



# The Adelaide Health Service

Consultation Paper  
Stage 2

## Foreword

Following feedback from over 300 individuals and groups, the initial consultation paper has been modified to form this consultation paper for stage 2 of the formation of the Adelaide Health Service.

Interim arrangements will now be established for the operation of the Adelaide Health Service from 1 July 2010.

Arrangements are also being made to appoint the full Adelaide Health Service Regional Leadership Team.

There will be further opportunities for consultation about the roll-out of the Adelaide Health Service management structure in the coming weeks.

## 1. The Adelaide Health Service

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

This new organisation will be responsible for the operation of all public hospitals in Adelaide with the exception of services provided by the Children, Youth and Women's Health Service, which includes the Women's and Children's Hospital. The Adelaide Health Service will also be a major provider of primary health and mental health services within the Adelaide metropolitan area, in addition to providing a range of statewide health services.

This document outlines the planned high level management arrangements for the Adelaide Health Service. It is important to recognise that many more detailed elements of the new organisation's structure will be defined by senior managers and clinical leaders who will be appointed over the coming months. Consultation will continue to occur during the development of these structures.

The management framework outlined in this document provides for a leaner executive structure with strong clinical leadership and enhanced clinical input into decision making. This change alone will save in excess of \$1m per annum for redirection to clinical services.

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

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

## 2. The drivers for change

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

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

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

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

### 3. Why create a single Health Service for Adelaide?

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

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

### 4. Structuring the Adelaide Health Service to meet the challenges

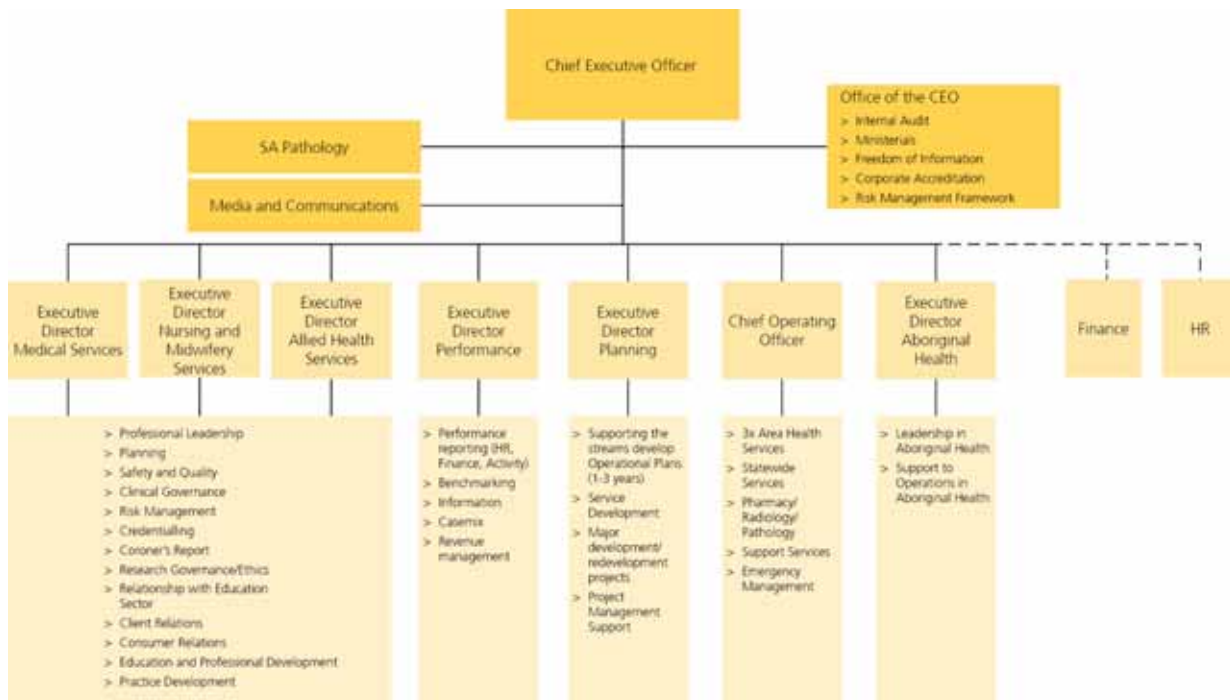
The Adelaide Health Service will have:

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

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

The Adelaide Health Service will be managed by a Regional Leadership Team. From 1 July, 2010 transitional arrangements will be established while appointments to the regional leadership team are made.

### The Adelaide Health Service Regional Leadership Team



### Chief Executive Officer

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

The CEO will promote the integration of services, continue to develop a primary care approach and work towards coordination across the continuum of care within an environment of continuous improvement and open consultation. This will include close collaboration with health educational institutions.

The CEO will also ensure that consultation with Aboriginal people takes place in line with the Aboriginal Impact Statement.

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

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

**Professional Leadership** will be provided by medical directors, nursing and midwifery directors and allied health directors. They will have responsibility for planning, the development and maintenance of systems in accordance with best clinical practice, clinical governance, client and consumer relations, Coroner's reports, clinical training and professional development, research governance/ethics and building relationships with the research and education sectors. The precise nature of the collective and individual responsibilities for most of these activities will be determined over the next few months. However, it has already been decided that the Executive Director, Medical Services will have the leadership role for clinical governance across the whole of the Adelaide Health Service.

There will be further consideration of the governance arrangements for research.

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

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

The two current regional health services have a number of groups undertaking important service development activities. In the first few months of the Adelaide Health Service the work of these groups needs to be consolidated to provide a coordinated and consistent approach. Consideration will also need to be given to the best way of bringing the skills of the planning and the clinical leadership teams together.

The **Chief Operating Officer** will take responsibility for the operational management of all health services across the Adelaide Health Service. This will include primary, acute and mental health services across both community and hospital settings. Day to day services will be managed locally in southern, central and northern metropolitan Adelaide and by a state-wide health services division. Clinical services will be supported by a support services division that includes both clinical and non-clinical support services.

The Chief Operating Officer will be responsible for ensuring that the southern, central and northern health services and the state-wide services work together so that patients' needs are met in a coordinated way.

Together with effective delegations to the various levels of management, the availability of the Chief Operating Officer will also enhance the effectiveness and timeliness of decision making in the organisation.

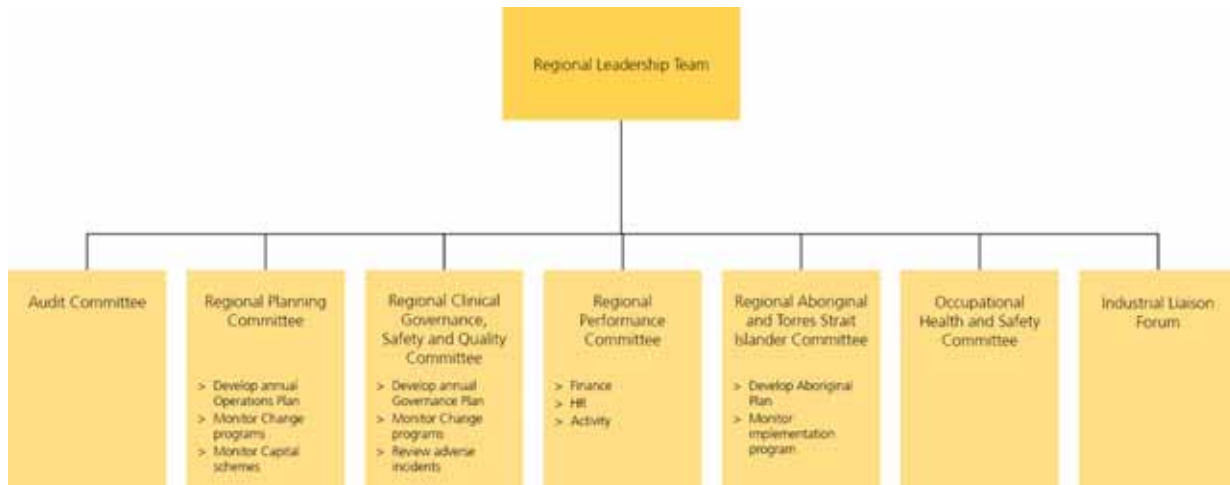
The **Executive Director Aboriginal Health** will provide leadership and tactical advice on Aboriginal health issues across the Adelaide Health Service. This includes advice on strategic issues, service development, planning, performance, governance structures and accountability. This position will also be responsible for ensuring that clinical services receive the advice, support and direction they need in order to deliver effective and culturally acceptable services for Aboriginal and Torres Strait Islander people. The Executive Director Aboriginal Health will also support and provide expert advice on the implementation of the Aboriginal Health Impact Statement.

Once the Executive Director Aboriginal Health has been appointed, details of the supporting framework for Aboriginal Health in the Adelaide Health Service will be developed.

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

## 6. The Adelaide Health Service Governance Committee Framework

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



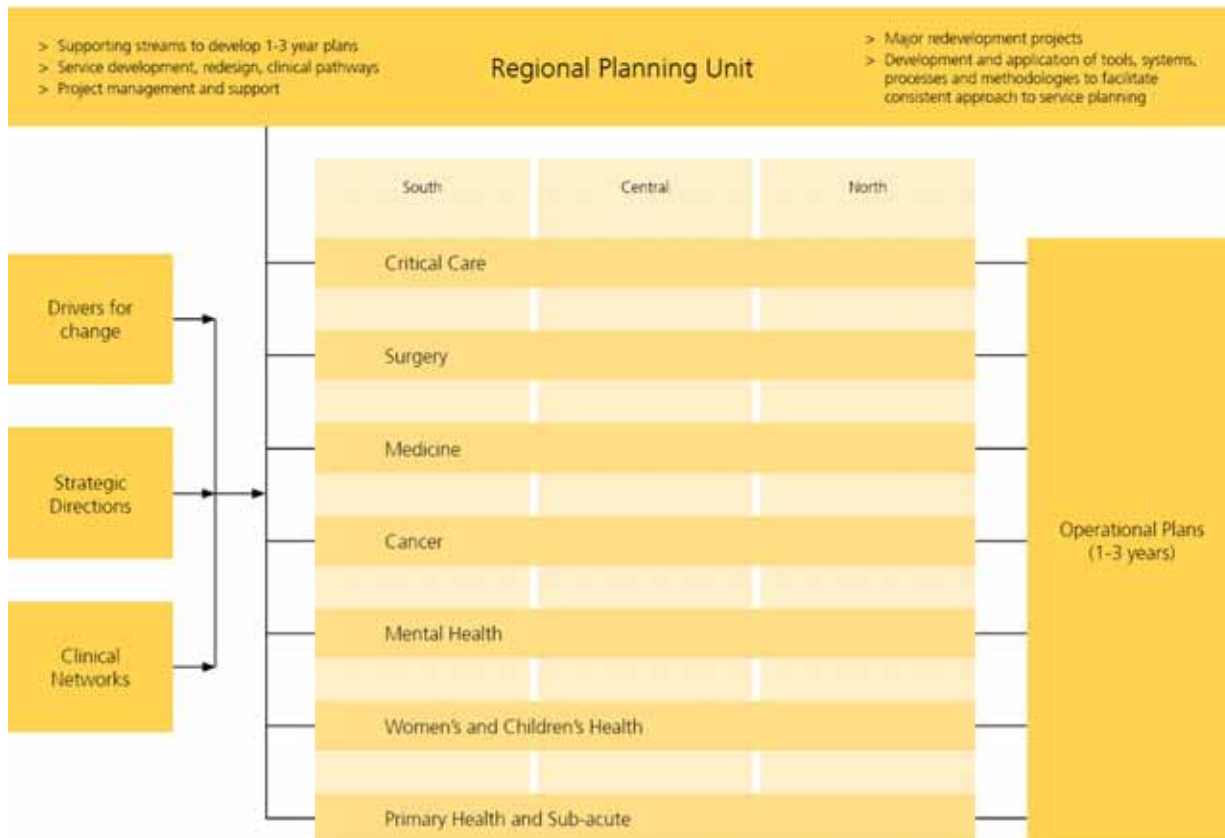
These committees will comprise members of the Regional Leadership Team and other representatives as appropriate. It is anticipated that the Regional Performance Committee will meet on a monthly basis whereas the other committees will meet less frequently.

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

Committee structures will also be established within the operational areas and will link to the Regional Governance Committee Framework to ensure consistent decision making and application of policies across the Region.

## 7. The Service Planning Framework of the Adelaide Health Service

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



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

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

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

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

This planning process will provide a mechanism for ensuring that the clinical streams work together to plan services to meet the needs of the patients in a coordinated way across all streams. This approach will ensure that non-hospital services receive the priority required to keep people healthy and out of hospital. It will also provide a process to ensure that every clinical stream has a health promotion component to its operational plan.

## 8. The Performance Management Framework for the Adelaide Health Service

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

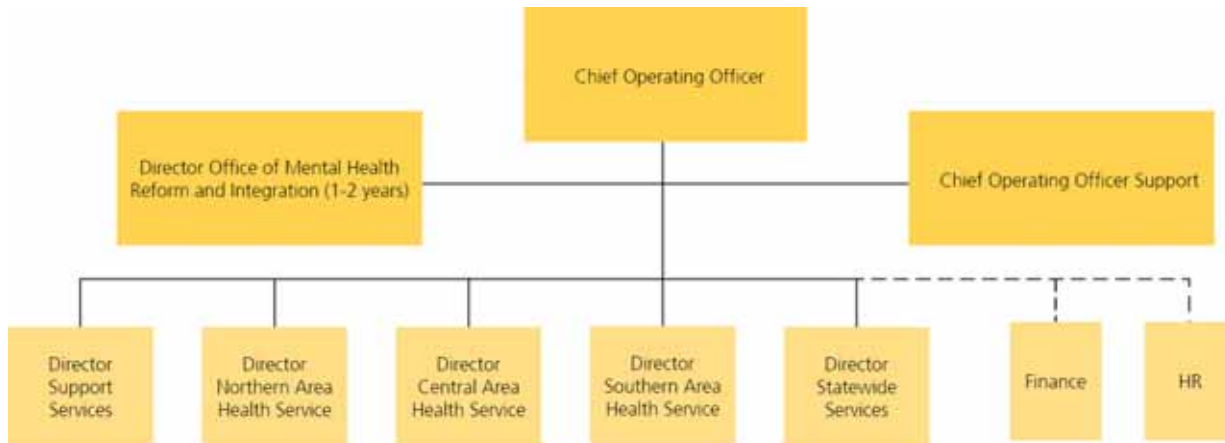
A key feature will be the provision of regular and timely key performance indicator data and analysis of performance to support local managers/decision makers and assist with strategies to address underperformance. This information will cascade to all levels of management teams in line with the organisational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

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

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

## 9. Management of the Health Services

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



### Area Health Service Directors

The Directors of the three Area Health Services will be responsible for the operation of health services in their area as they implement the Adelaide Health Service Operational Plan.

The role will require collaboration with the other Area Health Services and State-wide Services as well as Country Health SA and Children, Youth and Women's Health. The Area Health Service Director will need to ensure that the clinical streams in the Area Health Service work effectively together to meet patients' needs.

### Director State-wide Services

The Director of State-wide Services will be responsible for the operation of the identified state-wide services that fall within the Adelaide Health Service. These state-wide services are SA Dental Service, BreastScreen SA, Drug and Alcohol Services SA and Prison Health.

The Director's role will require collaboration with the Area Health Services as well as Country Health SA and Children, Youth and Women's Health.

SA Dental Service and Drug and Alcohol Services SA also have a policy role with SA Health.

### Director Support Services

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

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

The importance of support services operating in a highly responsive way to the needs of the organisation will be recognised when establishing this directorate over the coming months.

### **Clinical Support Services**

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

A Chief Pharmacist and Chief Radiologist will be appointed and will have a professional reporting relationship with the Executive Director, Medical Services. The organisational arrangements for these clinical support services will be developed when the senior positions are in place and will need to ensure that they are well integrated with other clinical services in the region.

### **Non Clinical Support Services**

- > Engineering and Building Services
- > Biomedical Engineering
- > Asset Sustainment
- > Capital Planning
- > Delivery of major development/redevelopment capital projects
- > Fire Services
- > Security
- > Parking
- > Contract Management
- > Property Management and Leasing
- > Cleaning
- > Catering
- > Laundry/Linen
- > Environmental Services
- > Corporate Records
- > Switchboard and Telephony
- > ICT Business Management
- > Fleet Management

### **Director Mental Health Reform and Integration**

It is recognised that mental health services in South Australia have not yet completed implementation of their significant reforms. The position of Director, Mental Health Reform and Integration will be established to assist the Chief Operating Officer to drive the implementation of these mental health reforms for a period of 1-2 years. The Director of the Office of Mental Health Reform and Integration will be a member of the Chief Operating Officer's executive team during this period.

There will be further discussions with the Department of Health to clarify the operating arrangement between the Adelaide Health Service's Office of Mental Health Reform and Integration and the Department's Mental Health Unit during this transition period.

After this 1-2 year period, mental health services within the Adelaide Health Service will need to have developed the capacity to operate in a fully integrated way within the three metropolitan health services. The Office of Mental Health Reform and Integration will play an important role in this building of capacity.

### **Health Promotion**

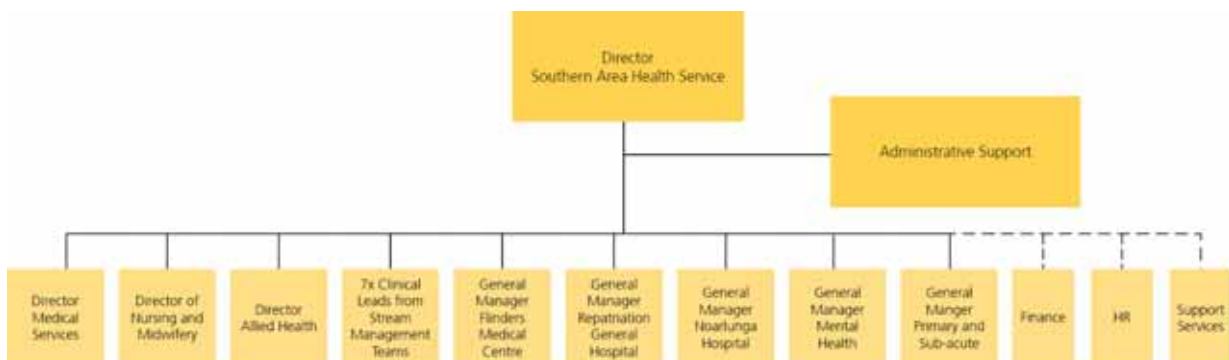
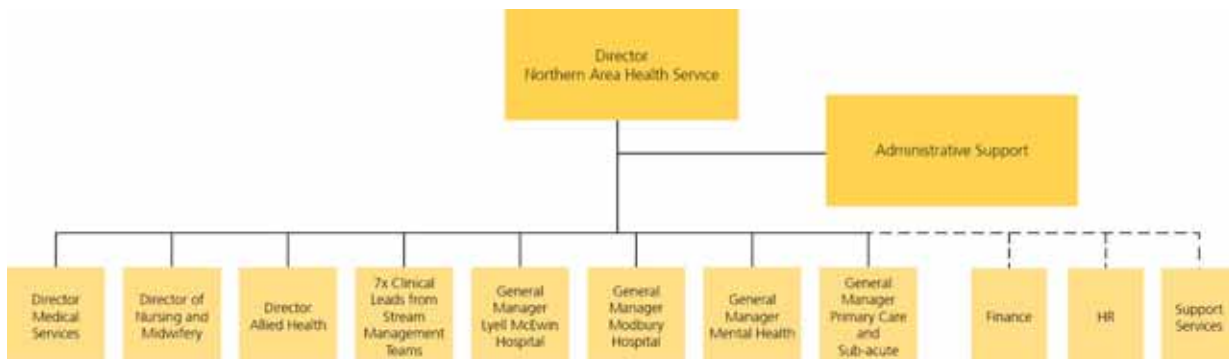
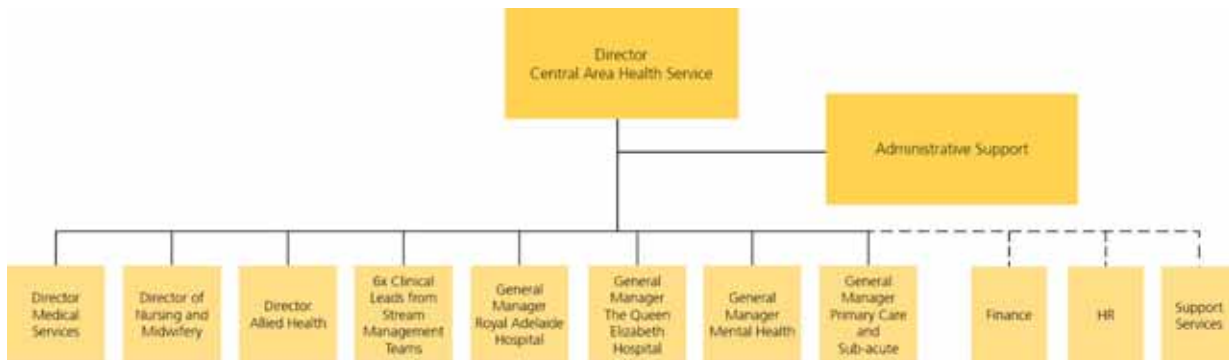
It is recognised that effective health promotion leadership is needed for the implementation of health promotion plans across the Adelaide Health Service to produce effective programs and outcomes. There will be further consideration of the best way to provide health promotion leadership once the Chief Operating Officer's leadership team is in place.

## 10. Area Health Services

Most clinical services provided by the Adelaide Health Service will be provided through three area health services: southern, central and northern.

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

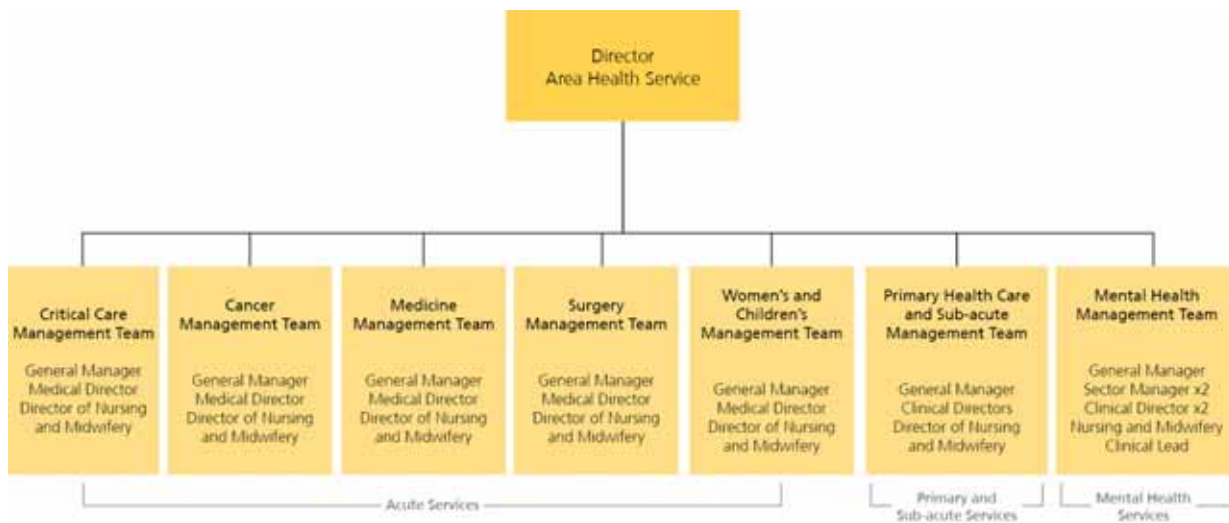
### Area Leadership Teams



The six or seven clinical leads in each Area Health Service Leadership Team will be drawn from the clinical leads in the streams.

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

The overarching principle of the operation of the of the three metropolitan area health services will be a shift of management and leadership away from institutions to 'clinical streams' which will be led by teams of clinical leaders as well as General Managers.



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

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

The Chief Executive Officer and the Chief Operating Officer will be responsible for agreeing the appropriate alignment of services within these streams. There will be further consultation in the coming weeks on the combination of services that are managed within each stream. Consideration will also be given to a single area health service taking a leadership role for the provision of a clinical stream (eg cancer) across the Adelaide Health Service.

The principle of managing services on a clinical stream basis is paramount. It is expected that services within the streams will be managed consistently with this approach.

## **Acute Services**

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

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

The general manager of a stream may not be the same person as the general manager of the site where patient care is provided. The stream general manager is the direct line manager of the clinical units in the stream.

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

It is important to note that Nursing Directors / Directors of Nursing may also take responsibility for site based issues. These site based roles include managing matters such as corporate nursing and midwifery infrastructure support, staff flow, after hours coordination, resource development support, recruitment and retention, HR protocols and EB implementation. It may be that larger sites could require a dedicated site based Director of Nursing, whilst at general hospitals the role might be combined (with supports) to one of the Nursing and Midwifery Directors in a service stream.

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

Consideration will be given to the best way of bringing the skills and perspectives of allied health professionals to the task of managing these clinical streams when the Chief Operating Officer's leadership team is in place.

**Theatres, anaesthetics and hospital based outpatient services** will be managed across all sites in each area by a nominated General Manager. Professional staff within these areas will have professional reporting lines to the area professional leads.

## **Primary and Sub-acute**

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

The Primary and Sub-acute services within each area health service will include Primary Health Care, Rehabilitation, Palliative Care and Aged Care. The organisational details of these services will be developed once the senior management teams of the three area health services have been appointed.

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

Similarly, where hospitals currently manage community based services, consideration will be given to moving these services to the primary and sub-acute stream.

## **Mental Health**

The Mental Health Management Teams in each of the three area health services will be responsible for the delivery of mental health services for their populations. Discussions will be held with the Child, Youth and Women's Health Service on the future management of mental health services for children.

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

For a period of 1-2 years, the three Mental Health Management Teams in the area health services will be supported in their implementation of the Mental Health reforms by the Office of Mental Health Reform and Integration.

## **11. State-wide services**

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

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

## **12. Transition to the new Adelaide Health Service**

As of 1 July 2010, all staff employed by the Southern Adelaide Health Service and the Central Northern Adelaide Health Service will be employees of the Adelaide Health Service.

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

It is anticipated that most of the executive positions in the AHS Regional Leadership Team will be filled by the end of July. In some cases this may be on an interim basis whilst a recruitment process is undertaken. Announcements will be made once positions have been filled.

Following the appointment of the key senior positions, subsequent levels of the Adelaide Health Service organisational structure will be filled. It is expected that this will take some months.

The transition of staff to positions directly impacted upon by the development of new structures within the Adelaide Health Service will occur in accordance with Human Resource Principles and Procedures. Following consultation with the relevant industrial bodies, in principle agreement has been reached and the Human Resource Principles and Procedures are available to staff. The principles and procedures will apply for the duration of the transition to the Adelaide Health Service.

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

It is recognised that the transition to the new Adelaide Health Service may create anxiety and concerns for staff. We acknowledge the genuine concerns of staff and are committed to ensuring that staff are provided with appropriate support services, resources and information to reduce these concerns and to identify the opportunities that will arise during this change process. A dedicated change management intranet page will be developed that will provide updated information on the change process, documents and information sheets on how to manage change for both leaders and staff, details of upcoming training programs, contact details of support services available (including consultants and Employee Assistance Program) and a new online chat box to assist in addressing immediate staff concerns.

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