NT HEALTH

NT Health Service Agreement 2025 - 2026

Variation 1 – April 2026

NORTHERN TERRITORY GOVERNMENT

Contents

NORTHERN TERRITORY GOVERNMENT

Chief Executive Message

Chief Executive message

I am delighted to launch the **NT Health Service Agreement 2025–26** as a key document that sets direction of NT Health's services for the next three years. The Service Agreement reflects the collaboration, coordination and alignment of services and systems within NT Health and serves as a testament to our vision; *Great Health for all Territorians*. This Service Agreement is designed to deliver achievable, transformational change. It is the result of a unified approach to service planning from across NT Health and is founded on a simple philosophy; **collaborative, measurable, achievable.**

We have re-designed the Service Agreement to recognise enacting change takes time. We know we are on the right path towards improving health outcomes and this Service Agreement provides a roadmap on how we will make an impact. In particular, I would like to highlight the following changes from our previous Service Agreements:

- A three-year timeline to enable long term reform outcomes to be achieved
- Identification of key health domains to provide targeted focus for our activities
- A set of outcomes which are measureable and supported by data
- A list of activities outlining our accountable actions
- A dedicated performance improvement function to support achievement of our outcomes

Everyday our NT Regional Health Service plays a vital role in keeping our population healthy and well. Although dispersed across all corners of the Northern Territory, we share a common vision to provide great health for all Territorians. Like you, I am totally committed to continuing to strive hard to make lives better and healthier for everyone in the Northern Territory.

We are all aware of the challenges across healthcare, both locally and globally, but I truly believe we are in an exciting period where we can make serious inroads towards improving the health of Territorians and the way deliver care.

I invite all our People in NT Health to join me in getting behind this Service Agreement and doing our very best to make a difference in the health and lives of all Territorians.

Chris Hosking
Chief Executive Officer
Department of Health, Northern Territory Government
15 September 2025

Introduction

Introduction

Service Agreement 2025–26

The Service Agreement outlines the health service responsibilities of NT Health for the next three years. The Service Agreement is issued in accordance with the requirements of the Health Services Act NT 2021 (the Act) as well as the National Health Reform Agreement (NHRA). For the purposes of the NHRA, the Northern Territory Regional Health Service (NTRHS) is the Northern Territory's sole Local Hospital Network (LHN). The Service Agreement is effective from **1 July 2025** to **30 June 2028**. The Service Agreement with be varied with approval from the System Manager to reflect the current Purchase Schedule and activities.

The Service Agreement articulates the key areas where there are opportunities for performance improvement and areas of high priority across NT Health. These areas; referred to domains in the Service Agreement, are based on key priority reforms and trending issues. The Service Agreement also includes national health data measures for ongoing monitoring and reporting.

The Service Agreement will be delivered over a three-year duration with an annually updated version published on the 1st of July each year. Updates will include a new list of annual activities which will build on existing work and support the achievement of outcomes over a three-year timeline.

Focus on delivering Aboriginal health outcomes

Aboriginal patients comprise over 70% of our total NT Health patient cohort. NT Health acknowledges the vital services and support Aboriginal patients require to deliver Closing the Gap outcomes and improve the health of our most vulnerable patients. The burden of disease, particularly across the Northern Territory's remote communities continues to rise and requires a coordinated and targeted approach to address historic market failures of service delivery.

This Service Agreement focuses on addressing complex health challenges, such as chronic disease, diabetes, mental health, food security, and timely access to surgery. NT Health will continue to strive to support our Aboriginal patients and work with communities and Aboriginal Community Controlled Health Organisations (ACCHOs) to achieve our shared outcomes.

Challenges in service delivery

The NT has inherent and unique challenges which complicate health service delivery. NT Health operates in an environment which has been subjected to market failure of service provision, inadequate and unequitable funding to population needs, and patients with complex health needs. Challenges include:

Infrastructure
NT Health operates in an environment with ageing capital infrastructure and hospitals which can no longer support the volume of patients they were originally designed for. This has resulted in outdated infrastructure which is often unavailable for extended periods or is no longer useable.

Remoteness
The Northern Territory has over 600 remote communities and outstations with a population dispersed across vast land masses. In addition, the Northern Territory is subjected to dramatic climate events including cyclones, flooding, and droughts which can result in road closures and the inability to operate aircraft.

Cost of service delivery
The cost of providing health services continues to rise impacting already strained resources. NT Health's patient air travel and aeromedical retrievals costs continue to increase annually with patient travel across the Top End not receiving Commonwealth funding unlike other Australian jurisdictions. Due to the transient nature of the Top End, NT Health is experiencing a greater reliance on agency and locum hire which is delivered at a higher costs than a locally based workforce.

Introduction

Development of the Service Agreement 2025-26

The Service Agreement 2025–26 represents an exciting opportunity to collaborate and work together as one NT Health. This Service Agreement has been designed in acknowledgment of a single NT Health entity and fosters collaboration between strategic and operational functions to plan, design and deliver the very best health care for all Territorians.

Previous NT Health Service Agreements have focused on reporting key performance metrics against national benchmarks. While benchmarking is important to assess our performance against other states and territories, it is equally important to address where and how performance improvements can be made. The process of changing the Service Agreement commenced with a proposed methodology and approach incorporating lessons learned from previous Service Agreement iterations presented to the Health Leadership Board (HLB) in December 2024. A planning workshop was held in February 2025, with leadership across the NT Health collaboratively identifying key areas of improvement. These key areas of improvement have been referenced throughout the Service Agreement as Domains and Outcomes.

Methodology and approach
The approach to design and develop this Service Agreement included the following phases:

Review
- Review previous NT Health Service Agreements
- Jurisdictional scan and documentation of interstate Service Agreements

Consult
- Approved approach and methodology from the NT HLB
- Design and planning workshop with NT Health leadership team
- Targeted engagement with NT Health subject matter experts
- Meetings with Regional Executive Directors

Development of the Service Agreement 2025-26

Design
- Identification of Service Agreement activities and scope of work
- Mapping of data measures and indicators
- Development of outcomes architecture

Draft
- Draft Service Agreement
- Circulation of draft and feedback for refinement
- Development and inclusion of the Purchase Schedule

Deliver
- Publication of Service Agreement

Engagement and collaboration
Engagement with broader NT Health stakeholders occurred between March and April 2025 to present the Outcome Architecture. Consultations were focused on providing an explanation of the new methodology and included presentations on the purpose, benefits and intent of the changes. Throughout the engagement process activities were identified which, upon completion, will contribute to transformation. Data availability was assessed to ensure outcomes were measurable and data owners have been identified.

NORTHERN TERRITORY GOVERNMENT

Introduction

Objectives

NT Health is committed to ensuring all Territorians have great health by fostering a system that encompasses person-centred care, providing value to the patient and client while carefully managing operations within policy and budgetary constraints. The Service Agreement has been developed by following three guiding principles:

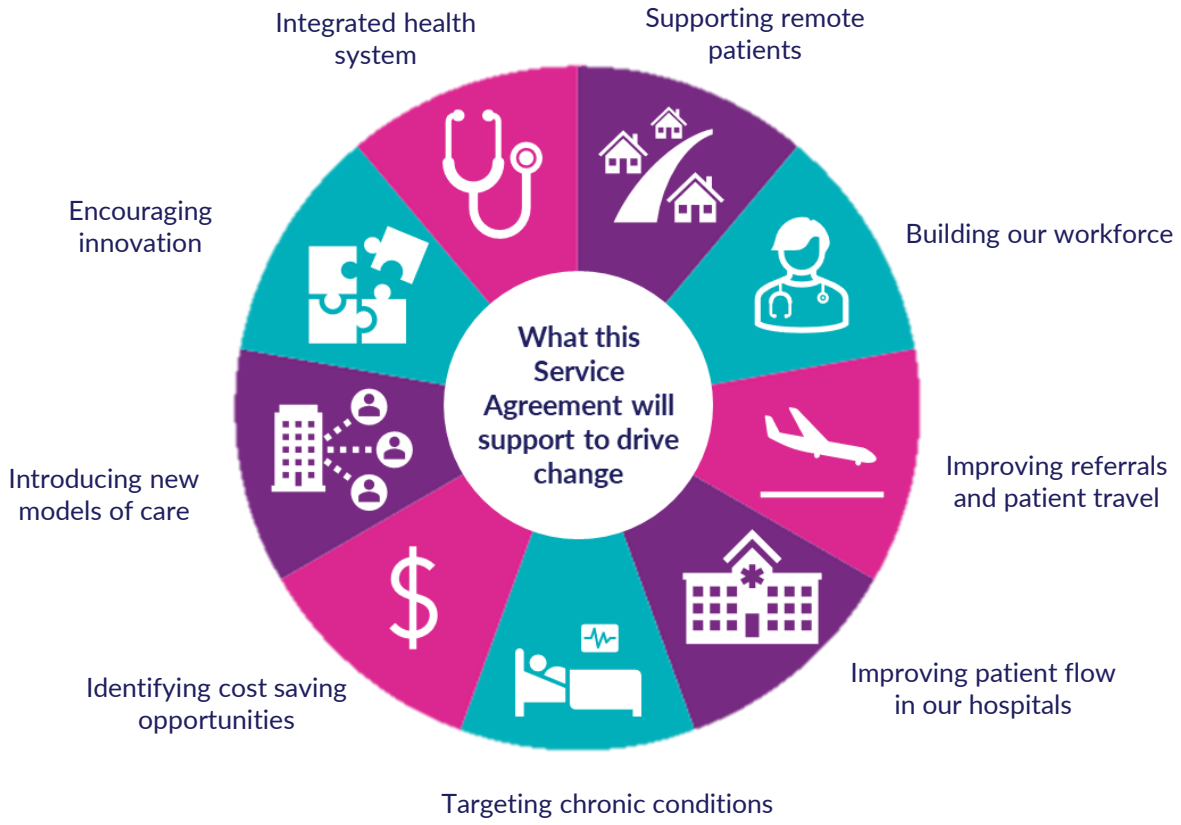
- **Collaborative**. NT Health acknowledges all staff have a key role in the design and delivery of the Service Agreement and are equally accountable for ensuring outcomes are achieved.
- **Measureable**. The Service Agreement outcomes have been designed with a list of underpinning indicators and measures to promote accountability.
- **Achievable**. NT Health stakeholders have contributed to and identified the list of Service Agreement activities to ensure work is targeted towards achieving outcomes.

The objectives are:

1. Shared accountability for performance
2. Achieving patient-focused outcomes for all Territorians
3. Prioritising the safety and quality of our patients and staff
4. Building and retaining a capable workforce with a strong culture
5. Establishing clear service delivery and performance expectations

How this Service Agreement will support achieving change and performance improvement

The Service Agreement is underpinned by a commitment to drive transformation and performance improvement. It has been designed to make an impact to the way NT Health designs and delivers health services and to meet the high expectations of the community.



NORTHERN TERRITORY GOVERNMENT

Introduction

Service delivery profile

Some of the key characteristics which make up NT Health's service delivery profile include:

- The NT has a resident population of **255,110** people
- There are **72 health clinics** across the NT
- There are **over 600** remote communities and outstations across the NT
- NT Health has a workforce of **over 8,000 FTE**
- There are **6 hospitals** in the NT
- The NT covers a total landmass of **1,349,229km$_2$**
- **Over 200 languages** are spoken across the NT
- Aboriginal people comprise of **70% of presentations** at NT Health hospitals

Standards of patient care

The NT Health Clinical Governance Framework provides the approach to ensuring that services NT Health provides are clinically safe and of high quality. The Framework describes the arrangements that set, manage, monitor and seek to improve performance in providing safe and high-quality clinical care. The Framework is aligned to the National Model Clinical Governance Framework of the Australian Commission on Safety and Quality in Health Care which is based on the National Safety and Quality in Health Service (NSQHS) Standards.

All public hospitals managed by NT Health are assessed against NSQHS ensuring they meet the requirements for provision of safe and quality healthcare.

Relationship with Service Providers

NT Health collaborates with a wide range of other care providers to deliver comprehensive and integrated healthcare services. This includes primary care providers, ACCHOs, allied health professionals, non-government organisations and private providers. Regional collaboration is required for oversight and connectedness.

Service Delivery

A full list of services available at each public hospital can be found on in Appendix 2. Occasionally, there may be service delivery changes which could be caused by a variety of circumstances including disruptions from natural disasters, system maintenance or unforeseen business challenges.

Introduction

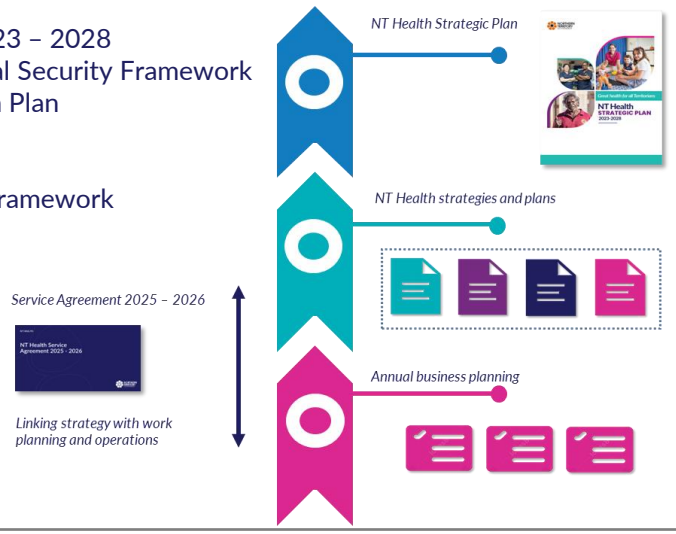
Strategic alignment

Australia has numerous national strategies and policies which outline the shared responsibility of the Commonwealth, State and Territory governments to work in partnership to improve health outcomes for all Australians. During the development of the Service Agreement, national objectives and principles, reform initiatives, and the need for collaboration and coordination across all levels of government and service providers was acknowledged.

The Service Agreement is a critical component of NT Health's strategic planning framework. The Service Agreement supports connecting existing strategies with the NT Health Strategic Plan 2023 – 28 and is a mechanism to link strategic direction with operational activities.

Supporting the implementation and delivery of the Strategic Plan are key strategies across NT Health's clinical and non-clinical streams. The Service Agreement has been developed in alignment with existing NT health strategies and the NT Health Strategic Plan. The strategies and frameworks including those under development, where there is specific alignment with the Service Agreement are as follows:

- NT Health Strategic Plan 2023 – 2028
- NT Health Aboriginal Cultural Security Framework
- NT Health Workforce Action Plan
- NT Health Kidney Plan
- Sustainability Strategy
- Clinical Services Capability Framework
- Clinical Services Plan
- Strategic Infrastructure Plan



Legislative requirements

In accordance with the Act (Section 18), this Service Agreement includes the following:

Service Agreement requirement	Health Services Act NT 2021 reference	Page reference number
A list of the health services and health support services to be provided by NT Regional Health Services	Section 18 (3)(a)	Appendix 2
The funding to be provided to NT Regional Health Services for the provision of health services and the way in which the funding is to be provided	Section 18 (3)(b)	Appendix 3
The standards of patient care and health service delivery to be met by NT Regional Health Services	Section 18 (3)(c)	8
The performance standards, targets and measures for the delivery of health services and health support services by NT Regional Health Services	Section 18 (3)(d)	17 – 23 and Appendix 1
The performance data and other matters to be reported to the System Manager by NT Regional Health Services and the frequency of that reporting	Section 18 (3)(e)	17 – 23 and Appendix 1
A Performance Management Framework process for NT Regional Health Services	Section 18 (3)(f)	10

NORTHERN TERRITORY GOVERNMENT

Performance framework

Performance framework

Introduction

The Service Agreement Performance Framework (the Framework) articulates the process how the Service Agreement will be monitored and evaluated, and key responsibilities. The Framework conforms to the NHRA which is the guiding document promoting transparency and performance, and the Australian Health Performance Framework (AHPF) as the navigation tool which supports reporting on Australia's health and health care performance.

The Framework aligns with the requirements of the Act and outlines a performance management and accountability process, including the performance improvement mechanisms to collaboratively remediate unsatisfactory performance.

Principles of the Framework

The Framework is guided by the following principles, adapted from the AHPF:

Transparency	The Framework is based around clear pre-determined measures of performance which are accessible and easy to understand
Consistency	The Framework is applied consistently and is consistent with NT Health and NT Government objectives
Accountability	All functions of NT Health have a vital role to play in ensuring that performance expectations are met and that services efficiently and effectively meet the needs of the population
Responsiveness	Where performance issues are identified, NT Health will work together collaboratively to promptly develop, implement and monitor strategies to address the issue
Balanced	Performance assessments shall take into account reasonable mitigating circumstances and urgency of response required

Performance requirements

The Service Agreement recognises the mutual dependency of the NTRHS and the System Manager to work together to realise NT Health's strategic objectives. The Service Agreement identifies activities for various functions across to complete in order to achieve the outcomes of the Service Agreement. The responsibilities for implementing and delivering the Service Agreement are demonstrated in the table below:

	System Manager	NTRHS
Budget and FTE allocation	✓	
Design and commissioning	✓	
Performance monitoring	✓	✓
Implementation		✓
Performance improvement	✓	✓
Stakeholder engagement and consumer feedback	✓	✓
Reporting	✓	✓

Governance

In accordance with both the Act and the NHRA, a process must be in place to formally monitor the performance standards of the Service Agreement. Performance meetings are held quarterly to strengthen the performance culture through its oversight capacity in relation to agreed performance standards, and to provide advice and make recommendations regarding corrective actions.

The meetings are Chaired by the Chief Executive and attended by the three Deputy Chief Executives, Chief Health Officer, General Manager Corporate Strategy and Performance, Director Performance Improvement and Director Strategy Reporting and Evaluation.

Performance framework

Performance monitoring

Corporate Strategy and Performance will coordinate and collate performance reports to present at quarterly performance meetings. Reports will be developed through consulting with Leads responsible for the delivery of activities. Corporate Strategy and Performance will meet with Regional Executive Directors to present reports for assurance prior to quarterly performance meetings. The structure of reports will include:

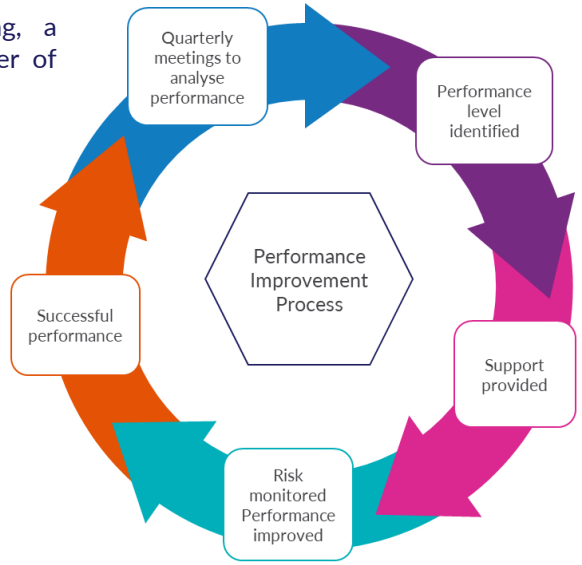
- An update on the performance of outcomes, including the trending of indicators
- An update on the progress of activities, forecast work, and completion of any deliverables
- A summary of any identified risks
- A high-level analysis of any measures which are significantly underperforming
- A summary of any variance to the Service Agreement

A set of core hospital key performance indicators which are national standards but not aligned to outcomes will be reported separately as part of the meeting.

Following the quarterly performance meeting, a briefing paper will be prepared for the Minister of Health in accordance with the Act.

Performance Improvement

A continuous performance improvement cycle based on a 'plan, do, check, act' methodology will be followed to ensure that where outcomes or activities have been identified as at risk or off track, there is an escalation process to allocate resources and support for a focused analysis and improvement pathway forward.



Roles and responsibilities

The Service Agreement 2025 – 26 differs from previous versions by acknowledging the System Manager function has a responsibility to support the NTRHS with both the planning, development and execution of the Service Agreement. As such, the System Manager has an expanded role in this Service Agreement across the following functions:

- Service Agreement planning, development, monitoring, and performance improvement
- Shared services support to the NTRHS
- Delivery of prescribed Service Agreement activities

Shared services support to the NTRHS

Through the Enabling Services and Commissioning and System Improvement divisions, core business functions and services to support the NTRHS are provided. These shared services include:

- Financial services
- Clinical coding
- Clinical data analytics
- Workforce services, strategy and policy
- Procurement
- Funding assurance
- Continuous Quality Improvement (CQI) process

Delivery of prescribed Service Agreement activities

The System Manager will support the NTRHS to implement the Service Agreement 2025 – 26. This support includes the following functions:

- Redesign and remodelling activities
- Strategic and health services commissioning
- The implementation of public and primary health activities
- Project scoping and activity design
- Change management activities

Performance framework

NTRHS roles and responsibilities

NTRHS delivers contemporary and culturally responsive regionally based primary care, mental health and acute services throughout the five regions; Top End, East Arnhem, Big Rivers, Barkly and Central Australia.

The Act (Section 11) prescribes the functions and powers of the NTRHS;

- (1) The main function of NT Regional Health Services is to provide the health services and health support services set out in the Service Plan to the standards, and within the budget, set out in the Service Plan.
- (2) Without limiting subsection (1), NT Regional Health Services has the following functions:
    - (a) to ensure health services and health support services are delivered in an efficient, effective and economical way;
    - (b) in delivering health services and health support services to meet the health needs of the community:
        - (i) to consult and collaborate with other providers of those services; and
        - (ii) to minimise service duplication and fragmentation;
    - (c) to develop local clinical and other governance arrangements and best practice guidelines or standards consistent with the requirements of the Service Plan; (d) to provide training and education relevant to the provision of health services and health support services;
    - (e) to collect data on its performance and report to the System Manager on that performance, including its administration and financial performance;
    - (f) any other function conferred by this Act or any other Act.

System Manager roles and responsibilities

The Chief Executive Officer of NT Health is the System Manager in accordance with the Act (Section 15). The System Manager retains overall responsibility of the Service Agreement. The System Manager is responsible for the successful execution of the Service Agreement and will be the recipient of quarterly performance reports. The System Manager will present the Minister with a quarterly reporting brief which outlines performance and escalates any emerging issues or other information requested by the Minister.

The Act (Section 16) prescribes the functions and powers of the System Manager;

- (1) The System Manager has the following functions:
    - (a) planning for the delivery by NT Regional Health Services of health services and health support services, including planning for the provision of infrastructure;
    - (b) negotiating and entering into agreements in relation to the provision of health services, health support services and capital works with other parties, including the Commonwealth and non- government health providers;
    - (c) preparing and publishing an annual Service Plan;
    - (d) monitoring the delivery of health services by NT Regional Health Services in accordance with the Service Plan;
    - (e) collecting data on the performance of NT Regional Health Services and reporting on that performance to the Minister, the Commonwealth and the public;
    - (f) ensuring there are appropriate mechanisms for consultation between NT Regional Health Services and persons interested in the delivery of health services;
    - (g) establishing advisory panels as required.

Performance architecture

Performance architecture

Outcomes architecture

The Service Agreement outcomes architecture provides a clear roadmap for performance improvement and the realisation of outcomes. The key components of the outcomes architecture include:

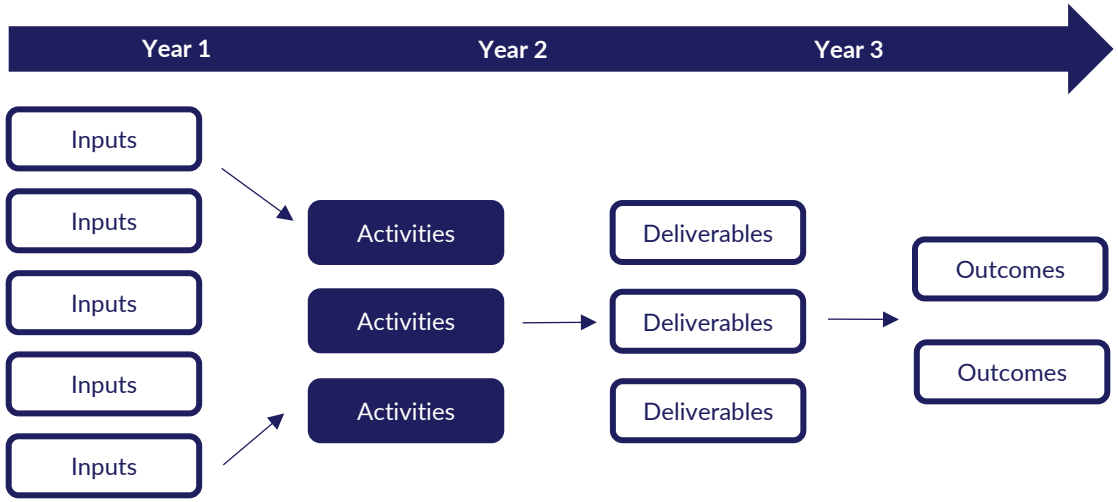
- **Domains**: groupings based on NT Health strategic and reform drivers which supports a targeted focus to achieve common outcomes.
- **Outcomes**: clear statements which are measurable and will be used to demonstrate overall performance.
- **Indicators**: the desired change and how successful implementation of activities results in change and improvement.
- **Measures**: the granular description of the data sources which show change and progress across the indicators.

Domains are a set of themes across NT Health which have been identified for focused performance improvement. Domains are drivers of both strategic and reform priorities and align with the focus areas in the NT Health Strategic Plan. The six domains of the Service Agreement are:

- Health system and service reform
- Workforce
- Patient interface, flow, and movement
- Alcohol and domestic, sexual and family violence treatment pathways
- Public and primary health
- Quality and safety

Theory of change

The theory of change depicts how the desired change is anticipated to occur in achieving the outcomes in the Service Agreement. Central to the theory of change is a set of activities which have been identified to achieve the outcomes. Activities are evidenced-based and informed by data. The completion of each activity will result in a deliverable. The deliverable is the final output representing the activity is complete. Outcomes will be achieved once the deliverable has been finalised. An illustration of the theory of change model is demonstrated below:



Activities will be identified and updated annually to progress towards achievement of the outcomes. 2025-26 Activities are listed from page 17.

Performance architecture

Domains and outcomes

The Service Agreement Domains are a set of common themes across NT Health which have been identified for focused performance improvement. Domains are drivers of both strategic and reform priorities and align with the focus areas in the NT Health Strategic Plan. Each domain has outcomes which highlight the desired change to occur throughout the life of the Service Agreement.
The six domains and their associated outcomes of the Service Agreement are:

Workforce

- Employment is appropriate and meeting the need of service demand
- Our staff feel safe and cared for
- We are sustainably increasing our Aboriginal workforce

Health system and service reform

- Maternity services are safe and sustainable supported by a resourced workforce
- Mental health services and support is provided in a community-based setting
- NT Health delivers quality health services in an efficient and financially sustainable manner

Patient movement and interface

- Patients receive timely access to agreed elective surgery
- Patients receive care in the most appropriate setting

Alcohol and domestic family and sexual violence treatment pathways

- Appropriate referral pathways for alcohol related interventions are embedded
- Our staff are responding appropriately to domestic family and sexual violence related incidents

Public and Primary Health

- Territorians living with or risk of chronic conditions are supported throughout their journey
- Maternity patients are supported through identifying and managing diabetes
- We are focused on preventive health by improving food security across remote communities

Quality and safety

- Our patients are safe in our care
- We are responsive to consumer feedback and significant incidents

Domains, outcomes and activities

Domains, outcomes and activities

Workforce

Increasing patient volume requires our workforce to be appropriately resourced to meet service demand. This includes investing in our Aboriginal workforce, including Aboriginal Health Practitioners and Aboriginal Health Coaches, to provide support and services to remote patients. There are opportunities within the current organisational structure to repurpose vacant positions to support key areas of demand. Further, there is a need to decrease nurse agency and locum reliance while building and retaining a capable NT Health workforce. NT Health is committed to providing a safe workplace for all staff and ensuring staff feel cared for by fostering a strong workplace culture.

Year 1 Activities

- Developing and implementing targeted and ongoing marketing campaigns that embed NT Health's value proposition with a specific focus on regional and remote areas
- Developing career pathway journey maps from early careers through to leadership roles

Employment is appropriate and meeting the need of service demand

Purpose: Build and retain a NT Health workforce capable of meeting service demand.
Issue to resolve: NT Health has a high reliance of agency staff and locum doctors. There is an urgent need to recruit to vacant positions and appropriately resource our workforce to meet patient demand and build capability. The inconsistent application of recruitment practices has further impeded NT Health's ability to build and retain an appropriately resourced workforce.

The NT needs a strong local health workforce to meet service demand and provide great health for all Territorians

Year 1 Activities

- Reviewing and strengthening staff recognition programs
- All staff completion of appropriate workplace training

Year 1 Activities

- Creation of designated community-based positions in regional and remote areas for Aboriginal people
- Collaborating with Aboriginal leadership groups and ACCHSs to identify local workforce needs

Our staff feel safe and cared for

Purpose: Create a culture where NT Health staff feel safe and cared for with opportunities for education and professional growth.
Issue to resolve: There has been several instances where staff have not felt safe and their safety is at risk, especially in regional and remote areas. Additionally, NT Health can take leadership in providing training and education opportunities aligned to career and service-need pathways, as well as embedding work health and safety practices.

NT Health cares about my safety and wellbeing

We are sustainability increasing our Aboriginal workforce

Purpose: Support long-term, place-based employment opportunities for Aboriginal people that build and sustain a capable, culturally secure NT Health workforce, particularly in regional and remote areas.
Issue to resolve: NT Health's Aboriginal employment rate has remained stagnant and well below target indicators. Building our Aboriginal workforce enhances NT Health's ability to provide quality healthcare and effective health services to our remote patients.

Domains, outcomes and activities

Health system and service reform

NT Health is delivering a significant reform agenda and is continuously identifying opportunities to leverage innovative models of care to provide a more efficient and effective service. Current system and service reform initiatives include remodelling the delivery of maternity services in response to private maternity services ceasing at Darwin Private Hospital, reducing the dependency on Royal Darwin Hospital by providing mental health services and support in community-based settings, and delivering health services to prisoners. These reform initiatives require optimising our workforce models to meet increasing patient demand, utilising innovative technology and models of care in remote communities, and ensuring our patients are supported and receive care in the most appropriate setting.

Year 1 Activities

- Commence a review into maternity services

Maternity services are safe and sustainable supported by a resourced workforce

Purpose: Provide safe and quality pre and post-natal care in an appropriate setting supported by workforce capable of meeting demand.
Issue to resolve: The closure of maternity services delivered within Darwin Private Hospital has caused increased demand of NT Health's existing maternity services. An appropriately skilled maternity workforce and model of care which promotes care closer to home and bed management is required.

We can deliver support closer to home to ease demand pressures in hospitals

Year 1 Activities

- Design and implement Territory-wide mental health services for child and adolescents

Mental health services and support is provided in a community-based setting

Purpose: Deliver mental health services and support early; with a focus on wellness and social and emotional wellbeing, in an appropriate setting to reduce instances of hospitalisation.
Issue to resolve: There has been an increasing rate of mental health hospitalisations impacting bed management.

Year 1 Activities

- Design and implement model of care for people in correctional facilities
- Cost recovery practices for long-term and aged care patients

NT health delivers quality health services in an efficient and financially sustainable manner

Purpose: Embed appropriate models of care to provide quality health services to all Territorians.
Issue to resolve: Increased incarceration rates and insufficient aged care options has resulted in an increased demand for NT Health's services.

I want to deliver health services to people in correctional facilities

Domains, outcomes and activities

Patient movement and interface

The Northern Territory experiences longer elective surgery waitlists and hospital bed occupancy compared to other Australian health jurisdictions. This is exacerbated by the Northern Territory's unique climate which provides service delivery and patient travel challenges. These inherent challenges require NT Health to improve existing models of care to ensure patients interface and flow through the health system with efficiency while receiving quality health care. There are opportunities to leverage virtual care and redesign the approach to patient travel to maximise efficiencies which will result in shorter waitlist times for elective surgery, better access to care, and a more coordinated approach to the delivery of care.

Year 1 Activities

- Enhancing predictability, objectivity and equity of access to planned surgery services

Patients receive timely access to agreed elective surgery

Purpose: Improve patient flow by reducing elective surgery wait times.
Issue to resolve: NT Health has long waitlist times for elective surgery patients. This is compounded by frequent cancellations, due to both staff cancellations and patients not attending. The delay in patients receiving their elective surgery is in many cases resulting in subsequent emergency hospitalisations.

Year 1 Activities

- Implement a model of care which leverages virtual care where appropriate
- Establish the command centre
- Review and develop plan to improve outpatient referral process
- Pilot of remote after hours on call project

Patients receive care in the most appropriate setting

Purpose: Deliver care closer to home by redesigning NT Health's models of care, leveraging technology and identifying efficiencies within processes and systems.
Issue to resolve: Unnecessary referrals to Royal Darwin Hospital and Palmerston Regional Hospital is causing increased pressure on bed demand.

We can use virtual care to see more patients and to reduce the number of patients having to travel for appointments

Imagine how much money and time we will save if we coordinated patient travel from a Command Centre

NORTHERN TERRITORY GOVERNMENT

Domains, outcomes and activities

Alcohol, and domestic family and sexual violence treatment pathways

There is a commitment across the NT government to reduce alcohol, and domestic, sexual and family violence related incidents. NT Health can play a key role supporting this commitment by ensuring frontline staff are trained to identify and refer alcohol, and domestic family and sexual violence related incidents to service providers. There are further opportunities to monitor the number of emergency department presentations as a result of alcohol and domestic, sexual and family violence related incidents to better inform decision making.

Year 1 Activities

- Establish service pathways for alcohol and other drug clients presenting to emergency departments
- New models of care for alcohol and other drugs and social, emotional wellbeing in remote communities

Appropriate referral pathways for alcohol related interventions are embedded

***Purpose*:** NT Health staff are able to make appropriate referrals for treatment pathways for alcohol-related incidents.
***Issue to resolve*:** Patients are not always referred to specialist referral services for alcohol related interventions and are not receiving the intervention and support they require.

Year 1 Activities

- Deliver appropriate domestic family and sexual violence training content to be delivered to targeted staff including emergency department and maternity staff

Our staff are responding appropriately to domestic family and sexual violence related incidents

***Purpose*:** NT Health staff are appropriately trained to identify and respond to domestic sexual and family violence related incidents, including making appropriate referrals to service providers.
***Issue to resolve*:** NT Health staff require training and education to identify and safely and effectively respond to domestic family and sexual violence related incidents.

NORTHERN TERRITORY GOVERNMENT

Domains, outcomes and activities

Public and primary health

Many Territorians are living with or are at risk of developing chronic health conditions. Patients in remote areas are particularly vulnerable and often face barriers to accessing services they need to manage their health effectively. Early detection and prevention are essential to reduce the burden of chronic disease and improving long term health outcomes. Strengthening chronic disease management plans, improving access to healthy food options, increasing appointment attendance, and delivering targeted educational programs are all strategies to support people living with or at risk of chronic conditions.

Territorians living with or risk of chronic conditions are supported throughout their journey

Purpose: Improve health outcomes for patients living with or at risk of chronic conditions by increasing the number of individuals with active chronic disease management plans and health checks. This includes supporting patient attendance at scheduled appointments and ensuring informed, patient-centred care planning.
Issue to resolve: There are many people living with a chronic disease that either are not aware of or do not currently have a chronic disease management plan in place. This gap limits early identification, prevention efforts and timely intervention, leading to poorer health outcomes. Increasing preventive initiatives and plan uptake is necessary to support proactive care, prevent disease progression and reduce burden of unmanaged chronic conditions.

Year 1 Activities

- Develop and progress prevention roadmaps aligned with *Healthy, Well and Thriving* in partnership with key stakeholders

Our patients need our support to prevent illness and minimise the impact of chronic diseases

Year 1 Activities

- Develop a framework for a chronic conditions prevention initiative

Maternity patients are supported through identifying and managing diabetes

Purpose: Improve health outcomes for mothers and babies by increasing early detection and management of diabetes before and during pregnancy. This includes timely screening, follow up care and informed patient centred management.
Issue to resolve: Diabetes in pregnancy is often undiagnosed or detected too late increasing health risks to mother and baby.

Year 1 Activities

- Implement the NT Remote Stores Program
- Implement the National Strategy for Food Security in Remote Aboriginal and Torres Strait Island communities

We are focused on preventive health by improving food security across remote communities

Purpose: Improve access to affordable healthy food options in remote communities to support healthy lifestyle choices.
Issue to resolve: Remote communities suffer from a lack of fresh and healthy food choices, with the cost of health items exorbitantly high. Improving access to and affordability of healthy food will result in significant health benefits in preventing and managing the burden of disease in remote communities.

Ensuring healthy food options are available in our communities will support healthy lives.

NORTHERN TERRITORY GOVERNMENT

Domains, outcomes and activities

Safety and quality

NT Health is committed to ensuring all our patients feel and are safe in our care. This includes maintaining high standards of care and responding to sentinel and significant incidents. Prioritising patient quality and safety ensures Territorians have confidence in our health system and supports better demand management though reducing readmissions and hospital-related complications.

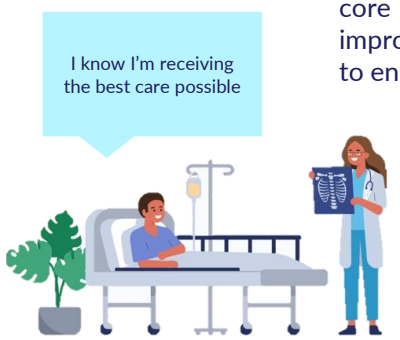
Our patients are safe in our care

Purpose: Improving the standard of care within our facilities to reduce, prevent and manage patient harm.

Issue to resolve: All facets of the care continuum should be under constant surveillance to ensure minimising patient harm is at the forefront of our core service delivery. Identify gaps where improvement is required and implement strategies to ensure patients remain safe in our care.

Year 1 Activities

- Implement and monitor the sepsis pathway



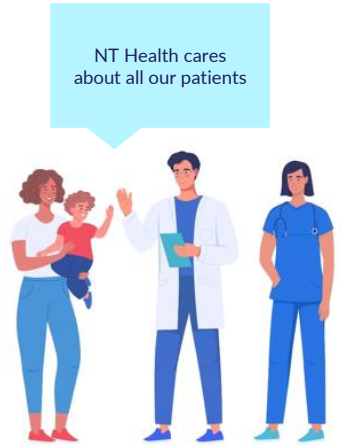
We are responsive to consumer feedback and significant incidents

Purpose: Significant incidents encompass a range of events that can result in potentially avoidable patient harm.

Issue to resolve: Effective reporting systems where open disclosures and identifying the root cause of the significant incident are timely will contribute to addressing vulnerabilities within the system by acknowledging and implementing corrective actions.

Year 1 Activities

- Optimising practices for transparent communication and investigations relating significant incidents that occur in our health service.
- Strengthening culturally safe feedback and complaints processes



NORTHERN TERRITORY GOVERNMENT

Appendix 1 – Outcomes and measures

Outcomes and measures

Approach to data and measures

Outcomes have been designed with measures which are consistent with national health measures and expand further to reflect the key areas of transformation through the Service Agreement. Where there are gaps in either measuring or obtaining data, effort will be made through the Corporate Strategy and Performance team to establish data sources. As such, additional data sources may be included into the Service Agreement to enhance measuring of outcome performance. Measures will be reported on a quarterly basis and presented as a consolidated outcomes dashboard report. Where measures are underperforming, additional information and analysis will be included in the report.

Benchmarking

At the commencement of the Service Agreement, Corporate Strategy and Performance will benchmark all Service Agreement measures. This will enable change and progress to be monitored throughout the Service Agreement. Benchmarked measures will be included in reporting to provide a baseline for all measures and to demonstrate the impact of delivering activities.

National benchmark targets have been excluded from this Service Agreement but will still be tracked and monitored by the Corporate Strategy and Performance team. The rationale behind this exclusion is national benchmark targets have historically not reflected the unique challenges in health service provision in the Northern Territory. The Northern Territory has a different patient profile and demographic compared to other jurisdictions with a dispersed population across remote communities and outstations. This results in targets which are not achievable and do not reflect the Northern Territory's circumstances.

Core measures to monitor

In addition to the Service Agreement outcome measures, the Service Agreement will continue to monitor and report key core health and hospital measures. These measures include nationally recognised and benchmarked measures. These measures include:

- Aged Care Assessment Team (ACAT) assessments within recommended timeframes (%)
- Hand hygiene compliance
- Relative stay index
- Mental health seclusion rate (per 1,000 OBDS)
- Mental health 28 day readmissions (%)
- Average Length of Stay (OBDs per separation)
- Emergency Department Departure within 4 Hrs – EDD (%<4hr)
- Patients in emergency department > 12 hours (per 1,000 separations)
- Potentially preventable hospitalisations - Cellulitis (per 1,000 separations)
- Potentially preventable hospitalisations - COPD (per 1,000 separations)

Outcomes and measures

Domain	Outcome	Measured by	Activities
Workforce 	**Employment is appropriate and meeting the need of service demand**	• Paid clinical FTE variance to establishment (%) • Vacancies that have been unfilled >12 months (%)	• Developing and implementing targeted and ongoing marketing campaigns that embed NT Health's value proposition with a specific focus on regional and remote areas • Developing career pathway journey maps from early careers through to leadership roles
	Our staff feel safe and cared for	• Paid staff turnover rate • Essential training completed within 12 months • Staff with a current myPerformance plan • Total FTE made up of overtime	• Reviewing and strengthening staff recognition programs • All staff completion of appropriate workplace behaviour training • Pilot of remote after hours on call project
	We are sustainably increasing our Aboriginal workforce	• Aboriginal health workforce as a proportion of overall FTE • Aboriginal identified vacancies that have been unfilled >12 months (%) • Aboriginal staff in leadership roles (%)	• Creation of designated community-based positions in regional and remote areas for Aboriginal people • Collaborating with Aboriginal leadership groups and ACCHSs to identify local workforce needs
Health system and service reform 	**Maternity services are safe and sustainable supported by a resourced workforce**	• Maternity vacancies that have been unfilled >12 months (%) • Paid Maternity FTE variance to establishment (%)	• Commence a review into maternity services
	Mental health services and support is provided in a community-based setting	• Community follow-up within first 7 days (%) • Community based mental health activity (%)	• Design and implement Territory-wide mental health services for child and adolescents
	NT Health is delivering quality health services in an efficient and financially sustainable manner	• Variance against purchased activity (in GWAUs) • Expenditure variance against budget (%) • Average daily number of acute long stay outliers ≥ 21 days	• Design and implement model of care for people in correctional facilities • Cost recovery practices for long-term and aged care patients

Outcomes and measures

Domain	Outcome	Measured by	Activities
Patient movement and interface 	**Patients receive timely access to agreed elective surgery**	• Elective surgery admissions • Category 1, 2 and 3 patients waiting longer than clinically recommended time (%) • Scopes procedure admissions • Category 1 Scopes patients waiting longer than clinically recommended time (%)	• Enhancing predictability, objectivity and equity of access to planned surgery services
	Patients receive care in the most appropriate setting	• Digital health activity (per 100 episodes) • Patient travels (number of trips)	• Implement a model of care which leverages virtual care where appropriate • Establish the command centre • Review and develop plan to improve outpatient referral process • Pilot of remote after hours on call project
Alcohol treatment pathways and domestic family and sexual violence treatment pathways 	**Appropriate referrals for alcohol related interventions are embedded**	• Number of referrals out • Number of alcohol related ED presentations	• Establish service pathways for alcohol and other drug clients presenting to emergency departments • New models of care for alcohol and other drugs and social, emotional wellbeing in remote communities
	Our staff are responding appropriately to domestic sexual and family violence related incidents	• Number of referrals out • Number of domestic family and sexual violence related ED presentations	• Deliver appropriate domestic family and sexual violence training content to be delivered to targeted staff including emergency department and maternity staff

Outcomes and measures

Domain	Outcome	Measured by	Activities
Public health and Primary health 	**Territorians living with or risk of chronic conditions are supported throughout their journey**	• Chronic disease management plan (%) • Adult Health Checks • HbA1c measurement within certain levels (%) • Recent HbA1c test for clients aged 10 years and over (%)	• Develop and progress annual prevention roadmaps aligned with *Healthy*, *Well and Thriving* in partnership with key stakeholders
	Maternity patients are supported through identifying and managing diabetes	• First antenatal visit • Portion of mothers who had a first glucose challenge test and diagnosed with diabetes • First post-natal visit	• Develop a framework for a chronic conditions prevention initiative
	We are focused on preventive health by improving food security across remote communities	• Proportion of children under 5 who are anaemic • Proportion of children under 5 who are measured for anaemia • Proportion of children under 5 which are underweight • Obesity Rate	• Implement the NT Remote Stores Program • Implement the National Strategy for Food Security in Remote Aboriginal and Torres Strait Island communities
Quality and safety 	**Our patients are safe in our care**	• Sentinel events against nationally agreed events (no.) • Hospital acquired complications (per 100 Separations) • SAB infections (per 10,000 OBDS) • Avoidable hospital readmissions (per 100 separations) • Clients discharged against medical advice (%) • Hospital acquired sepsis (per 1,000 separations)	• Implement and monitor the sepsis pathway
	We are responsive to consumer feedback and significant incidents	• Number of root cause analysis cases open ≥ 90 days	• Optimising practices for transparent communication and investigations relating significant incidents that occur in our health service • Strengthening culturally safe feedback and complaints process

Appendix 2 – List of services

Services

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Allied health services						
audiology	X		X	V		
chaplaincy	X		X			
dietetics	X	X	X	X		
occupational therapy	X	X	X	T		
outreach specialist	X	X	X	X	X	X
physiotherapy	X	X	X	X		
podiatry	X		X			
prosthetics and orthotics	X	L	X			
psychology, including renal psychology	X		X			
social work	X	X	X			
speech pathology	X	X	X			

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Clinical support						
Aboriginal health practitioners	X	X	X	X		
Aboriginal liaison	X	X	X	X		
interpreter services	X		X	RC		
oral health	X		X	X		
pathology	X	X	X	X		
pharmacy	X	X	X	X		
Emergency and critical care						
24-hour emergency	X	X	X	X	X	X
anaesthetics	X	L	X	X		
intensive care	X		X	T		
retrieval services	X	X	X	T		
trauma	X		X	T		

Services

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Maternal and child health						
colposcopy	X		X	V		
gynaecology	X		X	V		
obstetrics	X	X	X	X		
paediatrics	X		X	V		
reproductive medicine	X		V			
Medical imaging						
angiography/fluoroscopy	X		RC			
bone density	X		X			
computed tomography (CT)	X	X	X	X		
cardiac CT	X		X			
interventional procedures	X		V			
mammogram	X		X	V		
magnetic resonance imaging (MRI)	X		X			
nuclear medicine	X					
orthopantomogram (OPG)	X	X	X	X		

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Medical Imaging cont.						
outreach ultrasound	X	X		X		
positron emission tomography (PET)	X					
X rays and ultrasound	X	X	X	X		
Mental health						
access team and inpatient	X		X	T		
child and adolescent	X	X	X	V	X	
drug and alcohol	X	X	X	X	X	
forensic	X	X	T	T	T	
perinatal	X	X	X	L	X	

Services

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Medicine						
allergy	X		V			T
anaesthetics	X		X	X	X	T
cardiology	X		X	V	X	T
dermatology	X		V	V		T
endocrinology	X		RC	V		T
endoscopy	X	X	X	V		
exercise stress test non-dopamine	X		X	X		
gastroenterology	X	X	RC	V	X	T
general medicine	X	X	X	V	X	X
geriatrics	X	X	V	T		
haematology	X		V / T	T		T
hepatology	X		V	V		T
hospital in the home	X		X			
hyperbaric	X					
immunology	X		V			

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Medicine cont.						
infection control	X		X	X		
infectious disease	X		RC	X		T
memory	X			V		
neurology	X		V	X		T
oncology	X		X			T
ophthalmology	X		X	X	X	V
paediatric cardiology	X		V	V		
paediatric endocrinology	X		V	V		
pain management	X	X	X	T		T
palliative	X		X	T		T
perioperative	X		X			
pharmaceutical	X	X	X	X	X	X
rehabilitation	X	X	X	V	X	X
renal	X	L	X	L	L	L / V
respiratory	X		RC	V	X	V
rheumatology	X	X	RC	T		V

Services

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Medicine cont.						
sleep studies	X		V	V		V
spinal	X			V		
Non-clinical						
campus and facilities	X	X	X	X		
clinical photographer	X					
food services	X	X	X	X		
Ground transport			X			
housekeeping services	X	X	X	X		
linen services	X		X	X		
mail registry	X		X	X		
medical education unit	X		X	X		
patient advocate	X	X	X			
patient travel management	X		X	X		
staff accommodation	X		X	X		
switchboard	X	X	X	X		

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Non-clinical cont.						
shuttle bus	X	X	X			
teaching hospital affiliated with Flinders and Charles Darwin University	X	X	X	X		
Surgery						
ear, nose and throat (ENT)	X	X	X	X	X	V
gastroenterology	X			V		
general surgery	X	X	X	X	X	X
gynaecology	X	X		V		
maxillofacial (MF)	X		V			
neurosurgery	X		V			
obstetric	X			X		
ophthalmology	X	X	X	V	X	
orthopaedic	X		X	V	X	T
outpatient specialist	X	X	X	V		
paediatric general	X		V	V		T

Services

Key: L: limited capability RC: resident consultation T: telehealth V: visiting service X: full service

Service	Darwin	Palmerston	Alice Springs	Gove	Katherine	Tennant Creek
Surgery cont.						
plastics	X	X	V	V		T
urology	X	X	V			T
vascular	X		V	V		
vascular access	X					

NORTHERN TERRITORY GOVERNMENT

Appendix 3 – Purchase schedule

Purchase schedule – NT Regional Health Service

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	33,459	1,686	35,146	7,258	255,087,065	242,847,366	77,931,738	164,915,627	12,239,699
Acute admitted	117,374	4,814	122,188	7,258	886,841,064	851,900,763	273,382,036	578,518,727	34,940,301
Admitted Mental Health	6,801	354	7,156	7,258	51,936,551	49,364,251	15,841,399	33,522,853	2,572,300
Sub-Acute	12,287	175	12,462	7,258	90,451,998	89,181,176	28,618,981	60,562,196	1,270,821
Non-Admitted	22,755	2,345	25,100	7,258	182,178,437	165,156,044	52,999,947	112,156,097	17,022,393
Total ABF Allocation	**192,677**	**9,375**	**202,052**	**7,258**	**1,466,495,115**	**1,398,449,601**	**448,774,101**	**949,675,500**	**68,045,515**
NHRA Block Allocation									
Teaching, Training and Research					44,097,780	44,097,780	14,174,963	29,922,817	-
Other Mental Health					56,710,931	56,710,931	17,213,442	39,497,489	-
Non-Admitted Home Ventilation					98,259	98,259	44,262	53,997	-
Total NHRA Block Allocation					**100,906,970**	**100,906,970**	**31,432,667**	**69,474,303**	**-**
Non-NHRA Block Allocation									
Other Services					608,944,883	-	-	-	608,944,883
Total Non-NHRA Block Allocation					**608,944,883**	**-**	**-**	**-**	**608,944,883**
Grant Total Funding Allocation					**2,176,346,968**	**1,499,356,570**	**480,206,768**	**1,019,149,802**	**676,990,398**

Purchase schedule – Barkly

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	2,188	69	2,257	7,258	16,381,823	15,882,446	5,096,809	10,785,637	499,377
Acute admitted	3,829	30	3,858	7,258	28,004,290	27,789,082	8,917,747	18,871,335	215,208
Admitted Mental Health	-	-	0	7,258	-	-	-	-	-
Sub-Acute	45	-	45	7,258	329,265	329,265	105,664	223,601	-
Non-Admitted	427	16	443	7,258	3,213,517	3,100,995	995,135	2,105,860	112,522
Total ABF Allocation	**6,490**	**114**	**6,604**	**7,258**	**47,928,895**	**47,101,787**	**15,115,355**	**31,986,432**	**827,108**
NHRA Block Allocation									
Teaching, Training and Research					221,534	221,534	71,211	150,324	-
Other Mental Health					841,305	841,305	255,361	585,944	-
Non-Admitted Home Ventilation								-	-
Total NHRA Block Allocation					**1,062,839**	**1,062,839**	**326,572**	**736,267**	-
Non-NHRA Block Allocation									
Other Services					13,600,570	-	-	-	13,600,570
Block - Primary Health Care					6,962,204	-	-	-	6,962,204
Tied Funding					6,638,366	-	-	-	6,638,366
Total Non-NHRA Block Allocation					**13,600,570**	-	-	-	**13,600,570**
Grant Total Funding Allocation					**62,592,304**	**48,164,627**	**15,441,927**	**32,722,700**	**14,427,678**

Purchase schedule – Big Rivers

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	3,381	219	3,599	7,258	26,123,897	24,536,637	7,874,011	16,662,626	1,587,260
Acute admitted	5,463	89	5,552	7,258	40,298,185	39,651,288	12,724,428	26,926,860	646,897
Admitted Mental Health	-	-	0	7,258	-	-	-	-	-
Sub-Acute	551	13	564	7,258	4,092,268	3,997,122	1,282,710	2,714,412	95,146
Non-Admitted	1,254	46	1,300	7,258	9,435,349	9,099,456	2,920,091	6,179,365	335,892
Total ABF Allocation	**10,648**	**367**	**11,015**	**7,258**	**79,949,698**	**77,284,503**	**24,801,239**	**52,483,263**	**2,665,196**
NHRA Block Allocation									
Teaching, Training and Research					803,503	803,503	258,281	545,222	-
Other Mental Health					2,335,325	2,335,325	708,840	1,626,485	-
Non-Admitted Home Ventilation								-	-
Total NHRA Block Allocation					**3,138,829**	**3,138,829**	**967,121**	**2,171,707**	-
Non-NHRA Block Allocation									
Other Services					34,614,041	-	-	-	34,614,041
Total Non-NHRA Block Allocation					**34,614,041**	-	-	-	**34,614,041**
Grant Total Funding Allocation					**117,702,568**	**80,423,331**	**25,768,361**	**54,654,971**	**37,279,236**

NORTHERN TERRITORY GOVERNMENT

Purchase schedule – Central Australia

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	9,419	323	9,742	7,258	70,708,054	68,366,587	21,939,406	46,427,181	2,341,468
Acute admitted	33,326	1,100	34,426	7,258	249,861,141	241,877,110	77,620,375	164,256,735	7,984,031
Admitted Mental Health	1,723	65	1,788	7,258	12,977,182	12,502,177	4,012,053	8,490,125	475,005
Sub-Acute	2,540	45	2,585	7,258	18,758,606	18,433,742	5,915,541	12,518,201	324,865
Non-Admitted	5,253	400	5,654	7,258	41,034,082	38,129,347	12,236,024	25,893,322	2,904,735
Total ABF Allocation	**52,261**	**1,933**	**54,194**	**7,258**	**393,339,066**	**379,308,962**	**121,723,399**	**257,585,563**	**14,030,103**
NHRA Block Allocation									
Teaching, Training and Research					6,720,439	6,720,439	2,160,244	4,560,195	-
Other Mental Health					17,389,388	17,389,388	5,278,193	14,290,473	-
Non-Admitted Home Ventilation								-	-
Total NHRA Block Allocation					**24,109,827**	**24,109,827**	**7,438,437**	**18,850,668**	-
Non-NHRA Block Allocation									
Other Services					143,385,228	-	-	-	143,385,228
Total Non-NHRA Block Allocation					**143,385,228**	-	-	-	**143,385,228**
Grant Total Funding Allocation					**560,834,121**	**403,418,790**	**129,161,836**	**276,436,232**	**157,415,331**

Purchase schedule – East Arnhem

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	1,803	54	1,856	7,258	13,474,127	13,084,001	4,198,765	8,885,236	390,125
Acute admitted	3,200	27	3,228	7,258	23,427,006	23,228,368	7,454,176	15,774,191	198,638
Admitted Mental Health	-	-	0	7,258	-	-	-	-	-
Sub-Acute	114	7	122	7,258	882,460	828,476	265,865	562,611	53,984
Non-Admitted	505	5	510	7,258	3,699,780	3,666,181	1,176,508	2,489,673	33,599
Total ABF Allocation	**5,622**	**93**	**5,716**	**7,258**	**41,483,373**	**40,807,027**	**13,095,314**	**27,711,713**	**676,346**
NHRA Block Allocation									
Teaching, Training and Research					416,817	416,817	133,983	282,834	
Other Mental Health					1,130,812	1,130,812	343,235	787,577	
Non-Admitted Home Ventilation								-	
Total NHRA Block Allocation					**1,547,629**	**1,547,629**	**477,218**	**1,070,411**	-
Non-NHRA Block Allocation									
Other Services					48,001,024	-	-	-	48,001,024
Total Non-NHRA Block Allocation					**48,001,024**	-	-	-	**48,001,024**
Grant Total Funding Allocation					**91,032,025**	**42,354,656**	**13,572,532**	**28,782,123**	**48,677,370**

Purchase schedule – Top End

Funding Type	In-scope services (NWAU)	Out-of-scope services (WAU)	Total Services (WAU)	State Price ($)	Total Funding	Total funding for in-scope services	C'wlth funding for in-scope services	Territory funding for in-scope services	Funding for out-of-scope services
ABF Allocation									
Emergency Department	16,668	1,023	17,691	7,258	128,399,164	120,977,695	38,822,748	82,154,947	7,421,469
Acute admitted	71,556	3,568	75,124	7,258	545,250,441	519,354,916	166,665,309	352,689,606	25,895,526
Admitted Mental Health	5,079	289	5,368	7,258	38,959,369	36,862,074	11,829,346	25,032,728	2,097,295
Sub-Acute	9,037	110	9,147	7,258	66,389,398	65,592,572	21,049,201	44,543,370	796,827
Non-Admitted	15,316	1,879	17,194	7,258	124,795,710	111,160,065	35,672,189	75,487,876	13,635,645
Total ABF Allocation	**117,656**	**6,868**	**124,524**	**7,258**	**903,794,083**	**853,947,322**	**274,038,794**	**579,908,528**	**49,846,762**
NHRA Block Allocation									
Teaching, Training and Research					35,935,486	35,935,486	11,551,243	24,384,242	
Other Mental Health					35,014,101	35,014,101	10,627,813	24,386,287	
Non-Admitted Home Ventilation					98,259	98,259	44,262	53,997	
Total NHRA Block Allocation					**71,047,845**	**71,047,845**	**22,223,319**	**48,824,527**	-
Non-NHRA Block Allocation									
Other Services					369,344,022	-	-	-	369,344,022
Total Non-NHRA Block Allocation					**369,344,022**	-	-	-	**369,344,022**
Grant Total Funding Allocation					**1,344,185,950**	**924,995,167**	**296,262,112**	**628,733,055**	**419,190,783**