

NATIONAL CANCER SCREENING REGISTER – SERVICE LEVELS ON A PAGE

This document provides an overview of the performance management framework and Service Level indicators and Service Standards. It should be read on the understanding that it is a simplified extract only designed to provide summary information only.

PERFORMANCE MANAGEMENT FRAMEWORK SUMMARY	SERVICE LEVELS											
<p>Key Points of Operation</p> <ul style="list-style-type: none"> The Services Agreement between Telstra Health and the Department of Health is underpinned by an approach that links performance to the achievement of the five (5) Outcomes. Telstra Health’s performance against the Outcomes is measured against the Service Levels and the Service Standards. The Service Level and Service Standard Framework is to focus on the achievement of the Outcomes to achieve Health’s business outcomes by measuring and tracking Telstra Health’s performance, typically on a monthly basis. The Service Levels and Service Standards include a combination of quantitative and qualitative measures and are intended to be measured from the perspective of an End User or a business outcome. Health will validate and assess the performance of Telstra Health and the achievement of the Outcomes. <p>Performance of Outcomes</p> <p>Health will assess Telstra Health’s performance against each Outcome, based on:</p> <ul style="list-style-type: none"> Achievement of the Service Level indicators and Service Standards for each Outcome; and Consideration of the overall achievement of the Outcomes through considering the discretionary Guiding Principles. <p>The Performance Management Framework starts on the first Go Live Date. Measurement will occur during the first three (3) months but no At Risk Amount or Bonus applies during this period.</p> <p><u>Guiding Principles</u></p> <table border="1" data-bbox="92 856 982 1178"> <tr> <td>Business Impact</td> <td>The extent to which any performance failures impacted Health's business or its ability to meet its business outcomes.</td> </tr> <tr> <td>Extent of Failure</td> <td>The extent to which the Service Provider has failed to meet the Service Levels and Service Standards.</td> </tr> <tr> <td>Proactive Service Provider Behaviour</td> <td>The extent to which the Service Provider worked proactively, cooperatively and diligently with Health, and its State and Territory based counterparts and Other Service Providers to identify, diagnose, resolve and prevent performance issues.</td> </tr> <tr> <td>Overall Achievement of the Outcomes</td> <td>The extent to which the Outcome characteristics (taken as a whole) have been achieved.</td> </tr> </table>	Business Impact	The extent to which any performance failures impacted Health's business or its ability to meet its business outcomes.	Extent of Failure	The extent to which the Service Provider has failed to meet the Service Levels and Service Standards.	Proactive Service Provider Behaviour	The extent to which the Service Provider worked proactively, cooperatively and diligently with Health, and its State and Territory based counterparts and Other Service Providers to identify, diagnose, resolve and prevent performance issues.	Overall Achievement of the Outcomes	The extent to which the Outcome characteristics (taken as a whole) have been achieved.	<p>Outcome 1</p> <p>1-a Accessibility, reliability and Availability of Services to End Users.</p>	<p>Services are accessible, reliable and Available</p> <ol style="list-style-type: none"> 99.5% of Services, per day, for all End Users are accessible, reliable and Available. Self-service capabilities are available to End Users: 99.5%, excluding scheduled maintenance windows. The Call Centre is available to all End Users for 99.5% of the opening period (8am-6pm in each State or Territory). 99.5% of calls to the Call Centre are answered. The Service Desk is 99.5% available to all End Users 24 hours a day, seven (7) days a week Time taken from receipt of each complete individual request to generate an accurate patient history report for a patient: 98% of all individual patient records retrieved from the Register in less than 30 seconds after the complete individual request is received. Time taken to register, match and return clinical screening history (as recorded in the Register at the time of the request) to a pathology laboratory for a HPV test from receipt of a complete request for clinical screening history: 95% within two (2) Business Hours and 100% within one (1) Business Day. The Register is to meet all Service Standards relevant to 1a. 	<p>Outcome 2</p> <p>2-c Call Centre Services and Call Resolution</p>	<p>End Users are satisfied with the Services</p> <ol style="list-style-type: none"> End User calls and interactions with the Call Centre and the Service Desk resolved in accordance with the Standards. Percentage of Contacts that must be resolved without escalation to Health is as follows: Contract Year 1 – 80%; Contract Year 2 – 90%; and Contract Year 3 and beyond – 99%.
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<p>Performance and Performance Payments</p> <p>The Performance Management Framework comprises At Risk Amounts and a potential Bonus Payment linked to the achievement of the Outcomes.</p> <ul style="list-style-type: none"> The At Risk Amount is a portion of the Charges linked to the achievement of the Outcomes and capped at 11%. Health will assess and determine the At Risk Amount. <table border="1" data-bbox="92 1381 982 1545"> <tr> <td>Group 1 (Monthly)</td> <td>Outcome 1 Outcome 2 Outcome 3</td> <td>Up to a maximum of 70% of the total At Risk Amount may be applied is one or more Outcomes are not achieved.</td> </tr> <tr> <td>Group 2 (Quarterly)</td> <td>Outcome 4 Outcome 5</td> <td>Up to a maximum of 30% of the total At Risk Amount may be applied is one or more Outcomes are not achieved.</td> </tr> </table> <ul style="list-style-type: none"> The Bonus Payment is an additional amount that may be paid by Health on achievement of the Bonus Criteria and is capped at 5%. <ul style="list-style-type: none"> Consistent and reliable achievement of the Outcomes; Demonstrated improvement in value to Health. <p>Key Points of Operation</p> <ul style="list-style-type: none"> Telstra Health must provide the tools, resources and capability to measure, collate, calculate and report against the Service Levels and Service Standards measuring the Outcomes, including providing a survey capability to conduct a qualitative-based survey on satisfaction. Service Level reports are to be delivered within 10 business days after the end of each month. An annual review of the Service Levels and Service Standards will be conducted to consider the changes to the measurements, including changes to reflect consistently attained measures. The following table lists all the Service Levels from the Services Agreement. The Service Levels that are shaded blue are agreed, those shaded orange are agreed in-principle but wording is to be finalised. Service Levels unshaded are yet to be agreed. 	Group 1 (Monthly)	Outcome 1 Outcome 2 Outcome 3	Up to a maximum of 70% of the total At Risk Amount may be applied is one or more Outcomes are not achieved.	Group 2 (Quarterly)	Outcome 4 Outcome 5	Up to a maximum of 30% of the total At Risk Amount may be applied is one or more Outcomes are not achieved.	<p>1-b Stability and reliability of the Register</p>	<ol style="list-style-type: none"> Not more than one (1) Priority Level 1 Incident per month. Not more than three (3) Priority Level 2 Incidents per month. Incidents are to be notified and resolved in accordance with the relevant Service Standards. No unauthorised access to the Register. If the Service Provider has complied with the Services Agreement any unauthorised access is not regarded as a failure. Not more than one (1) unplanned Change per month excluding those made at Health's request. 	<p>Outcome 3</p> <p>3-a Timely, accurate and reliable Data and reporting on National Cancer Screening Programs</p>	<p>Quality Data</p> <ol style="list-style-type: none"> Consistent application of one (1) client, one (1) record to ensure no duplication. Access to real-time quality Data (including historical Data) to facilitate improved clinical, policy and Participant decision-making. Accurate and reliable analysis and reporting on Screening Programs. Accurate and reliable access to business intelligence capability by authorised Stakeholders. Zero (0) incidents of unauthorised access to or a breach of Register Data or Personal Information, where any unauthorised access is measured against the Service Provider's compliance with the security requirements in the Services Agreement. If the Service Provider has complied with the Services Agreement any unauthorised access is not regarded as a failure. Scanning accuracy with critical error [measure to be agreed]. For National Cervical Screening Program, not more than one ((x% - to be agreed)) percent of total Participants in the Register have Opted off measured by the proportion of participants calling the Contact Centre. The number of End User complaints received relating to Data quality is less than 10% of complaints received per month, where errors are created post Go Live or a failure to remedy an error when notified to the Service Provider. This measure will be reviewed before CY2 and be based on the number of data quality complaints and total complaints. 		
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	<p>1-c Feedback, queries and complaints are Resolved, accurately effectively and promptly</p>	<ol style="list-style-type: none"> Feedback, Queries and Complaints are to be notified and resolved in accordance with the Service Standards. Less than five (5) complaints received pertaining to Operator Services and Register Services in total per month. 	<p>Outcome 4</p>	<p>Demonstrated improvement in the value of Services</p>								
	<p>1-d Operational delivery of NCSR Service</p>	<ol style="list-style-type: none"> All Eligible Australians are issued invitations, Reminders and follow up Reminders to support movement through the Screening Pathway at the right time in accordance with the agreed Master Person Database. All End Users receive the correct correspondence in accordance with the agreed Master Person Database. Eligible Australians' status in the Screening Pathway is accurately maintained and promptly updated and all Screening Rounds are closed in accordance with Program Policy. Mailhouse operations are in accordance with the Service Standards. The trend over time of the number of undeliverable emails reduces. Call Centre Services are to be in accordance with the relevant Service Standards 	<p>4-a Demonstrated Reduction in costs</p>	<ol style="list-style-type: none"> Quantified reduction in Health’s Services costs, including Service Charges. 								
	<p>1-e Policies and Procedures</p>	<ol style="list-style-type: none"> Zero (0) instances per month of the Services not adhering to Law, the Approved Policy and Procedures Manual or other guidelines and standards. 	<p>4-b Demonstrated improvement in value through progressive improvement, optimisation and innovation of the Services</p>	<ol style="list-style-type: none"> Demonstrated and quantified improvements in value. Service Level and Service Standard trend reports show an improvement in achievement across all Service Levels and Service Standards and the achievement of Outcomes. 								
	<p>Outcome 2</p>	<p>End Users are satisfied with the Services</p>	<p>Outcome 5</p> <p>5-a Demonstrated Strategic Relationship</p>	<p>Demonstrated strategic relationship based on trust</p> <ol style="list-style-type: none"> Minimum Service Level of 3 or more measuring the extent of engagement in a strategic relationship based on trust. <p>Qualitative assessment of defined questions and criteria (which may change over time) to reflect Health’s requirements covering:</p> <ul style="list-style-type: none"> Financial; Business Change and Innovation; Strategic Behaviours; Leadership and Cooperation. 								
	<p>2-a Highly Satisfied End Users</p>	<ol style="list-style-type: none"> Minimum Service Level of 3 or more measuring the level of End User satisfaction based on: <ul style="list-style-type: none"> Monthly online ‘snap’ surveys to sample End Users, to verify satisfaction with standard; random ‘snap’ surveys to sample End Users, to verify satisfaction with standard; 	<p>5-b Knowledge of Cancer Screening Programs</p>	<ol style="list-style-type: none"> Demonstrating in-depth knowledge and implementing strategies to continually develop and strengthen knowledge of population health cancer screening programs and the National Cancer Screening Program of Service Provider Personnel engaged to deliver the Services. 								
	<p>2-b Call Centre Quality</p>	<ol style="list-style-type: none"> Refer to Service Level 2-a. 										

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SERVICE STANDARDS																																									
<p>Key Points of Operation</p> <ul style="list-style-type: none"> The Services Standards consist of twenty-one (21) purely quantitative measures and are aligned to the Services and are to be measured from the perspective of End Users. The Service Standards may be used to inform and assess all Service Levels as relevant. <p>Service Standards</p> <p>The following table lists all the Service Standards from the Services Agreement. The Service Standards that are shaded blue are agreed (5, 8, 9, 10, 11, 14, 15, 16, 17, 18, 19, 20), those shaded orange are agreed in-principle but wording is to be finalised (1, 2, 3, 4, 6, 7, 12). Those Service Standards that remain unshaded are yet to be agreed (13, 21).</p>																																									
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