



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 2025 (**Start date**) until the close of 30 June 2026 (**End date**) or such earlier date upon which the period is lawfully terminated or cancelled.
- 1.2 Prior to the End date, the Parties may agree in writing to extend the Term of this Service Schedule for a maximum of two further terms of one year each. Any decision to extend the Term of this Service Schedule will be based on:
 - 1.2.1 The Parties reaching agreement on the extension in writing prior to the End date; and
 - 1.2.2 ACC being satisfied with the performance of the Services by the Supplier.
- 1.3 All other provisions of this Service Schedule will either continue to apply during such extended Term or be re-negotiated to the satisfaction of both Parties.
- 1.4 There is no obligation on the part of ACC to extend the Term of this Service Schedule, even if the Supplier has satisfactorily performed all the Services

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 delivery of the 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.	Refer Part B, Clauses 5, 6, 7, 10, 11, 12 and 15.		(paid six monthly in advance)
SAO3	Infrastructure Contribution	Contribution towards delivery of the Service.	\$193,466.39	Per annum
	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.	Refer Part B, Clauses 5, 6, 7, 10, 11, 12 and 15.		(paid six monthly in advance)
SAO4	Infrastructure Contribution	Contribution towards delivery of the Service.	\$135,235.42	Per annum
	One payment per Supplier per annum where the population for the district the Supplier serves is greater than 250,000 and less than 400,000.	Refer Part B, Clauses 5, 6, 7, 10, 11, 12 and 15.		(paid six monthly in advance)
SAO5	Infrastructure Contribution	Contribution towards delivery of the Service.	\$127,100.00	Per annum
	One payment per Supplier per annum where the population for the district the Supplier serves is less than 250,000.	Refer Part B, Clauses 5, 6, 7, 10, 11, 12 and 15.		(paid six monthly in advance)
SAO7	Infrastructure Contribution	Contribution towards delivery of the Service.	\$25,913.67	Per annum
		Refer Part B, Clauses 5, 6, 7, 10, 11, 12 and 15.		(paid six monthly in advance)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
	One payment per Supplier per annum where geographic and/or seasonal coverage requires a subsequent facility and ACC has agreed to a subsequent facility.			
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.	\$129,600.38	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.	Fee per annual roster Refer Part B, Clauses 6 and 7.		
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.	\$64,800.19	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.	Fee per annual roster. Refer Part B, Clause 14		
Lead Clinician – one service item payable in accordance with notification from ACC				
SAL1	Lead Clinician funding for up to 0.1 FTE per annum.	Lead Clinician funding for up to .1 FTE per annum.	\$40,338.20	Per annum (paid six monthly in advance)
SAL3	Lead Clinician funding for up to 0.3 FTE per annum.	Lead Clinician funding for up to 0.3 FTE per annum.	\$80,676.44	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.	\$141,183.77	Per annum (paid six monthly in advance)

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
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.	\$13.21	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.	\$17.60	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.	\$54.78	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	\$2,216.15	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				
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.	\$1,216.77	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.	\$1,216.77	

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
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.	\$918.53	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.	\$918.53	
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.	\$1,972.69	Per consultation
SA13	First Follow-up consultation per adult Client	Refer Part B, Clause 6.	\$228.52	Per consultation
SA13T	Telehealth Follow-up consultation per adult Client	Refer Part B, Clause 6.	\$228.52	Per consultation
SA14	Subsequent Follow-up consultation per adult Client Maximum of two per Client.	Refer Part B, Clause 6.	\$193.39	Per consultation
SA14T	Telehealth Subsequent Follow-up consultation per adult Client. Maximum of two per Client.	Refer Part B, Clause 6.	\$193.39	Per consultation

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
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) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$2,122.09	Per consultation
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.	\$2,122.09	
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.	\$2,623.12	Per consultation
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.	\$1,401.34	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.	\$1,401.34	
SA31	In-person Triage, Assessment and Treatment first consultation per Child Client (forensic included) One payment per Client	Refer Part B, Clauses 6, 10, and 12. Note: Fee includes a provision for travel time.	\$1,788.09	Per consultation

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
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	\$313.91	Per call-out
Applicable to adolescent and child services				
SA40	First in-person follow-up consultation per adolescent or child Client	Refer Part B, Clause 6.	\$259.30	Per consultation
SA40T	First Telehealth follow-up consultation per adolescent or child Client, in lieu of SA40	Refer Part B, Clause 6.	\$259.30	Per consultation
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.	\$228.52	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.	\$228.52	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	\$91.41	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	\$77.35	Per non-attendance

Service Item Code	Service Item Description	Service Item Definition	Price (excl. GST)	Pricing Unit
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	\$386.73	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 (whichever is the closest) exceeds 20 km. Refer to Part B, Clause 16.6	\$0.82	Per km

4. PRICING REVIEW

- 4.1 ACC will review the prices specified in this Part A, Clause 3 when, at ACC's sole discretion, it considers that a review is necessary. The factors that ACC may take into account during a review include, but are not limited to:
- 4.1.1 general inflation;
 - 4.1.2 changes in service component costs;
 - 4.1.3 substantial changes in the market.
- 4.2 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.
- 4.3 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.

5. 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
PO Box 242 (for mail)

Wellington 6140
Marked: "Attention: Procurement Partner"
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.....	11
1.	PURPOSE	11
2.	SERVICE OBJECTIVES.....	11
3.	ELIGIBILITY.....	12
4.	SERVICE COMMENCEMENT.....	12
5.	SERVICE LOCATION AND FACILITY SPECIFICATIONS.....	13
6.	SERVICE REQUIREMENTS	14
7.	SERVICE SPECIFIC QUALITY REQUIREMENTS	20
8.	LINKAGES.....	23
9.	SERVICE EXIT	24
10.	EXCLUSIONS.....	25
11.	PERFORMANCE, QUALITY AND SUPPLIER REPORTING REQUIREMENTS	25
12.	REPORTING REQUIREMENTS.....	27
13.	DIGITAL INFRASTRUCTURE & SECURE FILE ACCESS	28
14.	SECURITY OF PERSONAL INFORMATION	28
15.	HEALTH AND SAFETY	29
16.	PAYMENT AND INVOICING	30
17.	DEFINITIONS AND INTERPRETATION	31
	APPENDIX 1: EXAMPLE 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 therapeutic medical and forensic 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.
- 1.3 The collective aim of this 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 have access to timely therapeutic medical assessment, and seamless referral to crisis intervention and support; which would include but not limited to:
 - 2.1.1.1 Expert therapeutic medical assessment, sexual health advice and treatment.
 - 2.1.1.2 Referral to, and coordination with, other services in a timely manner including co- provision with crisis support services where available.
 - 2.1.1.3 Collection of forensic evidence where indicated with consent from the Client.
 - 2.1.1.4 Provision for follow-up.
 - 2.1.2 All Clients shall have access to expert therapeutic medical triage, which may be via Telehealth channels, upon notification to the Service.

- 2.2 Therapeutic medical assessment and treatment occurs in a suitable environment (refer Clause 6) where:
- 2.2.1 Client travel time is reasonable (as determined by ACC in its sole discretion).
 - 2.2.2 Close and formally agreed liaison is maintained with the Hospital Districts, NZ Police, Oranga Tamariki and Crisis Support Agencies through local level agreements.
 - 2.2.3 Multidisciplinary and interdisciplinary approaches are fostered.
 - 2.2.4 Services are provided by appropriately qualified, experienced medical staff.
 - 2.2.5 Nursing staff with MEDSAC training or relevant sexual violence and family violence training will be available for all forensic assessments and as clinically indicated.
 - 2.2.6 The Service provides access to ongoing professional development, peer review and clinical supervision/oversight.
 - 2.2.7 The Service is underpinned by a quality improvement framework
 - 2.2.8 therapeutic medical and forensic Service is available, 24-hours a day, 7 days a week to undertake the services under this Service Schedule

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, if:
- 3.1.1 the Client has suffered a personal injury as defined in the AC Act for which a claim for cover has been accepted or is likely in the Service provider's experience to be accepted.
- 3.2 Eligibility exclusions
- 3.2.1 Where Paediatric Services or Sexual Health Services are funded by Health New Zealand - Te Whatu Ora, the medical assessment and treatment of sexual assault or abuse will not be payable under this Contract.

4. SERVICE COMMENCEMENT

- 4.1 Referral process
- 4.1.1 Referrals to this Service are actively promoted through Local Level Agreements, Linkages with other Agencies and networks within Primary Health Care and the Community.

- 4.2 The Supplier may accept referrals to this Service from:
 - 4.2.1 Client, self-referral by contacting the local Service.
 - 4.2.2 General Practitioners, Nurse or Nurse Practitioners.
 - 4.2.3 External Sexual Violence Support Services (e.g., Crisis Support Agencies).
 - 4.2.4 Other organisations or agencies (e.g. Police, Oranga Tamariki).
 - 4.2.5 Medical Specialist,
 - 4.2.6 Other health professionals
- 4.3 Where a referral is not made via the NZ Police, the Supplier must ensure acceptance of a referral includes provision of a safe environment for the Client, and staff who will be undertaking the assessment and treatment services. This may include:
 - 4.3.1 Notifying the NZ Police and requesting attendance at the assessment and treatment; or
 - 4.3.2 Making security arrangements at the facility where the initial assessment and treatment will be undertaken, including the ability to transfer the assessment to a different location to ensure safety.
- 4.4 Pre-entry screening process
 - 4.4.1 The pre-entry screening process is intended to promote timely access to Services and is not intended to prevent access to Service.
 - 4.4.2 Prior to referral to this Service, the Supplier may with the Local Level Agreement parties may out in place a pre-entry screening process to facilitate the appropriate referrals. The purpose is to ensure client services are acted upon immediately from the point of notification.
 - 4.4.3 The Supplier must ensure the pre-entry process is undertaken by a suitably skilled and experienced Agency to perform this function competently under the Local Level Agreement.
- 4.5 Service Equipment
 - 4.5.1 The Supplier must provide all equipment in accordance with the recommendations for safe practice and equipment as set out in the MEDSAC Manual.

5. SERVICE LOCATION AND FACILITY SPECIFICATIONS

- 5.1 Service Location
 - 5.1.1 The Supplier must have Service providers available to deliver the Service within the Service location area(s) specified in Part A, clause 2 of this Service Schedule.

- 5.1.2 The Services must be provided in an appropriate location, taking account of the Client's injury and the service requirements under this Service Schedule.

5.2 Facility Requirements

- 5.2.1 The Supplier must ensure the facility meets the following requirements:
 - 5.2.1.1 *Accessibility*: to all Clients, irrespective of age, gender, physical or cognitive ability.
 - 5.2.1.2 *Compliance and Accreditation*: in accordance with Industry Practice and guidelines described by the Ministry of Health and set out in the MEDSAC manual.
 - 5.2.1.3 *Culturally and physically safe and secure*: allowing access to the premises 24/7 for forensic and therapeutic medical purposes.
 - 5.2.1.4 *After hour access*: safe after-hours parking must be available for staff and Clients.
 - 5.2.1.5 *Private access*: private access to toilet and shower facilities which are not accessed through a public thoroughfare.
 - 5.2.1.6 *Privacy*: Provide a separate waiting area for patients which ensures privacy.
 - 5.2.1.7 *Whanau support space*: Have adequate space for support people including a separate space large enough for family and whānau.
 - 5.2.1.8 *Suitable*: for the collection of forensic samples in accordance with best practice guidelines set out in the MEDSAC Manual.

- 5.3 The Supplier will ensure the facility and location of the Service shall be acceptable and known to all partners of the local level agreement (refer Clause 10).

- 5.4 The Supplier may be requested to provide an offsite examination depending on the client circumstances and referral instructions. If requested, the Supplier must be available to provide the Services off-site at an approved location, such as: emergency department, hospital clinic or medical examination room.

6. SERVICE REQUIREMENTS

6.1 Service Availability

- 6.1.1 The Supplier must provide this Service on a 24-hour a day, 7 day a week basis.

- 6.1.2 The Supplier must ensure Service and access details are provided and maintained on the MEDSAC website service directory.
- 6.1.3 In exceptional cases where the Service is not available, ACC and the Supplier may agree to a regional back-up service for a specified purpose.
- 6.2 Method of Delivery
 - 6.2.1 The primary method for delivery of the Services is In-person.
 - 6.2.2 Where Services are provided using Telehealth, the Supplier and its Service Providers must comply with the ACC *Telehealth Guide (ACC8331)*, available on ACC's website.
- 6.3 Children and Young People (17 and under)
 - 6.3.1 The Supplier must ensure where Services are required to be provided to a child or young person, the Lead Clinician must:
 - 6.3.1.1 Confirm guardianship, and/ or safe contact details for the child or young person.
 - 6.3.1.2 Ensure the guardian is present when required.
 - 6.3.1.3 Ensure there is a safe environment for the child or young person.
 - 6.3.2 The Supplier must ensure all Services provided to a child and young person includes a Paediatrician who has specialized sexual abuse training and access to a social worker with dedicated duties in child protection.
 - 6.3.3 Where a Paediatrician with sexual abuse training is not available, the Supplier will ensure a suitably trained and MEDSAC accredited (Children & Adolescent) Clinician is available. The Lead Clinician must have access to general Paediatric services, and ensure the child is linked in with Child Protection Services.
 - 6.3.4 The Supplier must ensure the Local Level Agreement acknowledges the requirements specified in this Clause 6.3 for all children and young persons.
- 6.4 Triage Services
 - 6.4.1 The Supplier must ensure a Triage is conducted by a Service Provider, either by phone or in-person, to determine the appropriate therapeutic, clinical and forensic considerations.
 - 6.4.2 The Triage must be commenced immediately upon notification of the Client referral. The timing of when the Triage is performed is to be determined by the Service Provider based on the Client's needs.

- 6.4.3 The Triage must include:
- 6.4.3.1 A review of the Client's injury and needs.
 - 6.4.3.2 Access to expert advice, which may be by phone.
 - 6.4.3.3 A Management Plan for the Client's services, that is made available as soon as practicable upon notification to the Service.
 - 6.4.3.4 Timeframe from referral to Assessment agreed between the Service Provider and the Client/referrer with respect to appropriate therapeutic, clinical and forensic considerations.

6.5 Initial Therapeutic Medical Assessment and Treatment

- 6.5.1 A Medical Assessment and Treatment may only be undertaken by a Service Provider who meets all of the qualifications, registration, experience and competency criteria outlined in Clause 7.
- 6.5.2 The Supplier must ensure the Medical Assessment and Treatment will include, as appropriate:
 - 6.5.2.1 An Assessment of the Client's safety and environment, including but not limited to the Client's partner/family violence/domestic abuse.
 - 6.5.2.2 A Medical Assessment of the injury (physical and mental health).
 - 6.5.2.3 A Medical Assessment of sexual health requirements and psychosocial wellbeing.
 - 6.5.2.4 Identifying and responding appropriately to the belief and value systems of the Client and their whānau.
 - 6.5.2.5 Medical treatment and assessment including contraception and the prevention of sexually transmitted infections (STI's), unwanted pregnancy or disease.
 - 6.5.2.6 Assessment of psychological support needs and referral for any ongoing physical and/or mental health services.
 - 6.5.2.7 Paediatric Developmental Assessment.
 - 6.5.2.8 Encouraging the Client to report or consider reporting to the NZ Police.
 - 6.5.2.9 Where applicable, provide Non-Fatal Suffocation and Strangulation Assessment Service (NFSSAS) that is funded by Health New Zealand.

6.6 Education Support

6.6.1 The Supplier will, where appropriate:

- 6.6.1.1 Provide education support to the Client about the injury and an assessment of the Client's emotional wellbeing.
- 6.6.1.2 Provide information of other available support services, including but not limited to, assistance from ACC, MSD or other Agencies. The Supplier will regularly monitor and check findsupport.co.nz for current information on available support.

6.7 Forensic assessment and collection of samples.

- 6.7.1 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.
- 6.7.2 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.
- 6.7.3 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 MEK.
- 6.7.4 A MEK and related equipment as provided by the NZ Police will be offered with the consent from the Client when conducting an initial Therapeutic Medical Assessment where forensic samples may be obtainable, irrespective of whether the Client is or intends to be a complainant to the NZ Police.
- 6.7.5 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.
- 6.7.6 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 Supplier. The Supplier must 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.
- 6.7.7 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 within the timeframe defined in the Local Level Agreement (LLA), usually up to a maximum of 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.

6.8 Therapeutic Medical Follow-up

6.8.1 The Supplier may make arrangements with the Client for Therapeutic Medical follow-up if required. This may include:

6.8.1.1 Scheduling a follow-up visit through this Service either through a regular clinic or through individual arrangements between the Clinician and the Client.

6.8.1.2 Making a referral to another service or services such as a primary health care practitioner, or sexual health service.

6.8.1.3 Where it is not possible or practicable to provide an in-person follow-up consultation, telehealth consultations are permissible under this Contract in lieu of in-person follow-ups.

6.8.1.4 Information regarding the Sensitive Claims Services, if considered appropriate. The Client should be directed to the information available on the ACC's website www.acc.co.nz.

6.8.2 The Supplier acknowledges that a telephone call by a Service Provider to a Client for the sole purpose of coordinating medical treatment is (administrative purposes) will not be payable by ACC. Follow-up consultations are also excluded for this purpose.

6.9 Key support areas

6.9.1 The Supplier will supply refreshments, as appropriate, during the Medical 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.

6.9.2 The Supplier will make available contributions towards transport to and/or from Medical 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.

6.9.3.1 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 and align to the MEDSAC Manual.

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 are available and will include, but not limited to, the Lead Clinician/s:

6.9.4.4.1 Coordination of the rosters to ensure adequate service coverage. Rosters shall be made available to the NZ Police and any other agencies that are a source of referral to the Service;

6.9.4.4.2 Secretarial support;

6.9.4.4.3 Management of case notes;

6.9.4.4.4 SAATS data entry and reporting;

6.9.4.4.5 Invoicing and financial administration support

6.9.4.4.6 Coordination of Formal Statement and Court appearance requests

6.9.4.4.7 Supply management

6.9.4.4.8 Meeting coordination

6.9.4.4.9 Medical transcription services if required

6.9.4.5 Close liaison with Crisis Support, counselling and cultural support people/agencies with suitable levels of training will be available. This may include co-provision of the acute therapeutic 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.

7. SERVICE SPECIFIC QUALITY REQUIREMENTS

7.1 Service Provider Requirements

- 7.1.1 The Supplier is responsible for ensuring all Service providers delivering Services under this Service Schedule comply with all qualifications, registration and membership, experience and competency requirements outlined in clause 7.3
- 7.1.2 The Supplier must ensure the Services are delivered in accordance with the national best practice guidelines detailed in the MEDSAC Manual.
- 7.1.3 The Supplier must maintain quality assurance systems and processes in accordance with Good Industry Practice to identify and monitor competency level, training needs and compliance with supervision and training requirements for Service providers and other employees providing any part of the Services.

7.2 Lead Clinician Role

- 7.2.1 The Supplier will provide a lead Clinician role which must be filled by a MEDSAC accredited Forensic Examiner who may share this role with another MEDSAC accredited forensic examiner or a MEDSAC accredited nurse. The actual hours dedicated to this role, whether shared or not, will be commensurate to the applicable funding band allocated to the Service in Part A, Clause 3.
- 7.2.2 The lead Clinician will work with the Supplier to develop and maintain the following Service requirements:
 - 7.2.2.1 24-hour availability of service;
 - 7.2.2.2 Best practice service delivery standards, in accordance with the MEDSAC manual and other relevant national and international quality measures;
 - 7.2.2.3 Quality assurance; including case documentation e.g. forensic proforma reviews, regular peer review/case review meetings and input into contract annual reporting narratives;
 - 7.2.2.4 In collaboration with MEDSAC, provide mentoring support for all service Clinicians in alignment with the MEDSAC mentoring and accreditation framework;
 - 7.2.2.5 Relationships with all key stakeholders, including co-providers and partners of the Local Level Agreements;

- 7.2.2.6 Liaison with MEDSAC at a national level, including participation in the MEDSAC facilitated Lead Clinician Forum and hui, and relay updates to ensure the service and it's staff/contractors remain up-to-date.

7.3 MEDSAC Accreditation

- 7.3.1 The Services require appropriate clinical expertise, training and experience with providing sensitive care and support to a client who has endured sexual assault, abuse or violence.

- 7.3.2 The Supplier must ensure that Forensic Examiners, including doctors and nurse practitioners (service Providers), undertaking the Services are:

- 7.3.2.1 A member of MEDSAC association.
- 7.3.2.2 Attend MEDSAC training or equivalent training course.
- 7.3.2.3 Hold or be working towards full MEDSAC accreditation and maintain this on an annual basis;
- 7.3.2.4 Participate in peer review at the minimum specified in the MEDSAC accreditation requirements, or maximum of 6 peer review meetings per year.
- 7.3.2.5 Have access to clinical supervision with the Lead Clinician/s.
- 7.3.2.6 Have access to external professional supervision as appropriate and in agreement with the Lead Clinician/s for matters related to the delivery of this service
- 7.3.2.7 Have access to mentoring as provided by MEDSAC and in conjunction with the Lead Clinician/s.
- 7.3.2.8 Have access to best practice information via the MEDSAC Manual.
- 7.3.2.9 Participate in relevant MEDSAC Forums.

7.4 Safety Checks

- 7.4.1 To protect and uphold the safety of Clients at all times, the Supplier must:
 - 7.4.1.1 Carry out appropriate screening/vetting (including Police vetting) for all individuals (including, but not limited to employees, Service providers and Subcontractors) the Supplier engages to deliver Services under this Contract.
 - 7.4.1.2 Establish and maintain appropriate systems, processes and security screening practices for all individuals (including, but not limited to employees, Service providers

and Subcontractors) the Supplier engages to deliver Services under this Contract.

7.4.1.3 Ensure all individuals who work with children for the purposes of this Contract undergo a 'children's worker safety check' which complies (and remains compliant throughout the Term of this Service Schedule) with Part 3 of the *Children's Act 2014* and the *Children's (Requirements for Safety Checks of Children's Workers) Regulations 2015*.

7.4.1.4 Immediately notify ACC of any actual, possible or anticipated issues that could impact the safety of Clients.

7.4.2 The Supplier expressly acknowledges and agrees that where ACC receives information from any source which relates to the safety of Clients who are or have engaged with the Services, ACC reserves the right to investigate this information and, if necessary, take appropriate action.

7.4.3 If ACC considers on reasonable grounds that the safety of a Client or Clients engaging with the Services may be adversely impacted, ACC may, in its sole discretion, suspend or terminate all or any part of the Services or this Contract.

7.5 Policies and Procedures

7.5.1 The Supplier must establish and maintain the following throughout the Term of this Service Schedule:

7.5.1.1 *Operating procedures* in respect of Service provider induction, training, decision making and oversight, quality improvements, performance management and risk management in relation to the Services.

7.5.1.2 *Business Continuity Plan* to manage service continuity and minimise impacts to the Services and Client.

7.5.1.3 *Current list of Service providers* which records all Service providers (including any Subcontractors) delivering the Services to Clients for the purposes of Service Schedule.

7.5.2 A copy of the documents listed in clause 7.5.1 must be promptly provided to ACC when requested, or as required.

8. LINKAGES

8.1 The Supplier must actively engage in staying informed about other services through collaboration or co-provision of services within the community. Where possible and appropriate, the Supplier must:

8.1.1 Ensure there is adequate and accurate information about the Service and links to the pre-entry screening and triage process is made available to potential referrers, partners of the Local Level Agreement.

8.1.2 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.

8.1.3 Executed formal 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 with a minimum of three (3) meetings annually. Refer Appendix 4 for a template to guide development of a Local Level Agreement. The Supplier must work closely with NZ Police to establish a Local Level Agreement.

8.2 The Supplier 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

8.3 Crisis Support Services

8.3.1 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:

8.3.1.1 advocacy and support (including callout),

8.3.1.2 emergency face-to-face sessions (including crisis counselling)

8.3.1.3 crisis social work support.

8.4 Agency Support

8.4.1 There will be strong links between this Service and the following agencies and services:

8.4.1.1 Non-health agencies:

- Police;
- Sexual Violence Crisis Support agencies;

- Medical Sexual Assault Clinicians Aotearoa (MEDSAC)
- Legal Services
- Family Violence Services
- Victim Support Services
- Oranga Tamariki
- ACC
- Work and Income services
- Relevant NGOs, including those for support for physical, intellectual and sensory disabilities and care of older people (such as Age Concern)
- Chaplaincy services
- Culturally specific support services
- Women's Refuge
- School Counsellors/Nurses
- Interpreter services.

8.4.1.2 Health agencies/services:

- Laboratory services/ESR
- Police Medical Officers
- Paediatric medical and surgical services
- Sexual health services
- Emergency departments
- Accident and medical centres
- After hours primary care centres and / or rosters
- Adult and children's' inpatient and outpatient services
- Gynaecology
- General practice services and PHOs
- Adult psychiatry and CAMHS
- Youth Health Services
- Public Health programmes (Family violence prevention).

8.5 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.

8.6 There may also be region specific services that have not been included but are important and these will be documented.

9. SERVICE EXIT

9.1 Clients exit the Service:

9.1.1 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.

- 9.1.2 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.

10. EXCLUSIONS

- 10.1 The services excluded from this Service specification are (without limitation):
 - 10.1.1 Assessment and treatment of sexual offenders (in relation to the presenting case).
 - 10.1.2 Health services for conditions not caused by or exacerbated by sexual assault or abuse.
 - 10.1.3 Counselling services or treatment for on-going mental injury.
 - 10.1.4 Where Paediatric Services are funded by Health New Zealand - Te Whatu Ora, are not additionally covered under this agreement.
 - 10.1.5 Where Sexual Health Services funded by Health New Zealand Te Whatu Ora, are not additionally covered under this agreement.
 - 10.1.6 Provision of expert evidence in statutory proceedings is not provided or paid under this Contract.
 - 10.1.7 Peer review of Formal Written Statements are not covered under this Contract. These are funded under an agreement with NZ Police.
 - 10.1.8 Formal 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.

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" [The New Zealand Health Strategy | Ministry of Health NZ](#). The performance measures 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.

Table 2 - Quality Measures – Result based accountability

Quarterly Performance Reporting requirements period:			
01 July – 30 September		01 October – 31 December	
01 January – 31 March		01 April – 30 June	
Performance Measure	Target	Measure	Supplier to Complete
The administration function is effective for each service	All clinics can carry out administration requirements including accurate invoicing	Narrative describing administration function and Clinician time spent completing administrative duties	<ul style="list-style-type: none"> Dedicated FTE Administration is available Where this is not possible, describe how administration function is carried out How much Clinician time is spent undertaking administrative duties what is your plan to mitigate and reduce Clinician time spent undertaking administering duties
The Client has information about regarding ACC Sensitive Claims Service	100% of Clients have access to information regarding ACC Sensitive Claims Service	Supplier provides access to information regarding ACC Sensitive Claims Service	Quarterly Narrative

The Service understands people's needs and preferences and designs services accordingly	n/a	Supplier describes how services were delivered to different age, gender and cultural groups through the quarter and what service improvements are necessary to meet the needs of their community	Quarterly Narrative SAATSdata system is updated, reviewed and quality checked quarterly. The data must include with relevant age, gender and consultation information. MEDSAC will generate this report quarterly and share the regional and national view with ACC, Health NZ and NZ Police.
Service is delivered at the right time	Service has 24/7 availability and is sufficiently staffed	Number of Clinicians and vacancies for the service	1. Vacancies where attrition has occurred 2. Vacancies to meet demand for services
		Availability of on call hours across each region, for each primary and additional site	Demonstrated 24/7 availability from the roster including where daytime services exist, and on-call hours are utilised for each primary and additional site

11.3 Peer Review

11.3.1 The Supplier will hold peer review logs indicating all Clinicians' participation in ongoing professional development.

11.3.2 The Supplier must undertake a clinical audit on a regular basis to measure the effectiveness of the service delivery.

11.4 A copy of the documents undertaken for the purposes of the Peer Review must be promptly provided to ACC when requested, or as required.

11.5 SAATS database

11.5.1 The Supplier must ensure all Service Provider accurately enters all relevant data into SAATSdata, database.

11.5.2 In all instances, the Supplier must ensure that Service Providers utilise national proformas (unless otherwise agreed by ACC) and 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. Further information on how to lodge a claim is available on acc.co.nz

12.1.2 Where a Client chooses not to notify ACC of the event, but the Client receives a therapeutic 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, NZ Police and Health New Zealand 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. DIGITAL INFRASTRUCTURE & SECURE FILE ACCESS

- 13.1 The Supplier must have a secure, cloud-based file storage system that allows authorised personnel to remotely access, upload, and manage documents in compliance with data protection and confidentiality standards. The system must support multi-factor authentication and role-based access controls. Additionally, the Supplier must have reliable digital infrastructure, including:

13.1.1 Secure Wi-Fi connectivity for staff and contractor use

13.1.2 Computers and/or tablets with appropriate security measures and software

13.1.3 Networked printing and scanning capabilities that maintain document confidentiality.

- 13.2 All technology and systems must be maintained, updated, and compliant with relevant cybersecurity, data privacy, and data governance regulations.

14. SECURITY OF PERSONAL INFORMATION

- 14.1 In addition to the privacy and information management requirements detailed in ACC's Standard Terms and Conditions, the Supplier must:

14.1.1 Ensure that any employee or Service provider who receives and/or accesses Personal Information from ACC in respect of a Client only does so for the purposes of delivering the Services, and in a manner which complies with the Supplier's privacy, security and confidentiality obligations under this Contract.

14.1.2 Not transmit, transfer, export or store either Confidential information or Clients' Personal Information outside of New Zealand and/or Australia.

14.1.3 Maintain information security systems, procedures and process in accordance with Good Industry Practice to protect Clients' Personal Information and Confidential information against loss or unlawful access, use, modification or disclosure.

14.1.4 Undertake regular security assurance, monitoring and testing of its information management systems, and promptly remediate any identified security vulnerabilities in accordance with Good Industry Practice.

- 14.1.5 Comply with any security information, accreditation and certification requirements requested or notified by ACC from time to time.
- 14.1.6 Confirm that the Supplier's Subcontractors (if any) satisfactorily meet all the requirements in this clause 14.1 before releasing any Personal Information or Confidential information to that Subcontractor for the purposes of this Contract.

15. HEALTH AND SAFETY

15.1 Health and Safety Risk Management

- 15.1.1 The following provisions in this clause 16 are in addition to the health and safety provisions contained in ACC's Standard Terms and Conditions.
- 15.1.2 The Supplier and all Service providers must ensure any health and safety risks identified are appropriately managed and monitored throughout the Client's journey. To facilitate this, the Supplier must:
 - 15.1.2.1 Identify, monitor, and manage all health and safety risks associated with providing the Services.
 - 15.1.2.2 Ensure all Subcontractors providing the Services are aware of their health and safety obligations and have appropriate plans in place to manage those risks.
 - 15.1.2.3 Have systems in place to enable all Service providers (including the Supplier's employees) to promptly report any health, safety and security events and risks relating to the Services to the Supplier.
 - 15.1.2.4 When requested, provide information promptly to ACC relating to the Supplier's compliance with its health and safety obligations.
 - 15.1.2.5 Immediately notify ACC if there is an imminent threat or risk to the safety of a Client or a Service provider (including the Supplier's employees).

15.2 Health and Safety Risk Management Plan

- 15.2.1 The Supplier must maintain a Health and Safety Risk Management Plan relevant to the Clients the Supplier and its Subcontractors, Service providers and employees will be delivering the Services to and the environment the Services will be performed from. The Plan must at a minimum:
 - 15.2.1.1 Identify health and safety risks which arise in performing the Services.

- 15.2.1.2 Establish controls to eliminate or minimise those health and safety risks so far as reasonably practicable.
- 15.2.1.3 Ensure all workplaces, environments, fixtures, fittings and plant (as defined in the *Health and Safety at Work Act 2015*) are, so far as reasonably practicable, maintained without risk to health and safety.
- 15.2.1.4 Describe the duties which overlap with other Persons Conducting a Business or Undertaking (**PCBUs**), as that term is defined by the *Health and Safety at Work Act 2015*.
- 15.2.1.5 Ensure there are arrangements to consult, co-operate and co-ordinate with those other PCBUs in order to manage health and safety risks and events (including accidents, harm or near misses) so far as is reasonably practicable.
- 15.2.1.6 The Supplier will ensure the Health and Safety Risk Management Plan also includes (but is not limited to) provisions relating to the management of specific hazards and risks, safe environment practices, incident management, emergency management, personnel engagement and active monitoring and review of hazards and risks to enable continuous improvement.

15.3 Working with Subcontractors (as PCBUs)

- 15.3.1 The Supplier must undertake a pre-qualification check in accordance with Good Industry Practice to confirm its Subcontractors have appropriate health and safety accreditation and risk management plans in place that protect all workers and others who may be put at risk by the Services.

15.4 Reporting Health and Safety Incidents

- 15.4.1 In addition to the notification obligations contained in ACC's Standard Terms and Conditions, the Supplier must report any health and safety incidents, events and risks related to the Services to ACC via ACC's online health and safety form (available on ACC's website) and at any meetings requested by ACC.

16. PAYMENT AND INVOICING

- 16.1 ACC agrees to pay the prices set out in Part A, Clause 3 of this Service Schedule. These are the total prices payable in respect of these Services.

16.2 Fixed Cost Invoicing

- 16.2.1 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 emailed to ACC's Accounts Payable team on accounts.payable@acc.co.nz marked for cost centre 718.

16.3 Fee for Service Invoicing

16.3.1 For those Clients who access SAATS and choose to lodge an ACC45, the Supplier must submit an invoice that meets the standards set out in our Standard Terms and Conditions and on acc.co.nz website.

16.3.2 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 emailed to ACC's Account Payable team on accounts.payable@acc.co.nz marked for cost centre 718.

16.4 On-call Fee per annum

16.4.1 This On-call fee will apply to Forensic Examiner and Nurse practitioners only.

16.4.2 ACC will pay an On-Call Fee per annum where services are required for regional back-up. The Supplier must have arrangements in place to ensure the regional back support for payments are made.. (in accordance with Part B,).

16.5 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 Service Schedule.

16.6 Travel by Road

16.6.1 ACC agrees to contribute towards a Service provider's expenses for travel by road in the amounts specified in Part A: Table 1 of this Service Schedule, and otherwise in accordance with ACC's *Travel Policy for Providers* (available on ACC's website).

16.6.2 The Supplier must ensure all Service providers comply with ACC's *Travel Policy for Providers*.

17. DEFINITIONS AND INTERPRETATION

17.1 In this Service Schedule, where the following capitalised terms have been used, they have the meaning given below:

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

Agency refers to an organisation

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

Good Industry Practice is the exercise of the due care, skill and diligence, and to the appropriate professional or industry standard, as would be expected from a leading supplier or person in the relevant industry.

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.

Facility for the purposes of SAATS, refers to the suitable space where health care services are provided. This will be either in a hospital clinic, urgent care clinic or health care clinic.

Forensic Examiner is an appropriately MEDSAC trained and accredited Medical or Nurse Practitioner (including Paediatricians) who collects samples for evidence (such as DNA) to support making a statement to police.

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.

Infrastructure Contributions specifically refer to the contributions 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 management tasks.

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.

MEDSAC stands for the Medical Sexual Assault Clinicians Aotearoa. MEDSAC is responsible for the best practise training, accreditation and support of clinicians supporting individuals who have experienced sexual abuse or assault.

MEDSAC Manual is the best practise guidelines for the forensic, therapeutic and medical management of sexual assault and non-fatal strangulation/suffocation. The manual is an up-to-date online resource for health professionals who provide care for those affected by sexual assault and abuse. Available on <https://medsac.org.nz/>

NFSSAS is the Non-Fatal Strangulation Suffocation Assessment Service, a service contract managed by MEDSAC and funded through Health NZ.

SAATSdata is a secure national database, managed by MEDSAC, designed to hold de-identified case information collected by SAATS Suppliers. The database allows for consistent and accurate national data collection pertaining to the scope, nature and management of sexual assault/abuse in Aotearoa New Zealand.

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.

Service Provider means the clinician who is delivering consultations and follow up appointments as part of the SAATS. This can be either a doctor, nurse, nurse practitioner or paediatrician.

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

Paediatric Services is a service delivered specifically for pēpi (babies) tamariki (children) and rangatahi (young people). Paediatricians in New Zealand provide specialist paediatric medical assessment and management for children and young people aged <15 years of age.

Sexual Health Services are services who provide confidential advice and check-ups for people of all ages, cultures, gender and sexual orientation.

Triage means a Service to the Client (via phone or In-person) to determine if a Client requires the Services based on their current needs and presentation, and to provide early advice and reassurance (as described in Part B, clause 5.5).

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.

Therapeutic and/or Medical Assessment and Treatment: Therapeutic Medical Assessment and Treatment or Medical Assessment and Treatment refers to the assessment and treatment of sexual abuse and assault. This includes but is not limited to effective assessment and support of patient's emotional wellbeing, appropriate risk assessment and development of appropriate safety plans and follow up requirements post the assessment, assessment and treatment of any injuries, identifying and evaluating options for unwanted pregnancy, treatment of sexually transmitted infections and assessment and treatment of HIV PEP as indicated.

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.

APPENDIX 1: EXAMPLE LOCAL LEVEL AGREEMENT

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 Supplier
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)

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.

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.

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.

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 including the specific age range of clients who will be support by each supplier/s within the region- 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

6. Service Promotion

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

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.

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.

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.

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.

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.

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: _____
