



SERVICE SCHEDULE FOR SEXUAL ABUSE ASSESSMENT AND TREATMENT SERVICE

CONTRACT NO: _____

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING SEXUAL ABUSE ASSESSMENT AND TREATMENT SERVICE

- 1.1 The Term for the provision of Sexual Abuse Assessment and Treatment Service is the period from 1 July 2024 ("Start Date") until the close of 30 June 2025 ("End Date") or such earlier date upon which the period is lawfully terminated or cancelled.

2. SPECIFIED AREA AND SERVICE LOCATION (PART B, CLAUSE 5)

3. SERVICE ITEMS AND PRICES (PART B, CLAUSE 13)

Table 1 - Service Items and Prices

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
Infrastructure Contributions				
SAO2	Infrastructure contribution	Contribution towards rent, power, heating, cleaning, telephone, security using a dedicated and appropriately appointed facility, equipment and other facility costs provided normally as part of this Service.	\$513,531.26	Per annum
	One payment per Supplier per annum where the population for the district the Supplier serves is greater than 1,000,000.	Contribution towards permanent staffing or additional infrastructure costs.		(paid six monthly in advance)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
		Contribution towards administration and management support including Contract management, quality and risk management including monitoring, roster maintenance and reporting, service evaluation and general administration and management tasks.		
		Refer Part B, Clauses 5, 6, 7, 10, 11 and 12.		
SAO3	Infrastructure contribution One payment per Supplier per annum where the population for the district the Supplier serves is greater than 400,000 and less than 1,000,000.	Contribution towards rent, power, heating, cleaning, telephone, security using a dedicated and appropriately appointed facility, equipment and other facility costs provided normally as part of this Service. Contribution towards permanent staffing or additional infrastructure costs. Contribution towards administration and management support including Contract management, quality and risk management including monitoring, roster maintenance and reporting, service evaluation and general administration and management tasks.	\$193,466.39	Per annum (paid six monthly in advance)
		Refer Part B, Clauses 5, 6, 7, 10, 11 and 12.		
SAO4	Infrastructure contribution One payment per Supplier per annum	Contribution towards rent, power, heating, cleaning, telephone, security using a dedicated and	\$135,235.42	Per annum (paid six monthly in advance)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	where the population for the district the Supplier serves is greater than 250,000 and less than 400,000.	appropriately appointed facility, equipment and other facility costs provided normally as part of this Service. Contribution towards administration and management support including Contract management, quality and risk management including monitoring, roster maintenance and reporting, service evaluation and general administration and management tasks. Refer Part B, Clauses 5, 6, 7, 10, 11 and 12.		
SAO5	Infrastructure contribution One payment per Supplier per annum where the population for the district the Supplier serves is than 250,000.	Contribution towards rent, power, heating, cleaning, telephone, security using a dedicated and appropriately appointed facility, equipment and other facility costs provided normally as part of this Service. Contribution towards administration and management support including Contract management, quality and risk management including monitoring, roster maintenance and reporting, service evaluation and general administration and management tasks. Refer Part B, Clauses 5, 6, 7, 10, 11 and 12.	\$127,100.00	Per annum (paid six monthly in advance)
SAO7	Infrastructure contribution One payment per Supplier per annum	Contribution towards rent, power, heating, cleaning, telephone, security using a suitable facility and appropriately	\$25,913.67	Per annum (paid six monthly in advance)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	where geographic and/or seasonal coverage requires a subsequent facility and ACC has agreed to a subsequent facility.	<p>appointed facility, equipment and other facility costs provided normally as part of this Service.</p> <p>Contribution towards administration and management support including Contract management, quality and risk management including monitoring, roster maintenance and reporting, service evaluation and general administration and management tasks.</p> <p>Refer Part B, Clauses 5, 6, 7, 10, 11 and 12.</p>		
Roster Fees				
SAO8	On-call fee per annum – Forensic Examiners and nurse roster	Payment for Forensic Examiner and nurse availability on a 7 day a week, 24-hour roster.	\$128,822.38	Per annum (paid six monthly in advance)
	One payment per Supplier per annum where regional back up (in accordance with Part B, Clause 6) is not required to operate this Service.	<p>Fee per annual roster</p> <p>Refer Part B, Clauses 6 and 7.</p>		
SAO9	On-call fee per annum – Forensic Examiner and nurse roster	This fee recognises that 24-hour cover may not always be available locally but will be provided through a regional service or arrangement outside of the district.	\$64,411.19	Per annum (paid six monthly in advance)
	One payment per Supplier per annum where a roster operates with regional back-up (in accordance with Part B, Clause 6) provided by another service.	<p>Fee per annual roster.</p> <p>Refer Part B, Clauses 6 and 7.</p>		

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	Note: there is no payment available to the Supplier through this Contract where the Supplier provides the regional back up service as this will be managed through the Local Level Agreement.			
Lead Clinician – one service item payable in accordance with notification from ACC				
SAL3	Lead Clinician funding for up to 0.3 FTE per annum.	Lead Clinician funding for up to 0.3 FTE per annum.	\$80,192.13	Per annum (paid six monthly in advance)
SAL5	Lead Clinician funding for up to 0.5 FTE per annum.	Lead Clinician funding for up to 0.5 FTE per annum.	\$140,336.24	Per annum (paid six monthly in advance)
Food, Clothing and Client Travel				
SAF1	Light refreshments for Clients	Contribution towards the cost of food for Clients. Paid in advance based on Client volumes from the previous six months.	\$12.78	Per Client (paid six monthly in advance)
SAF2	New clothing for Clients that require forensic consultation	Contribution towards the cost of clothing for Clients that require forensic consultation. Paid in advance based on Client volumes from the previous six months.	\$17.03	Per Client (paid six monthly in advance)
SAF3	Client Transport Contributions	Contribution towards transportation required for Client's to attend initial in-person consultations based on Client volumes from the previous six months.	\$53.01	Per Client (paid six monthly in advance)
Clinical Supervision				
SAC1	Clinical supervision	Fixed funding to cover up to 12 hours per year of clinical supervision per Contract holder	\$2,202.85	Per annum (paid six monthly in advance)
Fee for Services				
Adult Services - An adult Client can only access one of the following service items SA10 – SA12 per alleged sexual abuse or assault				

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
SA10	In-person Triage, Assessment and Treatment first consultation for recent adult Client (forensic excluded recent [within one month post sexual abuse or assault] presentation) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$1,209.47	Per consultation
SA10T	Telehealth Triage, Assessment and Treatment first consultation for recent adult Client (forensic excluded recent [within one month post sexual abuse or assault] presentation) One payment per Client, in lieu of SA10.	Refer Part B, Clauses 6, 10, and 12.	\$1,209.47	
SA11	In-person Triage, Assessment and Treatment first consultation for historic adult Client (forensic excluded historic [greater than one month post sexual abuse or assault] presentation) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$913.02	Per consultation
SA11T	Telehealth Triage, Assessment and Treatment first consultation for historic adult Client (forensic excluded historic [greater than one month post sexual abuse or assault] presentation) One payment per Client, in lieu of SA11.	Refer Part B, Clauses 6, 10, and 12.	\$913.02	

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
SA12	In-person Triage, Assessment and Treatment first consultation per recent adult Client (forensic included recent [within one month post sexual abuse or assault] presentation) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$1,960.85	Per consultation
SA12T	Telehealth Triage, Assessment and Treatment first consultation per recent adult Client (forensic included recent [within one month post sexual abuse or assault] presentation) One payment per Client, in lieu of SA12.	Refer Part B, Clauses 6, 10, and 12.	\$1,960.85	
SA13	First Follow-up consultation per adult Client	Refer Part B, Clause 6.	\$227.15	Per consultation
SA13T	Telehealth Follow-up consultation per adult Client	Refer Part B, Clause 6.	\$227.15	Per consultation
SA14	Subsequent Follow-up consultation per adult Client Maximum of two per Client.	Refer Part B, Clause 6.	\$192.23	Per consultation
SA14T	Telehealth Subsequent Follow-up consultation per adult Client. Maximum of two per Client.	Refer Part B, Clause 6.	\$192.23	Per consultation
Adolescent Services - An adolescent Client can only access one of the following service items SA20 – SA21 per alleged sexual abuse or assault				
SA20	In-person Triage, Assessment and Treatment first consultation per adolescent Client (forensic excluded)	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$2,109.35	Per consultation

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	One payment per Client			
SA20T	Telehealth Triage, Assessment and Treatment first consultation per adolescent Client (forensic excluded) One payment per Client, in lieu of SA20.	Refer Part B, Clauses 6, 10, and 12.	\$2,109.35	
SA21	In-person Triage, Assessment and Treatment first consultation per adolescent Client (forensic included) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$2,607.37	Per consultation
SA21T	Telehealth Triage, Assessment and Treatment first consultation per adolescent Client (forensic included) One payment per Client, in lieu of SA21.	Refer Part B, Clauses 6, 10, and 12.	\$2,607.37	
Paediatric Services - A paediatric Client can only access one of the following service items SA30 – SA31 per alleged sexual abuse or assault				
SA30	In-person Triage, Assessment and Treatment first consultation per Child Client (forensic excluded) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$1,392.93	Per consultation
SA30T	Telehealth Triage, Assessment and Treatment first consultation per child Client (forensic excluded) One payment per Client, in lieu of SA30.	Refer Part B, Clauses 6, 10, and 12.	\$1,392.93	
SA31	In-person Triage, Assessment and Treatment first consultation per	Refer Part B, Clauses 6, 10, and 12.	\$1,777.36	Per consultation

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	Child Client (forensic included) One payment per Client	Note: Fee includes a provision for travel time.		
SA31T	Telehealth Triage, Assessment and Treatment first consultation per child Client (forensic included) One payment per Client, in lieu of SA31.	Refer Part B, Clauses 6, 10, and 12.	\$1,777.36	
SA32	After-hours in-person Paediatrician call out fee. One payment per DHB employed paediatrician when called to attend an acute sexual abuse case outside usual working hours	Refer Part B, Clauses 6 and 7. Note: This fee is only available to DHB employed Paediatricians	\$312.03	Per call-out
SA32T	After-hours Telehealth Paediatrician call out fee One payment per DHB employed paediatrician when called to attend an acute sexual abuse case outside usual working hours, in lieu of SA32.	Refer Part B, Clauses 6 and 7. Note: This fee is only available to DHB employed Paediatricians	\$312.03	
Applicable to adolescent and child services				
SA40	First in-person follow-up consultation per adolescent or child Client	Refer Part B, Clause 6.	\$257.74	Per consultation
SA40T	First Telehealth follow-up consultation per adolescent or child Client, in lieu of SA40	Refer Part B, Clause 6.	\$257.74	Per consultation

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
SA41	Subsequent in-person follow-up to the first follow-up consultation for Child or adolescent where scheduled. Maximum of two per Client	Refer Part B, Clause 6.	\$227.15	Per consultation
SA41T	Subsequent Telehealth follow-up to the first follow-up consultation for Child or adolescent where scheduled. Maximum of two per Client, in lieu of SA41	Refer Part B, Clause 6.	\$227.15	Per consultation
Applicable to all services				
Non-attendance Fees				
SADN1	Non-attendance Fee at first follow-up consultation where scheduled (includes adults, children & adolescents) ~ Payable only once	Non-attendance of a Client for a scheduled and confirmed first follow-up appointment	\$90.86	Per non-attendance
SADN2	Non-attendance Fee: Second follow up where scheduled (includes adults, children & adolescents) consultation ~ Payable only once	Non-attendance of a Client for a scheduled and confirmed second follow-up appointment	\$76.89	Per non-attendance
SADN3	Non-attendance Fee for initial assessment (includes adults, children & adolescents) consultation ~ Payable only once	Non-attendance of a Client for a scheduled and confirmed initial assessment	\$384.41	Per non-attendance
Travel Fees				
SATD10	Travel Distance	Where return travel via the most direct, practicable route from the worker residence to facility outside of normal working hours	\$0.78	Per km

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
		(whichever is the closest) exceeds 20 km. Payment is for the total distance travelled including the 20km.		

Note:

- 3.1 ACC will review the prices specified in this clause 3 when, at ACC's sole discretion, it considers that a review necessary. The factors that ACC may take into account during a review include, but are not limited to:
- general inflation;
 - changes in service component costs;
 - substantial changes in the market.
- 3.2 If following a pricing review, ACC determines that the factors it took into account have not had a significant impact on price, the prices will remain unchanged.
- 3.3 If ACC proposes any price increase, the price increase will only take effect if the Supplier agrees to the price increase in writing. If the Supplier agrees to the price increase, the price increase will take effect from a date specified by ACC.

4. ADDRESSES FOR NOTICES (STANDARD TERMS AND CONDITIONS, CLAUSE 23)

NOTICES FOR ACC TO:

ACC Health Procurement (for deliveries)
Justice Centre
19 Aitken Street
Wellington 6011
P O Box 242 (for mail)
Wellington 6140
Marked: "Attention: Procurement Specialist"
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR SUPPLIER TO:

(for deliveries)

(for mail)

Marked: Attention: _____, _____

Phone: _____

Mobile: _____

Email: _____

TABLE OF CONTENTS

A.	QUICK REFERENCE INFORMATION	1
B.	SERVICE SPECIFICATIONS FOR SEXUAL ABUSE/ASSAULT ASSESSMENT AND TREATMENT SERVICE.....	14
1.	PURPOSE	14
2.	SERVICE OBJECTIVES.....	14
3.	ELIGIBILITY	15
4.	SERVICE COMMENCEMENT.....	15
5.	SPECIFIC AREA FOR SERVICES AND FACILITY SPECIFICATIONS.....	16
6.	SERVICE REQUIREMENTS	17
7.	SERVICE SPECIFIC QUALITY REQUIREMENTS	22
8.	SERVICE EXIT	23
9.	EXCLUSIONS.....	23
10.	LINKAGES.....	23
11.	PERFORMANCE, QUALITY AND SUPPLIER REPORTING REQUIREMENTS	25
12.	REPORTING REQUIREMENTS.....	28
13.	PAYMENT AND INVOICING	28
14.	DEFINITIONS AND INTERPRETATION	29
C.	APPENDICES.....	31
	APPENDIX 1: QUALITY ASSURANCE MEASURES – RESULTS BASED ACCOUNTABILITY.....	31
	APPENDIX 2: SUPPLIER ADMINISTRATION AND MANAGEMENT FEE REPORTS	34
	APPENDIX 3: LOCAL LEVEL AGREEMENT.....	35

B. SERVICE SPECIFICATIONS FOR SEXUAL ABUSE/ASSAULT ASSESSMENT AND TREATMENT SERVICE

1. PURPOSE

- 1.1 ACC wishes to purchase Sexual Abuse Assessment and Treatment Services for Clients of suspected, alleged or actual sexual abuse or assault on behalf of ACC, the NZ Police and the Health New Zealand – Te Whatu Ora. This Contract signals a collaborative and inclusive approach to funding which allows for an integrated approach to service delivery.
- 1.2 This Service provides for forensic and medical assessment of injury related to sexual abuse and assault and referral to treatment services. It forms part of a wider service offering that addresses (in collaboration with other interventions where applicable) the acute and non-acute medical (including injury), psychological, and forensic (where indicated) requirements of the client in a developmentally appropriate way. The collective aim of these Services is to identify and prevent any further or escalating issues and manage physical and emotional trauma, address safety issues, expedite the recovery of the affected Client, and ensure that all required forensic and medico-legal requirements are met.

2. SERVICE OBJECTIVES

- 2.1 ACC will measure the success of this Service based on the following objectives:
 - 2.1.1 All Clients shall have access to expert medical triage, which may be via Telehealth channels, upon notification to the Service.
 - 2.1.2 A 24-hour medical and forensic Service is available.
 - 2.1.3 Any genital examination will serve all health, injury and forensic components as required.
- 2.2 All Clients have access to timely medical assessment, and seamless referral to crisis intervention and support; which would include but not limited to:
 - 2.2.1 Expert medical assessment, sexual health advice and treatment;
 - 2.2.2 Referral to, and coordination with, other services in a timely manner including co- provision with crisis support services where available;
 - 2.2.3 Collection of forensic evidence where indicated with consent from the Client;
 - 2.2.4 Provision for follow-up.

- 2.3 Medical assessment and treatment occurs in a suitable environment (refer Clause 6).
- 2.3.1 Client travel time is reasonable (as determined by ACC in its sole discretion).
 - 2.3.2 Close and formally agreed liaison is maintained with the NZ Police, Oranga Tamariki and Crisis Support Agencies through local level agreements.
 - 2.3.3 Multidisciplinary and interdisciplinary approaches are fostered.
 - 2.3.4 Services are provided by appropriately qualified, experienced medical staff.
 - 2.3.5 Nursing staff with MEDSAC training or relevant sexual violence and family violence training will be available for all forensic assessments and as clinically indicated.
 - 2.3.6 The Service provides access to ongoing professional development, peer review and clinical supervision/oversight.
 - 2.3.7 The Service is underpinned by a quality improvement framework.

3. ELIGIBILITY

- 3.1 All children, adolescents and adults, who have experienced or alleged sexual abuse or assault, whether it is recent or historical, are eligible to receive Services under this Contract.

Note: Refer also to exclusions, Clause 9 regarding paediatric Services.

4. SERVICE COMMENCEMENT

- 4.1 Referral process
- 4.1.1 Clients may enter this Service through any source. A referral letter is not required.
- 4.2 Prior to referral to this Service, a pre-entry screening process may be put in place to facilitate appropriate referrals. If a pre-entry process is present, it must be undertaken by a suitably skilled and experienced agency to perform this function competently.
- 4.2.1 If a pre-entry screening process is a feature of this Service, details of who provides this Service and how this is managed and operates (including criteria for acceptance or decline of entry to Services) shall be reflected in the local level agreement (refer Clause 10).
 - 4.2.2 Note that any pre-entry screening process is intended to promote timely access to Services and is not intended to prevent access to Services.

5. SPECIFIC AREA FOR SERVICES AND FACILITY SPECIFICATIONS

- 5.1 The Services are to be provided within the geographic area specified in Part A, Clause 2 at a facility (or facilities) that meets the following requirements:
 - 5.1.1 The facility or facilities must be accessible to all Clients requiring them, irrespective of age, physical or cognitive ability. An approach to delivering appropriate services for adolescents is described in the Ministry of Health document, “Youth Health; Guide to Action” <https://www.health.govt.nz/publication/youth-health-guide-action>
 - 5.1.2 The location of the Service shall be acceptable to partners of the local level agreement (refer Clause 10)
 - 5.1.3 The premises will (unless otherwise approved by ACC):
 - 5.1.3.1 Be culturally and physically safe and secure allowing medical access to the premises 24/7. Refer to the MEDSAC manual – section named Premises, Facilities and Equipment. <http://manual.dsac.org.nz/index.htm>. Safe after hours parking must be available for staff;
 - 5.1.3.2 Provide private access to toilet and shower facilities which are not accessed through a public thoroughfare;
 - 5.1.3.3 Provide a separate waiting area for patients which ensures privacy;
 - 5.1.3.4 Have adequate space for support people including a separate space large enough for family and whānau;
 - 5.1.3.5 Be suitable for the collection of forensic samples according to current best practice (refer Appendix 1).
- 5.2 Diagnostic testing and equipment are available including:
 - 5.2.1 Suitable magnification equipment;
 - 5.2.2 Suitable photography equipment which includes secure storage systems.
- 5.3 The Supplier will provide equipment in accordance with the recommendations for premises and equipment as set out in the MEDSAC Manual – section named Premises, Facilities and Equipment. <http://manual.dsac.org.nz/index.htm>;
- 5.4 This Service may be provided in a range of suitable facilities including, but not limited to, hospital, primary care, or community settings and, where possible, be delivered in a physical environment appropriate to the age and developmental stage of the Client;
- 5.5 The Service must be able to provide an offsite examination if required clinically, for example in the emergency department.

6. SERVICE REQUIREMENTS

- 6.1 The Supplier will meet the following Service requirements:
 - 6.1.1 This Service will be provided on a 24 hour, 7 day a week acute service basis, except where this is not possible, and ACC and the Supplier may agree that a regional back up service providing services substantially equivalent in terms of access and quality will be available;
- 6.2 Referrals to this Service are actively promoted through local level agreements, linkages with other agencies and networks within primary health care and the community (see Appendix 4).
 - 6.2.1 Adequate and accurate information about the Service and links to the triage process is made available to potential referrers.
 - 6.2.2 Where a referral is not made via the NZ Police, acceptance of a referral includes provision to ensure a safe environment for the Client, and staff who will be undertaking the assessment and treatment. This may include:
 - 6.2.2.1 Notifying the NZ Police and requesting attendance at the assessment and treatment; or
 - 6.2.2.2 Making security arrangements at the facility where the initial assessment and treatment will be undertaken.
- 6.3 Triage - Access to expert advice in an acute situation, including a triage Service, which may be by phone, about a management plan for a Client, is available to referrers as soon as practicable upon notification to the Service.
 - 6.3.1 Time from referral to clinical assessment is clinically and forensically appropriate and agreed between the Service Provider and the Client/referrer.
- 6.4 Initial medical assessment and treatment will include as appropriate:
 - 6.4.1 Assessment of safety including specific questions about partner/family violence;
 - 6.4.2 Medical assessment of injury (physical and mental) and/or sexual health requirements;
 - 6.4.3 Identifying and responding sensitively to the belief and value systems of the Client and their whānau;
 - 6.4.4 Medical treatment including for the prevention of sexually transmitted infections (STI's), unwanted pregnancy or disease;
 - 6.4.5 Assessment of psychological support needs and referral for any ongoing physical and/or mental consequences of the abuse if the Client wishes to access this;
 - 6.4.6 Paediatric developmental assessment;

- 6.4.7 Encouraging the Client to report or consider reporting to the NZ Police;
- 6.4.8 Making written information available to Clients on the aspects of support available, including but not limited to, assistance from ACC. Providers will regularly check findsupport.co.nz for current information on support available.
- 6.5 Services can be delivered by Telehealth, where clinically appropriate. Services delivered by Telehealth must:
 - 6.5.1 have Client or authorised representative consent (recorded in the clinical notes), and with the option of an in-person meeting if the Client prefers;
 - 6.5.2 Be accessible by the Client;
 - 6.5.3 be preceded by an initial suitability assessment and safety plan by the Service Provider;
 - 6.5.4 meet the same required standards of care provided through an in-person consultation;
 - 6.5.5 have clinical records that meet ACC and professional body requirements;
 - 6.5.6 meet the requirements outlined within ACC's guidance on the provision of services through Telehealth, MEDSAC's Telehealth Guidelines and comply with the relevant New Zealand regulations, standards, and guidelines for Telehealth;
 - 6.5.7 have both the Client receiving the Telehealth Service, and the provider delivering the Telehealth Service, physically present in New Zealand at the time the Service is provided.
- 6.6 Forensic assessment and collection of samples.
 - 6.6.1 Where a Medical Examination Kit (MEK) is required, this will be supplied by the NZ Police along with any related forensic collection equipment such as toxicology kits and clothing bags.
 - 6.6.2 Replacement clothing will be provided where Client's clothing has been taken for forensic purposes. The Supplier will ensure a store of clothing, appropriate for a range of genders, and in variety of sizes is kept to meet this need. This fee is paid in advance based on total forensic consultations (SA12, SA21, and SA31) from the previous 6 months.
 - 6.6.3 Early capture of forensic samples as provided by the NZ Police will be considered in consultation with the clinician with the consent from the Client where there may be a significant delay in completing a Medical Examination Kit (MEK).

- 6.6.4 A MEK and related equipment as provided by the NZ Police will be offered with the consent from the Client when conducting an initial medical assessment where forensic samples may be obtainable, irrespective of whether the Client is or intends to be a complainant to the NZ Police.
- 6.6.5 Completed MEKs will be collected and submitted for analysis by the NZ Police where consent from the Client has been obtained to release the kit to the NZ Police.
- 6.6.6 Where the Client has consented for a MEK to be completed but has not consented for personal identifiable information to be released to the NZ Police, the MEK can be released to the NZ Police with identifiable personal information withheld by the Service Provider. The Service Provider will have a system in place to ensure the MEK can be matched back to the Client in the future should the Client wish to become a complainant to the NZ Police or in the event that the NZ Police request that the Service Provider contacts the Client to discuss forensic results.
- 6.6.7 Where the Client has consented for a MEK to be completed but has not consented for this to be released to the NZ Police, with or without personal identifiable information, the Supplier will be responsible for the safe and secure storage and subsequent disposal of this kit 26 weeks post examination if the Client does not later provide consent for it to be released to the NZ Police. Clients are to be advised of the date that the MEK will be disposed.
- 6.6.8 Where it is not possible or practicable to provide in-person forensic assessment and collection, but forensic assessment and collection is required, telehealth assessment and collection in-line with Clause 6.5 is permissible in lieu of in-person assessment and collection.
- 6.7 Lead Clinician Role
 - 6.7.1 The Supplier will provide a lead clinician role (which may be filled by either a forensic examiner or nurse). The actual hours dedicated to this role will be commensurate to the applicable funding band allocated to the Service in Part A, Clause 3 and how the role is shared between the forensic examiner and nurse, if it is shared. The lead clinician will work with SAATS management and administration to develop and maintain the following Service components:
 - 6.7.1.1 24 hour availability of service;
 - 6.7.1.2 Best practise service delivery standards, in accordance with the MEDSAC manual and other relevant national and international quality measures.
<http://manual.dsac.org.nz/index.htm>;

- 6.7.1.3 Quality assurance; including MER reviews, regular peer review/case review meetings and input into contract annual reporting narratives;
- 6.7.1.4 Relationships with all key stakeholders, including co-providers and local level agreements;
- 6.7.1.5 Liaison at a national level via SAATS-Link and MEDSAC for the service and the staff working within it;

6.8 Follow-up

The Supplier shall make arrangements with the Client for medical face-to-face follow-up if required. This may include:

- 6.8.1 Scheduling a follow-up visit through this Service either through a regular clinic or through individual arrangements between the clinician and the Client.
- 6.8.2 Making a referral to another service or services such as a primary health care practitioner, or sexual health service.
- 6.8.3 Where it is not possible or practicable to provide an in-person follow-up consultation, but a follow-up consultation is required, three telehealth consultations are permissible under this Contract in lieu of in-person follow-ups.
- 6.8.4 Information regarding the Integrated Services for Sensitive Claims (ISSC) available from the ACC website www.acc.co.nz is provided to the Client, if appropriate.

Note: a telephone call by a clinician to a Client for the purpose of coordinating medical treatment is included within assessment and treatment fees and is distinguished from a telehealth consultation.

6.9 Key support areas

- 6.9.1 The Supplier will supply refreshments, as appropriate, during the assessment. Total invoice amount will be based on the number of initial consultations provided in the previous six months. The relevant consultation codes for invoicing include SA10, SA11, SA12, SA20, SA21, SA30, SA31.
- 6.9.2 The Supplier will make available contributions towards transport to and/or from assessments. Total invoice amount will be based on the number of initial consultations provided in the previous six months. The relevant consultation codes for invoicing include SA10, SA11, SA12, SA20, SA21, SA30, SA31.

- 6.9.3 The Supplier will provide all consumable and pharmaceutical items required for the medical assessment and treatment of sexual abuse under this Contract. Medications and/or relevant vaccinations including those for prevention of unwanted pregnancy, prevention of sexually transmitted infection (including HIV where required) will be available to dispense and administer to the Client at the time of the initial medical assessment and treatment where required. If these are not kept on the premises the Supplier will ensure a letter of agreement and protocol with a suitable medical facility is in place to facilitate access for appropriate treatment as determined by initial clinical assessment.
- 6.9.4 The Supplier must ensure:
- 6.9.4.1 Cleaning standards are appropriate for the requirement for the collection of forensic samples (refer to the MEDSAC Manual for appropriate requirements). <http://manual.dsac.org.nz/index.htm>.
 - 6.9.4.2 Access to specialist laboratory services where required for forensics will be managed by the NZ Police via the local Police District/Area.
 - 6.9.4.3 Access to hospital or community laboratory services.
 - 6.9.4.4 Administrative support services will include the coordination of rosters to ensure adequate service coverage, secretarial support and medical notes management including medical transcription services if required. Rosters shall be made available to the NZ Police and any other agencies that are a source of referral to the Service. The actual hours dedicated to this role will be commensurate to the funding band allocated to the service as detailed in Part A, Clause 3.
 - 6.9.4.5 Close liaison with crisis support, counselling and cultural support people/agencies with suitable levels of training will be available. Note: This may include co-provision of the acute medical service with crisis support services and cultural support agencies where available.
 - 6.9.4.6 All management and administrative services and any other related administrative or management support that is required as part of the management of this Service.
 - 6.9.4.7 Oversight and management of this Contract where Services are not directly provided by the Supplier to ensure compliance with this Contract.

7. SERVICE SPECIFIC QUALITY REQUIREMENTS

7.1 Staffing

7.1.1 Medical and Nursing staff either directly employed by or undertaking work through a contractual arrangement with the Supplier will hold relevant qualifications and will have received training, supervision, peer review and gained experience in the assessment, treatment and management of sexual assault and abuse. The Supplier is responsible for payment of MEDSAC membership fees.

7.1.2 A minimum 1:2 roster shall be run to support a 24-hour service unless otherwise agreed by via ACC.

7.1.3 Services will ensure that clinicians (nurses) will:

7.1.3.1 Attend MEDSAC training or equivalent training course;

7.1.3.2 Access professional supervision as appropriate;

7.1.3.3 Participate in ongoing professional development at local levels which may be evidenced through continuing professional development logs (Clause 11);

7.1.3.4 Access best practise information via SAATS-Link and the MEDSAC manual;

7.1.3.5 Seek clinical advice from and participate in SAATS clinical network.

7.2 The Supplier must ensure that Forensic Examiners, including doctors and nurse practitioners, undertaking the Services will:

7.2.1 Be a MEDSAC member, hold or be working towards full MEDSAC accreditation and maintain this on an annual basis;

7.2.2 Participate in peer review and clinical supervision as appropriate;

7.2.3 Access mentoring as provided by MEDSAC;

7.2.4 Access best practise information via the SAATS-LINK and MEDSAC manual;

7.2.5 Participate in SAATS-Link;

7.3 Services for children and adolescents must include at least one paediatrician who has specialised sexual abuse training and access to a social worker with dedicated duties in child protection.

7.4 Where a paediatrician with sexual abuse training is not available, a suitably trained and accredited medical practitioner may be used. This clinician will have access to general paediatric services, and ensure the child is linked in with Child Protection Services.

8. SERVICE EXIT

8.1 Clients exit the Service:

- 8.1.1 upon completion of initial medical assessment and treatment where referral has been made to other services where the Client's ongoing needs can be met; or
- 8.1.2 where subsequent follow-up is required and has occurred and / or a referral has been made to other services that can meet the Client's ongoing needs (refer to Clause 6).

9. EXCLUSIONS

9.1 The services excluded from this Service specification are (without limitation):

- 9.1.1 Assessment and treatment of sexual offenders (in relation to the presenting case);
- 9.1.2 Health services for conditions not caused by or exacerbated by sexual assault or abuse;
- 9.1.3 Counselling services or treatment for on-going mental injury;
- 9.1.4 Where paediatric services of an equivalent service to this Contract already exist within or are funded by Health New Zealand - Te Whatu Ora, paediatric services for the medical assessment and treatment of sexual assault or abuse are not additionally covered under this agreement;
- 9.1.5 Where sexual health services of an equivalent service to this Contract already exist within or are funded by Health New Zealand Te Whatu Ora, sexual health services for the medical assessment and treatment of sexual assault or abuse are not additionally covered under this agreement;
- 9.1.6 Provision of expert evidence in statutory proceedings is not provided or paid under this Contract;
- 9.1.7 Peer review of formal written statements are not covered under this Contract. These are funded under an agreement with NZ Police;
- 9.1.8 Formal written statements, forensic report writing or specific reports are not included within this Contract but may be requested by the NZ Police, Oranga Tamariki or other external agencies.

10. LINKAGES

- 10.1 There will be involvement of other services and collaborative or co-provision of services where possible and appropriate.

- 10.2 The Service will have processes and procedures to ensure timely and appropriate referrals to other services. There will be a formal relationship between the Service and other closely related services where referral and complementary care or services are required by the Client.
- 10.3 There shall be formal (signed) local level agreement and service protocols which identify the roles and responsibilities of the Service with local health agencies, crisis support and the local Police District/Area. This may include monthly meetings for the purposes of case review and quality improvement. Refer Appendix 4 for a template to guide development of a Local Level Agreement. Note: The NZ Police and Supplier will work closely with the Service Provider to establish a local level agreement.
- 10.4 The Service will have a co-developed referral policy and protocols with the local crisis support service. Crisis support services are specialist sexual harm crisis interventions that provide psychosocial crisis support services. These services take a trauma-informed approach to service provision and may include: advocacy and support (including callout), emergency face-to-face sessions (including crisis counselling), crisis social work support.
- 10.5 There will be strong links between this Service and the following agencies and services:
- 10.5.1 Non-health agencies:
 - 10.5.1.1 Police;
 - 10.5.1.2 Sexual Violence Crisis Support agencies;
 - 10.5.1.3 Medical Sexual Assault Clinicians (MEDSAC) ;
 - 10.5.1.4 Legal Services;
 - 10.5.1.5 Family Violence Services;
 - 10.5.1.6 Victim Support Services;
 - 10.5.1.7 Oranga Tamariki;
 - 10.5.1.8 ACC;
 - 10.5.1.9 Work and Income services;
 - 10.5.1.10 Relevant NGOs, including those for support for physical, intellectual and sensory disabilities and care of older people (such as Age Concern);
 - 10.5.1.11 Chaplaincy services;
 - 10.5.1.12 Culturally specific support services;
 - 10.5.1.13 Women's Refuge;
 - 10.5.1.14 School Counsellors/Nurses;
 - 10.5.1.15 Interpreter services.

- 10.5.2 Health agencies/services:
 - 10.5.2.1 Laboratory services/ESR;
 - 10.5.2.2 Police Medical Officers;
 - 10.5.2.3 Paediatric medical and surgical services;
 - 10.5.2.4 Sexual health services;
 - 10.5.2.5 Emergency departments;
 - 10.5.2.6 Accident and medical centres;
 - 10.5.2.7 After hours primary care centres and / or rosters;
 - 10.5.2.8 Adult and children's' inpatient and outpatient services;
 - 10.5.2.9 Gynaecology;
 - 10.5.2.10 General practice services and PHOs;
 - 10.5.2.11 Adult psychiatry and CAMHS;
 - 10.5.2.12 Youth Health Services;
 - 10.5.2.13 Public Health programmes (Family violence prevention).
- 10.6 Where children/adolescents are receiving services from other agencies, the Service Provider will participate in required inter-sectoral collaboration and co-ordination initiatives such as "Strengthening Families", high and complex needs unit applications and processes.
- 10.7 There may also be region specific services that have not been included but are important and these will be documented.

11. PERFORMANCE, QUALITY AND SUPPLIER REPORTING REQUIREMENTS

- 11.1 The Supplier will work with ACC to develop a set of performance measures within a Results Based Accountability (RBA) Framework. This quality assurance framework is aligned to the "New Zealand Health Strategy 2023" [New Zealand Health Strategy 2023](#). The performance measures in the table below reflect the six key themes of this strategy which are:
 - 11.1.1 Health services should have the "voice at the heart of the system". Health Services should recognise and respond to the voices of our people and communities, so people have greater control over the design of services and decisions made about their care.
 - 11.1.2 Health services should have "flexible, appropriate care". Health services should be focused on preventing illness and delivering care closer to home, and support access for the most underserved communities.

- 11.1.3 Health services should support the health workforce to develop the diverse, skilled and confident workers for the future. By “valuing our health workforce” continues to recognise our health workforce as our most valuable asset and key to achieving transformative change.
- 11.1.4 Health services should create “a learning culture”. By creating a culture of continuous learning and improvement will support high quality, innovation, research and evaluation.
- 11.1.5 Health services should actively take steps to ensure “a resilient and sustainable system”. Ensuring preparedness for future shocks and the best use of resource to manage demand for health services and affordability of the system over the long-term.
- 11.1.6 Health services should create “partnerships for health and wellbeing”. Working with other sectors and across government to partner on actions that address the drivers of health and wellbeing and support healthy communities and environments.
- 11.2 These key themes are aligned, in the table below, to service areas which ACC and the Supplier will monitor to provide a quality assurance programme. It is anticipated the performance measures will evolve over time to reflect our collective priorities. See Appendix 1 for information on provision requirements that relate to the target measures.

Table 2

Quality Assurance Measures – Results based accountability (RBA)				
RBA	Performance Area	Performance Measure	Target	Measure – see Appendix 1 for reporting details
How much are we doing?	Clause 3.1	The Service understands people’s needs and preferences and designs services accordingly	n/a	Demographic information, as detailed in Appendix 1, for all Clients attending the clinic
How well is the service delivered?	Clause 6.8 The Service is Client centred and the Client has choice	The Client has information about follow up services	100% of Clients have access to follow up information regarding ISSC	All clinics provide access to information regarding ISSC
	Clause 7 The Service is efficient, of high quality and delivered safely with a focus on continuous improvement	Services are provided by appropriately qualified, experienced medical staff	100% of forensic services are provided by MEDSAC accredited Forensic Examiners. 100% of forensic	Number of clinicians and number of clinicians who have received MEDSAC training

Quality Assurance Measures – Results based accountability (RBA)				
RBA	Performance Area	Performance Measure	Target	Measure – see Appendix 1 for reporting details
			assessments have MEDSAC trained nursing staff present	
	Clause 7	Staff participate in regular peer review and/or mentoring	100% of Forensic Examiners participate in peer review and 100% of nurses have access to peer review sessions, either at a local level, or remotely via the SAATS – link expert advisors peer review sessions	Narrative report regarding participation in SAATS- Network
Is anyone better off?	Clause 2.1 The Service is efficient, of high quality and delivered safely with a focus on continuous improvement	Service is delivered at the right time	Service has 24-hour roster for all Clients with appropriate response during 9.00am-5.00pm provided as well as after-hours service	24-hour roster is available to adult, adolescent and paediatric Clients
	Clause 11.1.7	The Service has an effective administration process	SAATS administration is effective	All Suppliers can describe how the administration process is resourced

- 11.3 The Service is responsible for ensuring that potential referrers have a good understanding of the Service; what the Service offers, how it operates and who should be referred to the Service. This will be a result of promotion, collaboration and education.
- 11.4 The Supplier will ensure effective administration processes are in place for each Service.
- 11.5 The Supplier will hold peer review logs indicating all clinicians' participation in ongoing professional development, and a clinical audit must be included as a component to measure the effectiveness of service delivery.

- 11.6 All Services must have a built-in component for data collection and service delivery improvement.
- 11.7 In all instances, the Supplier must ensure that Service Providers maintain clinical records consistent with professional standards. Medical documentation including report writing is included as part of this Contract.

12. REPORTING REQUIREMENTS

12.1 Client Reporting

- 12.1.1 Where a Client wishes to notify ACC of the sexual abuse/assault for the purpose of accessing support or where a personal injury has occurred, an ACC45 should be submitted.
 - 12.1.2 Where a Client chooses not to notify ACC of the event, but the Client receives a medical and/or forensic service under this Contract, the Supplier shall submit the SAATS Vendor Report to ACC (refer to the ACC website acc.co.nz).
- 12.2 ACC, New Zealand Police and Ministry of Health may request the Supplier to supply further information or reports on Services provided. Any such request will be reasonable and the Supplier shall provide the information within 60 days of the request being made.

13. PAYMENT AND INVOICING

- 13.1 ACC agrees to pay the prices set out in Part A, Clause 3 for Services provided and relevant Fixed Costs under this Contract and billed to ACC in accordance with this Contract. These are the total prices payable in respect of these Services.
- 13.2 Fixed Cost Invoicing
- 13.2.1 The Supplier shall submit an invoice for all relevant fixed costs as per Part A, Clause 3, six months in advance. All SAATs invoicing that you and your subcontractors send to ACC for infrastructure costs must be completed on a SAATs Vendor Report (refer to the ACC website acc.co.nz) with a corresponding invoice for all Services provided. These must be directly emailed to ACC's Accounts Payable team on accounts.payable@acc.co.nz marked for cost centre 718. Failure to provide ACC with this required information may result in your SAATs invoices being declined and a request to resubmit using these instructions.

13.3 Fee for Service Invoicing

13.3.1 For those Clients who access SAATs and choose to lodge an ACC45, the Supplier must submit ACC45 to ACC (without completing the SAATs Vendor Report) and ensure it is emailed to ACC's Invoicing Processing Centre at providerinvoices@acc.co.nz. Alternatively, the Supplier may submit these invoices via ACC's electronic invoicing system.

13.3.2 For those Clients who access SAATs and choose not to submit an ACC45, this service delivery must be invoiced on a SAATs Vendor Report (refer to the ACC website acc.co.nz) and submitted with the corresponding invoice for all services provided. This must be directly emailed to ACC's Account Payable team on accounts.payable@acc.co.nz marked for cost centre 718. Failure to provide ACC with this required information may result in your SAATs invoices being declined and a request to resubmit using these instructions.

13.4 ACC will not pay for the provision of any Services to which a Claimant is not entitled pursuant to Part A, Clause 3 of this Agreement.

14. DEFINITIONS AND INTERPRETATION

14.1 In this Service Schedule:

“Acute assault/abuse” refers to those Clients presenting within one month post the date of the suspected, alleged or actual sexual abuse or assault.

“Client” means the person or service user or patient who is the victim of alleged, suspected or actual sexual abuse or assault.

“Face-to-Face” includes in-person and Telehealth, if both the Service Provider and Client are in New Zealand, and the Client consents. Delivery via Telehealth channels must be clinically appropriate and be in line with Part B, Clause 6.5 of this Service Schedule.

“Historical assault/abuse” refers to those Clients presenting at and after one month from the date of the suspected, alleged or actual sexual abuse or assault.

“In-person” means the provider and Client are physically present in the same room.

“Local Level Agreement” means a written agreement between stakeholders that are involved in the delivery of sexual abuse services within a region where there is an agreement on how they work together to provide a coordinated continuum of services.

“Services” means the sexual abuse assessment and treatment services described in this agreement and includes all incidental services required to be provided with those Services.

“Sexual abuse” means all forms of suspected, alleged or actual sexual abuse and assault, including both acute and historical.

“Telehealth” means the use of information or communication technologies to deliver services when Clients and Providers are not in the same physical location. For this Service Schedule, Telehealth relates to real-time videoconferencing interactions and telephone consultations. Telehealth excludes electronic messaging e.g. texts and emails. A telehealth consultation is to replace an in-person visit so it does not include a quick triage or check-in phone calls (unless specified). Telehealth may be used to deliver applicable services only if both the Service Provider and Client are in New Zealand, and the Client consents. Delivery via Telehealth channels must be clinically appropriate and be in line with Part B, Clause 6.5 of this Service Schedule.

“Timely access to a medical examination” means timely access as clinically indicated. A benchmark of good practice used to determine whether timely Services have been received will be the average time from triage to medical examination determined as two hours for an acute presentation.

C. APPENDICES

APPENDIX 1: QUALITY ASSURANCE MEASURES – RESULTS BASED ACCOUNTABILITY

QUALITY MEASURES – RESULTS BASED ACCOUNTABILITY																			
Performance Measure	Target	Measure	Supplier to Complete	Frequency															
The Service understands people’s needs and preferences and designs services accordingly	n/a	Age and gender (M/F/X) of each individual attending initial consultation, indicating whether acute, or historical; forensic / non-forensic / just-in-case.	Submit data to SAATS@acc.co.nz either on the SAATS Quarterly Reporting Template available on the ACC website acc.co.nz, or in the form of the MEDSAC SAATSdata, system generated ACC Quarterly Report	Quarterly															
			The following table describes the reporting periods and due dates of the Quarterly report:																
			<table><tr><th>Period Start</th><th>Period finish</th><th>Submitted by</th></tr><tr><td>01 July</td><td>30 September</td><td>20 October</td></tr><tr><td>01 October</td><td>31 December</td><td>20 January</td></tr><tr><td>01 January</td><td>30 March</td><td>20 April</td></tr><tr><td>01 April</td><td>30 June</td><td>20 July</td></tr></table>		Period Start	Period finish	Submitted by	01 July	30 September	20 October	01 October	31 December	20 January	01 January	30 March	20 April	01 April	30 June	20 July
			Period Start		Period finish	Submitted by													
			01 July		30 September	20 October													
			01 October		31 December	20 January													
01 January	30 March	20 April																	
01 April	30 June	20 July																	
The Client has information about Integrated Service Sensitive Claim (ISSC) Counselling services	100% of Clients have access to information regarding Integrated Service Sensitive Claim (ISSC) Counselling	All clinics provide access to information regarding ISSC	Annual Report Narrative	Annual															
Services are provided by appropriately qualified, experienced medical staff	All forensic examiners and nurses working in the service have received MEDSAC training	Total Numbers of Clinicians in the service:	Annual Report – Narrative and excel data Excel data with the following headings:	Annual															

QUALITY MEASURES – RESULTS BASED ACCOUNTABILITY

Performance Measure	Target	Measure	Supplier to Complete	Frequency
	<ul style="list-style-type: none"> 100% of forensic services are provided by MEDSAC accredited forensic examiners 100% of forensic assessments have MEDSAC trained nursing staff present 100% of new staff in the service are MEDSAC trained or enrolled in the next training course 	<ul style="list-style-type: none"> Number of forensic examiners Number of MEDSAC trained forensic examiners Number of forensic examiners MEDSAC accredited Number of forensic examiners on MEDSAC accreditation pathway Number of Nurses Number of Nurses MEDSAC trained 	<ul style="list-style-type: none"> Total number of Drs Number of MEDSAC trained Drs % of MEDSAC trained Drs (number trained / total Drs) Number of Drs on accreditation pathway % on accreditation pathway (number on pathway/total) Number of Nurses Number of Nurses MEDSAC trained % of MEDSAC trained Drs (number trained / total number) 	
Staff participate in regular peer review	<p>100% of forensic examiners participate in peer review (either at a local level, or remotely via the SAATS-Link expert advisors peer review sessions)</p> <p>All nursing staff in the service have access to peer review sessions (either at a local level, or remotely via the SAATS-Link expert</p>	<ul style="list-style-type: none"> Total number of doctors and nurse practitioners who have participated in 3 peer review sessions per annum Total number of nurses who have participated in peer review sessions 	<p>Annual Report – Narrative</p> <p>Excel data (for contract period) with the following headings:</p>	Annual (at the end of the contract period)

QUALITY MEASURES – RESULTS BASED ACCOUNTABILITY				
Performance Measure	Target	Measure	Supplier to Complete	Frequency
	advisors peer review sessions)		<ul style="list-style-type: none"> • Total number of forensic examiners in the service • Number who did not attend peer review session • Percentage of forensic examiners who did not attend sessions • Number who attended one session • Percentage of forensic examiners who attended one session • Number who attended two sessions • Percentage of forensic examiners who attended two sessions • Number who attended three sessions • Percentage of forensic examiners who attended three sessions • Total Number of nurses who participated in peer review sessions 	
Service is delivered at the right time	Service has 24 hour roster with appropriate response during 9:00am-5:00pm provided as well as after hours service	Service has a 24 hour roster for: <ul style="list-style-type: none"> • adult Clients (Y/N) • adolescent Clients (Y/N) • paediatric Clients (Y/N) 	Annual Report – Narrative – evidence of 24 hour clinical roster or variance report if not present.	Annual
The administration function is effective for each clinic	All clinics are able to carry out administration requirements including accurate invoicing	Narrative describing clinic administration function	Supplier Administration Narrative report (see Appendix 2)	Annual

APPENDIX 2: SUPPLIER ADMINISTRATION AND MANAGEMENT FEE REPORTS

Supplier Name:

Vendor ID:

Date:

For each clinic please provide the following information:	
Is there a dedicated FTE administration resource available?	
If yes, please describe allocation of FTE resource per clinic	
If no, please describe how administration function is carried out	

APPENDIX 3: LOCAL LEVEL AGREEMENT

1.1 Effective interagency and multidisciplinary service delivery of Sexual Abuse Assessment and Treatment Services for the XX region.

This document forms a Local level agreement (LLA) between:

Name of DHB

Name of contact person

Address of organisation

Address

Contact details

AND

NZ Police

Local Police Region or District

Name of contact person

Address

AND

Crisis Support Agency

Name of contact person

Address

AND

Service provider(s) (include all local providers such as those for child, youth and adult)

Insert relevant other agency details here

Note: This is a Greenfield's agreement (that is no expiry date)

1.2 Background

People who are victims of actual or alleged sexual abuse need access to services that should provide a coordinated response and approach by NZ Police, medical assessment and treatment services and crisis support.

There is a national service schedule developed by the NZ Police, ACC and the Ministry of Health to promote the delivery of nationally consistent and sustainable medical sexual abuse assessment and treatment services. It is acknowledged the medical component of sexual abuse services is an important part of a tripartite approach which cannot work in isolation to other important services, such as crisis support.

1.3 Purpose

The purpose of this Local Level Agreement (LLA) is to ensure there are agreed

and active processes and established lines of communication to ensure a coordinated approach for victims from point of presentation and entry to services through to exit from sexual abuse services.

The LLA provides an avenue to recognise and formalise local arrangements and solutions between a range of agencies which are an important part of providing sustainable sexual abuse services to this community.

1.4 Working co-operatively

Each party to this agreement recognizes the importance of a coordinated approach to service planning and delivery and will make their best efforts to involve each agency and refer victims to one another where appropriate.

Where possible, a combined response will be a feature of service delivery. For example, the medical assessment and treatment will include a suitably skilled support person from the crisis support agency and in some instances attendance by the NZ Police at the facility. (Provide further detail of how this process will occur in practice).

Where common training opportunities are identified, each party to this agreement will be invited to participate.

1.5 Entry to services

The parties to this agreement will ensure that sexual abuse services are accessible to the community. This will occur by:

(Write how this process will occur - For example, the Crisis Support Agency will operate an 0800 number for people to access services and will initially screen victims and onward refer them to the NZ Police and medical assessment and treatment service. Victims may present at NZ Police and then be referred to the medical assessment and treatment service by phoning the doctor on call etc).

The medical assessment and treatment service will ensure that a roster of doctors and nurses available for triage and medical assessment and treatment is provided to the following agencies at least one week before the expiry of a current roster:

NZ Police – Local Police Station or District Commander details

Crisis Support agency

DHB telephone operators

DHB emergency departments

Accident and Medical Centres

Local after hours primary care services

Local PHOs

1.6 Service Promotion

The parties will work together to promote the local service, including how to access it.

1.7 Ensuring safety and a safe environment

The following arrangements are in place to ensure the safety of the victim and personnel who may be providing sexual abuse services to a victim:

Pre-screening of a victim before referral to other services, may include notification to the NZ Police (with consent from the victim) and a request that the NZ Police attend the first meeting with the victim. The NZ Police undertakes to respond to this request.

Where pre-screening has identified the victim does not want NZ Police involvement, and there are security or safety issues, the local security agreement will be enacted. Payment for this service will occur through XX.

1.8 Facility

The following premises are the appointed premises for the medical assessment and treatment of sexual abuse:

Name and address of the facility (include details of all locations in your area for children, adolescents and adults).

This facility has a fully functioning security system or security arrangements present that allow for 24-hour access to medical services and/or crisis support services.

1.9 Referral to other services

Each party will tell the other where referral has been made to other services. For example, the crisis support agency will tell the medical assessment and treatment service of a referral made to counselling services and vice-versa where the victim has consented to release of this information.

1.10 Regular liaison and service delivery review

A nominated representative(s) to the parties to this agreement will meet at least monthly at venue, time XX to discuss:

Case reviews where shared services have been delivered.

Service delivery processes, monitoring, review and enhancement (pre-screening process, entry to services, roster availability, satisfaction with

services at all levels – local Police, crisis support, medical assessment and treatment, victims). This will include information each party to this agreement gathers and information provided back to a party as a result of external review or evaluation.

Opportunities for improvement or enhancement to existing services and how we can continue to work together.

Any other business

The meetings will be chaired by the local district commander (or insert who). Minutes will be kept of these meetings.

1.11 Building safer communities together

Opportunities identified to promote preventive strategies or measures within the community will include participation by each party to this agreement.

1.12 Dispute resolution

Should a dispute arise between any party to this agreement, each party will use their best efforts and act in good faith to settle the dispute by agreement promptly.

The people directly involved in the dispute should try to resolve the dispute in the first instance before stepping up the dispute to their respective managers.

Should first attempts to resolve a dispute fail to achieve a satisfactory resolution, the XXX will be notified by XXX and a mediation process will be instigated if the dispute is not settled within 20 working days.

All parties will continue to comply with all obligations of this LLA until the dispute is resolved to ensure best and safe services to victims continues.

Signed by: _____

Signed by: _____

On behalf of:

On behalf of:

Date: _____

Date: _____

Signed by: _____

Signed by: _____

On behalf of:

On behalf of:

Date: _____

Date: _____
