South Metropolitan Health Service Governing Council

Annual Report 2012-13

Message from the Chairperson

The decision to establish Governing Councils demonstrated the Government's commitment to increasing clinical and community engagement in monitoring and planning of public health services and I was delighted to be offered a position on the South Metropolitan Health Service (SMHS) Governing Council.

In July 2012 a group of committed and enthusiastic individuals from a range of diverse backgrounds including health service executives, leaders of not-for-profit organisations, clinicians, private sector employees and business leaders came together to form the SMHS Governing Council. Members quickly established a positive working relationship within the group along with the Chief Executive and the SMHS Area Executive Group members.

The South Metropolitan Health Service (SMHS) is implementing an unprecedented level of clinical service reform and infrastructure development to meet the growing and changing health care needs of our community. This is an exciting time for SMHS and the Governing Council as we work together to ensure that our health service remains patient focussed, safe, innovative, accessible, effective and sustainable in a challenging and changing health care environment.

In the first year of operation, Council members have invested significant time and energy to understand the various issues impacting on the health needs of the community. The Council has received formal briefings from SMHS executive staff, the Fiona Stanley Hospital Commissioning team, the Department of Health and other government departments. In addition the Council has visited nearly all of the SMHS hospitals, and attended staff forums and a range of site based clinical and consumer related committees, to gain a firsthand understanding of the issues impacting on individual sites.

I have thoroughly enjoyed the opportunity to meet with such a broad range of staff working in both clinical and administrative roles and I have been incredibly impressed with their dedication and commitment to providing the best quality health care to the community. I am particularly impressed by the positive culture displayed by staff at all the site visits.

I would like to acknowledge the vast range of skills and experience that exists amongst my fellow Council members and I very much appreciate their insight and thoughtful and constructive contribution to Council discussions and deliberations.

The SMHS Governing Council is privileged to have the highly distinguished Professor Bryant Stokes as its Chairperson. Professor Stokes brings a wealth of experience and knowledge to this role and he skillfully guided and led the Council during the first nine months of operation. Following his appointment as Acting Director General of the Department of Health, Professor Stokes has taken leave from the Governing Council and I have been Acting Chair during this time. I would like to thank Professor Stokes for his leadership, support and guidance.

I would also like to acknowledge and thank Ms Nicole Feely, Chief Executive SMHS, for her support and her respectful, informative and collaborative engagement with the Council. Under her dynamic and skilful leadership, SMHS achieved many positive outcomes during the year and the service is well placed to deliver on its reconfiguration program. In April 2013 Ms Feely took some well earned annual leave and Mr Ian Smith skilfully undertook the role of acting Chief Executive during this time. On behalf of the Council I would like to thank Mr Smith for his leadership of SMHS and his positive engagement with the Council. Finally I would like to acknowledge Dr David Russell-Weisz who was appointed Chief Executive of Fiona Stanley Hospital (FSH) Commissioning in late 2012. I would like to acknowledge Dr Russell-Weisz' leadership and commitment in delivering what will be the largest infrastructure project ever undertaken by the State.

The next year will be an exciting and challenging time for SMHS as the reconfiguration of services is implemented and with the commissioning of Fiona Stanley Hospital. I look forward to working with SMHS and the community to ensure the successful transition of service and the ongoing provision of high quality care.

Albert !

Adjunct Associate Professor Robyn Collins

Acting Chair

Council's Focus

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

One of the Council's key priorities has been to establish mechanisms for ongoing dialogue and engagement with staff, the community and other key stakeholders. This has included allocating portfolio responsibilities to Council members on which to liaise with identified SMHS Executive members, and to act as a conduit between the SMHS Executive, the community and the Council. The portfolios are as follows:

- Community liaison
- Finance and performance
- Staff communication
- Mental health reform
- Reconfiguration and FSH commissioning
- Medicare Locals
- Aboriginal health

Council members meet on a regular basis with Executive and clinical staff, and attend community advisory groups to identify key areas of focus and actions to be progressed within their portfolio. Regular feedback is provided to the Council on issues identified and actions being progressed in each portfolio area.

As part of the national health reform agenda, Medicare Locals (MLs) also play an essential role in health service planning with an emphasis on ensuring that services are better tailored to meet the needs of the local community. The establishment of strong collaborative partnerships with Medicare Locals in the south metropolitan area has therefore been a high priority for the Council. A key outcome has been the development of a Memorandum of Understanding (MOU) which articulates agreed principles of engagement and working processes between SMHS, the Governing Council and Medicare Locals to build more sustainable health outcomes whilst respecting the individuality of each service. Under the MOU, an Executive Partnership Group comprising representatives from the Council, SMHS and Medicare Locals has been established. The EPG has met once and has commenced the process of identifying key priority areas of work to be progressed in 2013/14.

The Council has a strong commitment to supporting improved health care outcomes for the most vulnerable members of society and it has therefore identified mental health and Aboriginal health as key areas of focus. Members with these portfolios have met with a broad range of staff to identify the issues and opportunities in these critical areas of health service delivery.

The establishment of regular meetings between the Director General, Council Chairs and Deputy Chairs has been an important forum for sharing information and identifying areas of mutual interest across the five Councils.

The Council is committed to providing professional development opportunities for members in order to support them in their role and during the year various members attended relevant workshops and conferences including:

- The Health Consumers and Community Leaders Workshop which focused on developing participants' knowledge and skills in relation to their role as members of boards and advisory committees; and using consumers' experience to contribute to decision making that achieves better health outcomes for the community.
- The National Clinicians Network Forum which focused on delivering patient centred care in the new health reform environment with an emphasis on transfer of care as patients journey through different areas of the health system.

Health Service Performance

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

The Council has taken an active role in analysing and monitoring SMHS performance using a broad range of clinical and corporate performance indicators with a particular focus on clinical governance issues, emergency department targets, elective surgery targets and financial performance across the health service. The Council receives

regular briefings and reports on SMHS performance including trend and comparative data. Through this process, the Council has also requested further information as appropriate including specific strategies being implemented to address areas of concern and ensure that patient safety and quality care are at the forefront of everything we do.

The Council has been particularly impressed with SMHS performance in a number of areas including its achievement against the National Elective Surgery Targets (NEST). These targets are a key indicator of high quality patient care through measuring and monitoring the percentage of patients that receive surgery within the clinically appropriate timeframe. SMHS reported improvement in urgency categories 1 (within 30 days) and 2 (within 90 days) in the 2011/12 and 2012/13¹ financial years. The largest improvement was in Category 1, in which the percentage of patients admitted within 30 days increased from 86% in 2011/12 to 93% in 2012/13. Armadale, Bentley and Kaleeya Hospitals all had 95% or more admissions within the clinically recommended time for Category 1 patients.

SMHS also performed strongly in relation to emergency department waiting times including Fremantle Hospital and Rockingham General Hospital having the best performance in the nation for the major metropolitan hospital and the large metropolitan hospital categories respectively for the 2012 calendar year². During the year, Fremantle Hospital and Health Service (FHHS) was the first SMHS site to be assessed against the new EQuIP National Standards and the Council would like to acknowledge the successful accreditation of FHHS which met all of the 111 mandatory criteria.

The Council would also like to note the ongoing and significant achievements under the reconfiguration program including the establishment of commissioning teams at each site to oversee the reconfiguration of services, and the appointment of fifteen clinical Cluster Leads to provide strategic advice and leadership to the Chief Executive on the implementation of service delivery models, workforce models and distribution, education/training models, standards of practice and resource distribution.

As is the case with all government departments, SMHS operates within a tight budgetary environment and the Council is impressed with SMHS ongoing commitment to improving financial efficiencies whilst ensuring high quality patient care. The SMHS Sustainable Change and Improvement Program (SCIP) resulted in significant savings and the Council will work with SMHS to maximise the impact of the SCIP program across all sites in the 2013/14 year.

In 2013/14 the Council will continue to have a strong focus on ensuring that robust processes are in place to effectively identify, manage, monitor and audit clinical governance issues to support safe and high quality patient care, with a focus on "patient leadership".

¹ For the 2012/13 financial year, data was extracted in May 2013.

² National Health Performance Authority report on emergency department performance, released on 14 December 2012.

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 establishment of portfolios for individual Council members has been a key strategy for strengthening and supporting governance arrangements within SMHS. Through the portfolios members have established relationships and ongoing dialogue with a range of SMHS Executives and staff, Fiona Stanley Hospital commissioning staff and community members. The portfolios and the relevant Council members are as follows:

- Community liaison Mr Mitch Messer and Professor Fiona Wood
- Finance and performance Mr Rick Cullen and Mr David Rowe
- Staff communication Professor Bryant Stokes/ Adj. Assoc. Professor Robyn Collins and Professor Fiona Wood
- Mental health reform Dr Margaret Crowley
- Reconfiguration and FSH commissioning Professor Bryant Stokes/ Adj. Assoc.
 Professor Robyn Collins, Dr Marcus Tan and Professor Fiona Wood
- Medicare Locals Dr Viv Manessis and Mr Mitch Messer
- Aboriginal health Dr Viv Manessis

This has enabled the Council to understand the key issues impacting on health service delivery, from both the health service and the community's perspective. As a result the Council is able to more effectively support SMHS in achieving its vision of:

- One Focus patient and community-focused care in the right place at the right time; minimising the patient journey; ensuring a positive patient experience; seamless access via coordinated pathways; and safe-quality outcomes
- One Team working collaboratively and developing partnerships; building skills and expertise; encouraging innovation and excellence in education; training and research; using resources efficiently; minimising duplication and waste; and striving for performance improvement
- One Service hospitals and health services without walls; comprehensive care
 via integrated services; area-wide approach to service planning and
 development; integration within SMHS and across metropolitan Perth and country
 WA; and sustainable services within an activity based funding (ABF) framework.

Engagement and Communication

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

Throughout the year the Council has attended a range of meetings and forums to gain an understanding of specific issues impacting on each of the SMHS sites. This has included attendance at Medical Advisory Council meetings, Health Service Executive meetings, Consumer Advisory Council meetings, staff forums, meetings with Aboriginal

staff, and meetings with key mental health clinicians and Executives. A broad range of issues were discussed at these meetings and forums including:

- Understanding the role and purpose of the Governing Council and ongoing communication/ feedback mechanisms between the Council and staff;
- The service models required to support reconfiguration and the impact on staff when services move to Fiona Stanley Hospital;
- Workforce attraction and retention, particularly with the commissioning of FSH;
- Specific health needs of the local community and strategies being implemented to ensure that their needs are met;
- Information on local partnerships to support better health outcomes for the community.

As part of its commitment to engaging with clinicians, the Chairperson also convened an extraordinary meeting with surgical Heads of Department to discuss the implementation of the SMHS Clinical Service Plan. This meeting provided members with an understanding of particular issues faced by a range of different specialities and provided a useful context for clinical service planning across the south metropolitan area.

Attendance at various forums and meetings also provides an important mechanism for the Council to feedback to key stakeholders on the Council's work program.

Future Strategic Focus

Having spent much of the first year gathering information from various sources and stakeholders, the Council has developed a much clearer understanding of the health issues impacting on people living in the south metropolitan area.

A number of priorities have been identified for 2013/14 including:

- Patient safety above all else, the Council is committed to ensuring patient safety and high quality care at all times and this will continue to inform and drive all of the Council's discussions and deliberations. The Council is particularly interested in ensuring a model of care that focuses on patient leadership.
- Reconfiguration and commissioning of FSH during the next twelve months, all the planning and hard work that has been undertaken to date to prepare for reconfiguration of services will come to fruition. These are exciting and challenging times and the Council will continue to work closely with all relevant stakeholders to ensure the seamless and smooth transition of services and staff while continuing to deliver high quality patient care. As part of this process the Council will have a key focus on supporting SMHS to ensure that staff are informed and involved in the reconfiguration.
- Collaborative research opportunities the establishment of the South Metropolitan Integrated Research Centre (SMIRC) and the Research Advisory Council (RAC) represent an exciting opportunity to further develop a range of collaborative and translational research opportunities across the south metropolitan area. This will be further enhanced once the new research facility is opened at the Fiona Stanley Hospital. As a member of the RAC, the Council looks forward to working with key stakeholders from research institutes,

- universities and research foundations to further develop this important area of work.
- Working in partnership with Medicare Locals through the Executive Partnership Group, the Council is committed to working with the four Medicare Locals in the south metropolitan area (Perth Central and East Metro; Fremantle; Perth South Coastal; and Bentley-Armadale) to tackle local health care needs and service gaps and drive improvements to ensure that health services meet the needs of the local community.
- Supporting the most vulnerable members of our community there are many
 individuals and groups within the community who are particularly vulnerable and
 often experience poorer health outcomes. The Council is committed to working
 closely with SMHS and other stakeholders to ensure better health outcomes for
 all members of the community, with a particular emphasis on Aboriginal people
 and people with mental health issues.

Appendix 1: Council Meetings

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

Date of meeting	Issues discussed/ actions/ outcomes
31 July 2012	Discussion included: The Governing Council Member Charter. SMHS reconfiguration program. Department of Health Performance Management Framework Key Performance Indicators. Overview of Medicare Locals. Overview of Consumer Advisory Groups. Standing items – finance and budget. Actions:
	 Further information on Activity Based Funding/ Management to be provided. Site visits for the Council to be arranged. Members to meet with Medicare Local Chairs.
21 August 2012	 Discussion included: SMHS reconfiguration work program including the status of Clinical Service Plans (CSPs) and recommendations from the Clinical Clusters. Update on Fiona Stanley Hospital (FSH). Governing Council performance reporting requirements. Standing items – finance and budget. Telephone triage in Emergency Departments.
	 Actions: Separate briefing on FSH required. Meet with John Clark (Institute of Healthy Leadership) regarding Governing Council performance reporting.

Extraordinary meeting with Medicare Locals. Discussion included:		
Overview of SMHS Governing Council.		
Overview of SMHS public health and ambulatory care services.		
Opportunities for collaboration between the Council and Medicare Locals.		
Discussion included:		
Presentation by the Director General of the Department of Health.		
Overview of SMHS Clinical Service Plan (CSP).		
Overview on consumer health forum.		
Emergency department patient management including the National Emergency Access Targets (NEAT).		
Standing items – finance and budget.		
Governance models for Councils and Boards.		
Actions:		
Definitions of service levels to be circulated.		
Request briefing on planned industrial developments in SMHS area.		
Extraordinary meeting to discuss Fiona Stanley Hospital (FSH). Key points of discussion:		
FSH Clinical Service Plan (CSP)		
SERCO contract		
• ICT		
Child care facilities		
Physical layout/ plans for the buildings		
Construction program		
Discussion included:		
Appointment of Dr David Russell-Weisz to the new role of Chief Executive FSH commencing 12 th November 2012.		
Governing Council performance evaluation reporting templates.		
Overview of Council visit to FSH.		
Telephone triage in Emergency Departments.		
Update on meeting with Medicare Locals provided.		
Recent media regarding Peel Health Campus.		

	 Update provided on meeting between Chair and surgical Heads of Department regarding the Clinical Service Plan. Clinical Service Briefs update provided. Standing items – finance and budget; performance reporting. Actions:
20 November 2012	 Obtain legal advice regarding proposal for telephone triage in emergency departments. Discussion included: Presentation on Activity Based Funding and Management. Standing items –finance and budget; performance reporting. Draft Memorandum of Understanding with Medicare Locals. Governing Council portfolios assigned. Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia – tabled.
19 February 2013	 Discussion included: Presentation by LandCorp regarding planning Murdoch Mixed Use planning proposal. Presentation on 'Closing the Gap' Council of Australian Governments (COAG) program. Telephone triage in emergency departments. Standing items – portfolio updates; finance and budget; performance reporting. MOU with Medicare Locals tabled.
19 March 2013	 Discussion included: Presentation from John Clark (Institute of Healthy Leadership) on performance reporting in Governing Councils/ Health Service Boards. Standing items – portfolio updates; finance and budget; performance reporting. Actions: Distribute a copy of the report by Robert Francis, QC on the Mid Staffordshire NHS Foundation Trust Inquiry. Follow up in relation to NEAT performance.
30 April 2013	Discussion included: • Professor Stokes appointment to Acting Director General of the Department of Health, noting that Professor Stokes is

	 standing down from his Council role during this time. Adj. Associate Professor Robyn Collins to assume role of Acting Chair. Update on SMHS NEAT performance for Triage Categories 3 and 4. Update on discussions with CEO HealthDirect regarding possible use of telephone triage in emergency departments. Equipment upgrade program across SMHS. Standing items – portfolio updates; finance and budget; performance reporting. Actions:
	 Health Roundtable reports to be circulated. SMHS organisational charts to be tabled. Information to be circulated regarding Asset Condition Review in SMHS.
21 May 2013	 Discussion included: Presentation on FSH Commissioning including an update on ABF, staffing/ workforce, communication/ consultation, facilities management, ICT, clinical commissioning and transition planning. Mental health – issues, challenges and opportunities. Standing items – portfolio updates; finance and budget; performance reporting.
	Actions: • Follow up regarding a presentation by Barry MacKinnon regarding implementation of the Stokes Review.
18 June 2013	 Discussion included: Update on FSH commissioning including Cabinet's announcement regarding updated timeline for four phase sequencing of the opening of FSH. Overview of FSH Commissioning and Major Hospitals Transition Taskforce. Standing items – portfolio updates; finance and budget; performance reporting. Overview of the South Metropolitan Integrated Research Centre (SMIRC) and the appointment of Professor John Olynyk as Acting Director of the SMIRC.
	 Action: Briefing to be provided on emergency department presentations and clinical outcomes for patients not seen within four hours.

Appendix 2: Committee/ Sub Committees

A total of seven portfolios have been established:

Portfolio	Council Members	SMHS Portfolio Owner
Community Liaison	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	David Rowe and Rick Cullen	lan Male (Group General Manager Finance and Performance)
Staff Communication	Professor Stokes, Professor Wood and Adj Associate Professor Robyn Collins	David Purvis (Group General Manager Organisational Development and HR)
Mental Health Reforms Margaret Crowley		Nicole Feely (Chief Executive SMHS) and Elizabeth Moore (Executive Director Mental Health Strategy and Leadership Unit)
Reconfiguration and FSH commissioning	Professor Stokes, Professor Wood and Mr Marcus Tan	Jodie South (Group General Manager Strategy and Development)
Medicare Locals	Dr Viv Manessis, Dr Marcus Tan and Mitch Messer	Kate Gatti (Executive Director Public Health, Ambulatory Care)
Aboriginal Health Dr Viv Manessis		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. Portfolio members report on a monthly basis to the Council via a template which identifies meetings that have been held, actions arising and timeframes for completing actions.

Appendix 3: Stakeholder Engagement

Council members have met with a broad range of stakeholders including staff, clinicians and consumers. Details of meetings held and key issues discussed are provided below.

Date	Meeting	Key issues discussed	
Site visits – involving a range of Council members and senior staff at site.			
15 October 2012	Fiona Stanley Hospital	 Early stages of construction. Issues discussed and areas visited include: Room size and layout including the proportion of single rooms. Access including parking. Storage. Key clinical areas including ICU, obstetrics and ED Patient flow. 	
11 February 2013	Fremantle Hospital and Health Service	 An overview of the hospital services Tour of wards Electronic bed management system Chemotherapy unit 	
22 March 2013	Bentley Health Service	 An overview was provided including discussion on the following: Mental health service reforms. Integrated governance between Royal Perth Hospital and Bentley Hospital. Reconfiguration. Current service models including the benefits of the obstetrics model of care. Interface between Child and Adolescent Mental Health Service and Bentley Health Service mental health services. NPA funded projects. OSH training and reporting processes. Members also visited the mental health facility. 	
15 April 2013	Rockingham General Hospital	An overview of the hospital was provided and members visited the following areas: Obstetrics Chemotherapy unit	

		 Day Procedure Unit and Theatres Acute Care Rehabilitation Unit Emergency Department (including the new paediatric streaming area) New Education Centre ICU Mental Health Unit
13 May 2013	Armadale Kelmscott Memorial Hospital	An overview of the hospital was provided and members visited the following areas: • Emergency Department • Intensive Care Unit • Medical Admission Unit • Mental health • Maternal/ obstetrics. • Dialysis.

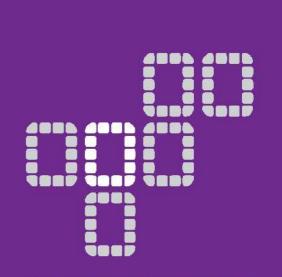
Staff forums – attended by the Chair of the Governing Council and a range of site based staff.

The Chair provided an overview of the role and function of the Council including key priority areas of work. Discussion and questions was focused around the role of the Council and mechanisms for ongoing feedback between the Council and staff. Details of staff forums attended are outlined below:

11 March 2013	Rockingham General Hospital – senior staff	
26 March 2013	Rockingham General Hospital – general staff	
30 April 2013	Royal Perth Hospital – Wellington Street Campus	
2 May 2013	Royal Perth Hospital – Shenton Park Campus	
15 May 2013	Bentley Health Service	
25 June 2013	Armadale Kelmscott Memorial Hospital	

10 April 2013	Rockingham General Hospital N			unction of the Council. nunication and feedback between the Council and staff.
11 April 2013	Armadale Kelmscott Memorial Hospital MAC Fremantle Hospital and Health Service – Health Service Executive Group meeting		 The role and function of the Council including ongoing communication and feedback between the Council and staff. Staffing issues, particularly in regard to post FSH. Processes for transferring patients between general and tertiary hospitals. 24/7 surgical services. Reconfiguration and commissioning of FSH. Increasing demand. 	
14 May 2013			 The role and function of the Council including ongoing communication and feedback between the Council and staff. National Elective Surgery Targets (NEST) and National Emergency Access Targets (NEAT). Accreditation being undertaken of FHHS. Hand hygiene. 	
Community for	rums/ meetings			
7 March 2013	SuMMAt	The Chair Council at	of the Governing ended.	Role and function of the Council.Stokes review into mental health.
Various	Consumer Advisory Councils	Mitch Messer and Professor Fiona Wood Aboriginal Health Program Managers, Viv Manessis		Various issues discussed.
Various	Meetings with Aboriginal Health Managers,			 Role of Governing Council and ongoing feedback between the Council and staff. Update on key Aboriginal health programs. Update on community engagement mechanisms. Strategies to manage chronic disease.
Various	Meetings with individual mental health clinicians and executive staff	Margaret (mental hea	Crowley and key alth staff	Various issues discussed including the role and function of the Council, as well as challenges and opportunities in mental health services across SMHS and more broadly.





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