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, SOUTH AUSTRALIA AMBULANCE SERVICE
## VERSION CONTROL

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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 South Australia Ambulance Service (SAAS) 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.

JASON KILLENS
Chief Executive Officer
South Australia Ambulance Service

Date: ............................................
Signed: ...........................................

DAVID SWAN
Chief Executive
Department for Health and Ageing

Date: ............................................
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 local population, and SAAS and Local Health Networks (LHNs) as the service providers, 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 SAAS, funding provided to SAAS 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.

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).

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

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

SA Health means the South Australian public health system services and agencies, comprising the DHA, its LHNs, and 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.

South Australia Ambulance Service Chief Executive Officer (SAAS CEO) means the Chief Executive Officer of the South Australia Ambulance Service.

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 SAAS 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:

- 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 SAAS and 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 SAAS and across the health system.

• SAAS 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 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 SAAS CEOs performance agreement;

• To implement the SA Health Performance Framework (Schedule 5) and to apply this to the functions and responsibilities of SAAS;

• To ensure the DHA, state and national health priorities, services, outputs and outcomes are achieved;

• To articulate the agreed activity requirements and associated funding allocations and movements; and

• To articulate the KPIs to measure performance of SAAS and the assurances on SAAS responsibilities in meeting the relevant South Australian legislation, regulations and DHA policy requirements. These service arrangements do not abrogate the responsibilities of the SAAS 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.

SAAS may be required to develop and deliver operational plans and to contribute to LHN operational plans to ensure outcomes related to Transforming Health and other agreed priority initiatives.

SAAS 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 SAAS 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.

**SAAS ACCOUNTABILITIES**

SAAS must comply with:

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

The SAAS CEO is responsible for:

- The provision of safe, high quality health care services within agreed financial parameters.
- Managing the SAAS 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.
- Working towards Implementation of the National Safety and Quality Health Service (NSQHS) Standards and ensuring that SAAS is 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.

• Leveraging the assets of SAAS, including the workforce, to produce sustainable quality outcomes.

The SAAS 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.

SAAS 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.

SAAS 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).

• Monitor and ensure ongoing licensing, accreditation and registration of the service staff.

• The facilities and services outlined in the SAAS 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), SAAS accepts responsibility for the delivery of the associated programs and reporting requirements to state and Commonwealth bodies as defined by the DHA.
Occupational Health, Safety and Welfare and Injury Management

SAAS 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.

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 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, 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 SAAS 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 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.

SAAS KEY DELIVERABLES

The System Performance and Service Delivery Division of the DHA will convene regular Contract Performance Meetings with SAAS and LHNs 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, delivering agreed milestones within Transforming Health and 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;

• supporting the ramp down at the Royal Adelaide Hospital (RAH) and ramp up of the new Royal Adelaide Hospital (nRAH) and other agreed service transfers;

• contributing to the development of new models of care and assisting implementation; and

• achieving KPIs to support the implementation of Transforming Health and other key strategic priorities, focusing on improving quality, access and efficiency of health care.
SAAS will be required to confirm the strategies for achieving the above key deliverables and other savings requirements by August 2016 for discussion at the first Contract Performance Meeting, and to provide regular evidence and assurance that agreed outcomes are being met. This will include evidence of compliance with 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 SAAS funding levels contained in this SLA must be notified in writing by the Deputy CE, System Performance and Service Delivery.

Where the SAAS 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.
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 and SAAS 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.

Any amendments to purchased 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 agreed timeframes where applicable, but primarily following mid-year review (end of December 2016).

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**AMENDMENT PROPOSAL**

An amendment proposal is made by:

- The SAAS CEO providing an amendment proposal for consideration; or
the CE providing an amendment proposal to SAAS 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 SAAS 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 SAAS 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: SAAS HEALTH SERVICE PROFILE

SAAS is the statutory provider of ambulance services in South Australia. More than 2,700 career and volunteer staff provide South Australians with the highest level of emergency, pre-hospital medical care.

HOSPITAL FACILITIES AND SERVICES

Metropolitan Emergency Operations

SAASs metropolitan services extend from Aldinga in the South to Playford in the North and encompass over 1,200 operational and non-operational staff across 17 ambulance stations and the head office. This portfolio is divided into four areas including:

- North West, managing all stations in the northern and western metropolitan suburbs and includes Single Paramedic Response Intervention Team (SPRINT);
- South East, managing all stations in the southern and eastern metropolitan suburbs, including the central business district and includes Extended Care Paramedics (ECP);
- Emergency Support and Patient Transfer Services, managing the non-emergency transport of patients. This service is based in the metropolitan area but also transfers patients in and out of regional areas.

Regional South Australia

Emergency ambulance response and patient transfer services in South Australian regional areas are largely provided by volunteers across 76 stations. SAAS also has 24 career stations in regional areas across the state.

The new (4 year) Community Paramedicine program, commencing mid-2016, will engage qualified Paramedics with extra training and deploy them as Community Paramedics in regional communities. Community Paramedics will deliver holistic pre-hospital healthcare to reduce the risk of functional decline and hospitalisation of patients, connecting them with the most suitable community health-care option for their unique circumstances.

SAAS Emergency Operations Centre

The SAAS Emergency Operations Centre (EOC) has state-wide responsibilities for:

- Triple zero (000) call receipt, patient triage and ambulance dispatch;
- coordination and dispatch of the Patient Transfer Service, moving non-emergency patients around the state;
- coordination of State Rescue Helicopter Services, via the SAAS EOC; and
- coordination of the Royal Flying Doctor Service (RFDS) for fixed-wing inter-hospital air transfers.

Within the EOC is situated a clinical hub comprising of Medical Retrieval Consultants, Nurse Retrieval Consultants and EOC Clinicians providing 24/7 clinical care and advice across the state.
SAAS Rescue, Retrieval and Aviation Services (RRAS)

SAAS MedSTAR and SAAS MedSTAR Kids deploy highly trained teams of doctors, paramedics and nurses to manage the retrieval of critically ill or injured adults, children and neonates. Patients are retrieved via ambulances, helicopters and fixed-wing aircraft from the metropolitan area, across the state and interstate when needed. RRAS is responsible for the management of the RFDS contract.

Special Operations Team (SOT) rescue paramedics deliver SAASs specialist technical rescue service under the RRAS directorate. SAAS also has rescue capability based in some regional areas managed by suitably skilled career and volunteer staff.

Emergency and Major Event Management

SAAS emergency preparedness is integral to the State’s emergency response arrangements and includes allocation of suitable SAAS resources and an appropriate command structure. SAAS major event management involves a planning role in a range of major public and sporting events across the state, many of which SAAS attends.

SAAS also provides the following supplementary services:

- Collaboration with Flinders University to deliver the Bachelor of Paramedic Science, the Master of Health Services (Pre-Hospital and Emergency Care), the Graduate Diploma in Intensive Care Paramedic Studies, and the Master of Retrieval Practitioner degree courses;
- collaboration with James Cook University to deliver the Postgraduate Certificate in Aeromedical Retrieval and Master of Public Health degree courses;
- provision as a registered training organisation of in-house, nationally accredited training to SAAS staff;
- provision and administration of the Ambulance Cover subscription scheme; and
- management and promotion of Call Direct, a 24-hour personal monitoring emergency service.

SAAS GOVERNANCE

The Health Care Act, 2008 maintains SAAS as an identifiable incorporated entity. Consistent with the incorporated hospitals, it is managed by a CEO reporting to the CE.

TRANSFORMING HEALTH

Transforming Health has committed to invest $16.1 million 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.

Operating funds have also been committed to SAAS, aimed at boosting frontline paramedic and support staff numbers by approximately 72 FTE under Transforming Health which will be released to SAAS in stages to meet reform targets.

Where care can be safely administered at home, this will be done by a suitably authorised SAAS clinician to reduce pressure on Emergency Departments.
SCHEDULE 2: SAAS TARGETS FOR 2016/17
(AS PER AGENCY STATEMENTS)

1. Commissioning into service of the newly constructed Noarlunga Ambulance station.

2. Completion of scope, design and procurement to construct an ambulance station in the Northern suburbs.

3. Completion of scope, design and procurement to construct an ambulance station in the Western suburbs.

4. Work towards achieving the recruitment target of 5 ASO1/2 positions for the Premier’s initiative *Recruit Jobs4YouthSA*.

5. Complete the operational capacity review and develop and progress an implementation plan for the agreed recommendations.

**Election Promises:**

1. New ambulance stations: $7.5 million to build and operate two new ambulance stations in Adelaide’s southern suburbs.


3. Build on the community Care initiative, providing ambulance resources in the community who will deliver healthcare and be a liaison between the patients GP, community carers and other service providers ($5.8 million over four years).
SCHEDULE 3: PURCHASED ACTIVITY AND FUNDING

INTRODUCTION

This schedule sets out the funding provided for delivery of purchased services.

DEFINITIONS

In this schedule:

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

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SCHEDULE 4: KEY PERFORMANCE INDICATORS AND TARGETS

PURPOSE

This schedule outlines the KPIs and associated targets that SAAS 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 SAAS 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 SAAS 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 22.

Table 2: Tier 2 Performance Indicators see page 23.

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.

SAAS is required to flow relevant targets by month and provide them to the DHA (a pro-forma will be provided if required). 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.

Data Provision

Performance reporting against the KPIs in this SLA may require SAAS to periodically submit data to the DHA. SAAS 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.
### SAAS Tier 1 Key Performance Indicators

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance Indicator</th>
<th>Measure</th>
<th>Target</th>
<th>Strategic Link</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.0</strong></td>
<td>Total and Unfunded Variation in Net Cost of Service for End of Year</td>
<td>Balanced or surplus</td>
<td>0</td>
<td>National Performance and Accountability Framework&lt;br&gt;SA Health Financial Management</td>
</tr>
<tr>
<td>1.1</td>
<td>Total Labour Effort Variance to Budget</td>
<td># Standard FTE, additional FTE and agency compared to budgeted cap</td>
<td>0</td>
<td>SA Health Financial Management&lt;br&gt;Transforming Health Outcomes</td>
</tr>
<tr>
<td>1.2</td>
<td>Activity Monitoring – Total Incidents</td>
<td># Incidents&lt;br&gt;P 1-5&lt;br&gt;P 6-8</td>
<td>No Target</td>
<td>SA Health Financial Management&lt;br&gt;Transforming Health Outcomes</td>
</tr>
<tr>
<td>1.3</td>
<td>Activity Monitoring – Transport Ratio</td>
<td>%Transports&lt;br&gt;P 1-5&lt;br&gt;P 6-8</td>
<td>No Target</td>
<td>SA Health Financial Management&lt;br&gt;Transforming Health Outcomes</td>
</tr>
<tr>
<td>1.4</td>
<td>Number of Avoided Hospital Carries by ECPs</td>
<td>% of patients for whom ECP intervention results in avoidance of transfer to an Emergency Department</td>
<td>70%</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td><strong>2.0</strong></td>
<td>Response Time (Urban Centres)</td>
<td>Priority 1 - % of carries within 8 minutes&lt;br&gt;Priority 2 - % of incidents responded to within 16 minutes&lt;br&gt;Priority 3 - % of incidents responded to within 30 minutes</td>
<td>60%&lt;br&gt;95%&lt;br&gt;92%</td>
<td>National Performance and Accountability Framework&lt;br&gt;SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>2.1</td>
<td>Ambulance Transfer of Care ≤ 15 Mins P1-5</td>
<td>% of P1-5 TOC within 15 mins for urban centre public hospitals</td>
<td>50%</td>
<td>SAAS Performance Benchmark. Shared Target with LHNs</td>
</tr>
<tr>
<td>2.2</td>
<td>‘000’ Calls Answered in 10 Seconds</td>
<td>% of ‘000’ calls answered within 10 seconds</td>
<td>≥95%</td>
<td>National Performance and Accountability Framework</td>
</tr>
<tr>
<td>2.3</td>
<td>Hospital Clearance (Major Metropolitan Hospitals)</td>
<td>% of Hospital Clearance Time&lt;br&gt;&lt;30 Mins (Priority 1-5)&lt;br&gt;&lt;40 Mins (Priority 1-5)</td>
<td>65%&lt;br&gt;85%</td>
<td>SAAS Performance Benchmark</td>
</tr>
<tr>
<td>2.4</td>
<td>Crew Utilisation Rate - Metropolitan Emergency Crewing (Urban Centres)</td>
<td>% of time emergency ambulances are utilised (i.e. utilisation rates)</td>
<td>≤ 55.0%</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td><strong>3.0</strong></td>
<td>Other Key Indicators – Effectiveness, Safety and Quality of Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>Serious Adverse Events (Actual SAC 1 &amp; 2)</td>
<td># monthly/YTD</td>
<td>10% annual improvement from base year 2015/16</td>
<td>National Safety and Quality Health Service Standards (NSQHSS)</td>
</tr>
<tr>
<td><strong>4.0</strong></td>
<td>Other Key Indicators – People and Culture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Lost Time Injury Frequency Rates (LTIFR)</td>
<td>% reduction (SIMS Database)</td>
<td>5%</td>
<td>SA Health Workforce Management</td>
</tr>
</tbody>
</table>
# SAAS Tier 2 Performance Indicators

<table>
<thead>
<tr>
<th>No.</th>
<th>Performance Indicator</th>
<th>Measure</th>
<th>Target</th>
<th>Strategic Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Supporting Indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Strategy 4 – ‘000’ Call Audit</td>
<td>% of compliance and high compliance with EMD-O Performance Standards 9a for correct application of Medical Priority Dispatch System</td>
<td>&gt;70%</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>1.2</td>
<td>Strategy 1 – Trauma Bypass</td>
<td>Number of metropolitan and peri-urban patients who are assessed by an ICP or SAAS medical practitioner (e.g. RERN, SAAS MedSTAR) who are recorded as attending major trauma centre under the Adelaide Metropolitan Trauma Bypass arrangements</td>
<td>Monitor in 2016/17. Target to be agreed for 2017/18</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>1.3</td>
<td>Strategy 2 – Code STEMI</td>
<td>% of metropolitan patients with chest pain including evidence of ST elevation myocardial injury (D10) who are recorded as having Code STEMI notification prior to arrival (H02)</td>
<td>Monitor in 2016/17. Target to be agreed for 2017/18</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>1.4</td>
<td>Strategy 3 – Code STROKE</td>
<td>% of patients with suspected stroke (D30) who are recorded as having Code STROKE notification to arrival (H03)</td>
<td>Monitor in 2016/17. Target to be agreed for 2017/18</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>2.0</td>
<td>Other Key Indicators - Effectiveness</td>
<td>Safety and Quality of Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Reporting and Review of SAC 1s (Including Sentinel Events) by the Highest Level of Governance</td>
<td># Monthly</td>
<td>No target</td>
<td>National Safety and Quality Health Service Standards (NSQHSS)</td>
</tr>
<tr>
<td>2.2</td>
<td>Open Disclosure Rate for all Actual SAC 1 &amp; 2 Patient Incidents</td>
<td>Monthly/YTD</td>
<td>95%</td>
<td>National Safety and Quality Health Service Standards (NSQHSS)</td>
</tr>
<tr>
<td>2.3</td>
<td>Monitoring of Treat No Transport Incidences</td>
<td>% Monthly</td>
<td>No Target</td>
<td>National Safety and Quality Health Service Standards (NSQHSS)</td>
</tr>
<tr>
<td>2.4</td>
<td>Out of Hospital Adult Cardiac Arrest Survival Rate</td>
<td>% of out of hospital adult VF/VT cardiac arrests survival rates (YTD)</td>
<td>≥ 40%</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>2.5</td>
<td>Trauma Patients that Receive Effective Pain Management</td>
<td>% of trauma patients that receive effective pain management (YTD)</td>
<td>≥ 40%</td>
<td>SAAS Performance Benchmark to Guide Performance Management</td>
</tr>
<tr>
<td>2.6</td>
<td>Consumer Experience Involvement in Care and Treatment</td>
<td>Bi-annual</td>
<td>85% for each</td>
<td>National Safety and Quality Health Service Standards (NSQHSS), Australian Commission on Safety and Quality in Health Care</td>
</tr>
</tbody>
</table>

### 3.0 People and Culture
<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Measures/Targets</th>
<th>Link/Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Completion of Annual Performance Reviews in Line with the Commissioner’s Determination</td>
<td>% completed performance reviews (CHRIS reporting)</td>
<td>Minimum 80%</td>
</tr>
<tr>
<td>3.2</td>
<td>Achieve Favourable Passion/Engagement in Next Staff Survey (Annual)</td>
<td>% of surveys which achieved favourable passion/engagement (Your Voice Project)</td>
<td>&gt;75%</td>
</tr>
<tr>
<td>3.3</td>
<td>Workplaces/Departments Undertaking Worksite Safety Inspections</td>
<td>% (SAAS WHISM groups)</td>
<td>Minimum 90%</td>
</tr>
<tr>
<td>3.4</td>
<td>Defined Officers Completed Officer Induction and are Appropriately Trained in WHS and Injury Management</td>
<td>% trained officers (Workforce Health Data Reporting)</td>
<td>90%</td>
</tr>
<tr>
<td>3.5</td>
<td>Increase Current Identified ATSI Employees</td>
<td>% increase of ATSI employees annually (DHA Workforce Reporting and Analysis)</td>
<td>25% increase from previous year</td>
</tr>
<tr>
<td>3.6</td>
<td>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)</td>
<td>% updated job descriptions (DHA workforce planning, attraction and retention)</td>
<td>100%</td>
</tr>
<tr>
<td>3.7</td>
<td>Work Health and Safety Related Incidents Due to Challenging Behaviour in the Workplace</td>
<td># By type Quarterly</td>
<td>Variance to previous year</td>
</tr>
</tbody>
</table>
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 SAAS performance, monitoring SAAS 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 SAAS 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 SAAS are identified in the SLA.

The key activities that form the performance accountability assessment, reporting and management for SAAS 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 SAAS;
- 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 SAAS 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 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 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 SAAS 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 SAAS 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 SAAS 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. SAAS 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:

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

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

SAAS 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 (where applicable) 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 SAAS CEO. The annual review will include review of SAAS 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 SAAS 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
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For more information

Department for Health and Ageing
System Performance and Service Delivery
11 Hindmarsh Square
ADELAIDE SA 5000
www.sahealth.sa.gov.au

Public-I1-A1

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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 Australia 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 repurposed 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

- 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:
   o Actions taken arising from coroners, legal and other recommendations
   o Actions taken to address consumer experience domains <85%
   o Actions taken to address primary complaint issues arising
   o Actions taken to address Accreditation assessment recommendations (developmental and additional)
   o Safety and Quality Program implementation, in particular:
     - Resuscitation Planning – 7 step pathway
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.