

Service Plan 2021-22: NT Regional Health Services

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Acronyms	Full form
ABF	Activity Based Funding
ACAP	Aged Care Assessment Program
AOD	Alcohol and Other Drugs
BPF	Business Planning Framework
CAHS	Central Australia Health Service
CEO	Chief Executive Officer
CFO	Chief Finance Officer
CHO	Chief Health Officer
DCE	Deputy Chief Executive
DoH	Department of Health
ED	Emergency Department
FTE	Full time equivalent
IHPA	Independent Hospital Pricing Authority
KPI	Key performance indicator
NHRA	National Health Reform Agreement
NTG	Northern Territory Government
NTPHN	Northern Territory Primary Health Network
OoS	Occasions of service
PHC	Primary health care
PRH	Palmerston Regional Hospital
RDH	Royal Darwin Hospital
SAB	<i>Staphylococcus aureus</i> bacteraemia
TCH	Tennant Creek Hospital
TEHS	Top End Health Service
WAU	Weighted activity unit
WHS	Work health and safety

Contents

1. Introduction.....	5
2. Objectives	5
3. NT Regional Health Services	5
4. Principles informing the Service Plan	7
5. The Service Plan	7
6. Variations	8
7. Execution.....	8
8. Standards and Requirements.....	9
9. National / other agreements	10
10. Strategic Directions and Priorities	12
Part A: Responsibilities and Accountabilities.....	14
Part B: NT Regional Health Services - Service Description.....	17
Part C: Funding and Activity Schedules	25
Part D: Support to NT Regional Health Services.....	29
Part E: Performance Measurement	30
Part F: Key Performance Indicators.....	31
Part G: Data Reporting Requirements	32
Appendix 1: Disruption Risk Register Requirements	34
Appendix 2: NT Health Functional Structure.....	35
Appendix 3: Communities by Region	36
Appendix 4: NT Regional Health Services – Activity by Region	37
Appendix 5: NT Regional Health Services – Tied Funding by Region	38

1. Introduction

The Service Plan outlines the responsibilities and accountabilities of the NT Regional Health Services in the delivery of health services and together with the NT Health Performance Framework provides the processes for monitoring and management of performance against the Service Plan by the System Manager.

This Plan is consistent with the requirements of the *Health Service Act 2021* (the Act) and the National Health Reform Agreement (NHRA) and identifies the health services and health support services to be provided by local hospital networks. The NT Regional Health Services is the local hospital network (LHN) for the purposes of the NHRA and associated funding, standards of patient care and performance for the delivery of services for the NT.

The success of this Service Plan depends on the strong shared commitment between the System Manager and the NT Regional Health Services, supported by open and effective communication, to achieve the best health outcomes from available resources.

2. Objectives

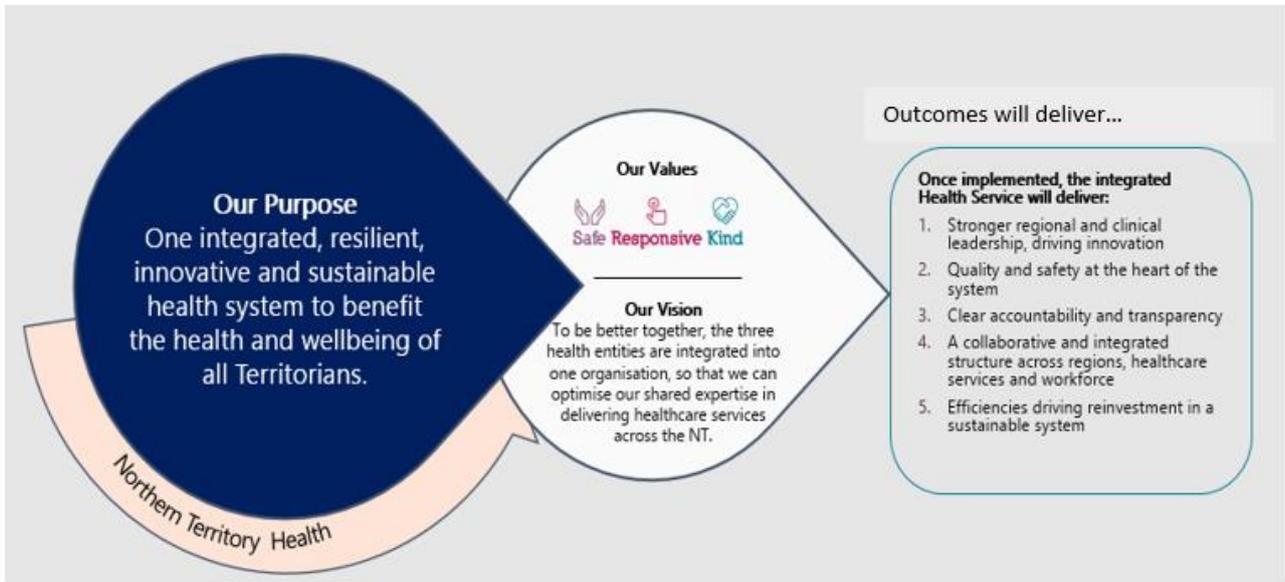
NT Health's vision is to be a world leader in the delivery of remote health services through collaboration, excellence and innovation. NT Health is committed to working together to deliver better health services for all Territorians; with healthy Territorians engaged and living in healthy communities. This Service Plan supports this vision through more efficient and effective public hospital and community health services delivered safely and to a high standard. More specifically the objectives of this Service Plan are to:

- ❖ Outline responsibilities and accountabilities for delivery of health priorities and achievement of intended outcomes.
- ❖ Establish clear service delivery and performance expectations, including processes for performance management and monitoring.
- ❖ Ensure that consultation and management processes are appropriate to support the design and delivery of health services that meet local needs.
- ❖ Promote accountability to Government and the community.

3. NT Regional Health Services

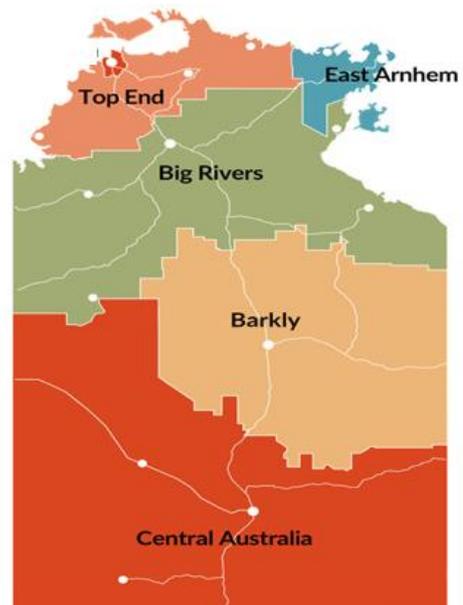
In late 2020, the NT Government agreed to create one integrated health system, known as NT Health rather than the previous three separate entities of the Department of Health, Top End Health Service (TEHS) and Central Australia Health Service (CAHS), which will drive longer-term transformation of the health system to deliver improved health outcomes for Territorians.

Creating one integrated health system will enable, better access, equity, safety and quality health services for all Territorians, while strengthening and embedding regional leadership in system governance and decision making. The new NT Health regional boundaries align with the NT Government's regional boundaries and local decision-making framework. Further, it enables, amongst other things, senior healthcare representation at the local level, regional coordination and the best use of limited resources.



The new integrated health system is known collectively as 'NT Health' and consists of the Department of Health, National Critical Care & Trauma Response Centre, Centre for National Resilience and NT Regional Health Services, which has five separate regions, or geographical areas, namely:

- **Top End**
- **East Arnhem**
- **Big Rivers**
- **Barkly**
- **Central Australia**



A number of functions will require further development during 2021-22 to realise the objectives of the system re-design, these aspects include but are not limited to:

- ❖ revised cost centre structure, systems & reporting
- ❖ reorganisation of budget allocation
- ❖ shared services allocation model
- ❖ Territory-wide hosting services arrangements i.e. Pathology
- ❖ governance arrangements supporting performance and accountability

Implementation of the system re-design will occur in a progressive and staged approach.

4. Principles informing the Service Plan

The Service Plan is informed by the principles outlined in the *Health Services Act 2021*.

4.1. *Health Service Act 2021* principles:

The Act recognises and gives effect to the following principles:

- a) The Medicare principles as defined in the NHRA;
- b) That the best interests of the users of health services should be the main consideration in all decisions and actions under the Act;
- c) A commitment to ensuring access to safe, high-quality health services in the Territory;
- d) A commitment to achieving health equity for Aboriginal people, including by:
 - i. working with Aboriginal communities to design approaches tailored to their needs, recognising and enabling Aboriginal leadership and local decision-making processes; and
 - ii. working with Aboriginal people to achieve cultural security in the health system by co-developing and co-delivering culturally safe and secure health services;
- e) Engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering health services and, in particular, shaping local service delivery according to local needs;
- f) An acknowledgement that private providers and community organisations play a significant role in delivering health services to the community and will continue to be partners with government to achieve coordinated, integrated health services.

5. The Service Plan

This Service Plan is effective from **1 July 2021 to 30 June 2022**.

The NT Regional Health Services Executive will ensure that structures and processes are in place to:

- ❖ comply with the requirements of the Service Plan;
- ❖ fulfil its statutory obligations;
- ❖ ensure good corporate governance; and
- ❖ follow operational directives, policy and procedural manuals and as issued by the System Manager

The Service Plan is set out in following parts:

- ❖ **Part A** : Responsibilities and accountabilities of each party
- ❖ **Part B** : Description of services to be delivered by NT Regional Health Services
- ❖ **Part C** : Funding allocated to NT Regional Health Services and activity schedule
- ❖ **Part D** : Support to NT Regional Services
- ❖ **Part E** : Performance Measurement
- ❖ **Part F** : Key Performance Indicators (KPIs)
- ❖ **Part G** : Data Reporting Requirements

This Service Plan operates within the Performance Framework. The Service Plan does not specify every responsibility of NT Regional Health Services; however, this does not diminish other applicable duties, obligations or accountabilities, or the effects of the NT Government policies, plans and Ministerial Directions.

6. Variations

A variation to this Service Plan may be made in writing by the System Manager after consultation with the NT Regional Health Services Executive. In reviewing any proposed variation, the System Manager and NT Regional Health Services will consider 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.

7. Execution

Title:	Chief Executive Officer, Department of Health, Northern Territory Government
Name:	Dr Frank Daly
Date:	1 September 2021

8. Standards and Requirements

8.1. Financial Management Standards

In accordance with section 11 of the *Health Services Act 2021*, NT Regional Health Services will provide the health services and health support services set out in the Service Plan to the standards and within the budget set out in the Service Plan. Accordingly, it is critical that NT Regional Health Services has strong financial management and accountability.

All staff must comply with the following financial instruments:

- ❖ *Financial Management Act 1995*
- ❖ Treasurers Directions
- ❖ Australian Accounting Standards

8.1.1. National Health Funding Pool

In accordance with requirements of the National Health Funding Pool under the NHRA, NT Health will develop a set of annual accounts that will be independently reviewed by the NT Auditor-General as required by the *Financial Management Act 1995* combined within the Treasurers Annual Finance Statements. Existing Department of Health operating procedures will require LHN bank account reconciliation that will be reviewed by the NT Auditor-General.

8.1.2. Acquittal of Funding

The *Health Service Act 2021* requires the NT Regional Health Services subject to section 27 of the *Financial Management Act 1995*, to maintain a bank account with an ADI (Authorised Deposit-taking Institution) in the name of NT Regional Health Services. Further that all funding received under the Health Funding Act must be deposited into that separate bank account. This bank account will be the basis of the acquittal of funding by the NT Regional Health Services.

The *Health Service Act 2021* requires the following in relation to the acquittal of funding:

- ❖ NT Regional Health Services must give the System Manager an annual acquittal of all funding received under the *National Health Funding Pool and Administration (National Uniform Legislation) Act 2012*.
- ❖ the acquittal of funding must be given by 31 July of each year in relation to funding received during the previous financial year.
- ❖ as soon as practicable after receiving the acquittal of funding, the System Manager must give a copy of it to the Auditor-General.
- ❖ the Auditor-General must conduct an audit of the acquittal of funding and must give a report on the audit of the acquittal of funding to the System Manager by 30 September of each year.

8.1.3. Annual Statement of Operations

To provide transparency on the functions of the 'local hospital network' required under the NHRA, the NT Regional Health Services must prepare an annual Statement of Operations. The Statement of Operations must be prepared in collaboration with the System Manager as part of the preparation of annual audited statements under the *Financial Management Act 1995* and Treasurers Directions. The Statement of Operations will provide expenses and revenue of the NT Regional Health Services that is reconciled at the cost centre level against the NT Regional Health Services bank account.

8.2. Safety and Quality Standards - Statutory oversight

NT Regional Health Services are responsible for responding to recommendations and directions from statutory oversight bodies, including the Coroner, the Health and Community Complaints Commission, the Anti-Discrimination Commission and the Children's Commission, or any other statutory authority. NT Regional Health Services are responsible for maintaining a register in conjunction with the System Manager. The register is to monitor the status of recommendations made by statutory oversight bodies and direction responses.

8.3. Stakeholder Engagement

NT Regional Health Services are required to ensure a robust process exists that requires engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering health services and, in particular, shaping local service delivery to local needs.

NT Regional Health Services will provide the System Manager with a report at mid-year and year-end review meetings that includes:

- ❖ evidence of engagement with local clinicians, consumers and community members in developing and delivering health services that meet the health needs of the community
- ❖ an overview of consultation and collaboration mechanisms with other providers aimed at minimising service duplication and fragmentation.

8.4. Consumer Feedback

NT Regional Health Services 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 it is escalated to the CEO.

NT Regional Health Services will provide the System Manager with a report at mid-year and year-end review meetings that 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 Services are taking to address these themes
- ❖ developing and promoting opportunities for the voices and experiences of consumers including consumers of diverse cultures, abilities, ages, sexual orientation and genders to be reflected in quality and safety improvements within health care environments.

9. National / other agreements

The funding allocation to NT Regional Health Services in 2021-22 includes funding provided under a range of national and bilateral agreements, Commonwealth Own Purpose Expenditure (COPE) payments and other funding agreements. These agreements may generate their own specific program, financial and performance reporting requirements necessitating NT Regional Health Services compliance.

9.1. National Health Reform Agreement

The Service Plan complies with the requirement of the 2020-2025 NHRA. The NHRA requires state and territory governments, as the system managers of public hospitals, to establish service agreement with Local Hospital Networks (LHN). These are to include:

- ❖ the number and broad mix of services to be provided by the LHN
- ❖ the quality and service standards that apply to services delivered by the LHN, including the Performance and Accountability Framework and Australian Health Performance Framework
- ❖ the level of funding to be provided to the LHN
- ❖ the teaching, training and research functions to be undertaken at the LHN level.

In the NT context, a Service Plan is established as the NT Regional Health Services is the LHN for the purpose of the NHRA.

Funding arrangements

The 2020-2025 NHRA provides for a continuation of existing public hospital funding arrangements, through which the Commonwealth Government's annual funding contribution is its prior year contribution plus 45 per cent of the efficient growth in the price and volume of activity growth and total Commonwealth Government funding is capped at 6.5 per cent per year. The amount of National Health Reform funding received by the NT during the five-year term of the NHRA is dependent on the annual level of public hospital activity.

Health reform

The 2020-2025 NHRA includes a commitment for the Commonwealth Government and the states to work in partnership to implement arrangements for a nationally unified and locally controlled health system to improve patient outcomes, patient experience and access to services. This commitment includes supporting innovative models of care and trialling new funding arrangements.

The 2020-2025 NHRA also includes principles for six long-term reforms, being: enhanced health data; nationally cohesive health technology assessment; paying for value and outcomes; joint planning and funding at a local level; empowering people through health literacy, and prevention and wellbeing. The Commonwealth Government and the state and territory governments will continue to work together to consider implementation of the six long-term reforms outlined in the 2020-25 NHRA and their interaction with broader health reforms, including the maintenance and expansion of reforms expedited as a result of the response to the COVID-19 pandemic.

Private patients in public hospitals

The 2020-25 NHRA specifies that the Commonwealth Government and states' funding models will be financially neutral with respect to all patients, regardless of whether they elect to be treated as private or public patients.

The NHRA provides that these changes will be backcast, meaning the effect of significant changes to the national health funding model are also reflected in the model for the year prior to the change taking place. The requirement for any private patient adjustments to be backcast removes the majority of the financial risk to state and territory governments from those adjustments.

9.2. National Partnership Agreement – NT Centre for National Resilience

National Partnership Agreement – the provision of COVID-19 quarantine arrangements at the NT Centre for National Resilience for organised national repatriation of Australians

This funding agreement between the Commonwealth and Northern Territory Government is for the provision of quarantine facilities at the NT Centre for National Resilience to quarantine Australian repatriations. Restrictions to international travel, as well as individual Australian state and territory quota for international flight arrivals, mean that a dedicated national response is required to facilitate the return, and quarantine, of Australians and permanent residents who wish to return to Australia.

The agreement supports quarantine capacity including the capital expenditure, health services and facility operations costs to quarantine Australian repatriations at the NT Centre for National Resilience.

9.3. National Partnership on COVID-19 Response

National Partnership on COVID-19 Response: Schedule C coordination and delivery of a safe and effective COVID-19

The National Partnership on COVID-19 Response provides Commonwealth funding to states and territories to support successful COVID-19 vaccination of Australians.

The Australian COVID-19 Vaccination Policy, endorsed by the National Cabinet on 13 November 2020, sets out key principles for the rollout of the COVID-19 vaccine. COVID-19 vaccines will be made available for free to all people living in Australia. Further, the Policy outlines how COVID-19 vaccines will be accessible on a rolling basis, dependent on vaccine delivery schedules and the identification of groups for most urgent vaccination. This Policy also describes the shared and separate responsibilities of the Commonwealth, and state and territory governments, as well as other key stakeholders.

9.4. National Agreement on 'Closing the Gap'

The National Agreement on 'Closing the Gap' is to enable Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people, and achieve life outcomes equal to all Australians.

The agreement arises from a commitment from all Australian governments and Aboriginal and Torres Strait Islander representatives to a fundamentally new way of developing and implementing policies and programs that impact on the lives of Aboriginal and Torres Strait Islander people. It fulfils the commitments made in the historic Partnership Agreement on Closing the Gap which commenced in March 2019 and signalled a new way of working to close the gap.

The outcomes of the agreement include shared decision making, building the community controlled sector, improving mainstream institutions, Aboriginal and Torres Strait Islander-led data and the achievement of select socio-economic targets.

Three specific health related targets include:

- ❖ Close the Gap in life expectancy within a generation, by 2031
- ❖ By 2031, increase the proportion of Aboriginal and Torres Strait Islander babies with a healthy birthweight to 91%
- ❖ Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero

10. Strategic Directions and Priorities

The [NT Health Strategic Plan 2018-2022](#) provides the overarching corporate framework for planning for healthcare in the Northern Territory. The Strategic Plan sets out NT Health's commitments and strategic directions that guide all individuals and groups working to improve the health and wellbeing of Territorians.

Strategic initiatives and plans will be prioritised where they are election commitments, whole of Northern Territory Government decisions and policies and national decisions and policies.

In 2021-22, NT Health will work towards optimal health outcomes by prioritising the following focus areas:

- ❖ Mental Health

- ❖ Primary Care
- ❖ Clinical Safety and Quality
- ❖ Emergency Management

NT Health is continuing to manage the impact of the COVID-19 pandemic, which disrupted health service delivery across primary and acute care settings since 2020. Pandemic management will be prioritised by NT Regional Health Services in 2021-22, with a focus on disaster preparedness in the case of possible future waves of infection and resuming services to a post pandemic 'new normal'. Emphasis will be placed on care in community through increased virtual care and managing capacity to meet elective surgery demand.

Part A: Responsibilities and Accountabilities

System Manager

The CEO is responsible to the Minister for the performance of NT Health including ensuring that NT Regional Health Services are performing and exercising the functions and powers of the NT Regional Health Services.

In accordance with section 15 of the Act the CEO of the Agency (Department of Health) is the System Manager. Further, under section 16 of the Act, the functions and powers of the System Manager include:

- ❖ planning for operational delivery and infrastructure
- ❖ negotiations for operational and capital agreements with the Commonwealth and other funding sources
- ❖ preparing and publishing an annual service plan
- ❖ monitoring the delivery of health services
- ❖ reporting on performance

The Service Plan is the key accountability document and is the nexus to the performance of NT Regional Health Services in undertaking its functions and powers.

NT Regional Health Services

The *Health Services Act 2021* establishes under subsection 10(2) that NT Regional Health Services is the local hospital network for the purposes of NHRA.

In accordance with section 11 of the Act the functions and powers of NT Regional Health Services include:

- ❖ Provision of health services and health support services set out in the Service Plan and within budget
- ❖ ensuring services are delivered in an efficient, effective and economical way
- ❖ delivery of services meet the health needs of the community in consultation and collaboration with other providers of those services; and minimisation of service duplication and fragmentation
- ❖ development of local clinical and other governance arrangements and best practice guidelines or standards consistent with the requirements of the Service Plan
- ❖ provision of training and education relevant to the provision of services
- ❖ collection of data on its performance and report to the System Manager on that performance
- ❖ provide an annual Statement of Operations in collaboration with the System Manager as part of the preparation of annual audited statements under the *Financial Management Act (FMA) 1985* and Treasurer's Direction(s)

Without limiting any other obligation, NT Regional Health Services must meet the following accountabilities and responsibilities:

- ❖ the terms of this Service Plan and its schedules
- ❖ the NHRA
- ❖ all Northern Territory and Commonwealth Government legislation and applicable agreements

- ❖ alignment with national and Department of Health policies, plans, frameworks, and quality and safety standards including the National Safety and Quality Health Service Standards
- ❖ professional registration and clinical credentialing standards and practice
- ❖ manage compliance with the *Migration Act 1958* to ensure all employees have legal work rights in Australia, and maintain these rights for the duration of their employment
- ❖ achievement and maintenance of service and/or facility accreditation
- ❖ planning at the health service level that is aligned with Northern Territory clinical service plans, frameworks and strategic policy
- ❖ work with the System Manager to progress strategies and initiatives for example: Total Asset Management Plan and NT Health Digital Strategy
- ❖ compliance with program, financial and performance reporting required by funding agreements

The following obligations must also be met by NT Regional Health Services:

Service Delivery

NT Regional Health Services will work collaboratively with other healthcare service providers to ensure that an integrated pathway of care is in place for patients. This will include, but is not limited to Primary Care providers, non-government organisations and private providers.

Accreditation

All NT public hospitals managed within NT Regional Health Services are to maintain accreditation under the Australian Health Service Safety and Quality Accreditation Scheme. Accreditation will be assessed against the National Safety and Quality Health Service standards (NSQHS) second edition.

Primary health care centres managed within NT Regional Health Services are to maintain accreditation in accordance with the current edition of the Royal Australian College of General Practitioners (RACGP) accreditation standards and in line with the National General Practice Accreditation Scheme.

For the purposes of accreditation, the performance of NT Regional Health Services against the NSQHS and the performance of health centres managed by NT Regional Health Services against the RACGP accreditation standards can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

NT Regional Health Services will select their accrediting agency from among the approved accrediting agencies. The ACSQHC and the RACGP provide a list of approved accrediting agencies which are published on their respective websites.

NT Regional Health Services will apply to an approved accrediting agency for a re-accreditation assessment prior to the expiry of their current accreditation period.

Cultural Safety

- ❖ Provision of culturally safe and responsive services in accordance with the NT Aboriginal Cultural Security Framework 2016-2026
- ❖ Ensuring there are culturally appropriate mechanisms in place to capture, monitor and evaluate consumer and community feedback.
- ❖ Ensuring accredited interpreters are used where language issues may influence interactions or assessments.

Safety and Quality

- ❖ Respond to recommendations and directions from statutory oversight bodies, including the Coroner, the Health and Community Services Complaints Commission, the Anti-Discrimination Commission and the Children's Commission, or any other statutory authority.
- ❖ Maintain a register in conjunction with NT Health's Clinical Governance Committee to monitor the status of recommendation and direction responses.

Risk and Audit

- ❖ Implement external and internal audit recommendations and provide recommendations to Risk and Audit Services on priorities for strategic internal audits and scope of audits if needed
- ❖ Identify, manage and mitigate risk by maintaining risk registers; adhering to the Department of Health Risk Management Framework and Policy
- ❖ Provide risk management updates to the NT Health's Governance and Assurance Committee.
- ❖ Plan for business continuity to ensure appropriate measures, risk mitigation and preparedness plans are in place, aligning with AS/NZS 5050-2010 Business Continuity – Managing disruption related risk. Disruption risk register requirements are outlined in Appendix 1

Part B: NT Regional Health Services - Service Description

Regions

NT Regional Health Services regions align with the NT Government regional boundaries. Each region will be accountable and responsible for administering health services within their defined geographic region.

A summary of the five regions is provided below:

Top End

The Top End region is located in the far north of the NT covering the areas of Darwin, Palmerston, as well as Pirlangimpi, Milikapiti and Wurrumiyanga on the Tiwi Islands, and 14 major Aboriginal communities on the mainland.

The Top End area is divided into four districts, its urban services in Darwin Region, the Top End West District, the Top End Central District and the Top End West Arnhem District.

The Top End region has two hospitals, Royal Darwin Hospital and Palmerston Regional Hospital.

East Arnhem

The East Arnhem region is located in the far north of the NT. It encompasses the towns of Nhulunbuy on the Gove Peninsula, Alyangula on Groote Eylandt, the islands of Elcho, Milingimbi, Milyakburra and the major Aboriginal communities on the mainland.

The East Arnhem region incorporates the regional health services of the Gove District Hospital as well as community and primary care services.

Big Rivers

The Big Rivers region is located in and around the Katherine area covering an area between the Western Australia Queensland borders, extending south to Dunmarra and north to Pine Creek. It includes the Victoria River area and the Gulf region across the Roper to Borroloola.

The Big Rivers region incorporates the regional health services of the Katherine District Hospital as well as community health and primary health care services to remote communities.

Barkly Region

The Barkly is a large, remote region located in the centre of the NT. The township of Tennant Creek is located 500 kilometres north of Alice Springs and surrounded by the major communities and outstations of Ampilatwatja, Urapuntja, Alpurrurulam, Ali Curung, Canteen Creek and Wutunugurra (Epenarra).

The Barkly region incorporates the regional health services of the Tennant Creek Hospital as well as primary health care services in remote communities.

Central Australia Region

The Central Australia region is located in the centre of Australia and covers a large area extending into the bordering areas of South Australia and Western Australia. The township of Alice Springs is surrounded by the major remote centres of Ntaria, Yuendumu and Papunya and communities and outstations including Wallace Rockhole, Haast's Bluff, Yuelemu, Mt Liebig and Titjikala.

The Central Australia region incorporates the regional health services of the Alice Springs Hospital as well as primary health care services in remote communities.

Services

NT Regional Health Services provide health and support services across five regions. Some regions may also host and administer services to one or all of the five regions. As each region is unique, there will be differences in the specific organisational structure with some regions relying on shared services to be provided by other regions. A summary of the hospital and non-hospital services including primary health care services provided by the NT Regional Health Services is outlined below.

Non-hospital Services

Primary Health Care

NT Regional Health Services provides Primary Health Care (PHC) through 53 urban and remote centres. PHC encompasses a range of services in clinic, home or community settings and includes health promotion, prevention and screening, identification, early intervention, treatment and management. The Core functions of primary health care: a framework for the Northern Territory (2011), underpins the provision of PHC services in the NT.

Prevention and Early Intervention

- ❖ Maternal health services including antenatal care in routine reviews, coordination of access to external service providers and antenatal health education and facilitating access to birthing services and postnatal care for mother and baby
- ❖ Child health and well-being services including growth monitoring, hearing health, oral health and developmental screening/follow up
- ❖ Screening and early detection of disease through appropriate health checks for infants, children, adults and older persons, with a focus on risk factors
- ❖ Chronic disease management and prevention of complications, through both clinical and risk factor management approaches
- ❖ Immunisation programs
- ❖ Communicable disease control actions including notifications

Treatment

- ❖ 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
- ❖ Facilitating access to specialist and allied health treatment services in the community or through referral
- ❖ Renal dialysis services

Visiting Specialist and Allied Health Services

- ❖ Supporting clients' access to specialist services and managing schedule of visitors
- ❖ Supporting and maintaining telehealth/telemedicine services
- ❖ Transporting clients

- ❖ Managing referrals and recalls and use of case-management/case coordination approaches to ensure access to a full range of specialist consultation and assessment services

Rehabilitation and Recovery

- ❖ 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.

The size and mix of PHC services to 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, namely, urban, remote and prison PHC centres. Details of the service mix and general scope of service provided are summarised below (refer to appendix 3 for presentation of communities by region):

Remote Primary Health Care centres	General scope of service
Batchelor, Adelaide River, Pine Creek, Wadeye, Daly River, Palumpa, Pirlamgimpi, Milikapiti, Julanimawu, Alyangula, Angurugu, Numbulwar, Umbakumba, Borroloola, Robinson River, Wurruwi, Gunbalanya, Jabiru, Minjilang, Belyuen, Wallace Rockhole ¹ , Ali Curung, Docker River, Haast's Bluff, Hart's Range, Bonya ² , Hermannsburg, King's canyon, Lake Nash, Aputula, Imanpa, Nyirripi, Papunya, Willowra, Yuelemu, Yuendumu, Yulara, Mt Liebig, Titjikala, Tara ³ , Wilora ³ , Ti Tree (incl. 6 Mile), Elliott, Alcoota, Epenarra, Canteen Creek, Laramba	<ul style="list-style-type: none"> • Public health nutrition • Accident and emergency/medevac 24/7 • Antenatal care • Healthy school aged kids program • Healthy Under 5 Kids – Partnering with Families Program • Immunisation • Well Women's and Men's health screens • Preventable chronic conditions program • Infectious disease prevention and control

Community health services provided in urban and regional centres	General scope of service
Casuarina ⁴ , Palmerston & Rural	<ul style="list-style-type: none"> • Healthy Under 5 Kids Partnering with Families Program • Immunisation • Well Women's and Men's Health Screening • Specialist Nursing Service • Allied Health
Stuart Park Infant Health, Karama Infant Health	<ul style="list-style-type: none"> • Healthy Under 5 Kids Partnering with Families Program • Immunisation
Katherine, Nhulunbuy	<ul style="list-style-type: none"> • Healthy Under 5 Kids Partnering with Families Program • Immunisation • Well Women's and Men's Health Screening

¹ Mostly visiting services from Hermannsburg

² Mostly visiting services from Hart's Range

³ Primary health care visiting service from Ti Tree

⁴ Including PHC outreach to Darwin region

Community health services provided in urban and regional centres	General scope of service
Flynn Drive (Alice Springs)	<ul style="list-style-type: none"> • Primary Health Care • Community • Healthy Under 5 Kids Partnering with Families Program • Immunisation • Well Women's and Men's Health Screening • Specialist Nursing Service • Allied health
Tennant Creek	<ul style="list-style-type: none"> • Primary Health care • Healthy Under 5 Kids Partnering with Families Program • Immunisation • Well Women's and Men's Health Screening

Outreach child, youth and family services / school-based services	General scope of service
Darwin City & Suburbs, Palmerston, Rural Area, Katherine ⁵ , Nhulunbuy ⁵	<ul style="list-style-type: none"> • Healthy Under 5 Kids – Partnering with Families • Home Birth Service • School Health Service and School Immunisation Program
Alice Springs and suburbs, Tennant Creek	<ul style="list-style-type: none"> • Healthy Under 5 Kids – Partnering with Families • School Health/Screening Service • School Immunisation Program

Prison Primary Health Care Centres	General scope of service
Darwin Correctional Centre Health Centre, Living Skills Unit, J Block (Women)	<ul style="list-style-type: none"> • Treatment and Emergency Care • Health Promotion and Health Protection • Rehabilitation / Chronic Disease Prevention • Specialist Referral • Prison Health Administration • After Hours on-call and Emergency • Visiting services including Physiotherapy, Optometry, Podiatry
Alice Springs Correctional Centre health centre – men and women, G Block (maximum security), Cottages clinic (low security), Juvenile Detention Centre, Aranda House (overflow), Police Watch House,	<ul style="list-style-type: none"> • Early Intervention and Reception • Treatment and Emergency Care • Health Promotion and Health Protection • Rehabilitation / Chronic Disease Prevention • Specialist Referral • Staff Education • Prison Health Administration • After Hours on-call and Emergency • Visiting services including Physiotherapy, Optometry, Podiatry

⁵ Home Birth Service not provided

Other non-hospital services provided by NT Regional Health Services are described as follows:

Remote morgues

NT Regional Health Services operates body storage facilities in some remote communities to protect health and meet cultural expectations.

Public Health Units

The Public Health Units (PHU) comprise both the Centre for Disease Control and Environmental Health. The role of the PHU includes the control of communicable diseases, the implementation of preventative health programs as well as reducing the amount of disease caused by physical, chemical, biological and radiological factors in the environment. The PHUs support both government and non-government primary health clinics.

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. Centres provide 24-hour medical access for medical and forensic examinations as well as screening and pregnancy prevention.

Mental Health

Mental Health is a specialist clinical service that provides a multi-disciplinary approach to treatment and therapeutic intervention for people experiencing a mental illness or mental health problem. Priority access to mental health services are determined in accordance with clinical need and risk assessments. Inpatient and outpatient services have a recovery focus with an emphasis on early intervention, relapse prevention and rehabilitation. Services will be provided within the National Mental Health Standards and the National Framework for Recovery Oriented Mental Health Services and will be culturally secure, delivered through a trauma informed care model.

Oral Health Services

Oral Health Services (OHS) provides comprehensive oral health care to eligible clients in the NT through a range of accredited facilities in urban and remote locations including: community dental clinics, school based dental clinics, remote dental clinics, mobile dental trucks, hospitals and correctional facilities.

Hearing Health Services

Hearing services are available through urban and regional facilities and hospital-based services. The hearing health services provide diagnostic audiological and audiometric services, outreach services to remote communities, hearing loss education, ear and hearing health promotion and teleotology/telehealth services to increase ENT access to children living in remote communities.

Aged Care Services

The Aged Care Units deliver the Aged Care Assessment Program (ACAP), Community Home Support Program, Memory Service and Psychogeriatric Service. The Transition Care Program and the Short Term Restorative Care Program are described in hosted services below. The Northern Territory Clinical Leader Aged Care, based in the Top End, has an overarching role across Aged Care Services delivered across NT Regional Health Services and is the NT representative for Commonwealth Government funded aged care programs.

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. Specialist clinical treatment pathways

include triage and brief intervention, assessment and case management, outpatient and inpatient withdrawal, opioid pharmacotherapy program, and hospital clinical liaison. Assessment for volatile substance abuse is also undertaken.

The Commonwealth Government-funded remote AOD workforce program in the NT Regional Health Services has the primary role of developing a workforce dedicated to delivering primary health care AOD services to remote Aboriginal communities in the NT.

Hosted Services

Each individual region of the NT Regional Health Services will be accountable and responsible for administering health services within their defined geographic region. Some regions may however host and administer services across some or all of the five regions.

Public Health functions

The Central Australia region hosts the Trachoma team, funded with tied funding from the Commonwealth for functions provided NT-wide. The Top End Regional Service hosts a number of public health services that are provided across the regional services including:

- ❖ Sexual health physician, sexual health and blood borne virus surveillance officer, sexual health promotion officer and Aboriginal Health Practitioner, to oversee sexual health clinical services and governance, provide statistical support and enhanced surveillance services, promote sexual health and facilitate social marketing activities
- ❖ Medical Entomology
- ❖ Rheumatic heart disease physician, data analyst and Clinical Nurse Manager for clinical governance and program service delivery
- ❖ Head of Surveillance, OzFoodNet epidemiologist and Surveillance Data Manager to support the public health responses to notifiable diseases, syndromic surveillance, outbreak management, food-borne disease surveillance and response
- ❖ After-hours and weekend disease control public health physicians

Services hosted NT-wide by the Top End region include:

After-hours Mental Health

Top End region provides a single point of access mental health service responsive to individual requirements to Top End 24/7 and to Central Australia after-hours.

Aged Care Transition Care and Restorative Care Programs

Top End region provides an NT-wide Transition Care Program (Medicare funded) and Short-Term Restorative Program. The Darwin based work unit consists of a team leader (case coordinators), therapy assistants, patient care assistants and administration support. The unit manages clients in Darwin and case manages packages across other regions in the Northern Territory.

The Short Term Restorative Care Program 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.

Specialist Outreach Northern Territory (SONT)

SONT coordinates air charter, travel and logistics NT-wide for specialist teams in Commonwealth Government funded priority areas, including maternal and child health, eye health and mental health. Top End also provides visiting sonography outreach services.

Hearing health services program and newborn screening

Top End provides NT-wide program direction, quality and professional support for Commonwealth Government funded outreach services and coordinates the newborn hearing screening services.

Cancer screening services

The NT Cancer Screening Service is a Top End based work unit that delivers BreastScreenNT, CervicalScreenNT and BowelScreenNT services across the whole of the NT.

Co-located Services

Pathology

Territory Pathology is a network of six public hospital laboratories located at Royal Darwin Hospital, Alice Springs Hospital, Palmerston Regional Hospital, Katherine District Hospital, Gove District Hospital and Tennant Creek Hospital. The Top End Regional Service delivers Territory Pathology on behalf of the Department.

National Critical Care and Trauma Response Centre (NCCTRC)

In collaboration with the Commonwealth Government, the NCCTRC works to enable the reception and management of local, national and international victims of disaster. The NCCTRC program ensures an enhanced clinical trauma surge capacity for RDH to provide a rapid response in the event of a mass casualty in the region.

Hospital Services

Hospital services provided by NT Regional Health Services are described as follows:

Top End	The Top End region has two hospitals, Royal Darwin and Palmerston Regional.
Royal Darwin Hospital	<ul style="list-style-type: none"> • 24-hour accident and emergency care • General Medicine including Oncology, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Renal, Respiratory, Palliative care, Chronic Pain Service, Hyperbaric Medicine • General Surgery including ENT, Gynaecology, Neurology, Ophthalmology, Orthopaedics, Urology, Vascular, Maxillofacial, Plastic and Reconstructive • Maternity and Child Health including Neonatology, Obstetrics, Paediatrics • Mental Health • Alcohol & other drugs • Clinical Support including Allied health, Anaesthetics, Diagnostic imaging/nuclear medicine, Intensive care/high dependency unit, Operating suite/theatres, Pathology, Pharmacy • Outreach to remote health centres • Mortuary and stores, post-mortems
Palmerston Regional Hospital	<ul style="list-style-type: none"> • 24-hour accident and emergency care • General Medicine including Gerontology • Rehabilitation

Top End	The Top End region has two hospitals, Royal Darwin and Palmerston Regional.
	<ul style="list-style-type: none"> • Clinical Support including Allied health, Anaesthetics, Diagnostic imaging/nuclear medicine, Operating suite/theatres, Pathology, Pharmacy • Outreach to remote health centres
East Arnhem	The East Arnhem region has one hospital, Gove District Hospital.
Gove District Hospital	<ul style="list-style-type: none"> • 24-hour accident and emergency care • General Medicine including Paediatrics, Infectious Diseases and Renal • General Surgical including ENT, Gynaecology, Ophthalmology, Orthopaedics • Maternity, Obstetrics, Level 3 nursery care • Clinical Support including Allied health, Anaesthetics, Diagnostic imaging including Computerised Tomography, Operating theatre suite, Pathology, Pharmacy • Specialist outpatient services including Ophthalmology, ENT, Orthopaedic, Renal, Gynaecology • Outreach to remote health centres • Mortuary
Big Rivers	The Big Rivers region has one hospital, Katherine Hospital.
Katherine Hospital	<ul style="list-style-type: none"> • 24-hour accident and emergency care • General Medicine including Oncology, Infectious Diseases, Renal, Palliative care • General Surgery including ENT, Gynaecology, Ophthalmology, Orthopaedics • Maternity and Child Health including, Obstetrics, Paediatrics • Rehabilitation • Clinical Support including Allied health, Anaesthetics, Diagnostic imaging, Operating suite/theatres, Pathology, Pharmacy • Outreach to remote health centres • Mortuary
Barkly	The Barkly region has one hospital, Tennant Creek Hospital.
Tennant Creek Hospital	<ul style="list-style-type: none"> • 24-hour accident and emergency care • General Medicine including Gerontology • Rehabilitation • Clinical Support including Allied health, Pathology, Pharmacy, Radiography, Sonography • Outreach to remote health centres • Aboriginal liaison
Central Australia	The Central Australia region has one hospital, Alice Springs Hospital.
Alice Springs Hospital	<ul style="list-style-type: none"> • 24-hour accident and emergency care • General Medicine including Oncology, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Renal, Respiratory, Palliative care, Addiction Medicine • General Surgery including ENT, Gynaecology, Neurology* (as outpatient service only), Ophthalmology, Orthopaedics, Urology, Vascular • Maternity and Child Health including Neonatology, Obstetrics, Paediatrics • Integrated community and hospital - Mental Health and Rehabilitation • Clinical Support including Allied health, Anaesthetics, Diagnostic imaging/nuclear medicine, Intensive care/high dependency unit, Operating suite/theatres, Pathology, Pharmacy, Radiography, Sonography, Visiting medical specialists • Mortuary and stores, post-mortems • Inpatient, outpatient and specialist care to remote health centres including provision of Remote Medical Practitioner, and access to Medivac and retrieval services • Aboriginal liaison

Part C: Funding and Activity Schedules

Purchased Activity and Services

Activity Funded Services	Activity (WAU)	Funding (\$)
Price per WAU = \$5,597		
Admitted Acute	118,999	666,037,121
Admitted Sub Acute	7,574	42,389,617
Admitted Mental Health	6,348	35,526,960
Emergency Department	25,524	142,857,727
Non-admitted	32,599	182,457,830
Total ABF Allocation	191,043	1,069,269,256
Block Funded Services		Funding (\$)
Commonwealth Block		104,169,000
Teaching, Training and Research		35,572,000
Mental Health, non-admitted and residential		32,068,000
Non-admitted CAMHS		4,563,000
Non-admitted Home Ventilation		87,000
Small and rural hospitals		31,879,000
NT Block		452,498,744
Patient travel		66,140,000
<i>Patient travel - Transition</i>		31,108,000
Aged Care		7,880,000
Alcohol & Other Drugs		13,064,000
Primary Health Care		221,976,000
Public health - COVID		29,590,000
Other Services - unspecified		44,695,744
Hospital Services - unspecified		38,045,000
Total Block Allocation		556,667,744
Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)		1,625,937,000
Savings		- 9,800,000
<i>Efficiency - Transition</i>		12,260,000
Depreciation and Amortisation		59,140,000
Lease Interest Expense (AASB 16 Leases Implementation)		372,000
Balance Sheet Items that impact the Operating Statement		2,912,000
Operating Expenses Budget		1,690,821,000
WAU = Weighted Activity Unit (21)		

Funding Sources

Funding Source	Value (\$)
Commonwealth NHRA Hospital Funding	312,687,000
Commonwealth NHRA Hospital Block Funding	34,616,000
Commonwealth NHRA Public Health Funding	2,661,000
Commonwealth National Partnership on COVID 19 Response - Hospital	8,094,000
Commonwealth National Partnership on COVID 19 Response - Public Health	13,400,000
Commonwealth National Partnership on COVID 19 Response - Vaccine	1,682,000
Commonwealth and other Tied Funding	103,321,000
Shared Services Received	135,231,000
NT Hospital & Block Funding	910,436,000
Health Service Generated Revenue	100,122,000
Health Service Generated Revenue Private Inpatients	3,497,000
Capital and other Balance Sheet items Budget (NT)	1,731,000
Capital and other Balance Sheet items Budget (Tied)	1,181,000
Funding Total	1,628,659,000
Pathology funding source	
NT Hospital & Block Funding	2,244,000
Health Service Generated Revenue	637,000
Commonwealth and other Tied Funding	142,000
Pathology Funding Total	3,023,000
Funding Grand Total	1,631,682,000

Commonwealth National Health Reform Funding table

Activity Funded Services	Activity (NWAU)
Admitted Acute	114,755
Admitted Sub Acute	6,883
Admitted Mental Health	5,179
Emergency Department	25,629
Non-admitted	30,026
Total ABF Allocation	182,472

Tied Funding Schedule

NT Health Regional Health Services consolidated Tied Funding:

Agreement name	Total 2021-22 funding (\$000)
Adelaide Uni - Clinical Trial Research Agreement	\$ 240
Aged Care Assessment Program	\$ 1,943
Aged Care Short Term Restorative Care	\$ 794
Australian Childhood Immunisation Register	\$ 100
Australian Haemophilia Centre Directors Organisation (NT Pathology) (Australian Bleeding Disorder Registry (ABDR))	\$ 19
Clinical Teaching Services Agreement	\$ 1,662
College of Nursing and Midwifery at Charles Darwin University (N4)	\$ 25
College of Nursing and Midwifery at Charles Darwin University (N5)	\$ 29
Commonwealth Home Support Program	\$ 1,566
Community Health & Hospital Program - Remote Point of Care Pathology Testing	\$ 237
Comprehensive Palliative Care in Aged Care Measures	\$ 79
COVID-19 Quarantine Arrangements at the NT Centre for National Resilience for Organised National Repatriation of Australians	\$ 890
Darwin Private Hospital Medical Cover	\$ 500
Diesel Fuel Rebate	\$ 549
Emergency Medicine Education & Training	\$ 145
Essential Vaccines	\$ 557
Exotic Mosquito Identification Services	\$ 11
Expansion of Breast Screen Australia Program	\$ 157
Flexible Care Subsidy for Transition Care	\$ 1,791
Fred Hollows Ophthalmology Project 2 (ASH)	\$ 50
Gove Multi-Purpose Service - Respite Funding	\$ 396
Highly Specialised Drugs	\$ 14,969
Human Quarantine Services	\$ 52
Improving Trachoma Control Services for Indigenous Australians	\$ 1,890
Indigenous Australians' Health Programme (IAHP) - Australian Nurse Family Partnership Program	\$ 1,785
Indigenous Australians' Health Programme (IAHP) - Comprehensive Primary Health Care	\$ 35,005
Indigenous Australians' Health Programme (IAHP) - Connected Beginnings	\$ 250
Indigenous Australians' Health Programme (IAHP) - Coordination of Indigenous Eye Health (Ear & Eyes Trachoma)	\$ 200
Indigenous Australians' Health Programme (IAHP) - Healthy Ears - Better Hearing, Better Listening (Indigenous Ear Health)	\$ 1,352
Integrated Rural Training Pipeline	\$ 882
McGrath Breast Care Nurse	\$ 256
McGrath Foundation	\$ 110
National Bowel Cancer Screening Program	\$ 136
NT General Practice Education	\$ 1,003
NT PHN - MH - Youth Severe Mental Health Program	\$ 359
NT PHN - Outreach Health Services Program - Allied Health	\$ 365

Agreement name	Total 2021-22 funding (\$000)
NT PHN - Outreach Health Services Program - General Physician	\$ 469
NT PHN - Outreach Services - Ophthalmology	\$ 167
NT PHN - TCH - Afters hours Radiology	\$ 131
NT PHN - After Hours Care Coordination Services to Renal - TCH	\$ 200
NT PHN - After Hours Social Work (GDH)-C862	\$ 140
NT PHN - ASH - After Hours Pharmacy	\$ 89
NT PHN - ASH - After Hours Social Worker	\$ 120
NT PHN - Child Health GP Antenatal Shared Care Program	\$ 98
NT PHN - Integrated Team Care	\$ 238
NT PHN - Nhulunbuy Alcohol and Other Drug Rehabilitation Service (previously schedule 10)	\$ 183
NT PHN - Outreach Health Service Program	\$ 411
NT PHN - Outreach Health Service Program Ophthalmology	\$ 238
NT PHN - Primary Mental Health Indig Fund Top End West (previously schedule 20)	\$ 334
NT PHN - Primary Mental Health Indigenous Funding & Drug and Alcohol Treatment Activities East Arnhem South (previously schedule 18)	\$ 353
NT PHN - Primary Mental Health Indigenous Funding & Drug and Alcohol Treatment Activities Jabiru (previously schedule 16)	\$ 197
NT PHN - Primary Mental Health Indigenous Funding & Drug and Alcohol Treatment Activities Tiwi (previously schedule 9)	\$ 197
NT PHN - Rural Primary Health Service Borroloola (previously schedule 14)	\$ 685
NT PHN - Schedule 12 - MHSRRA Nauiyu	\$ 120
NT PHN - Schedule 13 - MHSRRA Angurugu	\$ 240
NT PHN - Social and Emotional Well Being Model - AOD	\$ 467
NT PHN - TCH - After Hours Social Worker	\$ 108
NT Remote Aboriginal Investment (NTRAI) - Community Safety Implementation Plan - Alcohol - Remote Alcohol & Other Drug Workforce	\$ 4,461
NT Remote Aboriginal Investment (NTRAI) - NT Health Implementation Plan - Hearing Health Programme	\$ 3,851
NT Remote Aboriginal Investment (NTRAI) - NT Health Implementation Plan - Oral Health Programme	\$ 2,916
Organ and Tissue Authority	\$ 1,181
OzFoodNet	\$ 157
Prostate Cancer Specialist Nurse Program	\$ 48
Public Dental Services for Adults	\$ 1,416
QUT Palliative Care PEPA Project	\$ 201
Rheumatic Fever Strategy	\$ 941
Rural Health Outreach Fund	\$ 3,107
Rural Junior Doctor Training Innovation Fund	\$ 446
Specialist Training Program	\$ 5,749
Specialist Training Program - Pathology	\$ 53
Vaccine Preventable Disease Surveillance Program	\$ 61
Visiting Optometrists Scheme	\$ 1,799
TOTAL	\$ 101,926

See Appendix 4 for breakdown of Tied Funding by Regions.

Part D: Support to NT Regional Health Services

The Department of Health will work in collaboration with NT Regional Health Services to ensure the public health system delivers high quality hospital and other health services to Territorians having regard to the principles and objectives of the national health system. The CEO as System Manager will be responsible for providing specific areas of both support and leadership functions to NT Regional Health Services. A summary of these services is provided below:

Services to be provided by the Office of the Chief Health Officer will include:

- ❖ Developing strategic policy, strategies and leadership in:
 - Clinical excellence and patient safety
 - Public health
 - Territory Pathology
 - Emergency management

Services to be provided by Sector and System Leadership will include:

- ❖ Developing, monitoring, evaluation of policies, strategies and leadership in:
 - Aboriginal health policy, mental health, alcohol and other drugs, health promotion, ageing, child and youth health
 - Primary health care; chronic conditions; palliative care; domestic, family and sexual violence
 - People and organisational capability including workforce strategy and reform including standards and regulation
- ❖ Health informatics and digital innovation; developing policy, strategies, services and standards for the use of digital information and communications technology

Services to be provided by System Support Services will include:

- ❖ Financial accounting, financial policy advice, revenue strategy, agency budget development
- ❖ Activity based funding and system performance
- ❖ Enterprise Portfolio Management Office supporting NT Health in the management of its project portfolio
- ❖ Grants management services
- ❖ Strategic oversight for infrastructure planning and facilities management and capital works
- ❖ Strategic contracting
- ❖ Risk and assurance services
- ❖ Governance and Information Services including the Policy Guideline Centre
- ❖ Business support services providing travel, transport and asset billing
- ❖ Legal services, information and privacy

Services to be provided by the Office of the CEO will include:

- ❖ Ministerial liaison, and media and corporate communications

The Department of Corporate and Digital Development and Department of Infrastructure, Planning and Logistics provide the following services to NT Health:

- ❖ Data management and system reporting, strategic procurement services, infrastructure services, records management, human resources, fleet management.

Part E: Performance Measurement

The NT Health Performance Framework (the Framework) sets out the framework within which NT Health intends to monitor, assesses and respond to the performance of NT Regional Health Services.

The Framework sets out the performance improvement approaches and management processes that promote transparency and shared accountability across the system and helps inform future policy and planning strategies. The Service Plan, central to the Framework, sets out funding service and performance expectations of NT Regional Health Services.

The Framework operates within a number of important contexts:

- ❖ the integration of governance and strategic frameworks, business planning, budget setting and performance assessment is undertaken within the context of NT Health Strategic Plan and more broadly NT Government priorities
- ❖ regional and clinical leadership and expertise into decision-making and performance management are central elements of the Framework in practice
- ❖ operates alongside NT Health funding/financial reforms, commissioning framework and Activity Based Funding guidelines
- ❖ promotes transparency and shared accountability for performance improvement across the system and helps inform future policy and planning strategies

The Framework provides:

- ❖ a transparent monitoring process to identify and acknowledge sustained high performance with the view for lessons to be shared across NT Health
- ❖ recognition and identifies challenges to performance, cases of sustained under performance as well as significant clinical issues or sentinel events
- ❖ a clear understanding of the responses to unsatisfactory performance and the process of escalation where performance concerns arise

Performance against KPIs in the Service Plan are measures of compliance. Performance levels that are not achieved may trigger responses as outlined in the Framework. Assessment of NT Regional Health Services performance against the Service Plan will also be measured using progress reports on the implementation of strategies to improve performance. The performance measures in the Service Plan may be varied in response to developments in standards and indicators. This will be managed by variation to the Service Plan through agreement between the parties.

NT Regional Health Services are to meet the performance requirements as set out in the Service Plan schedules, within the budget allocated, and specifically:

- ❖ successfully implement agreed plans that address the Strategic Priorities and governance requirements
- ❖ meet purchased activity targets within the set tolerance bands
- ❖ achieve KPI targets
- ❖ ensure clinicians, staff and community engagement process is established that facilitates participation and improves satisfaction through all staff groups

Part F: Key Performance Indicators

Key performance indicators (KPIs) are structured across domains:

Key Performance Indicators	Data lag (mths)	Target 2021-22	Top End, East Arnhem & Big Rivers			Barkly & Central Australia		
			Performing (GREEN)	Performance concern (AMBER)	Not performing (RED)	Performing (GREEN)	Performance concern (AMBER)	Not performing (RED)
Safety, quality and access								
Relative stay index	2	1	≤1	>1 - 1.2	>1.2	≤1	>1 - 1.2	>1.2
Elective Surgery timely admissions:								
- Cat 1	Nil	100%	100%	<100% - 95%	<95%	100%	<100% - 95%	<95%
- Cat 2		97%	≥97%	<97% - 92%	<92%	≥97%	<97% - 92%	<92%
- Cat 3		97%	≥97%	<97% - 92%	<92%	≥97%	<97% - 92%	<92%
Hospital Access Targets								
- Patients admitted to an inpatient unit or transferred from the ED within 4 hours	Nil	60%	≥ 60%	40-59%	< 40%	≥ 60%	40-59%	< 40%
- Patients admitted to an ED short stay unit from the ED within 4 hours		80%	≥ 80%	70-79%	< 70%	≥ 80%	70-79%	< 70%
- Patients discharged from the ED within 4 hours		80%	≥ 80%	70-79%	< 70%	≥ 80%	70-79%	< 70%
- Patients with ED length of stay less than or equal to 4 hours		80%	≥ 80%	60-79%	< 60%	≥ 80%	60-79%	< 60%
Practical Access Numbers for Emergency (PANE) *RDPH and ASH only	x	4	≤ 4	5-9	≥10	≤ 4	5-9	≥10
Inpatient Cubicles in Emergency (ICE) *RDPH and ASH only	x	4	≤ 4	5-9	≥10	≤ 4	5-9	≥10
Patients who received antibiotics within 60 min of diagnosis of sepsis	x	TBD	x	x	x	x	x	x
Unplanned hospital readmissions	1	Decrease prior year	< previous year	No change	> previous year	< previous year	No change	> previous year
Avoidable Hospital Readmissions	X	Decrease prior year	< previous year	No change	> previous year	< previous year	No change	> previous year
Potentially preventable hospitalisations (excluding dialysis)	3	10%	≤10%	>10% - 13%	>13%	≤10%	>10% - 17%	>17%
Hospital acquired complications	1	Decrease prior year	< previous year	No change	> previous year	< previous year	No change	> previous year
Mental health assigned phase of care for active patients	1	100%	100%	<100% - 95%	<95%	100%	<100% - 95%	<95%
Mental health phase of care reviewed within 91 days	4	100%	100%	<100% - 90%	<90%	100%	<100% - 90%	<90%
Mental health 28 day readmissions	2	10%	≤10%	>10% - 12%	>12%	≤10%	>10% - 16%	>16%
Community follow-up within first 7 days of mental health inpatient discharge	3	80%	≥80%	<80% - 75%	<75%	≥80%	<80% - 72%	<72%
Mental health seclusion rate (per 1,000 OBDS)	1	8	≤8	>8 - 13	>13	≤8	>8 - 13	>13
Aboriginal clients discharged against medical advice (DAMA)	1	7%	≤7%	>7% - 9%	>9%	≤7%	>7% - 12%	>12%
Sentinel events against nationally agreed events	1	0	0	NA	> 0	0	NA	> 0
SAB infections (per 10,000 OBDS)	1	1.0	≤1.0	>1.0 - 1.5	>1.5	≤1.0	>1.0 - 1.5	>1.5
Hand hygiene compliance	variable	85%	≥85%	<85% - 80%	<80%	≥85%	<85% - 80%	<80%
Telehealth (* see footnote for breakdown)	Nil	Total = 52,000	100%	85% - <100%	<85%	100%	85% - <100%	<85%
HbA1c measurement within certain levels	Nil	41%	≥41%	<41% - 39%	<39%	≥41%	<41% - 30%	<30%
Recent HbA1c test for clients aged 15 years and over	Nil	80%	≥80%	<80% - 75%	<75%	≥80%	<80% - 75%	<75%
Rheumatic heart disease prophylaxis adherence	Nil	60%	≥60%	<60% - 52%	<52%	≥60%	<60% - 52%	<52%
Children under 5 who are anaemic	Nil	10%	≤10%	>10 - 15%	>15%	≤10%	>10 - 15%	>15%
Children under 5 measured for anaemia	Nil	80%	≥80%	<80% - 75%	<75%	≥80%	<80% - 75%	<75%
Adult health check coverage	Nil	70%	≥70%	<70% - 67%	<67%	≥70%	<70% - 67%	<67%
Aged care assessment program clients receiving timely intervention	1	90%	≥90%	<90% - 85%	<85%	≥90%	<90% - 85%	<85%
First antenatal visit	2	70%	≥70	<70% - 65%	<65%	≥70	<70% - 65%	<65%
Chronic disease management plan	Nil	85%	≥85%	<85% - 80%	<80%	≥85%	<85% - 80%	<80%
Early intervention for conductive hearing loss	1	45%	≥45%	<45% - 37%	<37%	≥45%	<45% - 37%	<37%
Oral Health access (frequency)	x	TBD	x	x	x	x	x	x
Finance and efficiency								
Cost per NWAU (compared with NEP)	Nil	1	≤1	>1 - 1.15	>1.15	≤1	>1 - ≤1.15	>1.15
Variance against purchased activity [in WAUs per category]	Nil	0%	+/- 1.5%	>1.5% - 5%	>5%	+/- 1.5%	>1.5% - 5%	>5%
Expenditure - variance against budget	Nil	0%	+/- 1.0%	>1.0% - 2.5%	>2.5%	+/- 1.0%	>1.0% - 2.5%	>2.5%
Coding timeliness	3	100%	100%	<100% - 80%	<80%	100%	<100% - 80%	<80%
Workforce and culture								
Aboriginal health workforce as a proportion of overall FTE	Nil	10%	≥10%	<10% - 7.5%	<7.5%	≥10%	<10% - 7.5%	<7.5%
Full-time equivalent (FTE)	Nil							
Patient experience	2	90%	90%	<90% - 80%	<80%	90%	<90% - 80%	<80%

Part G: Data Reporting Requirements

The *Health Service Act (2021)* provides for the Service Plan to set out the performance data and matters to be reported to the System Manager by NT Regional Health Services and the frequency of that reporting. This section specifies the data NT Regional Health Services will provide to the System Manager and the requirements for the provision of the data.

Principles

The following principles guide the collection, storage, transfer and disposal of data:

- ❖ Trustworthy: data is accurate, relevant, timely, available and secure
- ❖ Private: personal information is protected in accordance with the law
- ❖ Valued: data is a core strategic asset
- ❖ Managed: collection of data is actively planned, managed and compliant
- ❖ Quality: data provided is complete, consistent, undergoes regular validation and is of sufficient quality to enable the purposes outlined in this schedule.

The parties agree to constructively review the data reporting requirements as set out in this Service Plan on an ongoing basis to ensure data reporting requirements are able to be fulfilled; and minimise regulatory burden.

NT Regional Health Services

NT Regional Health Services will provide the following data, in accordance with this schedule:

- ❖ Data required to delivery and manage clinical care and services
- ❖ Data required to report to national bodies, including but not limited to National Minimum Data Sets, National Best Endeavour Data Sets; and other collections (such as the National Hospital Cost Data Collection)
- ❖ Data required under relevant legislation, including but not limited to the Freedom of Information Act and the Public Sector Employment and Management Act
- ❖ Data required to facilitate reporting against the key performance indicators set out in this Service Plan
- ❖ Data required to determine activity based funding and block funding amounts
- ❖ Data required to monitor implementation of NT Health policies and whole of Government plans
- ❖ Data requested in writing by the CEO, or delegate, from time to time, whether or not specified in this schedule or the Service Plan, where the request specifies the form and manner of the data and at the timeframes for provision.

The NT Regional Health Services will provide data in the form and manner as established in front-line clinical settings and in agreements.

NT Regional Health Services will provide data of suitable quality and completeness in accordance with the principles in this schedule and will address, in a timely manner, any issues related to the quality and completeness of data provided.

NT Regional Health Services will provide data in accordance with the following timeframes, unless otherwise agreed between parties:

- ❖ Data required for reporting to national bodies (such as the Independent Hospital Pricing Authority) must be provided in accordance with the national data provision timeframes
- ❖ All other data required, including data to facilitate reporting against the key performance indicators set out in this Service Plan, must be provided monthly or quarterly, where agreed.

System Manager

The System Manager will provide NT Regional Health Services with routine access to data for the purposes of benchmarking and performance improvement.

The System Manager will advise NT Regional Health Services of any updates to data provision requirements as they occur.

The System Manager will provide a monthly performance report. The report will include:

- ❖ actual activity compared with purchased activity levels
- ❖ performance information to demonstrate NT Regional Health Services' performance against the performance indicator targets specified in this Service Plan

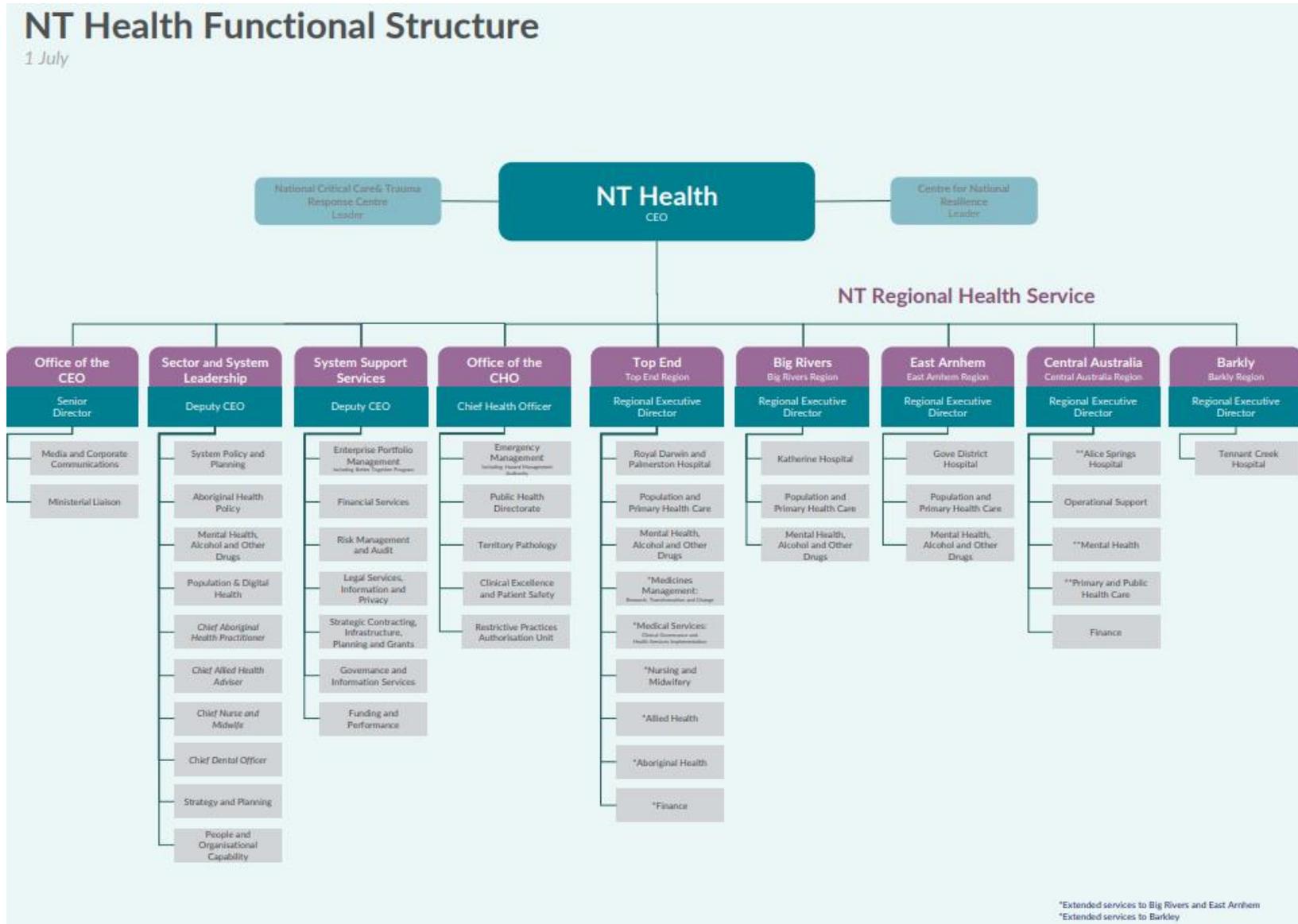
The System Manager will utilise the data sets provided for a range of purposes including:

- ❖ to fulfil legislative requirements (such as a quarterly performance report to the Minister)
- ❖ to deliver accountabilities to state and Commonwealth governments
- ❖ to monitor and promote improvements in the safety and quality of the NT Regional Health Services
- ❖ to support clinical innovation

Appendix 1: Disruption Risk Register Requirements

Item	Requirements/Frequency
Disruption Risk Register	Each Region to establish a disruption risk register by Sept 2021
	Annual Review Risk Report for each Region (by Jun 2022)
Business Continuity Plan	Establish comprehensive Business Continuity Plan for NT Regional Health Services (by Sept 2021)
	Establish annual scenario/testing program for each Region based on their disruption risks (by Dec 2021)
	Functional Group Preparedness Reports provided to NT Health Crisis and Business Continuity Leadership Group Annually (Oct)
	Significant Incident, Emergency Management and Business Continuity Management Activities Report – to NT Health Crisis and Business Continuity Leadership Group Quarterly (Jan, Apr, Jul, Oct 2021)
	Annual Performance Report – to NT Health Crisis and Business Continuity Leadership Group Annually (Jul)

Appendix 2: NT Health Functional Structure



Appendix 3: Communities by Region

The NT Health regional boundaries align with the NT Government's regional boundaries and local decision-making framework.

Region	Community	
Top End	Adelaide River Batchelor Belyuen Gunbalanya Jabiru Julanimawu Milikapiti	Minjilang Naiyu (Daly River) Palumpa Pirlangimpi Wadeye Wagait Beach Warruwi
East Arnhem	Alyangula Angurugu Milyakburra (Bickerton Island)	Nhulunbuy Umbakumba
Big Rivers	Borroloola Numbulwar	Pine Creek Robinson River
Barkly	Ali Curung Alpurrurulam (Lake Nash) Kulumindini (Elliott)	Orwairtilla (Canteen Creek) Tara Wutunugurra (Epenarra)
Central Australia	Amunturrngu (Mt Liebig) Aputula (Finke) Atitjere (Harts Range) Engawala Ikuntji (Haasts Bluff) Imanpa Kaltukatjara (Docker River) Laramba Ntaria (Hermannsburg) Nyirripi Orrtipa-Thurra (Bonya)	Papunya Pmara Jutunta (Six Mile) Ti Tree Titjikala Wallace Rockhole Watarrka Willowra Wilora Yuelamu Yuendumu Yulara

Appendix 4: NT Regional Health Services – Activity by Region

NT			Central Australia		Barkly		Big Rivers		East Arnhem		Top End	
Activity Funded Services Price per WAU = \$5,597	Activity (WAU)	Funding (\$)	Activity (WAU)	Funding (\$)	Activity (WAU)	Funding (\$)	Activity (WAU)	Funding (\$)	Activity (WAU)	Funding (\$)	Activity (WAU)	Funding (\$)
Admitted Acute	118,999	666,037,121	35,449	198,407,127	2,635	14,748,500	4,842	27,099,847	-	-	76,073	425,781,648
Admitted Sub Acute	7,574	42,389,617	1,839	10,295,380	95	530,105	144	803,828	-	-	5,496	30,760,304
Admitted Mental Health	6,348	35,526,960	1,644	9,203,600	-	-	-	-	-	-	4,703	26,323,360
Emergency Department	25,524	142,857,727	7,708	43,139,091	1,123	6,283,118	2,098	11,744,952	-	-	14,595	81,690,566
Non-admitted	32,599	182,457,830	7,172	40,143,870	438	2,450,574	1,107	6,193,400	-	-	23,882	133,669,986
Total ABF Allocation	191,043	1,069,269,256	53,813	301,189,068	4,290	24,012,297	8,190	45,842,026	-	-	124,750	698,225,864
Block Funded Services		Funding (\$)		Funding (\$)		Funding (\$)		Funding (\$)		Funding (\$)		Funding (\$)
Commonwealth Block		104,169,000		18,573,000		1,353,000		1,683,000		33,285,000		49,275,000
Teaching, Training and Research		35,572,000		7,079,000		507,000		414,000		448,000		27,124,000
Mental Health, non-admitted and residential		32,068,000		9,699,000		671,000		1,269,000		958,000		19,471,000
Non-admitted CAMHS		4,563,000		1,795,000		175,000		-		-		2,593,000
Non-admitted Home Ventilation		87,000		-		-		-		-		87,000
Small and rural hospitals		31,879,000		-		-		-		31,879,000		-
NT Block		452,498,744		116,757,491		11,855,144		24,595,198		30,652,547		268,638,364
Patient travel		66,140,000		16,397,000		851,000		3,185,000		5,609,000		40,098,000
<i>Patient travel - Transition</i>		31,108,000		-		-		-		-		31,108,000
Aged Care		7,880,000		1,310,000		-		-		396,000		6,174,000
Alcohol & Other Drugs		13,064,000		6,220,000		537,000		375,000		998,000		4,934,000
Primary Health Care		221,976,000		62,200,000		8,286,000		19,413,000		22,430,000		109,647,000
Public health - COVID		29,590,000		-		-		1,019,000		374,000		28,197,000
Other Services - unspecified		44,695,744		14,534,491		2,181,144		603,198		845,547		26,531,364
Hospital Services - unspecified		38,045,000		16,096,000		-		-		-		21,949,000
Total Block Allocation		556,667,744		135,330,491		13,208,144		26,278,198		63,937,547		317,913,364
Operating Expenses Budget (excluding Depreciation, Amortisation and Lease Interest Expense)		1,625,937,000		436,519,559		37,220,441		72,120,224		63,937,547		1,016,139,228
Savings		- 9,800,000		- 6,940,000		- 680,000		- 1,220,000		- 960,000		-
<i>Efficiency - Transition</i>		12,260,000		-		-		-		-		12,260,000
Depreciation and Amortisation		59,140,000		13,509,000		1,276,000		199,000		494,000		43,662,000
Lease Interest Expense (AASB 16 Leases Implementation)		372,000		82,273		5,727		1,550		58,596		223,854
Balance Sheet Items that impact the Operating Statement		2,912,000		- 356,000		-		-		-		3,268,000
Operating Expenses Budget		1,690,821,000		442,814,833		37,822,167		71,100,774		63,530,143		1,075,553,083

Appendix 5: NT Regional Health Services – Tied Funding by Region

Tied funding agreement name	Top End	East Arnhem	Big Rivers	Barkly	Central Australia	Total (\$000)
Adelaide Uni - Clinical Trial Research Agreement					240	240
Aged Care Assessment Program	1,329				614	1,943
Aged Care Short Term Restorative Care	794					794
Australian Childhood Immunisation Register	100					100
Australian Haemophilia Centre Directors Organisation (NT Pathology) (Australian Bleeding Disorder Registry (ABDR))	19					19
Clinical Teaching Services Agreement (Flinders University)	1,163				499	1,662
College of Nursing and Midwifery at Charles Darwin University (N4)	25					25
College of Nursing and Midwifery at Charles Darwin University (N5)	29					29
Commonwealth Home Support Program	1,212				354	1,566
Community Health & Hospital Program - Remote Point of Care Pathology Testing	237					237
Comprehensive Palliative Care in Aged Care Measures					79	79
COVID-19 Quarantine Arrangements at the NT Centre for National Resilience for Organised National Repatriation of Australians	890					890
Darwin Private Hospital Medical Cover	500					500
Diesel Fuel Rebate	449	100				549
Emergency Medicine Education & Training					145	145
Essential Vaccines	557					557
Exotic Mosquito Identification Services	11					11
Expansion of Breast Screen Australia Program	157					157
Flexible Care Subsidy for Transition Care	1,791					1,791
Fred Hollows Ophthalmology Project 2 (ASH)					50	50
Gove Multi-Purpose Service - Respite Funding		396				396
Highly Specialised Drugs	11,430	204	366		2,969	14,969
Human Quarantine Services	52					52
Improving Trachoma Control Services for Indigenous Australians					1,890	1,890
Indigenous Australians' Health Programme (IAHP) - Australian Nurse Family Partnership Program	1,785					1,785
Indigenous Australians' Health Programme (IAHP) - Comprehensive Primary Health Care	14,143	3,864	1,118	2,251	13,629	35,005
Indigenous Australians' Health Programme (IAHP) - Connected Beginnings		250				250
Indigenous Australians' Health Programme (IAHP) - Coordination of Indigenous Eye Health (Ear & Eyes Trachoma)	100				100	200
Indigenous Australians' Health Programme (IAHP) - Healthy Ears - Better Hearing, Better Listening (Indigenous Ear Health)	943				409	1,352
Integrated Rural Training Pipeline	882					882
McGrath Breast Care Nurse	256					256
McGrath Foundation					110	110
National Bowel Cancer Screening Program	136					136
NT General Practice Education	964				39	1,003
NT PHN - MH - Youth Severe Mental Health Program					359	359
NT PHN - Outreach Health Services Program - Allied Health					365	365
NT PHN - Outreach Health Services Program - General Physician					469	469
NT PHN - Outreach Services - Ophthalmology					167	167
NT PHN - TCH - Afters hours Radiology				131		131
NT PHN - After Hours Care Coordination Services to Renal - TCH				200		200
NT PHN - After Hours Social Work (GDH)-C862		140				140
NT PHN - ASH - After Hours Pharmacy					89	89
NT PHN - ASH - After Hours Social Worker					120	120
NT PHN - Child Health GP Antenatal Shared Care Program	98					98
NT PHN - Integrated Team Care					238	238
NT PHN - Nhulunbuy Alcohol and Other Drug Rehabilitation Service (previously schedule 10)		183				183
NT PHN - Outreach Health Service Program	411					411
NT PHN - Outreach Health Service Program Ophthalmology	238					238
NT PHN - Primary Mental Health Indigenous Fund Top End West (previously schedule 20)	334					334
NT PHN - Primary Mental Health Indigenous Funding & Drug and Alcohol Treatment Activities East Arnhem South (previously schedule 18)		353				353
NT PHN - Primary Mental Health Indigenous Funding & Drug and Alcohol Treatment Activities Jabiru (previously schedule 16)	197					197

Tied funding agreement name	Top End	East Arnhem	Big Rivers	Barkly	Central Australia	Total (\$000)
NT PHN - Primary Mental Health Indigenous Funding & Drug and Alcohol Treatment Activities Tiwi (previously schedule 9)	197					197
NT PHN - Rural Primary Health Service Borroloola (previously schedule 14)			685			685
NT PHN - Schedule 12 - MHSRRA Nauiyu	120					120
NT PHN - Schedule 13 - MHSRRA Angurugu		240				240
NT PHN - Social and Emotional Well Being Model - AOD					467	467
NT PHN - TCH - After Hours Social Worker				108		108
NT Remote Aboriginal Investment (NTRAI) - Community Safety Implementation Plan - Alcohol - Remote Alcohol & Other Drug Workforce	1,672	694	1,042		1,053	4,461
NT Remote Aboriginal Investment (NTRAI) - NT Health Implementation Plan - Hearing Health Programme	3,312				539	3,851
NT Remote Aboriginal Investment (NTRAI) - NT Health Implementation Plan - Oral Health Programme	2,041				875	2,916
Organ and Tissue Authority	1,181					1,181
OzFoodNet	157					157
Prostate Cancer Specialist Nurse Program	48					48
Public Dental Services for Adults	991				425	1,416
QUT Palliative Care PEPA Project	201					201
Rheumatic Fever Strategy	657				284	941
Rural Health Outreach Fund	3,107					3,107
Rural Junior Doctor Training Innovation Fund		164		282		446
Specialist Training Program	3,408		130	54	2,157	5,749
Specialist Training Program - Pathology	53					53
Vaccine Preventable Disease Surveillance Program	61					61
Visiting Optometrists Scheme	1,799					1,799
Total	60,237	6,588	3,341	3,026	28,734	101,926