



Southern Adelaide Local Health Network Annual Report 2014 -15

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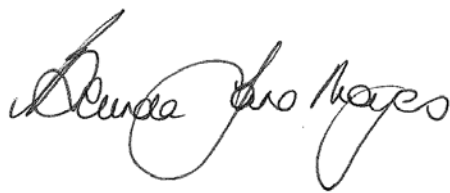
Hon. Jack Snelling M.P.
Minister for Health
Minister for Mental Health and Substance Abuse

Dear Minister

In accordance with the *Public Sector Act 2009*, the *Public Finance and Audit Act 1987* and the *Health Care Act 2008*, I am pleased to present the annual report and financial statements of the Southern Adelaide Local Health Network for presentation to Parliament.

This report provides an accurate account of the operations of the Southern Adelaide Local Health Network for the financial year ending 30 June 2015, in compliance with the Department of the Premier and Cabinet Circular *PC013 Annual Reporting Requirements 2014-15*.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Belinda Moyes', with a large, stylized flourish at the end.

Professor Belinda Moyes
Chief Executive Officer
Southern Adelaide Local Health Network

30 September 2015

Table of Contents

About Us	5
Highlights	7
Agency Role Performance and Governance	8
Presiding Member, Health Advisory Council Statement	14
Chief Executive Officer Report	16
Valuing People	19
Positioning for Sustainability	20
Doing it Properly	21
Fostering Knowledge and Learning	23
Our Partners in Care	24
Safety and Quality of Services and the Health Workforce	28
Activity Data	31
Workforce Information	35
Other Information	38

About Us

Our commitment

Our vision

- > We believe in providing the standard of health care that we desire for our own families and friends.

Our goals

- > **Valuing people** - we empower and respect patients, staff and partners
- > **Positioning for sustainability** - we create sustainable services for our patients through strong leadership, training, partnerships, wise use of resources and accountable practices
- > **Doing it properly** - we take pride in delivering quality health care services to patients first time, every time
- > **Fostering knowledge and learning** - we position SALHN as an innovator and leader in improving health care provision.

Our purpose

- > We work at the leading edge of science and the cutting edge of innovation. We bring the most talented, knowledgeable and skilled individuals together to save lives and improve health. By doing this we improve health and well-being, support people in keeping them mentally and physically well, in getting them better when they are ill and, when they cannot fully recover, we support them in their journey with dignity.

We believe

- > The best way to predict the future of health care is to create it. The future is created by what we do today, not by what we do tomorrow.

Our values

- > We want to partner with you in meeting your health care needs through professionals whom you trust. We will deliver this service based on our goals.

Our health service

Southern Adelaide Local Health Network (SALHN) provides care for more than 350 000 people living in the southern metropolitan area of Adelaide, as well as providing a number of statewide services, and services to those in regional areas. More than 7500 skilled staff provide high quality patient care, education, research and health-promoting services.

SALHN provides a range of acute and sub-acute health services for people of all ages through its acute sites and its network of community and inpatient mental health services and primary health care services. The organisation works closely with a wide range of health providers in the southern region of Adelaide, including the Southern Adelaide Fleurieu Kangaroo Island (SAFKI) Medicare Local.

SALHN is supported by the SALHN Health Advisory Council, which monitors and provides advice on improving clinical care outcomes within SALHN, with a particular focus on local service integration, performance and the safety and quality of services.

Health services which form SALHN include:

- > Flinders Medical Centre (FMC), Repatriation General Hospital (RGH) and Noarlunga Hospital.
- > Primary Health and Transition Services, including GP Plus Super Clinic Noarlunga, GP Plus Health Care Centres at Aldinga and Marion, and a primary health site at Seaford, in addition to Aboriginal health services and Aboriginal family clinics, health services in peoples' homes and the Aged Care Assessment Team .
- > Southern Mental Health inpatient services at FMC, Noarlunga Hospital and RGH, including specialised services for eating disorders, veterans' mental health and problem gambling. Community based mental health services include the Inner South Community Mental Health Centre (co-located with GP Plus Marion), and the Southern Intermediate Care Centre and Trevor Parry Centre, which are both located at Noarlunga.

Plans and objectives

SALHN bases its targets on South Australia's Strategic Plan. SALHN's Annual Report 2014-15 provides an ideal opportunity to report on the steps taken by the organisation towards achieving these targets in the last year.

To ensure our healthcare system can effectively, flexibly and consistently provide the highest quality of care, the State Government introduced Transforming Health in 2014-15. Under Transforming Health, the State Government is focussing on improving the quality of care provided at metropolitan hospitals, working in partnership with General Practitioners (GPs) and with primary and aged care providers to develop models of care that are integrated and provide a seamless journey for patients.

For people living south of the city, FMC will be a centre for complex medical procedures and services. Less complex care will be provided at Noarlunga Hospital. RGH will transfer many of its services to other hospitals and will retain Orthotics and Prosthetics South Australia on-site.

Creating capacity at FMC will be an important part of Transforming Health, as services from RGH are transferred to FMC over the next few years. The State Government is investing \$159 million (m) to improve and upgrade facilities at FMC including a new rehabilitation centre with 55 beds, new gyms and a hydrotherapy pool; more car parking, with a new multi-level car park; a dedicated orthogeriatric service; and a new centre for the Older Persons Mental Health Service.

The changes to the way healthcare is delivered in the south supports a number of goals and targets under South Australia's Strategic Plan, including:

Target 84: Health service standard - By 2013, 90 percent of patients presenting to a public hospital emergency department will be seen, treated, and either discharged or admitted to hospital within four hours. (baseline: 2011); and

Target 78: Healthy South Australians - Increase the healthy life expectancy of South Australians to 73.4 years (6 percent) for males and 77.9 years (5 percent) for females by 2020 (*baseline: 1999-01*).

Highlights

- > SALHN's Reconciliation Action Plan was endorsed by Reconciliation Australia. The plan outlines practical actions SALHN will take to build strong relationships and enhanced respect between Aboriginal and Torres Strait Islanders and other Australians.
- > The 120-bed ViTA facility was officially opened on the RGH site. The development is a joint initiative between SA Health, ACH Group and Flinders University, and provides teaching, aged care and rehabilitation services.
- > The SALHN Youth Mental Health Service was opened. The service is available to 16-24-year-olds and partners with adult mental health services to offer a wide range of services to young people in southern Adelaide.
- > The South Australian Liver Transplant Unit at FMC completed its 300th liver transplant.
- > In an Australian first, cognitive behavioural therapists from the Statewide Gambling Therapy Service, based at FMC, began a program within South Australia's prisons to help inmates beat their gambling addictions.
- > A new way of caring for patients with minor fractures was introduced - reducing the time they spend in hospital at FMC and freeing up hospital beds for those who need them most.
- > An eight-bed Mental Health Short Stay Unit opened in the FMC Emergency Department (ED), providing up to 48 hours of care for people who are mentally unwell.
- > A \$1.5mi funding boost was announced, which will see the establishment of the Flinders Centre for Gastrointestinal Cancer Prevention. The centre will provide a greater focus on the early detection and prevention of gastrointestinal cancers such as oesophageal and colorectal cancer.
- > SALHN established a new Aboriginal Child Health Team, operating from two Aboriginal Family Clinics in Clovelly Park and Noarlunga.
- > Building works began on a new \$2.5m Community Mental Health Centre to be developed at Noarlunga.

Agency Role Performance and Governance

SALHN is an incorporated hospital under the South Australian *Health Care Act 2008*.

Role

SALHN provides a wide range of public acute and community health care services, and is responsible for some statewide services. The level and nature of these services is based on government priorities, clinical need and service demand.

Responsibilities

SALHN meets its responsibilities through the following key foundation areas which underpin the planning, implementation and evaluation of its programs:

- > Client focused care:
 - Ensure accessibility and equity of health care services in a timely and effective manner, including services to veterans.
 - Ensure the coordination of services between RGH, FMC and Noarlunga Hospital and Primary Health and Transition Services.
 - Increase community awareness and participation in determining required health services including Aboriginal and Torres Strait Islanders, people from culturally linguistic and diverse backgrounds and people with mental illness.
 - Redesign services to meet the current and future health needs and priorities.
 - Increase flexibility of services to support new and changing models of care.
 - Create an environment to support self-management, early intervention and prevention, and chronic disease management within the SALHN population.

- > Quality and safety:
 - Create and maintain an environment that delivers high quality care and ensures the safety of patients, consumers and staff through effective systems and services.
 - Ensure compliance with accreditation and other health quality and safety standards and policies.
 - Provide a safe and secure environment for patients, consumers and staff.
 - Establish and implement processes that support the reduction of adverse health outcomes.
 - Ensure active involvement in continuous improvement and quality activities.
 - Ensure active involvement in audits, standards and regulation.
 - Ensure medical staff are appropriately credentialed and their scope of practice is defined.
 - Ensure patients and consumers are informed of their rights and responsibilities in relation to decisions about their care.
 - Ensure the organisation's culture, processes and structures are directed towards the effective management of potential opportunities and adverse effects.

- > Reorientation of care:
 - Develop integrated clinical and service networks within SALHN and across the health system.
 - Ensure greater collaboration between service providers and service receivers to facilitate the continuum of care across the public, private and non-government sector.
 - Improve the connectivity and reliability of key systems.

- Ensure availability of systems that provide accurate information in a timely manner to enable clinicians and other service providers to make appropriate decisions.
- > Corporate management and governance:
 - Optimise the use of available resources to achieve desired health care outcomes and to support the objectives of SA Health.
 - Ensure best possible outcomes within the agreed operating budget.
 - Ensure the delivery of effective operational financial services and system support (budget allocations, expenditure and revenue transactions, internal controls, and administration of the financial ledgers and information systems).
 - Consolidate existing facilities, space and services to increase efficiencies.
 - Share and streamline resources to minimise service overlaps and duplication.
 - Oversee risk management, internal controls, financial reporting, auditing and monitoring compliance with laws, policies and relevant codes of conduct.
 - Assist the Chief Executive of SA Health in the identification of risks, determination of priorities for action, development and implementation of strategies for effective risk management.
 - Ensure a skilled and capable workforce that is flexible and responsive to the needs of the SALHN and the communities it serves.
 - Ensure that employees, while at work, are safe from injury and risks to health and so far as is reasonably practicable, are provided with a safe working environment, safe systems of work, plant and substances in a safe condition, adequate facilities and appropriate information, instruction and training and supervision.

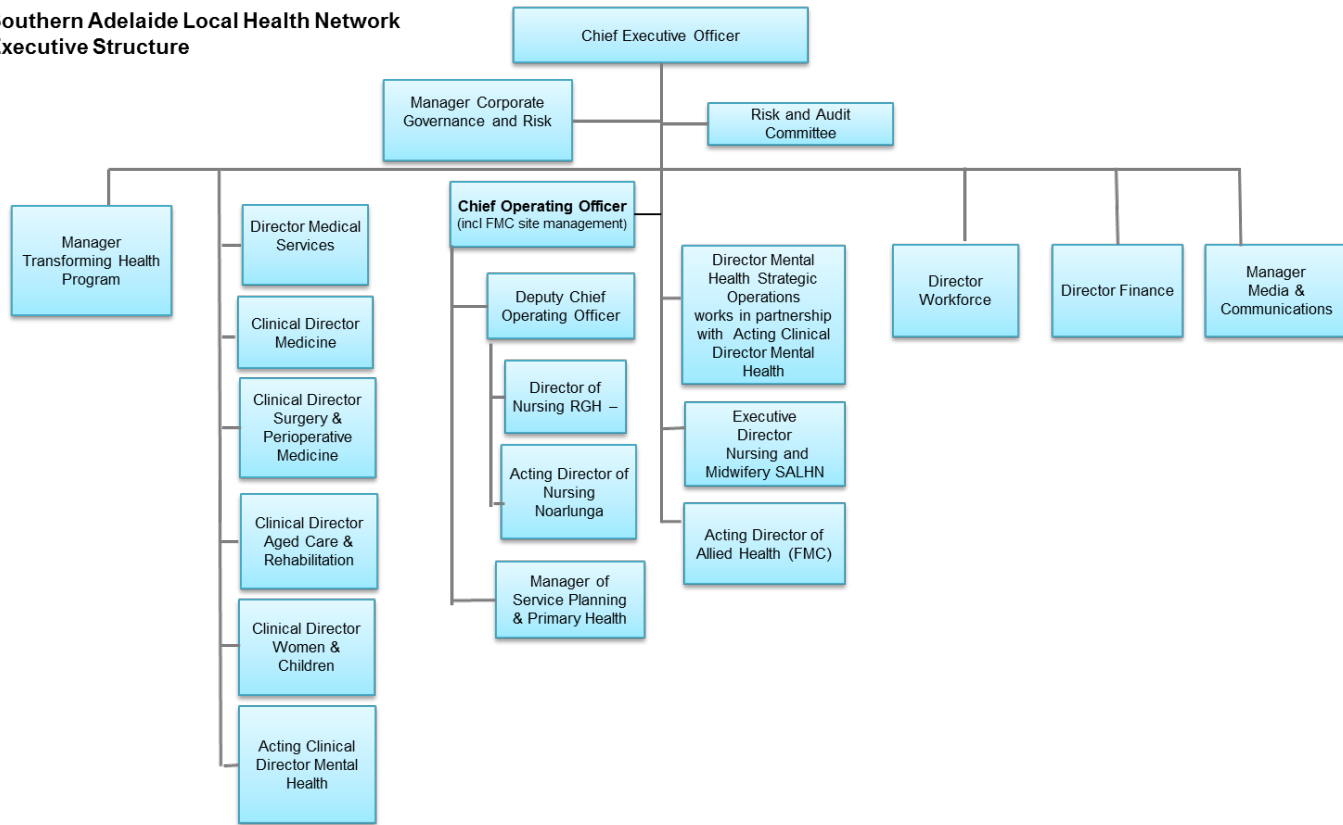
Governance

SALHN is managed by a Chief Executive Officer (CEO), who reports to the Chief Executive, SA Health, who has overall responsibility for services provided by the public health system.

The CEO of SALHN is supported by the SALHN Executive, which provides the strategic direction, planning, monitoring of activity within the agreed policy, funding, activity and planning parameters as set by the Department for Health and Ageing.

SALHN is responsible for implementing and monitoring a governing framework to discharge its responsibilities, provide leadership to the SALHN and provide advice to the Chief Executive on specific matters.

**Southern Adelaide Local Health Network
Executive Structure**



Executive have an operational reporting line to the COO
 Medical Staff have a professional reporting line to the relevant professional lead
 Allied Health Staff have a professional reporting line to relevant professional lead
 Nursing Staff have a professional reporting line to relevant professional lead

SALHN Executive Committee

This committee is the peak decision body for SALHN. The committee is chaired by the CEO and comprises the Chief Operating Officer, Clinical Directors and the Directors of Workforce, Finance, Allied Health, Nursing and Medical Services. The committee assists the CEO to discharge responsibility to exercise due care, diligence and skill in relation to:

- > Effective and efficient monitoring and controlling of business and other risks
- > Credibility and objectivity in systems and processes
- > Compliance with application standards, laws and regulations
- > Compliance with SA Government and SA Health policies and directives
- > Delivery of effective, efficient, quality driven and safe clinical and corporate services
- > Responsible and appropriate budget management
- > Enhancing the capacity, mix, safety and skill of the workforce
- > Conduct of ethical research.

SALHN Finance Committee

The Finance Committee assists the CEO to discharge responsibility in relation to financial management through monitoring financial performance, budget compliance, operational efficiency, financial recovery strategies, new initiatives and capital expenditure.

SALHN Industrial Liaison Forum

The Industrial Liaison Forum provides a mechanism for SALHN senior staff to consult and exchange information with relevant union officials and delegates. The forums cover high level human resources, industrial relations and occupational health and safety matters that have broad impact or relevance across SALHN and/or groups of SALHN employees.

SALHN Partnering With Consumers Advisory Group

The **Partnering With Consumers Advisory Group (PWCAG)** is the peak governing group for National Standard 2: Partnering with Consumers. Its role is to lead the consumer and community engagement strategy of SALHN and provide consumer feedback and input into SALHN on its services and performances. The Group, established in February 2015, has a Consumer Chairperson and its membership consists of 12 Consumers Representatives and 10 SALHN staff members. PWCAG's three priority areas are: consumer involvement at all levels, development of a consumer engagement gold standard and Transforming Health.

SALHN Clinical Council

SALHN Clinical Council is the peak Clinical Governance body responsible for the oversight of all clinical matters within SALHN. The council is chaired by the Director of Medical Services and meets monthly to discuss Clinical Governance matters for SALHN. Membership is drawn from divisions across SALHN and key executive staff, as well as external representatives from SA Medical Imaging, SA Pharmacy, SA Pathology, SAFKI, Clinical Council and a consumer representative.

SALHN Strategic Operations Committee

SALHN Strategic Operations Committee is a peak governance subcommittee of SALHN Executive responsible for the management and delivery of health services including the promotion of standardised, integrated business and performance operations that are in line with the SALHN Strategic and Operational priorities; and the establishment and implementation of minimum standards for the management of business and performance operations in each Clinical Stream and sites across the SALHN.

SALHN Occupational Health Safety Welfare and Injury Management Committee

SALHN Occupational Health Safety Welfare and Injury Management Governance Committee is the principal health and safety committee for SALHN. The SALHN OHSW&IM Governance Committee provides leadership, strategic and operational direction for SALHN on the achievement of SA Health OHSW&IM strategies and targets. The Committee is not a constituted committee under the *Work Health and Safety Act 2012* but it has the focus of reviewing SALHN OHSW&IM performance; identifying and implementing improvements in the management of SALHN OHSW&IM.

SALHN Clinical Review Committee

SALHN Clinical Review Committee provides a mechanism to analyse adverse event information from SALHN health services with the objective of recommending quality improvement initiatives. This committee has responsibility for formulating action areas to prevent or reduce the likelihood or severity of future adverse events.

SALHN Medical Advisory Committee

The SALHN Medical Advisory Committee reports to SALHN Executive Committee and its function is to:

- > Consider and provide comment on all issues relevant to medical practice
- > Consider hospital policies relevant to clinical care
- > Consider hospital management practices as they apply to the care of patients
- > Provide advice on strategic planning and priority setting both within the southern area hospitals and beyond
- > Oversee the management of issues relevant to standards of care and accreditation of medical staff
- > Consider any other issues referred by the CEO of SALHN and provide a forum to advise the CEO of SALHN on medical related matters.

SALHN Audit and Risk Management Committee

The Audit and Risk Management Committee ensures that SALHN has adequate systems and internal control structures to identify risks and discharge its corporate governance and financial management responsibilities. This Committee has an external Chair and members meet quarterly.

SALHN Health Advisory Council

- > The SALHN Health Advisory Council (HAC) advises SALHN on effective clinical and corporate governance frameworks to support the maintenance and improvement of standards of patient care and services by SALHN
- > Advises on strategic plans to guide the delivery of services for SALHN
- > Provides strategic oversight of and monitors SALHN's financial and operational performance in accordance with any performance measures in the performance agreement for SALHN
- > Confers with the CEO in connection with the operational performance targets and performance measures to be negotiated pursuant to the service agreement for SALHN
- > Seeks the views of providers and consumers of health services, and of other members of the community served by SALHN, as to SALHN's policies, plans and initiatives for the provision of health services, and confers with the CEO on how to support, encourage and facilitate community and clinician involvement in the planning of SALHN services
- > Promotes SALHN's policies, plans and initiatives to providers, consumers of health services and other members of the community.

Presiding Member, Health Advisory Council statement

It is with pleasure that I submit the Chair's report for the SALHN Health Advisory Council (HAC) for the year 2014-15. Once again HAC members have shown themselves to be a committed group of community and clinical members, with skills that contribute to the SALHN agenda.

We have worked well once again with the passionate and dedicated SALHN Executive who lead the clinical, administrative, and volunteer teams which deliver the services on the ground.

The HAC met six times during the year and key performance indicators were reviewed at each meeting with the key executive staff that lead the work, along with financial performance and metrics. Work continues on developing additional regular reports for the HAC to review, in particular relating to safety and quality performance.

In addition, a range of key issues have been reviewed or addressed by the HAC at its meetings, in particular:

- > The review and amendment of the HAC Terms of Reference with particular emphasis on oversight and review of the safety and quality of HAC services.
- > Review of the annual financial statements.
- > Receiving an overview of intermediate care services, in particular noting the establishment of an integrated community case management and care coordination service for complex respiratory clients in the south of Adelaide in order to prevent hospital admissions for Chronic Obstructive Pulmonary Disease exacerbations; and a wide range of improvements to assist the acute service to meet outcomes and improve patient flows. HAC members remain committed to advocating for primary and subacute care as a key solution to hospital demand challenges.
- > The chance to review and provide advice on the SALHN Consumer and Community engagement model. The new model was developed in partnership with consumers, consolidating previous site and service based consumer councils to create a SALHN-wide approach to consumer and community engagement. It offers a range of new opportunities for consumer and community participation. A HAC member sits on this committee to ensure integration with governance processes.
- > Review of the Transforming Health Discussion Paper with submission of a formal response to both the consultation and to the Minister for Health.
- > Receipt of and discussion about the implications of the 'Enabling Review.'
- > Discussion of the Ambulatory Emergency Care Model and its impact on SALHN.
- > Noting of the extensive work that has occurred in the development of metrics for mental health services. The metrics include acute admissions, rehabilitation services, community services, veteran services and older peoples' services across SALHN.
- > Noting the significant work that has gone into reviewing and improving the governance of research within SALHN.
- > Ongoing discussions regarding the changes in the primary care space with evolving Federal changes and the loss of Medicare Locals. SALHN enjoyed an extremely close and positive relationship with SAFKI Medicare Local, including via the formal partnership with the Southern Adelaide Health Alliance (SAHA) and its great outcomes. SAFKI Medicare Local will be sadly missed, but SALHN looks forward to the opportunity for an equally close working relationship with the Adelaide Metro Primary Health Care Network.

The SALHN HAC looks forward to continuing its work with the committed leadership and teams within SALHN. In 2015-16 the HAC will review its priorities and work with the leadership team on performance indicators or reports that might be submitted to the HAC.

A handwritten signature in black ink, appearing to read 'H Williams', with a stylized flourish at the end.

Dr Helena Williams

Presiding Member

Southern Adelaide Local Health Network Health Advisory Council

Chief Executive Officer Report

SALHN had a very productive and busy year in 2014-15, and I am pleased to report that there were many highlights and achievements.

New facilities such as the 120-bed ViTA facility at RGH were opened; our SALHN clinicians and researchers were recognised with many awards; and new services were established, including the Statewide Eating Disorder Service, Youth Mental Health Service and Mental Health Short Stay Unit at FMC.

There were significant milestones such as the 300th liver transplant and other reasons to celebrate. Amongst the achievements for SALHN was winning four out of the nine categories in the SA Health Awards. Mental Health Nurse Practitioner Candidate Matt Ball and Registered Nurse Carolann Evans also won their respective categories at the 2015 SA Nursing and Midwifery Excellence Awards.

SALHN provides a diverse range of services to its community of more than 350 000 people, in hospitals and in the community, for a range of conditions at different stages of illness.

We strengthened our focus on forging stronger strategic partnerships with organisations such as SA Ambulance Service and enhancing collaboration with GPs, with much of this occurring through the SAHA.

The rollout of a dedicated child health service during the year was a major step to bridging the health gap between Aboriginal and non-Aboriginal families in the southern suburbs. Operating from two Aboriginal Family Clinics in Clovelly Park and Noarlunga, SALHN's Aboriginal Child Health Team improved the culturally sensitive healthcare we offer to our Aboriginal population.

In early 2015 the SALHN's Reconciliation Action Plan was endorsed by Reconciliation Australia. The Reconciliation Action Plan outlines practical actions SALHN will take to build strong relationships and enhanced respect between Aboriginal and Torres Strait Islander peoples and other Australians. For SALHN this will mean spending time listening and learning, rather than on developing actions, programs or targets without the right groundwork. The Reconciliation Action Plan also sets out our aspirational plans to drive greater equality as an employer but also a service provider.

Many new processes were implemented across SALHN to identify ways to improve patient flow and reduce waiting times for patients. Continuing to identify and resolve barriers to patient flow will contribute to the National Access Emergency Target of 90 percent of all patients arriving at the ED to be discharged or transferred within four hours.

Day surgery rates improved across SALHN hospitals. An innovative Continuous Practice Improvement program was introduced in response to the impact of emergency demand on elective surgery and this program saw rates of day surgery across SALHN's three sites rise to an average of 60 percent, with a goal to further increase to 70 percent in the future.

There were many developments within mental health, as we strive to improve the care provides to mental health consumers and improve access to care. An eight bed Mental Health Short Stay unit was established at FMC and planning began on a new \$2.8m Community Mental Health Centre to be developed at Noarlunga. The development will bring together psychiatrists, nurses, social workers, psychologists and occupational therapists into a purpose-designed centre. The service will also provide assessment and review for mental health consumers, as well as administration and monitoring of medication and other mental health interventions.

The Trevor Parry Community Rehabilitation Centre in Noarlunga was successful in significantly reducing hospital bed days and readmission rates for consumers with severe and enduring mental illness, helping them to regain confidence, independence and build links with their community in a homelike setting. Data collected 12 months either side of a stay at the centre shows bed days reduced from 5440 to 346 (93 percent) and hospital admissions dropped from 114 to 15 (87 percent) for the 100 consumers who have completed rehabilitation at the Centre.

Over the last 12 months, SALHN has been working hard on developing its values and vision and making these meaningful to our community and our staff. Our vision is 'We believe in providing the standard of health care that we desire for our own families and friends'. Our core value is trust. A document called 'Our Commitment' was created which places trust at the centre of everything we do as an organisation.

As we head into 2015-16, we will convey this message to our community through our actions, but it will also be visible to our community to show them that we are a proud and caring organisation. One of the SALHN goals is valuing people and this includes patients and their families but it also includes our staff.

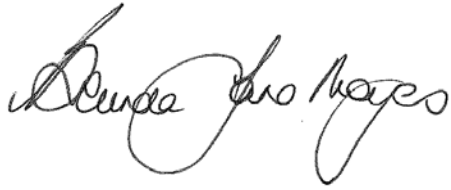
This year there was an increased focus on recognising innovation and excellence. The inaugural SALHN Awards were launched this year and programs such as the Inventive Incentives Program were established to reward innovative ideas of frontline staff with a small amount of funding for ideas which make things better for patients and simpler for staff.

Consumers played an integral role with an increased focus on consumer participation in the last year. SALHN has endorsed a new Consumer and Community Engagement Model. The new model, which has been developed in partnership with consumers, consolidates previous site and service based consumer groups to create a SALHN-wide approach to consumer and community engagement. It offers a range of new opportunities for consumer and community participation and this will continue to grow.

Our focus will continue to be on providing all of our patients with the best care, first time, every time. Creating capacity at FMC will be an important part of transferring services from RGH over the next few years as part of Transforming Health. We will continue to embed strategies which improve access to services in southern Adelaide and provide the care we would want for our own families and friends.

We will also continue to work closely with our partners, including the wonderful foundations at FMC and RGH who provide valuable support. A highlight over the last year was the fundraising for a RetCam worth \$165 253 for the FMC Neonatal Unit which will make the testing of premature babies eyes much less invasive.

As we have more presentations to emergency departments, more surgeries performed, more babies born and more services available to keep people healthy in the community, we will continue to develop new and improved ways to meet the evolving needs of our community in 2015-16 and beyond.

A handwritten signature in black ink, appearing to read 'Belinda Moyes'. The signature is fluid and cursive, with the first name 'Belinda' written in a larger, more prominent script than the last name 'Moyes'.

Professor Belinda Moyes
Chief Executive Officer
Southern Adelaide Local Health Network

Valuing People

We empower and respect patients, staff and partners

We bring the most talented, knowledgeable and skilled individuals together to save lives and improve health. By doing this we improve health and well-being, support people in keeping them mentally and physically well, in getting them better when they are ill and, and when they cannot fully recover, we support them in their journey with dignity.

A highlight for 2014-15 was SALHN's achievement at the 2014 SA Health Awards - winning four of the nine categories. This recognition is testament to the innovative, passionate and professional staff we have working across SALHN. SALHN was awarded in the following categories: Innovation in Out of Hospital Strategies and Care; Enhancing Hospital Care; Building and Strengthening Partnerships; and Improving Patient Safety.

Other highlights for 2014-15 include:

- > A SALHN Mentoring Program was established and a call for mentors across SALHN was made. The program is one of many that will be introduced during 2015 to provide new opportunities for staff so they can foster their knowledge, grow as individuals and develop as professionals.
- > An awards program was established to reward and recognise staff and teams who contribute to SALHN's vision to provide the standard of health care that we desire for our own family and friends. As part of the SALHN Awards Program, staff can be nominated across 12 categories, including Excellence in Nursing and Midwifery, Excellence in Research and Excellence in Innovation.
- > A program of staff forums continued to be held across SALHN. The initiative recognises that we value staff and want to hear their views – both good and bad – about how we can improve SALHN. The forums are held on each of our acute sites and inform staff about the latest developments in SALHN. At the end of the presentation, staff are encouraged to offer their views and ask any questions.
- > All staff, volunteers and students on placement across SALHN were again offered free flu vaccinations.
- > To recognise Close the Gap Day, a poster was developed and displayed across our sites. A flag raising ceremony was also held at FMC as the Aboriginal and Torres Strait Islander flags were raised to symbolise our commitment to improving the health and well-being of Aboriginal and Torres Strait Islanders. We also distributed a number of desk flags including the Australian, Aboriginal and Torres Strait Islander flags across our sites for patient areas.
- > A research project that aims to identify strategies to protect the health and well-being of staff and patients at SALHN, across Australia, and the wider international community began. As part of the project, the research team interviewed a wide range of staff to help them identify important safety issues. The project is supported by the Australian Research Council, SafeWork SA and SALHN.
- > An Incentive Incentives Program – an award and recognition program for SALHN staff - was introduced. Each month, \$500 is offered to a staff member or team that comes up with the best 'micro-flash of micro-brilliance' to make things better/simpler/more efficient for staff, simpler for patients, easier for families or more efficient for our organisation.
- > A concierge service was established in the Outpatient Department at FMC with the aim to improve the patient experience for those attending surgical clinics. The initiative is a partnership between the FMC Volunteer Service, Outpatients Support Services and the Consumer Engagement Coordinator and was developed in response to consumer feedback.

Positioning for sustainability

We create sustainable services for our patients through strong leadership, training, partnerships, wise use of resources and accountable practices.

During 2014-15, the SAHA launched its second round of projects. SAHA was established in December 2013, and brings together health and community providers in partnership with consumers of southern Adelaide to better design, coordinate and integrate patient care.

The three Round Two projects include:

Supporting Cancer Survivors

Developing partnerships between hospital and community-based services to provide ongoing health, social and emotional support to cancer survivors in southern Adelaide.

Sharing Allergy Care

Setting up a shared care model between hospitals and GP practices so that children and adults can be treated in the community for certain allergies under specialist supervision.

Wound Care @ Home

A pilot program to improve the management of elderly patients with complex and chronic wounds in the community. The project is a partnership between Royal District Nursing Service and SALHN (under a Home and Community Care funding arrangement).

In other highlights achieved by SALHN during the year:

- > SALHN worked closely with the Women's and Children's Health Network to establish the Aboriginal Infant Support Service (AISS) in the south. The program provides culturally responsive support to vulnerable pregnant Aboriginal women who are experiencing significant adversities and high levels of stress. Families are supported to transition to appropriate services following the child's birth. AISS staff work closely with SALHN's Aboriginal Primary Health team.
- > In a South Australian first, GPs in the southern suburbs were sent a list of the maximum wait times for non-urgent outpatient appointments at FMC, RGH and Noarlunga Hospital. The initiative came about through SALHN's work with the SAHA and the Outpatient in Focus project, after GPs raised with us that one of the toughest challenges when referring a patient to a specialist is the unknown length of time their patient will wait for an appointment.
- > SALHN carried out Resource Outage Contingency Plans and began preparing a Business Impact Analysis so that all of the Critical Business Functions for FMC, RGH and Noarlunga Hospital could be identified. The initiative was in response to a 2013 SA Health review of the Business Continuity Management Policy, which set out a requirement for all Local Health Networks to develop and implement Business Continuity Plans for each site by the end of 2015.
- > A new three-year contract was signed which will see the Drug and Therapeutics Information Service, based at RGH, continue to deliver National Medicines Policy (NPS) MedicineWise educational visiting programs to GPs across South Australia. The two organisations have worked together since the inception of NPS MedicineWise in 1998.
- > SALHN was invited to test a National Set of High-Priority Complications that occur in hospitals as part of a study by the Australian Commission for Safety and Quality in Health Care and the Independent Hospital Pricing Authority.

Doing it properly

We take pride in delivering quality health care services to patients first time every time.

We believe in providing the standard of health care that we desire for our own families and friends. We want them to get the right care first time every time not because it's more effective, which it is, nor more efficient, which it definitely is, or even because it's more cost effective, which it almost certainly is. We want them to get the right care first time every time because they are our family and our friends and that's what we want for them.

The focus for SALHN in 2014-15 was to further develop and enhance services and programs to ensure our diverse population receives the right services, at the right time and in the right place.

An example of this was the launch of a new \$46m ViTA facility at RGH, which is set to change the way aged care services are delivered in Australia. The 120-place centre collocates aged care, health and education in a partnership between ACH Group and Flinders University. Comprising long-term places, short term, transitional care and rehabilitation places, the centre demonstrates real innovation in a sector that is undergoing significant change.

In other highlights of what was achieved during the year:

- > Local residents of the southern Adelaide area were given a unique opportunity to attend a SAHA Consumer Forum to provide their advice on how to plan services in a patient-focussed way. SAHA is a collective of more than 20 health and community organisations, including SALHN, that delivers a range of projects to better coordinate and integrate patient care in order to 'give back 500 000 hours to the southern Adelaide community by 2017.'
- > A single point of contact for Hospital@Home and the Metropolitan Referral Unit was established. The teams provide and organise ongoing treatments for patients and support in the home, providing an alternative to hospital care and supporting early discharge. Care is provided wherever the patient resides, including their own homes, aged care facilities, respite, hostels, caravan parks and motels.
- > In 2014-15 approximately 2600 Aboriginal people were inpatients in our hospitals. The Karpa Ngarrattendi Aboriginal Liaison Unit was promoted via new posters which are displayed in all hospital areas, including the wards. This has helped to promote better communication with hospital staff and clearly identifies the role of the Aboriginal Hospital Liaison Officers (ALOs) who provide emotional, social and cultural support to Aboriginal and Torres Strait Islander patients and their families who access our hospitals. The ALOs also raise awareness and liaise with health professionals to help ensure a culturally sensitive service is being provided and that all aspects of the patient's journey are considered in developing treatment plans.
- > A SALHN Falls – Post Falls Management Protocol was finalised. The protocol details the management of patients/clients who have fallen during an episode of care in acute, day only and community settings. The protocol is based on the SA Health Falls and Fall Injury Prevention and Management Policy Directive and Guideline and is relevant to all health professional including medical, nursing and allied health staff.
- > A new podiatry service opened at GP Plus Super Clinic Noarlunga, which targets clients in the outer south with diabetes.
- > First time mothers living in the south got a helping hand from a new specialised support service based at GP Plus Super Clinic Noarlunga. Strong Start is a home visiting program that supports first time pregnant mothers experiencing additional

challenges during the antenatal period to create a safe and nurturing environment for their new baby.

- > A new community-based initiative in the south improved health outcomes for older people and people with complex care needs, as well as reducing their need for hospitalisation. The 'Building a Complexity Competent Support Workforce' project aims to broaden the scope of support worker roles and provide them with the skills, resources and confidence to report changes in the consumers they see, so that hospital avoidance strategies can be activated.
- > SALHN's Aboriginal Primary Health Service continued to focus its services on chronic disease prevention, early detection and care. During 2014-15, SALHN's Aboriginal Family Clinics provided a range of services to the community, engaging 554 clients who attended our clinics in Noarlunga and Clovelly Park. Of the 554 clients, (282 female and 272 males) who attend our clinics, 227 received a well health check (40 percent). As a result of providing Well Health Checks, 425 referrals were made to community based and specialist services.

Fostering knowledge and learning

We position SALHN as an innovator and leader in improving health care provision.

SALHN continued its strong focus on fostering knowledge and learning in 2014-15 including:

- > A comprehensive program to remodel the SALHN's specialist outpatient services – to streamline referral pathways, cut waiting times and improve the patient journey – was recognised with an SA Health Award. The 'Outpatients in Focus' project was named winner of the Building and Strengthening Partnerships category.
- > RGH researchers took part in the world's largest trial looking at whether computer games, iPad apps and interactive games such as the Wii can help people recover from falls, strokes and brain injuries.
- > A Flinders study is investigating ways it can better support and educate patients, family members and carers to recognise and respond to early signs of clinical deterioration, so that medical intervention can be quickly and effectively activated.
- > A SALHN hand hygiene infographic was developed and displayed in work areas to provide staff with a quick snapshot to translate some of the data available showing compliance rates among health care workers.
- > In a major potential breakthrough for chronic pain sufferers, FMC researchers developed a new technique to switch off pain directly at the source, potentially eliminating the need for highly addictive painkillers such as morphine, that have so many side effects in other parts of the body.
- > An 'Arts in Health' project began in the Margaret Tobin Centre at FMC, encouraging patients with severe and enduring mental illness to use sensory modulation as a mechanism to calm and control themselves.
- > Professor Bogda Koczwara, a Senior Oncology Specialist at FMC, was appointed a Member of the Order of Australia in the Australia Day Honours recognising her contribution to cancer services.
- > Flinders researchers began investigating whether an active ingredient of the turmeric plant, called curcumin, can be used alone or in conjunction with standard therapies to treat malignant mesothelioma, an aggressive cancer caused by the inhalation of asbestos.
- > A study to test a new vaccine which could protect humans around the world from a deadly bird flu pandemic began at FMC.
- > Sleep researchers at the Adelaide Institute for Sleep Health at RGH began a study to test a new 'smart' ventilator for patients with motor neurone disease. The ventilator – which provides assisted breathing – automatically modifies its settings based on the patient's requirements at the time.
- > Researchers at RGH began trialling a new blood test for people who are at higher risk for developing bowel cancer, but do not currently take part in screening with faecal occult blood testing.
- > FMC began its role in the world's largest randomised trial, testing whether fish oil supplements can reduce early pre-term births. The 'Omega-3 fats to Reduce the Incidence of Prematurity' trial is investigating whether taking a fish oil extract rich in the Omega-3 fat called DHA will help prevent very premature delivery.
- > Researchers at the Flinders Centre for Innovation in Cancer (FCIC) were able to show that a type of starch found in bananas, potatoes, wholegrains and beans could help offset the cancer-associated consequences of a high red meat diet.
- > Global Positioning Satellite and step-activity monitor devices were used in a ground breaking RGH study aimed at tracking the movements of lower-limb amputees to see if they have successfully reintegrated into the community following amputation.

Our Partners in Care

SALHN finalised and implemented its partnering with consumers and the community engagement model in September 2014.

The development of the new model strengthens consumer and community engagement within SALHN by:

- > Offering clear communication, reporting lines and links with key strategic decision making groups
- > Providing a combination of strategic level and operational level consumer and community engagement opportunities
- > Embedding consumers in all levels of decision making within SALHN
- > Increasing the opportunities for training and development for consumers
- > Appropriately matching the right consumer to the right role.

Highlights included:

- > Implementation of a new strategy to seek feedback from our consumers by consumers. The Consumer to Consumer Surveyor Program – Outpatients, was expanded to RGH following a successful pilot program. Six consumer surveyors were trained and orientated in 2014-15 and more than 400 consumers were interviewed. The feedback has been valuable and has led to improvements in the service and the experiences of our consumers.
- > Drafting an Aboriginal Communities Engagement Plan which includes the recruitment of an Aboriginal member on PWCAG, nunga lunches and Aboriginal consumer representatives.
- > Recruitment of a new Consumer Representative to Noarlunga Hospital ED.
- > Two finalists in the SA Health Awards category of Consumer, Carer and Community Participation - the Consumer to Consumer Experience Survey Program and Women's and Children's Division Consumer Representatives. Continuing to build upon and establish new partnerships with southern Adelaide community members and consumer groups, focussing on local government agencies, local non-government organisations and peak consumer groups. Establishing patient information panels to enable consumer and/or carers to provide feedback in the development and/ or review of all patient and consumer information.
- > Working with SAHA to coordinate a Consumer Forum.

Our Volunteer Services

The Volunteer Service for FMC

The Volunteer Service for Flinders Medical Centre Inc. is unique among volunteer organisations. Its vision and diversity has set the pace – and continues to set the pace – for many other volunteer services in Australia.

Now in its 40th year, the service has expanded diversely from its inception in 1976, and is still going strong. Today, more than 650 registered volunteers assist FMC and FCIC , providing funding for much needed medical equipment, and local and overseas study opportunities for medical staff and students.

Highlights for 2014-15 included:

- > \$25 000 donated to the Cochlear Implant Unit to assist patients with the cost of repairs to their implants
- > \$15 500 for a bladder scanner
- > \$15 620 for three electronic examination couches
- > Weekly fundraising BBQs, pancake days and yiros days in the FMC courtyard
- > Our Guide Service assisting 270 patients and visitors find their way around FMC each day
- > Volunteers within Ward Services assisting more than 9000 patients in clinics and ward areas
- > 120 641 volunteer hours were provided
- > 35 900 customers were served in our five retail areas
- > Flower Services delivered over 2500 flower arrangements to patients within FMC.

The Volunteer Service has donated more than \$14m to FMC since its inception.

RGH Volunteer Service

The RGH Volunteer Service's objective is to provide a value-added service to all associated with RGH in an endeavour to complement the quality of patient care. The strong and vibrant volunteer base of 210 members contributed 32 000 hours to the hospital in 2014-15 in a myriad of roles which included patient companionship, clinic attendants, coffee shop, Pre-Loved Treasure Shop, museum and 'meet and greet' service.

The RGH Volunteer Service has funded special items and equipment to the value of \$173 534 for the hospital since the formation of the Fundraising Committee in 2007. The Friends of Repat Hospital Inc, which is the other volunteering body linked to RGH, celebrated 28 years of service in 2015, and proudly donated a record \$99 404 to the hospital in 2014-15. These funds were allocated to purchase items of equipment for patient comfort and rehabilitation.

During 2014-15:

- > The Internal Courtesy Car transported 3371 passengers around the extensive RGH grounds
- > The Handcare Ladies pampered 170 patients, including manicures, hand massages and general nail maintenance
- > The ward visitation volunteers attended to approximately 500 special needs referrals for lonely and socially isolated patients, brightening up their days
- > 145 'emergency supplies' packs were donated to inpatients who were admitted without basic toiletries to get them through their initial few days of hospitalisation
- > The Sewing Ladies mended 150 items for staff and visitors and made 25 hemi-cushions for Repat Allied Health departments
- > The trading table made \$5850 from the sale of baked goods, handicrafts and plants generously donated by our volunteers and people in the local community
- > The craft trolley, which does weekly rounds of RGH wards, raised \$1870 from the sale of handicrafts such as knee rugs, scarves, baby clothes, knitted toys, and other interesting craft items.

Noarlunga Hospital Volunteer Service

The Noarlunga Hospital Volunteer Service played an active and valued role in supporting the Hospital during 2014-15.

Highlights include:

- > More than 50 volunteers donating 11 800 hours of their time and talents
- > Fundraising \$14 000 for the purchase of equipment, furniture and ancillary items
- > Volunteers working in a variety of settings from patient services on wards and specialist units to clerical assistance, sewing, gardening and graffiti removal to support patients, their families and staff
- > Thanking and celebrating volunteers for their service at two major events – the Christmas Luncheon and Service Badge Presentation and the National Volunteers Week Morning Tea.

Fundraising

FMC Foundation

The Flinders Medical Centre Foundation works with donors and sponsors to fund vital hospital equipment and medical research projects at FMC.

Highlights for 2014-15 include:

Along with parents of premature infants and the FMC Neonatal Unit, the FMC Foundation ran a fundraising initiative to fund a state-of-the-art digital camera called a RetCam. In December 2014, the fundraising target of \$165 000 was reached and the unit now uses the machine daily

- > Nine fundraisers took part in a gruelling but inspiring seven day trek of the Inca Trail, Machu Picchu. They raised more than \$30 000 for medical research and care programs. In addition to this, 11 fundraisers trekked the Great Wall of China, raising more than \$38 000 for cancer research
- > The FMC Foundation's pinkyellowblueball raised more than \$215 000 for cancer research and care at FCIC
- > SA Police's Ride Like Crazy event continued to support cancer research at FMC through the FMC Foundation, donating a further \$170 000. This was through both the Lightsview Ride Life Crazy cycling event as well as the sale of the Rendition Cancer Prevention Home.

For more information about the FMC Foundation please visit www.fmcfoundation.com.au or call (08) 8204 5216.

The Repat Foundation

The Repat Foundation raised \$221 900 during 2014-15 for programs, projects and equipment with a focus on mental health (primarily Post Traumatic Stress Disorder, or PTSD), research, rehabilitation and amputee health services.

The Foundation's annual grants program funded some of South Australia's leading researchers with a diverse range of studies and projects including motor neurone disease, yoga as a treatment for PTSD in veterans, tele-health feasibility and the cost benefits of CAD/CAM Technology for foot orthoses (a machine funded in 2013).

The annual Defence and Veteran Health Research Paper Day was an opportunity for researchers to present and showcase their work and hear international key note speakers.

As 2015 is the centenary of the landing at Gallipoli, The Foundation hosted a moving Gallipoli-themed ANZAC Gala Ball with record attendance of 700 guests.

The Foundation also began a period of transition in the second half of the year, forming a partnership with The Hospital Research Foundation and starting work towards becoming a national brand called 'The Road Home,' supporting veterans and emergency services with health and well-being programs and research.

Daw House Hospice Foundation

The Daw House Hospice Foundation raises funds to support Southern Adelaide Palliative Services incorporating the Daw House Hospice on the grounds of the RGH.

The Daw House Hospice Foundation is part of this vital support network which works to ensure the patient's journey is made comfortable through the provision of programs, equipment and complementary care. The Foundation supports patients, partners, parents and children alike by raising funds to support the work of Southern Adelaide Palliative Services incorporating the Daw House Hospice.

The Daw House Hospice Foundation provides a basic annual grant of over \$97 500 plus extras to Southern Adelaide Palliative Services, which funds additional services including equipment for patients in the community and Daw House. These services include the award-winning relaxation centre, art and music programs, bereavement services, client biography service, research grants and the Pet Partners program.

Safety and quality of services and the health workforce

The SA Health Work Health Safety and Injury Management (WHSIM) System and associated frameworks have continually improved over the past four years in line with the integration and alignment of a single WHSIM system encompassing nine core safety management programs.

The system is aligned to the Australian Work Health and Safety Strategy 2012-2022; the Safety and Wellbeing in the Public Sector Strategy 2010-2015, Premiers Safety Commitment; SA Health Chief Executive Statement to Safety and Wellbeing and the Premiers Cabinet Safety Targets. It is also aligned to the SA Legislation: *Work Health and Safety Act and Regulations 2012*; *Workers Rehabilitation and Compensation Act (1986) and Regulations 2010*; Public Sector Code of Practice for Crown Self Insured Employers and the Work Cover Performance Standards for Self Insurers. The SA Health WHSIM framework also aligns with quality and other health service accreditation standards.

The WHSIM Safety Management Framework consists of nine core programs and our performance for 2014-15 is highlighted below:

Program 1: Governance, Accountability and Communication

The SALHN Safe Practice and Environment Committee is responsible for monitoring the implementation of the system's nine core programs; reducing work related injuries, and sustaining the organisation's safety culture, which supports employee health and wellbeing.

The three major hospital sites have WHSIM Consultative Committees that meet a minimum of six times per year to facilitate hazard and injury analysis to reduce injury frequency rates across the service. Due diligence reports are presented at each meeting which reflect potential risks and injury trends that require review and determination of corrective actions which are reasonably practicable to prevent harm or the potential for further harm.

The Consultative Committees report unresolved matters directly to the SALHN Chief Operating Officer through the Safe Practice and Environment Committee.

SALHN has 127 elected health and safety representatives who are invited to attend quarterly forums at all three major hospital sites. The forums provide an avenue for effective communication; consultation and discussion of emerging work health and safety matters or systems ensuring continuous improvement of SALHN's existing safety management strategies are sustained.

Program 2: Duty of Care

The SALHN WHSIM service provides regular reports through scheduled meetings. The reports reflect the current status of our services safety management systems and emerging risks. These reports support our Person Conducting Business or Undertaking and their management teams to take all reasonably practicable steps to ensure the health, safety and welfare of persons impacted by SA Health business.

Program 3: Emergency Management

SALHN established the Emergency Management and Business Continuity committee in 2014-15 to develop standardised protocols for emergency management response. The WHSIM service assists this group with the provision of specialist advisory services pertaining to WHS legislative requirements.

Program 4: Hazard ID and Risk Management

The effectiveness of hazard management programs, such as Worksite Inspection Procedures, was monitored throughout the year. This led to an increase in accountability of managers to provide a safe work environment for their staff.

Other programs in operation during the year included:

- > Hazardous Substance management
- > Violence and Aggression De-escalation and Code Black response, reviews and training
- > Bariatric patient management review of existing musculoskeletal risks for health care professionals. SALHN established a specialised manual task steering committee for the development of strategies, including provision of new equipment, training support programs and review of trends involving musculoskeletal injuries.

Program 5: Incident Reporting and Investigation

SALHN's WHS Consultative Committees review incident and hazards trends across their services, developing local strategies for mitigating risks, while escalating matters requiring review and decisions through the established Safe Practice and Environment committee. Events requiring reporting to Safework SA are also managed via these processes, ensuring necessary controls are monitored through the relevant committee action lists. This has allowed for early management review of incidents and implementation of corrective actions in a timely manner.

Program 6: Employee Health and Wellbeing

SALHN aims to lead the way in making healthy lifestyle choices and harm minimisation and promotes healthy lifestyle choices in our community as well as for the workforce providing health care services. Staff have the opportunity to participate in meditation, yoga, weight watchers and healthy eating programs. Selected services provide onsite gymnasium facilities, accessibility to pool facilities and opportunities to participate in coordinated fitness events.

Program 7: Injury Management

Injury management strategies have increased the awareness of workplace injuries and early reporting requirements, and have promoted early return/retention at work. A collaborative approach for early intervention and rehabilitation for our injured workforce achieved a nine percent reduction for new compensation claims, with improved management processes for expenditure control contributing to financial efficiencies.

Program 8: Training and Development

Face-to-face management training for work health and safety was reintroduced. The introduction of the revised WHS legislation required our workforce to gain further education of their work health and safety responsibilities and duty of care requirements. In addition to the management training program, general staff forums, health and safety representative forums, general orientation programs, manual task patient and loads educational platforms, bariatric patient management training and a variety of clinical work health and safety awareness programs were facilitated.

Program 9: Performance review and Continuous Improvement

WHSIM systems, statistics and emerging risks are reviewed regularly. The continuous evaluation of these programs drives the continuous improvement of the organisation's safety management systems.

Table 1 – Work Health and Safety prosecutions, notices and corrective action taken

Number of notifiable incidents pursuant to WHS Act Part 3	2
Number of notices served pursuant to WHS Act Section 90, Section 191 and Section 195 (Provisional improvement, improvement and prohibition notices)	0
Number of prosecutions pursuant to WHS Act Part 2 Division 5	0
Number of enforceable undertakings pursuant to WHS Act Part 11	0

Table 2 - Agency gross workers compensation expenditure for 2014-15¹ compared with 2013-14²

EXPENDITURE	2014-15 (\$)	2013-14 (\$)	Variation (\$) + (-)	% Change + (-)
Hospital	201 325	144 834	56 491	39.0
Income Maintenance	2 954 282	3 332 664	- 378 382	-11.4
Investigations	61 525	83 722	- 22 197	-26.5
Legal expenses	554 914	565 814	- 10 900	-1.9
Lump Sum	1 809 651	2 059 431	- 249 780	-12.1
Other	39 598	60 891	- 21 292	-35.0
Registered Medical	1 472 261	1 469 567	2 694	0.2
Rehabilitation	72 769	46 849	25 920	55.3
Travel	31 951	37 359	- 5 407	-14.5
Total Claims Expenditure	7 198 278	7 801 132	- 602 854	-7.7

Expenditure variations between the annual financial statement disclosure and the annual report may occur due to the actuarial valuation impact not recorded in the Injury Management System (SIMS) and the expenses reflected in the general ledger.

Note: Agencies should consult with the Office for the Public Sector on tracking expenditure for these items.

¹ Before 3rd party recovery

² Information available from the Self Insurance Management System (SIMS)

Activity Data

Table 3 - Summary of patient activity

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Admitted patients	65 127	13 536	18 481
Outpatient consultations	368 747	25 465	131 045
ED attendances (excludes people who did not wait to be seen)	76 165	39 414	0
Total	510 039	78 415	149 526

The RGH does not have an ED. Data for the 2014-15 annual report has been sourced from the SA Health - Health Information Portal (HIP). Data presented in the 2014-15 report may differ from data presented in the previous reports which was derived from other sources.

Table 4 – Outpatient consultations

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Allied health	32 954	6 793	27 051
Medical & Emergency	61 066	5 720	33 921
Mental health	6 136	0	5 772
Ophthalmology	18 618	0	4 134
Palliative	0	446	5 239
Rehabilitation	0	0	3 301
Surgical	69 437	7 274	23 134
Women and children	53 486	1 505	0
Medical imaging	84 937	0	24 534
Diagnostic consultations	42 113	3 727	3 959
Total outpatient consultations	368 747	24 271	131 045

Note: Includes group patients.

Table 5 - Emergency Department attendances

	Flinders Medical Centre	Noarlunga Hospital
Triage category 1 – immediate	1 289	90
Triage category 2 – 10 minutes	11 983	4 749
Triage category 3 – 30 minutes	33 992	12 133
Triage category 4 – 60 minutes	24 714	20 507
Triage category 5 – 90 minutes	4 187	1 935
Total Emergency Department attendances	76 165	39 414

Note: Excludes people who did not wait to be seen.

Table 6 - Emergency Department seen within threshold

	Flinders Medical Centre
Triage category 1 – immediate	100%
Triage category 2 – 10 minutes	70%
Triage category 3 – 30 minutes	59%
Triage category 4 – 60 minutes	80%
Triage category 5 – 90 minutes	95%

Table 7 - Activity profile

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Average length of stay for overnight patients	5.5	5.7	12.3
Total Overnight patients	38 365	4 096	7 326
Day patients (excluding emergency)	19 045	7 729	11 154
Babies born	3 565	0	0

Table 8 - Emergency/elective admission profile

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Emergency overnight admissions	26 448	2 651	2 572
Emergency day admissions	7 717	1 711	47
Total emergency admissions	34 165	4 362	2 619
Elective overnight admissions	11 917	1 445	4 754
Elective day admissions	19 045	7 729	11 107
Total elective admissions	30 962	9 174	15 861

Table 9 - Elective surgery performance

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Proportion of category 1 patients admitted within 30 days	93.45%	97.84%	73.42%
Proportion of category 2 patients admitted within 90 days	85.11%	97.41%	76.00%
Proportion of category 3 patients admitted within one year	96.68%	99.75%	91.50%

Table 10 – Out of Hospital Services – Occasions of Service

	2014-2015
Intermediate Care Services	34 758
GP Plus Service Funds programs <i>(including Metropolitan Referral Unit state-wide service)</i>	239 353

Note: There has been a reorientation of Primary Health Services to an Intermediate Care Service focus in 2014-15.

Workforce Information

The Commissioner for Public Sector Employment works towards 'creating a world-leading public sector that serves South Australians well, does what it says it will do, and to which every public servant is proud to belong'.

For more information visit the [Commissioner for Public Sector website](#).

Table 11 – Number of Employees by Age bracket by Gender

Age Bracket	Male	Female	Total	% of Total	2014 Workforce Benchmark*
15 – 19	5	9	14	0.19	5.5%
20 – 24	60	265	325	4.3	9.7%
25 – 29	177	609	786	10.41	11.2%
30 – 34	197	703	900	11.92	10.7%
35 – 39	214	623	837	11.08	9.6%
40 – 44	230	730	960	12.71	11.4%
45 – 49	233	745	978	12.95	11.1%
50 – 54	242	802	1044	13.83	11.4%
55 – 59	187	767	954	12.63	9.1%
60 – 64	127	437	564	7.47	6.7%
65 +	59	130	189	2.5	3.6%
Total	1731	5820	7551	100	100.0%

* As at Feb 2013 from Australian Bureau of Statistics

Table 12 – Employees with a Disability

	Male	Female	Total	% of Agency
Total	6	9	15	0.2

Table 13 – Types of Disability (where specified)

	Male	Female	Total	% of Agency
Disability requiring workplace adaption	6	6	12	0.2
Physical	1	2	3	0
Intellectual	1	0	1	0
Sensory	2	4	6	0.1
Psychological/psychiatric	0	1	1	0
Total	10	13	23	0.3

Executives

Table 14 - Executives by Gender, Classification and Status

Classification	Ongoing		Term Tenured		Term Untenured		Other (casual)		Total		
	Male	Female	M	F	M	F	M	F	M	F	Total
EXEC0A	0	0	0	0	4	1	0	0	4	1	5
EXEC0B	0	0	0	0	1	0	0	0	1	0	1
EXEC0C	0	0	0	0	0	1	0	0	1	0	1

Leave Management

Table 15 - Average Days Leave per Full Time Equivalent Employee

Leave Type	2011-12	2012-13	2013-14	2014-15
Sick Leave	11.34	12.10	12.10	12.86
Family Carer's Leave	0.29	0.30	0.30	0.09
Special leave with pay	0.57	0.50	0.50	0.51

Performance Development

Table 16 – Documented Individual Performance Development Plan

	% with a plan negotiated within the past 12 months	% with plan older than 12 months	% no plan
Total Workforce	32.7	37.37	29.93

Leadership and Management Development

Table 17 – Leadership and Management Training Expenditure

Training & Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	\$8 045 947	1.31
Total leadership and management development expenditure	\$440 835	0.07

* Leadership and Management Development expenditure is not separately identifiable; this is estimated to be at 40% of the adjusted total expenditure after excluding Medical and Nursing Professional development expenditure.

Employment Opportunity Programs

SALHN continues to support public sector equal opportunity programs including:

- > Providing opportunities for Aboriginal youth through Aboriginal Traineeships and Cadetships
- > Providing opportunities for young graduates
- > Continued commitment to and ongoing development of a local Aboriginal and Torres Strait Islander Pre-Employment Program aimed at maximising job-readiness for registered candidates and providing a pathway to employment.

Other information

Fraud

There were no instances of fraud reported during the year.

Whistleblowers Protection Act 1993

The *Whistleblowers Protection Act 1993* provides an opportunity for public interest information to be disclosed to a responsible officer of SA Health.

SA Health has two responsible officers from within the Department for Health and Ageing for the purposes of the *Whistleblowers Protection Act 1993* pursuant to section 7 of the *Public Sector Act 2009*. Accordingly, the number of instances of disclosure to a responsible officer can be found in the Department for Health and Ageing 2014-15 Annual Report on the [SA Health website](#)

Contractual arrangements

The tenders SA Health currently has on offer are advertised on the [SA Government tenders and contracts](#) website.

Public complaints

A whole of SA Health response is provided in the Department for Health and Ageing 2014-15 Annual Report, which can be accessed on the [SA Health website](#).

Consultancies

Table 18 – Summary of Consultancies

Consultant	Purpose of consultancy	Number	Total \$
Value below \$10 000			
Subtotal			0
Value above \$10 000			
HOI Pty Ltd at GGK Unit Trust	Conduct stakeholder consultation, provide specialised research and advice, and draft the National Drug Strategy 2016-2021		
HPA Consulting Pty Ltd	Advice on and review of Research And Clinical Governance issues at SALHN		
Subtotal		2	\$117 070
Total			\$117 070

Carers Recognition Act 2005

SALHN is committed to providing services to carers and the people they care for.

Our work is underpinned by the principles of the Carers Charter the *Carers Recognition Act 2005*.

Work continued in 2014-15 includes:

- > SALHN worked in partnership with SA Health and consumers to develop the new SA Health Partnering with Carers Policy Directive.
- > Established PWCAG to lead the consumer, carer and community engagement strategy of SALHN and provide consumer feedback and input into SALHN on its services and performances. This group has a number of identified carers on its membership.
- > Reviewed the SALHN Consumer Experience Report for 2014 and identified key actions for improvement; and continued current initiatives that support patient-centred care.
- > We continued to develop partnerships with carer support services to assist in the identification of adult carers' health and well-being. The carer-focussed work has involved developing pathways to improve health service response to carers' needs and has assisted services to understand the specialised needs of carers.
- > 'Nurture packs' were provided by Arts in Health at FMC to patients and their carers receiving end of life care. The packs contain objects and activities to nurture and support, through presenting different ways to connect and communicate with friends and family, and by providing opportunities for self-expression.
- > As part of SA Government practice, employees of SALHN have access to flexible work practices and counselling services.
- > Primary Health and Transition Services have developed a range of carer information and resources to further strengthen service delivery and accessibility for all, particularly in the context of the GP Plus Strategy.
- > Mechanisms were developed within service delivery practices to identify carers at the point of contact, identify carers' health and wellbeing requirements and link carers into appropriate services.
- > Carers with a diagnosed chronic disease are able to access services through the Chronic Disease Community Program pathways; and pathways have been developed to link carers with carer support agencies such as Carers SA and Carer's Support and Respite.
- > The Southern Aboriginal Health Service provides information and support services specifically for indigenous patients and carers.
- > Clinicians within SALHN continue to prioritise carers in their work with patients. The concerns and issues relevant to carers are considered in assessment processes and carers are included in care and discharge planning.
- > Ongoing collaboration with organisations that provide community support for carers, such as Carers Respite Centre, ensure information and access to support are current and relevant.

Disability Access and Inclusion Plans

SALHN is committed to ensuring greater accessibility to health services for people with disabilities.

In 2014-15, a range of initiatives to improve physical access to buildings and facilities for people with a disability and improve disability awareness and understanding among staff and volunteers were instigated, or continued.

Development of a SALHN Disability Action and Inclusion Plan is currently underway.

Other highlights for 2014-15 include:

- > SALHN appointed a consumer to a Working Party to help develop a consumer and community engagement strategy as part of a Disability Action and Inclusion Plan. This process will include consulting with consumers with a disability to determine priorities for SALHN to enhance inclusion and support for consumers and carers.
- > The interests of people with a disability continued to be incorporated into SALHN's corporate and operational planning through a consultative process with Complex Transitions Consultants (Disability) and active participation in workgroups comprising key stakeholders from SALHN and disability services in the south. The groups work together to achieve high quality and safe discharge outcomes for current inpatients, develop appropriate strategies for hospital avoidance for clients in the community and develop collaborative service improvement activities to improve the experience for people accessing health and disability services.
- > SALHN clinicians continued their involvement in the Disability and Acute Working party, a group comprising key stakeholders from across metropolitan and country health disability services that provides a consultative forum for policy development.
- > SALHN continued its participation in the Community Complex Care Interagency Network for Disability and Health. The network enables coordination of disability funding and continues to foster a collaborative interagency approach to management of complex clients, including clients with disabilities, working with key service providers in the hospital and the community.
- > Work continued on the Blue Dot Program, which aims to streamline patient pathways for transition from acute to community, including patients requiring disability services. Work includes data collection, weekly automated reports, collaboration and problem solving for disability patients with complex needs. This program includes clinicians from each of the hospitals, including rehabilitation and mental health, Primary Health and Transition Services and Disability Services, ensuring patients with a disability receive a high quality service while in acute care, and a safe, timely transition back into the community.

Urban Design Charter

The SALHN contribution to the South Australian Urban Design Charter has been included in a whole of SA Health response. This response can be found in the Department of Health and Ageing 2014-15 Annual Report on the [SA Health website](#).

Sustainability Reporting

The SALHN contribution to sustainability has been included in a whole of SA Health response. This response can be found in the Department of Health and Ageing 2014-15 Annual Report on the [SA Health website](#).

Employee Overseas Travel

Travel, including overseas travel is an important part of SA Health's business, allowing employees to participate in professional development opportunities including attending and presenting at leading edge conferences, seminars and workshops. Employees are supported through investment in training and development and SA Health is committed to the ongoing professional development of Medical Officers through the relevant industrial instruments.

Overseas travel allows the sharing of knowledge from one jurisdiction to another and is an opportunity for employees to advance SA Health's priorities and benefit the South Australian public health system by improving services.

Information on overseas travel acquitted by SALHN employees during 2014-15 is available at www.sahealth.sa.gov.au.

Freedom of Information

Information statement

The following information is published pursuant to Section 9 of the *Freedom of Information Act 1991* (the Act).

Freedom of Information

The Act extends as far as possible the rights of the public to access documents held by the government, and to ensure that records held by government concerning the personal affairs of members of the public are not incomplete, incorrect, out of date or misleading.

The Act encourages disclosure of information to the public, subject to such restrictions within the Act as are necessary to protect legitimate agency, public and private interests.

The structure and function of Southern Adelaide Local Health Network (SALHN)

SALHN is an incorporated hospital established under the *Health Care Act 2008* (SA) and is led by the CEO, Adjunct Professor Belinda Moyes.

The SALHN Governing Council is a HAC under s15 of the *Health Care Act 2008* (SA) established to provide advice and other functions to SALHN. The SALHN Governing Council Constitution is available online at:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Our+Local+Health+Networks/Southern+Adelaide+Local+Health+Network>

SALHN provides a range of acute and sub-acute health services for people living in the southern metropolitan area of Adelaide as well as providing a number of statewide services and services to those in regional areas. It consists of three hospitals, FMC, Noarlunga Hospital, RGH, Southern Mental Health and Primary Health and Transition Services.

The ways in which the functions of SALHN affect members of the public

The major interface of SALHN with the public involves providing high quality patient care, education, research and health promoting services.

The internet site www.southernhealth.sa.gov.au provides an overview of SALHN and its functions.

Arrangements that enable members of the public to participate in the formulation of our policies and the exercise of our functions

A major undertaking of 2013-14 was to address consumer engagement concerns by a complete overhaul of the existing consumer engagement model. This process engaged both existing consumers, executive, the HAC and the Health Consumers Alliance SA to describe and develop a new model. This new model not only brings community engagement across SALHN in line with a Network-wide approach but also provides greater flexibility of opportunities for consumers to become involved in strategic and/or operational issues across SALHN as their skills and interest dictate.

The various kinds of documents held by the SALHN

The various kinds of documents that are held by the SALHN include policy documents, client records, medical imaging records, financial records, staff personnel files and research documents. Further, SALHN has numerous publications about health related topics available for free and in some cases, for purchase.

Arrangements that exist to enable members of the public to obtain access to documents

Applications for access to documents held by SALHN may be made under the *Freedom of Information Act 1991* (SA). Applications must be in writing and accompanied by payment of the application fee which is currently \$32.25. Additional costs may be incurred in accordance with the Freedom of Information (Fees and Charges) Regulations (e.g. reproduction costs and time required to process the application). A reduction in the fee payable may be applicable in certain circumstances.

Applications can be made to the relevant health services listed below, or by contacting the relevant service during business hours to arrange inspection or purchase of documents held by SALHN.

Freedom of information contacts:

Southern Adelaide Local Health Network

Freedom of Information Service
Level 1, Flinders Medical Centre
Flinders Drive, Bedford Park SA 5042
Ph: (08) 8204 5514
FMCFreedomofInformation@health.sa.gov.au

Flinders Medical Centre

Freedom of Information Service
Level 1, Flinders Medical Centre
Flinders Drive, Bedford Park SA 5042
Ph: (08) 8204 5514
FMCFreedomofInformation@health.sa.gov.au

Noarlunga Hospital

Freedom of Information and Privacy Officer
Noarlunga Hospital
PO Box 437
Noarlunga Centre 5168
Ph: (08) 8384 9761
Health.NHSFOI&PrivacyServices@health.sa.gov.au

Repatriation General Hospital

Freedom of Information Officer
Repatriation General Hospital
Daws Road, Daw Park SA 5041
Ph: (08) 8276 9666
Health.RGHFreedomofInformation@sa.gov.au

Contact details

SOUTHERN ADELAIDE LOCAL HEALTH NETWORK

Level 2,
Flinders Medical Centre
Bedford Park SA 5042
Ph: (08) 8204 4087
Fax: (08) 82045834
www.sahealth.sa.gov.au

FLINDERS MEDICAL CENTRE

Flinders Drive
Bedford Park SA 5042
Ph: (08) 8204 5511
Fax: (08) 8204 5450
www.sahealth.sa.gov.au

NOARLUNGA HOSPITAL

PO Box 437
Noarlunga Centre SA 5168
Ph: (08) 8384 9222
Fax: (08) 8326 3696
www.sahealth.sa.gov.au

REPATRIATION GENERAL HOSPITAL

Daws Road, Daw Park SA 5041
Ph: (08) 8276 9666
Fax: (08) 8275 1708
www.sahealth.sa.gov.au

PRIMARY HEALTH AND TRANSITION SERVICES

PO Box 4
5 Laffer Drive, Bedford Park SA 5042
Ph: (08) 8201 7887
Fax: (08) 8201 7823
www.sahealth.sa.gov.au

Glossary of Terms and Acronyms

AISS	Aboriginal Infant Support Service
CEO	Chief Executive Officer
ED	Emergency department
FCIC	Flinders Centre for Innovation in Cancer
FMC	Flinders Medical Centre
HAC	Health Advisory Council
LHN	Local Health Network
PTSD	Post Traumatic Stress Disorder
PWCAG	Partnering With Consumers Advisory Group
RGH	Repatriation General Hospital
SAFKI	Southern Adelaide Fleurieu Kangaroo Island Medicare Local
SAHA	Southern Adelaide Health Alliance
SALHN	Southern Adelaide Local Health Network
WHS	Work Health and Safety
WHSIM	Work Health Safety and Injury Management

Glossary of terms

Aboriginal/Torres Strait Islander Health Worker

An Aboriginal or Torres Strait Islander person who provides clinical and primary health care for individuals, families and community groups.

Allied Health Clinician

A generic term to describe a wide range of tertiary qualified health professionals who are not doctors or nurses.

Chronic disease

A disease that persists for a long period of time.

Clinician

A generic term to describe a wide range of health professionals.

Co-morbidity

Where a person has two or more health problems at the same time.

Department for Health and Ageing

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.

General Practitioner

A medical practitioner/doctor who works in primary health care and refers patients to specialist medical care.

GP Plus Health Care Strategy

A strategy to provide a fully integrated and accessible health care system that increases prevention and early intervention services to promote good health.

Health system

All health services provided to the people of South Australia.

Indigenous person

A person of Aboriginal and/or Torres Strait Islander descent who identifies, and is accepted as such by the community with which they are associated.

Local Health Network (LHN)

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 LHN, Northern Adelaide LHN, Southern Adelaide LHN, Country Health SA LHN and Women's and Children's Health Network.

Low birthweight babies

Live births with a birthweight less than 2500 grams.

Medical Practitioner/Doctor

A person who is qualified (registered on the general register or on both the general and specialist registers) to diagnose physical and mental illness, disorders and injuries, and prescribe medications and treatment to promote good health.

Neonatal

Applies to an infant at any time during the first four weeks of life.

Perinatal

Relating to the period from about three months before to one month after birth.

Primary health care

Often the first point of contact that a person has with the health system, such as general practice, community nurses, pharmacists, social workers and other health providers. Primary health care is both an approach to dealing with health issues as well as a level of health service. It can include a range of strategies from health promotion, health protection, disease prevention, advocacy, social action and community development.

SA Health

South Australian public health system, services and agencies, comprising Department for Health and Ageing, Central Adelaide LHN, Northern Adelaide LHN, Southern Adelaide LHN, Country Health SA LHN, Women's and Children's Health Network and SA Ambulance Service.

SA Ambulance Service

SA Ambulance Service provides emergency medical assistance, treatment and transport, non-urgent patient transport and high quality patient care to the people of South Australia.