



Government of **Western Australia**
Department of **Health**
South Metropolitan Health Service

South Metropolitan Health Service Governing Council Annual Report 2013–2014



Acronyms

ABM	Activity Based Management
A/DG	Acting Director General
CE	Chief Executive
CEO	Chief Executive Officer
EPG	Executive Partnership Group
FSH	Fiona Stanley Hospital
FTE	Full Time Equivalent
GC	Governing Council
GP	General Practitioner
MHSLU	Mental Health Strategic Leadership Unit
NEAT	National Emergency Access Target
NEST	National Elective Surgery Target
OAM	Medal of the Order of Australia
RPH	Royal Perth Hospital
SMHS	South Metropolitan Health Service

Front Page Photograph: SMHS Governing Council Members

Back row (left to right)

Marcus Tan, Margaret Crowley, Rick Cullen, Mitch Messer

Front row (left to right)

David Rowe, Robyn Collins, Frank Daly

Absent: Fiona Woods

See page 11 of report for full member information

Contents

South Metropolitan Health Service	1
Governing Council	1
Annual Report 2013–2014	1
Acronyms	2
Executive Summary	4
South Metropolitan Health Service	6
Governance Structure	8
Governing Council Members	10
Governing Council Plan	12
Planning	16
Monitoring	19
Reporting	20
Engagement and communication	21
Future strategic focus	22
Appendix 1: Council Meetings	23
Appendix 2: Committee/ Sub Committees	28

List of Figures

Figure 1: SMHS geographical region and health services	7
Figure 2: South Metropolitan Health Service (SMHS) Governance.....	9
Figure 3: South Metropolitan Health Service (SMHS) Area Executive Group (AEG), as at 30 June 2014.....	10
Figure 4: SMHS Governing Council Plan.....	13
Figure 5: Governing Council Plan 2014	15

Executive Summary

Since inception on 1 July 2012, the South Metropolitan Health Service (SMHS) Governing Council (GC) has dedicated considerable time and effort to understanding the broad and complex issues impacting on the health needs of the south metropolitan community. This has included regular briefings from SMHS executive staff and the Fiona Stanley Hospital (FSH) commissioning team, representation at portfolio focused meetings and further engagement with a broad range of stakeholders including staff, clinicians and consumers through site visits and attendance at various forums.

These meetings, committees and engagement forums provided the foundation for the development of a more structured framework to guide council activities in the provision of strategic level support, monitoring and reporting. During 2013/2014, the information and insights were used as the basis for a planning exercise and the development of key priorities, as articulated in the SMHS GC Plan 2014.

This has been a significant year for SMHS being the year leading up to major reconfiguration across the service in southern Perth. The SMHS GC has received regular updates throughout the year from Dr David Russell-Weisz, Chief Executive of Fiona Stanley Hospital (FSH) Commissioning. It is clear the commissioning of a 783 bed tertiary/quaternary hospital combined with the reconfiguration of services at other hospitals in SMHS is unprecedented in Australia and possibly internationally of this scale. Whilst there are many challenges in managing the complexity and scope of this project, there has been an uncompromising approach to ensuring patient safety is paramount.

The primary challenges identified for the commissioning at FSH and the reconfiguration have been information technology systems and workforce. SMHS GC has encouraged mitigation strategies to be put in place. Some of the workforce issues identified are not unique to the commissioning of FSH but reflect system wide issues.

SMHS GC congratulates Dr Robyn Lawrence on her appointment to the role of Executive Director of Fiona Stanley Hospital to lead the health service through the final stages of the project. All site commissioning teams have worked tirelessly to ensure the successful delivery of the project under challenging circumstances, and on behalf of SMHS GC, I acknowledge their untiring commitment and hard work.

On behalf of the council, I would also like to acknowledge and thank Mr Ian Smith as Chief Executive SMHS for the greater part of 2013/2014, with Professor Frank Daly appointed as A/Chief Executive from May 2014, Dr David Russell-Weisz, Chief Executive Fiona Stanley Hospital Commissioning and project staff from the Office of the Chief Executive for their support and respectful, informative and collaborative engagement with members of the council. I would also like to sincerely thank Dr Vivienne Manesis for her significant contribution to SMHS GC especially her professional background in paediatrics and in particular, services for Aboriginal children. Dr Manesis will be retiring from the GC in June 2014.

Under the skilled leadership of the SMHS Chief Executive and the wider Area Executive Group and in the context of an unprecedented level of change associated with area wide service reconfiguration, SMHS has achieved many positive outcomes

during the year and is well placed to build on these achievements as the health service expands to include FSH after it becomes fully operational from 1 July 2015.

It is through the dedication and commitment to excellence of the executive and staff that SMHS has been able to effectively tackle the issues impacting on WA Health, most notably, that of increasing demand and activity; workforce challenges; managing funding reform and costs efficiently; and addressing health inequalities. With a visible commitment to *One Focus, One Team and One Service*, SMHS remains a proactive service that is effectively responding to these challenges while implementing significant reform in line with National, State and local reform agendas as it strives to support staff to improve the safety of quality of services delivered to patients, their carers and families.

I would like to take the opportunity to thank my fellow council members for their collective knowledge, wisdom and above all support during the past 12 months.

A handwritten signature in black ink, appearing to read 'Robyn Collins', with a long horizontal stroke extending to the right.

Adjunct Associate Professor Robyn Collins
Acting Governing Council Chair

South Metropolitan Health Service

South Metropolitan Health Service (SMHS) provides a comprehensive range of medical, surgical, obstetrics, emergency, mental health, rehabilitation, ambulatory and primary health services. This includes specialised statewide as well as tertiary, secondary and community-based services to people living in Perth's southern suburbs.

SMHS includes the following hospitals and health services:

- Armadale Health Service
- Fremantle Hospital and Health Service (including Fremantle Hospital, Kaleeya Hospital and Rottnest Island Nursing Post)
- Rockingham Peel Group (including Rockingham General Hospital and Murray District Hospital)
- Royal Perth Group (including Royal Perth Hospital at Wellington Street and Shenton Park Campuses as well as Bentley)
- Peel Health Campus – with SMHS overseeing the provision of contracted public health care from this privately operated facility.

Other services provided through SMHS include:

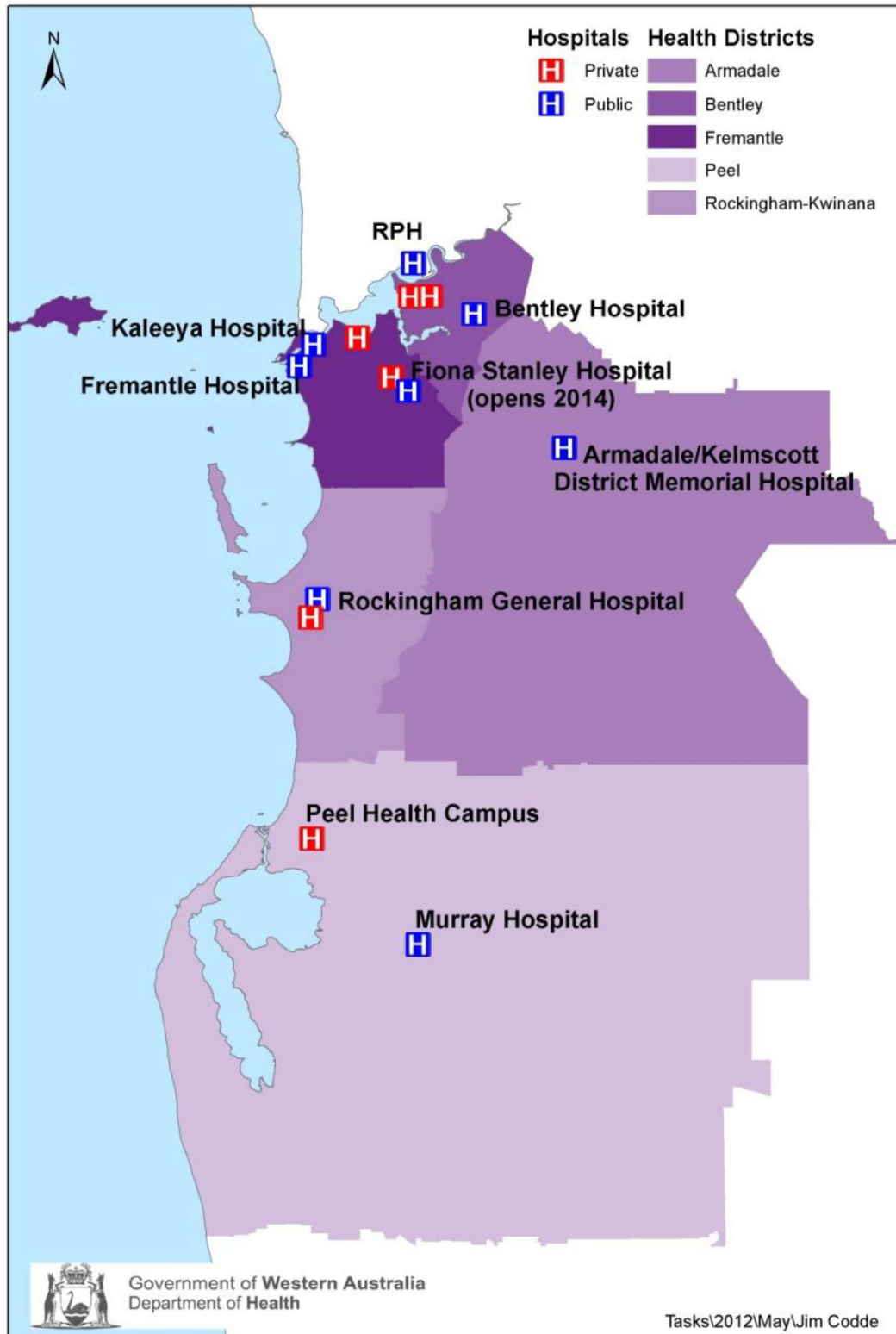
- SMHS Public Health Unit comprising communicable disease control, health promotion and Aboriginal health, planning and epidemiology.
- SMHS Mental Health Strategic Leadership Unit, which provides strategic advice and direction to ensure safe, efficient and effective delivery of care to people with a mental health disorder.

SMHS is undergoing significant reconfiguration of its services to prepare for the opening of Fiona Stanley Hospital (FSH) and to meet health needs of the south metropolitan area and the broader West Australian community. As part of this reconfiguration, the focus, roles and functions of hospitals will change to improve access to healthcare services and to enable patients to receive, if possible care closer to home.

In 2014–2015, FSH; the \$2 billion, state-of-the-art Hospital will commence opening in a four-phased sequence that prioritises patient safety and care. The first phase commences with the opening of the State Rehabilitation Service in October 2014. Once fully operational, FSH will become an integral part of SMHS.

SMHS is the fastest growing health service in WA, servicing a geographical region of 4,227 square kilometres stretching from the Perth CBD south to Mandurah and east to the communities of Pinjarra and Armadale (Figure 1). The 2012 SMHS population of 901,506, representing 37.1% of the State's population, is projected to increase to more than 1 million by 2020.

Figure 1: SMHS geographical region and health services



Governance Structure

Since July 2012, Western Australia (WA) has been served by five health services each with a strategic-level Governing Council made up of community members and clinicians selected by the Minister for Health and representing a broad range of interests, skills and experiences.

Reporting to the Minister for Health, SMHS GC provides strategic level support to SMHS. The level of engagement is generally with designated Senior Officers at the Chief Executive, Executive Director, Area Director and Group General Manager Level who collectively form the SMHS Area Executive Group (AEG). Governance of FSH lies with the Chief Executive of FSH Commissioning. There is strong liaison between the Chief Executives of SMHS, FSH Commissioning; and the Chief Executive of FSH who brief the council on a regular basis. The Chief Executives also report directly to the Director General of Health. These relationships are demonstrated in Figure 2.

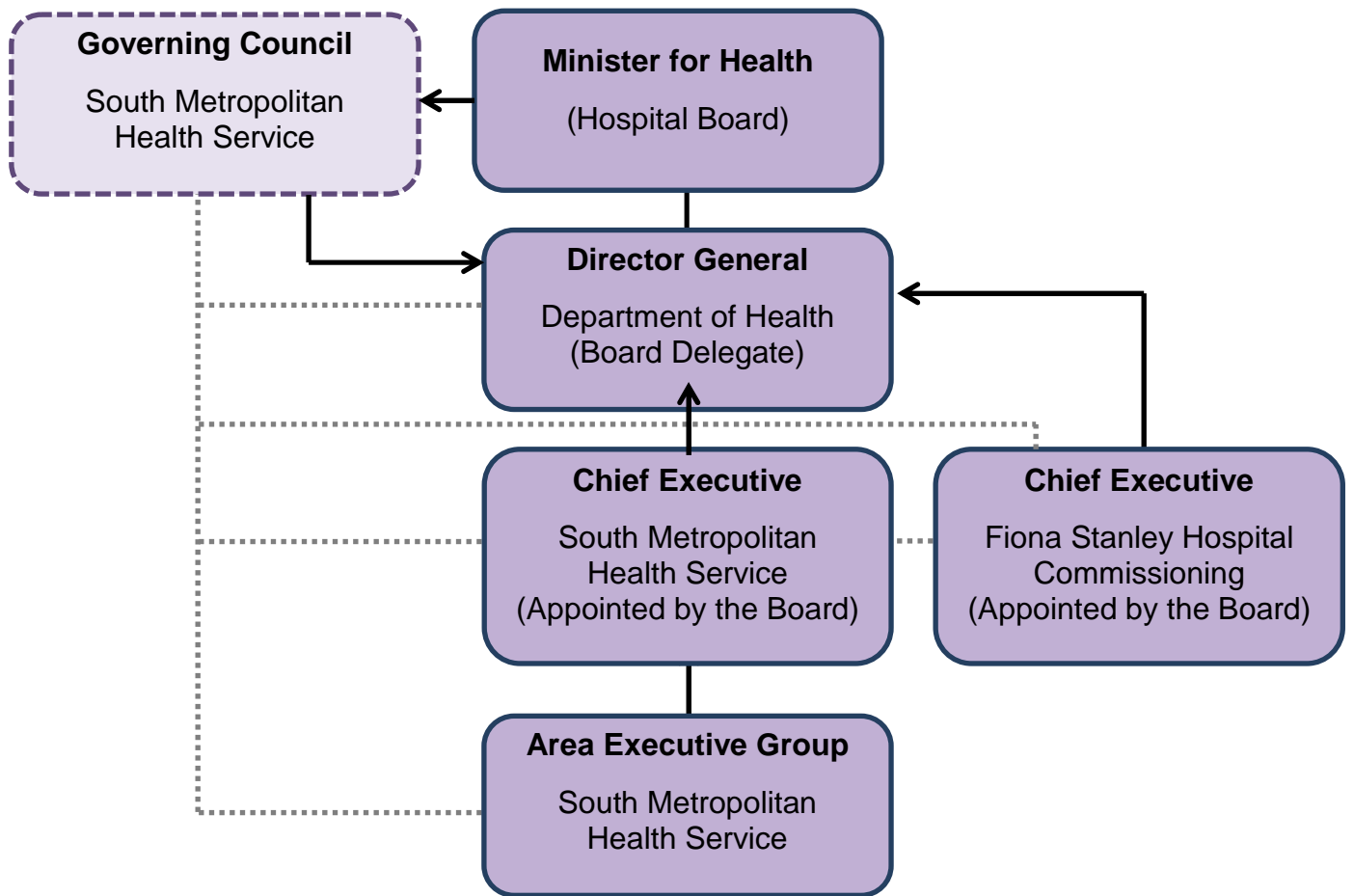
SMHS AEG is the principal advisory body to the Chief Executive (CE) and assists the CE to lead and manage SMHS. SMHS AEG's role is to raise, discuss and provide advice to SMHS CE on policy, administrative, operational and strategic matters in relation to the overall management of SMHS. SMHS AEG may make recommendations to SMHS CE, who is accountable for all decisions arising from those recommendations. Key members of SMHS AEG attend Council meetings, either routinely to present standing agenda items or by invitation as matters arise.

Group General Managers and Executive Directors are responsible for their own divisions; reporting directly to the CE, who in turn reports to the Director General of Health. These relationships, as at 30 June 2014, are demonstrated in Figure 3. CEs of SMHS and FSH Commissioning are also members of the State Health Executive Forum and the Operations Review Committee Chaired by the Director General of Health.

SMHS provides quarterly reports against the SMHS Operational Plan to the Director General of Health and an annual contribution to the *Metropolitan Health Service Annual Report*.

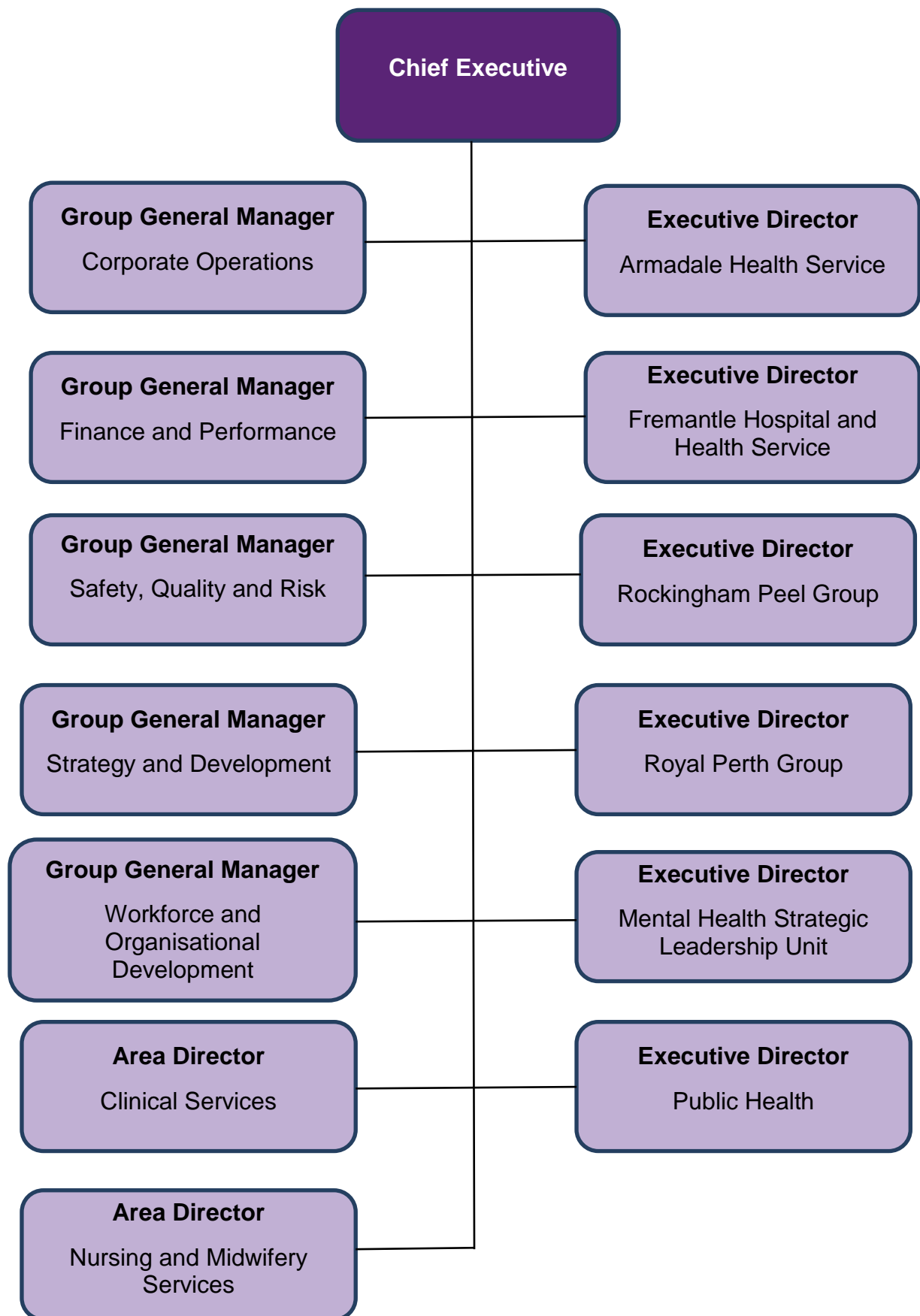
Establishment of GCs has made the State's public health system even more responsive and accountable to the community. The *WA Health Governing Councils Member Charter* (July 2012) outlines the roles, functions and responsibilities of these accountable officers and GCs.

Figure 2: South Metropolitan Health Service (SMHS) Governance



*Solid lines indicate reporting relationships
Dotted lines indicate levels of engagement*

Figure 3: South Metropolitan Health Service (SMHS) Area Executive Group (AEG), as at 30 June 2014



Governing Council Members

The *WA Health Governing Councils Member Charter* further outlines obligations and mechanisms to ensure stewardship, accountability and transparency including the code of conduct for members of GCs.

In SMHS, the nine-member Council consists of clinicians, representatives from the corporate community and the community. Membership includes:

- Professor Bryant Stokes – Neurosurgeon with three professorships at WA universities (Chair), on leave during 2013/2014 while in the role of Acting Director General of Health
- Adjunct Associate Professor Robyn Collins – State Manager of the Australian Health Practitioner Regulation Agency (AHPRA), (Acting Chair)
- Mr David Rowe – Executive General Manager of a large private sector firm and Chair of Warren Jones Medical Research Foundation (Acting Deputy Chair)
- Dr Margaret Crowley – Experienced CEO and Board Director. Extensive senior management experience in Government, University and not-for-profit sectors
- Mr Richard Cullen – A practicing lawyer and co-founder of law firm Cullen, Babington Hughes (member)
- Dr Vivienne Manassis – Medical practitioner with special expertise in Aboriginal health; particularly in relation to Aboriginal families and children, and Closing the Gap initiatives
- Mr Mitch Messer – Mr Mitch Messer – CEO Community Link and Network (CLAN) WA, President Cystic Fibrosis Australia, foundation member and past Chair of Health Consumers' Council (WA).
- Dr Marcus Tan – Chief Executive Officer and Medical Director of HealthEngine, Chair of Perth Central and East Metropolitan Medicare Local and Director at GivingWest (member)
- Professor Fiona Wood OAM – Renowned burns specialist, surgeon, researcher, educator and mentor. Director of Burns Unit, RPH. Former Western Australian of the Year (member)

Governing Council Plan

SMHS GC provides strategic support and input, supporting the CE and AEG in their role as accountable officers. SMHS GC has an important role in ensuring strong clinical and community engagement in service planning and in monitoring SMHS performance. Specific responsibilities of the SMHS GC include:

- contributing to setting the direction for SMHS planning within the state-wide context
- monitoring performance in reaching health service goals
- reporting achievements against SMHS plans in line with the health service delivery governance framework established by the Director General
- ensuring SMHS consultation with clinical and community stakeholders.

Since inception on 1 July 2012, SMHS GC has dedicated considerable time and effort to understanding the various issues impacting on the health needs of the south metropolitan community. This has included regular briefings from SMHS executive staff and the FSH Commissioning team as well as ad-hoc updates from the Department of Health and other Government departments. Council meetings are scheduled on a monthly basis, with the main topics of discussion summarised in Appendix 1.

Throughout 2013/2014, the portfolio structure was maintained; whereby individual Council members take responsibility for representing SMHS GC at selected health service committees. These more focused forums provide additional opportunity for clinician and community engagement input into planning and targeted monitoring of performance. As outlined in Appendix 2, portfolios include:

- community liaison
- finance and performance
- staff communication
- mental health reforms
- reconfiguration and FSH commissioning
- Medicare Locals
- aboriginal health.

Council members also engaged strongly with a broad range of stakeholders including staff, clinicians and consumers through site visits and attendance at various committees and department wide forums. These forums have facilitated networking and discussions in relation to the role and priorities of SMHS GC and key areas of concern.

The above mentioned meetings, committees and engagement forums provided the foundation for the development of a more structured framework to guide council activities in the provision of strategic level support, monitoring and reporting. The information and insights gained were used as the basis for a planning exercise and the development of key priorities for SMHS GC, as articulated in the *SMHS Governing Council Plan* illustrated in Figure 4.

Figure 4: SMHS Governing Council Plan

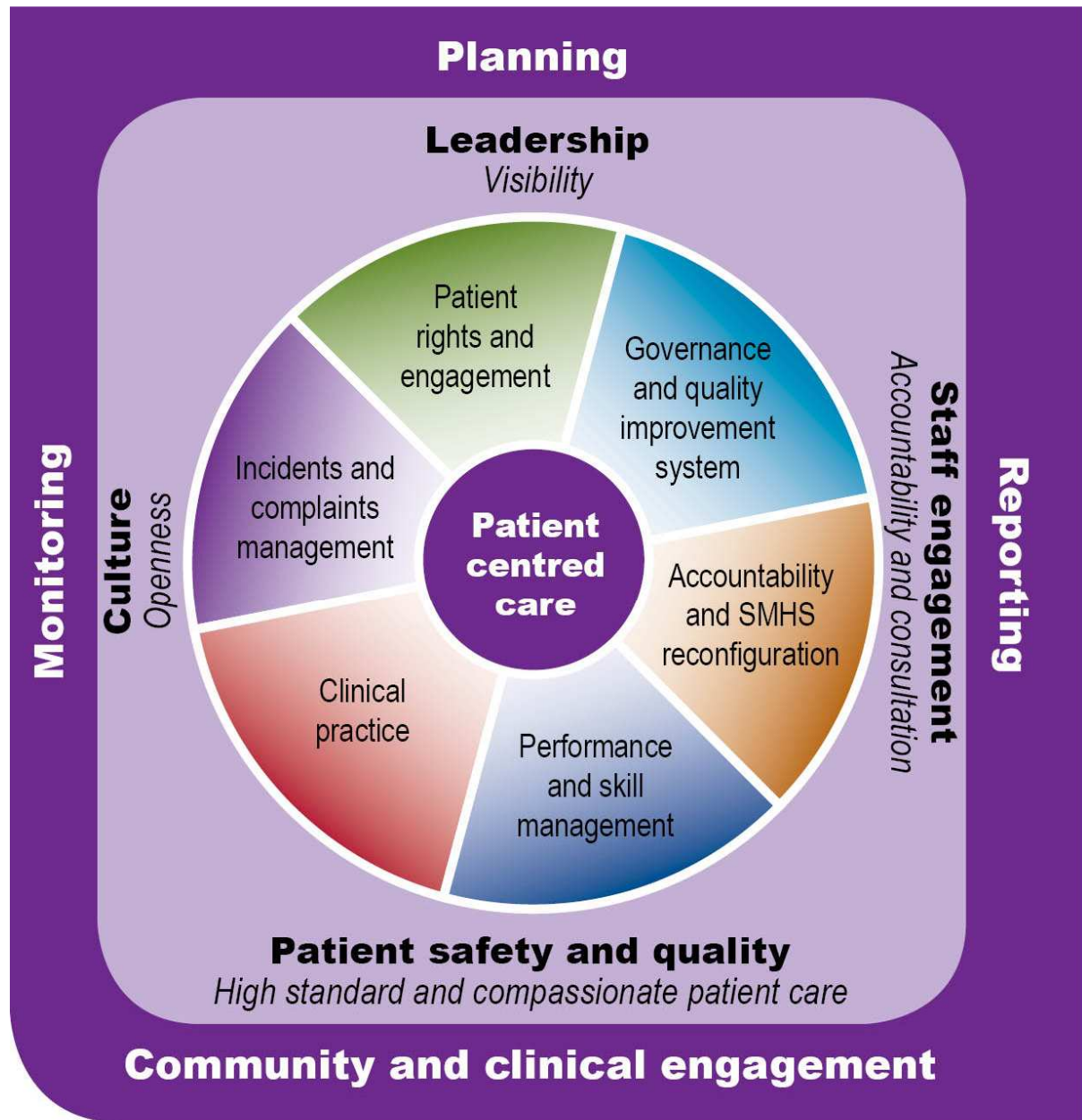


Diagram: Governing Council's key priorities.

This patient-centred plan is underpinned by the SMHS vision of providing seamless access to innovative, safe and high quality health care through One Focus, One Team and One Service.

One Focus:

- Our patients and the community - improving patient care and population health outcomes

One Team:

- Developing collaborative networks and partnerships
- An integrated approach across professions, sites and services, sharing knowledge and expertise, recognising and building on strengths

One Service:

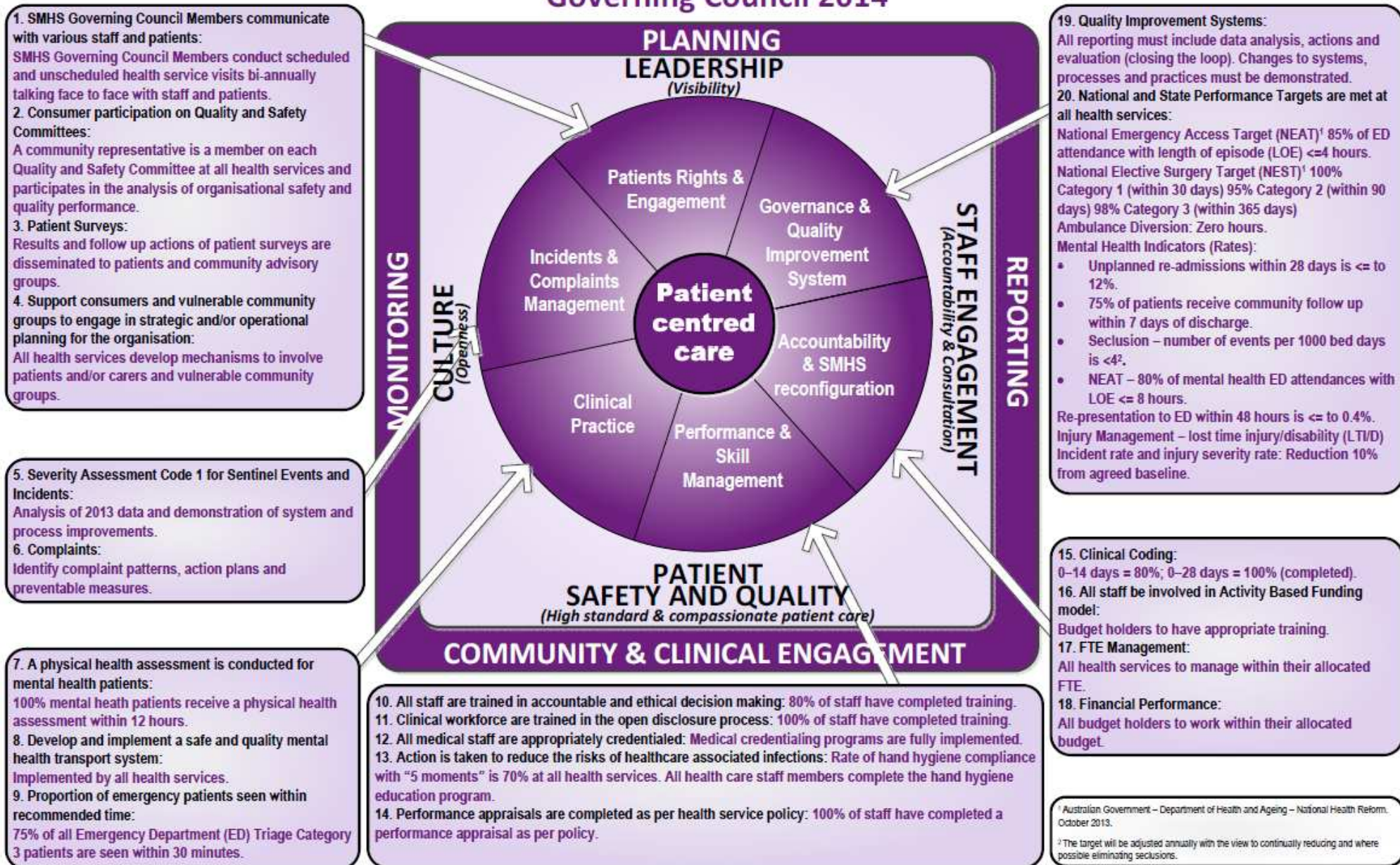
- Alignment of resources, systems and processes across the health service to achieve our goals.

In line with these wider health service values, SMHS GC is focused on promoting effective leadership, an open culture, effective engagement of staff and a strong focus of safety and quality including the delivery of high standard and compassionate patient care.

The specific key performance indicators (KPIs) that have shaped the planning, monitoring, reporting and community and clinical engagement activities of SMHS GC during 2014 are demonstrated in Figure 5.

Figure 5: Governing Council Plan

South Metropolitan Health Service Governing Council 2014



Planning

“Planning – setting the direction for local health service planning within the statewide context”

The portfolio structure, whereby individual council members take responsibility for representing SMHS GC at selected health service committees, was maintained throughout 2014. SMHS GC members attended a broad range of forums that facilitated input into key planning activities. These forums provided a valuable opportunity to gain insight into the key areas of focus and actions to be progressed within their portfolio.

A strategic focus for SMHS GC for 2013/2014 was to:

- support improved health care outcomes for the most vulnerable populations
- nurture key strategic partnerships
- support the SMHS executive in the reconfiguration of services and workforce across the area associated with the commissioning of FSH.

In line with the WA Health Strategic Intent 2010–2015, SMHS Governing Council is committed to ensuring appropriate planning to support improved health outcomes for the most vulnerable populations

SMHS GC activities have very much focused on engagement of executive, SMHS staff and key partners to ensure there is appropriate planning to address health inequalities within the health service. While not unique to SMHS, Aboriginal people are over-represented in regards to both Emergency Department presentations and hospital admissions. While there remains much to be achieved in improving the health of Aboriginal people within SMHS, the SMHS Public Health Unit Aboriginal Health team has shown a strong commitment to engaging Aboriginal clients.

A stakeholder engagement process, initiated in 2009, has been evaluated by Curtin University with the final report published in February 2014. This evaluation highlights the team’s sensitivity, understanding and respect of the views of the Aboriginal community and success in building trust through transparent communication and engagement. This is an essential element in the planning of culturally appropriate services and in ensuring the involvement of Aboriginal people in decisions about their health care.

Patients with Mental Health problems also represent a vulnerable cohort. SMHS GC has demonstrated strong leadership in engaging with the Mental Health services in SMHS and in supporting the delivery of coordinated and evidence based services across the region.

SMHS GC has been represented at a broad range of planning forums that have supported the alignment of SMHS Mental Health priorities with those of the Chief

Psychiatrist. These priorities, included in SMHS GC's strategic plan as outlined in Figures 4 and 5, guide SMHS GC's planning and monitoring activities for the Mental Health portfolio. Through the Office of Mental Health, SMHS has also made key contributions to the statewide 10 year plan for Mental Health and the purchasing plan to underpin this.

Regular liaison with the SMHS Mental Health Strategic Leadership Unit (MHSLU), including the attendance of the Executive Director at all council meetings, has facilitated this process, as has a meeting with the Chief Psychiatrist to discuss statewide and SMHS priorities for mental health. SMHS GC is also represented at mental health specific AEG meetings and the SMHS Research Advisory Committee meetings.

Representation at workshops and seminars such as the Perth Central and East Metropolitan Medicare Local Pathways to Health; a workshop on Recovery Focused Healing; and a seminar presented by Volunteer Task Force for Mental Health. SMHS providers and local government services have also provided additional opportunities for a wider understanding of the issues related to the delivery of effective and responsive mental health services.

The SMHS Governing Council is strongly focused on developing and nurturing key strategic partnerships to ensure a collaborative approach to broad ranging issues impacting on the health of SMHS residents and their access to appropriate care

In honouring the Memorandum of Understanding between SMHS GC, SMHS Executive and four Medicare Locals in the catchment; that is Bentley-Armadale, Fremantle, Perth Central and East Metropolitan and Perth South Coastal Medicare Locals, SMHS GC was represented at monthly Executive Partnership Group (EPG) meetings. Much goodwill continues to ensure there is a strong interface between the acute and primary care sectors and a commitment to a coordinated approach to addressing the health needs of the south metropolitan population. This forum provides an opportunity to address issues that affect both sectors.

There is also the opportunity to gain feedback in a timely way on new and existing services and workflows within the area. An example was the feedback provided following the introduction of the Central Referral Service. This allowed SMHS and Medicare Locals to discuss potential and realised issues and to provide feedback to the Department of Health through appropriate channels.

In October 2013, the EPG convened the Primary Care Connections Forum; a joint venture between the Medicare Locals and SMHS. This forum provided the opportunity for consumers, carers and service providers across primary, secondary and tertiary hospital sectors, community, non-government and private providers to share information on current services and gaps in services in the areas of diabetes, musculoskeletal health, pain and depression.

This information was used by the Medicare Locals in their *Comprehensive Needs Assessment* planning process, which identifies key priority areas for service delivery in local areas.

The provision of health care to patients with diabetes was identified as a key priority in the region, across both primary and tertiary health sectors. An Integrated Diabetes Services Workshop was convened in May 2014, bringing together diabetes service providers and stakeholders across all sectors and the continuum of care to develop an action plan for the south metropolitan region to implement the strategies. Given the importance of this workshop, GC members introduced and attended the workshop. This scoping workshop provided the forum for a more collaborative understanding of the needs of diabetic patients including identification of areas for greater integration, service mapping and care pathways for diabetic patients within the catchment.

The outcome of the workshop was to develop and implement integrated care pathways for people at risk of or with diabetes. The five elements that underpin and support this are:

- Primary care engagement and partnerships (especially general practitioners): to engage and partner with the primary care sector
- Workforce capacity and capability: to build the capability, mobility and flexibility of the diabetes workforce
- Managing communications: to develop and manage a communication strategy targeting diabetes service providers and one for consumers.
- Governance of the WA Diabetes Standards: To facilitate the establishment of an integrated *Diabetes WA Standards Governance Framework* in partnership with all service providers
- Data and knowledge management: to ensure high quality data collection, KPIs and continuous quality evaluation/improvement.

This is a significant piece of work arising from the EPG and will hopefully be the first of many care pathways to be mapped across other priority conditions in the south metropolitan catchment.

Since the Federal Government's announcement that Medicare Locals will be replaced with Primary Health Networks, there is an ongoing recognition of the importance of organised primary care and the need for the new Primary Health Networks to align closely with groups like GCs and Area Health Services.

SMHS Governing Council has been actively involved in supporting the executive in service and workforce planning in line with the area wide reconfiguration and the staged commissioning of Fiona Stanley Hospital

The significant reconfiguration, transition and reform across SMHS, with the commissioning of FSH, has been a key focus for the EPG and SMHS GC. SMHS GC has received regular updates throughout the year from the Chief Executive of FSH Commissioning. It is clear that the commissioning of a 783-bed tertiary hospital combined with the reconfiguration of services at other SMHS hospitals is ambitious and unprecedented in Australia at this scale. Whilst there are many challenges in managing the tremendous complexity associated with such a project there has been an uncompromising approach to ensuring patient safety is paramount.

The phased opening of FSH, scheduled to commence on 4 October 2014 and with the final phase commencing in March 2015, will see the gradual load testing of new equipment and critical systems as the hospital becomes fully operational.

The primary challenges identified have been information technology systems and workforce; however SMHS GC is confident appropriate mitigation strategies have been put in place. The FSH and site commissioning teams have worked tirelessly to ensure the successful delivery of the project and SMHS GC acknowledges their hard work and commitment to date.

Monitoring

“Monitoring – to monitor performance in achieving local Health Service goals.”

One of the key roles of the council is monitoring and influencing SMHS performance. For SMHS GC, the second year of operations has seen a better understanding of SMHS performance across a range of areas, including the broader State Government healthcare environment to ensure that the operating environment for SMHS is understood. SMHS GC receives regular briefings and reports on SMHS performance including trend and comparative data. SMHS GC requests further information, such as detailed briefing notes or presentations, on specific strategies to ensure that issues are fully understood. This enabled further discussion on key issues and understanding variations.

SMHS GC has worked with SMHS executives to identify a key reporting framework to facilitate effective monitoring at a health service level to avoid increases and duplication of reporting. SMHS GC has aligned the monitoring to the GC Strategic Plan to have specific focus at each meeting on a rotational basis. Specific focus has been on patient rights and engagement, incident and complaints management, clinical practice, performance and skills management, accountability and SMHS reconfiguration, and governance and quality improvement systems.

SMHS GC identified patient and staff safety as a key priority throughout the GC Strategic Plan, as well as the ability to provide optimal performance information. The work undertaken across SMHS demonstrates a collaborative approach to safety and quality, in line with the National Safety and Quality Health Service Standards (NSQHS).

Specific highlights of improved monitoring in 2013/2014 were:

- Monitoring the progress on the implementation of the Stokes Mental Health Review across SMHS mental health services.
- Review and completion of 72 multidisciplinary Clinical Practice Standard documents that establish a minimum standard in a number of clinical areas. These standards have been implemented across SMHS.
- Introduction and implementation of new state-wide electronic medical credentialing data system in SMHS to have data of the SMHS workforce capability.
- Implementation of WA Health Datix Clinical Incident Management System (CIMS) to provide an online program for the effective notification and end-to-end management of clinical incidents. Implemented in February 2014, this system allows SMHS sites to collect and analyse information that is critical for monitoring patient safety and quality of the care provided. The full benefits of this system will be seen in the coming year.
- Due to the reporting required for SMHS and SMHS GC, safety, quality and risk reporting was reviewed to align with the National Safety and Quality Healthcare Standards(NSQHS) A new dashboard format enable improved benchmarking across sites in 2014–2015. The dashboard provides high level trend information across SMHS and in line with NSQHS, which will improve monitoring for both SMHS AEG and SMHS GC. The new report will incorporate annual and biannual trending reports for clinical incidents and complaints as well as allow for additional reporting in areas of risk or variations.

SMHS GC will continue to monitor and oversee the significant program to ensure there are robust processes and monitoring in place to ensure effective commissioning of FSH. Throughout the year there has been updates provided by the Chief Executive and relevant Group General Managers on the reconfiguration progress.

One monitoring challenge in the future is the financial performance of SMHS. SMHS GC is considering the best avenue forward with the need for appropriate rigor and governance required in this area.

Reporting

“Reporting achievements against the local plans in line with the health service delivery governance framework established by the Director General, utilising standardised reporting tools and templates available to all Governing Councils for this purpose”

The continuing of portfolios for individual council members has been an ongoing strategy to align and report on governance functions across SMHS. Members have further strengthened relationships and communication with key SMHS leaders and staff, including SMHS executives. The portfolios for SMHS GC members are as follows;

- Community liaison - Mr Mitch Messer and Professor Fiona Wood
- Finance and performance - Mr David Rowe and Mr Rick Cullen
- Staff communication - Adjunct Associate Professor Robyn Collins and Professor Fiona Wood
- Mental health – Dr Margaret Crowley
- Reconfiguration and FSH commissioning - Adjunct Associate Professor Robyn Collins, Dr Marcus Tan and Professor Fiona Wood
- Medicare Locals - Dr Vivienne Manesis and Mr Mitch Messer
- Aboriginal health - Dr Vivienne Manesis

SMHS GC respects existing SMHS formal reporting lines to the Minister of Health, State Health Executive Forum and Director General. To avoid duplication, SMHS GC receives copies of approved reports for review and comment.

SMHS GC acknowledges the significant work and achievements under the SMHS reconfiguration program, including commissioning teams at SMHS sites and FSH. The reconfiguration has been a major focus for SMHS as well as aligning monitoring and reporting systems.

The development of sub-committees in the future will further strengthen the reporting functions of SMHS GC, such as a finance sub-committee.

Engagement and communication

“Community and clinical engagement is ensuring health service consultation with local stakeholders and the community”

Throughout 2013/2014, SMHS GC members attended a number of forums, internal and external meetings and presentations to have a better understanding of issues effecting SMHS sites and staff. The Chair and Deputy Chair have met with other councils and the A/Director General to share information between the councils to build capacity statewide, and ensure consistency. In honouring the Memorandum of Understanding (MOU), SMHS GC, SMHS executive and the four Medicare Locals (Perth South Coastal, Bentley-Armadale, Fremantle, Perth Central and East Metropolitan) have met monthly. This is a positive initiative to ensure a strong interface between the acute and primary care sectors, for example the diabetes program as a key priority in the region.

Whilst awaiting progress of the Medicare Local future governance arrangements, there is an ongoing recognition of the importance of organised primary care and to closely align with GCs and SMHS. Current arrangements are in place until June 2015 with SMHS GC continuing to work towards positive outcomes in partnership with primary care.

At the end of the 2013/2014 financial year, the council commenced rotating meetings at individual SMHS sites. This allowed SMHS CG members to meet with SMHS site executives and have an open floor discussion on current issues as well as key priorities for SMHS sites. The hosting site presents on National Emergency Access Target (NEST) performance to enable the Council to understand the variations and

progress to the implementation of the Bell Report recommendations. The Bell Report was a review by an international team from the United Kingdom headed by Professor Derek Bell. This process will continue for 2014/–2015 and incorporate walking through staff and ward areas to further increase engagement and understanding of health service issues.

To support the need to partner with consumers, in line with the NSQHS Standard 2, council members have attended SMHS forums for consumers and carers, including SMHS Consumer Advisory Council Annual General Meeting. Council members have attended SMHS AEG meetings when there is a focus on specific issues such as mental health or finance and performance reporting. This has been a useful link to see how Executive Directors are managing services and the cascading of policy down to site level.

Future strategic focus

SMHS GC is awaiting the review by the Department of Health of the future of the councils and their role over the coming year for SMHS. This review will assist with setting the future direction of SMHS GC and additional work that needs to be undertaken to achieve positive outcomes and continuing value.

The SMHS GC is forming a finance and performance sub-committee. Discussions have been underway with SMHS Chief Executive to determine the best way forward given SMHS GC's advisory role.

Appendix 1: Council Meetings

A total of eleven meetings were held during the year including one extraordinary meeting. Details of key issues discussed and actions arising are outlined below.

Date of meeting	Issues discussed/ actions/ outcomes
30 July 2013	<p>Discussion included:</p> <ul style="list-style-type: none"> • Paediatric Implementation Plan (PIP) • Overview of performance activity and quality • SMHS NEAT performance • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • ABM Governing Council Report • Workshop with John Clark <p>Actions:</p> <ul style="list-style-type: none"> • SMHS progress report on PIP to be developed • Review NEAT performance following visit by UK delegation • Update on progress of KPIs/expected outcomes • Provide further detail regarding priority areas of performance • GC members to complete self-evaluation
20 August 2013	<p>Discussion included:</p> <ul style="list-style-type: none"> • Stokes Review Implementation Partnership Group • Update on Fiona Stanley Hospital (FSH) • FSH public relations and communications update • Governing Council performance reporting requirements • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update

	<ul style="list-style-type: none"> • Plastic surgery and cardiology reviews <p>Actions:</p> <ul style="list-style-type: none"> • NEAT and NEST reports to be provided on a quarterly basis • Distribute Professor Bell's report • Circulate Plastic Surgery Review report
1 October 2013	<p>Discussion included:</p> <ul style="list-style-type: none"> • Update on Fiona Stanley Hospital • SMHS progress on PIP • Recommendations from the Bell Report • Outcomes of GC planning workshop • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • WA Health and Wellbeing Strategy • SMHS review of plastic surgery services report <p>Actions:</p> <ul style="list-style-type: none"> • Consider presentation to GC on logo launch and development for FSH • SMHS report on the PIP in 6 month's time • Assess patient outcomes linked with Bell Report recommendations • SMHS site EDs to report on implementation plans and performance post-Bell Report • Half-day planning workshop
29 October 2013	<p>Discussion included:</p> <ul style="list-style-type: none"> • Update on Fiona Stanley Hospital • Substantial Change and Improvement Program (SCIP) • Implementation of Bell Report at Fremantle Hospital and Health Service and Rockingham General Hospital • Outcomes of GC planning workshop • Standing items – performance reporting

	<ul style="list-style-type: none"> • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • Nursing and Midwifery Excellence Awards • Affordable FTE <p>Actions:</p> <ul style="list-style-type: none"> • Provide update to GC on implementation of Bell Report in 3 months' time • Provide feedback on updated strategic planning document • Indicate availability for meetings with CAC and small group discussions at site
26 November 2013	<p>Discussion included:</p> <ul style="list-style-type: none"> • Implementation of Bell Report at Royal Perth Group and Armadale Health Service • GC strategic plan • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update <p>Actions:</p> <ul style="list-style-type: none"> • Work with graphic designers to finalise the plan • Develop draft reporting schedule • Develop agenda structure that reflects the plan
17 December 2013	<p>Discussion included:</p> <ul style="list-style-type: none"> • ACIR quarterly report for immunisation • Medicare Local Executive Partnership Group • Aboriginal health portfolio report • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • Primary Connections Workshop <p>Actions:</p>

	<ul style="list-style-type: none"> • Mental Health to be a standing agenda item as of February 2014
18 February 2014	<p>Discussion included:</p> <ul style="list-style-type: none"> • Update on Fiona Stanley Hospital • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • Standing items – Mental Health • Patient Rights and Engagement • WA Health Transition and Reconfiguration Steering Committee TOR <p>Actions:</p> <ul style="list-style-type: none"> • Invite Chair of EPG to meet with GC • Provide feedback on draft questions to guide/inform discussions with staff
18 March 2014	<p>Discussion included:</p> <ul style="list-style-type: none"> • Update on Fiona Stanley Hospital • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • Standing items – Mental Health • Incidents and complaint management • Clinical Services Framework update <p>Actions:</p> <ul style="list-style-type: none"> • Provide briefing on ABF
29 April 2014	<p>Discussion included:</p> <ul style="list-style-type: none"> • NMHS GC overview • Update on Fiona Stanley Hospital • Clinical Services Framework • Southern Integrated Research Organisation (SIRO)

	<ul style="list-style-type: none"> • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • Standing items – Mental Health
20 May 2014	<p>Discussion included:</p> <ul style="list-style-type: none"> • Open floor with Fremantle Hospital Executive staff • SMHS update • Update on Fiona Stanley Hospital • Public Health update • Standing items – performance reporting • Standing items – finance and budget • Standing items – committee/community and clinical engagement /meetings update • Standing items – Mental Health

Appendix 2: Committee/ Sub Committees

A total of seven portfolios have been established:

Portfolio	Council Members	SMHS Portfolio Owner
Community liaison	Mr Mitch Messer and Professor Fiona Wood	Kate Gatti (Executive Director Public Health, Ambulatory Care); and Carol Saunders (Group General Manager Safety, Quality and Risk)
Finance and performance	Mr David Rowe and Mr Rick Cullen	Diana Carlsson (A/Group General Manager Finance and Performance); formerly Ian Male (Group General Manager Finance and Performance)
Staff communication	Professor Wood and Adjunct Associate Professor Robyn Collins	Jodie South (A/Group General Manager Workforce); formerly Marshall Warner (A/Group General Manager Organisational Development and Human Resources)
Mental health reforms	Dr Margaret Crowley	Frank Daly (A/Chief Executive SMHS); formerly Ian Smith (Chief Executive SMHS) and Elizabeth Moore (Executive Director Mental Health Strategy and Leadership Unit)
Reconfiguration and FSH commissioning	Professor Stokes, Professor Wood and Dr Marcus Tan	Jane Saligari (A/Group General Manager Strategy and Development); formerly Jodie South (Group General Manager Strategy and Development)
Medicare Locals	Dr Viv Manassis, Dr Marcus Tan and Mr Mitch Messer	Kate Gatti (Executive Director Public Health, Ambulatory Care)
Aboriginal health	Dr Viv Manassis	Kate Gatti (Executive Director Public Health, Ambulatory Care)

Council members have met on a regular basis with SMHS portfolio owners and a range of other clinical and community based committees.

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