

Central Northern Adelaide Health Service



Strategic Intent 2009–11

Helping South Australians to get healthy... and stay healthy!

Message from the Chief Executive Officer



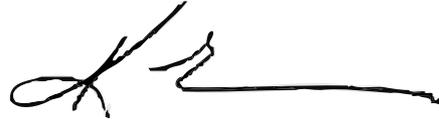
Given the many challenges currently facing the Central Northern Adelaide Health Service (CNAHS) and the broader health system, now is the ideal time to plan ahead.

In light of the expectations set by the *Generational Health Review, South Australia's Health Care Plan 2007-2016* and associated

strategies – and to ensure we can continue to meet the health care needs of our community – there is an urgent need for us to refocus the way we deliver our health services, to ensure we can continue to provide sustainable, efficient services within our available resources. For these changes to be successful in the long-term, they need to be understood and embraced by staff from across CNAHS, along with our key stakeholders, consumers and the community.

In 2009, we reviewed the region's vision, guiding principles and strategic outcomes to ensure we will remain focused on what matters most – improving the health and wellbeing of our population. This *Strategic Intent 2009-11* has been developed as a result of this review, and over the next two years the directions within will guide and inspire us as we contribute to the *SA Health Reform Agenda* and help shape an improved, more responsive health system for all South Australians.

As CNAHS employees, we all play a vital role in providing an effective, efficient and sustainable public health system. I look forward to working together with all of you to implement the directions outlined within this document, and thank you for your ongoing dedication and commitment to achieving even better health outcomes for our consumers, their families and the broader community.



Dr Karleen Edwards
Chief Executive Officer
Central Northern Adelaide Health Service



Background

In developing our *Strategic Intent 2009-11*, it was important to recognise and link with the whole-of-state strategic direction for health, established by SA Health and the Government of South Australia. These directions were created as a result of the *Generational Health Review*, a major health reform aimed at moving South Australia from traditional hospital-based care to a system that strengthens and refocuses services towards prevention and primary health care.

Following the *Generational Health Review*, the Government of South Australia released three major platforms to guide significant reform across the state's health system:

- > *South Australian Health Care Plan 2007–2016*
- > *Stepping Up Report 2007–2012*
- > *GP Plus Health Care Strategy 2007*.

These foundation documents provide the basis for further planning, through the development of a range of state-wide plans and recommendations from the eight clinical networks established to provide advice on clinical services.

In January 2009, the Department of Health released the *SA Health Strategic Plan 2008–2010* to reaffirm the vision, mission, values, strategic directions and strategic enablers for the health system as a whole. Each regional health service will now be monitored against this plan, particularly its strategic directions, to:

- > strengthen primary health care
- > enhance hospital care
- > reform mental health care
- > improve the health of Aboriginal people.

Finally, as part of the Performance Agreement with the Department of Health, CNAHS is required to develop an integrated *Regional Service Development Plan* that reflects these strategic directions and sets a blueprint to achieve the aims of the *SA Health Reform Agenda*.

CNAHS today

As SA's largest public health care service, CNAHS plays a crucial role in delivering on the State Government's commitment to providing all South Australians with the best possible health care.

CNAHS is the largest of South Australia's health regions, employing more than 16,000 staff across approximately 200 separate health units and services.

The region brings together four major acute hospitals (the Royal Adelaide, Lyell McEwin, The Queen Elizabeth and Modbury hospitals), along with the Hampstead and St Margaret's Rehabilitation Hospitals and a significant number of mental health and primary health care services. The region also delivers all of South Australia's public pathology services, two major state-wide health services (BreastScreen SA and SA Dental Service), manages the state's prison health, medical retrieval and organ donation services and has an annual operating budget in excess of \$1.7 billion.

The CNAHS region covers 39 Statistical Local Areas, 14 Government Areas and boasts a population of more than 760,000 residents, which represents around half of South Australia's entire population. By 2016, the region's population is expected to grow a further 5.2% (to more than 824,000 people), reflecting the significant challenges we face as we plan for the delivery of future health services.



Creating our strategic intent

In 2009, we reviewed the original CNAHS strategic directions, which were established by the inaugural CNAHS Board of Directors in 2004. Through this review, we have developed a document that:

- > links clearly with the whole-of-state strategic directions for health
- > embraces and celebrates the diversity of our staff, consumers and health services
- > reflects the changed and enhanced operational structure of our organisation
- > clearly identifies our strategic outcomes, and demonstrates how we will deliver these through our actions.

The *Strategic Intent 2009-11* will now act as the overarching framework for all of our region's projects and activities, and will provide the basis for all CNAHS strategic and operational planning.

Our mission

To improve the health and wellbeing of our population.

Our guiding principles

Trust – we will be open, honest, consistent and clear in all our actions and communications.

Social justice – we will work towards equitable health care delivery and outcomes.

Reconciliation – we will continue to build improved relationships between Aboriginal and non-Aboriginal communities.

Stakeholder engagement – we will genuinely work together as a team.

Alliances – we will actively encourage joint ventures and partnerships towards the achievement of our common goals.

Safety – we will minimise financial, environmental and clinical risk.

Quality and innovation – we will embrace new and innovative ways of achieving and maintaining the highest standards of excellence, supported by research and training.

Accountability and responsibility – we will actively support the acceptance of responsibility and accountability at all levels of the organisation.

Our strategic outcomes

1 Improved health and reduced health inequalities

- > we are committed to a service system that has health equity and improvement as an integral and sustainable part of planning, development and delivery of its services

2 A united, connected health system, genuinely focused on primary health care

- > we are committed to a service system-wide planning approach that is designed to enhance the organisation's business and operational effectiveness and efficiency, in line with the *SA Health Reform Agenda*

3 Safer and better care to support our community through each stage of life

- > we are committed to providing safe, high-quality care, and to monitoring and continuously improving our services, incorporating all aspects of the patient experience through each stage of life

4 A recovery-oriented and sustainable mental health system

- > we are committed to mental health system reform and will work with consumers, carers and service providers to improve life outcomes for people living with mental illness



5 A reduced gap between Aboriginal and non-Aboriginal people

- > we are committed to improving the health and wellbeing of Aboriginal people and recognise that Aboriginal people experience more life risk factors, poorer health and less acceptable outcomes in a range of life areas when compared to other South Australians

7 A robust and appropriately skilled workforce

- > we recognise that our workforce is our most valuable asset, and we will demonstrate its value by employing policies that encourage a healthy balance between work and personal life, to ensure the safety and wellbeing of our people

6 A sustainable governance structure

- > we will manage scarce resources effectively and efficiently through transparent and accessible governance processes

We will deliver on these strategic outcomes through our actions, and will advise and monitor our outcomes through the establishment of a governance framework and strategic enablers.



Strategic Intent 2009–11 at a glance

Our mission

To improve the health and wellbeing of our people

Why are we here?

Our strategic outcomes

We will achieve...

1. Improved health and reduced health inequalities

2. A united, connected health system, genuinely focused on primary health care

3. Safer and better care to support our community through each stage of life

Our actions

How will we deliver?

- > establish a Health Equity and Improvement Committee
- > review status of *GP Plus Strategy* and implications for the CNAHS region
- > reduce inequities in health and improve positive health outcomes
- > provide a greater focus on health equity, health promotion and primary prevention
- > act as champions for making health equity and health improvement everyone's business

- > establish a Connected Integrated Services Committee
- > ensure all planning activities across CNAHS support integration across the continuum of care
- > develop a process to ensure two-way communication on the progression of all state-wide plans and Clinical Network Planning activities between CNAHS and the Department of Health
- > develop a framework to support the implementation of the *SA Health Reform Agenda*
- > establish standardised directorate-specific operational plans, in line with the *Regional Service Development Plan (RSDP)*
- > monitor the performance of the region against the *CNAHS Strategic Intent* and the RSDP

- > enhance Clinical Governance
- > develop a Safety and Quality Plan aligned to both national and state agendas
- > enhance a quality and safety culture that is person centred
- > reduce unjustified variation in service delivery
- > establish research governance at CNAHS
- > enhance the system for the credentialing and refining scope of practice

How will we be measured?

- > ensure the delivery of the *Health Improvement Plan*
- > deliver on service reform and redesign to demonstrate a positive increase on health equity and improvement
- > demonstrate an improvement on accessibility and appropriateness of health services for disadvantaged groups

- > integrate all major planning activities across the region, inclusive of master planning, to support *South Australia's Health Care Plan*
- > evidence of input and feedback in all state-wide and clinical network planning
- > deliver the RSDP
- > all directorate operational plans are aligned to the *CNAHS Strategic Intent* and the RSDP

- > clinical governance is embedded into all levels of the organisation
- > all service directorates are accredited
- > quality and safety of care has improved as a result of the national and state strategies being implemented
- > a safety and quality culture is embedded into the organisation
- > evidence of improvements in safety and quality through the standardisation of systems and processes
- > evidence research governance has been established
- > evidence of the effectiveness of systems for the credentialing and refining scope of practice for CNAHS clinicians

| 4. A recovery-oriented and sustainable mental health system | 5. A reduced gap between Aboriginal and non-Aboriginal people | 6. A sustainable governance structure | 7. A robust and appropriately skilled workforce |
|--|--|--|--|
| <ul style="list-style-type: none"> > establish a Mental Health Committee > enhance the Mental Health Capital Program > ensure collaboration with government and non-government services in planning > reduce the stigma and increase mental health literacy in the community > facilitate transition and mental health modernisation > promote a greater emphasis on research and development in the area of mental health > implement the <i>Stepping Up Report</i> > implement COAG initiatives and the <i>National Mental Health Plan</i> > implement the <i>Community Mental Health Reform</i> | <ul style="list-style-type: none"> > establish an Aboriginal Health Committee > ensure the needs of Aboriginal people are considered in provision of health services across the continuum by ensuring an <i>Aboriginal Health Impact Statement</i> is developed > enhance implementation of the <i>Cultural Respect Framework</i> and the <i>Cultural Inclusion Framework</i> > develop a system that identifies Aboriginal and Torres Strait Islander people utilising services and programs > enhance opportunities for Aboriginal Government Officers and non-government organisations to have a voice in strategic planning, and the <i>SA Health Reform Agenda</i> > increase workforce opportunities for Aboriginal people across the continuum of care > ensure Aboriginal people have access to primary health care services | <ul style="list-style-type: none"> > review all financial arrangements within CNAHS to ensure they meet legislative requirements > establish a Sustainable Business Systems Committee > ensure the Audit and Risk Committee develops an action plan to encompass monitoring of corporate risks and associated activities > implement a financial plan > development of sustainable reporting requirements in line with the financial plan > implement a system to provide advice and recommendations on the business and operational activity within CNAHS | <ul style="list-style-type: none"> > establish a Workforce Planning, Development and Reform Committee > develop and implement strategies to attract, retain and deploy staff > implement performance review, personal and professional development > support innovation and work re-design > provide safe work systems and environments that support staff wellbeing > develop mechanisms that support consultation, communication and feedback > support the development of future workforce > build capacity to lead and manage change |
| <ul style="list-style-type: none"> > monitor against the Mental Health Capital Program > evidence of planning links with government and non-government agencies > evidence of research development > evidence strategies in the <i>Stepping Up Report</i> have improved the mental health system > evidence COAG initiatives and the <i>National Mental Health Plan</i> have improved services and care to mental health patients > evidence the <i>Community Mental Health Reform</i> has been implemented | <ul style="list-style-type: none"> > monitor compliance against <i>Aboriginal Health Impact Statement Policy</i> against all new major projects and initiatives > monitor and report on the increase of Aboriginal and Torres Strait Islander people using services and programs > demonstrate an increase in service accessibility for Aboriginal people > monitor the total public health sector workforce identified as Aboriginal or Torres Strait Islander equates to 2% of the total workforce > ensure appropriate distribution of resources are allocated to the needs and aspirations of the Aboriginal and Torres Strait Islander population | <ul style="list-style-type: none"> > achieve budget parity > monitor compliance against the financial plan > evidence of action plan for Audit and Risk Committee > evidence of a sustainable reporting system to monitor financial plan, business and operational activity > implement a region-wide process in relation to shared services changes (ICT, procurement) > deliver an operational asset services plan > deliver an ICT operational plan | <ul style="list-style-type: none"> > implement a Workforce Planning Model and framework inclusive of priority areas for consideration > implement an <i>Organisational Development Plan</i> that strengthens the region's capability to achieve the <i>SA Health Reform Agenda</i> > implement an <i>Integrated Workforce Learning and Development Framework</i> for the region > implement a <i>Workforce Health Plan</i>, inclusive of priority areas for CNAHS, SA Health, WorkCover, and the <i>Safety in the Public Sector Strategy</i> |

Our governance and organisational structure

The release of the *Health Care Act 2008* in July 2008 has established new governance arrangements for CNAHS.

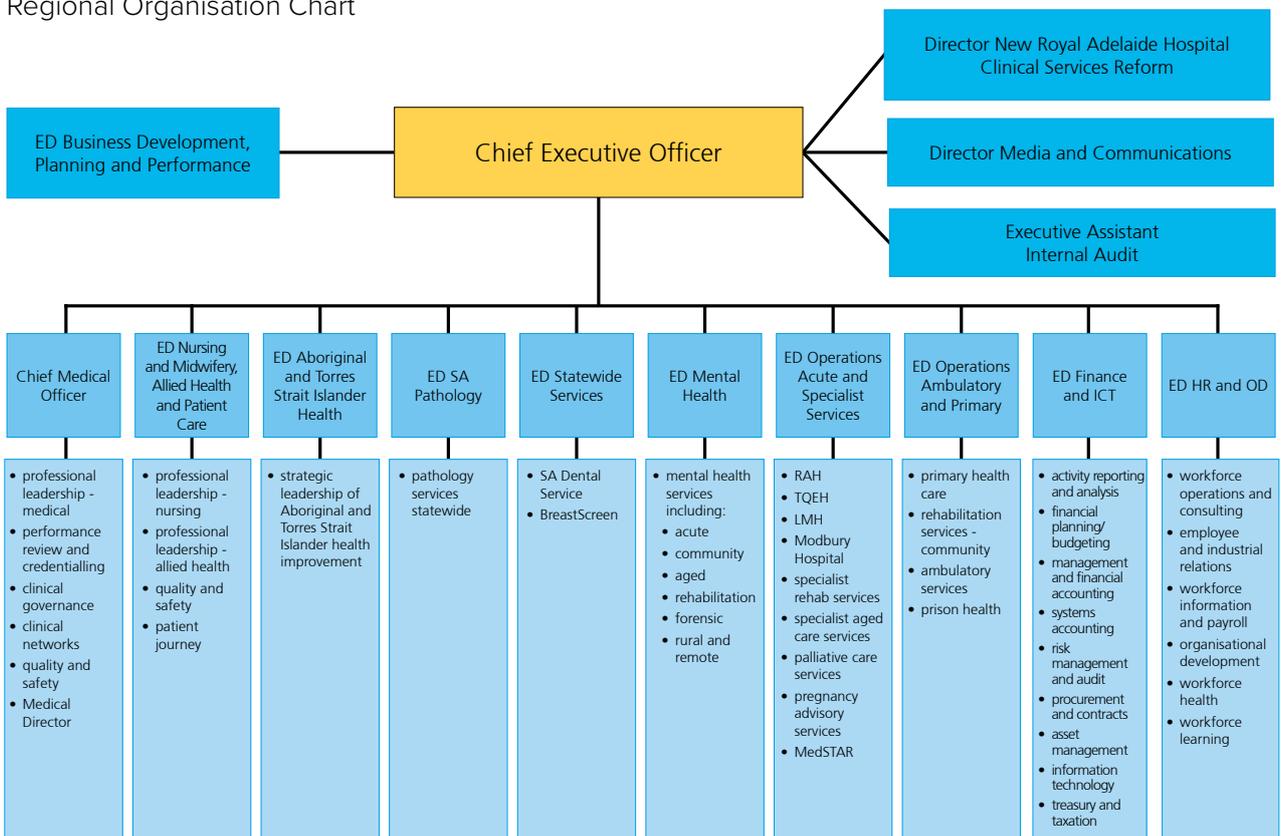
CNAHS is an incorporated hospital under the Act, with our Chief Executive Officer reporting directly to the Chief Executive of SA Health.

The Chief Executive Officer is accountable for the care provided to our community by our services. Clear strategic leadership is provided through the CNAHS Regional Leadership Team to support the Chief Executive Officer in promoting effective clinical and corporate governance. This ensures the links between health services promote safety and quality, manage risk, exchange knowledge and expertise and provide a patient-centred approach.

The Central Northern Adelaide Health Service Regional Leadership Team, comprised of the Chief Executive Officer and all executive directors of CNAHS directorates, includes:

- > five service directorates
- > five support directorates
- > two professional service directorates.

Central Northern Adelaide Health Service Regional Organisation Chart

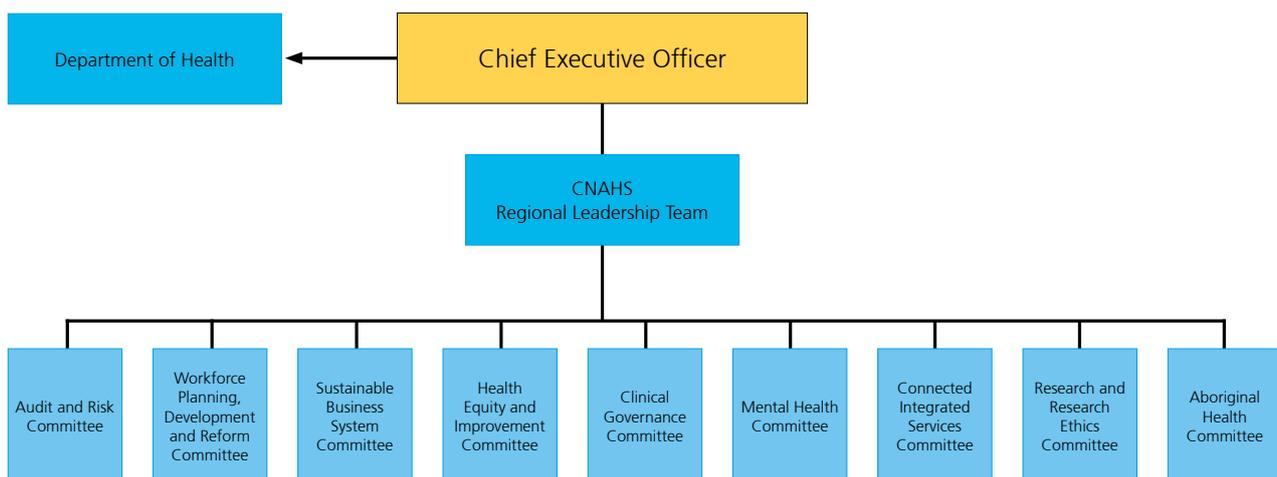


To deliver on our corporate and clinical governance responsibilities, CNAHS is supported by the following governance committees:

- > Workforce Planning, Development and Reform
- > Clinical Governance
- > Health Equity and Improvement
- > Mental Health
- > Sustainable Business System
- > Connected Integrated Services
- > Audit and Risk
- > Research and Research Ethics
- > Aboriginal Health

Central Northern Adelaide Health Service Governance Committee Structure

(from 1 April 2009)



| Nature of amendment | Version | Date | Author |
|---------------------|---------|------------|----------------------------------|
| First draft | V1.0 | April 2009 | Joanne Atkinson |
| Second draft | V2.0 | May 2009 | Kae Martin |
| Comments from CEO | V3.0 | June 2009 | Joanne Atkinson |
| Final draft | V4.0 | July 2009 | Karleen Edwards |
| Communications edit | V5.0 | July 2009 | Hannah Eberhard per Kelly Markos |
| Design layout | V6.0 | July 2009 | Kate Potter |
| Comments from RLT | V7.0 | July 2009 | RLT members |

Throughout this document, the term 'Aboriginal' refers to Australian Aboriginal and Torres Strait Islander people.

For more information

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