



SA Health

PERFORMANCE FRAMEWORK

2023-2024



Government
of South Australia

SA Health

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1. OVERVIEW

The SA Health Performance Framework (the Framework) sets out the framework within which the Department for Health and Wellbeing (DHW) monitors, assesses and responds to the performance of public sector health services in South Australia.

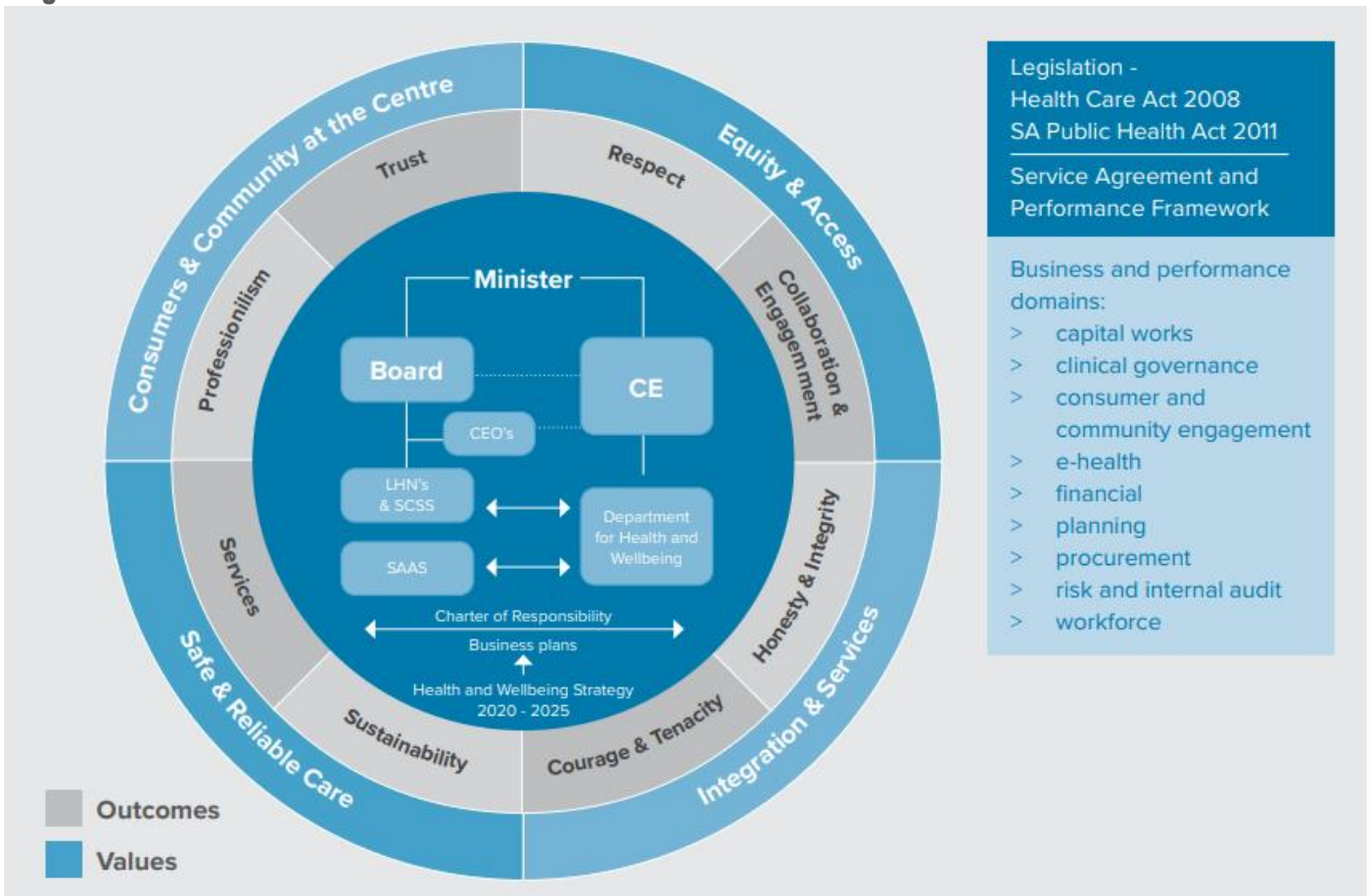
The Framework has been developed in accordance with the governance arrangements set out in the National Health Reform Agreement 2012 and the *Health Care Act 2008*.

From 1 July 2019, the DHW, Local Health Networks (LHNs) and the South Australian Ambulance Service (SAAS) operate as a federated system:

- > Statewide, Metropolitan and Regional LHN Governing Boards are accountable to the Minister for Health and Wellbeing (the Minister) for the delivery of health services within its areas of responsibility.

- > LHN Chief Executive Officers (CEOs) are accountable to, and subject to the direction of the Governing Boards for managing the operations and affairs of the LHN, which includes managing performance against Service Agreements (the Agreements).
- > The DHW has responsibility for overall leadership and strategic direction for the delivery of the public sector health services in South Australia. The Charter of Responsibility has been developed to reflect the redefined roles and responsibilities of the DHW, LHNs, SAAS and Statewide Clinical Support Services (SCSS) consistent with the *Health Care Act 2008* and other relevant legislation.

Figure 1: Shared Governance Model



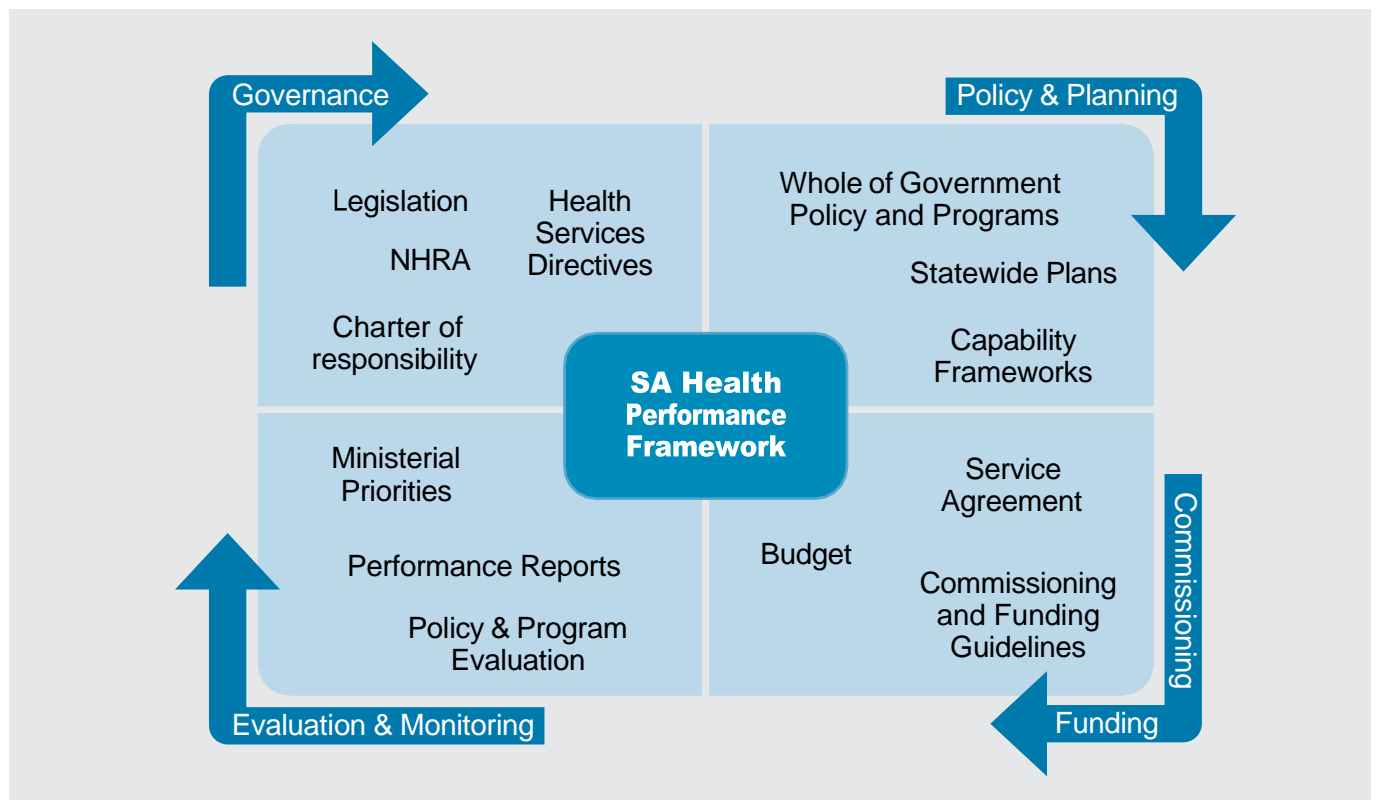
2. STRATEGIC CONTEXT

The Framework operates under the legislative framework of the *Health Care Act 2008*, other relevant legislation and within a number of important contexts, including:

- > Responsibility for helping to achieve the Government's state priorities, objectives and commitment for South Australians to enjoy a great quality of life and experience a safe, contemporary and sustainable health care system.
- > Requirements associated with inter-governmental agreements between the Commonwealth and State Governments, including the National Health Reform Agreement 2012.
- > Broader legislative requirements, including Health Services' Directives.
- > The Charter of Responsibility which provides a framework to guide the relationship, culture and behaviours between the Parties.
- > The strategic vision for SA Health as articulated in the Health and Wellbeing Strategy 2020-25 and other system and statewide plans that help to guide the distribution and design of Health Services to meet community needs and ensure long term sustainability of the health system.
- > The DHW commissioning approach which aims to ensure best value services which achieve maximum health gain for those most in health need.
- > The Agreement which is the binding, contractual framework between the DHW and individual LHNs and SCSS, as well as the DHW and SAAS.

The Framework promotes transparency and shared accountability for performance improvement across the system and helps inform future policy and planning strategies.

Figure 2: Elements of the Performance Framework



3. STRATEGIC DRIVERS

The Australian Health Performance Framework (AHPF) 2017 identifies the key components of system-wide health performance reporting that support the assessment and evaluation of value and sustainability, it also informs the identification of priorities for improvement and development.

The AHPF recognises safety and quality as a key driver of improvement across the system, acknowledging that effective leadership, an engaged and trained workforce and organisational culture play a significant role in service delivery and the ability to respond successfully to service and organisational challenges.

The Framework will continue to broaden and develop a health system that works effectively across organisational boundaries and create a sustainable health system for the future. The DHW will work closely with Health Services to identify measures of performance that will support delivery of identified strategic directions, improve outcomes and derive the best value from the health budget.



4. PURPOSE OF THE PERFORMANCE FRAMEWORK

This Framework provides an integrated process for performance review and assessment that supports the strategic objective of keeping people healthy. It also focuses on how the system and services improve access to timely, high quality, patient centered health care along with driving sustained improvement.

The Framework forms an integral component of the Agreement that underpins the relationship between the DHW and each Health Service.

The Framework outlines a transparent monitoring process to identify and acknowledge sustained high performance and for leading practice to be shared across the health system. The Framework also recognises and identifies challenges to performance, cases of sustained underperformance, as well as significant clinical issues or sentinel events. When addressing these challenges, the DHW will work with Health Services to build and manage capacity and sustainability and to reduce the risk into the future.

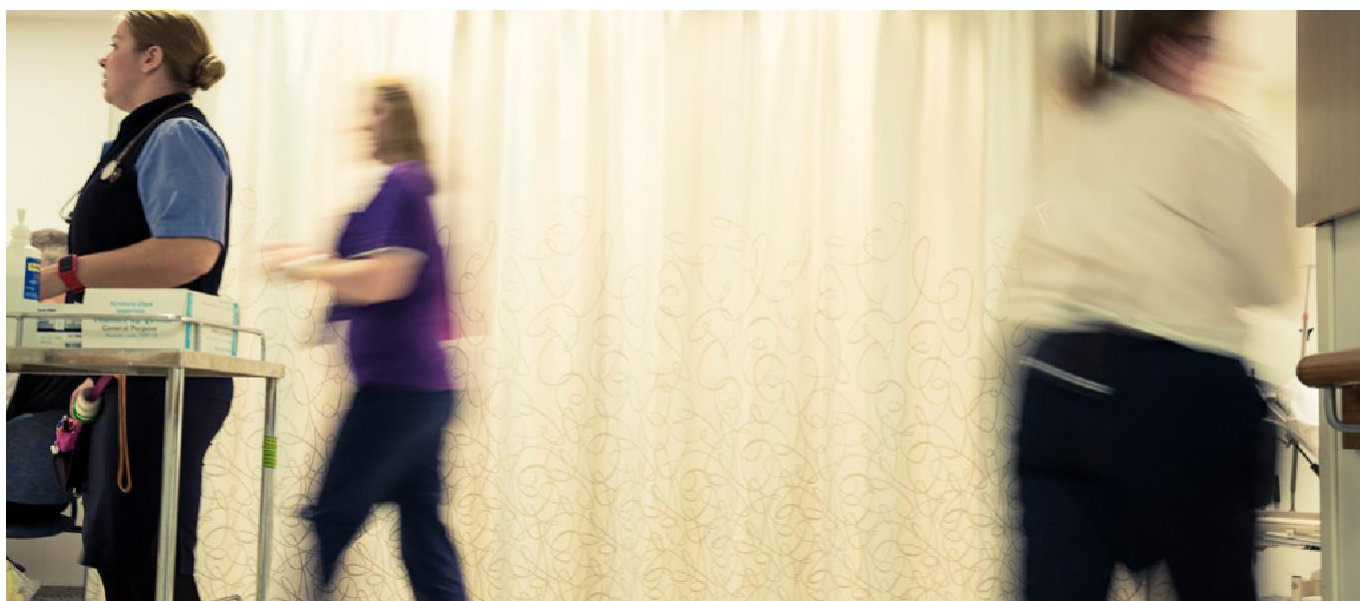
Further, the Framework provides clarity regarding the responses to performance concerns, including the process of escalation that may be invoked when performance concerns arise. At all times, the DHW aims to work collaboratively with Health Services to restore and maintain effective performance across facilities and services.

The Framework recognises that some influences outside the control of the individual Health Service may affect performance and considers these factors when assigning performance levels and/or determining the requirement for assistance or performance interventions.

The Framework comprises of:

- > The Agreements with each Health Service, incorporating clearly stated performance requirements including strategic priorities and governance requirements, maintenance of accreditation, key performance indicators (KPIs) and their performance thresholds that if not met may raise a performance concern and, the process through which performance concerns are identified and raised.
- > The roles and responsibilities of Health Services to which the Framework relates and the DHW in the operation of the Framework, including the role of the Commission on Excellence and Innovation in Health (the Commission).
- > Transparent monitoring and reporting processes, both internally to the Governing Boards and externally to Government and national bodies.
- > Expectation of responses to unsatisfactory performance or significant clinical issues.
- > Robust governance processes through which escalation or de-escalation of responses is determined.

Whilst all efforts will be made to ensure the Framework is consistently applied, it is not in itself a legislative requirement. The *Health Care Act 2008* provides the Minister with all required powers in relation to the performance management of Health Services. The Minister can at any time act in accordance with those powers, outside of the process described in the Framework.



5. PRINCIPLES OF THE FRAMEWORK

The Framework is guided by a number of overarching principles adapted from the Australian Health Performance Framework 2017. See Figure 3.

Figure 3: Principles of the Performance Framework

Transparency

Clear agreed performance measures which are easy to understand and align with strategic priorities.

Accountability

Clear roles and responsibilities of all Parties who each have a role to play in ensuring that performance expectations are met and that services meet the needs of the population. Accountability for performance needs to be understood and agreed to at all levels.

Consistency

The Framework is applied consistently. Assistance and intervention are based on the level of risk and a rounded view of performance which considers local circumstances and the trajectory of performance.

Collaboration

The DHW, LHNs and SAAS each have a role to play in identifying potential performance issues early and working collaboratively to address performance issues in a timely manner.

Balanced

The Framework incorporates SA Health Strategic Priorities and links the objectives of safe, effective, patient centered and efficient health service delivery. A balanced view is considered when determining levels of performance assessment.

Recognition

Sustained and/or superior performance is appropriately recognised and lessons from good practice are shared.

6. PERFORMANCE REQUIREMENTS

Performance is evaluated against a number of components that together allow a comprehensive and holistic assessment to be made including:

- > Accreditation status
- > Service Agreement delivery; including strategic priorities and governance compliance
- > Fiscal management; and
- > KPI performance.

6.1 Accreditation

Health Services are to maintain accreditation under the Australian Health Service Safety and Quality Accreditation Scheme (AHSSQA) or other relevant standards or accrediting bodies for all facilities, services, programs and centres for which the Health Service has responsibility.

6.2 Service Agreement

The Agreement outlines the requirements of the formal relationship between the DHW and each Health Service. These Agreements support the delivery of safe, accountable and financially sustainable high quality health care by formally setting out the performance expectations and funding arrangements.

The Agreement includes, but is not limited to:

- > The hospital services, other health services, teaching, research and other services to be provided.
- > The funding to be provided to the Health Service for the provision of the services.
- > The performance measures for the provision of services.
- > The performance and other data to be provided by the Health Service to the DHW.
- > Expected contribution towards achieving South Australia and Commonwealth Government priorities, services, outputs and outcomes.

The content and process for preparing the Agreements are consistent with the requirements of the *Health Care Act 2008* and the *National Health Reform Agreement 2012*.

Health Services are to meet the requirements as set out in the Agreement within their allocated funding, including but not limited to:

- > Delivery of funded programs and initiatives.
- > Delivery of commissioned activity targets within set tolerances.
- > Achieving KPI targets.
- > Delivery of any specific funding commitments.
- > Provision of data requirements.

6.3 Strategic Priorities

Application of the Framework incorporates the strategic priorities for the South Australian health system, which flow from Commonwealth/State Government arrangements, policies and emerging issues. The strategic priorities include the Premier's priorities and state priorities, system-wide priorities and the Health Service's additional local priorities as detailed in strategic plans. Each Health Service is required to report progress on their strategic priorities.

6.4 Governance Requirements

Strong governance and leadership are key attributes of a high performing and safe Health Service. Optimising both clinical and corporate governance is essential in creating a high performing Health Service. Organisational culture can significantly influence patient safety through its impact on effective communication, collaboration and engagement across the organisation.

Governance requirements for SA Health are established within relevant legislation, SA Health Policy Directives are articulated within the Corporate Governance Framework for SA Health.

65 Policy Directives

Health Services are required to comply with all Policy Directives issued under the *Health Care Act 2008* and other relevant legislation. The Act authorises the DHW Chief Executive (the Chief Executive) to issue Policy Directives for the purpose of:

- > Setting standards and policies for safe and high-quality service delivery.
- > Ensuring consistent approaches to service delivery.
- > Supporting the application of state policies, legislation and agreements entered into by the State.
- > Optimising efficient and effective use of resources.

66 Fiscal Management

Central components of successful performance are strong financial accountability, sustained successful budget management and performance within efficient price, including compliance with the Financial Management Compliance Policy Directive, which is founded upon the Public Finance and Audit Act 1928. This requires solid financial governance, internal controls and financial reporting and monitoring, ensuring resources are constantly being optimised and financial decisions enable the best long term health outcomes for South Australians.

67 Performance Domains and Measures of Performance

Health performance is assessed across a number of performance domains (see Figure 4). A range of KPIs are aligned within each domain.

Figure 4: Performance Domains

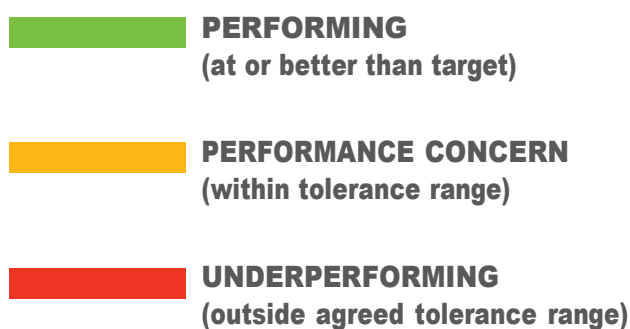


68 Key Performance Indicators

KPIs have been established under each domain for which performance targets and thresholds have been determined. The Framework uses these KPIs to monitor the extent to which the high-level objectives set out in the Agreement are being delivered. Performance against these indicators is published monthly by the DHW.

KPIs are focused on the delivery of critical strategic objectives and statewide targets. A differentiation is made between Tier 1 KPIs which set clear expectations within critical performance areas; and Tier 2 KPIs which provide a broader assessment of performance within each performance domain. A performance threshold for each indicator has been set.

For each KPI, performance is assessed to identify whether the Health Service is meeting the performance targets for individual KPIs and a rating is allocated using the performance thresholds set out below:



KPIs focus on both performance improvement and minimisation of strategic risk. As such, they operate as intervention triggers. In the event of underperformance in a KPI, analysis of the cause of the deviation, the scale and the time period involved is undertaken and consideration of the need for assistance or intervention is triggered. This provides an early warning system to enable appropriate intervention when a performance concern arises within critical performance areas.

In the event of underperformance, the level of performance concern in each case is determined by the particular indicator, the seriousness of the issue, the speed at which the situation could deteriorate further and the time it would take to achieve turnaround.

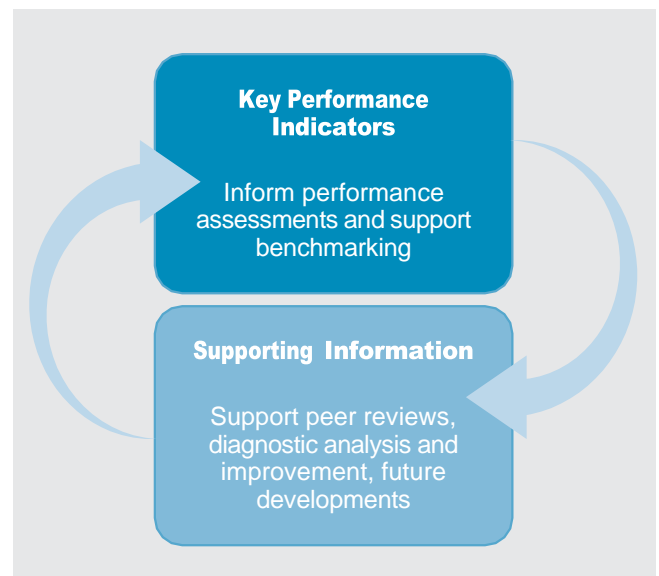
Previously, if an LHN was consistently under achieving against a KPI target, interim targets were negotiated between DHW and the LHN in order to facilitate an improved performance trajectory. For 2023-24, interim targets have been removed and DHW has instead,

implemented additional tolerance levels for specific KPI's. LHN's will be apportioned partial points towards these KPI's correlating with achievement of tolerance levels. The change in scoring approach ensures standardization of scoring for all LHN's and will facilitate and reward continued performance improvement trajectory towards a KPI.

69 Supporting Information

Supporting information is used to provide additional context to overall performance and allow for more detailed analysis and interrogation of a broad range of factors that may affect performance (see Figure 5). Supplementary information will also provide intelligence on potential future areas of focus by building an understanding in relation to areas of potential need.

Figure 5: Performance Information



Information may include emerging health issues, implementation of new service models, reporting requirements to SA Government central agencies or the Commonwealth.

The DHW also recognises the importance in monitoring outcome measures. These measures provide insight into the impact and effectiveness of health care services and are designed to encourage a focus on the value of Health Services being provided. The DHW will continue to expand the range of outcome measures to be monitored.

7. OPERATION OF THE PERFORMANCE FRAMEWORK

7.1 Overview

A consistently high performing health system is a key goal for the DHW. High performing Health Services have excellent and sustained performance across all assessment criteria and are recognised as system-wide leaders. The Framework is a dialogue aimed at facilitating a high performing health system. It is a collaborative partnership between the DHW and each Health Service, one where high performance is acknowledged, and underperformance is identified and acted upon. Open, effective and reciprocal communication is the cornerstone for the relationship between the Parties and will determine the success of the Framework.

The Framework is based on the principle of supported accountability. Health Services that are performing satisfactorily should be relatively free from intervention in their business and should be given full opportunity to achieve their objectives. The Framework provides for increasingly intensive levels of monitoring and, where necessary, intervention to ensure that issues relating to poor performance are addressed.

Each Health Service is expected to manage organisational risk and to strive to retain 'standard monitoring' status. To retain the lowest level of monitoring, the leadership of each Health Service is expected to encourage an organisational culture that ensures that high performance and effective risk management are core elements. Organisational structure, risk management processes, capability building, and constant internal review should maintain performance and facilitate the achievement of the Government's health goals and objectives.

Operation of the Framework involves:

- > Ongoing monitoring and review of the performance of each Health Service, including recognising performance that impacts the wider health system.
- > Celebrating successful strategies and enabling shared learning throughout the system.
- > System scanning to identify areas of significant concern, clinical risk or sentinel events.
- > Identifying performance issues and determining the appropriate responses.
- > Determining when a performance recovery plan is required.
- > Working with Health Services and support organisations to develop recovery plans and roadmaps to monitor and measure recovery.
- > Working with Health Services to ensure timely turnaround in performance.
- > Determining when the performance response needs to be escalated or can be de-escalated.
- > Determining when a Health Service no longer needs a performance response.

72 Performance Review Process

The core elements of the performance review process are:

- > Communication, pro-active conversations and actions between the DHW and Health Services.
- > Production of monthly performance data by the DHW detailing performance against the KPIs for each Health Service and the health system as a whole.
- > Performance meeting held internally at DHW where performance data is discussed and analysed.
- > Quarterly Performance Review Meetings between each Health Service and the DHW where performance will be formally reviewed in turn.
- > Performance Levels are determined on consideration of the following:
 - a. Accreditation Status
 - b. Service agreement delivery
 - c. Fiscal Management
 - d. KPI Performance

The DHW will advise the Health Service CEO of the performance level, who should inform their Governing Boards of this advice, where applicable.

- > A regular performance status summary for all Health Services provided to the Chief Executive and the Minister.

73 Performance Assessment

Assessment of performance for each Health Service takes place on a regular basis. Performance assessments are made principally through consideration of overall Health Service performance, taking into account performance reports prepared by the DHW along with information provided by the Health Service.

Health Service performance levels are not assigned solely based on KPI data, instead a range of considerations are taken into account when determining the current performance of a Health Service (See Figure 6 and Table 1) and whether escalation or de-escalation of their current performance level is required.

Figure 6: Contributing Factors to a Performance Level

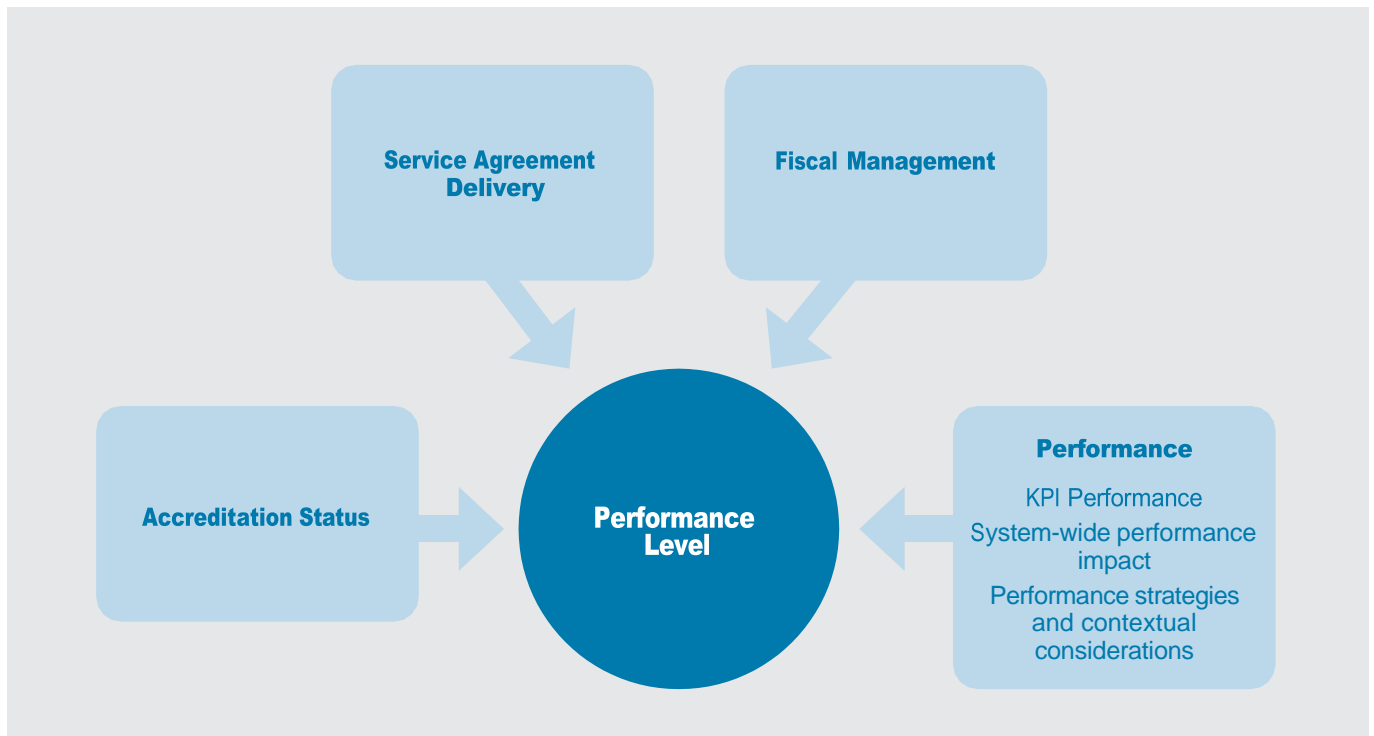


Table 1: Performance Assessment Components

Accreditation Status	Service Agreement Delivery	Fiscal Management	Performance
<ul style="list-style-type: none"> > Accreditation is not in place for all facilities or programs; or > Accreditation requirement(s) are not met 	<ul style="list-style-type: none"> > Failure to comply with requirements, including, but not limited to <ul style="list-style-type: none"> – Delivery of strategic priorities – Governance compliance – Funded programs and initiatives – Specific funding – Data provision 	<ul style="list-style-type: none"> > Efficient and sustained fiscal management; or > Progress against agreed turnaround plans[^] 	<ul style="list-style-type: none"> > Significant clinical incident or sentinel event occurrence; or > KPI performance is outside the tolerance threshold; or > There is a deteriorating trend for a particular aspect of performance > System-wide performance impact > Progress against agreed recovery plans[~] > Performance strategies and contextual considerations

[^] A turnaround plan relates to a financial and operation strategy to align expenditure to budget over an agreed timeframe.

[~] A recovery plan is an agreed strategy and timeline to address a specific performance concern.

Confidence in, and evidence of the Health Service’s ability to achieve a turnaround in performance is considered in the decision to escalate or de-escalate the response to the performance concern. The trigger to reduce performance levels may come from completion of turnaround plans or emerging trends of sustained performance improvement.

The level of performance in each case is determined by the following criteria:

- > whether the trigger for escalation was a significant incident or sentinel event;
- > clinical risk or impact of further incidents;
- > speed with which the situation could deteriorate further;
- > impact on State Government’s priorities;
- > time it would take to achieve turnaround;
- > performance trend; and
- > impact to the LHN, DHW or wider health system.

The assessment of KPI performance includes a review of performance against all applicable KPIs. A numerical scoring system is used to provide an indicative assessment of KPI performance (as per section 7.5).

74 Determining Performance Levels

There are four performance levels ranging from 1 to 4, with Level 1 reflecting the highest performance (Figure 7). Performance levels are determined by the DHW, although ongoing discussions and collaboration with Health Services inform the decision regarding which Level will be applied. The DHW supports open dialogue with Health Services to discuss and address performance concerns as soon as they are identified.

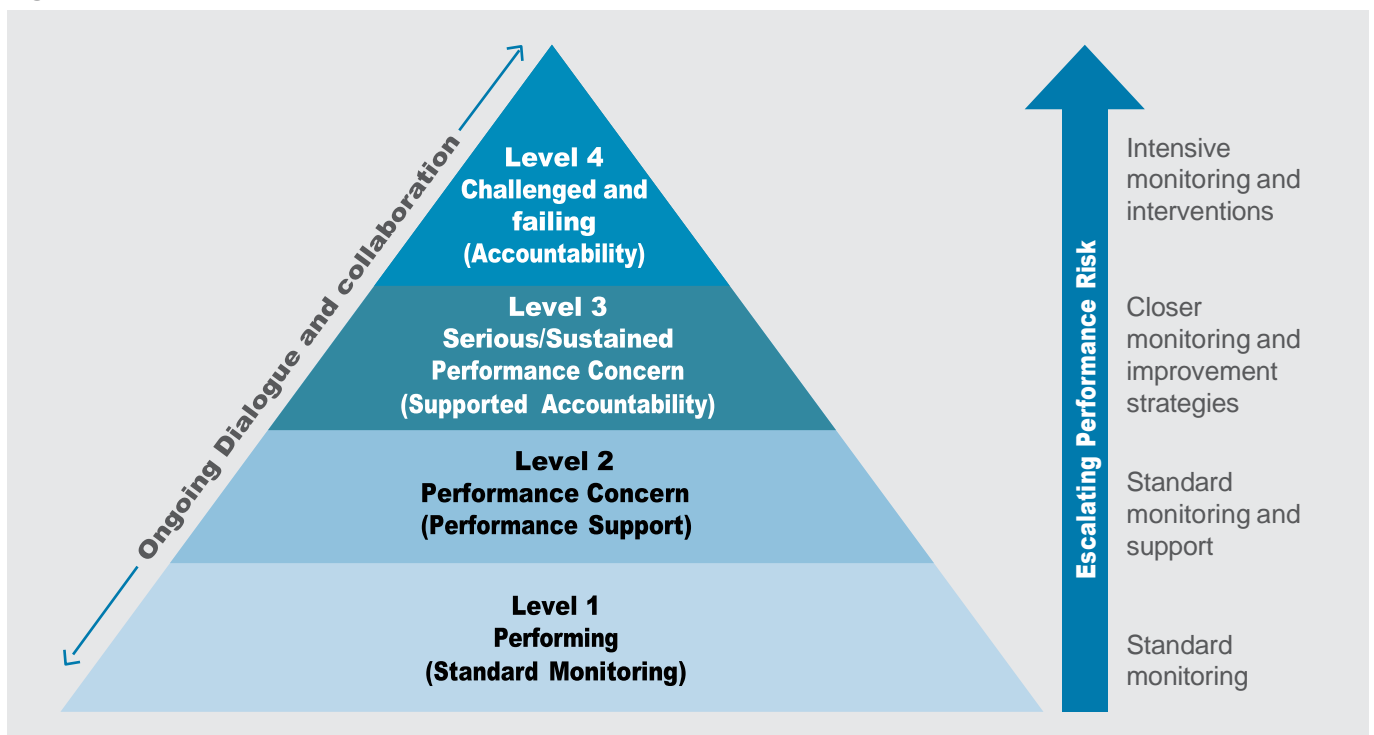
The assessment determines if a change to the performance level of a Health Service is warranted. Escalation and de-escalation may not be sequential. The initial level of escalation and response is based on the seriousness of the performance issue, the likelihood of rapid deterioration and the magnitude of the issue. For example, there may be circumstances where the seriousness of the situation calls for an escalation from Level 2 directly to Level 4.

Whilst performance levels are usually reviewed following Performance Review Meetings, when data for the applicable period is available, a review may occur outside of this schedule if the DHW or the Health Services determine that this is warranted. Movement between performance levels can either be up (escalation) in the case of deterioration in performance or failing to make adequate progress or down (de-escalation) as performance issues are resolved.

Note: While escalated options are more likely to be used at higher levels of monitoring, support or intervention, actions are not necessarily tied to a specific monitoring level.

The DHW will advise the Health Service CEO of the proposed performance level, who should inform their Governing Boards of this advice, where applicable. Where assignment of Level 3 or 4 is proposed, the DHW will advise the Governing Board Chair directly as well as the Health Service CEO. When it is proposed to change a performance level, the reasons for the change will be clearly explained in writing. In the case of escalation, a clear summary of actions required to improve performance will also be provided.

Figure 7: Performance Levels and Escalation Process



75 KPI Analysis

A scoring methodology calculates provisional performance levels of each Health Service based on current performance for Tier 1 and 2 KPIs for each domain. A number of supporting KPIs will also be reviewed (monitoring) that will assist in the understanding of the Tier 1 and Tier 2 performance. The monitoring KPIs will not form part of the performance assessment, however, these KPIs may be moved into Tier 1 or Tier 2 based on performance which will be clearly communicated with the Health Services.

76 Tier 1 and Tier 2 Weighting

Tier 1 and Tier 2 KPIs have historically been weighted consistently for measuring performance level. For 2023-24 Tier 1 KPI's will carry double the weighting of Tier 2 KPI's.

The full list of KPIs for the current financial year can be found on the [SA Health Commissioning webpage](#).

The provisional performance level is calculated in three steps:

1. A maximum of five points will be allocated for a tier 1 KPI and a maximum of two and a half points will be allocated for a tier 2 KPI, based on the Red, Amber, Green (RAG) rating shown in Table 2. Where a KPI has more than one tolerance level, partial points will be apportioned, correlating with the tolerance level achieved.

Table 2: KPI Point Allocation Tier 1

Green (Performing)	Amber (Performance concern)	Red (Under performing)
5 Points	2.5 Points	0 Points

KPI Point Allocation Tier 2

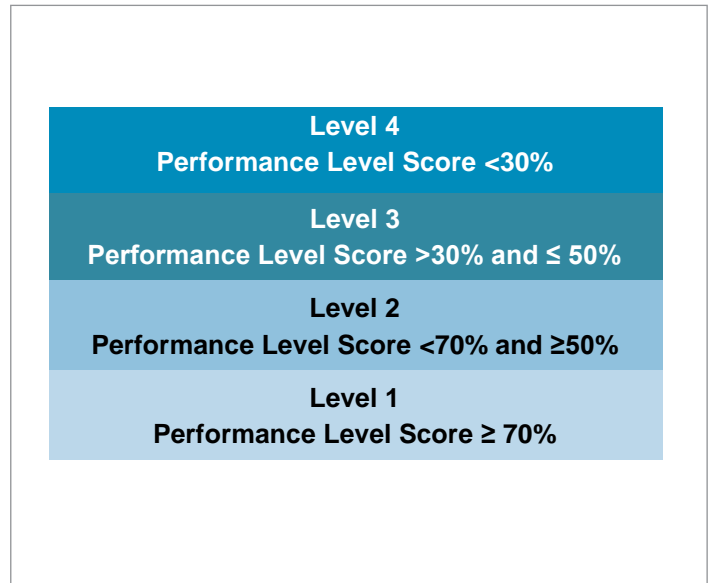
Green (Performing)	Amber (Performance concern)	Red (Under performing)
2.5 Points	1.25 Points	0 Points

2. Percentage score for each domain is calculated using the formula given below.

$$\text{\% score (per domain)} = \frac{\text{Total points scored}}{\text{Maximum points allocated}} \times 100$$

3. Percentage scores are then converted to performance levels for each domain and the overall performance level is calculated from the percentage score of all KPI's combined.

Figure 8: KPI performance level determination



77 Additional Criteria

A provisional performance level is determined by KPI analysis, however the final performance level determination also considers additional criteria, including, accreditation status, service agreement delivery and fiscal performance. A serious performance concern in any of these criteria can result in escalation in performance level, irrespective of KPI performance.

7.8 Performance Response and Support

The DHW supports open dialogue with each Health Service to discuss and address performance concerns as soon as they are identified. It is expected that issues are investigated by the Health Service in the first instance, and evidence of improvement is provided to DHW as part of routine Performance Review Meetings or separate correspondence.

Where relevant, input from respective program areas, the Commission and/or other experts may be sought to support Health Services in developing and/or implementing more targeted improvement. Where performance improvement involves implementing new models of care or service redesign, program areas and/or the Commission will work with Health Services to reorient care provision to meet acceptable standards of care.

In 2020-21, Health Performance Community of Practice (HPCoP) was established to provide a forum for open discussions and for the sharing of information regarding performance. HPCoP will provide a platform for Health Services representatives to engage with the DHW to collaboratively identify opportunities for performance improvements. This forum will also provide DHW with an opportunity to better understand the underlying factors contributing to performance issues or barriers and how the system can work collectively towards potential solutions.

Each Health Service's performance is assessed in terms of whether it is meeting the key performance components set out in Table 2, including targets for individual KPIs, and where applicable, is on track against agreed trajectories and any improvement plans agreed between the Parties.

Where a performance concern is identified

Where a performance concern is identified, LHN's must comply with all intervention requirements issued by DHW.

For Health Services with no existing performance concerns the DHW:

1. Will discuss the issue with the Chief Executive Officer of the Health Service.
2. If appropriate, DHW formally requests the Health Service to respond.
3. Based on the response from the Health Service, determines whether there is a need to initiate a meeting to consider the proposed performance improvement plan and then continue to meet with the Health Service to monitor the implementation of the plan. Performance improvement plans are written plans prepared by the Health Service, signed off by the Governing Board and submitted to the DHW by agreement. The DHW has the discretion to initiate a higher-level response, based on

an assessment of progress against the improvement plan and/or significance of the issue.

For Health Services with an existing performance concern, an assessment is made regarding whether sufficient progress has been made or whether a higher level of response is required.

The response to performance concerns is based on the overall performance of the Health Service, including:

- > The components detailed in Table 2.
- > Relative and risk adjusted performance against any identified safety and quality markers.
- > Whether there is a systemic issue for a particular aspect of performance e.g. a LHN may not have breached a critical performance threshold for any one indicator but has not met the target for multiple KPIs.
- > The level of support required to sustain operations or manage risks.
- > Demonstrate performance deficits in other critical areas including:
 - Significant unexplained variation in patient outcomes.
 - Indications of pervasive failure in leadership or culture.
 - Unacceptable outcomes in the quality of patient care, occupational health and safety or human resources.
- > Whether there is a systemic performance issue for a facility and/or clinical services.
- > Whether there is an emerging systemic performance issue for the Health Service as a whole.

A range of responses to a performance concern may be implemented. Monitoring levels intensify proportionate to the level of underperformance and safety concern. Increasing levels of consultation, support and intervention strategies are tailored depending on the levels of monitoring required.

Health Services that are challenged and failing (Level 4) have significant areas of underperformance, including major patient safety or service delivery concerns, and require an extraordinary form of monitoring. Once this performance level is reached, DHW intervention intensifies by increasing the regularity of performance interactions and escalating the range of interventions and support to achieve the required turnaround.

Table 5: Monitoring, support and intervention strategies

Monitoring Level	Monitoring, support and intervention strategies
Level 1	Standard Monitoring
Performing	<p>Quarterly Performance Review Meetings.</p> <p>Routine performance assessment.</p> <p>Progress update on agreed action plans, where relevant.</p> <p>Recognition of achievement and sharing of good practice.</p>
Level 2	Performance Support
Performance Concern	<p>Quarterly Performance Review Meetings (or more regular as required).</p> <p>Local recovery/remediation plans.</p> <p>Closer monitoring of performance and remediation plans.</p> <p>Health Service to discuss with the DHW potential support and assistance which may include:</p> <ul style="list-style-type: none"> > Support from 'virtual team'. > Shared project resources, diagnostic/analytical capability. > Support/expert advice i.e. from the Commission or peer support or partnership with another Health Service. > Support to develop and execute recovery plans.
Level 3	Supported Accountability
Serious/Sustained Performance Concern	<p>Monthly Performance Review Meetings.</p> <p>DHW to formally notify the Health Service CEO and/or Governing Board Chair of escalation to Level 3.</p> <p>The Health Service CEO to provide a formal response on the reasons that led to the performance issues and is required to:</p> <ul style="list-style-type: none"> > Undertake a detailed in-depth assessment of the performance issue and to identify options to address the problem. > Provide a detailed performance improvement /recovery plan and a timetable for resolution which has been signed off by the Governing Board. > Meet with the DHW to formally monitor the performance improvement plan. <p>A range of additional interventions may then be employed. The timing and scope of any action will be determined by the nature of the performance issues and the Health Service's ability to respond.</p> <p>The DHW will provide ongoing support and assistance in relation to the identification and monitoring of performance issues and corrective action taken as a result of any identified issues. As part of this, the DHW may assign staff to work collaboratively with the Health Service to develop and implement the performance recovery plan. Other interventions may include:</p> <ul style="list-style-type: none"> > Engagement of independent expertise to review clinical practice, governance or financial concerns and to make recommendations. > Seeking input and support with further improvement from experts i.e. the Commission. > Assigning a representative to assist the Governing Board to effectively oversee necessary performance improvements including attending Governing Board meetings for that purpose. > Discussions between the DHW and the Governing Board Chair regarding strategies related to organisation issues and capability that may have an impact on performance improvement goals. > Governing Board Chair or a delegate may be required to attend Performance Review Meetings.

Level 4	Accountability
Challenged and Failing	<p>Monthly Performance Review Meetings.</p> <p>DHW to formally notify the Health Service CEO and the Governing Board Chair (where applicable) of escalation to Level 4.</p> <p>The Health Service is required to:</p> <ul style="list-style-type: none"> > Undertake a detailed in-depth assessment of the performance issue and to identify options to address the problem. > Provide a detailed performance improvement /recovery plan and a timetable for resolution which has been signed off by the Governing Board. > Meet with the DHW to formally monitor the performance improvement plan, with frequency and DHW representation to be confirmed by DHW. <p>Whilst responsibility for performance lies with the Health Service, the DHW will provide ongoing support and assistance in relation to the identification and monitoring of performance issues and corrective action taken as a result of any identified issues.</p> <p>A range of additional interventions may then be employed. The timing and scope of any action will be determined by the nature of the performance issues and the Health Service's ability to respond. Interventions may include:</p> <p>The DHW may:</p> <ul style="list-style-type: none"> > Assign staff to work collaboratively with the Health Service to develop and implement performance recovery/turnaround plans and/or have a more direct involvement in the operation of the Health Service. > Commission an independent review or sanctioned audit of Health Service governance and management capability. <p>The Minister for Health and Wellbeing may:</p> <ul style="list-style-type: none"> > Determine a change to the membership of the Governing Board and/or appoint an administrator. > Consideration may also be required to suspend admissions and/or close Health Services dependent on the level of risk.

Note: Nothing in this document is to be taken as affecting or limiting the discretion to exercise the powers provided for under the *Health Care Act 2008* and other relevant legislation.

79 Performance Review Meetings

Performance Review Meetings provide a mechanism for interactive, two-way discussion between the Health Service and the DHW. Meetings occur quarterly at a minimum, or more frequently, as determined by the Health Service's current performance or as requested by the DHW, or a Health Service. Examples of topics discussed at Performance Review Meetings include, but are not limited to:

- > Acknowledgement of high performance and performance improvement.
- > Current performance and contributing factors.
- > Health Service status against any agreed turnaround or recovery plans.
- > How the Health Service is tracking against formal interim targets, or improvement measures.
- > Outcomes of previously agreed action items.
- > Priorities or initiatives specific to the Health Service.
- > Potential or emerging issues affecting current or future performance.
- > Strategic discussion between the DHW and the Health Service, including how the DHW can support the Health Service to better serve the population.

A standard meeting agenda and format will be used to ensure comprehensive and consistent application of the Framework.

Performance Review Meetings are underpinned by:

- > Informative agendas that identify performance status, note actions due and points to be discussed during the Meeting.
- > Clear recordings of actions and requirements of both the DHW and the Health Service.



8. ROLES AND RESPONSIBILITIES

81 The Department for Health and Wellbeing

A key function of the DHW under the Framework is to work collaboratively with each Health Service to support and assist them to provide high quality health care. At all levels through this Framework and in ongoing communications concerning performance the primary focus of the DHW is to support the Health Service to maintain, improve or restore performance to agreed standards. The Parties are to work closely to ensure a co-ordinated approach is taken by the DHW under the Framework.

As the Leader of the State's health system, the DHW carries out its performance oversight role by:

- > Implementing the Framework and associated processes and tools.
- > Partnering with Health Services to identify and address performance concerns early and effectively.
- > Supporting or intervening to ensure long term and sustained performance improvement.
- > Facilitating better consultation and communication, including providing information on departmental policy directions and sharing with other relevant agencies.
- > Making use of available data and third-party intelligence to maximise the depth and breadth of performance information used to assess Health Service performance.
- > Maximising input from the Commission and other experts and clinical leaders.
- > Enhancing Governing Board skills and capabilities in clinical governance and other information required to ensure high quality and safe care.
- > Providing staff with training and mentoring in performance management and quality improvement and the tools to enable them to have an effective performance improvement role.

82 Commission on Excellence and Innovation in Health

The Commission has a key role in monitoring and improving the safety and quality performance of the Health Services and identifying key issues, events or trends that could indicate clinical safety or risk. The Commission also champions evidence-based practice and clinical innovation and supports Health Services in improving their safety and quality systems.

83 Wellbeing SA

Wellbeing SA leads innovative system change to embed prevention across the life course and disease continuum, working collaboratively with all parts of the health system to improve health and wellbeing. Wellbeing SA has a role in providing system leadership in prevention, the collection and use of population health data and monitoring and reporting on health system performance and population health outcomes, identifying trends and reporting on activities.

84 Health Services

Each Health Service is to have in place an effective internal performance framework for monitoring performance and identifying and managing emerging performance concerns. Each Health Service is to engage constructively in the Framework and give consideration to their own requirements to enable them to discharge their obligations under the Agreement and the Framework. Specifically, each Health Service is to:

- > Report to the DHW any emerging or potential performance concern and/or performance risk including immediate actions taken and/or an early assessment of action that may be required to prevent the issue from deteriorating.
- > Establish and maintain a culture of performance improvement by:
 - Promoting the Performance Framework at all levels within their Health Service.
 - Identifying shortfalls in performance, devising and implementing appropriate support, and development arrangements to facilitate long-term sustainable recovery and delivery.
 - Providing relevant staff with training and mentoring in performance management and improvement and the tools to enable effective performance improvement.
 - Ensuring that key staff have a clear understanding of their performance responsibilities and the consequences of not effectively executing their responsibilities.
 - Working collaboratively with DHW to resolve performance concerns and adhere to all agreed performance responses.

85 Governing Boards

The Governing Board is required to ensure effective clinical and corporate governance frameworks are established for the Health Service, and to provide strategic oversight of and monitor the Health Service's quality, financial and operational performance in accordance with the Framework. They may include:

1. Effective implementation of a local performance framework.
2. Appropriate reporting and advice to the Governing Board on:
 - > The Health Service performance against the Agreement.
 - > The performance status of the Health Service under the Framework.
 - > The response to, and progress of recovery/turnaround plans.

More details of the role of Governing Boards can be found in the *Health Care Act 2008* and other relevant legislation.

APPENDIX 1: DEFINITIONS

In the Framework:

Chief Executive means the Chief Executive of the DHW administering the *Health Care Act 2008*.

Commission for Excellence and Innovation in Health (the Commission) means the public sector agency established with the responsibility for providing leadership and advice within SA Health and the Government on clinical excellence and innovation.

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

Governing Board means a Governing Board under the *Health Care Act 2008*, accountable to the Minister for Health and Wellbeing for the delivery of Health Services within its areas and will have responsibility for providing safe, high-quality and accessible services, being reflective of local values, needs and priorities and being sustainable within the resources available.

Health Service means

- a. A service associated with:
 - i. The promotion of health and well-being; or
 - ii. The prevention of disease, illness or injury; or
 - iii. Intervention to address or manage disease, illness or injury; or
 - iv. The management or treatment of disease, illness or injury; or
 - v. Rehabilitation or on-going care for persons who have suffered a disease, illness or injury; or
- b. A paramedical or ambulance service; or
- c. A residential aged care service; or
- d. A research, pathology or diagnostic services associated with veterinary science; or
- e. A service brought within the ambit of this definition by the regulations of the *Health Care Act 2008*, but does not include a service excluded from the ambit of this definition by the regulations.

Health Service CEO means the Chief Executive Officer of a Health Service, i.e. a LHN, SAAS or in the case of Wellbeing SA the Chief Executive.

Local Health Network (LHN) means an incorporated hospital under the Health Care Act 2008 with responsibility for the planning and delivery of health services. The LHNs for South Australia are: Central Adelaide Local Health Network (CALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), the Women's and Children's Health Network (WCHN), Barossa Hills Fleurieu Local Health Network (BHFLHN), Eyre and Far North Local Health Network (EFNLHN), Flinders and Upper North Local Health Network (FUNLHN), Riverland Mallee Coorong Local Health Network (RMCLHN), South East Local Health Network (SELHN) and Yorke and Northern Local Health Network (YNLHN).

SA Health means the South Australian public health system, services, and agencies, comprising the DHW, its LHNs, the South Australian Ambulance Service (SAAS) and Statewide Clinical Support Services (SCSS).

Statewide Clinical Support Services (SCSS) means the agency acting as the principal provider of public breast screening, pharmacy, pathology, dental and imaging services in South Australia.

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

the Agreement means the Service Agreement between the DHW and Health Services, including the schedules in annexures, as amended from time to time.

the Charter of Responsibility means the document where legislative roles and responsibilities of the Department for Health and Wellbeing (DHW), Local Health Networks (LHNs) and the SA Ambulance Service (SAAS) are defined. The document is consistent with the *Health Care Act 2008* and articulates the shared commitment and accountabilities of each party to support the operation of the South Australian health system.

the Committee means the DHW Performance Committee responsible for reviewing all aspects contributing to a Health Service's performance and determining appropriate performance level.

the Framework means this SA Health Performance Framework setting out the framework within which the Department for Health and Wellbeing (DHW) monitors, assesses and responds to the performance of public health sector services in South Australia.

the Minister means the Minister for Health and Wellbeing.

the Parties means the Chief Executive, the LHN Chief Executive Officer, SAAS Chief Executive Officer and other Health Services to which the Performance Framework applies.

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

Tier 2 Key Performance Indicators (Tier 2 KPIs) are used as supporting indicators to assist in providing context to Tier 1 KPIs when triggered within a specific domain and to assist the organisation to improve provision of safe and efficient patient care.

Wellbeing SA means the public sector agency established with the responsibility to advocate for and commission services for health promotion and hospital avoidance, focus on avoiding hospital admissions and broker collaborations to jointly delivery better prevention, sub-acute and chronic disease management services.

For more information

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SA Health