

Top End Health Service

Service Delivery Agreement

2017/18

TEHS Service Delivery Agreement 2017/18.

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Introduction

This Service Delivery Agreement (SDA) is a formal agreement between the Department of Health (the Department) as system manager and the Top End Health Service (TEHS) consistent with the requirements of the Northern Territory Health Services Act 2014 (the Act) and the National Health Reform Agreement. The SDA supports improved service integration, local control and decision making and more efficient and effective public hospital and community health services. It outlines the responsibilities and accountabilities of the Minister for Health, the Department and TEHS in the delivery of the services to be purchased under this agreement.

Key elements of this agreement are:

- the specification of services to be delivered by TEHS
- the funding to be provided for the delivery of these services
- the measures against which performance will be assessed
- the processes for the management of the agreement.

The success of this agreement depends on a strong commitment by TEHS and its Board and the Department as system manager of the Northern Territory public health system to work together to achieve the best health outcomes from available resources.

Objectives

The SDA comprises an overarching statement of its objectives, scope and processes for management, followed by a number of schedules which provide the details of the services and the service activity to be delivered under the SDA and budget allocated to provide them. The SDA also outlines the key performance indicators (KPIs).

The objectives of this agreement are to:

- specify the healthcare services to be provided by TEHS with respect to outcomes and outputs
- specify the funding to be provided to TEHS for the provision of these services
- clearly set out the service delivery and performance expectations for the funding provided to TEHS, including provision of performance and other data
- ensure Northern Territory and Australian Government health priorities and strategies are implemented and the intended outcomes achieved
- promote accountability to the Northern Territory Government and the community
- articulate a performance management and accountability system for monitoring and assuring the achievement of effective and efficient service provision
- address the requirements of the National Health Reform Agreement (NHRA) and the Act in relation to the establishment of SDAs between the Department and TEHS.

Strategic Context

Since 1 July 2014 the public health system in the Northern Territory, operating under the Act, has comprised three entities: the Department of Health, the Top End Health Service (TEHS) and the Central Australia Health Service (CAHS). Each Health Service is governed by a Health Service Board accountable to the Chief Executive/Department through SDAs and also reports on performance to the Minister for Health in an annual report. The Health Service Board provides strategic direction for the Service consistent with the health needs of the community, the health priorities of the Northern Territory Government and priorities of the Department.

This agreement is made in the context of NT Health governance reforms (refer to Legislative Context).

The Northern Territory's public health system is guided by the Department's Northern Territory Strategic Plan 2014-17, which sets out principles, goals and action areas to improve the health and wellbeing of Territorians. The Strategic Plan aims to afford greater control of health care decision-making by local communities, improve the flexibility, responsiveness and innovation capacity of the public health system and provide for more efficient and effective public hospital and community health services. In partnership with government and non-government agencies and importantly with the community, the Department and Health Services will work collaboratively to address health needs and achieve a shared vision of Healthy Territorians Living in Healthy Communities.

In addition to the objectives outlined in the Strategic Plan, there are a number of Department plans and frameworks that guide how services are to be delivered across the Northern Territory (Schedule 6). Strategic initiatives and plans will be prioritised where they are:

- election commitments
- whole of Northern Territory Government decisions and policies
- reprioritised initiatives.

The SDA may be varied by agreement to reflect strategic priorities arising during the term of this agreement (see Variation to this Agreement, p. 7). The scope and detail of the SDA has also been structured to meet the requirements of the NHRA, noting that the NHRA requires:

- establishment of processes through which the Department identifies and manages variations of hospital performance that pose risks to health outcomes
- development of arrangements by which the National Performance and Accountability Framework will be implemented.

The TEHS budget includes revenue provided under a range of National Partnership Agreements, Commonwealth Own Purpose Expenditure payments and other agreements. TEHS is expected to comply with all of the program, financial and performance reporting required by these agreements.

The 2017/18 priorities include the following matters and may be changed by decisions of Government.

Issues for 2017/18	Details	Funding
Alcohol and Other Drugs	TEHS is committed to partnering with the Department, CAHS and other key stakeholders to develop appropriate models of care for AOD clients in accordance with Government policy. Once the Alcohol Harm Reduction legislation is passed, TEHS will work with the Department, CAHS and other key stakeholders to operationalise changes at the local level. Service provision for Alcohol Mandatory Treatment will continue until implementation of the Banned Drinker Register.	Funding included in Schedule 2.1
Health care reform	The Department, Health Services and the Primary Health Network will work together to implement the coordinated care bilateral agreement and the Health Care Homes (HCH)	Funding included in Schedule 2.1 HCH to be advised
Hospital acquired complications, best practice pricing and avoidable readmissions	The Department will work with the Independent Hospital Pricing Authority and Australian Commission on Safety and Quality in Health Care to finalise a risk adjusted pricing methodology with a view to implement a shadow pricing system in 2017/18.	No impact in 2017/18
Child protection and youth justice framework	The Department and Health Services will work with other Government agencies to implement the Government approved recommendations for child protection and youth justice reforms arising from the Royal Commission into the Protection and Detention of Children.	Funding included in Schedule 2.1 unless further funding directed by Government
National Disability Insurance Scheme (NDIS)	A bilateral agreement between the Northern Territory Government and the Australian Government for transition to the NDIS governs the transition. The transition commenced 1 July 2016, with full scheme implemented from 1 July 2019.	Funding is with Department
Domestic and Family Violence Reduction Strategy	Northern Territory Government-wide strategy; central coordination from the Department's Women's Health Strategy Unit. Operational implementation to come from the Health Services.	Funding included in Schedule 2.1
Transition of grants to the Health Services	Transitioning of all relevant grant funding from the Department to the Health Services and agreed principles for consultation with Health Services when the Department negotiates renewal of a grant.	Funding to be transferred from Department to Health Services
Northern Territory Primary Health Network (NT PHN)	The Department and Health Services to work with NT PHN as it implements initiatives to improve service integration and roll out funding for health services including mental health and alcohol and other drugs services.	Funding to be included in Schedule 3
Core Clinical Systems Renewal Program	Participation of Health Services in Core Clinical Systems Renewal Program development.	Funding included in Schedule 2.1
Integration of care/services	Integration of care/services with non-government organisations and Aboriginal Community Controlled Health Organisations.	Funding included in Schedule 2.1
NT Health Infrastructure Plan	The Health Services will work with the Department in the development of the Total Asset Management Plan	Funding is with Department
Palmerston Regional Hospital (PRH)	The Top End Health Service and the Department will continue to progress work that will see the PRH opening in accordance with Government decisions.	
Governance reform	Work with the Department and CAHS to develop and implement the Government's governance reform for the public health system	Funding included in Schedule 2.1
Financial efficiency	Work with the Department and CAHS for the ongoing development and implementation of budget measures aimed at improving efficiency and economy.	
Corporate services	Participation in the review of the corporate services platform for the Department and Health Services.	Funding included in Schedule 2.1

Principles

This agreement reflects and enables the principles on which the structure of the Department and the Northern Territory's Health Services are based, being:

- an integrated Northern Territory-wide health system with regional and local services designed to meet overarching objectives and outcomes
- community responsiveness
- coordination and integration of services across the care continuum
- local decision-making
- fair and reasonable accountability requirements
- clarity of roles, responsibilities and accountabilities.

Legislative Context

This agreement is created in accordance with the NHRA and the Act to provide a New Service Framework for Health Services in the Northern Territory and for related purposes.

Under the Act each Service is governed by a Health Service Board which is accountable to the Department for the Service's performance. A Health Service is accountable for its performance in accordance with the SDA for the Service, any Health Service Directive (HSD) issued to the Service and any other requirements under the Act.

The Act also states the Department is responsible for setting up and monitoring performance standards for the provision of health services by the Health Services. This is done through SDAs that describe the services to be provided and performance standards to be met by the Health Services.

As a result of NT Health governance reforms, the current Health Service Boards will be dissolved with effect on 30 June 2017. All reference to the Board in this SDA is now directed to the Service Administrator, who has the powers and functions of the Board until such time as the final governance model is agreed and implemented.

Roles and Responsibilities

Service Provider (TEHS)

Without limiting any other obligation of TEHS, it must meet the following accountabilities and responsibilities:

- the terms of this SDA and its schedules
- all Northern Territory and Australian Government legislation applicable to it
- alignment with national and Northern Territory policy, plans, frameworks, and quality and safety standards
- professional registration and clinical credentialing standards and practice
- achievement and maintenance of service and/or facility accreditation
- Business Continuity Planning – by ensuring appropriate measures, risk mitigation and preparedness plans are in place
- planning at the health service level that is aligned with Northern Territory clinical service plans, frameworks and strategic policy
- repair and maintenance of remote health centres
- implementation of coronial recommendations and internal audit recommendations
- implementation of any new initiatives as required from time to time.

Department of Health

Without limiting any other obligations, the Department must meet the following accountabilities and responsibilities:

- the terms of this SDA and its schedules
- all Northern Territory and Australian Government legislation and agreements applicable to it
- dealing, negotiating and entering into agreements with the Australian Government
- contributing to negotiating Northern Territory-wide industrial agreements for the terms and conditions of employees, as required by the Office of the Commissioner for Public Employment
- Northern Territory-wide health service, workforce and capital planning
- Northern Territory-wide health policy development, including leadership of clinical quality and safety
- Northern Territory-wide system management including health system planning, coordination and setting of standards
- managing major capital works (estimated value exceeds \$500 000)
- delivery of Northern Territory-wide services in ways which enable coordination and integration of service delivery in the Top End region.

It is noted that where costs of meeting infrastructure, equipment and legal responsibilities (such as safety) cannot be managed within the Health Service budget due to their significant or unusual nature the Department will assist Health Services in funding these. Examples could include provision of emergency services or major infrastructure failure. Should it be needed a HSD will be issued to manage the situation.

Management of the Service Delivery Agreement

This SDA will be managed in accordance with the Northern Territory Service Delivery Agreement Performance Charter (the Charter). The Charter outlines how the terms and conditions of the SDA will be monitored to assess performance in the achievement of KPIs and other performance measures. It also describes potential responses to performance issues. The performance review process will be collaborative with both parties to the SDA working together to maximise health outcomes in the Northern Territory.

Formal reviews of the SDA will include a mid-year review and a year-end review. The Charter provides details of other performance review meetings.

Term of this Service Delivery Agreement

This SDA will operate from 1 July 2017 to the 30 June 2018. Review and negotiation of the next agreement will commence at least six months prior to the end of this term, as detailed in the Charter.

Performance Measurement

Assessment of TEHS performance against the SDA will be measured by:

- KPIs
- progress reports on the implementation of new initiatives and strategic directions.
- KPIs align with strategic directions and national agreements and include:
 - whole of service indicators from the National Performance and Accountability Framework or its national replacement framework to measure the Health Service's performance in terms of safety and quality, access, efficiency and workforce
 - activity based funding.

KPIs in the SDA are compliance measures. Each will be assigned performance levels that, if not achieved as specified, may trigger responses as outlined in the Charter.

The performance measures in the agreement may be varied from time to time in response to developments in standards and indicators. This will be managed by variation to the SDA through agreement between the parties or by using HSDs and Minister's directions as outlined in the Act and Charter.

Data Provision and Management

Service Provider (Top End Health Service)

In order to meet strategic and legislative requirements, TEHS must capture all data necessary for: clinical care; service delivery and management; and strategic data delivery, analysis and reporting. Reporting should occur at least quarterly, but preferably monthly. The scope of data is established in front-line clinical settings and in agreements related to the provision of National Minimum Data Sets and other data to support Northern Territory and national reporting and analysis.

TEHS is responsible for the quality, completeness and timely provision of all data required to be collected and entered into the Department's corporate information systems. This also includes the quality and timeliness of coding of admitted patient care, with coding to be completed within five weeks of a patient's discharge. TEHS must provide, in a timely manner, all information required to the Department under relevant legislation, e.g. the Freedom of Information Act and the Public Sector Employment and Management Act.

Department of Health

The Department will utilise Health Service data to report quarterly to the Minister about the performance of each Service against the requirements of the Service's SDA and also as soon as practicable in relation to any issues or events outlined in the Act.

The Department will provide monthly reports on KPIs and supporting data to TEHS from its corporate information systems. The delivery of the monthly reports will occur by the ninth working day of each month. In addition, the Department will also make available a suite of standard reports to assist TEHS to monitor performance more broadly in areas outside of the KPIs.

Research and Training

The parties to this agreement will continue current arrangements for research and training. Researchers given approval by the Human Research Ethics Committee will be allowed access to available relevant data and to staff and patients as is practicable. The Department will also provide data and access to staff as possible within service constraints. Student and intern training arrangements involving hospitals within the Health Service will continue under current contracts between training institutions and the Department. Any (re)negotiation of related contracts occurring during the year will involve both parties.

Public Health Responsibilities

The Department and TEHS will work collaboratively to manage public health issues such as the detention of infected patients (not necessarily requiring health care) under the Notifiable Diseases Act, as well as preparation for and response to disasters and clinical and laboratory services.

Variation to this Agreement

Consistent with the Act, the SDA may be varied by agreement between the Health Service and the Department. In reviewing any proposed variation, the parties will take into account the costs and benefits of the change on service users, providers and the general community as well as considering the key deliverables, budget, staffing and performance measures. If agreement cannot be reached on the terms of the variation, the dispute resolution procedure outlined below will be followed.

A proposed variation will be in written form. Agreed variations will also be formally documented and only take effect once signed by the Chief Executive and the Board Chair.

Dispute Resolution

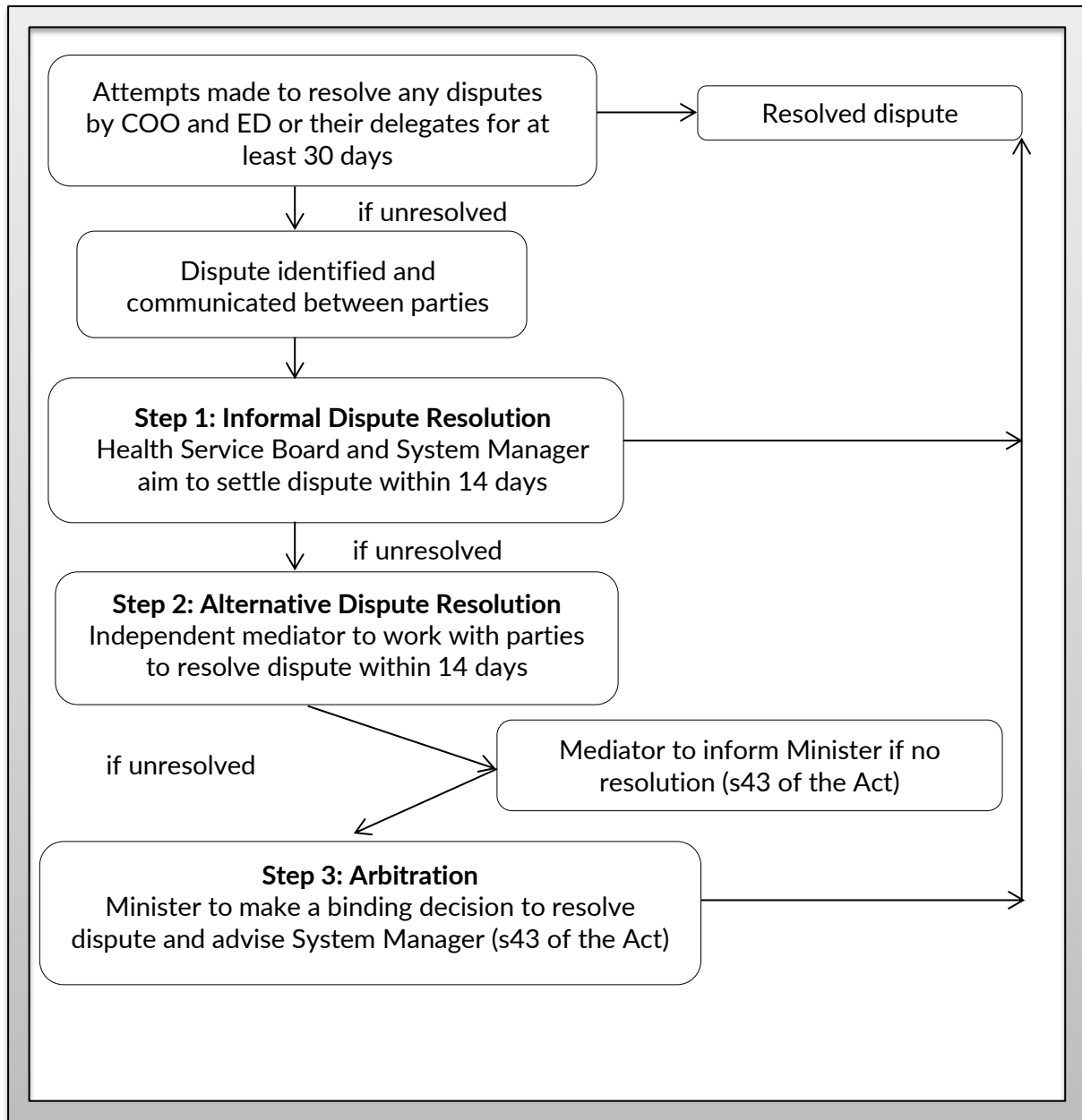
In the event of a dispute arising under this agreement, the parties must make reasonable endeavours to attempt to resolve the dispute in good faith and in the public interest.

This begins with an informal process to be conducted at two levels: between the Chief Operating Officer (COO) and Department (or their delegates – officer to officer) and (if the matter is not resolved within 30 days), then between the Board Chair and Chief Executive.

If the parties are still unable to resolve the dispute within 14 days, then the parties must refer the matter to alternative dispute resolution as conducted by an external party identified by the Australasian College of Health Service Management.

If the issue is still not resolved, then the mediator will inform the Minister who will consider the issues and make a decision under s43 of the Act.

Dispute Resolution Process



Execution

In accordance with the Act, before 30 June in a year, a SDA between the Department and a Health Service will be signed for the following financial year unless the existing SDA is for a longer period (up to three years).

Northern Territory Department of Health

Professor Catherine Stoddart PSM

Chief Executive Officer

Signed by the Chief Executive Officer, Department of Health for and on behalf of the Department of Health

Signature: Signed by Prof Catherine Stoddart PSM

Date: 01 August 2017

Top End Health Service

Mr Paul Tyrrell AO

Service Administrator, Top End Health Service

Signed by the Service Administrator for and on behalf of TEHS

Signature: Signed by Paul Tyrrell AO

Date: 01 August 2017

Schedule 1: Service Description

TEHS provides a range of services:

- hospital services
- mental health
- aged care
- primary health care
- sexual assault referral centre
- alcohol and other drugs (AOD)
- Specialist Outreach Program
- oral health
- hearing health
- cancer screening

Where a party seeks to alter the scope or nature of any of these services, this information should be provided to the Department three months prior to the proposed date of the change and requires the CEO's agreement as the accountable officer under the Health Services Act. It may require formal variation consistent with the process set out on p. 11 in this SDA.

Principles from the Department's Cultural Security agenda are in operation across all services provided by TEHS. Aboriginal and culturally and linguistically diverse clients will present with symptoms that are the result of, or behaviours which are mediated by, cultural factors. Consequently, TEHS will, as far as possible, ensure that:

- Aboriginal Health Practitioners, Aboriginal Liaison Officers and Aboriginal Community Workers contribute to assessments to determine a suitable service and culturally appropriate response
- staff ensure the involvement of appropriate cultural brokers to enhance assessment
- accredited interpreters are used where language issues may influence interactions/ assessments.

1.1 Hospital Services

TEHS has responsibility for a range of hospital services in inpatient, outpatient, outreach and in-home settings that are currently delivered by three hospitals.

Royal Darwin Hospital

Total overnight beds: 367

Royal Darwin Hospital (RDH) is the Northern Territory's largest tertiary referral and university teaching hospital. It provides acute hospital services including mental health acute services to residents and visitors of the Top End and tertiary hospital services Northern Territory-wide. RDH's range of services is described in Table 1.

Gove District Hospital

Total overnight beds: 30

Gove District Hospital (GDH) provides a range of medical, surgical, paediatric, respite and maternity services to the East Arnhem region. Its services are described in Table 1.

Katherine Hospital

Total overnight beds: 60

Katherine Hospital provides hospital services to the Katherine region as outlined in Table 1.

Palmerston Regional Hospital

Palmerston Regional Hospital is expected to open mid-2018. Once the new hospital's service profile is finalised, the services will be updated in Table 1.

Table 1: TEHS Hospital Services

	RDH	GDH	KH
General medicine			
Cancer	✓		✓
Cardiology	✓		
Diabetes	✓		
Gastroenterology	✓		
Infectious Diseases	✓		
Renal	✓		✓
Respiratory	✓		
Palliative Care	✓		
Chronic Pain Service	✓		
Geriatric Medicine	✓		
Hyperbaric Medicine	✓		
Emergency medicine			
24 hour accident and emergency care	✓	✓	✓
General surgery			
ENT	✓		✓
Gynaecology	✓		✓
Neurology (including neurosurgery)	✓		
Ophthalmology	✓		✓
Orthopaedics	✓		✓
Urology	✓		
Vascular	✓		
Maxillofacial Surgery	✓		
Plastic and reconstructive surgery	✓		
Maternity and child health	✓	✓	✓
Neonatology	✓		
Obstetrics	✓	✓	✓
Paediatrics	✓	✓	✓
Mental health	✓		
Rehabilitation	✓	✓	✓
Clinical Support			
Allied health	✓	✓	✓
Anaesthetics	✓	✓	✓
Diagnostic imaging, nuclear medicine	✓	✓	✓
Intensive care/high dependency unit	✓		
Operating suite/theatres	✓	✓	✓
Pathology	✓	✓	✓
Pharmacy	✓	✓	✓
Outreach to remote health centres	✓	✓	✓

1.2 Mental Health

Mental Health Services are specialist clinical services that provide a multi-disciplinary approach to treatment and therapeutic intervention for people experiencing a mental illness or mental health problem. This includes assessment, treatment and clinical interventions to consumers presenting with moderate to severe disability associated with mental illness or mental health problems in urban and remote communities.

TEHS Mental Health Services will provide mental health services to the catchment population within TEHS and deliver some agreed services to CAHS.

Mental Health Access

Priority access to mental health services will be determined in accordance with clinical need and risk assessments. Inpatient and outpatient services have a recovery focus with an emphasis on rehabilitation and relapse prevention. TEHS mental health services actively promote shared care planning and interagency collaboration. Services will be provided within the National Mental Health Recovery Framework and trauma informed care model.

- TEHS provides a single point of access mental health service responsive to individual requirements to Top End and Central Australia after hours.
- The Mental Health Access Team promotes, restores and/or maintains mental health and wellbeing by providing time sensitive responses to consumers' mental health needs, as assessed based on presentation and risk.

Components of the Mental Health Access Team include:

- the NT Mental Health Line 1800 682 288 provides 24 hours a day, seven days a week initial contact and triage via telephone
- the Mental Health Emergency Team and Consultation Liaison Team provides acute crisis response in the emergency department and mental health consultations at RDH medical and surgical units
- The Acute Care Team provides community assessment, short-term treatment and follow-up.

Community Mental Health Services

Age-appropriate assessment, treatment, consultation, liaison, and case management services in the community are provided to the TEHS catchment population. Outreach services to remote communities are provided across the Top End and include making services more accessible through telephone and video conferencing.

The Darwin Remote, Katherine and East Arnhem Mental Health Teams are multi-disciplinary teams that include Aboriginal health workers, nurses and psychiatrists. The teams provide a visiting consultation and liaison service to remote communities and work with local Remote Health Centres, Community Controlled Health Services and other regional services to provide mental health support to clients.

Forensic Mental Health Services

FMHS is a Territory-wide specialist, tertiary level service within TEHS and CAHS mental health services. Prison Forensic Mental Health Services will be provided by TEHS and will cover TEHS and CAHS. The CAHS Forensic Team comprising two Forensic Nurses and an Aboriginal Health Practitioner will be professionally supported by the Prison Forensic Mental Health Service.

- FMHS will provide specialist assessment and treatment to patients involved in the criminal justice system as a result of major mental illness and whose risks necessitate intervention by a specialist tertiary mental health service.
- In the Top End, FMHS is a Darwin urban based service with limited ability to provide rural and remote services. FMHS works closely with TEHS and CAHS to provide service to these areas.

FMHS members will provide:

- treatment to clients with enduring major mental illness such as psychosis and major mood disorders; or clients subject to Part IIA Criminal Code supervision orders
- reports to Courts
- case-management or co-case management of Part IIA supervised persons.

Assessment and treatment of patients (who are either known to psychiatric services in the NT or as a result of referrals by the prison primary care service) in Darwin Correctional Centre (DCC) and Alice Springs Correctional Centre (ASCC). FMHS also carries out 'at-risk' assessments for patients in custodial settings.

FMHS considers requests from other secondary level services within TEHS and CAHS for specialist opinion or for co-case management of high risk complex patients with enduring major mental illness. Consideration is given to patients who are subject to ongoing criminal justice orders.

Mental Health Court Liaison Services

Mental Health Court Liaison Services forms part of the Forensic Mental Health Team and is based at the Northern Territory Courts. The team supports TEMHS in responding to requests from the Court under the Mental Health and Related Services Act and may involve responding to other mental health presentations including travelling on the regional and remote Bush Court circuit.

Acute Services

The Top End Mental Health Inpatient Services is a 28 bed facility based at RDH comprised of a general mental health ward, a high security unit with forensic capacity and a child and adolescent unit. It offers acute treatment and care and has the capacity to provide inpatient care for clients requiring high dependency mental health care, correctional services clients and clients with complex cognitive impairment requiring inpatient assessment.

Child and Youth Mental Health

- TEMHS provides community based and acute child and youth mental health services.
- The Youth Inpatient Program provides mental health services to young people aged 12 to 18 years at a three bed specialist child and adolescent mental health facility at RDH. The Youth Inpatient Program is a short term therapeutic program; acceptance to the program is by pre-arranged admission based on systematic, standardised assessment by qualified professionals.
- TEMHS also provides in-reach mental health services to correctional and youth justice facilities including the provision of education on mental illness to staff.

1.3 Aged Care Services

TEHS's aged care services aim to maintain and improve the independence and ability of older people to remain at home and, if required, exercise Commonwealth delegation to approve people for admission to residential aged care facilities. The programs ensure that all Territorians have equitable access to assessments and services.

TEHS's Aged Care Unit is based in Darwin and delivers the following programs:

- Aged Care Assessment Program
- Community Home Support Program
- Memory Service
- Psychogeriatric Service
- Transition Care Program
- Short Term Restorative Care Program.

This work unit is managed by the Northern Territory Clinical Leader Aged Care, who also has an overarching role across Aged Care Services delivered in TEHS and is the Northern Territory representative for Australian Government funded aged care programs.

Aged Care Assessment Program

The Aged Care Assessment Team (ACAT) provides multi-disciplinary, holistic assessments which evaluate an older person's physical, medical, psychological, cultural, social and restorative dimensions of care needs.

Following assessments, ACAT will recommend and coordinate appropriate services that meet client, carer and family needs. This may include:

- referral for Community Home Support Programs
- support to carers
- approvals for Residential Care and Respite, Home Care Packages (Levels 1-4) Transition Care and Short Term Restorative Care.

ACAT provides education and training to clients, family, carers, service providers, build community capacity, gather electronic data and identify gaps in services.

The Department of Health's Office of Disability Top End Remote Team assists TEHS in carrying out ACAT assessments in remote communities. Disability staff also undertake mandatory ACAT training. On 1 January 2017, the National Disability Insurance Scheme (NDIS) transition commenced in the East Arnhem region. From 1 July 2017, the rest of Top End Remote, including Katherine, will transition to the NDIS. Consideration needs to be given to remote aged care assessments post NDIS transition. The Office of Disability has mapped this as a retained function that sits outside the NDIS. A placement within the organisational structure of the Health Services for the retained function, and associated resources, will need to be negotiated during the course of 2017/18 and therefore has been identified in the issues section of this SDA.

Community Home Support Program

The Community Home Support Program (CHSP) includes Home Modifications, Allied Health and Therapy Services, Specialised Support Services and Goods, Equipment and Assistive Technology. The current CHSP agreements will expire on 30 June 2018.

The CHSP Specialist Dementia Nurse Service provided by the Dementia Nurse located in the Darwin Aged Care Unit coordinates and assists the dementia screening process of individuals where dementia is suspected, in conjunction with the Community Geriatrician and the client's general practitioner. The Dementia Nurse also assists other aged care work units in their assessment of people with dementia. The Dementia Nurse provides education and support to people with dementia, their carers, family and other service providers, gathers electronic data, identifies gaps in service and maintains a reference library.

The CHSP Aged Care Equipment Program is a national program that aims to enhance the quality of life for frail older people and their carers through the provision of basic equipment and home modifications designed to support people living in the community, thus preventing their inappropriate or premature admission to long-term residential care. Funding for equipment for both TEHS and CAHS is managed by the Northern Territory Clinical Leader position based with TEHS.

The program also provides Allied Health assessments and interventions required in the provision of equipment and home modifications. The program has two fulltime Occupational Therapists and a Therapy Assistant based at the Darwin Aged Care Unit, a Therapy Assistant based in Katherine and another based in Alice Springs with CAHS.

The Office of Disability in the Department of Health, supports the CHSP Aged Care Equipment Program with administrative and procurement support and undertakes assessments for eligible clients in the Top End. Placement within the organisational structure of the Health Services for the retained function, and associated resources, will need to be negotiated during the course of 2017/18 and therefore has been identified in the issues section of this SDA.

Memory Service

The Memory Service provides a diagnostic pathway and support to people with cognitive impairment. The Memory Service Team includes the Community Geriatrician, the CHSP Specialist Dementia Nurse and an Occupational Therapist. This service also provides education and support, gathers electronic data, identifies gaps in service and maintains a reference library.

Psychogeriatric Service

The Psychogeriatric Service aims to improve the health, modify the experienced symptoms and enhance the function, behaviour and/or quality of life for a patient with mental health disorders and age-related organic brain impairment.

Complex Psychogeriatric Service case management will include ongoing assessment, counselling and goal focused therapies and developing clinical/collaborative pathways. There will also be a focus on client and carer advocacy and changing expectations of all stakeholders. This includes working to increase the capacity of providers of client care to maintain this client group successfully in their community.

This is a Northern Territory Government funded program that has two TEHS positions based in the Darwin Aged Care Unit.

Transition Care Program

The Northern Territory Transition Care Program is a TEHS work unit funded by Medicare revenue which delivers 29 transition care packages across the whole of the Northern Territory. The Darwin based work unit consists of a Team Leader and Case Coordinators. The unit manages clients in Darwin and case manages packages across other regions in the Northern Territory.

Short Term Restorative Care Program

This is a new Commonwealth aged care program which aims to reverse or slow functional decline in aged persons through time limited, goal oriented, multidisciplinary and coordinated range of services. These services are delivered in the person's home or a residential care setting if available. The program has 5 packages coordinated by the Transition Care Unit in Darwin and can be delivered across the NT.

1.4 Primary Health Care

Primary Health Care (PHC) encompasses a range of services in clinic, home or community settings and includes health promotion, prevention and screening, early intervention, treatment and management. The *Core Functions of primary health care: a framework for the Northern Territory* underpins the provision of PHC services in the NT.

Primary Health Care Settings

- TEHS PHC encompasses a range of services at PHC centres as well as outside the clinical setting.
- The size and mix of PHC services meet the specific need of the population and the level of access to alternative PHC services such as general practitioner practices and hospital emergency departments. This has resulted in three distinct PHC service settings in TEHS: urban, remote and prison PHC centres. Details of the numbers of each type of centre, population size, service mix and general scope of service provided are given in Appendix 3.

1.4.1 Prevention and Early Intervention

TEHS provides a range of primary health care services focusing on prevention and early intervention, including:

- maternal health services
 - antenatal care including engagement of woman, men/partners and family in routine reviews, coordination of access to external service providers and antenatal health education
 - facilitating access to birthing services
 - postnatal care for mother and baby.
- child health services, including immunisation, growth monitoring, hearing health, developmental screening/follow up, action on all issues affecting child health.
- screening and early detection of disease through appropriate health checks for infants, children, adults and older persons, with a focus on risk factors (underweight/ overweight/ obesity, nutrition, physical activity, smoking and alcohol).
- chronic disease management and prevention of complications, through both clinical and risk factor management approaches.
- immunisation programs.
- communicable disease control actions including notifications.
- delivery of brief interventions on health risks (underweight/overweight/obesity, nutrition, physical activity, smoking, alcohol) and support for and coordination with other health promotion approaches.
- environmental health and hygiene

1.4.2 Treatment

TEHS provides treatment to clients in primary health care settings, including:

- first contact treatment of illness and injury
- continuing management of chronic illness
- 24 hour after-hours on-call service in remote communities
- provision of essential drugs including provision of medicine kits to designated holders.
- facilitated access to specialist and allied health treatment services in the community or through referral

1.4.3 Visiting Specialist and Allied Health Services

TEHS supports clients through specialist and allied health services. These include:

- supporting clients' access to specialist services
- supporting and maintaining Telehealth/ telemedicine services
- transport clients
- managing referrals and recalls
- managing schedule of visitors
- use of case-management/case coordination approaches to ensure access to a full range of specialist consultation and assessment services
- prioritising access where need greater than availability
- portfolio – contact in PHC for visiting specialist areas

1.4.4 Rehabilitation and Recovery

Following an injury or illness, TEHS clients are supported with rehabilitation and recovery services. These include:

- care for clients following treatment or discharge from hospital or other institution (with support from external specialised services) including implementation of rehabilitation plans, follow up and care following alcohol and other drug treatment, and mental health recovery and relapse prevention.
- use of case-management/case coordination approaches to ensure access to a full range of services to support patients in their rehabilitation and recovery, including regular assessment and review processes.

1.4.5 Remote Morgues

TEHS operates body storage facilities in remote communities to protect health and meet cultural expectations.

1.5 Sexual Assault Referral Centre

The Sexual Assault Referral Centre provides medical access for men, women and children victims of acute, recent and historical sexual assault.

The Sexual Assault Referral Centre provides free 24 hour medical access for men, women and children victims of sexual assault including:

- medical and forensic examinations
- pregnancy prevention
- screening and preventative treatment for sexually transmitted infections
- collection of forensic evidence.

Other services provided during business hours include:

- counselling for male and female adults who have been sexually assaulted
- counselling for male and female children who have been sexually assaulted
- information, support and counselling for partners, family members and significant others
- community education
- support through the legal process
- access to Aboriginal Sexual Assault Worker.

1.6 Alcohol and Other Drugs Services

Alcohol and Other Drugs (AOD) Services provide confidential treatment and intervention services for individuals and families experiencing substance misuse problems.

TEHS AOD Services operates within a multidisciplinary team process, with staff based in Darwin, Katherine and Nhulunbuy. Clinical staff and client treatment options are guided by the Clinical Management Team process.

The specialist clinical services treatment pathways include:

- triage and brief intervention
- assessment and case management
- outpatient and inpatient withdrawal
- opioid pharmacotherapy program
- volatile substance abuse management and treatment
- hospital liaison team
- a prison in-reach program.

Community education staff provide non-accredited training, community education and resource development.

TEHS will continue to provide Alcohol Mandatory Treatment services until the repeal of the legislation on 1 September 2017 and a subsequent service model is developed and agreed between the health service and the Department.

1.7 Specialist Outreach Northern Territory

Specialist Outreach Northern Territory (SONT) manages the Rural Health Outreach Fund which supports the delivery of health services to rural and remote locations.

SONT coordinates air charter, travel and logistics Northern Territory-wide for specialist teams in Australian Government funded priority areas, including:

- maternal and child health – including obstetrics and gynaecology, paediatrics, paediatric cardiology and midwifery
- eye health – ophthalmology
- mental health.

TEHS also provides visiting sonography outreach services.

1.8 Oral Health Services

TEHS Oral Health Services (TEHS OHS) provides comprehensive oral health care to eligible clients in Top End through a range of accredited facilities in urban and remote locations including: community dental clinics, school based dental clinics, remote dental clinics, hospitals and correctional facilities. TEHS OHS targets vulnerable populations through prioritisation of service provision to clients with chronic conditions.

Services provided by TEHS OHS include:

- oral health promotion
- evidence based preventative and early intervention strategies for both individuals and targeted populations
- referral processes, diagnostic services and assessment services
- restorative, endodontic, extractions and dental prosthetic services
- emergency care including treatment for pain and trauma management
- specialist services including orthodontics, oral surgery and treatment in hospital under general anaesthetic
- the delivery of accredited training courses to non-oral health primary health care workforce and trainee dental assistants.

1.9 Hearing Health Services

Hearing services are available to all Territorians through urban and regional facilities and hospital based services. They are delivered by outreach teams to remote communities consisting of an audiologist and at least one other member of staff. The outreach teams work with local families, primary health organisations, community members, schools and early childhood organisations. Coordination and clinical leadership is provided by regional specialist nursing staff and Aboriginal Health Practitioners.

TEHS Hearing Health Services provide:

- diagnostic audiological and audiometric services
- case management/ care coordination for priority children
- outreach services to 40 remote communities
- ear and hearing health promotion
- professional/skills development
- Newborn Hearing Screening
- Teleotology/ Telehealth services to increase ENT access to children living in remote communities.

TEHS provides Northern Territory-wide program direction, quality and professional support for Australian Government funded outreach services and coordinates the Newborn Hearing Screening services. The System Manager provides Northern Territory-wide hearing health strategic policy and data management/ reporting functions.

1.10 Cancer Screening Services

Northern Territory Cancer Screening Services is a TEHS based work unit that delivers BreastScreenNT, CervicalScreenNT and BowelScreenNT services across the Territory.

Cancer Screening Services Health Promotion Officers recruit clients and provide program information, education and training for BreastScreenNT, CervicalScreenNT and BowelScreenNT services. Promotion Officers also manage BreastScreenNT participant functions. Northern Territory Cancer Screening Services is a TEHS based work unit that delivers BreastScreenNT, CervicalScreenNT and BowelScreenNT services across the whole of the Territory.

BreastScreenNT

BreastScreenNT is the Northern Territory component of the national breast cancer screening program, BreastScreen Australia, and provides:

- free mammograms to eligible women aged 50-74 every two years
- annual free mammograms to eligible high risk women
- clinical assessment clinics for women who have abnormalities detected via screening mammograms (held every three weeks in Darwin)
- outreach screening services to 20 regional and remote communities Northern Territory-wide via the BreastScreenNT 4WD bus.

TEHS BreastScreenNT has offices at Casuarina and Palmerston. Regional services are provided annually at Katherine. Remote screening services are provided to Top End communities every second year via the BreastScreenNT Bus.

CervicalScreenNT

CervicalScreenNT manages functions of the Northern Territory Pap Smear (Cervical) Register for the National Cervical Screening Program, including:

- the collection, maintenance and recording of results of cervical cancer tests (pap smears and Human papillomavirus testing)
- sending secondary reminder letters
- providing clinical information and support to pap smear providers and pathology providers
- collecting and collating data to meet national reporting requirements.

BowelScreenNT

BowelScreenNT manages follow up functions for the National Bowel Cancer Screening Program National Register in the Northern Territory, including:

- participant follow-up as well as follow-up with participant general practitioner and specialist medical officers
- updating the National Bowel Cancer Screening Program National Register with local participant clinical interventions
- collecting and collating data to meet national reporting requirements.

Cancer Screening Services Health Promotion Officers recruit clients and provide program information, education and training for BreastScreenNT, CervicalScreenNT and BowelScreenNT services. Promotion Officers also manage BreastScreenNT participant functions such as sending invitations to join the program, reminder letters and text messages.

1.11 Other hosted services

National Critical Care and Trauma Response Centre (NCCTRC)

The Top End Health Service hosts the NCCTRC at the RDH. In collaboration with the Australian Government, the NCCTRC works to enable the reception and management of local, national and international victims of disaster.

The NCCTRC program ensures an enhanced surge capacity for RDH to provide a rapid response in the event of a mass casualty in the region. It prioritises disaster preparedness through training and education including:

- Major Incident Medical Management Support (MiMMS),
- Hospital MiMMS,
- Trauma related courses for NT health personnel.

Medicines Management Policy and Support

The Top End Health Service hosts a territory-wide policy and support function through the engagement of the Executive Director of Medicines Management and the Pharmaceutical Reform Project Officer based at the RDH. This team is responsible for providing strategic advice and operational support concerning Medicines Management and the Pharmaceutical Reform Agenda for TEHS and CAHS.

Schedule 2: Activity and Funding

2.1 Activity and Finance

Funding Type	Unit	Activity	Purchased (\$) (\$4,910 / WAU)
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Activity Funded Services			
Admitted Acute	WAU	69,051	\$339,040,677
Admitted Sub Acute	WAU	7,112	\$34,918,373
Admitted Mental Health	WAU	2,673	\$13,123,527
Emergency Department	WAU	12,292	\$60,354,438
Non-admitted	WAU	13,016	\$63,907,232
Total Activity Funded Services	WAU	104,143	\$511,344,247

Block Funded Services			
Commonwealth & NT Block Funded Hospital Services			\$224,321,383
Non Hospital Services ¹			\$181,178,488
Aged Care Services	OOS	12,000	\$5,711,156
Community and Residential Mental Health			\$21,217,763
Primary Health Care Services			\$121,929,962
Alcohol and Other Drugs			\$10,979,168
Breast Screening	Screens	4500	\$2,585,309
Hearing Health	OOS	5000	\$5,020,159
Oral Health	OOS	36500	\$13,734,973
Total Block Funded¹			\$405,499,872

Efficiency Adjustment²	-\$6,231,602
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TOTAL	\$910,612,516
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WAU = Weighted Activity Unit

OOS = Occasion of Service

Note1: Funding allocations for non-hospital services are indicative only and will require recasting once the Health Service has loaded budgets into the Budget Forward Estimate System (BFES)

Note2: Efficiency Adjustment is pending final National Hospital Cost Data Collection Results for 2015/16.

Updating of the efficiency adjustment will occur at mid-year review

NWAU Version 17

Total SDA funding value excludes Capital Acquisition Program

2.2 Funding Sources

Funding Source	Value (\$)
Commonwealth NHFB Hospital Funding	153,347,000
Commonwealth NHFB Hospital Block Funding	13,602,311
Commonwealth NHFB Public Health Funding	1,591,370
NT Hospital & Block Funding	599,698,000
Health Service Generated Revenue	66,010,000
Commonwealth and other Tied Funding	76,363,836
TOTAL	\$910,612,516

2.3 Specific Funded Items

Specific Funded Item	Description	Value (\$)
Allied Health Workforce Model	Increase the capacity of allied health services through the employment of 15 additional staff.	3,383,000
Back on Track	To employ 4.4 Aboriginal Health Practitioners and 5.5 trainees (FTE) (1 July 2015 baseline).	643,000
Cardio-Thoracic and Neuro Surgical Services	Establishment of a cardio-thoracic and neuro surgical services. <ul style="list-style-type: none"> Estimated 1800 WAUs in extra activity 	9,600,000
Pathway to Community Control	Work in partnership with the Department to create a framework that supports Aboriginal Community Control in the planning, development and management of primary health care and community care services. Will fund the employment of 1 SAO2 and 1 AO6.	278,000
Renal Services Demand Growth	Expansion of dialysis treatment across the Top End through the acquisition of additional dialysis chairs and extended clinic hours. <ul style="list-style-type: none"> Estimated 1000 WAUs in extra activity for renal services based on renal demand projections 	5,030,000
Alcohol and Drug treatment services	To provide assessment, withdrawal and specialised alcohol treatment services to assist people with alcohol misuse and dependence, as part of the reintroduction of the Banned Drinker Register.	3,300,000
TOTAL		\$ 22,234,000

Schedule 3: Tied Funding

Agreement Name	Expiry	Value (\$)
Aboriginal Health Career Coaching Network	30/06/2018	\$ 75,000
Aged Care (TCP) - Flexible Care Subsidy for Transition Care	30/06/2018	\$ 1,791,000
Aged Care Assessment Program	30/06/2018	\$ 1,048,728
Diesel Fuel Rebate		\$ 630,000
Emergency Medicine Education and Training	31/12/2017	\$ 156,000
Flinders University - NT Medical Program	31/12/2017	\$ 1,143,000
Gove Multi Purpose Service	30/06/2018	\$ 311,476
Community and Home Support	30/06/2018	\$ 1,043,263
NTGPE - NT General Practice Education		\$ 500,000
Highly Specialised Drugs	30/06/2018	\$ 25,212,000
Indigenous Australians' Health Programme Multiple Schedule Funding - Overall	30/06/2018	\$ 25,776,000
Indigenous Australians' Health Programme Multiple Schedule Funding Chronic Disease		\$ 475,790
Indigenous Australians' Health Programme Multiple Schedule Funding Maternal and Child Health		\$ 875,490
Indigenous Australians' Health Programme Multiple Schedule Funding Primary Health Care (PHC)		\$ 12,140,026
Indigenous Australians' Health Programme Multiple Schedule Funding Stronger Futures Primary Health Care (SFNT PHC)		\$ 10,359,444
Indigenous Australians' Health Programme Primary Health Care (ANFPP) Schedule 4		\$ 1,695,249
Indigenous Australians' Health Programme Primary Health Care (Tackling Indigenous Smoking) Schedule 5		\$ 230,000
Indigenous Cord Blood Program	31/12/2017	\$ 485,000
National Critical Care and Trauma Response Centre	30/06/2018	\$ 5,245,000
National Reform Programme - Organ and Tissue Donation	31/12/2017	\$ 1,210,000
Oral, Hearing Health and Cancer Services	30/06/2022	\$ 4,059,161
NPA Remote Aboriginal Investment - Oral Health		\$ 1,226,000
NPA Remote Aboriginal Investment - Hearing Health		\$ 1,616,276
NPA National Bowel Cancer Screening Programme		\$ 122,000
Indigenous Australians' Health Programme Multiple Schedule Funding Audiology	30/06/2018	\$ -
Healthy Ears-Better Hearing, Better Listening	30/06/2020	\$ 1,094,885
Australian Government - National Intravenous Drug Strategy ^B		\$ 410,000
Public Health Block Funding Cervical and Breast Cancer Screening ^B		\$ 1,181,000
Malabam Funding Agreement (Medicare Own Source Revenue from Malabam)	31/12/2017	\$ 200,000
Paediatrics and child health training for Timorese medical graduates	3/03/2018	\$ 119,000
Primary Health Network NT [*]	30/06/2018	\$ 108,000
Remote Aboriginal Investment - Schedule 1: Alcohol	30/06/2022	\$ 1,010,000
Rural Health Outreach Fund	30/06/2020	\$ 3,058,208
STP - Specialist Training Programs [*]	31/12/2017	\$ 3,000,000

Substance Misuse Service Delivery (COPE) - Nhulunbuy AOD Rehabilitation Services	30/06/2018	\$	183,000
TOTAL		\$	77,954,836

* - Agreements have yet to be confirmed.

^B - Block Funded Public Health (\$1.591 million)

Schedule 4: Reports from Health Services – Safety, Quality and Risk

4.1 Cultural Security

Cultural security is fundamental to enhancing service access, equity and effectiveness and leads to improved health outcomes for Aboriginal Territorians. The Northern Territory Health Aboriginal Cultural Security Policy, Aboriginal Cultural Security Framework 2016-2026 and supporting resources aim to support and increase NT Health's capacity to provide culturally secure services. NT Health's commitment to the development and provision of culturally secure and safe health services will focus on key priorities across six domains:

- Whole of Organisation Approach
- Workforce
- Communication
- Consumer and Community Participation
- Leadership
- Quality improvement, planning and evaluation

TEHS commits to working collaboratively with the Department of Health to support cultural security across its services focusing on the following key domains over the 2017/2018 period. The Health Services will provide a report at mid-year and year end of activities undertaken to progress the priorities across the domains.

Whole of Organisation Approach	<p><i>Governance and Accountability</i></p> <p>Evidence of actions to prioritise cultural security in health service planning, delivery and evaluation.</p>
Workforce	<p><i>Training and Professional Development:</i></p> <ul style="list-style-type: none"> • Staff at all levels are supported to participate in training and development opportunities to enhance cultural knowledge • Support staff at all levels to attend training to strengthen skills in working with language assistance services <p><i>Aboriginal Workforce:</i> Aboriginal workforce initiatives are actioned to:</p> <ul style="list-style-type: none"> • Increase the number of Aboriginal employees to a goal of 16% by 2020 including increased representation of Aboriginal staff at senior and executive levels • Increase the number of Aboriginal nurses (including midwives); Aboriginal health practitioners; doctors; allied health professionals as a proportion of overall FTE; and • Implement the Special Measures initiative to all recruitment processes.
Communication	<p><i>Language Assistance Services (Aboriginal Interpreter Services)</i></p> <ul style="list-style-type: none"> • Undertake research to assess the language services need in Health Services with a particular focus on service areas of high demand • Health services to record the first language/language spoken at home by all health consumers
Consumer and Community Participation	<ul style="list-style-type: none"> • <i>Consumers Engagement and Feedback:</i> A Patient experience survey that is culturally appropriate and suitable for the NT context will be implemented in 2017/2018. • <i>Consumer Participation and Control:</i> Ongoing commitment to the principles of Pathways to Community Control demonstrated through collaboratively with the Department of Health and the Aboriginal Community Controlled Health Sector in the transition of programs and or remote primary health care centres and projects to increase Aboriginal participation in NTG operated clinics.

4.2 Consumer Feedback

TEHS will ensure there are culturally appropriate mechanisms in place to capture, monitor and evaluate consumer and community feedback and ensure where there is any feedback of concern (that may attract significant media attention or substantial liability) this is escalated to the Chief Executive Officer.

TEHS will provide the Department with a report at mid-year and year-end review meetings which includes:

- a trend analysis outlining the overall number of complaints and compliments (formal and point of service) received for the six month period by severity rating
- an overview of key themes identified from complaints reporting and what actions the Health Service is taking to address these themes.
- developing and promoting opportunities for the voices and experiences of consumers to be reflected in quality and safety improvements within health care environments.

4.3 Risk Management and Audit

The Strategic Internal Audit Plan is oversighted by the agency Risk and Audit Committee on behalf of the Chief Executive Officer, supported by Risk and Audit Services.

Audit

The Health Service is responsible for implementation of external and internal audit recommendations in the Health Service and may make recommendations to the system level Risk and Audit Committee regarding priorities for strategic internal audits and scope of audits. Health Service staff with appropriate and relevant knowledge will be included in meetings with auditors relating to audits and in response to draft audit findings.

Risk

The Health Service is responsible for identifying, managing and mitigating risk; maintaining a risk register; and adhering to the Department's Risk Management Framework and Policy. Risk and Audit Services will provide strategic advice to the Health Service in risk management.

In line with the ad hoc reporting requirements of the Risk Management Framework, the Health Service will notify the Chief Executive Officer, immediately or as soon as practicable, of any new extreme emerging risks.

The Health Service is responsible for developing, maintaining and testing business continuity plans for essential services, and will provide the Department with a quarterly report detailing the plan coverage and dates of regular testing.

Schedule 5: Key Performance Indicators

Key Performance Indicator (KPI)	Target
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Safety and Quality

Staphylococcus Aureus Bacteraemia (SAB) infections

SAB infections	1.07
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This indicator measures the rate of healthcare-associated SAB infection acquired (per 10,000 occupied bed days) while patients are receiving care in hospital.

Hand hygiene compliance

Hand hygiene compliance	80%
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This indicator measures the rate of correctly performed hand hygiene actions observed for a hospital during a hand hygiene audit.

Potentially preventable hospitalisations

(A) National Target	9.1%
(B) NT Excluding Dialysis	8.9%

This indicator measures admissions to hospital that could potentially have been prevented and managed through the provision of appropriate non-hospital health services.

Mental Health community follow up within first 7 days of discharge

Mental health community follow up within 7 days of mental health inpatient discharge	70%
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This indicator measures the proportion of patients separating from public acute mental health inpatient units for which a community service contact was recorded in the seven days following the separation.

Mental health 28 day readmissions

Mental health 28 day readmissions	10%
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This indicator measures the proportion of separations from public acute mental health inpatient units that are followed by readmission to the same or to another unit within 28 days of discharge.

Mental health seclusion rate

Mental health rate of acute seclusion episodes (per 1000 bed days)	≤10
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This indicator measures the number of seclusion episodes per 1000 bed days in public acute mental health inpatient units

Discharge summaries dispatched within 48 hours

Discharge summaries dispatched within 48 hours	95%
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This indicator measures the percentage of discharge summaries sent to a patient's primary health care medical officer/general practitioner within 48 hours of a patient having discharged from care as a hospital inpatient.

Aboriginal admitted patients discharged or left against medical advice

Aboriginal inpatients who discharged from a hospital or left hospital against medical advice	8.0%
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This indicator measures the proportion of Aboriginal admitted patients who discharged from a hospital or left hospital against medical advice.

Patient experience

Patient experience (survey)	-
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A survey that is culturally appropriate and suitable to the NT context will be implemented in 2017/18 and form the baseline for future surveys. The survey will target a specific area of hospital services, where patient experience and satisfaction is represented by a composite performance indicator of measured patient experience.

Access**Elective surgery – long waits**

Elective surgery – long waits (Category 1)	0%
Elective surgery – long waits (Category 2)	2.4%
Elective surgery – long waits (Category 3)	2.4%

This indicator measures elective surgery patients waiting longer than the clinically recommended timeframe for their urgency category.

Emergency Department presentations departing within 4 hours

ED presentations departing within 4 hours	78%
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This indicator measures the percentage of Emergency Department attendances who are admitted, discharged or transferred within four hours.

Aged Care Assessment Program (ACAP) clients receiving timely intervention

ACAP clients receiving timely intervention	85%
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This indicator measures the percentage of clients assessed by an Aged Care Assessment Team who have a contact of a clinical nature within the recommended time for the client's assessed priority category.

Adult health check coverage

Adult health checks – proportion of resident remote Aboriginal population	70%
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This indicator measures the proportion of the resident remote Aboriginal population with adult health checks (being Medical Benefit Scheme item 715 Indigenous adult health or Indigenous adult health check similar to MBS item 715.)

First antenatal visit for clients within specified periods

Timing of first antenatal visit within three months for regular Aboriginal clients	70%
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This indicator measures the proportion of regular Aboriginal clients who gave birth in the reference period and who attended their first antenatal visit in the specified gestational periods.

Proportion of clients 15 years and over who have a chronic disease management plan

Proportion of clients aged 15 years and over with type II diabetes and/or coronary heart disease and with a chronic disease management plan	90%
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This indicator measures the proportion of resident Aboriginal clients, who are 15 years old and over, who have been diagnosed with type II diabetes and/or coronary heart disease and who have a valid chronic disease management plan.

Proportion of clients 15 years and over who have had a recent HbA1c test

Proportion of resident clients aged 15 years and over with type II diabetes who have had an HbA1c test in the last six months	80%
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This indicator measures the proportion of Aboriginal clients who are aged 15 years old and over who have been diagnosed with type II diabetes, and who have had one or more HbA1c tests during the reporting period.

Percentage of children under five tested for anaemia

Children between 6 months and 5 years of age who have been tested for anaemia.	87%
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This indicator measures the proportion of Aboriginal children between six months and five years of age within the health clinic's regular practice population who have had their haemoglobin levels checked.

TeleHealth occasions of service

TeleHealth occasions of service	2000
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This indicator measures the number of occasions of service provided via TeleHealth.

Effectiveness

Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels

The number and proportion of Aboriginal clients with type II diabetes and whose HbA1c measurements are within certain levels	42%
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This indicator measures remote Aboriginal clients with type II diabetes who have had one or more HbA1c test and whose HbA1c measurements are within certain levels.

Children under 5 who are anaemic

Percentage of measured children less than 5 years of age who are anaemic	12%
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This indicator measures children between six months and five years of age who had their haemoglobin levels checked in a six month period and were found to be anaemic.

Early detection of conductive hearing loss in remote Aboriginal communities

Early Intervention for Conductive Hearing Loss in remote Aboriginal children	45%
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Measures services provided to prevent and manage hearing loss in Aboriginal children, aged 5 years or less, as percentage of total hearing assessments provided under the Northern Territory Remote Aboriginal Investment.

Efficiency

Full year forecast operating position

Full year forecast operating position	\$4,176,000
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This indicator measures projected full year expenditure versus projected full year revenues.

Full time equivalent

Full time equivalent (FTE) and average labour cost	4,237
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This indicator represents the average number of FTEs allocated to all cost centres of the Health Service at a point in time pay period, compared to the Health Centre's targeted FTEs for the financial year.

Workforce

Aboriginal health workforce and practitioners

Aboriginal health workforce as a proportion of overall FTE ¹	12.7%
Aboriginal health practitioners (FTE) ²	54.3

¹ This indicator measures the number of Aboriginal health workforce as a proportion of overall full time equivalents (FTE).

² This indicator measures the number of Aboriginal health practitioners (FTE) to be employed by the Health Service within the financial year (based on number of FTE at 1 July 2016).

Schedule 6: Northern Territory and Department Strategic Directions

6.1 Strategic Directions within which services are to be delivered

The following strategies will frame the development of actions, initiatives and work programs to underpin the achievement of the seven strategic directions of the Northern Territory (NT) Strategic Plan 2014-17.

- Northern Territory Health Aboriginal Cultural Security Framework 2016 – 2026
- Northern Territory Health Aboriginal Cultural Security Policy
- Appropriate Workplace Behaviour Strategy
- Business Intelligence Security NT Health Model
- Clinical Safety and Quality Governance NT Health Framework
- Core Functions of primary health care: a framework for the Northern Territory
- Data Governance NT Health Framework
- Domestic and Family Violence Reduction Strategy Resources
- Gifts and Benefits Framework - NT Ombudsman
- Great Start Great Future - Northern Territory Early Years Implementation Plan
- Great Start Great Future - Northern Territory Early Years Strategic Plan
- Indigenous Employment and Career Development Strategy 2015-2020
- Information Services Communications Strategy
- Leadership Capability and Development Framework
- Musculoskeletal Injury Reduction Strategy Summary
- Musculoskeletal Injury Reduction WHS Strategy
- NT Health Nutrition and Physical Activity Strategy 2015-2020
- NT Suicide Prevention Strategic Action Plan 2015-2018
- NTPS Employability Strategy
- National Mental Health Strategy
- Northern Territory Aboriginal Health Forum - Pathways to Community Control
- Northern Territory Cancer Plan 2013-2016
- Northern Territory Cardiac Services Framework
- Northern Territory Chronic Conditions Prevention and Management NT Strategy 2010-2020
- Northern Territory Government (NTG) - Framing the Future
- Northern Territory Health Governance and Accountability Framework
- Northern Territory Health Hospital Services Capability Framework
- Northern Territory Health Promotion Framework

- Northern Territory Medicines Management Framework
- Northern Territory Mental Health Services Strategic Plan 2015-2021
- Northern Territory Public Sector Capability and Leadership Framework
- Professional Practice Supervision Framework
- Project Management CSB Framework
- Renal Services Framework 2012-2017
- Stakeholder Engagement Framework
- Northern Territory Rehabilitation Strategy 2017 - 2021
- Strategic Information Plan 2014-2018
- Strategic Plan for Nurse Practitioners in the Northern Territory 2014-2016
- Strategic Plan for Nursing and Midwifery in the Northern Territory 2015-2018
- Tackling Ice in the Northern Territory
- The Northern Territory Chronic Conditions Self-Management Framework 2012-2020
- The Northern Territory Implementation Plan 2014-2016 – Chronic Conditions Prevention and Management Strategy 2010-2020
- WHS Consultation and Communication Strategy
- Workplace Health and Safety Management System
- Workplace Health and Safety Strategy 2014-2017
- Workplace Health and Safety Strategy Summary

6.2 Corporate Policies and Standards

All Northern Territory Government and Department corporate policies and standards in relation to finance, human resource management, procurement and contract management, grant management and related matters are to be adopted and implemented by TEHS, as required under the Act.

Schedule 7: Support Services to Health Services

The Chief Executive of the Department will be responsible for providing specific areas of corporate support to the Health Services. This will principally be through the Corporate Services Bureau and the Office of the Chief Executive/Executive Services.

Services to be provided by the Corporate Services Bureau will include:

- Financial Services, providing financial information and forecast to support Service Delivery Agreements, establishment and oversight, accounting, revenue, budget and financial policy development on behalf of NT Health
- Infrastructure Services, providing strategic advice and program oversight of the capital works program, capital equipment program, strategic asset planning, lease management, and facilities management to non-hospital properties as requested on behalf of the Department of Health
- Corporate Services providing travel, transport and general services to staff and contractors.
- Human Resource Services:
 - Human Resource Management and Industrial Relations, including policy and system framework advice and quality assurance, strategic work health and safety, and specialised career development.
 - Learning and Development, through traditional and eLearning mechanisms grows and builds corporate capability and skills of employees.
- Information Systems and Services, developing Northern Territory Health (NT Health) policy, strategies, services and standards for the use of information and communications technology (ICT) through:
 - Acute Care Information Services
 - Community Care Information Services
 - Health Interoperability Services
 - Health Services Information Systems
 - ICT Infrastructure
 - Strategic eHealth Services
- Provision of corporate information services (including records management) and Library Services.
- Data Management and System Reporting, providing the source of health information to support evidence-based decision making to improve health outcomes, performance monitoring, service planning and policy development, including:
 - Provision of validation reports to enable the Health Service to confirm the data is in accordance with national standards on a monthly basis.
- Procurement and Contract Services, providing the development, management and governance of NT Health's procurement policies and procedures, and a range of procurement and contract management services

Services to be provided by the Office of the Chief Executive/Executive Services will include:

- strategic media and corporate communications services
- legal services
- freedom of information and information privacy services
- disaster coordination
- ministerial liaison services
- risk and assurance services.

Service Standards between branches of the Department and TEHS have been put in place to clearly establish the scope and quality of services to be provided. Other services will be developed as required.

Appendix 1: Interpretations

Aboriginal, the term Aboriginal should be taken to include Torres Strait Islander people.

Board means a Health Service Board.

Chairperson, see section 31(1) of the *Health Services Act 2014*.

Charter, means the Northern Territory Service Delivery Agreement Performance Charter.

Chief Executive Officer, within the meaning of the Public Sector Employment and Management Act, of the Department.

COO, of a Service, means the Chief Operating Officer appointed for that Service under section 34 of the *Health Services Act 2014*.

Department means the Agency principally responsible for health policy in the Northern Territory.

Health Service means an entity established under section 17(1) of the *Health Services Act 2014*.

Health Service Board, see section 21 of the *Health Services Act 2014*.

Health Service Directive means a written directive by the Department to a Service or the COO of a Service, directing the Service or COO to do, or not do, certain things or take certain actions.

hospital services means services provided by or on behalf of a public hospital.

performance, of a function, includes the purported performance of the function.

PSEMA means the *Public Sector Employment and Management Act*.

public health service means a health service provided by:

- (a) a Service; or
- (b) the Department; or
- (c) an affiliated health organisation.

Service Delivery Agreement, see section 45 of the *Health Services Act 2014*.

System Manager, see section 11(2) of the *Health Services Act 2014*.

Appendix 2: Abbreviations

ABF	Activity Based Funding
ACAP	Aged Care Assessment Program
ACAT	Aged Care Assessment Team
CAHS	Central Australia Health Service
CEO	Chief Executive Officer
CHSP	Community Home Support Program
COO	Chief Operating Officer
COPE	Commonwealth Own Purpose Expenditure
CSB	Corporate Services Bureau
ED	Emergency Department
FMHS	Forensic Mental Health Services
GDH	Gove District Hospital
HSD	Health Service Directive
KPI	Key Performance Indicator
NHA	National Healthcare Agreement
NHRA	National Health Reform Agreement
NTPHN	Northern Territory Primary Health Network
OOS	Occasions of Service
PHC	Primary Health Care
RDH	Royal Darwin Hospital
SAB	<i>Staphylococcus aureus</i> bacteraemia
SDA	Service Delivery Agreement
TCH	Tennant Creek Hospital
TEHS	Top End Health Service
TEMHS	Top End Mental Health Services
WAU	Weighted Activity Units

Appendix 3: TEHS Primary Health Care Services

Services Provided at Remote Health Centres

Health Centre Location	Number in catchment	Public health nutrition services	A&E response/ medevac 24/7	Primary health care	Antenatal care	Healthy School aged kids program	Healthy Under 5 Kids program	Childhood & adult Immunisation	Well Women's & Men's health screens	Preventable chronic conditions program	Infectious disease prevention and control
Batchelor	536	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adelaide River	223	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pine Creek	473	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wadeye	2800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Daly River	400	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Palumpa	340	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pirlamgimpi	370	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milikapiti	900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Julanimawu	1600	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ramingining	1175	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gapuwiyak	1150	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Maningrida	3000	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Health Centre Location	Number in catchment	Public health nutrition services	A&E response/ medevac 24/7	Primary health care	Antenatal care	Healthy School aged kids program	Healthy Under 5 Kids program	Childhood & adult Immunisation	Well Women's & Men's health screens	Preventable chronic conditions program	Infectious disease prevention and control
Alyangula	1100	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Angurugu	900	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Numbulwar	800	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Umbakumba	450	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milyakburra	120	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Milingimbi	1350	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Borrooloola	925	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Robinson River	270	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wurruwi	340	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gunbalanya	1300	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jabiru	1135	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minjilang	270	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Belyuen	250	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wagait Beach	450	✓			✓			✓			
Peppimenarti	185	✓	✓	✓	✓	✓	✓	✓	✓	✓	

Community Health Services Provided in Urban and Regional Centres

Community Care Centre / Service location / coverage	Primary Health Care	PHC Outreach to Darwin region	Healthy Under 5 Kids Partnering - Families Program	Childhood & Adult Immunisation	Well Women's & Men's Health Screens	Specialist Nursing Service
Casuarina	✓	✓	✓	✓	✓	✓
Stuart Park Infant Health			✓	✓		
Karama Infant Health			✓	✓		
Palmerston & Rural	✓		✓	✓	✓	✓
Katherine	✓		✓	✓	✓	
Nhulunbuy	✓		✓	✓	✓	

Service coverage	Outreach Child, Youth and Family Services / School based services			
	Healthy Under 5 Kids - Partnering Families Program	Home Birth Service	School Health Service	School Immunisation Program
Darwin City & Suburbs	✓	✓	✓	✓
Palmerston	✓	✓	✓	✓
Rural Area	✓	✓	✓	✓
Katherine	✓		✓	✓
Nhulunbuy	✓		✓	✓

Prison Primary Health Care Services

Services and Delivery Location	Berrimah Prison Correctional Centre Health Centre	Living Skills Unit	J Block (Women)	Don Dale Juvenile Detention Centre Berrimah	Approximate split of Full Time services (%)
Early Intervention and Reception	✓	✓	✓	✓	8
Treatment and Emergency Care	✓	✓	✓	✓	38
Health Promotion and Health Protection	✓	✓	✓	✓	9
Rehabilitation / Chronic Disease Prevention	✓	✓	✓	✓	14
Specialist Referral	✓	✓	✓	✓	5
Staff Education	✓	✓	✓	✓	5
Prison Health Administration	✓	✓	✓	✓	3
After Hours on-call and Emergency	✓	✓	✓	✓	1
Visiting Services					Frequency
Physiotherapy	✓	✓	✓	✓	4hrs/ month
Podiatry	✓	✓	✓		6hrs/ month
Optometry	✓	✓	✓		6hrs/ month