SERVICE LEVEL AGREEMENT

FOR THE PERIOD OF:

1 JULY 2016 – 30 JUNE 2017

THIS IS AN AGREEMENT BETWEEN:

CHIEF EXECUTIVE, DEPARTMENT FOR HEALTH AND AGEING

AND

CHIEF EXECUTIVE OFFICER, WOMEN'S AND CHILDREN'S HEALTH NETWORK

VERSION CONTROL

Version No.	Changes Made	By Whom	Date
V1	Draft SLA	Nicki Edge	16/05/16
V2	Review and revisions	Jenny Richter	04/06/16
V3	Review and revisions (following WCHN feedback)	Nicki Edge	04/07/16

PARTIES TO THE AGREEMENT

From 1 July 2016 to 30 June 2017

This is a Service Level Agreement (SLA) between the Chief Executive (CE) of the Department for Health and Ageing (DHA) and the Chief Executive Officer (CEO) of the Women's and Children's Health Network (WCHN) which sets out the parties mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectations and performance deliverables for the period of 1 July 2016 - 30 June 2017. This SLA may be updated during the term of the SLA if required and by mutual agreement.

NAOMI DWYER
Chief Executive Officer
Women's and Children's Health Network

Date: 16.8.16 Signed:

~~VICKI KAMINSKI~~
~~Acting~~ Chief Executive
Department for Health and Ageing

Date: 23/8/16 Signed:

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INTRODUCTION

SA Health is committed to transforming the South Australian health system, strengthening performance and improving services and programs to better meet the needs of the South Australian community, to enable patients to have access to the best care, first time, every time.

This vision will be achieved through the DHA as the Commissioner of health and ageing services for the population, the Local Health Network (LHN) as the service provider and its Health Advisory Council (known as the Governing Council) working together in partnership to ensure quality and timely delivery of health care and to continue to build a highly skilled, engaged and resilient workforce based on a culture of collaboration, respect, integrity and accountability.

This SLA formally assigns accountability for the high level outcomes and targets to be achieved during the term of the agreement. It sets out the parties' mutual understanding of their respective statutory and other legal functions and obligations through a statement of expectation and performance deliverables for the period 1 July 2016 - 30 June 2017.

The content and process for preparing this SLA is consistent with the requirements of the *Health Care Act, 2008*. Key elements of this SLA include the health and other services to be provided by the LHN, funding provided to the LHN to deliver these services, purchased activity, and Key Performance Indicators (KPIs).

DEFINITIONS

In this SLA:

2016/2017 means the term commencing 1 July 2016 and ending 30 June 2017.

Chief Executive (CE) means the Chief Executive of the DHA administering the *Health Care Act, 2008*.

Department for Health and Ageing (DHA) means the public sector agency (administrative unit) established under the *Public Sector Act, 2009* with responsibility for the policy, administration, and operation of South Australia's public health system.

Health Advisory Council (known as the Governing Council) means a Health Advisory Council under the *Health Care Act, 2008*. The key role includes monitoring and providing advice on improving clinical care outcomes within the LHN, with a particular focus on local service integration, performance, the safety and quality of services, and risk management.

Local Health Network (LHN) means an incorporated hospital under the *Health Care Act, 2008* with responsibility for the planning and delivery of health services. The LHNs for South Australia are: Central Adelaide Local Health Network (CALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), Country Health South Australia Local Health Network (CHSALHN) and the Women's and Children's Health Network (WCHN).

Local Health Network Chief Executive Officer (LHN CEO) means the Chief Executive Officer of the Local Health Network.

Parties means the CE and the LHN CEO to which the SLA applies.

Policy means any policy document (including directives and guidelines) that apply for SA Health employees, including DHA and LHN policies.

SA Health means the South Australian public health system services and agencies, comprising the DHA, its LHNs, and the South Australian Ambulance Service (SAAS).

Schedule means the schedules to this SLA.

Service Level Agreement (SLA) means this SLA, including the schedules in annexures, as amended from time to time.

South Australia Ambulance Service (SAAS) means the agency acting as the principal provider of ambulance services in South Australia.

Tier 1 Key Performance Indicators (Tier 1 KPIs) are critical system markers which operate as intervention triggers. This means that underperformance triggers immediate attention, analysis of the cause of deviation, and consideration of the need for intervention. This provides an early warning system to enable appropriate intervention as a performance issue arises within critical performance areas.

Tier 2 Performance Indicators are used as supporting indicators to assist in providing context to Tier 1 KPIs when triggered within a specific domain.

TERM OF THE AGREEMENT

This SLA commences on 1 July 2016 and expires on 30 June 2017.

The parties will enter into negotiations for the next SLA at least six months before the expiry of the existing SLA (31 December 2016).

PURPOSE

This SLA formally defines the minimum level of service required from the LHN throughout the term of the agreement and includes the SA Health Performance Framework (Schedule 5) for the delivery of services within agreed KPIs. SLAs function as a:

- Communication tool: The process of establishing an SLA between the two parties helps to open up communication and dialogue on a regular basis for the duration of the SLA.
- Support tool: SLAs provide a shared understanding of the needs and responsibilities of each party and help to avoid or alleviate disputes.
- Measuring tool: SLAs ensure that both parties use the same criteria to evaluate the service quality and safety.

PRINCIPLES

A common set of overarching principles, agreed upon and used by LHNs in the health system, provide a way to achieve an effective, well-managed health system that is highly regarded by the public:

- The SA Health Clinical Commissioning Framework combined with the SA Health Performance Framework (Schedule 5) offers a holistic approach to addressing issues of governance, accountability and performance management in a constructive manner. These shared principles assist SA Health with decision-making and provide the common ground needed for each party to work successfully together to address mutual objectives.

- The South Australian health system is best served by consistent, strategic intent, clear goals, and evidence based decision making and commitments to our patients and community that are shared by all those responsible for making decisions that affect quality outcomes.

- The health system's ability to achieve its strategic direction requires effective and engaged general and clinical leadership and highly skilled, flexible and engaged people right across the system.

- The risks associated with providing or not providing a particular health service are understood, explained and managed.

- There is a commitment to public transparency and accountability on health care plans, system performance, and implications for change demonstrated through effective communication and consultation to the public and staff (particularly clinicians).

- Health services are delivered and maintained within the designated budget in accordance with this SLA and the Health Service Priorities (Appendix 1).

- Health services are managed within a framework of articulated ethics and values that is communicated and understood within the LHN and across the health system.

- LHNs will continue to meet the requirements of South Australian legislation, regulations, DHA policies, and agreements remaining in force during the term of this SLA.

OBJECTIVES OF THE AGREEMENT

The objectives of the SLA are:

- To clarify expectations regarding the delivery of an integrated approach to high quality and safe patient care within the LHN, which supports the system to improve and maintain access to high quality health care in the right setting in line with the South Australian Government's key priorities;

- to promote accountability to government and the community and to provide the framework for the LHN CEOs performance agreement;

- to implement the SA Health Performance Framework (Schedule 5) and to apply this to the functions and responsibilities of LHNs;

- to ensure the DHA, state and national health priorities, services, outputs and outcomes are achieved;

- to assist in developing an appropriate framework for the adoption of the National Efficient Price (NEP) for hospital services;

- to articulate the agreed activity requirements and associated funding allocations and movements; and

- to articulate the KPIs to measure performance of the LHN and the assurances on the LHN's responsibilities in meeting the relevant South Australian legislation, regulations and DHA policy requirements. These service arrangements do not abrogate the responsibilities of the LHN CEO to maintain an effective internal financial and management control environment.

Both parties must:

- Maintain regular dialogue within a professional code of conduct;

- ensure flexibility where there are genuine problems in delivery; and
- maintain honesty and transparency across both parties and with service users and the public.

STRATEGIC CONTEXT

The strategic priorities for SA Health are defined in the Health Service Priorities (Appendix 1). SA Health's key objective is to lead and deliver a comprehensive and sustainable health system that ensures healthier, longer and better lives for all South Australians. Transforming Health will continue to be implemented over the next three years in the pursuit of quality and delivering the best care, first time, every time to all South Australians.

LHNs will be required to develop and deliver operational plans to ensure outcomes related to Transforming Health and other agreed priority initiatives are achieved. LHNs are required to ensure that all applicable Government policies, and requirements issued by the South Australian or Commonwealth Government, are complied with and that planning within the LHN is informed by the government priorities and aligned with these policies.

State-wide and local strategic priorities will be regularly discussed as part of the Contract Performance Meetings.

DHA plans to develop a new Strategic Plan, bringing together the key elements of the current reform agenda, including Transforming Health, the broader reform agenda such as eHealth and mental health reforms, as well as State Government reform objectives. LHNs and SAAS will be expected to develop their own strategic plans which link to the DHA Strategic Plan.

LHNs and SAAS will also be responsible for developing corporate governance plans.

REGULATORY AND LEGISLATIVE FRAMEWORK

LHNs, as incorporated hospitals under the *Health Care Act, 2008*, are responsible for the planning and delivery of purchased health services and ensuring that they comply with the legislation as it applies to them.

LOCAL HEALTH NETWORK ACCOUNTABILITIES

The LHN must comply with:

- The terms of this SLA;
- all legislation applicable to the LHN, including the *Health Care Act, 2008*;
- all Cabinet decisions applicable to the LHN;
- all Ministerial directives applicable to the LHN;
- all agreements entered into between the South Australian and Commonwealth Governments applicable to the LHN; and
- all regulations made under the *Health Care Act, 2008*.

The LHN CEO is responsible for:

- The provision of safe, high quality health care services within agreed financial parameters.
- Managing the LHN budget and performance outcomes as determined by the DHA in accordance with this SLA. This will include ensuring the provision of timely and accurate data and information regarding service delivery, in order to satisfy the requirements of both South Australian and Commonwealth Government performance and funding requirements and compliance with agreed monitoring and reporting arrangements.
- Implementing the National Safety and Quality Health Service (NSQHS) Standards and ensuring that all hospitals are accredited under the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.
- Engaging with the local community and local clinicians and considering their views into the day-to-day operational planning of health services, particularly in the areas of safety and quality of patient care.
- Ensuring the environment and patterns of patient care respect the ethnic, cultural and religious rights, views, values and expectation of all peoples.
- The implementation of local clinical governance arrangements that support a clinical leadership model.
- Working with the DHA through contributing expertise, local knowledge and other relevant information to state service planning, policy development and capital planning.
- Collaborating with Primary Health Care Networks (or other primary health organisations as developed through the Commonwealth Government) to ensure innovative and cost effective approaches to meeting population need and to avoid unnecessary hospital activity.
- Leveraging the assets of the LHN, including the workforce, to produce sustainable quality outcomes.

The LHN CEO is to have structures and processes in place to fulfil statutory obligations and to ensure good corporate and clinical governance, as outlined in *Health Care Act, 2008*, relevant South Australian legislation and regulations, and SA Health policies.

The LHN will exercise its decision making power in relation to all Human Resources (HR) management functions which may be delegated to it by the CE, in respect of health service employees, in a lawful and reasonable manner and with due diligence, and in accordance with:

- Relevant legislation, including the Code of Ethics for the South Australian Public Sector;
- health service directives;
- health employment directives;
- any policy document that applies to the health service employee;
- any industrial instrument that applies to the health service employee;
- and the HR delegations manual.

The LHN must ensure that:

- All persons who provide a clinical service for which there is a national or South Australian legal requirement for registration, have current registration and only practise within the scope of that registration.

- All persons who provide a clinical service, and who fall within the scope of current credentialing policies (i.e. including medical, dental, nursing, midwifery and allied health), have a current scope of clinical practice and practise within that scope of clinical practice (which includes practising within their registration conditions and within the scope of the clinical service framework of the facility (-ies) at which the service is provided).

- All facilities will undertake a self-assessment on an annual basis against the Clinical Services Capability Framework (CSCF) to ensure maintenance and provision of high quality, safe and sustainable services which meet the healthcare needs of our community. This self-assessment must be reported annually to the DHA. For 2016/17 the baseline assessment will be the 2015/16 assessment against CSCF version 1 (Appendix 2).

- The facilities and services outlined in the LHN Service Profile (Schedule 1), for which funding is provided in Purchased Activity and Funding (Schedule 3) continue to be provided.

- Through accepting the funding levels defined in Purchased Activity and Funding (Schedule 3), the LHN accepts responsibility for the delivery of the associated programs and reporting requirements to state and Commonwealth bodies as defined by the DHA.

Accreditation

All South Australian public hospitals, day procedure services, and health care centres managed within the framework of hospital and health services are to maintain accreditation under the AHSSQA Scheme.

Accreditation will be against the ten clinical NSQHS Standards and will include any other standards offered by the accrediting agency engaged by the LHN.

Mental health services must maintain accreditation against the NSQHS Standards and the National Standards for Mental Health Services.

For the purpose of accreditation, the performance of the LHN against the NSQHS Standards can only be assessed by accrediting agencies that are approved by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

Significant Patient Risk

The AHSSQA Scheme requires approved accrediting agencies to notify regulators if a significant risk of patient harm is identified during an onsite visit to a health service organisation.

http://www.safetyandquality.gov.au/wp-content/uploads/2012/12/Significant-patient-risk.doc
Note: this link can only be opened in Internet Explorer

Occupational Health, Safety and Welfare and Injury Management

LHNs must ensure that they comply with the legislation which supports the management of workplace health and safety considerations which includes, but is not limited to:

- *Work Health and Safety Act, 2012*;

- Work Health and Safety Regulations, 2012 and associated Approved Codes of Practice;

- *Return to Work Act, 2014*;

- Return to Work Regulations, 2015;

- South Australian Public Sector Code of Practice for Crown Self-Insured Employers;
- Building Safety Excellence in the Public Sector 2015 - 2020 and associated targets;
- Public Sector Audit Verification for Safety and Injury Management;
- SA Health Work Health Safety and Injury Management System including associated frameworks, KPIs, policy directives, guidelines and corporate procedures;
- Work Health and Safety requirements as specified under the NSQHS Standards.

State-wide Policy and Planning of Health and Emotional Wellbeing Services for Children and Young People, Maternal and Neonatal Services

WCHN has the unique role of leading some state-wide corporate responsibilities including:

- Representing SA Health on national/interjurisdictional/state fora/committees relating to health and emotional wellbeing of children and young people and maternal and neonatal related services.
- Developing evidence based policies, directives, and clinical practice guidelines related to the health care of children and young people, informed by and through the SA Child and Adolescent Community of Practice and gynaecology, conception, pregnancy and newborn health care informed by and through the SA Maternal and Neonatal Community of Practice.

DEPARTMENT FOR HEALTH & AGEING ACCOUNTABILITIES

The DHA must comply with:

- The terms of this SLA;
- the legislative requirements as set out in the *Health Care Act 2008*;
- all regulations made under the *Health Care Act 2008*; and
- all Cabinet decisions applicable to the DHA.

The CE is responsible for:

- Being the system manager and purchaser of public health services and functions through this SLA;
- advocating at whole of government level for appropriate funding and legislative outcomes to support the work of SA Health and ensuring processes to enact legislative change;
- allocating the financial resources provided by the South Australian Government, which may include Commonwealth funding, to health service providers and support service providers in a manner which is transparent;
- system-wide health service planning, including arrangements for providing highly specialised services and adjusting services between LHNs to meet changes in demand;
- issuing policy guidance, regulations and other requirements which support the role of health service providers and support service providers in the delivery of approved services to approved South Australian standards;

- system-wide health service capital planning and management in consultation with the LHNs and SAAS, and project management of all major capital projects;
- collecting and analysing data provided by health service providers and support service providers to support the objectives of comparability and transparency, and to ensure that information is shared in a manner which promotes better state health outcomes; and
- monitoring the performance of health service providers and support service providers against the agreed performance monitoring measures specified in the SA Health Performance Framework (Schedule 5) and LHN CEO Performance Agreements.

TRANSFORMING HEALTH INDEPENDENT PROJECT MANAGEMENT OFFICE

The Transforming Health Independent Project Management Office (IPMO) will continue to provide a suite of assurance support functions to support the successful delivery of the Transforming Health Program. The focus will be to advise, guide and provide assurance services to the Transforming Health Implementation Committee and other SA Health decision making bodies, in respect to key actions to be made in the achievement of program milestones and benefits (related to service delivery change).

The IPMO will advise, guide, and where applicable report, to other relevant program governance bodies and stakeholders within the Transforming Health Governance Framework, SA Health and relevant external stakeholders. The key areas covered by the IPMO are governance and secretariat; planning; program and project performance monitoring; strategy; benefits realisation; risks and issues; program finance; resource management; quality; and stakeholder and information management consistent with SA Health and the Transforming Health Implementation Committee requirements and Transforming Health Program objectives.

The IPMO will work closely with key functional groups across SA Health and the Transforming Health Implementation Partner in monitoring and reporting on the implications of delivery progress on program outcome achievement.

LHN KEY DELIVERABLES

The DHA will convene regular Contract Performance Meetings with LHNs and SAAS to review performance and agree on actions to be taken by Health Services to improve performance where applicable. The primary focus in 2016/17 will be on achieving a balanced budget, reducing the multi- day beds across WCHN in line with Transforming Health financial benefits and associated costs, and delivering other agreed savings strategies and operational priorities.

Key deliverables include:

- Managing activity volumes within agreed parameters and approved budgets;
- managing FTE within agreed parameters and approved budgets;
- achieving the required improvements in length of stay (LOS);
- developing implementation plans for the consistent roll out of new models of care agreed through the Ministerial Clinical Advisory Group (MCAG) and endorsed;
- supporting the smooth transition from Royal Adelaide Hospital (RAH) to new Royal Adelaide Hospital (nRAH); and

- achieving other KPIs to support implementation of Transforming Health and other key strategic priorities, focusing on improving quality, access and efficiency of health care.

WCHN will be required to confirm the strategies for achieving the above key deliverables, in particular the Transforming Health benefits and other savings requirements by August 2016 for review and discussion at the first Contract Performance Meeting.

It is acknowledged that WCHN may be required to assist in managing elective surgery demand across the system during the ramp down of the RAH and that the cancellation of some level 2 and 3 multiday elective surgery may occur which may impact on achievement of elective surgery timeliness targets. WCHN are required to flow their elective activity to work towards achieving these targets and to provide a detailed elective surgery capacity plan that articulates planned service delivery.

The impact on Emergency Department activity and achievement of timeliness targets will be closely monitored.

WCHN will be required to provide regular evidence and assurance that agreed outcomes are being met and to evidence compliance with the Capacity Management Framework and other endorsed operational policies and procedures to support demand management and system improvement.

Implementation plans must be detailed in QuickBase for monitoring.

MANAGEMENT OF SERVICE LEVEL AGREEMENT

Overall management of the SLA rests with the Deputy CE, System Performance and Service Delivery, noting that:

- This SLA may be amended at any time by agreement in writing by both parties;
- the SLA may be varied by the CE as provided in the *Health Care Act, 2008* and/or as a result of agreements between South Australian and Commonwealth Governments; and
- any alterations to the LHN's activity targets and funding levels contained in this SLA must be notified in writing by the Deputy CE, System Performance and Service Delivery, to the Administrator of the National Health Funding Pool within 28 days of doing so.

Where an LHN CEO forms the view that they cannot manage within their budget constraints they are required to report via the mechanism outlined in the SA Health Performance Framework (Schedule 5).

AMENDMENTS TO SERVICE LEVEL AGREEMENT

The parties recognise two types of amendments to the SLA:

1. An amendment to the SLA that only affects the value and/or purchased activity levels.

2. Other amendments to the SLA (e.g. a variation to the content of any schedules).

AMENDMENT WINDOW

In order for DHA to manage amendments across all LHN SLAs, and their effect on the delivery of public health services in South Australia, amendment proposals will be negotiated and finalised during set periods of time during the year known as Amendment Windows.

As per the *Commissioning Technical Bulletin 2 – Requesting Base Workload Amendments*, any amendments to purchased activity and/or value will be reflected in the SLA by the end of each quarter. No further changes will be made after 31 March 2017. Other agreed amendments may be reflected in the SLA in alignment with the Commissioning Technical Bulletin 2 timeframes where applicable, but primarily following mid-year review (end of December 2016).

Amendment Window	Amendments to SLA value and purchased activity	Other Amendments
Amendment Window 1	30 September 2016	
Amendment Window 2	31 January 2017	30 December 2016
Amendment Window 3	31 March 2017	

AMENDMENT PROPOSAL

An amendment proposal is made by:

- The LHN CEO completing the designated Base Workload amendment form or providing an amendment proposal for consideration; or
- the CE providing an amendment proposal to the LHN for consideration.

Subject to the terms of this SLA, any requests for amendment made outside these specific periods are not amendment proposals for the purposes of this agreement and need not be considered by the other party.

A party giving an amendment proposal must provide the other party with the following information:

a) The reasons for the proposed amendment;

b) the precise drafting for the proposed amendment;

c) any information and documents relevant to the proposed amendment; and

d) details and explanation of any financial, activity or service delivery impact of the amendment.

If the CE at any time:

a) Considers that an amendment agreed with the LHN may or will have associated impacts on other LHNs; or

b) considers it appropriate for any other reasons;

then the CE may:

a) propose further amendments to any LHNs affected; and

b) may address the amendment and/or associated impacts of the amendment in other ways, including through the exercise of any statutory powers and/or statutory directions under the *Health Care Act, 2008*.

Amendment proposals that are resolved will be formally documented to this SLA and executed by the CE.

DISPUTE RESOLUTION PROCESS

It is envisaged that both parties will work constructively in the spirit of agreement and goodwill in the provision of funding and the delivery of health services. If one party believes the SLA is not being fulfilled they will in the first instance initiate discussions with the other party to resolve concerns. If either party is dissatisfied with the outcome of these initial discussions the following process will be initiated:

- the dispute must be immediately referred to the Deputy CE, System Performance and Service Delivery, and the LHN CEO who must meet within 24 hours and make their best endeavours to resolve the dispute; and
- If the dispute is not resolved within a further five business days, it must be immediately referred to the CE who will make a determination in order to resolve the dispute.

SCHEDULE 1: WCHN HEALTH SERVICE PROFILE

The primary purpose of the WCHN is to provide quality health services for babies, children, young people and women.

The WCHN comprises the Women's and Children's Hospital (WCH) and a range of metropolitan, rural and remote community based services for children, young people and women across SA and interstate. Services are provided in the context of a multi-disciplinary team that includes nursing, medical, allied health and a range of support staff to deliver high quality care for consumers. The WCHN recognises the importance of early intervention in reducing the risk of poor physical and mental health, social and emotional problems later in life that are at significant cost to our health system and the society as a whole.

WOMEN'S AND CHILDREN'S HOSPITAL (WCH)

The WCH is a specialist facility providing comprehensive acute inpatient and outpatient services for women and children including Emergency and Elective Paediatric Care, Obstetric, Neonatal and Gynaecological Care and state-wide Child Adolescent Mental Health Services.

The hospital is the main referral centre for complex paediatric surgical conditions for South Australia, the Northern Territory and some regional centres in eastern Victoria and eastern New South Wales.

Neonatal Services

The Neonatal Intensive Care Unit (NICU) is a 14 bed unit responsible for the provision of care for babies in need of intensive (Level 6) care born at the WCH, born elsewhere in South Australia, the Northern Territory, western Victoria and the far west of New South Wales. The Special Care Baby Unit (SCBU) is a 35 bed unit caring for babies needing short and long term observation and specialised (Level 4-5) care born at the WCH, born elsewhere in South Australia, the Northern Territory, western Victoria and the far west of New South Wales.

SCBU also provides a Neonatal Early Discharge (NED) program. This allows some babies to go home early on gavage (tube) feeds. Your baby's care is continued in the comfort of your own home with regular visits from experienced SCBU midwives.

Emergency and Critical Care Services

Paediatric Emergency Department

The WCH has a 24-hour, 7 day, major Paediatric Emergency Department and the paediatric complex multi-trauma hospital for the state. Doctors and nurses are on-site 24-hours a day to ensure rapid decision-making, as well as 24-hour diagnostic and imaging services, as appropriate.

The Department of Paediatric Critical Care Medicine (DPCCM) incorporates the Paediatric Intensive Care Unit (PICU), Paediatric High Dependency Unit (PHDU) and the Medical Emergency Team (MET).

The DPCCM is a self-contained facility which provides complex multi-system life support for infants, children, and adolescents, as well as for obstetric women. It acts as the tertiary referral centre for critically ill children in South Australia, the Northern Territory, western New South Wales and western Victoria.

Paediatric Surgery

The WCH Department of Paediatric Surgery is the main referral centre for complex paediatric surgical conditions and provides a service in South Australia which covers the Northern Territory and some regional centres in Victoria and New South Wales.

The Department provides comprehensive clinical services in the specialties of:

- General Paediatric Surgery
- Urology
- Burns
- Neonatal (newborn) Surgery
- Laparoscopic (keyhole) Surgery
- Thoracic Surgery

Specialist Obstetric, and Medical Services for Women

The WCH provides obstetric and gynaecological care and offers women a range of gynaecological services, including advice on many areas of female and reproductive health.

Women who have their babies at the WCH have a range of options regarding the care they receive throughout their pregnancy, during and after the birth of their baby.

The Women's Assessment Unit (WAU) is an assessment unit that is open 24 hours a day, 7 days a week. It provides care for women in labour, women who may be experiencing problems during pregnancy, postnatal problems or reproductive/gynaecological problems, and for babies born at the WCH.

Gynaecological Surgical Services for Women

The WCH has a separate surgical suite with two operating theatres providing day surgery and major gynaecological procedures.

Maternal Foetal Medicine Service (MFMS)

The MFMS is South Australia's only accredited multi-disciplinary service with a diverse medical and midwifery faculty providing expert diagnosis, ongoing surveillance and discerning management for women whose pregnancies are significantly complicated by maternal and/or foetal conditions.

The MFMS is the tertiary referral service for South Australia, western New South Wales, western Victoria and the Northern Territory.

COMMUNITY HEALTH SERVICES

Women's Health Service

The Women's Health Service (WHS) provide clinical services, counselling and groups to address a wide range of health issues experienced by very vulnerable women subjected to domestic and family violence.

Metropolitan Youth Health

Metropolitan Youth Health (MY Health) provide clinical health services and case management for vulnerable young people, engagement support into mainstream services, assessment and management of general medical issues, immunisation, sexual health, antenatal and post-natal

care, parenting programs, well-health checks for Aboriginal young people and young people under the Guardianship of the Minister, as well providing a visiting health service to the Adelaide Youth Training Centre.

Child Development Unit

The Child Development Unit provides a multi-disciplinary team approach to the assessment and management of children with significant developmental concerns such as in speech, language, physical ability and sensory processing. The CDU also provides assessment of Autism Spectrum Disorder.

Disability Service

The Disability Service provides supports to children with complex health needs and disability to ensure participation in community settings such as education, childcare and respite accommodation. Assessment and training is provided by registered nurses who train and delegate care to support workers where appropriate.

Child Protection Service

The Child Protection Service (CPS) provides a 24 hour service to children and young people under the age of 18 for whom there are allegations or concerns that they may have been physically abused or assaulted, and up to the age of 16 in relation to allegations or concerns that they have been sexually abused.

STATE-WIDE SERVICES

The WCHN is a regional centre for women's health and a state-wide provider of neonatal and paediatric care and governs the following state-wide services:

Child and Family Health Service (CaFHS)

CaFHS is an integral part of the early childhood development system in SA, providing services from more than 110 sites to an overall population of approximately 20 000 births per annum. It supports families with children from birth up to five years with a focus on the early years. The CaFHS offers families a first contact visit (Universal Contact Visit) to provide immediate feeding and settling support and advice, as well as screening and targeted services.

All new parents receive a copy of My Health and Development Record (known as the 'Blue Book') that includes information about developmental milestones and activities to support their child's development.

Soon after their baby comes home, the Child and Family Health Service offers the family a first contact (the Universal Contact Visit) to provide immediate feeding and settling support and advice, as well as screening and assisting in the development of goals to assist meeting the needs of their child. Over 90% of the general population and 80% of parents of Aboriginal children engage with the Child and Family Health Service via a Universal Contact Visit.

At the primary health care level, there is a range of services available to families who require a little extra help:

- CaFHS nurses in conjunction with healthdirect Australia
- Parenting groups – utilising parent-infant attachment and Family Partnership principles
- Clinic services (including groups) to support feeding, settling and parenting, including access to Day Service in local regions.

- Access to web-based information (www.cyh.com and www.raisingchildren.net.au)

Youth and Women's Safety and Wellbeing Services

Services dedicated to supporting the health and wellbeing of young people and women who have been affected by violence, particularly interpersonal violence. The services work collaboratively with each other and with external key stakeholders including Families SA, SAPOL, DECD and Housing.

Yarrow Place

Yarrow Place is the lead agency for rape and sexual assault in South Australia. Yarrow Place provides 24 hour crisis response service for recent sexual assault, specialist counselling and group work services, forensic and medical care services, training and community capacity building and intensive therapeutic care for young people under the Guardianship of the Minister who are being sexually exploited.

Women's Health and Safety

The Women's Safety Strategy (WSS) supports the WCHN and SA Health in the implementation of healthcare responses to domestic and Aboriginal family violence. The WSS includes:

Multi-Agency Protection Service

The sharing of information between Government agencies to reduce risk and harm to individuals where there is domestic and Aboriginal family violence. Referrals are direct from SAPOL.

Family Safety Framework

The Family Safety Framework supports integrated service responses to people most at risk of family violence.

Paediatric Rehabilitation

The Paediatric Rehabilitation Department is responsible for the provision of intensive rehabilitation for children/adolescents with an acquired (and often catastrophic) reduction in function due to trauma, illness or medical procedures. The aim is to assist children/adolescents to achieve the highest level of independence, physically, socially and psychologically, in order to maximize their quality of life and their participation within their family and community.

Paediatric Palliative Care

The Paediatric Palliative Care Service partners with families to individualise care, provide specialised expert interdisciplinary team work across locations and diversities offering holistic care and supports families through collaboration and advocacy with health care and community resources.

The Paediatric Palliative Care Service undertakes:

- The provision of clinical and consultative service;
- coordination of general practitioners and health care agencies in the community;
- support for staff in hospital medical units, metropolitan and regional health service centres;
- coordination of services and case management; and

- the provision of education in the specialty of paediatric palliative care.

Toxicology

The WCHN provides a consultant clinical toxicology service to doctors, hospitals, poisons information centres and antivenom producers nationwide. Whilst emergency cases are seen through the Emergency Department of major hospitals, medical advice for doctors is provided and less urgent cases are seen after discussion with the treating doctor.

SA Clinical Genetic Service

The SA Clinical Genetics Service provides a clinical genetics and genetic counselling service within South Australia and in neighbouring areas of adjacent states. Services are provided through a network of clinics at the WCH, the Royal Adelaide Hospital, Flinders Medical Centre, The Queen Elizabeth Hospital, Lyell McEwin Hospital, Port Augusta Hospital, Whyalla Hospital and Mount Gambier Hospital.

SA Cervix Screening Program

The SA Cervix Screening Program aims to increase cervical screening participation rates in SA, and decrease the incidence and mortality rates due to cervical cancer. Targeting vulnerable population groups including those who have experienced interpersonal violence.

MENTAL HEALTH SERVICES

Child Adolescent Mental Health Service (CAMHS) provides specialist tertiary mental health services to the infants, children, young people and families across South Australia.

Acute Services

Boylan Ward is the only designated psychiatric inpatient facility for children and adolescents in South Australia and provides specialised tertiary mental health care and support for children and adolescents with acute mental health problems.

Mental health services are provided to children and young people attending the WCH Paediatric Emergency Department.

Inpatient perinatal mental health services are provided at Helen Mayo House located on the Glenside campus. Helen May House is a state-wide acute mother-baby unit which admits parents (usually mothers) and their children three years or younger, if the parent needs treatment for mental health problems.

Community Mental Health

CAMHS provides specialist crisis, assessment, treatment and therapy mental health services to infants, children, adolescents up to 17 years and perinatal women across various metropolitan Adelaide and country South Australia locations.

Specialist Community Services

CAMHS provides a number of state-wide specialised services and programs including forensic, eating disorders and working with children under the Guardianship of the Minister. The service has a strong focus on working with Aboriginal families and young people.

RELATIONSHIP WITH OTHER SOUTH AUSTRALIAN GOVERNMENT AGENCIES

The WCHN works closely with the Department for Education and Child Development (Families SA), and the Department for Communities and Social Inclusion (Disability SA).

Services carried out by staff providing services related to CaFHS, Newborn and Children's Hearing Services, Parenting SA and The Early Childhood Intervention Program perform their duties exclusively in, or in connection with, the WCHN.

Services carried out by the WCHN staff are delivered under the policy direction of the Department for Education and Child Development.

TEACHING, TRAINING AND RESEARCH

WCHN is responsible for providing teaching, training and research programs for which funding are identified within Purchased Activity and Funding (Schedule 3) of this SLA and as described below:

Learning and Development

Delivering first class healthcare to the people of South Australia now and into the future relies on the knowledge and capabilities of staff and their ability to adapt to changing needs. Learning and development is a critical function in ensuring maintenance and development of the required capabilities and to create a learning culture.

WCHN is responsible for supporting its staff to develop and maintain their knowledge and capabilities, in alignment with their roles and organisational priorities, and for working to ensure that across each LHN, and SA Health as a whole, knowledge is leveraged and the development of organisational and individual capability and a constructive, high performing, learning culture is fostered.

WCHN is required to:

1. Enable staff, through learning and development which supports their ability to perform their role and develop their potential, including:
    - implementation of an annual education and training plan; and
    - annual performance reviews for all staff and development of learning plans.
2. Foster a culture of learning and innovation.
3. Develop and maintain systems and processes that support high quality learning and development.

Clinical Education and Training

In accordance with the NHRA 2011 - 2016, the Independent Hospital Pricing Authority (IHPA) will provide advice to the Standing Council on Health on the feasibility of transitioning funding for teaching, training and research to Activity Based Funding (ABF) by no later than 30 June 2018. Under the terms of this Agreement, South Australia has reaffirmed its commitment to plan and deliver teaching and training and support research provided through its public hospitals.

SA Health is trialling the Clinical Placement Management System (CPMS) for clinical placement allocation and coordination which will be introduced to allow for an easy transition to ABF for teaching training and research under the NHRA 2011 - 2016.

WCHN will maintain clinical placement capacity during the next four years of Transforming Health and will engage with universities, colleges, practitioners and consumers in order to develop appropriate training and research for a transformed health system.

Under the current framework for clinical placements *Better Placed: Transforming Health Education 2016 - 2018*, there are four key goals:

1. Strong partnerships that work;
2. making the most of clinical placement capacity;
3. alignment with workforce need; and
4. high quality learning experiences.

WCHN will be required to demonstrate that clinical placements are offered to students in medicine, nursing, midwifery and allied health. As described in the SA Health *Better Placed: Clinical Placement Guidelines*, WCHN has responsibility to optimise clinical placement capacity and be creative and innovative in identifying alternative and different options to provide quality clinical placements, particularly during times of change or transition. WCHN will also work collaboratively with other LHNs to optimise the available clinical placements across SA Health sites and will consider options for redistribution when required.

The key principles that will underpin the provision of clinical education and training provided in order to ensure that students become the resilient and adaptable clinicians under Transforming Health are:

1. Efficiency and sustainability;
2. respect and understanding;
3. transparency and consistency; and
4. flexibility and responsiveness.

WCHN will provide a wide ranging program of training, education, courses and educational support for WCHN nursing, midwifery and medical staff and for other health care professionals through the Centre for Education and Training.

Research

All research conducted by WCHN should be consistent with the strategic directions and policies of SA Health. WCHN is required to provide sufficient resources and implement processes to ensure appropriate ethical and governance oversight over health and medical research, compliant with the:

- SA Health Research Ethics Policy;
- SA Health Research Governance Policy; and

- other relevant policies, guidelines and frameworks.

WCHN should undertake high quality health and medical research that:

- Provides outcomes that can be translated into SA Health policy and clinical practice;
- responds to SA Health strategic agendas and identified priorities, e.g. Transforming Health;
- is supported primarily by non-operational, external funding sources, e.g. nationally competitive grant funding and commercial funding sources;
- promotes a culture of learning and innovation across the LHNs, and
- attracts and retains high quality medical, nursing, midwifery, allied health and other clinical staff.

WCHN is required to:

- Implement mechanisms to monitor and report on research activity within the LHN.
- Prepare an annual report to the CE, which summarises research activity undertaken at hospitals and sites within the LHN. This should include information on:
  - Total numbers of new research projects initiated during the reporting period;
  - sources of project funding and amounts awarded, highlighting significant grants and grant recipients;
  - expenditure and revenue data, activity implications and associated information on research;
  - significant collaborations with external organisations (e.g. universities, Health and Medical Research Institutes);
  - any significant Intellectual Property and commercialisation opportunities identified as a result of research activity, and
  - the relevance and links between research activity and SA Health policy and strategic directions, including research translation opportunities.
- Report on the percentage of research time and funding provided to allied health and nursing.

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WCHN HEALTH SERVICES

WCHN INPATIENT SERVICES		WCHN OUTPATIENT AND AMBULATORY SERVICES
Paediatric Medicine		
Allergy & Immunology	√	√
General Medicine	√	√
Cardiology	√	√
Dermatology	√	√
Endocrinology & Diabetes	√	√
Gastroenterology	√	√
Haematology	√	√
Neurology	√	√
Oncology	√	√
Metabolic	√	√
Palliative Care	√	√
Rehabilitation	√	√
Renal Medicine (Nephrology)	√	√
Dialysis Services		√
Respiratory	√	√
Rheumatology	√	√
Clinical Genetics Service		√
Paediatric Gynaecology	√	√
GENERAL SURGICAL		
Paediatric General Surgery	√	√
Burns	√	√
Cardiothoracic	√	√
Dentistry/Oral surgery	√	√
Craniofacial	√	√
ENT	√	√
Neurosurgery	√	√
Orthopaedic	√	√
Ophthalmology	√	√
Plastic	√	√
Paediatric Major Trauma Service	√	
Urology	√	√
Stomal Therapy	√	√
Acute Pain Service	√	
MENTAL HEALTH		
Psychiatry	√	√
CAMHS		√
WOMEN'S & BABIES	√	√
Neonatal	√	√
Obstetrics	√	√
Gynaecology	√	√
Domiciliary Midwife Service		√

WCHN INPATIENT SERVICES		WCHN OUTPATIENT AND AMBULATORY SERVICES
Maternal Fetal Medicine		√
Antenatal Care/Education	√	√
Midwifery Group Practice	√	√
Clinical Genetics Service		√

SCHEDULE 2: WCHN TARGETS FOR 2016/17 (AS PER AGENCY STATEMENTS)

1. Establish the Adelaide Immunisation Centre for Excellence to increase vaccination rates for women and children.
2. Implement telehealth solutions to improve access to care for country children.
3. Work towards achieving the recruitment target of 13 ASO1/2 positions for the Premier's initiative *Recruit Jobs4YouthSA*.

SCHEDULE 3: PURCHASED ACTIVITY AND FUNDING

INTRODUCTION

This schedule sets out:

- The activity purchased by the DHA from the LHN; and
- the funding provided for delivery of the purchased activity.

DEFINITIONS

In this schedule:

Activity Based Funding (ABF) refers to the ABF framework which allocates health funding to hospitals based on the standardised costs of health care services. The framework promotes smarter health care choices and better care by placing greater focus on the value of the health care delivered for the amount of money allocated.

Service Agreement Value means the figure set out in Purchased Activity and Funding (Schedule 3) as the annual service agreement value of the services purchased by the DHA.

BUDGET ALLOCATION 2016/17

BUDGET ALLOCATION - WOMENS' AND CHILDRENS' HEALTH NETWORK
2016-17

	$ Revenue	$ Expenditure	$ Net Result
FUNDING TO BE PROVIDED COMPRISES:			
DH Recurrent Appropriation	368,377,000	0	
ABF Operating, Statewide, Mental Health & Intermediate Care	23,884,000	390,012,000	
Other Operating	(5,496,000)	0	
Inter Entity/Intra Portfolio	12,901,000	12,901,000	
Special Purpose Funds & Other Own Source Revenue	22,658,000	22,374,000	
Capital	5,636,000	0	
Non-Cash Items	0	11,535,000	
ALLOCATION	**427,960,000**	**436,822,000**	**(8,862,000)**

Note:
Capital revenue is recognised in full as an Operating Budget allocation whereas Capital expenditure is only recognised in the schedule where the budget is Operating in nature. Capitalised expenditure budget will be recognised in the Projects Module and will be allocated in line with approved allocations.

Annual Program allocations are being finalised and therefore have not been reflected in your current allocations. Further advice will be provided by the Infrastructure unit (System Performance and Service Delivery, DHA).

WOMENS' AND CHILDRENS' HEALTH NETWORK
OPERATIONS GROSS ALLOCATION
2016-17

	NWAU Activity Target		ABF Price	Non DVA Budget
	Total (Net)	DVA	$	$
GROSS EXPENDITURE				
ACTIVITY TARGETS				
Inpatient NWAU	37,579		4,589	172,465,251
Inpatients - Private Patient Adjustment				5,577,290
Rehabilitation (Paediatric)	67		4,589	306,700
Maintenance Care	0		4,589	0
Outpatients	11,880		4,589	54,524,006
Emergency	6,000		4,589	27,536,843
TOTAL ACTIVITY ALLOCATION	**55,526**			**260,410,089**
DESIGNATED ALLOCATIONS				
Acute Site Specifics & Grants				18,614,236
Funding Redistribution				7,604,000
Mental Health				29,648,140
PBS Reform				3,665,000
Regional Office - Capital Grants & Offsets				0
Regional Office (Site Specific)				2,441,885
Intermediate Care				67,628,250
TOTAL DESIGNATED ALLOCATIONS				**129,601,511**
TOTAL EXPENDITURE				**390,011,600**
GROSS REVENUE				
ACUTE ACTIVITY				
Compensable & Non-Medicare				6,295,863
Private Patients				8,117,054
Rights of Private Practice (ROPP)				5,018,842
TOTAL ACUTE ACTIVITY				**19,431,760**
OTHER REVENUE				
Mental Health				0
Other Non Inpatient (Car Parking, Leasing & Retail Arrangements)				(5,495,926)
PBS Reform				4,027,000
Regional Office - Capital Grants				0
Intermediate Care				425,000
TOTAL OTHER REVENUE				**(1,043,926)**
TOTAL REVENUE				**18,387,834**

SA Health is required to inform the Administrator of the National Health Funding Pool of the level of purchased services of each LHN for the 2016/17 year expressed in a consistent basis as the determinations of the Independent Hospital Pricing Authority (IHPA). While there have been major changes to the SA Funding Model to achieve greater alignment and consistency with the IHPA determinations, differences continue to exist and are necessary to ensure an equitable model applies and recognises the requirements of how services are delivered in SA hospitals and their cost structures. These differences in the IHPA and SA Health Funding Models relate to inclusions/exclusions, their underlying taxonomies and product weightings and the base prices applied in each.

For the 2016/17 year, SA Health sets LHN budgets based on its ABF model with expanded recognition of activity in NWAUs (National Weighted Activity Units) for all service categories. The SLA includes a translation of the SA Health ABF model into the same scope as the IHPA Determination and Funding Model to satisfy the Administrator.

The major areas of difference between the SA Health and IHPA model are (but not limited to):

- IHPA set the NEP price at $4,883, which applies in this model to the National Health Reform proportion of funded activity, whereas SA Health funds its share at levels it determines are appropriate with its intentions as System Manager.

- IHPA does not accommodate Site Specific payments so funding in the SA Health model for Site Specific components is loaded in the price of the IHPA model.

- The IHPA model does not apply peer group adjustments for emergency and outpatient services.

- The IHPA model does not fund private outpatients and discounts payment to private inpatients. The SA Health model funds these services in full so funding to an equivalent level requires a SA Health uplift of the SA NEP to cover the cost of these services in the IHPA model.

- The IHPA model and NEP assume the "full service cost" is borne by each LHN, whereas the SA LHN budgets do not. For example, the full cost of SA Pathology/Procurement/IT/Workforce is not allocated to LHN's with the cost excess above the allocated budget being funded by the Department.

SA Health and all other jurisdictions have been working with the IHPA, amongst other matters, on what constitutes in scope public hospital services for the purpose of attracting Commonwealth funding contribution for efficient growth from 2016/17.

The categories represented in the following schedule are not the complete range of public hospital services, they only represent those services that are able to be funded on an activity basis using the IHPA funding model.

WOMEN'S AND CHILDREN'S HOSPITAL NETWORK
OPERATIONS GROSS ALLOCATION - IHPA MODEL
2016-17

		Activity Target NWAU	% NWAU Funded	ABF Price $	Non DVA Budget $
GROSS EXPENDITURE					
ACTIVITY TARGETS					
Acute Inpatients	**TOTAL**			5,149	**186,917,441**
	Commonwealth	36,301	37.5%	4,883	66,513,897
	SA Health	36,301	62.5%	5,309	120,403,544
Admitted Mental Health	**TOTAL**			5,149	**10,241,902**
	Commonwealth	1,989	37.5%	4,883	3,644,544
	SA Health	1,989	62.5%	5,309	6,597,358
Sub -Acute	**TOTAL**			5,149	**587,888**
	Commonwealth	114	37.5%	4,883	209,198
	SA Health	114	62.5%	5,309	378,690
ED	**TOTAL**			5,149	**30,457,764**
	Commonwealth	5,915	37.5%	4,883	10,838,285
	SA Health	5,915	62.5%	5,309	19,619,479
Outpatients	**TOTAL**			5,149	**47,124,777**
	Commonwealth	9,152	37.5%	4,883	16,769,182
	SA Health	9,152	62.5%	5,309	30,355,595
TOTAL NWAU ACTIVITY ALLOCATION		**53,471**		5,149	**275,329,772**
TOTAL BLOCK FUNDING					**9,101,923**
TOTAL EXPENDITURE					**284,431,695**

The Commonwealth funding percentage only applies at the NEP of $4,883 and represents a lower proportion when assessed against the averaged price.

ACTIVITY ALLOCATION 2016/17

The process for allocating the volume of purchased activity for 2016/17 is based on the Transforming Health principles and modelling methodology.

The supporting technical bulletins *Annual Purchasing Cycle* and *Performance Monitoring and Reporting Process* outline the approach and process for activity allocation and reporting and monitoring of the SLA.

The process for allocating the activity for 2016/17 is detailed below.

The activity schedules below detail the activity caps agreed for the year 2016/17. The inpatient allocation is specified at Enhanced Service Related Group (ESRG) and Diagnosis Related Group (DRG) levels to reflect agreed areas of focus. The unit of measure will be separations and NWAUs which is based on the 2016/17 Pricing Determination published by the IHPA; except that in the funded NWAUs palliative care, psychogeriatric care, and geriatric evaluation and management care types are included which are treated as subacute in the IHPA model.

- The activity caps and LOS reductions will be closely monitored through the Contract Performance Meetings and as part of the overall performance framework will form the basis of ongoing discussions with the LHN.

- WCHN has a responsibility to actively monitor variances from purchased activity levels, and to notify DHA of any potential variances and to take appropriate action to avoid variances exceeding agreed tolerances.

- WCHN will notify the DHA of deliberate changes to the consistent recording of activity within the year that would result in activity moving between purchased activity types and levels, for example activity moving from inpatients to outpatients.

Inpatient

The agreed starting point for allocating non-DVA activity was 2014/15 actual activity to align to the capacity reconfiguration model and Benefits Realisation:

- Hardes growth rate was applied annually at DRG level from ESRG level calculations.

- Service moves and policy changes enacted during 2014/15 and in the 2015/16 Base Workload were applied.

- Adjustments were made for December 2015/16 end of year projected activity.

- Adjustments were made for the following:

    - Sameday Surgery Policy.
    - Extended Day Surgery Policy.
    - Excluded procedures were removed.
    - Short stay cancellations (elective separations, length of stay less than 4 hours, with no procedure).

- Satellite renal dialysis has been incorporated into the inpatient allocation, based on the higher of 2015/16 projected actual activity or 2014/15 actuals + growth.

- Length of stay (LOS) productivity improvements were applied at DRG level based on Health Roundtable (HRT) third shortest up to a maximum of 40% for DRGs that map to a peer DRG. For DRGs that do not map to a peer DRG, a 15% reduction was applied. The LOS productivity reductions have been modelled to be achieved in a phased manner from 2014/15 through to 2018/19, with 82% to be achieved by 2016/17. Mental Health, Palliative Care and ICU were excluded from any productivity improvements.

Emergency Department

The agreed starting point for allocating activity was 2014/15 actual activity:

- Growth rate of 1.5% was applied annually.

- Adjustments have been made for Women's Assessment Unit.

Rehabilitation

The agreed starting point for allocating activity was 2014/15 actual activity:

- Growth rate of 1.5% was applied annually to the separations.

- Service moves enacted during 2014/15 and in the 2015/16 Base Workload were applied.

- LOS productivity improvements were applied as indicated by the Australasian Rehabilitation Outcomes Centre (AROC) benchmarking. Productivity was modelled to be achieved in a phased manner at 82% in 2016/17.

Outpatients

The allocation for outpatients remains the same as 2015/16 commissioned activity cap.

The following site specifics were rolled into the activity pool:

- Home Oxygen

- Home Enteral Nutrition

- HPN

- Autism

- Genetics

- Fragile airways

- Guardianship of the Minister

Adjustments have been made for Women's Assessment Unit.

Additional activity was allocated for GoM.

Outreach

The allocation for outpatients remains the same as 2015/16 commissioned activity cap.

Notes

1. Activity adjustments for ramp down for transition of the RAH to the new RAH have not been applied. These adjustments will be made in year at the relevant sites at the level of detail required for each activity type.

2. Activity flows to be provided by the LHN by 31 July 2016.

Women's and Children's Hospital (WCH)

Inpatient Activity Non-DVA	Separations			NWAUs
	2014/15 Actual	2015/16 Cap	2016/17 Cap	2016/17 Cap
01 Cardiology	96	109	**94**	**129**
02 Interventional Cardiology	31	31	**32**	**47**
03 Cardiothoracic Surgery	442	538	**423**	**509**
04 Respiratory Medicine	1,826	1,750	**1,906**	**2,096**
05 Gastroenterology	1,045	905	**1,098**	**645**
06 GIT Endodoscopy	470	452	**486**	**331**
07 Neurology	1,113	1,078	**1,151**	**896**
08 Neurosurgery	283	327	**303**	**703**
09 Endocrinology	427	461	**387**	**528**
10 Renal Medicine	172	253	**171**	**116**
11 Renal Dialysis	263	213	**428**	**76**
12 Haematology	1,482	1,136	**1,506**	**1,624**
13 ENT	1,847	1,700	**1,863**	**1,136**
14 Ophthamology	427	411	**441**	**311**
15 Medical Oncology	264	198	**228**	**299**
16 Chemotherapy and Radiotherapy	53	42	**55**	**12**
17 Rheumatology	337	163	**215**	**170**
18 Dermatology	172	182	**186**	**95**
19 Head and Neck Surgery	81	55	**83**	**97**
20 Dentistry	733	745	**786**	**468**
21 Upper GIT Surgery	42	42	**42**	**102**
22 Colorectal Surgery	85	80	**86**	**269**
23 Orthopaedics	1,757	1,621	**1,925**	**2,359**
24 Urology	559	574	**578**	**399**
25 Vascular Surgery	79	53	**77**	**65**
26 General Medicine	3,904	3,989	**3,363**	**1,885**
27 General Surgery	1,708	1,568	**1,802**	**1,623**
28 Breast Surgery	7	24	**12**	**4**
29 Plastic and Reconstructive Sur	501	483	**503**	**798**
30 Gynaecology	1,979	1,927	**1,887**	**1,208**
31 Obstetrics	6,270	6,267	**6,239**	**7,874**
32 Babies	2,068	2,020	**2,081**	**7,698**

Continued: Women's and Children's Hospital (WCH)

Inpatient Activity Non-DVA	Separations			NWAUs
	2014/15 Actual	2015/16 Cap	2016/17 Cap	2016/17 Cap
33 Transplantation	1	2	**1**	**15**
34 Tracheostomy	26	15	**24**	**902**
35 Drug & Alcohol	128	153	**131**	**89**
36 Burns	156	168	**158**	**470**
37 Psychiatry	549	485	**601**	**1,359**
39 Ungroupable	50	35	**35**	**145**
40 Non-acute	31	35	**32**	**27**
Grand Total	**31,464**	**30,290**	**31,419**	**37,579**

Rehabilitation (Non-DVA)	Days			NWAUs
	2014/15 Actual	2015/16 Cap	2016/17 Cap	2016/17 Cap
	164	**492**	**192**	**67**

Outpatient (OPD)	Service Events		NWAUs
	2015/16 Cap	2016/17 Cap	2016/17 Cap
	224,020	**269,186**	**11,880**

Emergency Department (ED)	Service Events			NWAUs
	2014/15 Actual	2015/16 Cap	2016/17 Cap	2016/17 Cap
	60,481	**62,899**	**51,225**	**6,000**

SCHEDULE 4: KEY PERFORMANCE INDICATORS AND TARGETS

PURPOSE

This schedule outlines the KPIs and associated targets that the LHN is required to meet during the 2016/17 financial year.

The KPIs have been reviewed and revised to ensure alignment with Transforming Health requirements and expected outcomes for 2016/17. It is not expected that further, significant changes to the KPIs will be made for the 2016/17 financial year, however, should any changes be required these will be agreed with the LHN through the SLA amendment process.

KEY PERFORMANCE INDICATORS

The KPIs defined within this schedule are used within the SA Health Performance Framework to monitor the extent to which the LHN is delivering the high level objectives within the SLA.

The Tier 1 KPIs are limited in number and reflect the highest priority performance areas. The two headline indicators will receive significant focus at the Contract Performance Meetings.

These KPIs are underpinned by a larger set of supporting Performance Indicators (Tier 2) that reflect a balance across the dimensions of access, quality (effectiveness, safety and patient centred care), productivity and sustainability.

The KPIs for 2016/17 are listed in the following tables:

Table 1: Tier 1 KPIs see page 37.

Table 2: Tier 2 KPIs see page 40.

Annual targets for each KPI have been specified above. Where appropriate, these reflect established national or state targets. A tolerance band for each indicator will be set and achieving a level of performance within these tolerance bands will be deemed acceptable.

The LHN is required to flow relevant targets by month and provide them to the DHA (a pro-forma will be provided). The purpose is to provide interim monthly targets that reflect the level of anticipated progress towards the annual target that must be achieved by 30 June 2017. Performance during the year will be monitored against the interim monthly targets. For some indicators, the monthly targets will need to be the same as the annual targets. These will be identified on the pro-forma.

Data Provision

Performance reporting against the KPIs in this SLA may require the LHN to periodically submit data to the DHA. The LHN is to ensure that such data is submitted in accordance with the requirements of each data collection and ensuring data quality and timeliness.

DEFINITIONS

Use the following link to find KPI definitions and explanations for each of the different agreements (KPIs): http://metadata.health.sa.gov.au/content/index.phtml/itemId/410221.

WCHN Tier 1 Key Performance Indicators				
No.	**Performance Indicator**	**Measure**	**Target**	**Strategic Link**
Headline and Supporting Indicators				
1.0	**Total and Unfunded Variation in Net Cost of Service for End of Year**	**Balanced or surplus**	**0**	**National Performance and Accountability Framework SA Health Financial Management**
1.1	Purchased Activity Monitoring – Acute Admitted	# NWAUs # Separations	=<0%YTD Variance to YTD Purchased Activity Cap	Transforming Health Outcomes
1.2	Purchased Activity Monitoring – Emergency Department	# NWAUs # Presentations	=<0%YTD Variance to YTD Purchased Activity Cap	Transforming Health Outcomes
1.3	Purchased Activity Monitoring – Outpatients	# NWAUs # Service Events	=<0%YTD Variance to YTD Purchased Activity Cap	Transforming Health Outcomes
2.0	**Multi Day Bed Reductions**	**# Actual activity based beds (overnight)**	**-20 (Full Year Average)**	**Transforming Health Outcomes – Productivity Improvements.**
2.1	Average Length of Stay (ALOS)	Transforming Health ALOS by month (overnight Separations only) Includes ICU/excludes HITH/RITH.	WCH 3.1	Transforming Health Outcomes HRT Benchmark for LOS (achieve 82% of Transforming Health target) (Target includes service moves transacted since 2014/15 and those displayed in the SLA).
2.2	Length of Stay (LOS) >15 days	% of overnight in hospital Separations with LOS >15 days	Reduction on previous year for same period	Transforming Health – Reducing LOS
2.3	Same Day Separation Rate	% of same day Separations	No target	Transforming Health Outcomes
2.4	Acuity Index	# Acute inpatient NWAUs divided by # acute inpatient Separations	No target	
2.5	Total Labour Effort Variance to Budget	# Standard FTE, additional FTE and agency compared to budgeted cap	0	SA Health Financial Management Transforming Health Outcomes
3.0	**Other Key Indicators – Access**			
3.1	ED Visits Completed in 4 hours	% of presentations physically departed from the ED to home, transferred or admitted within 4 hours	90%	National Performance and Accountability Framework

3.2	ED Seen on Time	% of patients attending emergency departments who commenced treatment within clinically accepted timeframes: Cat 1 (resuscitation/immediately) Cat 2 (emergency/10 minutes) Cat 3 (urgent/30 minutes) Cat 4 (semi urgent/60 minutes) Cat 5 (non-urgent/120 minutes)	 100% 80% 75% 70% 70%	Australasian Triage Scale (ATS) Policy Transforming Health – ED Pathway Improvements
3.3	Elective Surgery Timely Admissions	% of elective surgery patients admitted within clinically recommended times Cat 1 (30 days) Cat 2 (90 days) Cat 3 (365 days)	100%	National Performance and Accountability Framework
3.4	Elective Surgery Overdue Patients	# Cat 1, 2 and 3 patients	0	National Performance and Accountability Framework
3.5	Aboriginal Health - ED Left at Own Risk	% of Aboriginal ED presentations	4.5%	National Partnership Agreement Closing the Gap in Indigenous Health Outcomes
3.6	Ambulance Transfer of Care =<15 Mins P1-5	% of P1-5 carries	50%	Transforming Health – ED Pathway Improvements
4.0	**Other Key Indicators – Effectiveness, Safety and Quality of Care**			
4.1	Serious Adverse Events (Actual SAC 1 & 2)	# monthly/YTD	5% annual improvement from base year 2015/16	National Safety and Quality Health Service Standards (NSQHSS)
4.2	Monitoring of Core Hospital-Based Outcome Indicators: CHBOI 1: Hospital Standardised Mortality Ratio (HSMR) CHBOI 2: Death in Low-Mortality Diagnosis Related Groups (DRGs)	# monthly/YTD	 Inlier All deaths reviewed and classified	Core Hospital Based Outcome Indicator - Australian Commission on Safety and Quality in Healthcare
4.3	Hospital SAB Infection Rate (Healthcare Associated Staphylococcus Aureus Bacteraemia)	# Health care associated infections per 10K patient days (three year average minus 10%) YTD	WCH 0.8	Hospital Performance and Accountability Framework National Healthcare Agreement National Safety and Quality Health Service Standards (NSQHSS), Australian Commission on Safety and Quality in Healthcare

5.0	**Other Key Indicators – Productivity and Efficiency**			
5.1	Population Cervical Screening Participation Rates for SA	% of total eligible population screened in SA	55%	National Cervical Screening Program Renewal Target Participation Rates Reported to the AIHW
6.0	**Other Key Indicators – Mental Health**			
6.1	ED Visit Time – No Patient in an ED >16 hours	# of patients in month (ED)	0	SA Health Mental Health Strategy
6.2	ED Visit Time – Patients >8 hours and ED Visit Time – Patients >4 hours	% of patients in month >8 hours >4 hours	 <20% <40%	SA Health Mental Health Strategy
7.0	**Other Key Indicators – People and Culture**			
7.1	Lost Time Injury Frequency Rates (LTIFR)	**%** reduction (SIMS Database)	5%	SA Health Workforce Management

WCHN Tier 2 Performance Indicators				
No.	**Performance Indicator**	**Measure**	**Target**	**Strategic Link**
1.0	**Supporting Indicators – Budget**			
1.1	Excluded Procedures	# procedures	0	Transforming Health Outcomes – SA Health Excluded and Restricted Procedures Policy Directive
1.2	Restricted Procedures	# procedures	No target	Transforming Health Outcomes – SA Health Excluded and Restricted Procedures Policy Directive
1.3	Conversion Rate (Share of ED Presentations)	% of ED presentations admitted as inpatients	No increase on previous year	National Benchmark, Transforming Health – appropriate management
1.4	Potentially Preventable Admissions	% of total separations	8.5%	National Performance and Accountability Framework, Transforming Health – reducing utilisation
2.0	**Supporting Indicators- Multi Day Bed Reductions**			
2.1	Same Day Elective Surgery Rates	% of elective surgical procedures on Same Day Surgery list conducted on a same day basis	80%	Transforming Health Outcomes – HRT Benchmark for LOS, SA Health Same Day Elective Surgery Policy Directive
2.2	Extended Day Surgery (23 Hours)	% of elective surgical procedures on the Extended Day (23 hour) Surgery DRG list that are managed within 23 hours	80%	Transforming Health Outcomes – HRT Benchmark for LOS, SA Health Extended Day (23 hour) Surgery Policy Directive
2.3	Unplanned Hospital Readmission (Paediatric Tonsillectomy and Adenoidectomy)	% of patients who had admission within 28 days of separation	Variance to previous year	National Health Agreement Transforming Health Enhanced Models of Care
3.0	**Access**			
3.1	ED Unplanned Re-attendances within 48 Hours	% of ED patients re-presenting to ED within 48 hours of previous presentation	<=4.5%	Improving Public Hospital Services
3.2	Day of Surgery Admission (DOSA) Rate	% of elective overnight patients admitted for elective surgery on the day of their surgery	95%	National Performance and Accountability Framework
3.3	% of Aboriginal People Who Leave Hospital Against Medical Advice	% of total (full year)	4.5%	National Partnership Agreement Closing the Gap in Indigenous Health Outcomes
3.4	Hospital Clearance (Major Metropolitan Hospitals)	% of Hospital Clearance Time <30 Mins (Priority 1-5) <40 Mins (Priority 1-5)	65% 85%	SAAS Performance Benchmark – Shared Target

4.0	**Effectiveness, Safety and Quality of Care**			
4.1	Reporting and Review of SAC 1s (Including Sentinel Events) by the Highest Level of Governance	# Monthly	No target	National Safety and Quality Health Service Standards (NSQHSS)
4.2	Open Disclosure Rate for all Actual SAC 1 & 2 Patient Incidents	Monthly/YTD	95%	National Safety and Quality Health Service Standards (NSQHSS)
4.3	Hospital VRE Infections	# infections per 10K bed days monthly/YTD	0.0	Hospital Performance and Accountability Framework, National Safety and Quality Health Service Standards (NSQHSS), Australian Commission on Safety and Quality in Healthcare
4.4	Healthcare Associated MRSA	# infections per 10K bed days monthly/YTD	0.9	National Safety and Quality Health Service Standards (NSQHSS), Australian Commission on Safety and Quality in Healthcare
4.5	Hospital Hand Hygiene Compliance Rate (by Clinical Group and by Moments 1 – 4)	3 audit periods during year	85%	Core Hospital Based Outcome Indicator - Australian Commission on Safety and Quality in Healthcare
4.6	Red Cell 1. Net Issues 2. Wastage	 # incidents monthly/YTD % monthly/YTD	 Variance to previous YTD 2%	National Blood Authority Targets
4.7	Platelet 1. Net Issues 2. Wastage	 # incidents monthly/YTD % monthly/YTD	 Variance to previous YTD 12%	National Blood Authority Targets
4.8	Rates of Perineal Lacerations Occurring in Vaginal Birth	# separations for low risk women where a laceration occurred during admission Monthly/YTD	No target	SA Health Perinatal Emergency Education Strategy
4.9	Severe Acute Maternal Morbidity Incidents	# incidents during pregnancy and post-partum	No target	SA Health Perinatal Emergency Education Strategy
5.0	**Productivity and Efficiency**			
5.1	Outpatient Utilisation	Ratio of reviews to every new Number attended % cancelled (hospital and patient) % failed to attend % all cancellations	No target	Transforming Health Outcomes
5.2	% of Babies with Neonatal Hearing Screening Undertaken within Benchmark Time	% of eligible infants screened within 1 month	97%	National Screening Program

6.0	**Mental Health**			
6.1	Improvement in the Rate of Compliance for Level 1 Inpatient Treatment Orders with the Mental Health Act 2009	% of level 1 inpatient treatment orders sent to the Office of the Chief Psychiatrist which comply with the Act	95%	Mental Health Act 2009
6.2	CAMHS Community Follow Up	% CAMHS patients receiving 7 day community follow up following discharge from acute units	60%	SA Health Community Mental Health Strategy
7.0	**People and Culture**			
7.1	Completion of Annual Performance Reviews in Line with the Commissioner's Determination	% completed performance reviews (CHRIS reporting)	Minimum 80%	SA Health Workforce Management
7.2	Achieve Favourable Passion/Engagement in Next Staff Survey (Annual)	% of surveys which achieved favourable passion/engagement (Your Voice Project)	>75%	SA Health Workforce Management
7.3	Workplaces/Departments Undertaking Worksite Safety Inspections	% (LHN WHISM groups)	Minimum 90%	SA Health Workforce Management
7.4	Defined Officers Completed Officer Induction and are Appropriately Trained in WHS and Injury Management	% trained officers (Workforce Health Data Reporting)	90%	SA Health Workforce Management
7.5	Increase Current Identified Aboriginal and Torres Strait Islander Employees	% increase of Aboriginal and Torres Strait Islander employees annually (DHA Workforce Reporting and Analysis)	2.5% increase from previous year	National Partnership Agreement Closing the Gap in Indigenous Health Outcomes
7.6	Job Descriptions to be Updated within 12 Months to be Compliant with New Provisions for Protecting Patient Privacy and Confidentiality (as Part of Performance Review Meetings)	% updated job descriptions (DHA workforce planning, attraction and retention)	100%	SA Health Workforce Management

SCHEDULE 5: SA HEALTH PERFORMANCE FRAMEWORK

The SA Health Performance Framework sets out the systems and processes that the DHA will employ to fulfil its responsibility as the overall manager of public health system performance.

PERFORMANCE REVIEW PROCESSES

These processes include, but are not limited to, assessing and rating LHN performance, monitoring LHN performance, and as required, intervening to manage identified performance issues. The SA Health Performance Framework also recognises high performance.

The SA Health Performance Framework defines the in-year service agreement management rules for financial adjustments and is integral to measuring and monitoring performance and accountability.

The KPIs, against which the LHNs performance will be measured, are detailed in Key Performance Indicators and Targets (Schedule 4) of this agreement.

This SLA focuses on the key agreed priorities. It is not intended that all performance expectations of the LHN are identified in the SLA.

The key activities that form the performance accountability assessment, reporting and management for the LHN are detailed in the attached Schedules.

Operation of the performance accountability assessment, reporting and management processes will involve:

- On-going review of the performance of the LHN;
- identifying performance issues and determining appropriate responses;
- determining when a performance recovery plan is required and level of intervention required; and
- determining when the performance intervention needs to be escalated or de-escalated.

The processes for monitoring performance against the key deliverables for 2016/17, including associated targets, outcomes and activity levels the LHN is expected to achieve as outlined in the SLA Schedules include:

- Monthly monitoring and reporting of KPI targets throughout 2016/17. The Performance Report will assess performance against the agreed headline and supporting indicators, including Transforming Health benefits realisation relating to bed reductions, commissioned activity and FTE and a range of other KPIs related to access, productivity and efficiency, safety and quality, mental health and people and culture. A tolerance band for each indicator has been set. Actual performance for each indicator will be assessed to determine whether the indicator is outside the tolerance band.
- Contract Performance Meetings to review performance, particularly in relation to the Tier 1 Headline KPIs, and to discuss and develop mitigation strategies where appropriate and to monitor progress.
- Based on the outcomes of the Contract Performance Meetings, performance meetings between the CE or Deputy CE, System Performance and Service Delivery, and LHN CEO may be convened to discuss specific performance issues and to monitor delivery of recovery plans and mitigation strategies.

The frequency of the contract and performance meetings will depend on LHN demonstrated performance (satisfactory, sustainable or improving).

The SA Health Performance Framework may be reviewed during the term of the SLA in accordance with state and national reforms.

CEO PERFORMANCE REVIEW

Performance assessment processes will be extended to include a bi-annual review of LHN CEO performance, recognising their key role in delivering system performance and benefits to patients and the community. These reviews will encompass a mid-term review in January 2017 and an end of financial year review covering:

1. System-wide priorities;

2. LHN specific priorities - including performance against Tier 1 KPIs and Tier 2 Performance Indicators and;

3. individual objectives.

The reviews will also incorporate two-way feedback about leadership and personal development.

The following performance management actions will occur in the following circumstances:

Performance outside tolerance band	Initial actions by LHN	Meetings	Follow up actions
Any of the key (Tier 1) KPIs	Report on underlying factors and development of recovery plan.	Review performance at Contract Performance Meeting and agree on recovery plan. Where performance does not improve, LHN CEO to meet with CE and/or Deputy CE, System Performance and Service Delivery to agree further actions.	Interim targets adjusted to reflect agreed recovery plan. LHN to report progress against recovery plan at regular Contract Performance Meetings with further actions / intervention to be agreed if performance does not improve.
Significant variation in other (Tier 2) Indicators	Report on underlying factors and mitigation strategy	Review at relevant governance committee and/or monthly contract meeting and agree on recovery plan. Where performance does not improve, escalation may be required.	LHN to report progress against recovery plan to Contract Performance Meetings.

At each Contract Performance Meeting, the LHN CEO will report on performance against KPIs and the progress of recovery plans to address performance outside tolerance bands. LHNs will undertake appropriate analysis and investigation to address performance issues and identify appropriate improvement solutions.

WCHN has a responsibility to provide the relevant data and information to enable monitoring of performance and in particular, to provide on a monthly basis, actual, YTD and forecast information

for FTEs, expenditure, purchased activity, Emergency Department and Elective Surgery trajectories where KPI targets are not being met.

BI ANNUAL REVIEW

A mid-year review will be undertaken (December 2016/January 2017) of progress towards the annual KPI targets. In addition to identifying key service pressures and performance issues, this review will enable formal notification of proposed changes for the following year in relation to services, activity, funding, safety and quality and other intended outcomes by both parties to support negotiations in relation to the development of the SLA for 2017/18.

ANNUAL REVIEW

A formal annual review of performance under the SLA will be undertaken between the CE and LHN CEO. The annual review will include review of the LHN performance against the annual KPI targets. A target will be considered met if the annual target value lies within the tolerance limit of the target. The annual review will also incorporate the review of the LHN CEOs performance on the three areas outlined above.

APPENDIX 1: SA HEALTH SERVICE PRIORITIES

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Appendix 1

SA Health

Health Service Priorities 2016/2017

June 2016

Contents

For more information

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System Performance and Service Delivery
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1. Introduction

SA Health's key objective is to lead and deliver a comprehensive and sustainable health system that ensures healthier, longer and better lives for all South Australians. The challenges facing health services are not unique to South Australia, and include:

- An ageing population
- Growing demand for hospital services
- Increasing burden of chronic diseases
- Obesity
- Healthcare workforce constraints
- Capital works/ageing infrastructure/information technology and associated costs
- Increasing consumer expectations
- Maintaining and improving safety and quality

SA Health, as a commissioning organisation, is responsible for ensuring appropriate and sustainable resource distribution to assist in improving the health of the population and enhancing patient experience.

Services commissioned by SA Health include:

- Public hospital acute inpatient services
- Emergency department services
- Specialist outpatient services
- Ambulance services
- Statewide Clinical Support Services: Pathology, Imaging, and Pharmacy services
- Mental health services
- Drug and alcohol services
- Community health services

The delivery of health services is the responsibility of the Local Health Networks (LHNs), South Australian Ambulance Service (SAAS) and Statewide Clinical Support Services (SCSS) as the service providers.

In 2014, the Minister for Health announced Transforming Health as the major new initiative to transform the delivery and design of South Australian health services. Transforming Health is the vehicle via which SA Health will address the challenges that face its health services, ensuring that the health care needs of the community are met through the provision of the best care, first time, every time. Underpinning Transforming Health are the six principles of a quality health care system:

1. **Patient-centred:** Patients receive the care they need when they need it, first time. Patients are treated with respect and are engaged, informed and supported as the central decision maker about their care. Patients are understood by health care providers and feel they have been heard.
2. **Safe:** Provided health care does not cause harm, and procedures are done only by practitioners with suitable training, experience and supervision. Health outcomes are consistent, regardless of the time of day, day of the week or location of service delivery.
3. **Effective:** Health care is evidence based and the priority is achieving the best health outcomes, first time. Patients only receive treatment that is necessary and appropriate.
4. **Accessible:** Health care is timely and appropriate with the right care provided at the right time and in the right place. Patients travel appropriate distances to receive suitable services, and these services are available when the patient arrives.
5. **Efficient:** The health system makes the best use of infrastructure, human resources, technology and communications. Duplication is minimised, and services are simplified through innovation and responsible decision making. Patient care is coordinated across the health system.

6. **Equitable:** Quality services are delivered to every person who needs them. 284 Clinical Standards of Care (the Standards) have been developed by clinicians to contribute to meeting the quality principles. Many of the Standards can be achieved through current service and system configuration arrangements. However to enable consistent high quality, service reorientation and consolidation is required to meet all of the Standards.

2. Purpose

The purpose of this document is to articulate SA Health's priorities for the delivery of health services in 2016/17, to inform and support the commissioning of health services and achievement of key performance indicators and other measures set out in Service Level Agreements (SLAs). The Health Service Priorities document will be revised and updated on an annual basis.

3. Operational Context

SA Health commissions the delivery of public health system services within the context of the broader Australian health system which includes services provided by General Practitioners (GPs) and private specialists, private hospitals and non-government services.

Funding responsibility for health care in Australia is shared between the State and Commonwealth Governments, with funding arrangements for public hospitals detailed in the *National Health Reform Agreement, 2011* (NHRA). Under the NHRA, state and territory governments are responsible for the operation of public hospitals. In addition they are accountable for state-wide policy, planning, purchasing and performance of public hospital services. LHNs are responsible for ensuring that the management of public hospitals is accountable and responsive to the needs of the local community.

Ministers have signed an Agreement to negotiate an addendum to the NHRA during 2016/17 that will continue existing funding arrangements for public hospital services for a further three years in anticipation of a new longer-term funding arrangement. The Agreement includes a commitment for States and Territories to implement a number of reforms designed to improve health outcomes for patients and decrease potentially avoidable demand for public hospital services including through the:

- Introduction of coordinated care trials for people with complex and chronic disease with the view to a national roll-out
- Joint development of a model to integrate quality and safety into hospital pricing and funding by mid-2017
- Joint development of a funding model that will adjust the funding for hospitals that exceed a pre-determined readmission rate for agreed conditions by 1 July 2017

SAAS is a fee for service organisation however state funding is also provided to enable the Public Health System, particularly costs associated with social service obligations.

SA Health actively contributes to, and is represented on, a range of national and inter-jurisdictional committees that provide opportunities to progress reforms and initiatives related to the delivery of services by the public health system. At the State level, SA Health seeks to work in partnership and collaboration with the SA Health and Medical Research Institute, Health Industries SA, and the University sector.

4. Whole of Government Priorities

The South Australian Government has seven strategic priorities that provide an immediate focus for government activity. The work, budgets, policymaking and legislative agenda of the State Government reflects the priorities. Advancing the priorities directly supports the achievement of many of the targets outlined in South Australia's Strategic Plan (SASP) and the Premier's

Priorities, which continue to guide the work of the State Government.

SA Health contributes to five of the strategic priorities, including:

- Every Chance for Every Child
- Safe Communities Healthy Neighbourhoods
- Creating a Vibrant City
- Premium Food and Wine from Our Clean Environment
- An Affordable Place to Live

SA Health is also leading and contributing to the Premier's Priorities, for example Healthy Children's Menus, an initiative under Building Healthy and Strong Children.

In addition, SA Health contributes to Priority Area 3 of the State's Economic Priorities, which envisions South Australia as a 'globally recognised leader in health research, ageing, and related services and products'.

SA Health is the lead agency for nine targets in SASP, including one target from the strategic priority area 'Our Community' and eight targets that contribute to the priority are 'Our Health'. All nine of these targets, outlined below, are relevant to the health services commissioned by SA Health:

- **Target 26 Early Childhood – Birth Weight:** Reduce the proportion of low birth weight babies and halve the proportion of Aboriginal low birth weight babies by 2020
- **Target 78 Healthy South Australians:** Increase the life expectancy of South Australians to 82.4 years (7 per cent) for males and 85.5 years (4 per cent) for females by 2020
- **Target 79 Aboriginal Life Expectancy:** Increase the average life expectancy of Aboriginal males to 79.3 years (25 per cent) and Aboriginal females to 82.5 years (20 per cent) by 2020
- **Target 80 Smoking:** Reduce the smoking rate to 10 per cent of the population and halve the smoking rate of Aboriginal South Australians by 2018
- **Target 81 Alcohol Consumption:** Reduce the proportion of South Australians who drink at risky levels by 30 per cent by 2020
- **Target 82 Healthy Weight:** Increase by five percentage points the proportion of South Australian adults and children at a healthy body weight by 2017.
- **Target 84 Health Service Standard:** By 2015, 90 per cent of patients presenting to a public hospital emergency department will be seen, treated and either discharged or admitted to hospital within four hours
- **Target 85 Chronic Disease:** Increase, by five percentage points, the proportion of people living with a chronic disease whose self-assessed health status is good or better
- **Target 86 Psychological Wellbeing:** Equal or lower the Australian average for psychological distress by 2014 and maintain thereafter

As with all government agencies, SA Health is required to contribute to meeting the SASP Target in relation to Aboriginal employment:

- **Target 53 Aboriginal Employees:** Increase the participation of Aboriginal people in the South Australian public sector, spread across all classifications and agencies, to 2% by 2014 and maintain or better those levels through to 2020.

4.1 Primary Prevention and Public Health Services

Public health seeks to improve health and wellbeing through approaches which focus on whole populations, and as such, is one of the most significant tools for primary prevention and hospital avoidance. Health care is the diagnosis, treatment or rehabilitation of a patient under care, accomplished on a one-on-one basis. Together, public health and health care constitute the health system: protecting and promoting health and caring for those at risk or in need.

Public Health services are delivered under a broad legislative framework that includes: *The South Australian Public Health Act, 2011; Food Act, 2000; Gene Technology Act, 2001; Controlled Substances Act, 1984; Tobacco Products Regulation Act, 1997;* and the *Safe Drinking Water Act, 2011*.

The three public health priorities are:

1. Protecting public health
2. Preventing illness
3. Promoting good health and wellbeing

In addition to supporting areas of demonstrated public health needs, mandated responsibilities and government policy, these priorities contribute to the economic and societal wellbeing of all South Australians and contribute substantially to SA Health's actions towards the Government Priorities, particularly the SASP targets articulated above.

4.1.1 *The South Australian Public Health Act, 2011 (the Act)*

The Act aims to promote and protect public health and reduce the incidence of preventable illness, injury and disability in South Australia. It is helping our communities prepare for and meet the health challenges of the 21st century and have a better chance to build stronger healthier communities. Public health planning is a new and key feature of the Act. Public health planning under the Act is based on a very strong commitment to partnership and collaboration, particularly between State and Local Governments. Under the Act, all local councils are developing Regional Public Health Plans, identifying key health and wellbeing priorities for their communities.

The Act enables Public Health services to meet the challenges to our health system's sustainability. Public Health services and health service provision agendas are co-dependent and interrelated which means thinking and working together to deliver public health actions and health services as one health system.

4.1.2 *State Public Health Plan: South Australia a better place to live 2013 (the Plan)*

The Plan under the Act, aims to build the system and networks that support public health planning and coordinated action into the future. It lays out a framework for action to protect and improve the health and wellbeing of South Australians across the state, including action by Local Councils. The Plan is described within the context of the changed and growing understanding of what impacts on public health in the 21st century. It canvasses the principal public health legislation and highlights the principles on which public health planning is based. In particular, it highlights the concepts of collaboration and prevention to be of central concern. The Plan coordinates the actions of all of the groups involved in health and wellbeing. This means a combination of strength and focus of our collective efforts to the benefit of all South Australians.

4.1.3 The Chief Public Health Officer's Report

The Chief Public Health Officer's Report, prepared on a biennial basis, describes the administration of the Act, progress on implementation of the Plan and also Public Health trends, activities and indicators across South Australia. It also informs areas of need for Public Health action and health service provision.

5. 2016/17 Health Service Priorities

In 2016/17, SA Health will pursue and focus on achievement of the following key priority areas for health service delivery.

5.1 Transforming Health

Transforming Health has established new leadership and governance arrangements to ensure the consistent adoption of evidence based care and to assist in fostering the change in mindset and capability required across the system to ensure patients and their outcomes are at the centre of the services provided.

In 2016/17 Transforming Health will focus on key milestones as outlined in the Transforming Health Key Milestones Chart.

5.1.1 Creating hospital capacity

A range of productivity initiatives will enable improved flow through the hospital system and better access to services, through emergency pathway and surgical pathway transformation, to:

- Reduce the number of inappropriate numbers of admissions
- Reduce the time between admission and decision making
- Reduce the duration of care
- Reduce the time between finishing acute care and discharge

For example, by undertaking more day surgeries and reducing hospital length of stay (LOS) to agreed benchmarks, capacity will be released to accommodate future service redesign and transitions from across the system.

A number of initiatives will improve quality, through networked services and single governance arrangements, enabling standardised practice, optimised workforce models and equity of service provision.

Under the guidance of the Ministerial Clinical Advisory Group (MCAG), clinical expert working groups will be presenting their improved models of care for endorsement. Once endorsed by the Transforming Health Implementation Committee LHNs will be required to develop implementation plans for their consistent roll out in discussion with Deputy Chief Executive for Transforming Health.

These projects include the following clinical services:

- Stroke
- Rehabilitation
- Acute Coronary Syndrome - Chest Pain
- Orthogeriatric – Acute Management of Hip Fractures
- State-Wide Paediatric Surgical Governance Model
- After Hours Senior Clinical Cover
- Frailty in Older People Project

5.1.2 Capital planning

- Commencing construction on new rehabilitation facilities to enable rehabilitation services from Hampstead Rehabilitation Centre, St Margaret's Hospital and Repatriation General Hospital (RGH) to be integrated into other sites such that all rehabilitation activity is either undertaken at or within a network of acute care facilities and is supported by an ambulatory model.
- There will be seven infrastructure projects with a budget of $260.838M to support the movement of services:
  - Flinders Medical Centre (FMC) $159.5M
    - Construction of 55 rehabilitation beds from the decommissioned RGH
    - Provision of an ambulatory rehabilitation facility
    - Provision of 5 orthogeriatric rehabilitation beds and small on-ward gymnasium in repurposed existing bed stock

        - Provision of 5 stroke rehabilitation beds and small on-ward gymnasium in repurposed existing bed stock
        - Hydrotherapy pool and associated facilities
    - The Queen Elizabeth Hospital (TQEH) $20.412M
        - Re-purpose of 62 existing beds for rehabilitation services relocated from Hampstead Rehabilitation Centre and St Margaret's Hospital
        - Expansion of ambulatory rehabilitation and allied health facilities
        - Hydrotherapy pool and associated facilities
    - Modbury Hospital $32M
        - Upgrade of existing wards at level 3 to provide a further 30 rehabilitation beds relocated from Hampstead Rehabilitation Centre and St Margaret's in re-purposed existing ward accommodation
        - Construct an ambulatory rehabilitation facility
        - Hydrotherapy pool and associated facilities
        - Establishment of an ophthalmology service
    - Lyell McEwin Hospital (LMH) $0.6M
        - Re-purpose existing space to accommodate 2 small on-ward gymnasiums to support 5 stroke rehabilitation beds and 5 orthogeriatric beds accommodated in existing wards
    - Noarlunga Hospital $17.205M
        - Reconfiguring and expansion of day surgery functional areas at Noarlunga Hospital
        - Establishment of a Palliative Care Service; location yet to be determined.
    - SAAS $16.121M to build and expand ambulance stations in the North, West and South, and to add 12 extra ambulances to the metropolitan fleet to support additional SAAS resources.
    - A new Post Traumatic Stress Disorder Centre of Excellence $15M
- Planning will continue to determine future use of the RGH site once services have been redistributed. A community engagement process will be undertaken to help inform community priorities in the development of the Expression of Interest process.
- Strategic planning for the relocation of the Women's and Children's Hospital (WCH).

5.1.3 Service realignment/delineation

To deliver against the Clinical Standards of Care and the quality principles, system and service reconfiguration and consolidation is required. The creation of hospital capacity via productivity initiatives and/or infrastructure projects will enable service changes within and across LHNs, through the reorganisation of emergency, surgical, medical, paediatric, maternal and neonatal, mental health and maintenance care services resulting in:

- The Royal Adelaide Hospital (RAH) and then the new Royal Adelaide Hospital (nRAH), to be retained as the major complex multi-trauma hospital for the state, with TQEH to continue to provide emergency care for urgent but non-life threatening conditions and with an emphasis on multi-day surgery
- FMC to be a centre for complex medical procedures and services, with less complex care to be provided at Noarlunga Hospital, with an emphasis on elective day surgery
- LMH to be a centre for complex medical procedures and services, with less complex care to be provided at Modbury Hospital, with an emphasis on day surgery and procedures, including elective eye procedures
- Partnerships between WCH and other hospitals, such as FMC and LMH, to provide excellent emergency and elective medical and surgical care to children
- Relocation of services from the RGH, Hampstead Rehabilitation Centre and St Margaret's Rehabilitation Hospital
- Implementation of state-wide models of care and governance services

5.1.4 New Royal Adelaide Hospital (nRAH)

The new Royal Adelaide Hospital (nRAH) is a key enabler for Transforming Health. It will be South

Australia's flagship hospital providing patients with a comprehensive range of complex clinical care and key state-wide services such as major burns, spinal, renal transplantation, neurosurgery, complex vascular, hyperbaric medicine and craniofacial. It will also be the major complex multi-trauma hospital for the state and will operate using new patient-centred models of care that are consistent with the Transforming Health Clinical Standards. The move to the new site is a challenging and complex task and is expected to occur in the 2016/17 financial year.

A comprehensive strategy supporting the transition of services from the old RAH to the new RAH and involving all metropolitan hospitals will be available. The priority for the transition of services will be to manage clinical risk and ensure patient safety. The transition will involve the cancellation of all Level 2 and 3 multiday elective surgery across metropolitan hospitals to create the capacity to accommodate ambulance transfers that would normally go to the RAH. The strategy will be developed in three phases, ramp down; relocation; and ramp up.

5.2 People and Culture

The people who work in the health system are its greatest asset. Their care and commitment to the community and patients are critical success factors to achieving consistent quality outcomes across all services. It is crucial that their efforts are leveraged to ensure a sustainable system, committed to delivering world class healthcare. It is with them and through them that the transformation required will be achieved, by:

- Creating a patient centred service that delivers safe, quality care through a highly engaged and productive workforce and a trust based culture that puts people first
- Developing right sized, right skilled, responsive teams to deliver new models of care through new ways of working
- Building the capacity of the workforce to own and embrace change at all levels through increased resilience and wellbeing
- Empowering and enabling leaders to lead and deliver benefits to people, patients and the community

Priorities for investing in the workforce for 2016/17 are:

- Workforce profiling and planning
- Developing leadership capability
- Improving productivity and performance
- Building change capability and shifting the culture

LHNs/SAAS will be required to report their key activities against the three areas of:

- Enabling our people through learning and development
- Fostering a culture of learning and innovation
- Developing and maintaining systems and processes that support high quality learning and development.

Productivity and performance will be central to achieving a shared vision of delivering best care, first time, every time; quality care relies on quality people. A key priority will be to ensure the workforce has, and can rely on:

- Clear goals and objectives
- Fresh and challenging opportunities and aligned development
- Constructive two way feedback
- A positive collaborative culture that encourages engagement and ownership
- A safe work environment that fosters their wellbeing and resilience

In 2016/17 a new employee relations strategy will be developed to support the shift to embed a constructive culture and deliver on the aspiration to put people first.

5.3 Mental Health

Mental health is committed to redesigning clinical care pathways to improve the efficiency, effectiveness and accessibility to services and to enhance mental health consumer outcomes. Key priorities include:

- Improving leadership by clearly assigning and aligning the accountability and responsibility for mental health outcomes to a single mental health Clinical Director in each LHN
- Improving mental health bed pathway management through the consolidation of localised emergency department bed based management
- Development and implementation of a toxicology model of care and pathways for mental health consumers presenting to emergency departments
- The achievement of the emergency department visit time targets;
  - From 1 July 2016 to 30 December 2016 mental health consumers should not routinely wait more than 24 hours in an emergency department;
  - From 1 January 2017, no mental health consumers should routinely wait more than 16 hours in an emergency department;
  - From 1 January 2017, 20% of mental health consumers should not routinely wait more than 8 hours in an emergency department;
  - From 1 January 2017, 40% of mental health consumers should not routinely wait more than 4 hours in an emergency department;
- The achievement of an adult inpatient linked LOS of 14 days for non short stay units
- The achievement of an adult inpatient LOS of 1.5 days for short stay units
- Improve acute inpatient bed occupancy rates to achieve a rate of 90% for general adult acute units
- The percentage of adult patients in acute units with LOS greater than 35 days should not exceed 25% of ward capacity
- Implement improved community mental health service processes to enhance patient care following discharge from acute units and the prevention of presentations to emergency department and admission to acute units
- Ensure that community mental health rehabilitation centres achieve a least two separations per-bed per-annum
- No forensic consumers should be admitted to Acute Psychiatric Intensive Care Unit hospital wards unless there is a specific medical reason
- Implement an improved mental health dashboard with linked LOS that includes emergency department visit time and breeches, acute average LOS (various categories), readmission rates, separation rates, patients greater than 35 days and patients by diagnosis codes

5.4 Elective Procedures

Under the Elective Procedures Strategy 2014-2018 a total funding commitment of $110.519M over four years is provided to ensure elective surgery timeliness achievement, support the purchase of new equipment, provide for appropriate contingency planning to address unforeseen risks impacting service delivery, and to support reforms to colonoscopy waiting list management.

In 2016/17 priority areas for the improvement of elective procedures include:

- A requirement for LHNs to develop and submit to DHA, by 15 August 2016, a detailed elective surgery capacity plan that articulates service delivery to ensure achievement of elective surgery timeliness targets.
- A focus on improving the proportion of elective surgery undertaken as same day and extended day (23 hour) surgery through implementation of the approved

Same Day Surgery Policy Directive, and finalisation and implementation of the Extended Day Surgery Policy Directive.
- Implementation of a revised policy for Excluded and Restricted Elective Surgery.
- Implementation of a Theatre Utilisation Policy Directive to underpin the maximised usage of available theatre resources.
- Continued progression of improvements to the management of elective procedure waiting lists through the development and implementation of a new Elective Procedure Waiting List Management Policy. This will include an increased focus on the monitoring of urgency categorisation against the National Elective Surgery Urgency Categorisation Guideline, and selection of patients for treatment in line with the principle of 'treat in turn'.
- Achievement of an increase in the proportion of patients admitted on the day of surgery.

5.5 Emergency Departments

In 2016/17 the focus will remain on improving access and patient flow, as well as the achievement of quality outcomes for all patients. Key priorities include:

- Revision of admission arrangements to remove the historical practice of 'admitting' patients to emergency departments, to support better patient flow, and align to the core purpose of emergency departments to provide timely access to urgent treatment.
- Implementation of an Emergency Department Flow Policy Directive to establish standard throughput measures to assist in the achievement of Emergency Department Access Targets, as well as the implementation of standard care pathways that provide for early assessment by Senior Clinicians.

5.6 Winter Demand Management Plan

LHNs, SAAS and DHA will work in partnership to deliver strategies to assist with, and monitor the impacts of, increases in unplanned demand related to the 2016 winter period. State-wide strategies under the Winter Demand Management Plan will include:

- Movement of patients from metropolitan hospitals to peri-urban country hospitals
- Metropolitan postponement of non-urgent overnight elective surgery
- Availability of GP Practice Fact Sheets from metropolitan hospital emergency departments

A partnership approach will be undertaken to identify and pursue opportunities for the development of additional state-wide strategies to assist in winter demand management.

LHNs/SAAS will also be responsible for the development, implementation and monitoring of local Winter Demand Strategies with a focus on ensuring a hospital-wide, responsive approach to surges in demand.

5.7 Outpatient Services

Under the Outpatient Services Improvement Project, SA Health has endorsed 12 strategies for outpatient reform in South Australia. In 2016/17 the key priorities related to the improved delivery of outpatient services will include:

- Development of clinical pathways, starting with priority clinical areas/specialties including Respiratory, Orthopaedics and Urology.
- Implementation of standard outpatient triage categories detailed in the Specialist Outpatient Services Urgency Categories Policy Directive.
- Outpatient capacity mapping and clinic utilisation, to identify opportunities to streamline services and improve utilisation of available resources.
- Development of a Central Referral Service for the management of outpatient referrals.

5.8 Telehealth and Telemonitoring

SA Health continues to invest in Telehealth and Telemonitoring capabilities helping to deliver remote clinical care to consumers of the public health system closer to home. SA Health is continuing to grow the number and range of clinics being offered through the Telehealth platform.

5.8.1 Telehealth

Telehealth is the use of technology to provide remote clinical care where it is clinically appropriate from a quality and safety perspective. Telehealth delivers significant consumer benefits including providing care closer to home and support networks, delivering timely access to specialist care, reducing stress on consumers and their carers and reducing the need for travel (by either the clinician or consumer). Such benefits improve health outcomes reducing the need for hospital admissions, potentially preventable admissions and improving the quality of life for consumers involved.

Leveraging the existing Telehealth network, SA Health is targeting an increase of 25% in the number of consumer encounters completed through this platform and which should assist in reducing unnecessary outpatient attendances. SA Health is also investigating the operational implications of expanding the reach of the network beyond SA Health facilities.

5.8.2 Telemonitoring

Telemonitoring is the remote medical monitoring of patients vital signs using one or more medical monitoring system to capture information enabling timely decisions about care. Results from the monitoring systems are usually sent to a monitoring hub and when outside the 'normal' range for that patient triggers a response from the patient's local healthcare team.

Since April 2015 the Country Health SA Local Health Network (CHSALHN) Virtual Clinical Care (VCC) Home Telemonitoring Service has effectively supported 150 people with a chronic condition. Expansion opportunities for 2016/17 include supporting more people in country SA with a wider variety of health needs and living in different settings (e.g. Residential Aged Care Facilities).

5.9 Ambulance Services

5.9.1 Infrastructure Projects

SAAS priority is to ensure timely ambulance services are available to the community of South Australia. Infrastructure priorities for 2016/17 include:

- A new $4.5M ambulance station is being built in Noarlunga to replace the existing, ageing station and provide increased accommodation for ambulances. The increased capacity and proximity to the Southern Expressway will improve ambulance service delivery to the southern community.
- Funding of $0.9M for the construction of a new ambulance station in Seaford to meet the demands of the growing community in this area.
- Completion of the new $12M Motor Accident Commission funded facility for Rescue, Retrieval and Aviation Services Base at Adelaide Airport which will shorten rotary wing response times for the retrieval of critically ill and injured patients in the rural and semi-rural areas of South Australia

Continuation of the second of a 3 year stretcher replacement program that will see existing stretchers replaced with new powered stretchers in every SAAS ambulance. $24.3M has been allocated across the life of the project which will contribute to improved staff work and health and safety, as well as patient safety.

5.9.2 Community Paramedicine (CP)

SAAS has been granted a total funding commitment of $5,435,373 over 5 years to implement a Community Paramedicine (CP) model.

The aim of the CP model is to engage qualified Paramedics with specialised training as Community Paramedics to deliver pre-hospital healthcare and be a liaison between the patient's GP, community carers and other service providers in regional areas. The delivery of this service to regional communities will ensure the safe provision of genuine holistic care to reduce the risk of functional decline and hospitalisation of patients, connecting patients to the most suitable community health care option for their unique circumstances.

To support the implementation of the CP model, SAAS will implement a secondary triage system

within the Emergency Operations Centre (EOC). Secondary ambulance triage will reduce pressure on ambulance services and hospital emergency departments by offering alternative health care options to low acuity callers. Low acuity callers to triple zero (000) will be identified at point of call and then transferred for secondary triage. Secondary ambulance triage involves a secondary clinical assessment of a patient over the phone, with the use of decision support software.

Recommendations for low acuity care may include self-care, referral to primary health services such as a GP, or referral to other SAAS resources such as a Community Paramedic or an Extended Care Paramedic.

5.10 Transition Care

The Transition Care stream develops and implements policies and strategies that relate to the transition of patients to community services including residential aged care, disability services (including the National Disability Insurance Scheme), and Community Nursing and Hospital and Health Care at Home programs.

The Transition Care Program (TCP) is one of a range of early discharge and hospital avoidance strategies used by SA Health to assist in managing patient flow through the acute hospital sector. TCP is specifically targeted to the over 65 years of age cohort (over 50 years of age for Aboriginal people). TCP is a joint Commonwealth/State initiative that provides older people with access to short term support to improve their health and independence at the end of their hospital episode. The South Australian Government contributes over $7M annually to support the ongoing implementation of this program.

TCP supports the older person in transferring from hospital to the community while enhancing their capacity to live independently in the community. It has the capacity to benefit up to almost 1,800 older people per year in making the safe transition from hospital to the community.

In 2016/17 priority areas for the TCP include:

- Launching a model of care that aims to meet the specific needs of the Aboriginal and Torres Strait Islander community and enhances their participation in Transition Care.
- Ongoing review of TCP to optimise the capacity of the program to target patients with more complex needs who are at risk of avoidable prolonged hospital stay, including increasing the participation of patients with dementia.
- Ensuring the program continues to operate at optimal efficiency including the achievement of high levels of program occupancy along with enhanced impact on patient outcomes and patient flow.

- Ensuring TCP is effectively integrated with care pathways influenced by Transforming Health and emerging models of geriatric care and processes for geriatric patient assessment.

5.11 Review of Hospital Avoidance and Supported Discharge Services

With Transforming Health aimed at improving the South Australian healthcare system, an assessment of the role and function of SA Health's current hospital avoidance and early supported discharge services was considered a timely component of the bigger picture. During February to June 2016, SA Health (Operational Service Improvement and Demand Management) undertook the first state-wide review of hospital avoidance and supported discharge services in South Australia – incorporating Hospital in The Home and Community Nursing services. Recommendations from the review will be considered for service improvement initiatives during 2016/17.

5.12 Disability Access and Inclusion Plans

SA Health's Disability Access and Inclusion Plan will outline the ways in which the DHA, LHNs and SAAS are working together to ensure that South Australians have equitable and inclusive access to our services, facilities and information.

In 2016/17, the DHAs Disability Access and Inclusion Plan (DAIP) will be completed, with support provided to LHNs / SAAS in completing their network level DAIPs. LHNs will continue to progress their DAIPs with the expectation that these will be completed in the 2016/17 period. There will be an overarching SA Health DAIP which will see the DHA DAIP and the LHN / SAAS DAIPs, combining as one final document. SA Health is represented on the Inter-agency DAIP Working Group by Operational Service Improvement and Demand Management.

5.13 Health and Emotional Wellbeing Services for Children and Young People of South Australia

Following a restructure of DHA in 2015, some state-wide corporate responsibilities were transitioned to the Women's and Children's Health Network (WCHN). In 2016/17, the WCHN will lead the development of a SA Policy Blueprint for the Health of Children and Young People, which identifies key policy themes, current policies and review timeframes, together with new policy requirements for development, and associated timeframes.

5.14 Safety and Quality

Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for consumers who receive care in the LHN / Health Service.

To ensure transparency and action is taken, the following deliverables are required:

1. LHN / Health Service Quality Plan (October 2016)
2. Annual Safety and Quality Report (May 2017) which includes:
    - Actions taken arising from coroners, legal and other recommendations
    - Actions taken to address consumer experience domains <85%
    - Actions taken to address primary complaint issues arising
    - Actions taken to address Accreditation assessment recommendations (developmental and additional)
    - Safety and Quality Program implementation, in particular:
        - Resuscitation Planning – 7 step pathway
        - Challenging Behaviour

        - Minimising restrictive practice
        - Perinatal emergency education strategy;
            > Including report on completion of courses and compliance achieved
        - Incident management and open disclosure, in particular training of workforce and audit of compliance to Policy Directives
    - National Clinical Care Standards:
        - Stroke
        - Antimicrobial Stewardship
        - Acute Coronary Syndromes
        - Delirium
    - Partnering with Consumers and Community

5.15 Aboriginal Health

5.15.1 SA Health Aboriginal Health Care Plan

The *Aboriginal Health Care Plan 2010-2016* (the Plan) was released by the Minister for Health on 1 November 2010 and is the principal Aboriginal policy initiative to improve the health of Aboriginal people in South Australia.

The key aims of the Plan are to:

- Reduce Aboriginal ill-health
- Develop a culturally responsive health system
- Promote Aboriginal community health and wellbeing

To support these aims, six priority action areas and five enablers were identified to achieve the best health outcomes for Aboriginal people.

Priority Action Areas:

1. Child health – a healthy start to life
2. Youth health and safety
3. Chronic disease
4. Oral, ear and eye health
5. Improve social and emotional health; and reduce and better manage mental illness
6. Reduce preventable injuries

Enablers:

1. Leadership
2. Aboriginal health workforce requirements
3. Safety and quality
4. Research and evaluation
5. Health information and management systems

Each LHN must develop a regional Aboriginal Health Improvement Plan aligned to the Plan to ensure that services are tailored specifically to the needs of the local Aboriginal population. Annual progress against Aboriginal Health Improvement Plan must be reported.

5.15.2 Reconciliation

On 26 November 2014, at Parliament House, the Minister for Health with the Aboriginal Elders Council of South Australia signed and launched the Statement of Reconciliation (The Statement). The Statement is an SA Health policy directive and its aim is to consolidate commitment and collective actions to advance Reconciliation across SA Health.

The Statement of Reconciliation is actioned through the *SA Health Reconciliation Framework for*

Action 2014-2019 and Reconciliation Action Plans which must be developed by each LHN and reported annually.

The *SA Health Reconciliation Framework for Action 2014-2019* provides high-level guiding principles to support LHNs to develop customised regional Reconciliation Action Plans. The Framework is built on four key themes:

- Relationships
- Respect
- Opportunities
- Governance and reporting

Within regional Reconciliation Action Plans, LHNs are required to demonstrate the practical activities that will be implemented within their regions to support reconciliation and report on these annually.

5.15.3 Aboriginal Health Impact Statement

The Aboriginal Health Impact Statement is a policy directive that aims to ensure that Aboriginal stakeholders have been engaged in the decisions that affect their health and wellbeing.

Culturally respectful engagement will go a long way to ensure that proposals optimally address Aboriginal health disparities. The policy contains three questions to be completed and attached to briefing templates for executive groups across LHNs.

Completed Aboriginal Health Impact Statements are required to be lodged at health.aboriginalhealthenquiries@health.sa.gov.au as part of the policy development process.

5.15.4 Aboriginal Engagement Strategy

SA Health is committed to improving its efforts to engage with Aboriginal stakeholders in the community, amongst its service users, across its employees, and through its initiatives.

Implementation of the Strategy occurs through the LHNs implementation of National Safety and Quality Standard 2: Partnering with Consumers, through the application of the Aboriginal Health Impact Statement and through Reconciliation activities.

5.15.5 Aboriginal Employment Strategy

SASP identifies two targets in relation to Aboriginal employment:

- **Target 51 Aboriginal Unemployment:** Halve the gap between Aboriginal and non-Aboriginal unemployment rates by 2018.
- **Target 53 Aboriginal Employees:** Increase the participation of Aboriginal people in the South Australian public sector, spread across all classifications and agencies, to 2% by 2014 and maintain or better those levels through to 2020.

All public sector organisations are expected to implement approaches to support the achievement of the targets outlined in the SASP.

In addition, LHNs will be required to support the development of the Aboriginal Health Practitioner workforce over the next two years.

Workforce data is reported on an annual basis in the SA Health Annual Report and in the state government's State of the Sector report.

5.16 Infrastructure

Infrastructure will continue to oversee the $260.838M capital works program relating to the Transforming Health initiative, in 2016/17 including but not limited to:

- Establishment of the veteran mental health precinct to the value of $15M.
- Sale and decommissioning of the Hampstead Rehabilitation Centre and RGH.
- FMC, Noarlunga Hospital, Modbury Hospital and TQEH redevelopments
- Expanding ambulance service including developing new ambulance stations in metropolitan Adelaide and expanding the existing station at Noarlunga
- Continue to further develop the concept of a collocated private hospital and new WCH on the nRAH site.

In addition to the Transforming Health initiatives, capital work programs will provide strategic direction and leadership for:

- The completion or ongoing delivery of a total of 10 capital works projects in metropolitan LHNs with a total capital project value of approximately $230M. These works include but are not limited to:
  - Completion of the LMH Stage C
  - Completion of James Nash House redevelopment
  - Commencement of the FMC Neonatal unit redevelopment
- Rescue retrieval and Aviation Services Base to value of approximately $12M
- Allocation and strategic management of approximately $50M for annual programs related to minor works, equipment, special purpose funds and SAAS programs.
- Effective and strategic management of SA Health owned and leased property assets to optimise efficient use of the assets, identify opportunities for disposal and ensure appropriate security measures are implemented.
- Management of SA Biomedical Engineering resources.
- Implementing opportunities to improve energy efficiencies across SA Health.

5.17 eHealth

The provision of Information and Communications Technology (ICT) will continue to be a key to technology enabled service delivery. This includes technology to support non-clinical services and clinical service delivery (eHealth) initiatives. Priority areas for 2016/17 include:

- Supporting the commissioning of the nRAH through the implementation and transition of technology infrastructure and enterprise business applications.
- Continuation of the implementation for the Enterprise Patient Administration System (EPAS) at TQEH and nRAH.
- Implementation of the Enterprise Pathology Laboratory Information System (EPLIS) in partnership with SA Pathology.
- Support for the information technology needs of the Transforming Health program including transition of services across sites and support for the new models of care.
- Provision of a sustainable shared technology service for existing business operations, including service desk, business intelligence, infrastructure, applications support, personal computers, and cyber security.
- Telehealth and videoconferencing.

5.18 Veterans' Health

SA Health is dedicated to supporting our veterans and their families by ensuring provision of services they need for their physical, mental and social well-being.

SA Health recognises that veterans face unique health challenges as a result of their military

service. The veteran community will also encounter significant demographic changes into the coming years.

Both the Commonwealth and State Governments are involved in the provision of high quality health care to this community as well as a number of non-government and ex-service organisations. There has to be effective coordination to ensure veterans and their family members receive the care required, where and when needed.

Veterans access public hospital services across all South Australian LHNs. The clinical services for veterans currently provided at RGH will continue but at different locations across the metropolitan hospitals. A new $15M Veterans' Mental Health Precinct will also be developed at the Glenside Health Services Campus under the governance of the Southern Adelaide Local Health Network (SALHN) to continue the high quality mental health services currently provided to veterans at Ward 17.

In 2015/16 the Veterans' Health Advisory Council and SA Health undertook a review of the Framework for Veteran's Health 2012-2016 and SA Health Veterans' Service Guarantee. The new Framework for Veterans' Health Care 2016-2020 will set the strategic direction for veterans' health care for 2016/17 and onwards. This will inform policy and planning for veterans health services delivered by SA Health and the wider veteran health sector. The new Framework incorporates within it a Guarantee for all veterans that will apply across the entire SA Health system.

The Guarantee for all Veterans includes:

- Providing public hospital services to meet the health care needs of veterans, including maintaining a veterans' focussed Mental Health Service
- Recognising the unique needs of veterans and the veteran community, including the need for early intervention and prevention
- Supporting, assisting and facilitating veterans' health care needs and where appropriate facilitating priority access to services through developing and supporting access to a state-wide veterans' health advocate
- Listening and responding to the priorities of veterans and involving veterans in decisions about services that affect them and the veteran community
- Upholding traditions and ceremonies which are essential for making meaning of service through collective recognition of the past as a means to create and commit to a better future
- Recognising the importance of the social aspects of veteran culture, including the unique bonds forged through service
- Recognising the importance of identifying veterans at all points of entry to the health system
- Providing information to improve access to health services for veterans
- Promoting partnerships and coordinated services
- Supporting eligible veterans to access Department of Veterans' Affairs health care entitlements

5.19 Older Persons/Ageing

Under *Strategy to Safeguard the Rights of Older South Australian Action Plan 2015-2021* there are four areas of focus:

- Raising awareness
- Strong community connections
- Responding to vulnerability, risk and abuse

- Policies and beyond

In 2016/17 the priorities for LHNs are to:

- Support and promulgate the Elder Abuse Awareness raising information and resources developed by the Office for the Ageing to staff and patients.
- Participate in the development of a State Government policy by the Office for the Ageing clarifying the role of State Government workers in responding to elder abuse and take a lead in the implementation of this at the LHN level.
- Support and distribute the Planning Ahead information and resources developed by the Office for the Ageing to staff and patients.

5.19.1 Aged Care Assessment Programme

The Aged Care Assessment Programme (the Programme) is a Commonwealth initiative that provides older people with a comprehensive assessment of their care needs to determine eligibility for Commonwealth subsidised aged care services, as defined under the *Aged Care Act, 1997*.

The Programme has the capacity to undertake around 13,000 assessments per year and assist older people to access services to remain safely in their home or transition from hospital to the community or residential care. It also assists to facilitate access to the TCP, making the safe transition from hospital to the community.

In 2016/2017 priority areas for the Programme include:

- South Australia will continue working with the Commonwealth on the implementation of the Commonwealth Aged Care Reforms including the implementation of the Short Term Restorative Care Programme and Stage 1 of the increasing choice in Home Care Package reforms.
- Continuing to improve the timeliness of assessment response in line with the Commonwealth and state set benchmarks.

There are a broad range of Commonwealth Aged Care reforms that are being progressively implemented which may have both a direct and/or indirect effect on SA Health services.

In 2016/17 the Office for the Ageing will work actively with LHNs to monitor the impact of the Commonwealth reforms on state and commonwealth funded services provided by SA Health across both the acute and community sectors.

5.20 Portfolio Deliverables

SA Health is required to report against 27 portfolio deliverables as identified in the Premier's ministerial charter towards realising the Government's vision put forward in Let's Keep Building South Australia; detailed in Schedule 2 of the Service Level Agreement.

5.21 National Partnership Agreements

SA Health implements a number of Council of Australian Governments (COAG) National Partnership Agreements and Project Agreements with the Commonwealth Government. Agreements are implemented in line with agreed milestones and deliverables, and any risks to programs are raised early to ensure full Commonwealth funding is received by the State.

In 2016/17, SA Health will deliver 8 National Partnership Agreements and Project Agreements in the areas of dental health, public health and Aboriginal health.

APPENDIX 2: CAPABILITY FRAMEWORK SELF-ASSESSMENT

CSCF Service Profiles		WCHN WCH 15/16
CSCF Module		
Anaesthetic		5
Anaesthetic - Children's		6
Cancer	Children's	6
	Haemotological Malignancy	6
	Medical Oncology	6
	Radiation Oncology	
	Radiation Oncology - Children's	
Cardiac	Cardiac (Coronary) Care Unit	6
	Cardiac Diagnostic and Intervention	5
	Cardiac Medicine	6
	Cardiac Surgery	5
	Cardiac Rehabilitation	6
	Cardiac Outreach	5
Emergency		
Emergency - Children's		6
Geriatic Medicine		
Intensive Care		
Intensive Care - Children's		
Maternity & Neonatal	Maternity	5
	Neonatal	6
Medical		
Medical - Children's		6
Medical Imaging		
Mental Health - Adult and Youth	Ambulatory	5
	Acute Inpatient	5
	Non-acute Inpatient	
Mental Health - Children's	Ambulatory	5
	Acute Inpatient	5
Mental Health - Older Persons	Ambulatory	
	Acute Inpatient	
Mental Health - Statewide / Targeted	Adult Forensic	
	Child & Youth Forensic	6
	Eating Disorders	6
	Emergency Services & Stay Stay Unit	6
	Evolve Therapeutic Service	
	Perinatal & Infant	6
Nuclear Medicine		
Palliative Care		5
Pathology		6
Perioperative	Acute Pain	6
	Day Surgery	6
	Endoscopy	6
	Operating Suite (including sterilising s	6
	Post-Anaesthetic Care	6
Pharmacy		6
Rehabilitation		6
Renal		6
Surgical		5
Surgical - Children's		6