



The Adelaide Health Service

Consultation paper

1. The Adelaide Health Service

From 1 July 2010, the Adelaide Health Service will be formed by combining the Southern Adelaide Health Service and the Central Northern Adelaide Health Service.

This new organisation will be responsible for the operation of all public hospitals, primary care and mental health care in Adelaide with the exception of services provided by the Children, Youth and Women's Health Service, which includes the Women's and Children's Hospital.

This document outlines the proposed management arrangements for the Adelaide Health Service. It has specifically been developed for consultation with staff and stakeholders. It is important to recognise that many elements of the new organisation's management structure will be defined by senior managers and clinical leaders who will be appointed over the coming months.

The management framework outlined in this document provides for a leaner executive structure with strong clinical leadership. This change alone will save in excess of \$1m per annum.

There are further efficiencies that will be created from the amalgamation of services. Additional savings will be identified as soon as senior positions are in place. The result will be a modern health service with a focused and effective organisational structure that is capable of providing an efficient and effective health service to our community and in doing so, deliver the outcomes envisaged in *South Australia's Health Care Plan 2007- 2016*.

The organisational structure will be reviewed after 12 months to ensure that it is meeting these expectations.

2. The drivers for change

There are a number of local, national and international factors that require health services and their management to evolve and improve. These include:

- > our growing and ageing population
- > technological improvements which provide new options for treatment
- > an increasing burden of complex chronic diseases.

There is also increasing recognition that a continued over reliance on hospital services to manage health conditions is not the most effective way to achieve the best health outcomes and improve quality of life for our community. It will also not be affordable in the long term.

The need for health reform is reflected in state and national health reform agendas. These include *South Australia's Health Care Plan 2007-2016* and the Australian Government's plans to establish hospital networks and primary care organisations.

3. Why create a single Health Service for Adelaide?

The primary aim of forming the Adelaide Health Service is to improve the quality of health services to the community. With the increasing cost of health care it is important that as much of the resources available are allocated to direct service provision. The new Adelaide Health Service will allow economies of scale in administrative services, by reducing duplication.

Implementing *South Australia's Health Care Plan 2007-2016* requires a stronger focus on the needs of patients as they require services across the range of primary, secondary and tertiary health services. The Adelaide Health Service will bring all the elements of the health system together in both the planning and delivery of its services.

4. Structuring the Adelaide Health Service to meet the challenges

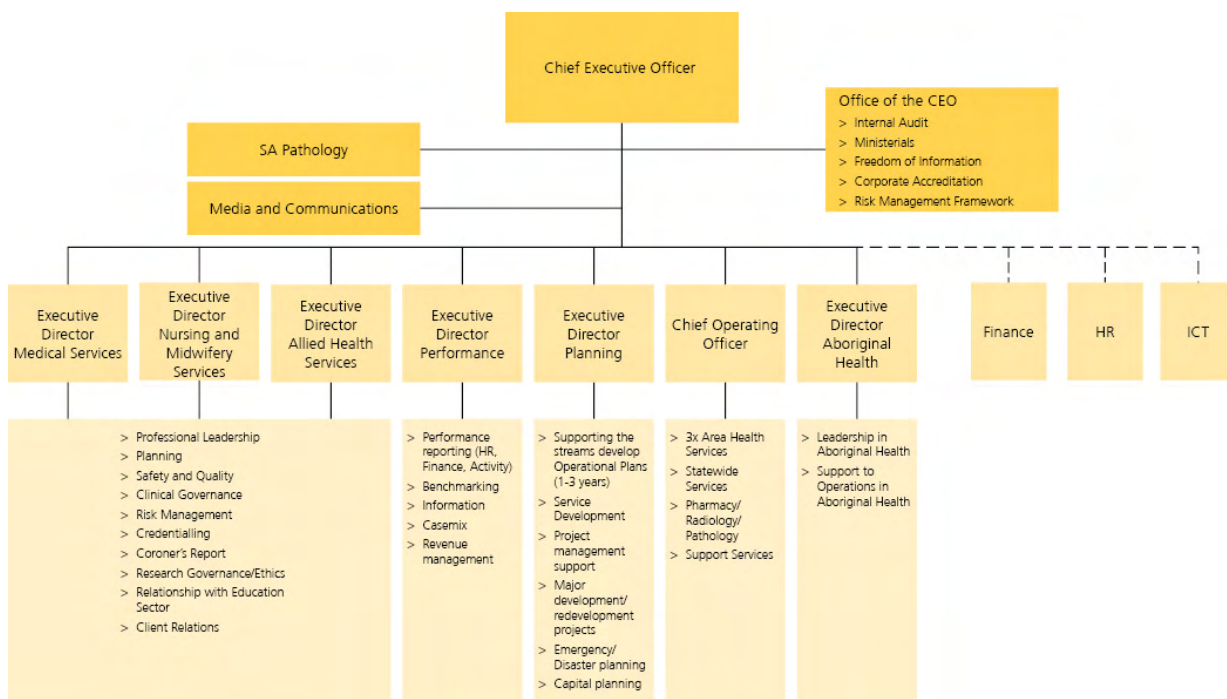
The Adelaide Health Service will have:

- > greater involvement and leadership by clinicians from the primary, secondary and tertiary health sectors in both the planning and implementation of programs
- > flexible delivery of services close to where people live whenever possible
- > maximum delegation to local decision makers
- > highly efficient and responsive support services
- > a strong focus on effective operational planning to complement the strategic role of the Department of Health.

5. What will the management frameworks for the Adelaide Health Service look like?

The Adelaide Health Service will be managed by a Regional Leadership Team.

The Adelaide Health Service Regional Leadership Team



Chief Executive Officer

The Chief Executive Officer for the Adelaide Health Service is accountable to the Chief Executive, Department of Health for the planning, leadership, corporate functions, organisational operations and overall performance of the Adelaide Health Service.

The CEO will promote the integration of services, continue to develop a primary care approach and work towards coordination across the continuum of care within an environment of continuous improvement and open consultation.

The CEO will be supported by a Regional Leadership Team comprising the positions shown in the previous diagram.

While SA Pathology will be part of the Adelaide Health Service as of 1 July 2010, it is expected that it will, in due course, become a separate organisation.

Professional Leadership will be provided by medical directors, nursing and midwifery directors and allied health directors. They will have responsibility for planning, clinical governance, client and consumer relations, clinical training, research governance/ethics and building relationships with the research and education sectors. Over the next few months, clarification will be required regarding the precise nature of the collective and individual responsibilities for these activities.

The **Executive Director Performance** will be responsible for developing and implementing the Performance Management and Accountability Framework for the Adelaide Health Service. This includes the development of a suite of benchmarks and the provision of information to support decision making by local management teams.

The **Executive Director Planning** will be responsible for the development of annual operational plans for the Adelaide Health Service to assist the clinical teams in developing their services with a focus on a one to three year timeframe.

The two current regional health services have a number of groups undertaking important service development activities. In the first few months of the Adelaide Health Service these groups need to be consolidated to provide a coordinated and consistent approach to this work.

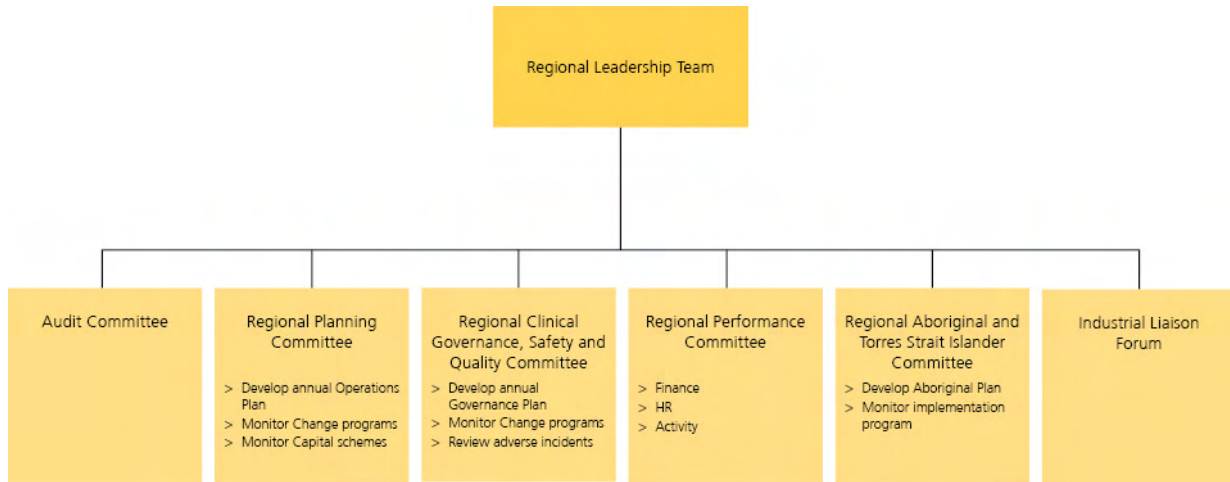
The **Chief Operating Officer** will take responsibility for the day to day operational management of all health services across the Adelaide Health Service. This will include primary, acute and mental health services across both community and hospital settings. These services will be configured into three Area health services (South, Central and North), Statewide Health Services and Support Services.

The **Executive Director Aboriginal Health** provides leadership and advice on Aboriginal health issues. This position is also responsible for ensuring that clinical services receive the advice, support and direction they need in order to deliver effective and culturally acceptable services for Aboriginal and Torres Strait Islander people. The Executive Director Aboriginal Health will also provide advice on the implementation of the Aboriginal Health Impact Statement.

Finance, ICT and Human Resource services are provided by the Department of Health. Key finance, ICT and HR leads assigned to the Adelaide Health Service will be members of the Adelaide Health Service Regional Leadership Team to ensure they provide effective and responsive advice and support.

6. The Adelaide Health Service Governance Committee Framework

The Adelaide Health Service will be managed by the Regional Leadership Team and supported by the following committees and forums.

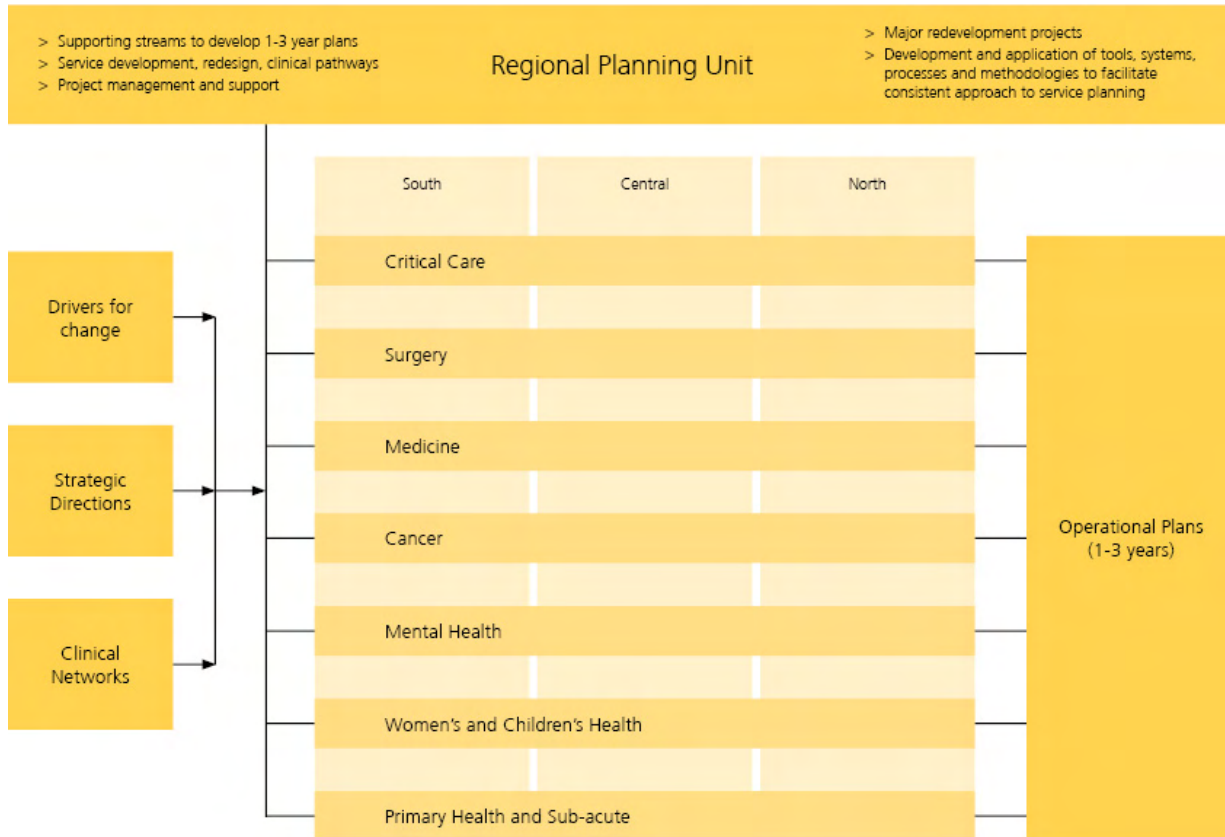


These committees will comprise members of the Regional Leadership Team and other representatives as appropriate. It is anticipated that the Regional Performance Committee will meet on a monthly basis whereas the other committees will meet less frequently.

These will be formal decision making committees and the sub committee structures will be determined over time.

7. The Service Planning Framework of the Adelaide Health Service

Planning will be undertaken across the Adelaide Health Service. The framework for clinical service planning is illustrated in the following diagram. The same framework can be used for other planning activities.



Planning will take place within the framework of the health plans that are already in place. These include

- > *South Australia's Health Care Plan 2007-2016*
- > *SA Health Aboriginal Health Care Plan 2010 – 2016*
- > *Stepping Up Mental Health Action Plan*
- > *GP Plus Strategy*
- > *Statewide Service Plans*
- > *Clinical Network Plans*
- > *Australian Government National Health and Hospital Reform Agenda*
- > *National Partnership Agreement (COAG).*

The focus of planning within the Adelaide Health Service will be on converting these high-level strategic health plans into specific detailed plans for implementation.

These operational plans will articulate detailed service changes and actions required over a one to three year period, taking into account the practical issues of workforce, relationships with general medical practice, capital programs and financial implications. This will need to be undertaken in a consistent way and allow timely monitoring of progress. It is intended that community and consumers will be engaged throughout the service planning process.

8. The Performance Management Framework for the Adelaide Health Service

A Performance Management Unit (PMU) will be responsible for developing and implementing the Performance Management and Accountability Framework for the Adelaide Health Service. This includes the development of a suite of benchmarks and information to support local management teams.

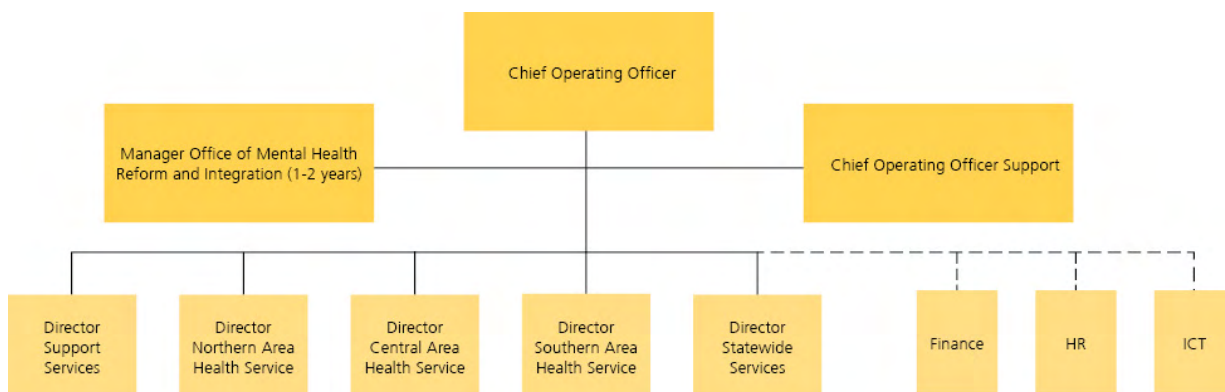
A key feature will be the provision of regular and timely key performance indicator data and analysis of performance to support local managers/decision makers and assist with strategies to address underperformance. This information will cascade to all levels of management teams in line with the organisational structure.

There will be a number of stages in the performance management accountability framework.

- > Standard monitoring: monthly meeting between the PMU, Chief Operating Officer and area health service directors.
- > Performance watch: fortnightly meetings between the PMU, Chief Operating Officer and relevant directors and service managers to address areas of potential concern.
- > Intensive monitoring: weekly meetings between the PMU, Chief Operating Officer and relevant directors and service managers to address areas of concern.
- > Quarterly review: Chief Operating Officer, PMU and area health service directors will review performance and agree on priorities and targets for the next quarter.
- > Annual review: Chief Executive Officer, Chief Operating Officer, PMU and area health service directors to review performance and agree on priorities and targets for the next quarter.

9. Management of the Health Services

The Chief Operating Officer will be responsible for the day to day operations of all health services. These services will be configured into three area health services, Statewide Health Services and Support Services.



It is recognised that mental health services in SA are currently implementing a significant reform program. To ensure that the momentum of these reforms is maintained in a consistent way across the Adelaide Health Service, the **Manager, Office of Mental Health Reform and Integration** will be retained for around two years and will report to the Chief Operating Officer. This office will provide leadership for the consistent implementation of the Mental Health Reform Agenda across the three area health services and work collaboratively with the Department of Health's Mental Health Unit.

Director Support Services

In order to free up health service managers to focus on clinical service delivery, a number of clinical and non-clinical support functions will be managed on an organisation wide basis, rather than by each area health service.

This framework will have a number of advantages in that it will ensure that there is a consistent approach to these services across the region. Economies of scale should enable the region to reduce its overhead costs and the area health managers can concentrate their efforts on the provision of clinical services

Clinical Support Services

- > Radiology
- > Pharmacy
- > Pathology (expenditure not SA Pathology)
- > Medical Records
- > Library

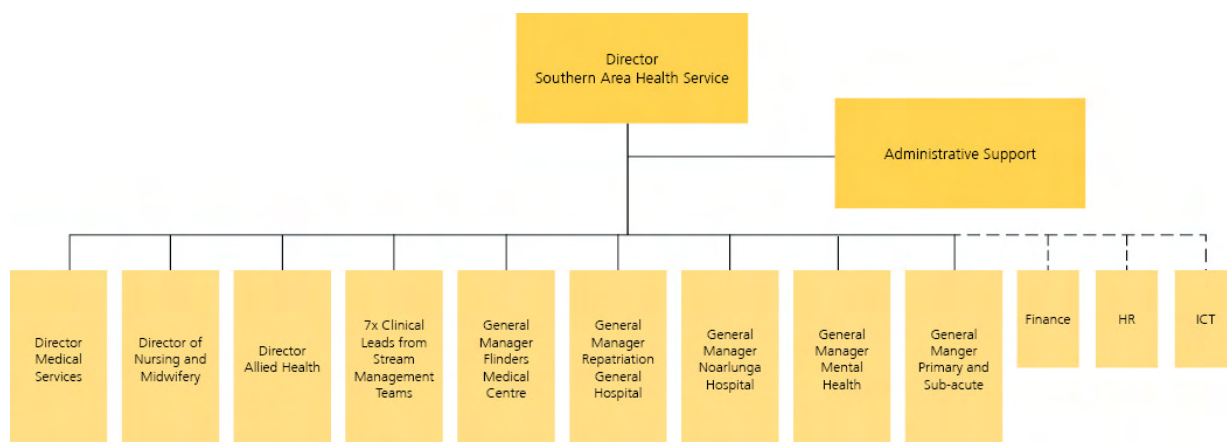
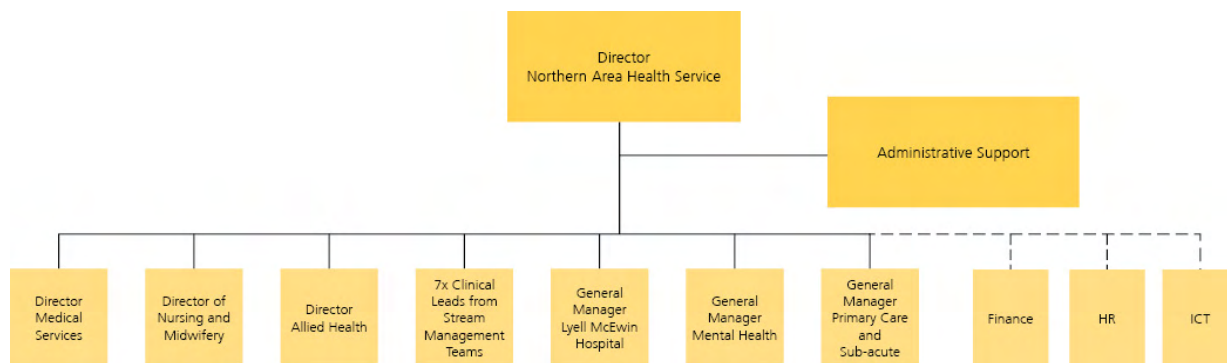
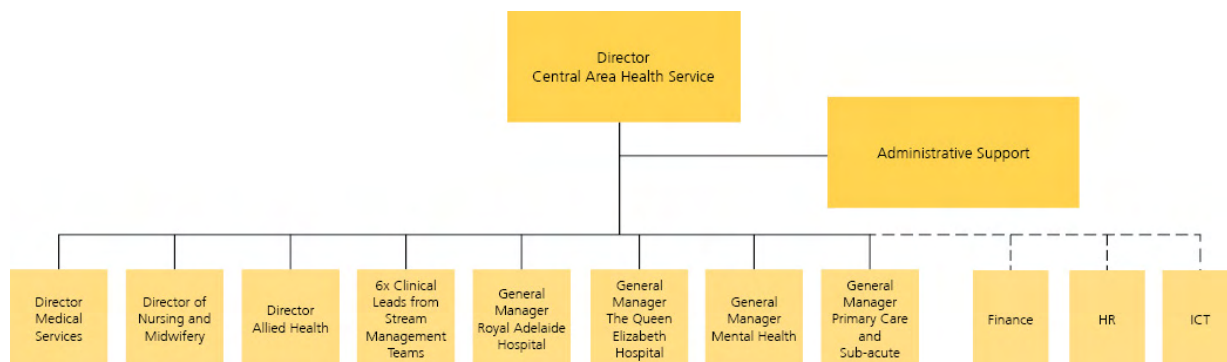
Non Clinical Support Services

- > Engineering and Building Services
- > Biomedical Engineering
- > Asset Sustainment
- > Fire Services
- > Security
- > Parking
- > Contract Management
- > Property Management and Leasing
- > Cleaning
- > Catering
- > Laundry/Linen
- > Environmental Services
- > Corporate Records
- > Switchboard and Telephony
- > ICT Business Management

10. Area health services

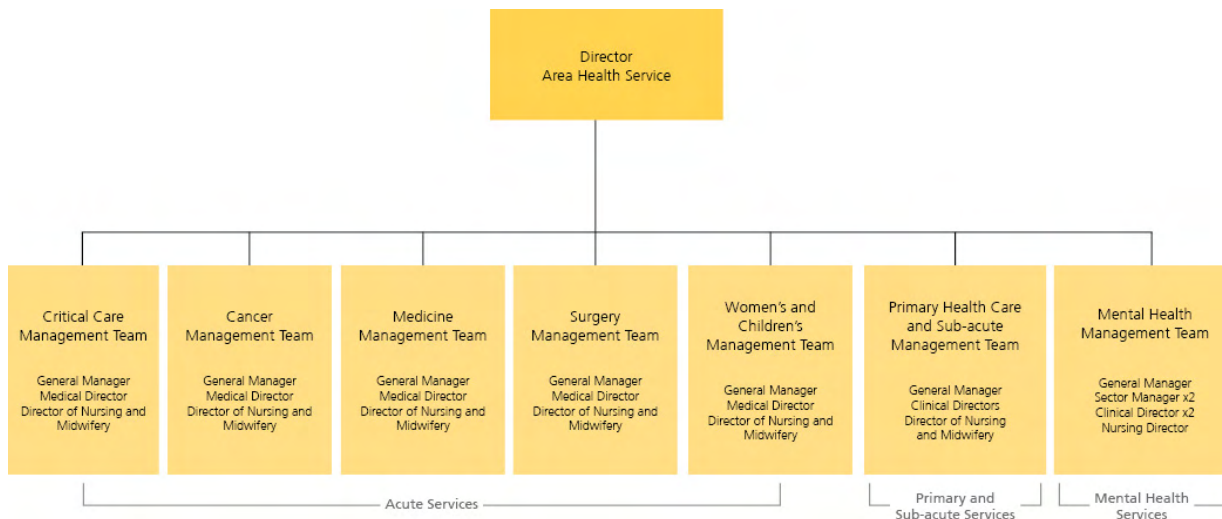
In line with the SA Health Care Plan each area health service will include one major specialist hospital and one or two smaller general hospitals, together with primary, sub-acute health services and mental health services.

Area Health Service Leadership Teams



Professional leadership within each area health service will be provided by Directors of Medical Services, Nursing and Midwifery and Allied Health. These Directors may be drawn from Clinical Directors and Nurse Directors of units within the new organisational structures.

The key feature of the three area health services will be a shift of management and leadership away from institutions to 'Clinical Streams' which will be led by teams of clinical leaders as well as General Managers.



Note: Women's and Children's Clinical Stream will only be within Northern and Southern Areas.

At present there are inconsistencies with the configuration of services across the regions. The intention is to achieve, wherever possible, a consistent approach. There may, however, be valid reasons for a variation to continue.

The Chief Executive Officer and the Chief Operating Officer will be responsible for agreeing the appropriate alignment of services within these streams. The principle of managing services on a clinical stream basis is paramount. It is expected that services within the streams will be managed consistently with this approach. For example, the medical clinical stream may include a sub stream of respiratory services.

Acute Services

The Clinical Stream Management Team will comprise of a General Manager, Medical Director and a Director of Nursing and Midwifery.

The **General Manager** will have responsibility for a hospital, site and/or service as well as being the accountable officer for one or more of the clinical streams.

The **Director of Nursing and Midwifery** will provide professional leadership for the nursing services within that clinical stream in addition to operational management responsibilities. This will include practice standards and workforce planning amongst others. This Director of Nursing and Midwifery will have a professional line of reporting to the Area Director of Nursing and Midwifery.

The **Medical Director** will provide professional leadership for the medical services within a clinical stream in addition to the operational management responsibilities. This will include practice standards and workforce planning amongst others. This Medical Director will have a professional line of reporting to the Area Director of Medical Services.

Theatres, anaesthetics and hospital based outpatient services will be managed across all sites in each area health service by a nominated General Manager with professional reporting lines to the area professional leads.

It is recognised that a site management function is still required. For this reason, General Managers will have dual responsibility for site management as well as managing a clinical stream. In a similar way, a Director of Nursing in one of the clinical streams could also have site based responsibilities, for example, managing after hours nurse coordinators. However, it is not the intention to have site specific Directors of Nursing and Midwifery.

Primary and Sub-acute

Establishing area management teams will allow us to deliver on the federal government reforms and continue to develop services that support the sub-acute reform agenda.

The Primary and Sub-acute services within each area health service will include Primary Health Care, Rehabilitation, Palliative Care and Aged Care.

Currently, inpatient rehabilitation services are managed by the Acute sector through the relevant Hospital. Decisions whether to move inpatient rehabilitation services to the Primary and Sub-acute streams of the area health service will be made when the Commonwealth health reform processes are finalised.

Mental Health

The Mental Health Management Teams in each of the three area health services will be responsible for the delivery of mental health services for their populations.

It is envisaged that each of the General Managers within Mental Health will be allocated portfolio responsibilities relating to aged care, community and rehabilitation services, forensic and Owenia House as well as acute and quality. There will be a nursing director in each of the area health services with the professional reporting line to the Area Health Service Director of Nursing and Midwifery.

11. Statewide services

Some health services are best operated on statewide rather than on an area health service basis. The statewide services included in the Statewide Services Division of the Adelaide Health Service as of 1 July 2010 will be:

- > SA Dental Service (including the Adelaide Dental Hospital, the School Dental Service and the Community Dental Service)
- > BreastScreen SA
- > Prison Health
- > Drug and Alcohol Services SA (DASSA)
- > Donate Life.

12. Transition to the new Adelaide Health Service

The position of Chief Executive Officer of the Adelaide Health Service has been filled and it is planned to fill many of the other senior positions outlined in this consultation paper before 1 July 2010. Existing senior staff on executive contracts will be considered for positions in the new health service in the first instance.

Following the appointment of the key senior positions, subsequent levels of the Adelaide Health Service organisational structure will be filled.

It will not be possible to appoint to all positions by 1 July 2010. Therefore there will be a period of transition, with the transition of staff to the Adelaide Health Service to occur in accordance with Human Resource Principles and Procedures. Consultation is still occurring with the relevant industrial bodies regarding the Human Resource Principles and Procedures. Once in principle agreement has been reached, the Human Resource Principles and Procedures will be available.

The principles and procedures will apply for the duration of the transition to the Adelaide Health Service.

In accordance with state public sector redeployment policy, any unplaced ongoing employee will be provided with suitable work at their substantive remuneration level until placed in a suitable ongoing position.

Employees will be provided with support and assistance through the change process.

An Aboriginal Health Impact Statement will be developed and issued in due course.

Feedback required by 5pm on Monday 21 June 2010 to adelaidehealthservice@health.sa.gov.au