CAHS Service Delivery Agreement 2016/17.

Published by the NTG (© Department of Health, Northern Territory 2016).

This publication is copyright. The information in this publication may be freely copied and distributed for non-profit purposes such as study, research, health service management and public information subject to the inclusion of an acknowledgment of the source. Reproduction for other purposes requires the written permission of the Chief Executive Officer of the Department of Health, Northern Territory.

An electronic version is available at:

General enquiries about this publication should be directed to:

System Performance Branch
Department of Health
PO Box 40596
Casuarina NT 0811

Email: SystemPerformanceBranch.DoH@nt.gov.au
Telephone: (08) 8999 2400
Table of Contents

Introduction .......................................................................................................................... 1
Objectives ............................................................................................................................ 1
Strategic Context .................................................................................................................. 2
Principles ............................................................................................................................... 4
Legislative Context ................................................................................................................. 4
Roles and Responsibilities ....................................................................................................... 4
Management of the Service Delivery Agreement .............................................................. 5
Term of this Service Delivery Agreement .......................................................................... 6
Performance Measurement .................................................................................................... 6
Data Provision and Management .......................................................................................... 6
Research and Training .......................................................................................................... 7
Public Health Responsibilities ............................................................................................... 7
Variation to this Agreement ................................................................................................. 7
Dispute Resolution .............................................................................................................. 8
Execution ............................................................................................................................... 9
Schedule 1: Service Description ...................................................................................... 10
Schedule 2: Activity and Funding .................................................................................... 20
  2.1 Activity and Finance ............................................................................................... 18
  2.2 Funding Sources ................................................................................................... 20
  2.3 Specific Funded Items ........................................................................................... 21
Schedule 3: Tied Funding ................................................................................................. 22
Schedule 4: Reports from Health Services – Safety, Quality and Risk ......................... 22
Schedule 5: Key Performance Indicators ........................................................................... 24
Schedule 6: Territory and Department Strategic Directions ........................................... 29
Schedule 7: Support Services to Health Services .............................................................. 30
Appendix 1: Interpretations ............................................................................................... 31
Appendix 2: Abbreviations ................................................................................................. 32
Appendix 3: CAHS Primary Health Care ........................................................................... 33
  Services Provided at Remote Health Centres ................................................................. 33
  Community Health Services Provided in Urban and Regional Centres ..................... 35
  Prison Primary Health Care Services ............................................................................. 36
This page is intentionally left blank.
Introduction

This Service Delivery Agreement (SDA) is a formal agreement between the Department of Health (the Department) as system manager and the Central Australia Health Service (CAHS) 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 CAHS 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 CAHS
- 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 CAHS 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 CAHS with respect to outcomes and outputs
- specify the funding to be provided to CAHS for the provision of these services
- clearly set out the service delivery and performance expectations for the funding provided to CAHS, 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 CAHS.
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.

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 CAHS budget includes revenue provided under a range of National Partnership Agreements, Commonwealth Own Purpose Expenditure payments and other agreements. CAHS is expected to comply with all of the program, financial and performance reporting required by these agreements.
The 2016/17 priorities include the following matters and may be changed by decisions of Government.

<table>
<thead>
<tr>
<th>Issues for 2016/17</th>
<th>Details</th>
<th>Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Disability Insurance Scheme (NDIS)</td>
<td>The Northern Territory trial site commenced 1 July 2014 in the Barkly area. A Bilateral Agreement between the Northern Territory Government and the Australian Government for Transition to Full Scheme of the NDIS has been finalised. The Transition is due to commence from 1 July 2016, with full scheme implementation from 1 July 2019.</td>
<td>Funding is with Department</td>
</tr>
<tr>
<td>Domestic and Family Violence Reduction Strategy</td>
<td>Northern Territory Government-wide strategy; central coordination from the Department’s Women’s Health Strategy Unit. Operational implementation to come from the Health Services.</td>
<td>Funding included in Schedule 2.1</td>
</tr>
<tr>
<td>Transition of grants to the Health Services</td>
<td>Transitioning of all relevant grant funding from the Department to the Health Services.</td>
<td>Funding to be transferred from Department to Health Services</td>
</tr>
<tr>
<td>Adverse events and best practice pricing</td>
<td>The Department will draw upon the Independent Hospital Pricing Authority and Australian Commission on Safety and Quality in Health Care work to establish potential approaches to pricing safety and quality in public hospitals with a view to implement a ‘shadow pricing’ system in 2016/17.</td>
<td>No impact in 2016/17</td>
</tr>
<tr>
<td>Northern Territory Primary Health Network (NT PHN)</td>
<td>The Department and Health Services to work with NT PHN as it implements initiatives to improve service integration and roll out funding for mental health and alcohol and other drugs services.</td>
<td>Funding included in Schedule 3: Tied Funding</td>
</tr>
<tr>
<td>Child and Adult Public Dental Scheme National Partnership Agreement</td>
<td>Northern Territory Government-wide strategy; central coordination from the Department’s Oral Health Services NT.</td>
<td>Funding included in Schedule 2.1 and Schedule 3</td>
</tr>
<tr>
<td>Primary Health Care reform</td>
<td>Pilot of new models of care.</td>
<td>Funding included in Schedule 2.1</td>
</tr>
<tr>
<td>Core Clinical Systems Renewal Program</td>
<td>Participation of Health Services in Contribution for Core Clinical Systems Renewal development.</td>
<td>Funding included in Schedule 2.1</td>
</tr>
<tr>
<td>Integration of care/services</td>
<td>Integration of care/services with non-government organisations and Aboriginal Community Controlled Health Organisations.</td>
<td>Funding included in Schedule 2.1</td>
</tr>
</tbody>
</table>
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.

Roles and Responsibilities

Service Provider (CAHS)

Without limiting any other obligation of CAHS, 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 any new initiatives as required from time to time.
Health Service Board

Without limiting any other obligation, the Health Service Board will prepare and publish a six monthly performance summary of specified SDA KPIs.

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 Central Australia 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

As the third SDA to be negotiated, along with the embedding of systems, processes and governance structure, this 2016/17 SDA is made on the basis of on-going work in progress and development of the purchaser-provider model.

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 2016 to the 30 June 2017. 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 CAHS 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 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 (Central Australia Health Service)

In order to meet strategic and legislative requirements, CAHS 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 or more frequently if possible. 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.

CAHS 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. CAHS must provide 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 CAHS from its corporate information systems. The delivery of the monthly reports will occur by the 9th working day of each month. In addition, the Department will also make available a suite of standard reports to assist CAHS 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 CAHS 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 Heath 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 performances measures. If agreement cannot be reached on the terms of the variation, the disputes 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

Attempts made to resolve any disputes by COO and ED or their delegates for at least 30 days → Resolved dispute

if unresolved

Dispute identified and communicated between parties

Step 1: Informal Dispute Resolution
Health Service Board and System Manager aim to settle dispute within 14 days

if unresolved

Step 2: Alternative Dispute Resolution
Independent mediator to work with parties to resolve dispute within 14 days

if unresolved

Mediator to inform Minister if no resolution (s43 of the Act)

Step 3: Arbitration
Minister to make a binding decision to resolve dispute and advise System Manager (s43 of the Act)
Execution

In accordance with the 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

Prof Len Notaras AM
Chief Executive Officer

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

Signature: ........................................................................................................................................
Date: ........................................................................................................................................

Central Australia Health Service

Mr Damien Ryan
Chair, Central Australia Health Service Board

Signed by the Board Chair for and on behalf of CAHS

Signature: ........................................................................................................................................
Date: ........................................................................................................................................
Schedule 1: Service Description

1.1 Hospital Services

Under this SDA, CAHS has responsibility for delivery and ongoing development of a wide range of hospital services in inpatient, outpatient, community health, residential aged care and in-home settings. These are delivered by two hospitals as detailed below.

Alice Springs Hospital

Total active overnight beds: 183.

Alice Springs Hospital will continue its role in providing acute care services to resident population and visitors to the Central Australian region. The hospital will continue to provide a range of clinical, diagnostic and support services including:

- 24-hour Accident and Emergency Department, General Medicine, Paediatrics, Obstetrics and Gynaecology, General Surgery, Renal Medicine, Ophthalmology, Ear Nose and Throat, Orthopaedics, Emergency Medicine, Intensive Care, Anaesthetics, Midwifery Group Practice, Palliative Care, Ambulatory Care, Outpatient Department, Addiction medicine, Gastroenterology, Infectious Disease, Oncology and Allied Health services including Diagnostic and Treatment (including Hospital in the Home), and Air Medical Retrieval services.

- Visiting Medical Officers provide services including Neurology, Neurosurgery, Immunology, Oncology, Urology, Cardiology, Respiratory Medicine, Pain Services, Gastroenterology, Plastic Surgery, Sleep Studies, Dermatology, Rehabilitation Medicine, Endocrinology and Gerontology.

- Medical Specialist Outreach provides services to remote communities for Obstetrics, Adult, Eye clinics and Ear Nose and Throat clinics.

- The completion of major works may lead to the provision of expanded services in some areas, particularly relating to the redevelopment of ICU/HDU.

- The Multipurpose Facility (to open in 2016/17) will provide subacute overnight and day services for a range of inpatients, with priority given to palliative care patients and longer-stay older patients.

- TeleHealth Services outpatient consultations with Tennant Creek, Primary Health Care Remote and Specialist services.

- Aboriginal\(^1\) Liaison.

\(^1\) Throughout this document the term Aboriginal should be taken to include Torres Strait Islander people.
Tennant Creek Hospital

Total active overnight beds: 20.

Tennant Creek Hospital will continue its role of providing hospital services to the Tennant Creek and Barkly regions.

The hospital will maintain its current range of clinical, diagnostic and support services including:

- 24-hour Accident and Emergency Care, Outpatients with visiting General Medical, Cardiology, Renal, Surgical and Paediatrics Specialists, General Practice clinic, Review Clinic, which covers recall patients, Chronic Diseases patients and Paediatric patients, Minor operations, Medical, Paediatric, Minor Surgical Inpatient services and Allied Health Outreach.
- Antenatal, Postnatal and Emergency Midwifery services.
- Renal Dialysis, Social Worker, Clinical Support services (Radiography, Pathology and Ultrasound).
- Air Medical Retrieval Services.
- TeleHealth consultation.
- Aboriginal Liaison.

Patients requiring services not available in Tennant Creek will be referred to Alice Springs Hospital through inter hospital transfers or the Patient Assistance Travel Scheme.

1.2 Mental Health

Central Australia Mental Health Services will deliver mental health services to the Central CAHS catchment population. CAHS will also receive some agreed mental health services from the Top End Health Service, including Forensic Mental Health Services (FMHS).

Mental Health is a specialist clinical service and will provide a multi-disciplinary approach to treatment and therapeutic intervention for people experiencing a mental illness or mental health problem in Central Australia. This will include assessment, treatment and clinical interventions to consumers of all ages presenting with moderate to severe disability associated with mental illness or mental health problems in urban and remote communities.

Priority access to services will be determined in accordance with clinical need, following a comprehensive assessment that includes assessment of risk. Inpatient and outpatient services will have a recovery focus with an emphasis on rehabilitation and relapse prevention. Mental Health will actively promote shared care planning and interagency collaboration in provision of its services.

A team of Consultant Psychiatrists and Registrars will undertake clinical assessment, provide diagnosis and offer psychiatric and medical advice through the Outpatient Clinic for patients referred from Primary care and General Practitioners.

The multi-disciplinary team based in Tennant Creek will support clients in the Barkly area.

Principles from the Department’s Cultural Security agenda are in operation in Mental Health. Aboriginal and individuals from other cultures will present with symptoms that are the result of, or behaviours which are mediated by, cultural factors.

Consequently:

- in cases involving Aboriginal people, Aboriginal Mental Health Workers will contribute to the assessment process to determine a suitable service and culturally appropriate response
- in the case of culturally and linguistically diverse (CALD) people, Mental Health staff will ensure the involvement of appropriate cultural brokers to enhance assessment
- where language issues may influence interactions and assessments, accredited interpreters will be used.

**Community Mental Health Services**

Comprehensive age-appropriate assessment, treatment, consultation liaison and case management services in the community will be provided to catchment population within CAHS. Outreach services to remote communities will be provided across Central Australia and include making services more accessible through telephone and video conferencing.

The Community Mental Health Team will also provide a 24 hour crises intervention, assessment and triage service available via a free-call phone number.

**Remote Mental Health Service**

The Mark Sheldon Remote Mental Health Team, a multi-disciplinary team, will travel through Central Australia and work with local Remote Health Centres and other regional services to provide support to people with a mental illness, or who need assistance in maintaining their mental well-being.

**Child and Youth Mental Health**

The Child and Youth Mental Health Team will provide assessment and time limited therapeutic support for children and young people up to the age of 18 years and their families, experiencing moderate to severe conditions affecting their mental health and well-being.

**Mental Health Sub-Acute Unit**

The sub-acute facility will provide recovery focused care for clients in a residential setting. Six beds are available for clients for shorter term support and two beds are available for longer term supported accommodation clients.

**Forensic Mental Health Services (FMHS)**

FMHS will be provided by TEHS and will cover TEHS and CAHS. This service’s primary focus will be with people who have a mental disorder and become involved in the criminal justice system as a result of being charged with an offence. The team will work in the community and in the prison. A component of the team’s work will involve the preparation of reports for the courts and the Parole Board. In addition to providing direct clinical services to adult prisoners with a mental health condition, Forensic Mental Health Team members will provide:

- education to Prison Officers on mental illness
- group work, mental health education and skills development training for prisoners
- continuing clinical support for clients on parole in the community.

**Mental Health Court Liaison Services**

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

The Mental Health Unit has twelve beds for inpatient use, comprising eight beds for general use and up to four high dependency beds. The Mental Health Unit will provide inpatient services for people with mental illness needing structured intervention in an acute care hospital setting. Provision of services is for both voluntary and involuntary clients, as per the Mental Health and Related Services.

1.3 Aged Care Services

CAHS’s Aged Care Unit delivers the following programs:

- Aged Care Assessment Program
- Community Home Support Program
- Psychogeriatric Service
- Transition Care Program

Line management for this work unit is provided by a Manager based in Alice Springs. The Northern Territory Clinical Leader Aged Care, based in TEHS, also has an overarching role across Aged Care Services delivered in CAHS and is the Northern Territory representative for Australian Government funded aged care programs.

Aged Care Assessment Program

Through the Aged Care Assessment Program (ACAP), CAHS will maintain/improve the independence and ability of older people to remain at home and, should this be required, exercise its Commonwealth delegation to approve people for admission to residential aged care facilities. In particular this program will ensure that older persons from Aboriginal communities, those from culturally and linguistically diverse backgrounds, living in rural and remote areas, financial or socially disadvantage, veterans, homeless, care-leavers and lesbian, gay, bisexual, transgender or intersex people have equitable access to assessments and services.

The Aged Care Assessment Team (ACAT) provides multi-disciplinary, comprehensive 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) and Transition Care. ACAT will also provide education and training to clients, family, carers, external and internal service providers, build community capacity, gather electronic data and identify gaps in services.

On 29 February 2016, ACAP transitioned to the My Aged Care “Gateway” system. The current ACAP agreement will expire on 30 June 2016, with a new agreement being negotiated for the period 1 July 2016 to 30 June 2018.

Community Home Support Program

The Community Home Support Program (CHSP) amalgamates previous Home and Community Care program into one and 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 Alice Springs Aged Care Unit coordinates and assists the dementia screening process of individuals where dementia is suspected, in conjunction with the client’s general practitioner and the TEHS Community Geriatrician (visiting on a three monthly basis). 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 is managed by the Northern Territory Clinical Leader position based with TEHS.

The program funds a full time Therapy Assistant position based in Alice Springs to assist therapists with assessments, prescriptions and equipment provision, as well as gathering data for the program.

The Office of Disability in the Department’s Territory Wide Services provides administrative and procurement services and carries out assessments for eligible CHSP clients in Central Australia remote communities, the Barkly region and Alice Springs.

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 comprehensive and 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 which has two CAHS positions based in the Aged Care Unit in Alice Springs.

Transition Care Program

The Northern Territory Transition Care Program is a TEHS based work unit funded by Medicare revenue which delivers 29 transition care packages across the whole of the Northern Territory. The program funds a CAHS 0.5 FTE nurse position based in the Aged Care Unit in Alice Springs to case manage transition care clients in Central Australia.
1.4 **Primary Health Care**

Primary Health Care comprises five core functions:\n
1) **Clinical services** delivered to individual clients and/or families in clinic, home or community settings including treatment, prevention and early intervention, rehabilitation and recovery, and clinical support.

2) **Health promotion**, being non-clinical measures to improve the health of the community, as a whole, such as healthy public policy, health information and education and community development.

3) **Corporate services and infrastructure** that support the provision of health services including workforce and financial management, administration, management and leadership, and systems for quality improvement.

4) **Advocacy, knowledge and research, policy and planning** such as health advocacy on behalf of clients, research and its application, and participation in policy and planning across the health system.

5) **Community engagement, control and cultural safety** to ensure cultural safety throughout the organisation, engagement of clients with their own healthcare, community participation in priority setting, program design and delivery, and community control and governance.

**Primary Health Care Service Scope**

Primary Health Care (PHC) services provided by CAHS encompass a range of services at PHC centres as well as outside the clinical setting. The services are largely captured in the clinical services core function, with the expectation that there will be appropriate investment in corporate services and infrastructure (core function 3) as well as relevant elements of community engagement, control and cultural safety (core function 5) and health promotion (core function 2).

**Primary Health Care Settings**

The size and mix of services provided by CAHS PHC centres vary according to the size and health 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 CAHS: 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.

Should CAHS wish to significantly alter the scope or nature of any of these services, approval must be first sought from the Department. Approval by the Department will be dependent on provision of details regarding the basis for any proposed change and its broad impact on the community. This information should be provided to the Department no less than three months prior to the proposed date of the change.

---

1.4.1 Treatment

- First contact treatment of illness and injury using evidence-based standard treatment practices and protocols.
- Continuing management of chronic illness, including development and implementation of chronic disease management plans, support for self-care approaches, dispensing of medicines and monitoring for adverse effects.
- 24-hour after hours on-call service, including response to emergency incidents and access to the advice of a doctor either on site or via telecommunications.
- Provision of essential drugs including provision of medicine kits to designated holders.
- Facilitate access to specialist and allied health treatment services in the community or through referral, including palliative care and TeleHealth.
- Renal dialysis services.

1.4.2 Prevention and Early Intervention

- Maternal health services, including:
  - Remote Health and Remote Outreach Midwives, visiting Alice Springs Hospital Midwives and Strong Women Workers
  - 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, including engagement/involvement of fathers.
- Child health services, including immunisation, growth monitoring (wasting/stunting, overweight and obesity), 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.

1.4.3 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.

Note: Some rehabilitation is not dealt with in PHC, i.e. pulmonary and stroke rehabilitation is conducted in Alice Springs Hospital and cardio rehabilitation is contracted out.
1.5 Sexual Assault Referral Centre

The Sexual Assault Referral Centre provides free 24 hour medical access for men, women and children victims of acute, recent and historical 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

CAHS Alcohol and Other Drugs Services provide confidential treatment and intervention services for individuals and families experiencing substance misuse problems. The service operates within a multidisciplinary team process using a case management model.

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; case management; withdrawal; opioid pharmacotherapy program; volatile substance abuse management and treatment; clinical liaison team; and Alcohol and Mandatory Treatment assessment services located at Kywimpere House in Alice Springs.

The Australian Government-funded remote Alcohol and Other Drugs workforce program in CAHS has the primary role of developing a workforce dedicated to delivering primary health care Alcohol and Other Drugs services to remote Aboriginal communities in the Northern Territory.

1.7 Oral Health Services

CAHS Oral Health Services (CAHS OHS) provides comprehensive oral health care to eligible clients in Central Australia 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. CAHS OHS targets vulnerable populations through prioritisation of service provision to clients with chronic conditions.

Services provided by CAHS OHS include:

- oral health promotion
- evidence based preventative and early intervention strategies for both individuals and targeted populations
- comprehensive 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.

1.8 **Hearing Health Services**

CAHS Hearing Health Services integrate resources to deliver connected pathways of hearing healthcare to urban and remote communities to prevent and manage ear disease (otitis media) and hearing loss in Northern Territory population.

CAHS Hearing Health Services provide:
• diagnostic audiological and audiometric services
• hearing loss education
• health promotion
• professional/skills development
• Neonatal Hearing Screening
• ear, nose and throat specialist outreach services for Aboriginal children living in remote communities.

Coordination and clinical leadership is provided by regional specialist nursing and Aboriginal Health Practitioners who strengthen partnership with families, communities and primary health organisations.

TeleHealth technology is an integral component of CAHS Hearing Health Services.

TEHS provides Northern Territory-wide program direction, guidance and support for Australian Government funded outreach services and coordinates the Neonatal Hearing Screening services. The Principal Audiologist position in TEHS provides professional support to Audiologists Northern Territory-wide. The System Manager provides Northern Territory-wide hearing health strategic policy.

1.9 **Cancer Screening Services**

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

**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 twice yearly in Alice Springs)
• outreach screening services to 20 regional and remote communities Northern Territory-wide via the BreastScreenNT 4WD bus.

CAHS BreastScreenNT has an office at Alice Springs where screening clinics are operated for two by five week blocks per year. CAHS BreastScreenNT provides annual screening in Tennant Creek via the BreastScreenNT Bus. Remote screening services are provided to Central Australia communities approximately three months every second year via the BreastScreenNT Bus.
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 to women who are overdue for their pap smear
- providing clinical information and support to pap smear providers and pathology providers
- collecting and collating data to meet national reporting requirements.

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

- participant follow-up after positive Faecal Occult Blood Test, as well as follow-up with participant general practitioner and specialist medical officers for interventions and outcomes
- 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.

Note: Formal transition of Oral Health, Hearing Health and Cancer Screening Services is proposed for 1 July 2016, pending formal completion of the transition process.
Schedule 2: Activity and Funding

2.1 Activity and Finance

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>Unit</th>
<th>Activity</th>
<th>Purchased ($) ($4,085 / WAU)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Funded Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admitted Acute</td>
<td>WAU</td>
<td>37,789</td>
<td>184,525,960</td>
</tr>
<tr>
<td>Admitted Sub Acute</td>
<td>WAU</td>
<td>2,266</td>
<td>11,064,878</td>
</tr>
<tr>
<td>Admitted Mental Health</td>
<td>WAU</td>
<td>1,016</td>
<td>4,961,128</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>WAU</td>
<td>7,331</td>
<td>35,797,273</td>
</tr>
<tr>
<td>Non-admitted</td>
<td>WAU</td>
<td>7,013</td>
<td>34,244,479</td>
</tr>
<tr>
<td><strong>Total Activity Funded Services</strong></td>
<td>WAU</td>
<td>55,415</td>
<td>$270,593,718</td>
</tr>
<tr>
<td><strong>Block Funded Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth and NT Block Funded Hospital Services</td>
<td></td>
<td></td>
<td>3,537,493</td>
</tr>
<tr>
<td>NT Only Block Funded - Hospital Services</td>
<td></td>
<td></td>
<td>55,143,756</td>
</tr>
<tr>
<td>Non Hospital Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged Care Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aged Care Occasions of Service</td>
<td>OOS</td>
<td>3,700</td>
<td></td>
</tr>
<tr>
<td>Community and Residential Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Health Care Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol and Other Drugs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BreastScreening</td>
<td>Screens</td>
<td>1,100</td>
<td></td>
</tr>
<tr>
<td>Hearing Health</td>
<td>OOS</td>
<td>2,689</td>
<td></td>
</tr>
<tr>
<td>Oral Health</td>
<td>OOS</td>
<td>13,400</td>
<td></td>
</tr>
<tr>
<td><strong>Total Block Funded</strong></td>
<td></td>
<td></td>
<td>$129,264,382</td>
</tr>
<tr>
<td><strong>Efficiency Adjustment</strong></td>
<td></td>
<td></td>
<td>$-15,908,100</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td>$383,950,000</td>
</tr>
</tbody>
</table>

WAU = Weighted Activity Unit
OOS = Occasion of Service

2.2 Funding Sources

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Value ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commonwealth NHFB Hospital Funding</td>
<td>69,549,410</td>
</tr>
<tr>
<td>Commonwealth NHFB Hospital Block Funding</td>
<td>3,153,322</td>
</tr>
<tr>
<td>Commonwealth NHFB Public Health Funding</td>
<td>737,000</td>
</tr>
<tr>
<td>NT ABF Hospital Funding</td>
<td>155,053,208</td>
</tr>
<tr>
<td>NT Hospital Block Funding</td>
<td>55,527,171</td>
</tr>
<tr>
<td>NT Non Hospital Block Funding</td>
<td>44,036,889</td>
</tr>
<tr>
<td>Health Service Generated Revenue Funding</td>
<td>30,083,000</td>
</tr>
<tr>
<td>Commonwealth and other Tied Funding</td>
<td>25,810,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$383,950,000</td>
</tr>
</tbody>
</table>
## 2.3 Specific Funded Items

<table>
<thead>
<tr>
<th>Specific Funded Item</th>
<th>Description</th>
<th>Value ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back on Track</td>
<td>To employ 2 additional Aboriginal Health Practitioners and 2.5 Trainees (FTE).</td>
<td>292,348</td>
</tr>
<tr>
<td>Multipurpose Facility at Alice Springs Hospital</td>
<td>To staff the multi-purpose facility.</td>
<td>1,550,000</td>
</tr>
<tr>
<td>Pathway to Community Control</td>
<td>Work in partnership with the Department to create a framework that supports Aboriginal Community Control in the planning, development and management of primary health care and community care services. Will fund the employment of 1 SAO2 and 1 AO6.</td>
<td>285,846</td>
</tr>
<tr>
<td>Patient Safety and Quality - Retrieval Services</td>
<td>Expansion of service capability of the retrieval service across Central Australia.</td>
<td>2,340,000</td>
</tr>
<tr>
<td>Renal Services Demand Growth</td>
<td>Expansion of dialysis treatment across Central Australia through the acquisition of additional dialysis chairs and extended clinic hours</td>
<td>3,269,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$ 7,737,194</strong></td>
</tr>
</tbody>
</table>
## Schedule 3: Tied Funding

<table>
<thead>
<tr>
<th>Agreement Name</th>
<th>Expiry</th>
<th>Value ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Health Career Coaching Network</td>
<td>30/06/2017</td>
<td>150,000</td>
</tr>
<tr>
<td>Adult Public Dental Services</td>
<td>31/12/2016</td>
<td>358,041</td>
</tr>
<tr>
<td>Aged Care Assessment Program</td>
<td>30/06/2016</td>
<td>396,930</td>
</tr>
<tr>
<td>Australian Government National Intravenous Drug Strategy</td>
<td></td>
<td>305,000</td>
</tr>
<tr>
<td>Baker IDI</td>
<td>30/06/2016</td>
<td>88,860</td>
</tr>
<tr>
<td>CHSP – Allied Health and Therapy Services</td>
<td>30/06/2018</td>
<td>70,000</td>
</tr>
<tr>
<td>CHSP – Specialised Support Services</td>
<td>30/06/2018</td>
<td>268,446</td>
</tr>
<tr>
<td>Flinders University – Northern Territory Medical Program</td>
<td>30/06/2017</td>
<td>467,000</td>
</tr>
<tr>
<td>Fred Hollows – ACW Eye Health Support and Training Project</td>
<td>31/12/2015</td>
<td>42,550</td>
</tr>
<tr>
<td>Healthy Ears – Better Hearing, Better Listening</td>
<td>30/09/2017</td>
<td>401,700</td>
</tr>
<tr>
<td>Highly Specialised Drugs</td>
<td>30/06/2017</td>
<td>2,970,000</td>
</tr>
<tr>
<td>Indigenous Australians’ Health Programme Primary Health Care (New Directions) Schedule 3</td>
<td>30/06/2018</td>
<td>400,000</td>
</tr>
<tr>
<td>Indigenous Australians’ Health Programme Multiple Schedule Funding - Chronic Disease</td>
<td>30/06/2018</td>
<td>212,000</td>
</tr>
<tr>
<td>Indigenous Australians’ Health Programme Multiple Schedule Funding - Maternal and Child Health</td>
<td>30/06/2018</td>
<td>663,000</td>
</tr>
<tr>
<td>Indigenous Australians’ Health Programme Multiple Schedule Funding - Primary Health Care (PHC)</td>
<td>30/06/2018</td>
<td>6,897,016</td>
</tr>
<tr>
<td>Indigenous Australians’ Health Programme Multiple Schedule Funding - Stronger Futures Primary Health Care (SFNT PHC)</td>
<td>30/06/2018</td>
<td>4,881,000</td>
</tr>
<tr>
<td>McGrath Breast Care Nurse Funding Agreement</td>
<td>30/06/2017</td>
<td>113,000</td>
</tr>
<tr>
<td>Oral, Hearing and Cancer Services</td>
<td>30/06/2018</td>
<td>866,735</td>
</tr>
<tr>
<td>Public Health Block Funding Cervical and Breast Cancer Screening</td>
<td>30/06/2018</td>
<td>442,638</td>
</tr>
<tr>
<td>Public Health Network Northern Territory</td>
<td>30/06/2016</td>
<td>80,000</td>
</tr>
<tr>
<td>Public Health Network Northern Territory – Tennant Creek After Hours CAHS</td>
<td>30/06/2016</td>
<td>80,000</td>
</tr>
<tr>
<td>Remote Indigenous Investment – Schedule 3: Alcohol</td>
<td>30/06/2022</td>
<td>3,520,000</td>
</tr>
<tr>
<td>STP - Specialist Training Programs</td>
<td>30/06/2016</td>
<td>2,136,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>$ 25,809,916</strong></td>
</tr>
</tbody>
</table>
Schedule 4: Reports from Health Services – Safety, Quality and Risk

4.1 Cultural Security

The Cultural Security Policy and Framework aims to support and drive action on delivering culturally secure health services across the Northern Territory. Cultural Security requires that health services offered to Aboriginal Territorians by CAHS will respectfully recognise and respond to the cultural rights and values of Aboriginal people in service planning, delivery and evaluation.

CAHS commits to working collaboratively with the Department to ensure that systems and processes are in place to facilitate culturally secure health services by providing evidence of:

- Aboriginal communities and representatives are actively engaged in health service planning, delivery and evaluation.
- the offer and provision of Aboriginal Territorians with language assistance services in their preferred language at all points of contact within the health system, including primary health care, hospital services and outreach specialist services
- active development and promotion of cultural security initiatives and their implications for service delivery and best practice models of care
- staff at all levels regularly accessing and participating in cultural security, health literacy and health communication programs and training
- Aboriginal workforce Initiatives are actioned to:
  - increase the number of Aboriginal employees to a goal of 16% by 2020
  - effectively implement the Back on Track project initiatives
  - implement the Special Measures initiative to all recruitment processes.
  - ongoing commitment to the principles of the Pathways to Community Control framework.

4.2 Consumers Feedback

CAHS will ensure there are mechanisms in place to capture, monitor and evaluate consumer 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.

CAHS 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.
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 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

<table>
<thead>
<tr>
<th>Key Performance Indicator (KPI)</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety and Quality</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Staphylococcus Aureus Bacteraemia (SAB) infections

**SAB infections** 0.92

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** 75%

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

#### Potentially preventable hospitalisations

**Potentially preventable hospitalisations** 9.1%

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%

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%

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)** ≤20

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% |

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.

Discharged or left against medical advice

| Inpatients who discharged from a hospital or left hospital against medical advice | 9.4% |

This indicator measures the disparity between the proportion of Aboriginal and non-Aboriginal admitted patients who discharged from a hospital or left hospital against medical advice, representing a 5% improvement on prior year figures.

Patient experience

| Patient experience (survey) | - |

A survey that is culturally appropriate and suitable to the NT context will be developed in 2016/17 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

| Emergency Department presentations departing within 4 hours | 78% |

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% |

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.
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measurement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult health check coverage</td>
<td>Adult health checks – proportion of resident remote Aboriginal population</td>
<td>70%</td>
</tr>
<tr>
<td>First antenatal visit for Aboriginal clients within specified periods</td>
<td>Timing of first antenatal visit within three months for regular Aboriginal clients</td>
<td>60%</td>
</tr>
<tr>
<td>Proportion of clients 15 years and over who have a chronic disease management plan</td>
<td>Proportion of clients &gt;= 15 years type II diabetes and/or coronary heart disease with a chronic disease management plan</td>
<td>85%</td>
</tr>
<tr>
<td>Proportion of clients 15 years and over who have had a recent HbA1c test</td>
<td>Proportion of resident clients aged 15 years and over with type II diabetes who have had an HbA1c test in the last six months</td>
<td>80%</td>
</tr>
<tr>
<td>Percentage of children under five checked for anaemia</td>
<td>Children between 6 months and 5 years of age who have been checked for anaemia.</td>
<td>87%</td>
</tr>
<tr>
<td>TeleHealth occasions of service</td>
<td>TeleHealth occasions of service</td>
<td>1150</td>
</tr>
</tbody>
</table>
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  

35%

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  

18%

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.

Prevalence of children diagnosed with moderate hearing impairment

Percentage of measured children diagnosed with moderate/severe/profound hearing impairment  

10%

This indicator measures the number of Aboriginal children assessed with a diagnosis of moderate/severe/profound hearing impairment.

Efficiency

Full year forecast operating position

Full year forecast operating position balanced

This indicator measures projected full year expenditure versus projected full year revenues.

Full time equivalent

Full time equivalent (FTE) 1930

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, practitioners and trainees

Aboriginal health workforce as a proportion of overall FTE  

11%

Additional Aboriginal health practitioners (FTE)  

2.0

Additional Aboriginal health practitioner trainees (FTE)  

2.5

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

2 This indicator measures the additional number of Aboriginal health practitioners and trainees (FTE) to be employed by the Health Service within the financial year (based on number of FTE at 1 July 2015).
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 2014-173.

- Aboriginal Cultural Security
- Domestic and Family Violence Reduction Strategy 2014-17: Safety is Everyone’s Right
- Framing the Future
- Great Start, Great Future – NT Early Years Strategic Plan 2016-20
- Indigenous Employment and Career Development Strategy 2015-20
- NT Aboriginal Health Plan 2015-18
- NT Cancer Plan 2013–16
- NT Cardiac Services Framework 2012-22
- NT Chronic Conditions Prevention and Management Strategy 2010-20
- NT Chronic Conditions Self-Management Framework 2010-20
- NT Health Hospital Services Capability Framework
- NT Health Promotion Framework
- NT Implementation Plan 2014-16 (Chronic Conditions Prevention and Management Strategy 2010-20)
- NT Maternity Services Plan 2013-15
- NT Mental Health Service Strategic Plan 2015-21
- NT Suicide Prevention Strategic Action Plan 2015-18
- Nutrition and Physical Activity Program Action Plan 2007-12
- Pathways to Community Control
- Renal Services Framework 2012-17
- Stakeholder Engagement Framework
- Strategic Information Plan 2014-18
- Strategic Plan for Nurse Practitioners in the NT 2014-16
- Tackling Ice in the NT
- Territorians as Partners in Healthcare: The Department of Health Consumer and Community Participation Policy.

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 CAHS, as required under the Act.

3 Available at NT Health Policy Guideline Centre: http://internal.health.nt.gov.au/PGC/SitePages/Home.aspx
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 accounting services
- infrastructure services, including capital works and minor new works
- human resource services, including learning and development and workforce services
- information systems and services
- reporting services (including management reports to support KPI monitoring)
- procurement and contract services
- Grants Administration System

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 privacy services
- Executive Officer of Adult Guardianship
- disaster coordination
- ministerial liaison services
- risk and assurance services.

Service Standards between branches of the Department and CAHS 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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABF</td>
<td>Activity Based Funding</td>
</tr>
<tr>
<td>ACAP</td>
<td>Aged Care Assessment Program</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>CAHS</td>
<td>Central Australia Health Service</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CHSP</td>
<td>Community Home Support Program</td>
</tr>
<tr>
<td>COO</td>
<td>Chief Operating Officer</td>
</tr>
<tr>
<td>CSB</td>
<td>Corporate Services Bureau</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>FMHS</td>
<td>Forensic Mental Health Services</td>
</tr>
<tr>
<td>HSD</td>
<td>Health Service Directive</td>
</tr>
<tr>
<td>KPI</td>
<td>Key Performance Indicator</td>
</tr>
<tr>
<td>NHA</td>
<td>National Healthcare Agreement</td>
</tr>
<tr>
<td>NHRA</td>
<td>National Health Reform Agreement</td>
</tr>
<tr>
<td>NTPHN</td>
<td>Northern Territory Primary Health Network</td>
</tr>
<tr>
<td>OOS</td>
<td>Occasions of Service</td>
</tr>
<tr>
<td>PHC</td>
<td>Primary Health Care</td>
</tr>
<tr>
<td>RDH</td>
<td>Royal Darwin Hospital</td>
</tr>
<tr>
<td>SAB</td>
<td><em>Staphylococcus aureus</em> bacteraemia</td>
</tr>
<tr>
<td>SDA</td>
<td>Service Delivery Agreement</td>
</tr>
<tr>
<td>TCH</td>
<td>Tennant Creek Hospital</td>
</tr>
<tr>
<td>TEHS</td>
<td>Top End Health Service</td>
</tr>
<tr>
<td>WAU</td>
<td>Weighted Activity Units</td>
</tr>
</tbody>
</table>
## Appendix 3: CAHS Primary Health Care

### Services Provided at Remote Health Centres

<table>
<thead>
<tr>
<th>Health Centre Location</th>
<th>No in catchment</th>
<th>Public health nutrition services</th>
<th>A&amp;E response / medevac 24/7</th>
<th>Primary health care</th>
<th>Ante natal care</th>
<th>Healthy School aged kids program</th>
<th>Healthy Under 5 Kids program</th>
<th>Childhood &amp; adult Immunisation</th>
<th>Well Women’s &amp; Men’s health screens</th>
<th>Preventable chronic conditions program</th>
<th>Infectious disease prevention and control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wallace Rockhole</td>
<td>72</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ali Curing</td>
<td>656</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Docker River</td>
<td>285</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Haast’s Bluff</td>
<td>180</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hart’s Range</td>
<td>257</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bonya</td>
<td>52</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hermannsburg</td>
<td>724</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>King’s Canyon</td>
<td>55</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lake Nash</td>
<td>526</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Aputula</td>
<td>154</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Imanpa</td>
<td>113</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nyirripi</td>
<td>192</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Papunya</td>
<td>400</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Willowra</td>
<td>208</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Health Centre Location</td>
<td>No in catchment</td>
<td>Public health nutrition services</td>
<td>A&amp;E response / medevac 24/7</td>
<td>Primary health care</td>
<td>Ante natal care</td>
<td>Healthy School aged kids program</td>
<td>Healthy Under 5 Kids program</td>
<td>Childhood &amp; adult Immunisation</td>
<td>Well Women's &amp; Men's health screens</td>
<td>Preventable chronic conditions program</td>
<td>Infectious disease prevention and control</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------</td>
<td>---------------------------------</td>
<td>-----------------------------</td>
<td>---------------------</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>----------------------------</td>
<td>-------------------------------</td>
<td>------------------------------------------</td>
<td>--------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>Yuelemu</td>
<td>227</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Yuendumu</td>
<td>772</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Yulara</td>
<td>3500</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mt Liebig</td>
<td>185</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Titjikala</td>
<td>237</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tara</td>
<td>94</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Wilora</td>
<td>106</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Ti-Tree (incl. 6 mile)</td>
<td>449</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Elliott</td>
<td>395</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Alcoota</td>
<td>167</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Epenarra</td>
<td>191</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Canteen Creek</td>
<td>186</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Laramba</td>
<td>256</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
# Community Health Services Provided in Urban and Regional Centres

<table>
<thead>
<tr>
<th>Community Care Centre / Service location</th>
<th>Primary Health Care</th>
<th>Healthy Under 5 Kids Partnering - Families Program</th>
<th>Childhood &amp; Adult Immunisation</th>
<th>Well Women’s &amp; Men’s Health Screens</th>
<th>Specialist Nursing Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flynn Drive Alice Springs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tennant Creek</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service coverage</th>
<th>Outreach Child, Youth and Family Services / School based services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Healthy Under 5 Kids - Partnering Families Program</td>
</tr>
<tr>
<td>Alice Springs and suburbs</td>
<td></td>
</tr>
<tr>
<td>Tennant Creek</td>
<td></td>
</tr>
</tbody>
</table>
## Prison Primary Health Care Services

<table>
<thead>
<tr>
<th>Services and Delivery Location</th>
<th>Alice Springs Correctional Centre Health Centre – men and women</th>
<th>G Block (maximum security)</th>
<th>Cottages Clinic (low security)</th>
<th>Juvenile Detention Centre</th>
<th>Aranda House (overflow)</th>
<th>Police Watch House</th>
<th>Approximate split of Full Time services (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention and Reception</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
</tr>
<tr>
<td>Treatment and Emergency Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>50</td>
</tr>
<tr>
<td>Health Promotion and Health Protection</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>5</td>
</tr>
<tr>
<td>Rehabilitation / Chronic Disease Prevention</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>12</td>
</tr>
<tr>
<td>Specialist Referral</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>5</td>
</tr>
<tr>
<td>Dept/NTDCS staff Education</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>3</td>
</tr>
<tr>
<td>Prison Health Administration</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>5</td>
</tr>
<tr>
<td>After Hours on-call and Emergency</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Visiting Services

<table>
<thead>
<tr>
<th>Visiting Services</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>As required</td>
</tr>
<tr>
<td>Podiatry</td>
<td>As required</td>
</tr>
<tr>
<td>Optometry</td>
<td>5hrs/month main prison, remainder as required</td>
</tr>
</tbody>
</table>