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Executive Summary

In 2015, Southern Adelaide Local Health Network (SALHN) implemented a new Clinical Leadership Structure which included the establishment and appointment to new co-director positions. For Surgery and Perioperative Medicine (SAPOM), this governance structure meant the following four positions would report to the new role of Co-Director, SAPOM:

- Manager Operations
- Site based Director of Nursing Noarlunga Hospital
- Nursing Director Perioperative Services SALHN
- Nursing Director Surgery Stream SALHN

Since the implementation of SALHN’s Clinical Leadership Structure, SAPOM’s reporting structure to the Co-Director has largely remained unchanged, and whilst services have continued to be delivered, there is some disparity between roles and associated functions across the four positions listed above.

To better align activity and related functions across the Division and reflect the Clinical Leadership Structure implemented in 2015 it is proposed a reallocation of reporting arrangements and review of current workloads and roles and responsibilities between the four listed positions in scope and the role of Co-Director be undertaken.

The aim of the review is to ensure there is:
- Clear reporting lines for staff
- Consistent leadership
- A SALHN focus for all SAPOM senior nursing leadership roles across SALHN
- Comparable workloads, roles and responsibilities for those positions in scope.

To facilitate this process a preliminary internal review and assessment of current workload and roles and responsibilities of these roles has been evaluated by the Co-Director, Director of Nursing Noarlunga Hospital and the SAPOM Nursing Directors to provide information to support the consultation phase.

Based on this evaluation the options for consideration include the implementation of eight proposed recommendations to enable the SALHN Clinical Leadership Structure 2015 to be reflected in the SAPOM structure.
1. Purpose

The purpose of the SAPOM Service Realignment Plan Version 1.3 is to provide information about the current and proposed SAPOM Governance structure and eight associated proposed recommendations proposed for implementation to achieve the Governance structure.

2. Introduction

The SALHN Clinical Leadership Structure 2015 identified the new governance structure for SALHN after the appointment of the new co-director positions.

SALHN Clinical Leadership Structure

To reflect this new governance structure a reallocation of reporting arrangements and review of current workloads and roles and responsibilities between the Co-Director, Director of Nursing and Nursing Directors within SAPOM needs to be undertaken.

The aim of the review is to ensure there is:

- Clear reporting lines for staff
- Consistent leadership
- A SALHN focus for all senior nursing leadership roles within SALHN
- Comparable workloads, roles and responsibilities for those positions in scope.
To facilitate this process a preliminary internal review and assessment of current workload and roles and responsibilities of these roles has been evaluated by the Co-Director, Director of Nursing Noarlunga Hospital and the SAPOM Nursing Directors to provide information to support the consultation phase. Based on this evaluation the options for consideration include the implementation of eight proposed recommendations to enable the SALHN Clinical Leadership Structure 2015 to be reflected.

3. **Background**

The introduction of the governance structure as identified above for SAPOM resulted in the following four positions reporting to the new role of Co-Director, SAPOM:

- Manager Operations
- Site based Director of Nursing Noarlunga Hospital
- Nursing Director Perioperative Services SALHN
- Nursing Director Surgery Stream SALHN

Although identified within this structure, the Manager Operations role is currently being reclassified as part of a separate process and was therefore deemed out of scope for this plan.

To enable an understanding of current workloads and roles and responsibilities the Co-Director has met with each of the SAPOM Nursing Directors and Director of Nursing both individually and as a group.

The review identified there were:

- Portfolio area(s) that may be governed by any of the roles within scope.
- Portfolio area(s) currently within SAPOM governance that may better fit within other divisions.
- Portfolio area(s) that may be governed by the Director of Nursing role as discrete SAPOM portfolios for ongoing management.
- Portfolio area(s) that may be governed by the Co-Director SAPOM

The proposed future state for roles and responsibilities and workloads for the positions in scope was then developed with consideration given to:

- Clear reporting lines for staff
- Provision of consistent leadership
- A SALHN focus for all senior leadership roles within SALHN
- Comparable workloads roles and responsibilities for those positions within scope
- Current workload and roles and responsibilities of individuals
- Current governance arrangements
- Current and future relationships between divisions and departments
- The skill set of the staff working within divisions and departments
- Current leadership meeting membership
- Future leadership and career opportunities
- Current movement of staff between areas
- Current management processes
- Current and future FTEs within each portfolio
The SALHN clinical reconfiguration and decommissioning of RGH

The information gathered from this review has then been used to identify the SAPOM current and proposed future state for workloads and roles and responsibilities.
### SAPOM Governance

<table>
<thead>
<tr>
<th>Current State</th>
<th>SAPOM Nursing Director</th>
<th>Director of Nursing Noarlunga Hospital</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perioperative Nursing Director</td>
<td>All FMC surgical wards 5B,C,D,E,F; 6B,C</td>
<td>NH Site responsibilities</td>
<td>Orthopaedic and Urology NC s(RGH)</td>
</tr>
<tr>
<td>Perioperative Services including Operating Rooms and NH Procedure Rooms</td>
<td>DOSA (FMC)</td>
<td>DoN professional responsibilities</td>
<td>RGH wards</td>
</tr>
<tr>
<td>Perioperative Services including Operating Rooms and NH Procedure Rooms</td>
<td>Endoscopy (FMC)</td>
<td>Surgical portfolio</td>
<td></td>
</tr>
<tr>
<td>Pre-admission (RGH, NH)</td>
<td>Pre-admission (FMC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day Surgery (RGH, NH)</td>
<td>Breast unit (FMC)</td>
<td></td>
<td></td>
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<tr>
<td>Day of Surgery Admissions (RGH, NH)</td>
<td>Liver transplant unit transplant coordinators (FMC)</td>
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<tr>
<td>CSSD</td>
<td>Professional lines for FMC surgical OPD clinics (NUM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endoscopy (RGH, NH)</td>
<td>Professional lines for NCs/NPs (vascular, Neuro, ENT, Ortho, plastics and reconstruction, Breast, liver, upper GI, stomal therapist, IBD nurse, wound management NP, Sarcoma NP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICS (RGH)</td>
<td>Research nurse vascular</td>
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<tr>
<td>Acute Pain Unit</td>
<td>Elective surgery NUM and Elective surgery strategy coordinator</td>
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<tr>
<td>Chronic Pain Unit</td>
<td></td>
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<tr>
<td>Flinders eye centre</td>
<td></td>
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<tr>
<td>ORMIS team</td>
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<tr>
<td>Anaesthetics</td>
<td></td>
<td></td>
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<tr>
<td>Flinders Eye Centre - professional and operational reporting for associated nursing positions</td>
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</tr>
</tbody>
</table>
Proposed future state based on all feedback provided throughout process

<table>
<thead>
<tr>
<th>Perioperative Nursing Director</th>
<th>SAPOM Nursing Director</th>
<th>Director of Nursing Noarlunga Hospital</th>
<th>Other</th>
</tr>
</thead>
</table>
| • Peri-operative Services including all Operating Rooms and all Procedure Rooms (SALHN)  
• Acute Pain Unit  
• Chronic Pain Unit  
• Flinders eye centre  
• ORMIS team  
• Anaesthetics  
• Flinders Eye Centre - professional and operational reporting for associated nursing positions | • Surgical wards (SALHN)  
• Surgical NCs/NPs (SALHN) and speciality units consistent with portfolio including Vascular, Neurosurgery, ENT, Orthopaedics, Plastics and Reconstruction, Breast, Liver Transplant, Upper GI, Stomal Therapist, wound management, sarcoma and urology  
• Professional reporting lines for FMC surgical OPD clinics (NUM)  
• Research nurse Vascular  
• Pre-admission (SALHN)  
• DOSA units (SALHN) | • NH Site Responsibilities  
• DoN professional responsibilities  
• Surgical strategic projects as identified e.g. dental service  
• Professional reporting lines for NH Surgical OPD clinics (NUM)  
• PORTFOLIOS  
• CSSD (SALHN)  
• Endoscopy (SALHN) | • MICs  
Co-Director  
• Elective surgery booking team (SALHN) |

SAPOM Governance Future State based on all feedback provided throughout process.

For the affected services, a change of reporting arrangements will be required.
There will be no impact on existing FTE.
There will be no change to the overall FTE numbers or classifications within each of the surgical services listed above.
For the services where a re-alignment to an alternative nursing director is recommended, a change in reporting arrangements will be required. This will be the only impact for these staff.
Staff whose service are not being re-aligned will not be impacted in any way.
4. **Recommendations**

Based on the preliminary internal review of reporting arrangements, current workloads and roles and responsibilities between the Co-Director, Director of Nursing and Nursing Directors within SAPOM the following eight proposed recommendations have been made:

1. The SALHN Elective Surgery Team re-aligns to the Co-Director SAPOM
2. All SALHN Endoscopy units re-align to the Director of Nursing- Noarlunga
3. All SALHN CSSDs re-align to the Director of Nursing- Noarlunga
4. All SALHN Pre-Anaesthetic clinics align to the Nursing Director Surgery Stream SALHN
5. All SALHN DOSA units to align to the Nursing Director Surgery Stream SALHN
6. All SALHN Surgical wards (including day surgery) and associated specialty unit surgical NCs/NPs to align to the Nursing Director Surgical Stream SALHN
7. Negotiations occur with the Division of Medicine regarding the governance of MICs.
8. Chronic pain remains as part of SAPOM under the governance of the Nursing Director Perioperative Services

5. **Next Steps**

Formal consultation process regarding the proposal for the Surgical and Perioperative Medicine Portfolio Realignment will commence in September 2017.

Directly impacted staff will be invited to attend meetings to discuss the proposed changes.

Feedback and/or comment will be welcome from staff and union bodies after the staff consultation meetings and may be provided during a two week consultation period closing 13 October 2017.

A final version of the Surgical and Perioperative Medicine Portfolio Realignment will be provided following review of the feedback received during the consultation period.

The final plan/recommendations will be implemented from November 2017.