



Government of Western Australia  
WA Country Health Service

## Southern Country Governing Council

# **SOUTHERN COUNTRY GOVERNING COUNCIL**

## **2013/14 REPORT**

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## 2013 - 14 REPORT

### 1. Message from the Chair

The past year has been challenging for WA Country Health Service (WACHS) with several senior staff moving on, the CEO retiring, considerable budget pressures and an extensive capital works program to manage. In typical country spirit the WACHS executive and staff have worked hard to keep programs on track and to maintain a good level of performance across all regions.

The year end budget result was less than a 0.2% in deficit from a \$1.3 billion operating budget and the planning and implementation of new programs, including; the new Busselton Hospital, redevelopments at Bunbury Health Campus and Southern Inland Health Initiative (SIHI) projects remained on schedule.

The full commissioning and opening of the new Albany Health Campus and the success of the Emergency Telehealth Service (ETS) trial were two of the standout highlights for the year. The new health campus in Albany provides a modern and effective health service that is not only able to service the Albany community but is also providing outreach services to people across the region.

Redevelopments at Bunbury Health Campus, including a new critical care unit, expansion of the emergency department and expansion of the sub acute care unit from 10 beds to 24 beds where also welcome improvements to this busy health campus.

The ETS enables local hospital emergency staff (including general practitioners) and patients to have direct contact and receive advice from an experienced emergency physician located in Perth via a high definition video link. This system is now installed in 38 hospitals with plans to roll out ETS state-wide over the next two years. The service has received a positive reaction from health staff and patients and has made a significant improvement to the way emergency patients are assessed and managed in smaller communities. The appointment of Dr Greydon, an experienced emergency physician as the ETS Medical Director will ensure clinical governance of the service as it continues to expand.

The transition to activity based funding (ABF) for WACHS in 2013-14 posed a number challenges in the funding distribution across regions. The initial budget analysis projected a deficit of over \$60M. The majority of cost pressures were in the northern country regions due to the new funding model not adequately allowing for the high costs associated with staff housing, locum coverage and allowances in many parts of country WA.

A budget supplementation of \$40M to partly cover the extraordinary costs above the ABF State efficient price was received from Government, enabling WACHS to end the year with only a small budget overrun.

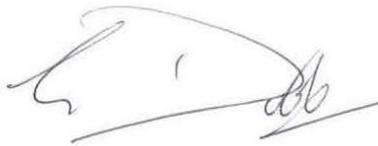
The SCGC continued to engage with community representatives, local country doctors and health staff. Stronger engagement with local District Health Advisory Councils also provided a strong link to community views. Overall the feedback on the performance of WACHS has been good. Information technology (ICT) is raised as a much needed capability across country sites and the SCGC has pressed for ICT funding to country sites to be a priority.

Additional ICT funding was approved as part of the new Busselton Health Campus project, which includes funds to roll out new systems to other South West sites.

Another key area of focus for the SCGC is clinical governance. The appointment of Dr Tony Robins as the Executive Director Medical Services in WACHS provides an opportunity to strengthen this important area.

Dr Lishman, a valued member of the SCGC retired from the Council in January 2014. Dr Lishman had a wealth of experience accumulated over a long and distinguished medical career with many years working in country WA. His knowledge and experience will be hard to replace.

The SCGC remains focused and committed to working with WACHS, the District Health Advisory Committees and other key stakeholders in the delivery of the best possible health services for country WA.

A handwritten signature in black ink, appearing to read 'G. Dobb', with a horizontal line underneath.

Professor Geoffrey Dobb  
**Chair**  
**Southern Country Governing Council**

## 2. Southern Country Governing Council's Focus

*"Planning – setting the direction for local health service planning within the statewide context"*

The SCGC represents the Wheatbelt, South West and Great Southern regions of WA Country Health Service (WACHS). The council has continued to meet with local clinicians, health service staff and community representatives to develop a firm understanding of the challenges and health care issues in the communities covered by these health services.

The strategic priorities jointly developed during 2012/13 with WACHS and the Northern & Remote Country Governing Council – "Towards Healthier Country Communities 2013-2015" was released in June 2013. This plan sets out the strategic directions for regional health services and provides the foundation for the development of local action plans needed to achieve or contribute to these priorities. The SCGC maintained oversight of the development of regional plans for 2013/14 and monitors progress and achievement of actions.

The review of the Clinical Services Framework (CSF) across WA Health provided an opportunity for smaller country hospitals and community health services to be incorporated for the first time in this important planning tool. The SCGC participated in the review of the CSF from a WA country perspective to ensure that the future service requirements and projections were reflective of the needs expressed by the community and supported by sound planning data. The new CSF is expected to provide a sound basis for planning and services definition for next 5 years.

### **Merredin Hospital - \$26.4M upgrade planned under SIHI.**



Regional visits to Katanning, Merredin, Collie and Manjimup over the past twelve months provided a real insight into the challenges of maintaining and delivering good hospital and health services at a district health service level. Many of the sites visited are in need of upgrade and the SCGC welcomed the infrastructure investment under the Southern Inland Health Initiative (SIHI) that would result in major upgrades to hospitals at Merredin (\$26.4M), Manjimup (\$31.4M), Northam (46.1M), Collie (\$8.6M), Narrogin (\$55.9M) and Katanning (\$35.4M).

A number of doctors the SCGC met with during regional visits indicated they were nearing retirement, which will place increased pressure on sustaining a range of services. The trend towards medical specialisation has also meant that there are fewer GP proceduralists or GPs with ED skills available to maintain service coverage, particularly in the areas of anaesthetics, general surgery and obstetrics. The continuity of medical services available in these smaller communities is dependent on the GPs remaining in these towns and the right skills mix. The experience at Katanning where changes in the local medical workforce has led to birthing services at Katanning being suspended is a stark reminder of the fragility of health services in smaller country communities. The SCGC is conscious of the concern and importance of this issue in the community, however patient safety is paramount and services cannot be offered without sustainable medical coverage.

SIHI is doing a good job and has so far attracted an additional thirty eight doctors to work in country WA. However there are many areas of need and ensuring a suitable medical workforce for country WA remains a high priority area and service provision remains fragile at some sites.

Clinical governance and patient safety remains a focus for the SCGC. The council has observed a greater awareness and improvement in safety and quality indicators in health services. The implementation of a new clinical incident reporting system in February 2014 provides an opportunity to obtain a greater level of information and data on clinical incidents

and identification of areas for improvement. The SCGC with WACHS is reviewing the reporting framework to allow monitoring of overall performance.

The SCGC entered into a memorandum of understanding (MOU) with the SW Medicare Local which forms the basis for ongoing engagement, collaboration and development of joint initiatives to meet common priorities. The objective is to improve aspects of the health system in Southern Western Australia which:

- enable improved consumer access to primary health care services; and
- improve the consumer's journey through the health system, including the transition from primary health to acute health care services, and back again.

To support the achievement of these objectives, there was agreement to work together:

- in the SIHI catchment to add value to existing initiatives such as the Health Navigator chronic care coordination project, primary care demonstration sites of Cunderdin and Pingelly; and
- develop collaborative systems, that clear barriers to access and integrate the consumers' care, including primary health care related capacity building of the workforce and community services; Early Childhood Immunisation and Primary Mental Health.

This will be an important foundation to build on in the future with the transition of Medicare Locals to the Commonwealth's new primary health network structure in 2015.

Additionally the council focused on priority areas including:

- Mental Health – Improving the transition between acute mental health services and community based services. This area is identified for joint development with the SW Medicare Local.
- Transport and Ambulance Services - One of the issues that regularly surfaces during the Council's visits is around maintaining volunteer coverage for ambulance services. In consultation with St John Ambulance Association (SJAA) different strategies are being trialled to ease the pressure on volunteers and to provide a more sustainable ambulance service in the country. A paid volunteer model for inter hospital patient transfers is one model being trialled by SJAA as a way of compensating volunteers for the time and effort they contribute to support local ambulance services. Another matter raised relates to the lack of public transport services in country areas and the impact this has on access to health services. The council is engaging with transport service agencies to look for opportunities for more sustainable transport options in country areas.

### **Training provided with telehealth support**



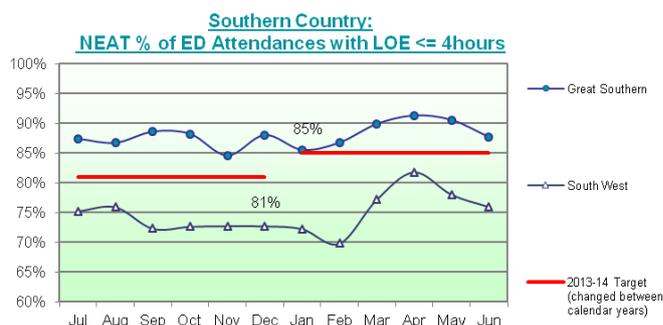
- Telehealth and Emergency Telehealth Service. - Telehealth and the emergency telehealth service (ETS) have been expanded under the Southern Inland Health Initiative allowing more integration between health services and reducing time and travel costs for country patients. ETS is now implemented in thirty eight smaller hospitals and nursing posts. This technology is not only providing direct patient care it also allows close interaction between clinical staff and training to be delivered via video conference

### 3. Health Service Performance

*“Monitoring – monitor performance in reaching local Health Service goals.”*

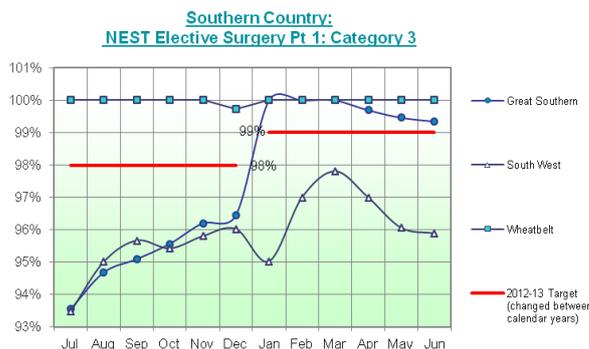
The Council reviews a range of reports and information to monitor WACHS’s overall performance and the individual performance of the southern health regions. The council’s additional stewardship over performance ensures there is a continued focus on National and State performance targets and that WACHS services are being delivered safely and efficiently inline with the resources and services specified within the WACHS Service Agreement with the Department of Health. The SCGC can report that there has been good overall achievement of service levels and those variances in performance are identified and managed effectively. A number of the key measures monitored are outlined below.

The national emergency attendance targets (NEAT) is a key National performance target and overall WACHS regions perform well when compared nationally. As indicated in the graph,

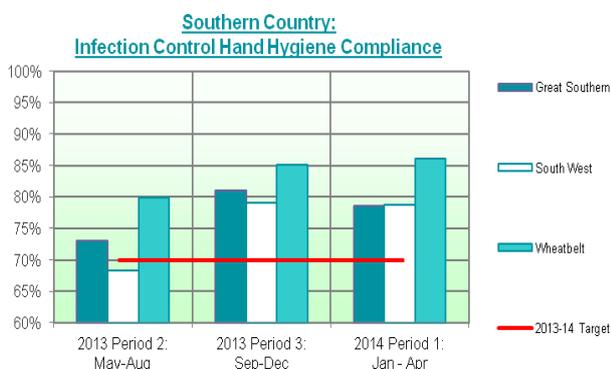


although the South West Region has shown improvement, they have been unable to achieve the new target of 85% set for 2014. This result is mainly influenced by Bunbury Hospital which has experienced a sustained high growth in activity and constrained bed capacity. A number of strategies have been developed to improve this performance and the focus to achieve this performance target remains a high priority.

The Southern regions have consistently achieved the national elective surgery targets (NEST) of 100% for category 1 and 95% for category 2 patients. As shown in the adjacent graph there has also been improvement towards achieving the target for category 3 patients. In 2015 the NEST performance targets increases to 100% for all categories and the southern WACHS regions are well placed to achieve these targets.

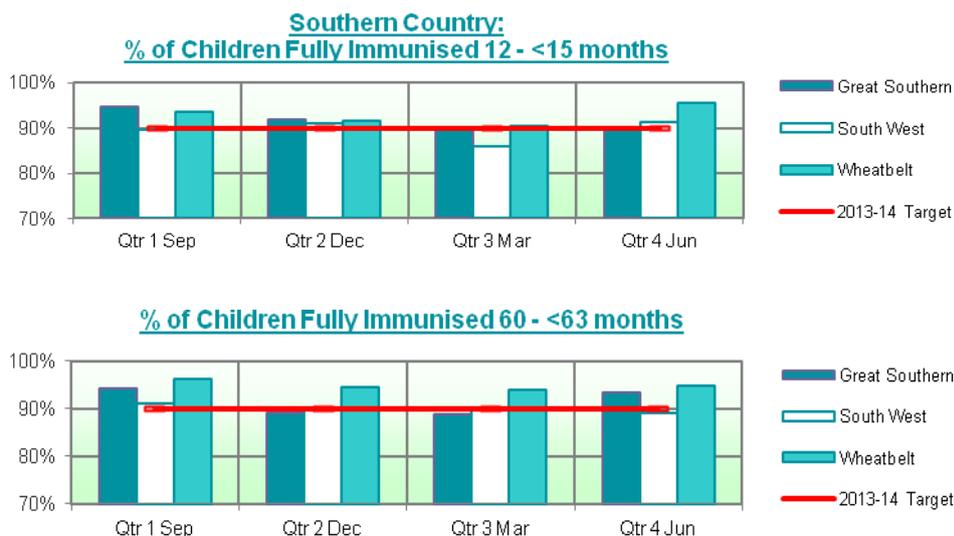


Hand hygiene is one of the safety and quality indicators monitored and performance in this area continues to improve and is a testament to the focus being applied by WACHS health services in promoting and maintaining high standards of safety and quality in health delivery.

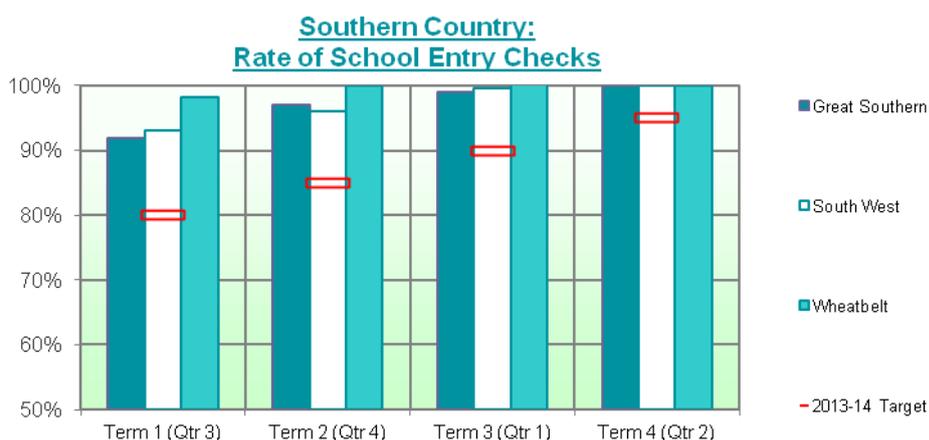


Early childhood immunisation is an important State government priority and SCGC reviews performance quarterly to ensure high levels of immunisation in the community are being maintained, particularly for new born children and children entering school. Although there are

seasonal fluctuations, overall good levels of immunisation are being maintained as indicated in the graphs below.



Universal health checks for new born children and school entry health checks are monitored closely and good levels of performance have been maintained.



#### 4. Governance

*“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 WA Country Health Service Board meetings between the WACHS CEO, governing council Chairs and the A/Director General are an important forum to ensure alignment of priorities and performance targets. These meetings allow the SCGC Chair to raise key strategic issues that are raised during regional engagement visits and governing council meetings.

The Council continues to be focused on clinical governance and while there are a number of controls in place there is opportunity for improvement.

The Council is providing oversight over the development of regional action plans for the implementation of strategic priorities for WACHS for 2013-15. There was good progress made by the regions in introducing their individual action plans.

With the Northern and Remote Governing Council improved performance reports and trend analysis is being developed to allow greater visibility of health service performance over time

and assessment of continues improvement in the delivery of health services across a range delivery parameters.

## 5. Engagement and Communication

“Community and clinical engagement – ensuring Health Service consultation with local stakeholders and the community”

The SCGC has continued its regional engagement meetings with visits to Katanning, Merredin, Collie and Manjimup. The engagement with community representatives, local stakeholders, health service staff and clinicians is seen as an important function to gain a real insight into local issues. Meetings with local clinicians are scheduled during regional visits to capture input and views on developments and changes occurring in their communities. The Council values this engagement and the information provided.

The council has focused on building a stronger relationship with the District Health Advisory Councils (DHACS) based in regional areas. The DHACs are an important link to patients and community members about the state of the local health services and the community’s perception of the services being delivered. The council reviewed the DHAC annual work plans and provides support to local priority areas and issues they identify. .

### New Busselton Health Campus under construction



Meeting with staff during the regional visits is an important aspect of understanding the diverse challenges facing front line staff. The Council is always amazed by the enthusiasm and professionalism of health service staff. Many of the ideas and suggestions that emerge during these sessions are incorporated into local improvements or are fed into health service plans.

## 6. Future Strategic Focus

The SCGC will continue to monitor the progress in the implementation and achievement of outcomes identified in the “Towards Healthier Country Communities 2013-2015” strategic plan for WACHS as it enters its final year. The council will also commence considering and planning the strategic priorities for the next three to five years.

Other keys areas of strategic focus will be;

**Budget sustainability** - Support WACHS in preparing for and achieving budget sustainability as supplementary funding under the ABF model is diminished in future years.

**Clinical Governance** – Continue to strengthen clinician engagement in future planning and improving clinical governance.

**Primary Health Networks** - Foster relationships with the new Primary Health Networks being introduced by the Commonwealth to build on the past relationships with the Medicare Locals and reach agreement on shared services and purchasing plan.

**Southern Inland Health Initiative (SIHI)** - Monitor and ensure the programs and outcomes of the investment in service improvements under SIHI are being achieved and communicated to the community.

**Information technology (ICT)** - Continue to press for increased investment in ICT in country sites and the introduction of systems to support the sharing of electronic health records.

**Transport and access to health care** - Engage with transport service agencies to identify opportunities to improve transport services in regional areas to support people needing to access health and community services.

## 7. Appendix

### 7.1 Council Meetings during 2013-14.

Date	Meeting Type	Key Items Covered	Key Actions
12 July 2013	Regional Engagement Meeting - Katanning	<ul style="list-style-type: none"> <li>• Tour Katanning Hospital</li> <li>• Obstetric Services – Maintenance of midwifery services and long term re-introduction of birthing services</li> <li>• Development of business intelligence applications</li> <li>• Southern Inland Health Initiative – Primary care integration and chronic disease coordination</li> <li>• Meeting with Katanning Shire on obstetric services</li> <li>• Local stakeholder and staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Commitment to re-open birthing service when adequate medical cover was available to provide a safe and sustainable service.</li> </ul>
9 August 2013	Business Performance Review Meeting	<ul style="list-style-type: none"> <li>• Business Performance and Safety and Quality dashboard and reports</li> <li>• 2012/13 Budget performance and 2013/14 budget service planning</li> <li>• Regional strategic Action Plans for 2013/14</li> <li>• Clinical governance review including Emergency Telehealth Service</li> <li>• Primary Healthcare Bi-lateral discussions</li> <li>• Telehealth Services</li> <li>• Clinical Service Framework (CSF) review</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Action plans endorsed</li> <li>• Enhanced medical governance model to be developed.</li> <li>• CSF Working group to include Governing Council Chairs.</li> <li>•</li> </ul>
13 September 2013	Regional Engagement Meeting - Merredin	<ul style="list-style-type: none"> <li>• Tour of Merredin Hospital</li> <li>• Meeting with CEO St Johns Ambulance Association</li> <li>• Health Navigator – Chronic disease management program</li> <li>• Local stakeholder engagement</li> <li>• 2013/14 WACHS Service Agreement and budget allocation</li> </ul>	<ul style="list-style-type: none"> <li>• Southern Country Governing Council Annual Report endorsed</li> <li>• Health Navigator trial to be commenced</li> <li>• Commence the introduction of the paid model for patient transfers in country sites by end of 2013</li> <li>• Clinical coding performance to be reviewed</li> </ul>
11 October 2013	Business Performance Review Meeting	<ul style="list-style-type: none"> <li>• Business Performance and Safety and Quality Dashboard and reports</li> <li>• Client satisfaction surveys</li> <li>• Financial performance and budget pressures.</li> <li>• Meeting with Rural HealthWest – Medical workforce in country WA</li> <li>• Aboriginal Employment and Closing the Gap strategies</li> <li>• Clinical coding resources and strategies</li> <li>• Clinical Coordination Patient Transfer (CCPT) / ETS / Telehealth</li> <li>• Clinical Service Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Budget strategies supported</li> <li>• Investigate GP development opportunities</li> <li>• Revise clinical coordination and patient transfer to include Emergency telehealth service.</li> <li>• Aboriginal workforce development.</li> </ul>
8 November 2013	Regional Engagement Meeting - Collie	<ul style="list-style-type: none"> <li>• Meeting with local general practitioners</li> <li>• Mental Health clinical governance</li> <li>• South West mental health programs</li> <li>• Tour Collie Hospital</li> <li>• Local stakeholder engagement</li> <li>• Local staff engagement</li> </ul>	<ul style="list-style-type: none"> <li>• Review of falls policy, guidelines and communication.</li> <li>• Region to review workload and staffing in Collie.</li> <li>• Mental health care models in the SW supported.</li> </ul>

6 December 2013	Business Performance Review Meeting	<ul style="list-style-type: none"> <li>• Business Performance and Safety and Quality Dashboard and reports</li> <li>• Financial performance and analysis against National pricing model</li> <li>• Clinical governance</li> <li>• Joint meeting with SW Medicare Local Board – Common priorities</li> <li>• Patient Evaluation of Health Services Report 2013</li> <li>• Report on mental health incidents.</li> </ul>	<ul style="list-style-type: none"> <li>• Memorandum of Understanding signed with SW Medicare Local Board</li> <li>• Action plans to address patient evaluation results.</li> </ul>
14 February 2014	Business Performance Review Meeting – Bunbury	<ul style="list-style-type: none"> <li>• Dr Lishman’s retirement from the Southern Country Governing Council.</li> <li>• Business Performance and Safety and Quality Dashboard and reports</li> <li>• Regional progress against 2013/14 strategic action plans.</li> <li>• Financial performance and midyear review</li> <li>• Human resource strategy and workforce satisfaction</li> <li>• Progress on joint initiatives with SW Medicare Local</li> <li>• Patient satisfaction results and key findings</li> <li>• Southern Country Governing Council action plan</li> </ul>	<ul style="list-style-type: none"> <li>• Development of strategies for improved linkage of services for mental health clients.</li> </ul>
14 March 2014	Joint meeting with Northern & Remote Country Governing Council	<ul style="list-style-type: none"> <li>• Governing council areas of focus</li> <li>• Joint priorities for collaboration</li> <li>• Information technology (ICT) developments</li> <li>• Clinical governance</li> <li>• Medical workforce</li> <li>• Health promotion</li> <li>• District Health Advisory Councils (DHAC)</li> </ul>	<ul style="list-style-type: none"> <li>• ICT strategy for WACHS</li> <li>• Medical workforce and locum cost analysis</li> <li>• DHACs supported and communication to be strengthened.</li> <li>• Clinical governance to remain a key focus.</li> </ul>
9 May 2014	Business Performance Review Meeting	<ul style="list-style-type: none"> <li>• Business Performance and Safety and Quality Dashboard and reports</li> <li>• Financial performance and analysis</li> <li>• State Budget review and impacts on WA country health services.</li> <li>• Clinical governance and priorities</li> <li>• Engagement with DHAC Chairs</li> <li>• Governing council review</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical governance framework</li> <li>• Governing council action plan</li> </ul>
13 June 2013	Regional Engagement Meeting - Manjimup	<ul style="list-style-type: none"> <li>• Meeting with local general practitioner</li> <li>• Tour of Manjimup hospital</li> <li>• Southern Inland Health Initiative (SIHI) – Programs and progress to date</li> <li>• Meeting with local DHAC representatives</li> <li>• Local Stakeholder engagement</li> <li>• Meeting with local staff</li> </ul>	<ul style="list-style-type: none"> <li>• Overall enthusiasm and commitment in the district health services acknowledged.</li> <li>• Service coordination and planning across sites in the district.</li> <li>• Awareness and communication on SIHI projects</li> </ul>

## 7.2 Committees / Sub Committees

The SCGC has not formed any committees and relies on the WACHS Executive and subcommittee structure for advice and reports.

### 7.3 Stakeholder Engagement

Date	Organisation or Group	Topic
12 July 2013	Katanning Shire CEO, Deputy CEO and President	Obstetric Services in Katanning
12 July 2013	Katanning - Various stakeholders and community members Katanning hospital staff	Regional developments and health delivery in a multicultural community
5 September 2013	DHAC Chairs in the Southern regions	Health service priorities and community issues.
13 September 2013	CEO St John Ambulance	Country ambulance services and sustainability of volunteer ambulance services.
13 September 2013	Merredin - Various stakeholders and community members	SIHI Initiatives and local health services
11 October 2013	CEO and Chair Rural HealthWest	Medical workforce planning in rural WA
8 November 2013	<ul style="list-style-type: none"> <li>• Collie and Harvey Medical Practitioners</li> <li>• Collie Various stakeholders and community members</li> <li>• SW Region Mental health team</li> <li>• Collie hospital staff</li> </ul>	<ul style="list-style-type: none"> <li>• SW Medical service coverage and regional support</li> <li>• Mental health services</li> </ul>
6 December 2013	SW Medicare Local Board	Strategic priorities for joint collaboration
14 March 2014	Northern and Remote Governing Council	Joint priorities and collaboration. ICT developments and strategy
23 April 2014	DHAC Chairs in the Southern regions	Community issues and concerns.
1 June 2014	SW Medicare Local Board	Review and changes to Medicare locals
13 June 2014	<ul style="list-style-type: none"> <li>• Merredin and Pemberton medical practitioners.</li> <li>• Warren Blackwood DHAC</li> <li>• Various Merredin and adjoining district stakeholders</li> <li>• Merredin Hospital staff</li> </ul>	Local health service developments Southern Inland Health Initiative Emergency Telehealth Service