care and cultural safety for zero tolerance for racism and discrimination in health settings</p> <p>4.4 Capture patient experience and feedback and use these insights to improve access, safety and quality of care</p> <p>4.5 Improve transparency of NSW Health decision-making and how it is perceived and understood by patients and the community</p>
 <p><b>5. Expand integration of primary, community and hospital care:</b> Roll out effective, sustainable integrated models of care through collaboration between Commonwealth and NSW Government and non-Government organisations to drive improved access, outcomes and experiences.</p>	<p>5.1 Develop detailed designs for expanded primary care models and trial their implementation in regional NSW through working with the Commonwealth and National Cabinet, Primary Health Networks, Aboriginal Community Controlled Health Organisations, NGOs and other partners</p> <p>5.2 Address the employer model to support trainees and staff to work seamlessly across primary care, public, private settings and Aboriginal Community Controlled Health Organisations to deliver care to regional communities</p> <p>5.3 Improve access and equity of services for Aboriginal people and communities to support decision making at each stage of their health journey</p> <p>5.4 Develop 'place-based' health needs assessments and plans by working closely with Primary Health Networks, Aboriginal Community Controlled Health Organisations and other local organisations including youth organisations and use these to resource services to address priority needs</p>
 <p><b>6. Harness and evaluate innovation to support a sustainable health system:</b> Continue to transform health services through aligned funding and resourcing models, digital and health technologies, research and environmental solutions.</p>	<p>6.1 Align NSW and Commonwealth funding and resourcing models to provide the financial resources to deliver optimal regional health services and health outcomes</p> <p>6.2 Fund and implement digital health investments and increase capability of workforce to deliver connected patient records, enable virtual care, provide insightful health data and streamline processes</p> <p>6.3 Undertake research and evaluation with institutions, industry partners, NGOs, consumers and carers</p> <p>6.4 Commit to environmental sustainability footprint for future regional healthcare</p>

### 2.3 NSW Government Priorities

There are several government priorities that NSW Health is responsible for delivering. These government priorities are usually reported to the Premier's Department or The Cabinet Office through NSW Health Executive. Progress on government priorities allocated to Health is monitored by the Ministry of Health including:

- Election Commitments
- Charter Letter commitments
- Inquiry recommendations

### 2.4 NSW Health Outcome and Business Plan

The NSW Health Outcome and Business Plan is an agreement between the Minister for Health, the Secretary, NSW Health and the NSW Government setting out the outcomes and objectives that will be the focus for the current period. In 2022 NSW Health's Outcome Structure was realigned to the Future Health strategic framework. The revised state outcomes are:

- People are healthy and well
- Safe care is delivered within our community
- Safe emergency care is delivered
- Safe care is delivered within our hospitals
- Our staff are engaged and well supported
- Research and innovation and digital advances inform service delivery

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. NSW Health services and networks

Each NSW Health service is a 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.

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.

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.

#### 3.1 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



### 3.2 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> </ul>
Jade House & Statewide Toddler Clinic (perinatal infant & child mental health service -SWSLHD mental Health funding)	
Oran Park Integrated Care Hub	

### 3.3 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)
- Accessing inpatient mental health care for children and adolescents (IB2023\_001)
- 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).

### 3.4 Supra LHD services

Under the New Health Technologies and Specialised Services policy (GL2022\_012), Supra LHD services are provided across District and Network boundaries to provide equitable access for everyone in NSW.

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 Services	Measurement Unit	Locations	Service requirement
Adult Intensive Care Unit	Beds/NWAU	Royal North Shore (38) Westmead (49) Nepean (21) Liverpool (40) Royal Prince Alfred (51) Concord (16) Prince of Wales (23) John Hunter (28+2/584 NWAU23) 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 2022/23 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>
Neonatal Intensive Care Service	Beds/NWAU	SCHN Randwick (4) SCHN Westmead (23) Royal Prince Alfred (22) Royal North Shore (17) Royal Hospital for Women (17+1/325 NWAU23) Liverpool (17) John Hunter (19+1/325 NWAU23) Nepean (12) Westmead (24)	Services to be provided in accordance with <i>NSW Critical Care Networks (Perinatal)</i> policy
Paediatric Intensive Care	Beds/NWAU	SCHN Randwick (13) SCHN Westmead (22+3/1,253 NWAU23) John Hunter (5+2/836 NWAU23)	Services to be provided in accordance with <i>NSW Critical Care Networks (Paediatrics)</i> policy
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.  Services to be provided in accordance with <i>Adult Mental Health Intensive Care Networks</i> policy
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.

Supra LHD Services	Measurement Unit	Locations	Service requirement
Blood and Marrow Transplantation – Allogeneic	Number	St Vincent's (38) Westmead (71) Royal Prince Alfred (26) Liverpool (18) Royal North Shore (47) SCHN Randwick (26) SCHN Westmead (26)	Provision of equitable access
Blood and Marrow Transplant Laboratory	Access	St Vincent's - to Gosford Westmead – to Nepean, Wollongong, SCHN Westmead	Provision of equitable access.
Complex Epilepsy	Access	Westmead Royal Prince Alfred Prince of Wales SCHN	Provision of equitable access.
Extracorporeal Membrane Oxygenation Retrieval	Access	Royal Prince Alfred St Vincent's SCHN	Services to be provided in accordance with the NSW Agency for Clinical Innovation's ECMO services – Adult patients: Organisational Model of Care and ECMO retrieval services – Neonatal and paediatric patients: Organisational Model of Care
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
Peritonectomy	NWAU	St George (116) Royal Prince Alfred (68)	Provision of equitable access for referrals as per agreed protocols
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> .

Supra LHD Services	Measurement Unit	Locations	Service requirement
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 NSW <i>Referral and Protocol for 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.
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.
High risk Transcatheter Aortic Valve Implantation (TAVI)	Access for patients at high surgical risk	St Vincent's Royal Prince Alfred Royal North Shore South Eastern Sydney Local Health District John Hunter Liverpool Westmead	Delivery of additional procedures, including targets for patients from regional or rural NSW in line with correspondence from NSW Ministry of Health All services must: Be accredited through Cardiac Accreditation Services Limited, including accreditation of the hospital and clinicians. Establish referral pathways to ensure statewide equity of access Include high risk TAVI patients in surgical waitlists Undertake data collection as required by the ACOR registry and collect patient-reported outcomes and experience Participate in the annual reporting and any required evaluation activities

Supra LHD Services	Measurement Unit	Locations	Service requirement
CAR T-cell therapy: Acute lymphoblastic leukaemia (ALL) for children and young adults:  Adult diffuse large B-cell lymphoma (DLBCL)	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	Provision of equitable access for all referrals.

### 3.5 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	

### 3.6 Other organisations

The Organisation is to maintain up to date information for the public on its website regarding its facilities and services including population health, inpatient services, community health, other non-inpatient services and multipurpose services (where applicable), in accordance with approved role delineation levels.

#### 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	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> </ul>

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

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)
- Wolli 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
- SWS Investment for Social Impact Strategy – Child and Family Hybrid Hub and Keyworker Model – NSW DCJ Funded

## 4. 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 1 July 2023[2023/24]</b>	
<b>SWSLHD Funding</b>	<b>FY 23/24</b>
<b>INCOME/REVENUE</b>	
SWSLHD Funding Employee Related	6,321,509
SWSLHD Core Funding Goods and Services	1,149,591
Virtual home visiting service matching budget	300,000
Third Schedule Revenue Impact PHI Adjustment - applied to G&S	419,339
Karitane Oran Park Integrated Care Model	119,250
Revenue	-284,709
PCIT Supplemental MoH Funding 2023/24 FY*	304,063
Patient Fees (PHI and Medicare)	523,692
Karitane Donation Revenue	349,000
Karitane other own source funding	658,455
<b>INCOME/REVENUE TOTAL</b>	<b>9,860,190</b>
<b>EXPENSES</b>	
<b>SALARIES &amp; WAGES</b>	
Base (Sick Leave - included in salaries & wages)	7,599,298
Superannuation	833,557
Annual Leave Provisions	718,765
LSL Provisions	320,033
VMO Expenses	285,605
<b>SALARIES &amp; WAGES TOTAL</b>	<b>9,757,258</b>
<b>GOODS &amp; SERVICES</b>	
Accountant fees	39,800
Admin Expenses	631,215
Advertising & marketing	56,763
Bank fees & charges	7,880
Cleaning	62,173
Utilities (electricity, gas, water)	138,188



Food expenses	260,000
Telephone & Other IT	244,955
Staff Training	38,686
Travel & Transport (Including Fleet)	18,894
<b>GOODS &amp; SERVICES TOTAL</b>	
<b>REPAIRS, MAINTENANCE &amp; RENEWALS (RMR)</b>	
RMR - New and Replacement	123,428
RMR - Repairs	207,401
<b>REPAIRS, MAINTENANCE &amp; RENEWALS (RMR) TOTAL</b>	330,824
<b>EXPENSES TOTAL</b>	<b>11,586,641</b>
<b>Net Results</b>	<b>-1,726,452</b>

I, Grainne O'Loughlin, authorised on behalf of the Management Committee / Board of Karitane, certify the above FY 2023/24 Budget estimate is a deficit of \$1,726,452. Karitane is exploring opportunities in collaboration with SWSLHD to develop a deficit management plan, which outlines proposed strategies on reducing the deficit in the year in accordance with the service delivery outlined in the funding agreement.

Signature..... *Grainne O'Loughlin* ..... Date..... 05-Apr-24 | 12:50 PM AEDT

\*For Noting

PCIT MoH supplemental funding \$560,000 over two years and can be split differentially between the 2022/23 & 2023/24FY.

## 5. Purchased volumes and services

### 5.1 Activity

#### Community Health Facilities

FACILITY
Karitane Carramar
Karitane Randwick
Karitane Oran Park
Karitane Campbelltown

#### Other Services of the Affiliated Health Organisation

Other services are as follows:

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

## 6. Performance against strategies and objectives

### 6.1 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.

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

[http://internal4.health.nsw.gov.au/hird/view\\_data\\_resource\\_description.cfm?ItemID=48373](http://internal4.health.nsw.gov.au/hird/view_data_resource_description.cfm?ItemID=48373)

### 6.2 Performance deliverables

Key deliverables will be monitored, noting that indicators and milestones are held in the detailed program operational plans.

<b>KARITANE</b>					
<b>KARITANE 2023/2024 KEY PERFORMANCE INDICATORS</b>					
	<b>Quarterly Health Targets</b>				
	<b>Qtr. 1</b>	<b>Qtr. 2</b>	<b>Qtr. 3</b>	<b>Qtr 4</b>	<b>Annual Target</b>
<b>Service Volumes and Activity</b>					
All Overnight Bed Days	1,415	1,584	1,816	1,824	6,639
All Occupied Bed Days	1,423	673	1,544	1,550	5,190
All Same Day Separations	26	13	26	26	91
All Separations	450	225	450	450	1,575
Available Beds - Carramar Residential Unit	22	n/a	n/a	n/a	22
Available Beds - Camden Hospital Residential Unit	16	n/a	n/a	n/a	16
Available Beds - Campbelltown Hospital Residential Unit	n/a	38	38	38	38
Available Bed Days	1,634	1,584	1,816	1,824	6,858

Overnight ALOS (Days) - Carramar Residential Unit	3.5	n/a	n/a	n/a	3.5
Overnight ALOS (Days) - Camden Residential Unit	2.8	n/a	n/a	n/a	2.8
Overnight ALOS (Days) - Campbelltown Residential Unit	n/a	3.5	3.5	3.5	3.5
Occupancy Rate (%)	85%	50%	85%	85%	85%
Face to Face & Virtual NAPOOS across Karitane ( excludes Jade House and Oran Park)	900	900	900	900	3,600
Telephone NAPOOS across Karitane (excludes Jade House, Oran Park & VRPS)	1,700	1,700	1,700	1,700	6,800
Karitane Website Sessions (a session is every visits to Karitane website)	30,000	30,000	30,000	30,000	120,000
Facebook Community -(No of followers for Karitane FB Page)	50,000	50,000	50,000	50,000	200,000
<b>Careline</b>					
Careline Telephone Enquiries	1,125	1,125	1,125	1,125	4500
Careline Email Enquiries	75	75	75	75	300
<b>Intake</b>					
Total Intake referrals	1,000	1,000	1,000	1,000	4000
<b>Group &amp; Parent Webinars</b>					
No of Parent Group Sessions Face to Face & virtual	10	8	8	10	36
No in Parent Group Sessions Face to Face & virtual	70	70	70	80	290
Non Admitted Patient Level Activity Data Reporting (%)	100%	100%	100%	100%	100%
<b>Oran Park Service</b>					
Face to Face or Virtual NAPOOS	100	100	100	100	400
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	75%	75%	75%	75%	75%
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 (%)	90%	90%	90%	90%	90%
Number of serious injury (Harm Score 1 or 2) associated with fall while being cared for in hospital	0	0	0	0	0
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	80%	80%	80%	80%	80%
% of staff Compliant with mandatory training	80%	80%	80%	80%	80%
% of unsatisfactory sick leave	1%	1%	1%	1%	1%
Number of FTES (excluding contractors)	79	79	79	79	79
Number of employees with accrued annual leave balances at more than 30 days (number)	15	15	15	15	15
Compensable Workplace Injury - Claims (% of change over rolling 12-month period)	0	0	0	0	0
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	75%	n/a	n/a	n/a	75%
% of patients reporting improvement on PROMS at Carramar	75%	n/a	n/a	n/a	75%
% of patients reporting improvement on PROMS at Campbelltown	n/a	75%	75%	75%	75%
Wait list period for services - Camden (measured in weeks)	6	n/a	n/a	n/a	6
Wait list period for services - Carramar	6	n/a	n/a	n/a	6
Wait list period for services - Campbelltown	n/a	6	6	6	6
Wait list period for double child services - Carramar	13	n/a	n/a	n/a	13
Wait list period for double child services - Campbelltown	n/a	5	5	5	5
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	1.47	1.47	1.47	1.47	1.47
Allied Health	2.3	2.3	2.3	2.3	2.3
Administration & Clerical	1.63	1.63	1.63	1.63	1.63
Total Staff FTE	5.72	5.72	5.72	5.72	5.72
<b>Staff FTE Direct Care</b>					
FTE Direct Care	4.09	4.09	4.09	4.09	4.09
FTE Non Direct Care	1.63	1.63	1.63	1.63	1.63
Total	5.72	5.72	5.72	5.72	5.72
<b>Community Services - Activity Summary</b>					
Number of individual clients	50	50	50	50	200

Total OOS	350	350	350	350	1,400
<b>Operating Expenditure</b>					
Total Salaries and Wages	177,794	192,091	174,415	192,542	736,842
Total non salaries and wages	2,250	2,250	7,750	2,250	14,500
Total Expenditure	180,044	194,341	182,165	194,792	751,342
<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 – Quarter 1 KPIs reflect Camden and Carramar Residential Units until their transition mid-September 2023 to the consolidated unit at Campbelltown Hospital.

## 7. Other Relevant Agreements

1. Perinatal Service Level Agreement 2021-2024 with SWSLHD (PIMHS)
2. CEWD Karitane Education Package



TAB B

SWD21/110887

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

**Between**

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

**And**

**South Western Sydney District  
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

 18/10/21

Name (print)

Amanda Larkin

Position Title

CE, SWSLHD

Signed on behalf of SWSLHD

**Authorised Officer**

Signed



Name (print)

Grainne O'Loughlin

Position Title

CEO, Karitane 22/9/2021

### 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

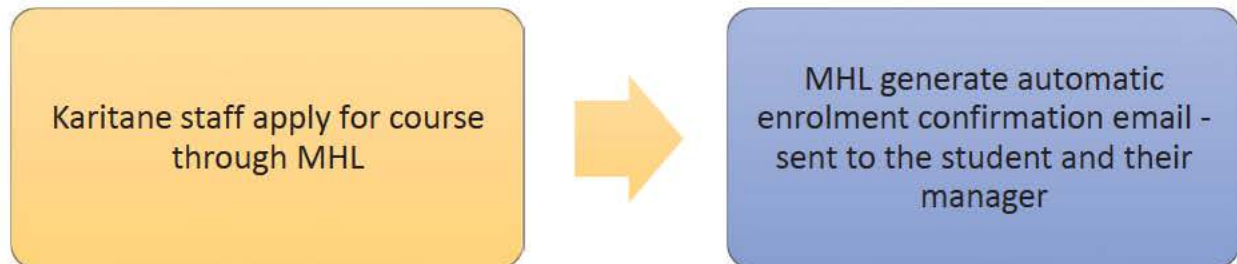
## **Education and Organisational Development Service (EODS)**

### **Karitane Applicants' Information Package**

(This package includes information for Continuing Professional Development (CPD) courses only. This package does not include information for Nationally Recognised Training courses)

## 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.



## 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. EODS will charge full fee depending on the course days.

If EODS 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 Schedule is effective from 01 July 2023 – 30 June 2024.
2. The fee schedule is subject to annual review.
3. All charges quoted are exclusive of GST.
4. EODS will raise an invoice every quarter (April, August, December) for payment.

Course Duration	Other NSW Health Staff & Non-Government Organisations (NGOs)	Private agencies/Full fee-paying
Half day	\$120	\$180
One day	\$180	\$300
Two days	\$300	\$540
Three days	\$480	\$840
Five days	\$780	\$1250
Working with groups/teams per day	Minimum 10 - \$1250 Maximum 16 - \$180 pp above 10	Minimum 10 - \$1250 Maximum 16 - \$180 pp above 10