



Government of **Western Australia**  
Department of Health

# Quadriplegic Centre Service Agreement 2016-17

improving care | managing resources | delivering quality





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# 1. Quadriplegic Centre Delivery Commitment

This Service Agreement sets out the shared intention to work in partnership to improve health outcomes for all Western Australians and ensure the sustainability of the Western Australian public health system.

The Parties agree that the Department of Health (the Department) and the Quadriplegic Centre (the Centre) will work in partnership to:

1. improve patient access to services and public hospital efficiency
2. improve standards of clinical care
3. improve system performance
4. improve system transparency
5. improve accountability for financial and service performance.

This Service Agreement is in accordance with enabling Western Australian (WA) Legislation. The WA Health System has the meaning given under Section 19(1) of the *Health Services Act 2016*. The Department Chief Executive Officer (CEO) of Health is recognised as the System Manager of the WA Health System under Section 19(2) of the *Health Services Act 2016*. The Department CEO and the Health Service Providers must enter into a Service Agreement for the provision health services as per Section 46 of the *Health Services Act 2016*.

The Service Agreement is also in accordance with the *National Health Reform Agreement (2011)*. The Department, through the Department CEO, will retain responsibility for system-wide coordination and policy; resource acquisition, allocation and stewardship; purchasing and regulation. This Service Agreement is to be read in conjunction with the Purchasing and Resource Allocation Policy Framework, Performance Policy Framework and the Service Agreement Management Policy (the Policy).

The Parties hereby confirm their commitment to this Service Agreement. In signing the 2016-17 Service Agreement, the Department CEO notes the following:

1. risks identified by the Centre in achieving the budget parameters set in the 2016-17 Service Agreement
2. the Centre will make every effort to achieve activity targets within the budget provided
3. regular meetings will be set to best understand the current issues/risks and progress being made to mitigate them
4. the total funding for the Centre is provided in this Service Agreement and no additional funding will be provided to the Centre outside of this agreement, without application to the Department and approval of the Department CEO
5. the Centre is to collect and report activity for key services to the Department as appropriate for the purposes of activity based funding.

The Department CEO agrees to provide funding and other support to the Centre as outlined under '*Role of the Department CEO*' in the Policy Framework and associated Policy. The Centre agrees to meet the service obligations and performance requirements outlined under '*Role of the Health Service Provider*' as outlined in the Policy Framework and associated Policy.

The Department CEO will continue to emphasise, as a priority, the importance of state and national safety and quality standards across the WA Health System. This Service Agreement recognises the priority commitment that the Centre has in delivering improvements in safety and quality for health service provision—consistent with the level of care consumers would expect from WA Health Services.

**Execution**

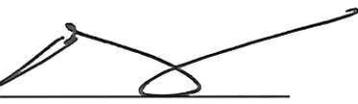
Executed as a Service Agreement in Western Australia.

**Parties to the Agreement:**

**Department CEO**

Dr David J Russell-Weisz  
Director General  
Department of Health

Date: 01 July 2016

Signed: 

The Common Seal of the  
Quadruplegic Centre  
was hereunto affixed in the presence of: )  
)  
)



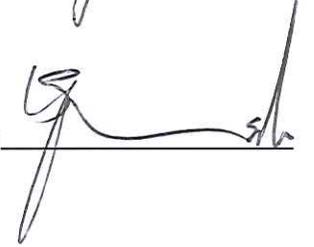
Dr Stephen Edmondston  
Board Chair  
Quadruplegic Centre

Date: 01/07/2016

Signed: 

Mr Shane Yensch  
Chief Executive  
Quadruplegic Centre

Date: 01 July 2016

Signed: 

## 2. Background

This Service Agreement is between the Department CEO of Health as the System Manager of the WA Health System (herein referred to as 'WA Health') and the Quadriplegic Centre (the Centre). Both parties acknowledge that this Service Agreement follows frameworks, policies, guidelines and plans as outlined below:

- WA Health Strategic Intent 2015-2020
- Clinical Services Framework (CSF) 2014-2024
- Purchasing and Resource Allocation Policy Framework
- Service Agreement Management Policy
- Performance Policy Framework
- WA Clinical Governance Framework
- WA Strategic Plan for Safety and Quality 2013-2017
- National Safety and Quality Health Service Standards
- Research Policy Framework
- Clinical Teaching and Training Policy Framework
- WA Aboriginal Health and Wellbeing Framework 2015-30
- WA Health Information and Communications Technology (ICT) Strategy 2015-2018
- ICT Policy Framework.

### **WA Health Strategic Intent 2015-2020**

The Strategic Intent defines WA Health's overarching vision, values and priorities.

WA Health's vision is *delivering a safe, high quality, sustainable health system for all Western Australians.*

WA Health's Code of Conduct identifies the values that are fundamental in how employees perform their work and describes how these values translate into action. The six values are; *Quality Care, Respect, Excellence, Integrity, Teamwork and Leadership.*

WA Health's strategic priorities are focused on a continuum of care to support and guide health care through integrated service delivery from prevention and health promotion, early intervention, primary care through to diagnosis, treatment, rehabilitation and palliation, ensuring all Western Australians receive safe, high quality and accessible health care.

### 3. Arrangements under the *Health Services Act 2016*

Pursuant to Section 49 of the *Health Services Act 2016*, the term of the Service Agreement is for a one year period. This Service Agreement covers the period from 1 July 2016 to 30 June 2017 and a forecast period of three years ending 30 June 2020. The forecast period allocations provided within the Service Agreement are indicative only.

In accordance with Section 46(3)(a),(b) and (g) of the *Health Services Act 2016*, the main function of the Centre is to provide health services (rehabilitation care) as well as teaching, training and research in support of the provision of health services. The services to be provided by the Centre are detailed in the Service Agreement summary schedule (Section 9).

As outlined in Section 46(3)(c) of the *Health Services Act 2016*, the funding to be provided to the Centre is detailed in the Service Agreement summary schedule (Section 9). The Department manages the distribution of funds sourced from the WA Government and from the National Health Funding Pool (includes Commonwealth and State funding). These funds are disbursed to the Centre based on the payments schedule agreed by the Department and the Centre. Further information on the method for distributing funds can be found in Section 5.

Under Section 46(3)(d),(e) and (f) of the *Health Services Act 2016*, the performance measures and targets for the provision of health services as well as the performance evaluation, review of results and data collection requirements is to be undertaken as prescribed in the Performance Policy Framework.

The Centre will ensure that structures and processes are in place to comply with this Service Agreement, fulfil its statutory obligations and to ensure good corporate governance, as outlined in the *Health Services Act 2016*, legislative requirements, and WA Health operational directives, policy frameworks, policies and guidelines.

The Centre will agree with the Health Support Services (HSS) that pursuant to HSS' role to provide centralised services, HSS will deliver four key functions (groups of services) to the Centre: Finance, Human Resources, Information Technology and Supply.

In accordance with Section 50 of the *Health Services Act 2016*, a party that wants to amend the terms of the agreed Service Agreement must provide written notice of the proposed amendment to the other party. The Service Agreement amendment process is detailed within the Purchasing and Resource Allocation Policy Framework.

## 4. Quadriplegic Centre Management

### Memorandum of Understanding

At proclamation of the *Health Services Act 2016* on 1 July 2016 Health Service Providers will become responsible and accountable for a range of new functions relating to the governance of their service. A range of these functions were previously the responsibility of the Department CEO and undertaken by the Department of Health on behalf of the WA Health System.

To transition these functions from the Department to the Health Service Providers a Memorandum of Understanding has been developed. This Memorandum of Understanding between the Department CEO and the Health Service Provider Board Chairs sets out the Parties' agreed terms for the provision of certain functions by the Department for Health Service Providers during a period of transition (the 2016-17 financial year). Further information can be found within the Memorandum of Understanding between the Department CEO and the Health Service Provider.

### Bilateral Discussions

Throughout the course of 2016-17, regular meetings will be held between the Department CEO, Board Chair and the Chief Executive (or equivalent) from the Centre

From 2017-18 pursuant to Section 47(1)(b), if the Department CEO and the Centre cannot agree on some or all of the terms within the Service Agreement, then the Department CEO will decide on the term at least one month before the expiry of the existing agreement (30 June 2017) and advise the Centre of the decision. The term decided in this circumstance will be included in the Service Agreement.

### Performance Management, Evaluation and Review

The performance reporting, monitoring evaluation and management of the Centre is undertaken as prescribed in the Performance Policy Framework.

The Performance Policy Framework states that performance review meetings between the Department and the Centre will initially be held monthly for the first quarter of 2016-17. Thereafter, the performance review meetings will be on a quarterly basis when no performance concerns are identified. Sustained high performance may lead to less frequent performance review meetings. If performance concerns are identified, the frequency of the performance review meetings will be held monthly until performance issues are resolved.

### Performance Objectives

The Centre will seek to provide and fund health services on a basis that is equitable, accessible, integrated and sustainable for all Western Australians.

The purchasing priorities are:

- to put the patient first and provide appropriate care close to where people live
- to increase the emphasis on more cost-effective primary and community care to reduce the demand for hospital services
- to deliver quality and accessible services within available resources
- to be clinically and financially sustainable.

## 5.2016-17 Budget & Resource Allocation

### Setting and Distribution of WA Health Budget

For 2016-17, WA Health's total approved expense limit for the WA public health system is \$8.6 billion, accounting for over a quarter of the State's total expenditure for general government services.

As part of the 2016-17 budget submission, WA Health provided the State Government with advice as to the likely volume of inpatient activity, Emergency Department activity, hospital-based non-admitted activity and block funded services expected for 2016-17 and for the three out-years of the forward estimates. This approach allows the State Government to make informed decisions through the annual budget process about the quantum of activity to be delivered by WA Health within the available State resources.

### Method for Distributing the WA Health Budget

The Department and the Health Support Services resource allocation falls within the non-hospital products/block funded component of the State's budget.

Block funded services are increased by the Consumer Price Indexation rate.

### Quadriplegic Centre

For 2016-17, the Department will continue to use a budget-to-budget methodology for the Centre that considers new initiatives, approved cost escalations, organisation re-alignments and the adjustment of programs that were previously undertaken and no longer carried out.

### Government Corrective Measures

A number of public sector corrective measures have been implemented to assist the Government to manage the State's significant medium-term fiscal challenges, these include:

- Agency Expenditure Review – identified savings to be harvested from the WA Health's budget settings for 'non hospital services' commencing in 2017-18.
- Workforce Renewal Policy - identified in the State Budget includes a salary budget reduction for staff separations and replacements funded at a lower level
- Targeted Separations Scheme - reduction in salaries budget for 2015-16 onwards to recognise the impact of the 2014-15 Government Severance Scheme.

Budget allocation has been adjusted for the impact of the corrective measures.

## 6. Quadriplegic Centre

It is understood that the Centre is a rehabilitative care hospital for people with quadriplegia and paraplegia in WA.

It is recognised that the Centre provides health care and outreach services to people with permanent high spinal cord injury often with co-morbidities. Care is provided via direct patient services, allied health services and community support services to its patients, as well as other support services.

## 7. Key Services

It is understood that the Centre provides the following key services to its patients:

Service	Description
<b>Transitional Care Service</b>	Specialist resource for transitional care for stable patients who do not require tertiary level care. Continuing rehab care is provided to such patients who are waiting for funding, accommodation, and home modifications etc, prior to re-entering the community. This service is the future state of the Centre where all new patients will be transitioned to live independently within the community.
<b>Extended Rehabilitation</b>	Ongoing care for high level quadriplegic patients who cannot live independently in the community as suitable care cannot be provided in this setting. No new patients are intended to be admitted to this service in 2016-17 onwards, however will be under exceptional circumstances.

Service	Description
<b>Respite Service</b>	Gives families options of care for up to 4 weeks while the family rest or recuperate. Patients often present with concurrent medical conditions.
<b>Ventilator Dependent Quadriplegic Community Care Program</b>	Manages patients with high spinal cord injury requiring mechanical ventilation to maintain breathing. On average there are 2 patients per year in this program.
<b>Quadriplegic Centre Community Nursing Service</b>	Permanent community nursing and liaison service to support and maintain community living.
<b>Psychology Service</b>	Psychology support and counselling for patients, family and staff to cope with the devastating condition.
<b>Physiotherapy Service</b>	Maintaining and improving the patient's capacity for independence in the function of daily living. This care is provided relative to the severity of the patient's condition.
<b>Occupational Therapy Service</b>	Interventions centred on providing assistance and support so patients can live as independently as possible.
<b>Resident Services</b>	Resident Service Officers responds to the day-to-day domestic needs of patients and liaises with families on a part-time basis.
<b>Infection Control</b>	Infection Prevention and Control Program prevents, monitors, and controls hospital acquired infections in a high risk patient area.
<b>Support Services</b>	Research, staff development, equipment upgrading, quality assurance, risk management, facility upgrading process.

## **8. Misconduct, Discipline and Public Interest Disclosure and Performance Management**

Misconduct matters, breach of discipline matters, Public Interest Disclosure matters and Performance Management matters that commenced prior to 1 July 2016, and for which the Department CEO is decision maker, or which are being investigated or managed by the Department of Health on behalf of a Health Service Provider, will continue to be managed by the Department CEO and the Department of Health on behalf of Health Service Providers until those matters are finalised.

## 9. Summary of Activity and Funding

	2016-17 Budget		Forward Estimates					
	WAUs (#)	Budget (\$)	2017-18		2018-19		2019-20	
			WAUs (#)	Budget (\$)	WAUs (#)	Budget (\$)	WAUs (#)	Budget (\$)
<b>Quadraplegic Centre</b>	—	<b>12,183,893</b>	—	<b>11,993,891</b>	—	<b>12,222,434</b>	—	<b>12,527,017</b>
<b>ACTIVITY BASED SERVICES</b>	—	—	—	—	—	—	—	—
ABF Schedules	—	—	—	—	—	—	—	—
<b>NON-ACTIVITY BASED SERVICES</b>		<b>12,183,893</b>		<b>11,993,891</b>		<b>12,222,434</b>		<b>12,527,017</b>
Schedule M—Revenue Plan		12,183,893		11,993,891		12,222,434		12,527,017
Quadraplegic Centre		12,183,893		11,993,891		12,222,434		12,527,017

**Notes:**

- 1 This schedule outlines the budget allocation for services provided by the Quadriplegic Centre.
- 2 The Performance Policy Framework specifies the targets and performance thresholds for Activity.



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