

2013/14

Annual Review



North Metropolitan Health Service Governing Council

Chair's Overview

In our second year of operation, the North Metropolitan Health Service (NMHS) Governing Council (GC) undertook a range of activities in line with the *WA Health Governing Councils Charter* (the *Charter*).

The GC continues to note the major issues facing the NMHS. As reported last year, 'It is not only about emergency department attendances, but wider hospital attendances, primary health care availability, and preventative health activities. It includes proper NMHS consultation with our clinical and other staff, patients, strategic partners and the wider community so their needs and views are properly understood.

'It is also about ensuring maximum value is achieved from the allocated government budgets, meeting required Department of Health (DoH), State Government and Federal Government performance benchmarks and providing acceptable workplaces to our employees.

'It includes proper planning into the future, working with other Health Services in the WA Health system, ensuring a clear vision exists on how best to deliver health services and providing the needed input into Government planning and budgeting processes to ensure the public healthcare needs of the NMHS community are properly represented. It is about ensuring patient safety in what is clearly a complex environment.'

These challenges did not diminish in 2013/14, and importantly will not diminish in 2014/15. The GC continued with monthly meetings at NMHS sites, interacting with staff and debating critical and key topics of interest with presenters. Notably, the GC introduced two key initiatives to improve GC and thus NMHS performance:

- GC walkarounds, where two GC members visit hospital wards and facilities to seek direct feedback from staff, patients and carers regarding patient experience and safety. This has proved most beneficial.
- Improved NMHS reporting to the GC, where key safety, quality and financial performance indicators are provided monthly. The GC reviews and discusses indicators of concern with the NMHS Executive, sharpening the focus on performance.

The GC's two subcommittees, the Clinician Engagement Subcommittee (CLINESC) and the Consumer/Community Engagement Subcommittee (CONCOMESC), have continued to support and guide the NMHS approach to clinician, consumer, carer and community engagement, known as the *C4 Engagement Framework*.

This year, the subcommittees oversaw implementation of this *Framework's* first phase: a baseline survey of current NMHS engagement practice and consumer and clinician sentiment regarding the benefits and quality of engagement.

The GC specifically notes the positive outcomes of NMHS's strong efforts to meet increasing demand across the public health system in our catchment. In a year of continuing organisational challenges, the NMHS benefitted from the strong leadership provided by the Chief Executive, Dr Shane Kelly.

Importantly, a number of key indicators improved as compared to the previous financial year. These include the number of Severity Assessment Code (SAC) 1 incident notifications, hip and knee surgical site infection rates, hand hygiene compliance, percentage of complaints responded to within 30 working days, performance against National Emergency Access Targets (NEAT) and National Elective Surgery Targets (NEST), and efficiency (as measured by delivering more weighted patient separations without increasing Full Time Equivalent (FTE) positions).

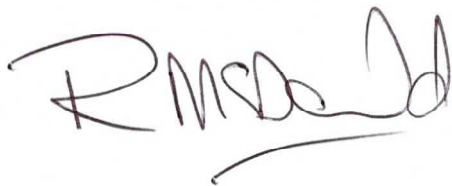
However, major challenges confront the NMHS:

- Operational: increasing patient demand and expectations will continue, exacerbated by Western Australia's population growth.
- Financial: adding to the above, the NMHS must reform organisational activities to remain within set budget parameters whilst meeting target activity levels. Overall, NMHS performance is acceptable compared to other Western Australian Health Services, but national comparisons are not yet favourable. This is critical given it will determine both national and state government funding levels into the future. Several initiatives were implemented in 2013/14 to help achieve budget constraint, the most notable being FTE reductions, without affecting the quality of patient care. The GC notes infrastructure difficulties – particularly in Information Technology (IT) – make achieving acceptable efficiency and effectiveness very challenging for NMHS. It is a challenge, though, which must be met.
- Mental Health: in 2012/13 (our first year of operation), the GC noted considerable concern with Mental Health operations in NMHS, specifically regarding Graylands Hospital facilities. It was hoped implementation of Professor Bryant Stokes's 2012 recommendations for the mental health system would resolve these concerns, but this has yet to occur. At the time of writing, release of a consultation draft of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* is imminent. It is hoped this will assist in quickly addressing the significant and worrying shortcomings at the Graylands facility for the benefit of patients and staff.

- System Planning: another cause for concern for the GC surrounds the issue of proper system planning within the WA public health system. Given the financial constraints as detailed above, and the commencement of Fiona Stanley Hospital and then the Perth Children's Hospital, effective system planning for best use of public health resources is paramount. It is noted the Acting Director General of Health commenced addressing this matter in 2013/14. The GC fully supports this work and encourages all relevant parties to work together to ensure WA has the best and most sustainable public health system into the future.
- IT: as detailed above, the inadequacy of some IT infrastructure in both hospital and administrative sites inhibits NMHS's ability to improve effectiveness and efficiency. At this stage, the NMHS does not have a schedule of planned IT investments over the next five years. It is understood the DoH is working to resolve this with Government, which the GC strongly supports.

Finally, I appreciate the opportunities provided by the Acting Director General, Professor Bryant Stokes, for the GCs to have meaningful input and involvement in wider DoH system issues. The GC looks forward to the *Review of WA Health Governing Councils 2014* enabling the GC to make a more effective contribution to NMHS operations.

In closing, I would like to thank my fellow GC members who by their keen involvement, participation and strong interest make the NMHS GC effective in contributing to improved NMHS performance. Thanks also go to Dr Kelly, Dawnia Chiu (Director, Office of the NMHS Chief Executive) and our tireless Executive Officer, Marcelle George.

A handwritten signature in black ink, appearing to read 'Rob McDonald', with a long horizontal flourish underneath.

Rob McDonald
Chair, NMHS GC

Section 14 of the *Charter* states that ‘*The governing council shall undertake an annual review of its performance and of the Health Service’s performance against its service plan ... The annual review shall be made public.*’

This Annual Review assesses achievements by the NMHS and its GC and addresses the six principles of public sector governance outlined by the Australian National Audit Office (ANAO), as stipulated by the *Charter*.

ANAO principle 1: Impact – adding value and providing leadership

A key GC initiative in 2013/14 was the introduction of patient safety walkarounds by members. The purpose is two-fold: to provide an opportunity for direct feedback to the GC from patients, carers and staff regarding patient experience and safety, and to increase GC visibility.

Members consider participation in this process a crucial and valuable opportunity to test the patient safety culture within NMHS services. The NMHS has provided information in response to any issues of interest or concern arising at the time of the walkarounds.

To date the walkarounds have been very successful in providing the GC with a better understanding of Health Service issues at a grassroots level as well as increasing the GC’s profile with staff and patients. The GC will continue to assess the impact of patient safety programs at the ‘coalface’ via this process and request the NMHS Executive Group respond to feedback as required.

Another key GC activity this year has been introducing a report to Council each month highlighting key quality and safety performance indicators. This is a selected set of benchmark NMHS measures able to capture quality in greater depth than the Performance Summary Score (the ‘single score’). Since implementation the majority of indicators have improved, including the ‘single score’, NEAT, NEST and clinical coding targets.

This report is supplemented by a detailed set of quality measures developed in conjunction with the NMHS. The GC discusses these measures every month and seeks feedback from the relevant NMHS officers.

From September 2013, GC members ‘paired’ with a NMHS executive. This entails regular formal and informal meetings to discuss strategic issues of mutual interest, outcomes of which are reported back to Council meetings.

Recommending and supporting development of the *C4 Engagement Framework* is another way in which the Council has added value and provided leadership to NMHS. The baseline work to date was positively reviewed by health service accreditation surveyors in early 2014.

ANAO principle 2: Performance – operating as a team and allowing productive debate

One of the several standing items at each NMHS GC meeting (Appendix 1) is the 'roundtable reflection' (template at Appendix 2), during which a member assesses meeting performance against the *Charter's* roles and responsibilities.

Members developed the checklist for this assessment, which also invites them to consider at what level they are participating, and whether what they are doing is

- innovative
- adding value
- challenging the status quo
- having an impact
- producing sustainable outcomes
- benefiting patients.

In addition, the NMHS GC undertook a Performance Self Assessment in September 2013, results of which were fed back to the Council (Appendix 3).

Members also participated in the Auditor General's Survey of Governance of Public Sector Boards, which was part of a broader performance audit.

The Charter requires this review to 'consider and identify any necessary development needs of the governing council, which will enhance its performance as a group. Any development requirements are to be scheduled into the... program and discussed with the CEO to, where possible, make provision for any resources or funding.'

Information about relevant events is forwarded to members regularly, and members take the opportunity to increase their skills and knowledge or provide valuable input on strategic health matters (see Appendix 4).

The NMHS provides an annual budget for GC members' professional development, which is disbursed at the Chair's discretion.

ANAO principle 3: Council charter – compliance with charter or directions

The *WA Health Governing Councils Charter* states:

'The governing council works with the CEO and the Director General of Health to help direct and oversee the development of local health service plans; ensure strong stakeholder and community engagement; and monitor the Health Service's performance.'

It then elaborates four specific responsibilities for Governing Councils:

- *'community and clinical engagement – ensuring Health Service consultation with local stakeholders and the community*
- *planning – setting the direction for local health service planning within the state-wide context*
- *reporting – reporting achievements against 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*
- *monitoring – to monitor performance in reaching local Health Service goals.'*

Since the NMHS GC's establishment, members have regularly considered how best to discharge these roles, which are listed on every agenda and minutes. GC performance is assessed against these responsibilities at each meeting, via the roundtable reflection (see *Performance*, above).

Information about how the NMHS GC has complied with these responsibilities during 2013/14 is provided in the *Functions* section (below). The GC will review both its operation and its focus for the forthcoming year when the Minister responds to the *Review of WA Health Governing Councils 2014*.

ANAO principle 4: Regulatory requirements – compliance with any regulatory requirements

Not applicable.

ANAO principle 5: Governance – oversight of any committees or working groups

During 2013/14, CONCOMESC and CLINESC met regularly to:

- Identify, develop and support initiatives that ensure appropriate engagement of their respective constituencies in service planning and development, delivery, improvement and evaluation.
- Contribute to the development of
 - strategic directions and priorities for improving health outcomes through engagement
 - performance indicators to monitor progress and outcomes.

Both subcommittees have this year supported NMHS with the baseline phase of the *C4 Engagement Framework* they recommended the Health Service develop. The CONCOMESC Chair attended NMHS Community Engagement Working Group meetings to further assist with this initiative.

CLINESC members also attended (together with the Chief Executive) the final session of the NMHS 2013 Medical Leadership Program (MLP) to:

- Introduce the GC to the medical Heads of Department/Co-directors participating in the MLP.
- Highlight the GC's mandate to ensure clinician engagement.
- Co-facilitate discussion/ideas on how to better engage clinicians, and thus inform development of the *C4 Engagement Framework*.

Further information about the subcommittees is provided in the *Functions – Engagement* section (below).

Reports about the following were received at Council meetings in 2013/14:

- CONCOMESC
- CLINESC
- 'pairing' meetings between Councillors and NMHS executives (from September 2013)
- walkaround findings and NMHS responses to them (from February 2014)
- NMHS-GC-Medicare Locals Memorandum of Understanding (MoU) Executive Partnership Group meetings
- Perth Central and East Metro Medicare Local *HealthPathways* meetings
- Other meetings/events attended by members as GC representatives (see Appendix 4).

ANAO principle 6: Functions – acquittal of council functions

This section will report on the GC's four roles, as specified in the *Charter*.

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

The GC considers effective engagement a critical component in achieving improved health outcomes for patients and a motivated health workforce. In October 2012, consumer/carer/community and clinician engagement subcommittees were formed to advise the GC and NMHS on this mandate.

These subcommittees developed proposals which, while acknowledging that significant engagement already occurred, recommended to the NMHS Chief Executive that a comprehensive engagement framework be developed and delivered.

Both CONCOMESC and CLINESC proposals were accepted, via a detailed response in which the NMHS Executive Group committed to drafting an overarching *Engagement Framework*.

Early indications were that NMHS sat significantly lower on the engagement continuum than first thought, despite pockets of excellence being identified. It was recognised by the GC that meeting their recommendations would be challenging, as engaging with NMHS clinicians, consumers, carers and the community would require wide consultation across the Health Service.

As the first step in implementing the GC's recommendations, NMHS conducted a stocktake of clinician engagement in 2013, which revealed a significant amount in planning, service redesign, service improvement and evaluation.

NMHS subsequently commissioned a survey that will establish the current level and quality of engagement across the Health Service. Given current NMHS priorities and planning processes it is recognised that engagement is vital, and that a number of improvements are achievable and should be progressed as a matter of priority.

The GC acknowledges that the NMHS has moved beyond being merely responsive in its engagement with both clinicians and consumers and is developing processes to facilitate consistent proactive engagement. The GC is committed to monitoring the development of NMHS policies for engaging not only with consumers but also with the communities that it serves, and improving the level of engagement with all clinical staff.

Ultimately, the *C4 Engagement Framework* will be developed and implemented to guide engagement activities, in line with established objectives.

Other NMHS engagement activities applauded by the GC include positive work in Closing the Gap for the Aboriginal population within NMHS, and culturally and linguistically diverse community consultation by the Health Promotion team who are working in collaboration with local government.

Consumer, carer and community engagement is assisted largely by the existing Community Advisory Councils (CACs), with whom Council has engaged. The GC and CONCOMESC Chairs attended and presented to the Sir Charles Gairdner Hospital (SCGH) CAC July 2013 meeting, and in December 2013 the CONCOMESC Chair met with the NMHS CAC Chair, who was invited to the April 2014 GC meeting.

Council also continues to meet at different Health Service sites and attend NMHS forums/events, to ensure regular engagement with staff.

In relation to Mental Health, a particular area of focus for the Council, the GC concurs with the need for increased community consultation identified in the *Council of Official Visitors' Annual Report 2012-13*.

The GC has previously noted the need for improved services for mental health patients in the emergency department (ED), which was addressed this year through the successful commencement of the SCGH Mental Health Observation Unit, and the new arrangements for transporting mental health patients between the ED and other facilities.

The GC has also noted the poor state of some of the facilities for patients at Graylands Hospital (as did the surveyors during their accreditation visit), some of which has since been addressed. Rectifying the remaining concerns will only be possible by replacement of the facility.

Throughout the year the GC engaged with relevant stakeholders (see Appendices 1 and 4), including:

- Dr Kim Hames, MLA, Deputy Premier and Minister for Health
- Professor Bryant Stokes, Acting Director General of Health
- Mr Tim Marney, WA Under Treasurer
- Mr Chris Ham, Chief Executive, Kings Fund, London
- Mr Eddie Bartnick, Mental Health Commissioner.

In addition, the GC introduced the NMHS Executive/ GC Breakfast Series in 2013, with Police Commissioner Karl O'Callaghan, and the president of the Australian Medical Association (AMA) WA Branch, Dr Richard Choong, as its first two speakers.

The GC Chair and a clinician member represented the GC on the Executive Partnership Group overseeing the NMHS and GC MoU with the two Medicare Locals in its catchment. Letters of support for these Medicare Locals were co-signed by the NMHS GC Chair and Chief Executive and submitted to the Review of Medicare Locals.

In 2014 the GC introduced formal walkarounds of all NMHS hospitals as a direct response to the findings of the Public Inquiry into the Mid Staffordshire National Health Service Foundation Trust in the United Kingdom. Two GC members (one a clinician) ask patients and staff a series of questions based on sound evidence from similar initiatives. They then debrief with the hospital's Executive Director, before submitting a brief report to the Chief Executive. NMHS then advises the GC of actions taken in response to the findings, and how this information was conveyed to staff.

The walkarounds allow GC members to talk openly to staff and patients, engaging with them directly. In 2013/14, the NMHS GC visited Swan District, Sir Charles Gairdner, Graylands and King Edward Memorial hospitals, as well as Joondalup Health Campus. The walkarounds have been positively embraced by NMHS and will continue into 2014/15.

The GC will continue to work with the Health Service on developing and implementing the *C4 Engagement Framework*. In consumer engagement, the GC will focus in particular on NMHS interaction with Primary Health Networks and CACs, and including disadvantaged communities and consumers.

Planning – setting the direction for local health service planning within the state-wide context

The GC is regularly briefed on NMHS planning issues and has been consulted on drafts of the NMHS *Clinical Services Plan 2015–2025* and WA Health's *Clinical Services Framework 3*.

The impact of impending major changes to health care infrastructure on NMHS clinical services (starting with the Fiona Stanley Hospital opening) has occupied the close attention of Council. In September 2013, Council endorsed the *NMHS Reform Framework*.

The Sir Charles Gairdner and Osborne Park Health Care Group's Activity Based Funding/Management (ABF/M) Reconfiguration Program, like its forerunner (the Sustainable Change and Improvement Program), is discussed at every NMHS GC meeting. GC participation in strategic Executive Group meetings will resume when new NMHS governance structures are bedded down. The GC has also engaged with specific planning issues such as Closing the Gap funding, women and infant programs and mental health services.

The GC will continue supporting the NMHS in its planning for appropriate development of mental health facilities and services and will continue to monitor NMHS implementation of recommendations from Professor Stokes's 2012 review of mental health facilities and services. In particular, the GC will continue to support planning for the closure of the Graylands Hospital following the development of new mental health inpatient facilities.

The GC will also continue to monitor the need for a health facility in the far northern suburbs of the metropolitan area, including giving consideration and providing comment as to the most appropriate model for development of a future facility in that geographical area.

Reporting – reporting achievements against local plans in line with the health service delivery governance framework established by the Director General

In addition to the reporting contained in this Annual Review, achievements are reported to the Acting Director General of WA Health at monthly NMHS Board meetings and regular GC Chair/Deputy meetings.

Effective monitoring requires the GC ensure adequate NMHS reporting of any significant adverse events or trends. Substantial progress has been made over the past year in obtaining informative reports about adverse events. The GC will continue to consider the information required in order to ensure effective monitoring and reporting in this area.

At Council's urging, the NMHS Executive has developed a refined reporting process to advise the GC about key financial, safety and quality issues across the Health Service. The careful selection of relevant indicators and metrics that broadly reflect all aspects of NMHS activity has greatly improved Council's ability to identify critical trends, and assisted the Executive Group in maintaining its own focus. Further refinement and expansion of this essential reporting process will continue in the future.

Updates on progress in developing the *C4 Engagement Framework* are provided monthly to the GC, and at six-month intervals to the Executive.

The Chair and Deputy have reported strategic whole of Health issues – such as IT needs and mental health facilities – with the Acting Director General of WA Health at NMHS Board and GC Chair/Deputy meetings.

Monitoring – to monitor performance in reaching local Health Service goals

The GC has continued to monitor NMHS performance against its financial, activity, and quality and safety targets data to assess the impact of NMHS changes addressing performance priorities.

In 2013/14, Council was particularly interested in monitoring performance against key patient safety and quality improvement priorities, and worked with the NMHS Executive to develop a one page report on critical metrics allowing rapid identification of emerging or actual problems.

The GC notes that data provision is limited by outdated data collection systems in some areas, but improvement will occur as old systems are replaced. For example, the introduction of the new Clinical Incident Management System (CIMS) in February 2014 demonstrated improved uptake and reporting of incidents throughout the NMHS.

The monthly GC meetings are held at different NMHS sites and this, together with the walkarounds, enables members to regularly meet with hospital clinicians and executives.

Over the past 12 months, the clinical service that has been the focus of Council's most concentrated attention has been Mental Health. The poor physical state of the established facilities, the expansion of beds for emergency psychiatric care and the change in mental health's administrative leadership have been key developments in the past year. The GC remains focused on seeking improved psychiatric facilities.

Similarly, Council retains its clear focus on the care provided to other disadvantaged populations within NMHS including patients with a disability, the socially disadvantaged, multicultural groups, young people and – in particular – the Aboriginal population. The GC convened two expert panels during 2013/14, one on mental health and the other on disadvantaged populations, to discuss these two priority topics in detail with members. The cost of maintaining critical Aboriginal Health programs represents a key challenge for NMHS.

The GC has welcomed the opportunity to discuss health service performance with surveyors during this year's accreditation surveys. We are pleased to recognise the achievement of SCGH and Swan Kalamunda Health Service obtaining full accreditation against the ten National Safety & Quality in Health Service Standards. In addition, the inaugural accreditation of the Public Health and Ambulatory Care service under the Evaluation & Quality Improvement Program is recognised as a significant outcome for the Health Service.

Adapting patient care delivery to ABF/M has been a major focus for NMHS. The Council recognises the significant work program underway to improve the Health Service's financial performance, and the added challenge of this occurring at a time of significant reconfiguration of specialty services across the metropolitan area. The NMHS *Financial Recovery Plan* is designed to reduce the Health Service's deficit, and the gap between operating costs and the National Efficient Price. The GC supports the 'right-sizing' of the NMHS workforce under this *Plan*, and encourages a continuing focus on procurement savings and revenue strategies.

The building of the new Midland Public Hospital to replace Swan District Hospital (and the latter's decommissioning) has been a focus for Council. The transition of clinical services and their composition, as well as the transfer of staff between the two campuses, has been closely monitored.

The GC will prioritise monitoring the optimisation of existing facilities. This will necessitate gaining an understanding the impact of the reconfiguration of South Metropolitan Health Service services following the Fiona Stanley Hospital commencing operations.

Performance monitoring is also undertaken by the subcommittees, formal linkages (e.g. the Medicare Locals MoU) and pairing meetings.

The improved understanding of the health system gained by the above interactions has enabled the GC to better monitor and guide the NMHS. The GC considers it has substantial capacity to influence the quality of NMHS's care by monitoring safety and quality performance and seeking reports about the action taken to remove identified risks to patient safety.

GC Meetings

In addition to the major agenda items below, each meeting included a 'roundtable reflection' about GC performance (template at Appendix 2), and updates from

- Chair
- Subcommittees
- GC members on
 - 'pairing' meetings (from September 2013)
 - walkarounds (from February 2014)
 - other meetings/events attended
- NMHS Chief Executive and Executive Directors of
 - Safety, Quality, Performance
 - Finance.

Most GC meetings also included lunch with staff and/or a tour of the site.

July 2013:

Major agenda items:

- NMHS budget 2013/14
- GC meeting with Minister for Health 15 July 2013 – preparation

Actions:

- Members to meet with Professor Derek Bell about improving National Emergency Access Targets (NEAT) performance during his WA visit.

August 2013:

Major agenda items:

- NEAT in Sir Charles Gairdner and Osborne Park Health Care Group (SCGOPHCG): overcoming barriers to improved performance. Presenters: Executive Director, SCGOPHCG; Sir Charles Gairdner Hospital (SCGH) Head of ED and Nurse Director, Patient Flow Unit.

Actions:

- Finalisation of 'pairing' arrangements with Area Executive Group (AEG) in preparation for launch at joint professional development event.

September 2013:

Major agenda items:

- Panel discussion on State-wide mental health strategy: Commissioner, Mental Health Commission; Chair, Mental Health Advisory Council; Consultant Psychiatrist, Specialist Aboriginal Mental Health Service; Executive Director, Office of Mental Health; Acting Executive Director, NMHS Mental Health; Director, State Forensic Mental Health Service.

Actions:

- Endorsement of *NMHS Reform Framework*.

October 2013:

Major agenda items:

- Aboriginal Health: update and where to from here – a strategic perspective. Presenter: Director, NMHS Aboriginal Health.
- Overview of the *Paediatric Implementation Plan* and supporting data. Presenters: Chair, Child and Adolescent Health Service (CAHS) Governing Council; Chief Executive, CAHS.
- National Elective Surgery Targets (NEST): overcoming barriers to improving performance. Presenter: Executive Director, SCGOPHCG.

Actions:

- Members to feed back on first iteration *NMHS 2013/14 Safety & Quality Plan*.

November 2013:

Major agenda items:

- *Consumer, Carer, Community and Clinician (C4) Engagement Framework*: progress. Presenter: Executive Director, Public Health and Ambulatory Care (PHAC).
- NMHS-GC-Medicare Locals MoU Executive Partnership Group: update on progress, and where to from here. Presenter: Executive Director, PHAC.

Actions:

- Lack of strategic plan and funding for WA Health IT, and supply problems, to be raised at Acting Director General's meeting with GC Chairs/Deputies.
- Chair to work with Executive Director, PHAC to consider other appropriate ways for GC to engage with Medicare Locals.

December 2013:

Major agenda items:

- SCGH NEAT performance update. Presenters: Executive Director, SCGOPHCG; SCGH Head of ED and Medical Co-Director, Medical Division.
- New Australian Bureau of Statistics data and implications for *Clinical Services Framework 3* and the *Clinical Services Plan 2015-25*. Presenter: Executive Director, Clinical Planning and Redevelopment.

Actions:

- Endorse first iteration of *NMHS 2013/14 Safety and Quality Plan*.
- Executive Director, PHAC to meet with Chairs of CONCOMESC and CLINESC regarding NMHS Engagement Framework.

February 2014:

Major agenda items:

- Sustainable Change and Improvement Program outcomes, and approach to SCGOPHCG ABF/M Reconfiguration Program. Presenter: National Health Partner – Consulting, PwC.

Appendix 1 NMHS GC meetings

- Swan District Hospital (SDH) transition and decommissioning. Presenters: Acting Executive Director, Swan Kalamunda Health Service (SKHS); Executive Director, Workforce, NMHS.

Actions:

- Chief Executive to advise GC on obstetrics liability trends.

March 2014:

Major agenda items:

- Discussion with Acting Director General: the role of the GC.
- Planning for the new Midland Public Hospital (MPH), and progress. Presenters: Executive Director, SKHS/NMHS Contract Management; St John of God Midland Public and Private Hospitals staff: Chief Executive Officer, Manager Communications, and Directors of Corporate Services and Hospital Development, Medical Services, and Nursing.

Actions:

- Chair, Deputy and Executive Director Safety, Quality, Performance to develop regular report on critical metrics for GC information.

April 2014:

Major agenda items:

- WA Country Health Service District Health Advisory Council model: consideration of applicability to metropolitan Health Services.
- Information and Communications Technology for ABF. Presenter: Executive Director, Finance.

Actions:

- NMHS to inform GC about current NMHS/GC intersection with the CACs and Medicare Locals, to enable further consideration.
- Chair to be invited to meet with surveyors during accreditation.
- Formally congratulate SCGH on improved NEAT performance.
- Members to feed back on draft *Clinical Services Framework 3*.

May 2014:

Major agenda items:

- NEAT: achievements and remaining challenges. Presenters: Executive Director, SCGOPHCG; SCGH Director, ED and Acting Deputy Director, Medical Services.
- Discussion panel and disadvantaged populations: Executive Director, Women and Newborn Health Service (WNHS); Director, Aboriginal Health Service; Acting Executive Director, Mental Health; Executive Director, PHAC; Disability Liaison Project Officer.

Appendix 1 NMHS GC meetings

Actions:

- Formally acknowledge outstanding ongoing SDH commitment to safety, during transition to MPH, and encourage nomination for a WA Health Excellence Award.

June 2014:

Major agenda items:

- Review of 2013/14 activity and priorities for 2014-15.
- Obstetric Models of Care. Presenter: Executive Director, WNHS.

Actions:

- Chairs of GC, CONCOMESC and NMHS CAC, and Executive Directors of PHAC and Safety, Quality, Performance to discuss GC–CAC links.
- Formally acknowledge PHAC accreditation achievement.

ROUND TABLE REFLECTION
Purpose: To evaluate GC meeting performance

GC Participation Level: Information
 Investigation/Enquiry
 Debate/Discussion
 Decision
 Engagement

GC ROLES AND RESPONSIBILITIES	PROCESS	OUTCOMES
Community and Clinician Engagement		
Planning		
Reporting		
Monitoring NMHS performance		

Is what we are doing as a Governing Council:

- ‡ Innovative?
- ‡ adding value?
- ‡ challenging the status quo?
- ‡ having an impact?
- ‡ producing sustainable outcomes?
- ‡ benefiting patients?

Appendix 3 NMHS GC Performance Self Assessment September 2013 – outcomes

	Not achieved	Partially achieved	Achieved	Highly achieved
The governance structure, role and responsibilities of the organisation are clearly defined and well understood by Council members		4	3	2
The Council fully understands the external environment in which it is operating		2	3	4
The organisation has developed a strategic plan and is planning adequately for the future		7	2	
The Council focuses its attention on long-term significant policy issues rather than short-term administrative matters		3	2	4
The significant business risks have been identified and are being appropriately addressed		5	4	
The Council representatives have sufficient knowledge of the business to ask probing questions and provide useful advice to management		1	3	5
The Council receives sufficient, appropriate and timely written information or briefings for it to perform its role		4	4	1
The Council communicates effectively with the Health Service Executive and key stakeholders		3	4	2
The Council applies appropriate oversight to governance matters		3	3	3

Events attended by GC members

- State Mortuary: Bereavement Viewing Area opening (16 July)
- Dr David Katz: *Engaging the Medical Staff* (16 July)
- Disability Health Forum (1 August)
- Health and Intellectual Disability Seminar (5 August)
- Professor Derek Bell: improving NEAT performance (6 August)
- Police Commissioner Karl O'Callaghan: breakfast presentation with AEG (13 August)
- iCan! (consumers and carers in Health Networks) Calendar of Events launch (20 August)
- DoH ABF/M information session (20 August)
- King Edward Memorial Hospital Family Gathering Place opening (23 August)
- WNHS Senior Leadership Group Meeting (29 August)
- Pathwest Laboratory opening (25 September)
- *Self-directed support: forging a new direction for mental health* (15 October)
- *Lessons from Mid Staffordshire* webinar (17 October)
- Professor Chris Ham, Chief Executive, The King's Fund: *Lessons learnt from the Mid Staffordshire Review/Patient Centred Leadership* (4 November)
- Australasian College of Health Service Management: *Perspectives on Primary Care Reform* (6 November)
- William F Tell, Senior Director, The Advisory Board: *Clockwork Efficiency – Managing Capacity in the Chronic Disease Era* (7 November)
- Midland Health Campus topping out ceremony (7 November)
- WA Health Conference (19-20 November)
- WA Health Awards Dinner (19 November)
- SCGH Mental Health Observation Area opening (25 November)
- Medical Leadership Program (25 November)
- Dr Richard Choong, President, AMA WA Branch: breakfast presentation with AEG (26 November)
- Health for Disability forum: *Are We Listening?* (3 December)
- YOUTHLINK 21st birthday celebration (9 December)
- *WA Safety and Quality Point Prevalence Survey* (various NMHS sites, May)
- *Consumer Engagement in Safety and Quality* webinar (7 May)
- *Valuing the Lived Experience* (14 May)
- Medicare Local/Local Hospital Networks Integration/Collaboration Workshop (15 May)
- Graylands Hospital Hospital in the Home program opening (21 May)
- *Creating Effective HealthPathways* workshop (4 June)

Appendix 4 Events and other meetings attended by GC members

Meetings attended (other than regular Agenda, Chief Executive, CLINESC, CONCOMESC, and pairing meetings):

- Monthly Executive Partnership Group meetings (Chair and member)
- Monthly HealthPathways meetings (member)
- Acting Director General-GC Chairs-Deputies meetings (Chair and Deputy)
- Bimonthly Board meetings (Chair from July 2013, Deputy from March 2014)
- SCGH CAC meeting (GC and CONCOMESC Chairs – 9 July)
- Minister for Health (15 July)
- Chief Executive (post-Ministerial meeting) (31 July)
- PathWest (Chair – 1 August)
- *Clinical Services Framework 3* (with NMHS – 5 August)
- *Clinical Services Framework 3* (with NMHS and DoH – 20 August)
- WNHS Senior Leadership Group Meeting (29 August)
- HealthPathways discussion meeting (members – 17 September)
- NMHS Strategy, Planning and Reform Sub-committee (Chair – 26 September, 24 October)
- NMHS Community Engagement Working Group (CONCOMESC Chair – 16 August, 17 March)
- Area Executive Group (Chair and members – 27 August, 3 December)
- *WA Health and Wellbeing Strategy and Implementation Plan 2030* Steering Committee Meeting (Chair – 1 October, 5 November)
- Health Pathways Project Control Group (member – 28 October, 13 December, 14 April)
- Consultant, DOH Transition and Reconfiguration Committee (Chair – 6 March)
- Executive Director Safety, Quality, Performance – regarding performance reporting (Chair, Deputy – 28 January)
- Executive Directors PHAC and Clinical Planning and Redevelopment – regarding strategic planning (Chair – 5 February)
- Executive Director Safety, Quality, Performance – regarding draft critical metric report (Chair, Deputy – 25 March)
- South Metropolitan Health Service GC meeting (Chair, Deputy – 29 April)