



**Child and Adolescent Health Service**

**Governing Council**

**Annual Review 2013-2014**

Version 0.1

## Message from the Chairperson

In July this year the Governing Council celebrated two years of operation. During this time we have worked with executives to help direct and oversee the development of health service plans; ensure strong stakeholder and community engagement; and monitored and reported on the governance and performance of the Child and Adolescent Health Service (CAHS).

The council believes it has provided a high level voice supporting and advocating for child health, while assisting to drive the agenda of the health service. We have brought issues and priorities of the health service to the fore, had the ability to advocate outside of the health system and championed CAHS to influence government. In addition the Governing Council has raised awareness with stakeholders and consumers about the scope of work delivered by CAHS and improved safety and quality because attention is focused more acutely on performance areas.

The Governing Council's three key areas of focus during 2013-14 have been mental health for children and adolescents, Aboriginal health and the Paediatric Implementation Plan.

Council members have been actively supporting the work of the Child and Adolescent Mental Health Service (CAMHS) in raising awareness of the increase in child and adolescent mental health disorders and the limitations on funding to deliver services. The CAMHS reform agenda has progressed incrementally and includes recommendations from the Stokes Report.

The Council has concentrated on influencing the success of early intervention and prevention activities, such as those articulated in the WA Immunisation Strategy 2013-2015; the WA Health Aboriginal Leadership Strategy 2013-2016 and supporting and advocating the CAHS Cultural Learning Plan 2013-15.

It has also given attention to influencing improved paediatric service delivery in secondary hospital sites and constructive engagement with consumers in planning services to achieve the outcomes of this important reform. The endorsement of the Paediatric Implementation Plan (PIP) and its implementation will enable paediatric health care to be delivered in the Perth metropolitan area, closer to home by secondary hospitals enabling PCH to deliver tertiary services for WA children and adolescents. Council is focused on this activity to assist WA Health in achieving its Clinical Services Framework 2010-2020.

The transition of Princess Margaret Hospital for Children (PMH) and the health service to Perth Children's Hospital (PCH) in 2015 will be the start of a new era in child and adolescent health care and I am thankful that we are all committed to the pursuit of healthier lives for children and young people in Western Australia.

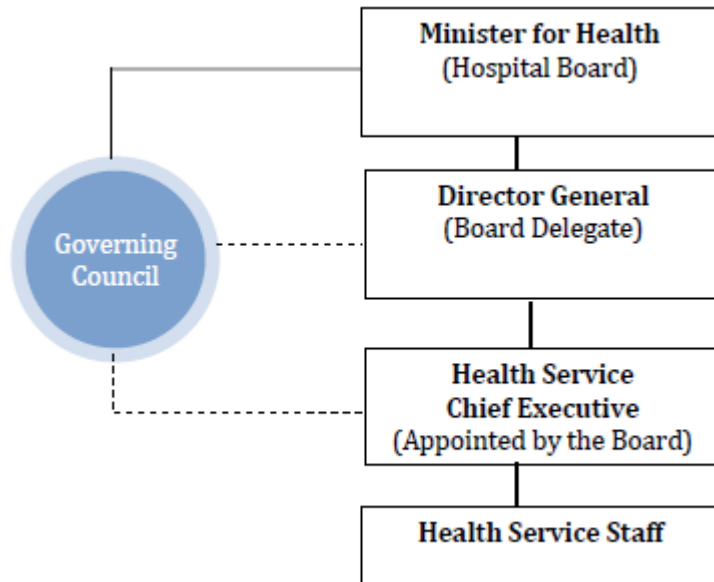


Dr Rosanna Capolingua  
Chair, Child and Adolescent Health Service

## Structure and Legislation

The Minister for Health appointed the governing council under section 19 of the Hospital and Health Services Act 1927 to carry out define hospital board functions on behalf of the Minister.

The relationship can be represented as follows:



The underpinning legislation for the Health Services and governing councils include but are not limited to:

- Hospital and Health Services Act 1927
- Financial Management Act 2006
- Freedom of Information Act 1992
- Auditor General Act 2006
- Corruption and Crime Commission Act 2003
- State Records Act 2000
- State Supply Commission 1991
- Public Sector Management Act 1994
- Equal Opportunity Commission 1984
- Occupational Safety and Health Act

Health Services and governing councils are also bound by WA Government and WA Health policies.

## Roles and Functions

The governing council works with the CAHS Chief Executive and the Director General, Department of Health (WA Health) to help direct and oversee the development of health service plans; ensure strong stakeholder and community engagement; and monitor the Health Service's performance.

## Council's Focus

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

The Chief Executive, Chair and Governing Council members of the Child and Adolescent Health Service (CAHS) work together to ensure that members are informed in a timely manner of issues arising relating to strategic issues or reputation risk that may impact the health service.

The Council maintains a regular quarterly reporting cycle which comprehensively covers all aspects of the business of the health service. These aspects include risk, audit, patient safety and quality and finance and business in addition to Perth Children's Hospital (PCH), the Paediatric Implementation Plan (PIP) resulting from Clinical Planning and Reform, the Child and Adolescent Mental Health Services (CAMHS); Child and Adolescent Community Health Services (CACH) and Aboriginal Health, in addition to policy and governance reviews.

The activity relating to Council's key areas of focus this financial year are detailed below.

### **1. Mental health for children and adolescents**

Council members have been actively supporting the work of the Child and Adolescent Mental Health Service (CAMHS) in raising awareness of the increase in child and adolescent mental health disorders and the limitations on funding to deliver services. The CAMHS reform agenda has progressed incrementally and includes recommendations from the Stokes Report. Members were consulted on the development of the 10 year Mental Health Plan which is expected to be released in the second half of 2014. The Chair met with the Minister for Mental Health and the Commissioner for Mental Health during the year to discuss concerns about the need to provide services for children and young people with mental illness.

In July, council members visited the Bentley Adolescent Unit (BAU).

Whilst the School Suicide Prevention Program has been funded for 2014-15 the demand for services for adolescent and child mental health continues to grow. The council continues to advocates for service levels and models of care to reduce mental health issues in children and adolescents.

The Council continues to closely monitor the increasing number of children and adolescents with mental health issues and effective delivery of services to meet the demand.

The introduction of a mental health dashboard and scorecard from the Office of Mental Health is anticipated to be an essential tool however its implementation has experienced delay due to data anomalies across reporting systems.

### **2. Aboriginal Health**

The Council has focused on influencing the success of early intervention and prevention activities, such as those articulated in the WA Immunisation Strategy 2013-2015; the WA Health Aboriginal Leadership Strategy 2013-2016 and supporting and advocating the CAHS Cultural

Learning Plan 2013-15. Members are supportive of the successful Aboriginal Kulunga Ambulatory Care Coordination program and recognised the importance of gaining ongoing funding for the early intervention program and the Acute Care Aboriginal Mental Health program.

### **3. Paediatric Implementation Plan**

The Paediatric Implementation Plan (PIP) has been developed on the premise that Princess Margaret Hospital and the Perth Children's Hospital remain as the primary provider of tertiary paediatric services and that safe, high quality non-tertiary care is delivered closer to home by existing paediatric services at general hospitals including Fiona Stanley Hospital, and Midland and Joondalup Health Campuses.

The Council is focused on influencing improved service delivery in secondary paediatric hospital sites and constructive engagement with consumers in planning services to achieve the outcomes of this important reform.

In July, council members met with the members of the South Metropolitan Health Service Governing Council and the group were briefed about the PIP. Future joint meetings are planned with health service Governing Councils.

The draft Cabinet Submission for the funding of paediatric services was reviewed by the Governing Council at its June meeting.

The delineation of the roles of hospitals in delivery of paediatric services is in accord with the updated Clinical Services Framework 2010-2020 (CSF) which is in the final stages of endorsement including planned review by Health Services Governing Councils. Under the framework paediatric services include paediatric medicine, specialities and surgery; outpatient services; child and school health; developmental allied health services; infant and child dental; and complex care and coordination. Transition (adolescent to adult) services are also included and delineated for the first time in the CSF.

### **4. Planning**

In February, the Council prepared a 2014-16 work plan which addressed the five key aspects of their governance role in leadership, advocacy, community engagement, planning and reporting. An annual reporting and meeting topic calendar was also adopted to ensure oversight of governance activity at CAHS.

In April, the council indicated they were receptive to the concept of a world-class Adolescent and Young Adult Medicine Unit. This aim of the service would be to have a national youth health focus in delivering appropriate targeted adolescent and young adult services, with managed transition care.

In late May, members undertook a joint planning session with the Health Service Executive Committee (HSEC) focusing on operationalising and actioning key activities from the CAHS Strategic Plan within the next 90 days. The session concentrated on PCH, Accreditation, PIP, Activity Based Funding/Management (ABF/M), Child Health and Mental Health Plan. The progress of the plans implementation is being monitored monthly by the HSEC and will be reported to the Governing Council at their October meeting.

# Health Service Performance

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

## 1. Patient Safety and Quality

In September, CAHS was successfully accredited against three, National Safety Quality Health Service Standards, namely governance for safety and quality in health service organisations, partnering with consumers, and preventing and controlling healthcare associated infections.

During the year CAHS introduced the Aiming for Zero Harm Framework and Guide, a visionary document supporting the organisation in its governance, risk management and continuous improvement in delivering safe and quality services to children and young people.

Each quarter Council is provided with health service performance information for review and examination. The council decided at the beginning of the year to focus on the performance of the following 15 key indicators.

Table 1: Department of Health Performance Management Measures, Governing Council Dashboard Report

Domain Code	DOH Performance Management Measures
<b>Proportion of emergency department patients seen within recommended times:</b>	
EA1a	% Triage Cat 1 (2 mins)
EA1b	% Triage Cat 2 (10 mins)
EA2	NEAT % of ED Attendances with LOE <=4 hours
<b>Elective surgery patients treated within boundary times:</b>	
EA4a	% Cat within 30 days
EA4b	% Cat 2 within 90 days
EA4c	% Cat 3 within 365 days
<b>Access - Health Service Measures</b>	
EA7	% of ED mental health patients admitted within 8 hours
EQ5	<i>Hospital standardised mortality ratio</i>
EQ7	<i>Death in low-mortality DRGs</i>
<b>Workforce – Health Service Measures</b>	
SW4a	Lost time injury severity rate
<b>Percentage of cases coded within boundary</b>	
PC2a	% of cases coded within 2 weeks of discharge
PC2b	Remaining cases within 4 weeks of discharge
<b>Safety and Quality</b>	
PSQ2.0	Standards of cleanliness derived from cleaning audits
PSQ2.2	CAMHS – Seclusion Rates
PSQ2.7	CACH Child Development Service

The monitoring of these categories has ensured that council is fully aware of areas of non-compliance relating to the National Emergency Access Target, National Elective Surgical Target, admission of mental health patients, the timeliness of coding of cases and safety and quality measures relating to cleanliness, CAMHS and CACH Child Development Service.

Council has also actively monitored medication safety within PMH which is being addressed through consultation and engagement with junior staff, education and process changes.

Councils review of documents like *Your Safety in our Hands in Hospital* and *From Death We Learn* have assisted members to put CAHS reporting data into context.

## **2. Risk and Audit**

Each quarter members review CAHS high level and new risks with a focus on those associated with SAC 1 incidents, national accreditation and the Perth Children's Hospital project. Council has concentrated on gaining a better understanding of the reporting methodology and root cause of medication safety incidents across the organisation and the implementation of reforms to improve performance supported by the Medication Safety Management Plan.

In June, the council reviewed CAHS annual audit schedules incorporating Safety and Quality, the Internal Audit Program and Governance Evidence Knowledge Outcomes (GEKO) Activities.

## **3. Finance and Business**

The Council was pleased that a balance budget was achieved in the 2013-2014 financial year.

Financial Statements are regularly tabled at Governing Council meetings.

Members were provided with a number of briefings during the year on Activity Based Funding/Management (ABF/M) to assist in gaining an understanding of the methodology and changes from a state to national price and weighting depending upon the type of activity. Each quarter financial statements are reviewed in an ABF/M format. Council took an active interest in stressing that timely information must be available to the Clinical Coders to ensure CAHS is appropriately remunerated for its services. A master class in ABF/M is being scheduled for the latter part of 2014.

## **4. Clinical Services**

In addition to the regular monitoring of performance, the council reviewed the *PMH Pharmacy Review Report* in February to gain an understanding of the necessary reforms relating to delivering improved consumer services, improved work practices for patient and medication safety, the Pharmaceutical Benefits Scheme (PBS), feeds and changes in dispensary. The Chair visited the PMH Pharmacy and Dispensary in April to view and discuss with managers and staff the introduction of the PBS supported by business process and policy reform including the introduction of EFTPOS facilities. A Communication Plan for the implementation of the PBS was discussed with the Council in June.

Council maintains a watching interest in the WA Health Central Referral Service introduced in February which is anticipated to streamline the way general practitioners and private specialists refer patients to their first specialist outpatient appointment at a public metropolitan hospital.

## 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.”**

### 1. Reporting Frameworks

Monthly accreditation reports relating to achieving national standards are a standing item on Council’s monthly meeting agenda. The Council maintains oversight of actions in preparation for the Australian Council on Healthcare Standards (ACHS) Survey from 22 to 26 September.

Members continue to raise their concerns about the time lag in the reporting of performance data as information on some indicators is reported quarterly, half yearly or annually from WA Health.

### 2. Perth Children’s Hospital

Completion of Perth Children’s Hospital (PCH) remains on track and significant work is underway for the transition from PMH. Council members toured the hospital site in December and July. Members are actively engaged in reviewing the project team’s reports relating to all aspects of Perth Children’s Hospital. The reports included works, design, transition planning and management, stakeholder communications, Information, Communication and Technology (ICT) and the assessment process for relocation of the art collection.

The PCH Transition Program Management Office (PMO) provides a centralised service, for work streams and the executive leadership team on the program and is accountable to PCH Project governing bodies. The key areas include: program governance; reporting; risks and issues management; change control; quality assurance; project team resource management; benefit tracking and document control. The PMO also facilitates end-to-end Transition Program Reporting.

The Governing Council reviews the PCH Transition Program Status Report monthly to monitor the progress of construction, fit out, ICT including Health Information System phasing and work of the project teams. The filling of allocated project positions was delayed for some months however these are anticipated to be filled by early August.

In 2013, there was intense media publicity highlighting concerns about paediatric hospital capacity and bed numbers. This resulted in the partial redesign of existing infrastructure within the Perth Children’s Hospital to accommodate an additional 24 beds increasing the accommodation to 298 beds, 48 more than at Princess Margaret Hospital. The expanded capacity at PCH is part of the Government’s program to boost the total number of paediatric beds across the metropolitan area to just over 400. Also the Princess Margaret Foundation is to fund the construction of the *King Park Link Bridge* from PCH to Kings Park.

### 3. Committees

Members have been consulted in the development of a Youth Position Statement by the Commissioner for Children and Young People (CCYP) and both Dr Capolingua and April Welsh were consulted on the Youth Health Project undertaken by the CCYP. In June, the Chair presented and participated at a stakeholder session of health leaders convened by the CCYP on *Future Directions for Youth Health*.

At the June meeting council endorsed the Terms of Reference for the creation of the Child Health Strategic Research Council, a collaboration between CAHS; Telethon Kids Institute; UWA and



Curtin University to deliver better outcomes for children in WA through excellence in research and its translation into practice and child health policy.

The Chair was invited to participate in the National Children's Commissioners Round Table on Intentional Self-harm and Suicidal Behaviour in Children in July to discuss the progress and challenges in the Child and Adolescent Mental Health Service collaborative research project in conjunction with Telethon Kids Institute, UWA, Youth Focus and Murdoch University into the Social Media Self-harm and Suicidality. The project control group for this research is chaired by Dr Capolingua as Chair of the CAHS Governing Council.

#### 4. Council Review

In March, members undertook a self-assessment of the councils achievements, contribution to the CAHS Strategic and Operational Plans and reflected upon how the council functions.

The session was facilitated at the WA Health Leadership Institute. It was determined that the CAHS Governing Council:

- is a high level voice supporting and advocating for child health, assisting to drive the agenda of the health service
- brings issues and priorities of the health service to the fore
- advocates outside of the health system
- influences provision of services for youth suicide prevention and has raised awareness of the influence of social media and self-harm
- champions CAHS to influence government
- has increased engagement and contribution of consumers
- raises awareness with stakeholders and consumers about CAHS projects e.g. Paediatric Implementation Plan
- improved safety and quality reporting because attention is focused more acutely on performance areas, providing executives with more frequent oversight of performance.

In addition, two tools were introduced to assist members in prioritising strategic issues - a planning guide template and a meeting reflection chart.

#### 5. Department of Health Review

The Department of Health conducted an independent review in to consider the effectiveness of the health services governing councils and make recommendations to the Minister for Health (MfH) on changes to the governance model and/or any redistribution of roles and functions. The review was completed at the end of June.

## Engagement and Communication

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

In July 2013, the Chair visited the Peel Health Campus with the Chief Executive to meet with key health service staff and see the facilities. Then in September the monthly meeting was held at the Mirrabooka Community Health Centre. This enabled members to view the facilities and meet with staff to discuss the services provided at the centre which include child health, community health, immunisation, injury prevention, school health, nutrition and Asthma management and education.

Dr Capolingua was appointed Chair of the *Western Australia Immunisation Strategy Implementation Steering Committee* (WAISISC), established by WA Health to oversee implementation of the *WA Immunisation Strategy 2013-2015*, as endorsed by the State Health Executive Forum. A business case was prepared for an Immunisation Clinic at PMH (and later at PCH).

A PMH stakeholder engagement process commenced in September 2013 in readiness for the transition to PCH in November 2015. This includes regular presentations and briefings to stakeholder groups including the Governing Council, Consumer Advisory Council (CAC) and the Youth Advisory Committee (YAC).

In February, the following members self-nominated to be advocates for:

Table 2: Member advocate schedule

Perth Children's Hospital	Rosanna Capolingua
Mental Health	Brendan Ashdown
Aboriginal Health	Dan McAullay
Paediatric Implementation Plan	Chris McGowan
Community Health	Denys Pearce
Consumer Engagement	Amanda Magraith
Youth Engagement	April Welsh

In March, the PMH Commemorative Events Steering Committee was launched for the purpose of organising events for 2015 that commemorate and celebrate all that PMH and its staff have achieved over the years. In 2015 PMH will have operated for 105 years.

Both the Chair of the CAHS CAC, Amanda Magraith and YAC, April Welsh are members of the Governing Council. They have a standing item on the agenda reporting the minutes from their meetings and raising issues of concern with council. Following the upgrading of amenities and facilities at PMH, the Minister's Princess Margaret Hospital Consumer Advisory Committee ceased in early 2014 and members were invited to join the CAC. In June 2013 the Minister for Health had established the Princess Margaret Hospital Consumer Advisory Committee (PMH CAC) to advise him about what consumers felt should be done to improve the experience of patients, their families and carers at Princess Margaret Hospital (PMH).

In February, both Mrs Magraith and Ms Welsh attended a national Consumer Partnerships Conference focused on developing and embedding consumer engagement strategies. Ms Welsh was a panel member at the conference discussing *Strengthening Communication Channels*, from a youth perspective. The organisers and attendees at the conference noted that the CAC and YAC were the only consumer committees they were aware of that had a standing agenda item on their board/governing council agenda.

In April, Dr Capolingua launched *Managing Pain in Children: A Clinical Guide for Nurses and Healthcare Professionals*, 2<sup>nd</sup> edition co-edited by PMH paediatric palliative care nurse consultant Stephanie Dowden. Pain management in children is a complex issue: dealing with acute pain, chronic pain, palliative care and the management of procedural pain. This resource provides evidence based techniques and interventions for practitioners as well as guidance on best practice. The event was hosted by Palliative Care WA (Inc).

## **Future strategic focus 2014-15**

### **Perth Children's Hospital Transition**

The focus of the Governing Council will be to ensure the transition plans for PCH (clinical, corporate, workforce and ICT) reflect the clinical needs of children have input from parents, carers, and consumers and the hospital opens on time.

### **Paediatric Implementation Plan**

The endorsement of the PIP and its implementation will enable paediatric health care to be delivered in the Perth Metropolitan Area, closer to home by secondary hospitals enabling PCH to deliver tertiary services for WA children and adolescents. Council is focused on this activity to assist WA Health in achieving its Clinical Services Framework 2010-2020.

### **Activity Based Funding and Management**

The introduction of ABF/M in July presents a number of opportunities and challenges for the health service. The change in how services are purchased and the respective activity weighting means that some previously funded services are no longer funded, or are funded using a different modelling calculation. The need to comprehensively understand these changes and any effect on the health service is part of the Council's governance role.

## **Appendices**

### **Appendix 1 - Council Meetings**

## Appendix 1 - Council Meetings

Meetings	Planning	Performance	Governance	Stakeholder Engagement
July	<ul style="list-style-type: none"> <li>Paediatric Implementation Plan – Consumer Engagement Strategy</li> <li>Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>CAMHS</li> <li>Workforce</li> </ul>	<ul style="list-style-type: none"> <li>PMH Consumer Advisory Council Meeting</li> <li>A/DG, Chairs and Deputy Chairs Governing Council Meeting</li> <li>Social Media Self-Harm Suicidality Project Control Group Meeting (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Advisory Council</li> <li>Youth Advisory Committee</li> <li>SMHS Governing Council Meeting</li> <li>PMH Clinical Staff Association</li> <li>HIN – ICT Laboratory site visit (Chair)</li> <li>Bentley Adolescent Unit (Chair)</li> <li>Peel Health Campus visit (Chair)</li> </ul>
August	No meeting			
September	<ul style="list-style-type: none"> <li>Perth Children's Hospital</li> <li>Paediatric Implementation Plan</li> <li>Aboriginal Child Health</li> </ul>	<ul style="list-style-type: none"> <li>Finance and activity</li> <li>Patient, safety and quality</li> <li>Risk</li> <li>NEAT</li> <li>NEST</li> </ul>	<ul style="list-style-type: none"> <li>CAHS Accreditation Report</li> <li>CAHS Board Meetings. Aug &amp; Sept (Chair)</li> <li>Social Media Self-Harm Suicidality Project Control Group Meeting (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Advisory Council</li> <li>Youth Advisory Committee</li> <li>CAHS Accreditation meetings with surveyors (Chair)</li> <li>CAHS Staff Awards (Chair)</li> <li>CAHS Long Service Awards (Chair)</li> <li>Mirraboooka Community Health Centre</li> </ul>
October	<ul style="list-style-type: none"> <li>Clinical Services Framework</li> <li>Annual review and work planning session</li> </ul>	<ul style="list-style-type: none"> <li>CAMHS</li> </ul>	<ul style="list-style-type: none"> <li>A/DG, Chairs and Deputy Chairs Governing Council Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Advisory Council</li> <li>Youth Advisory Committee</li> <li>PMH Consumer Advisory Committee Meeting</li> <li>NMHS Governing Council Meeting</li> <li>Meeting with Minister for Mental Health (MfMH)</li> <li>Visit by Prime Minister Hon Tony Abbott, to PMH</li> <li>Peel Health Campus</li> </ul>
November	<ul style="list-style-type: none"> <li>Perth Children's Hospital Transition Plan</li> <li>Mental Health funding</li> <li>Optimising immunisation at PMH/PCH</li> </ul>	<ul style="list-style-type: none"> <li>Finance and activity</li> <li>Patient, safety and quality</li> <li>Risk</li> <li>NEAT</li> <li>NEST</li> <li>Workforce</li> </ul>	<ul style="list-style-type: none"> <li>Social Media Self-Harm Suicidality Project Control Group Meeting (Chair)</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Advisory Council</li> <li>Youth Advisory Committee</li> <li>Governance Reviews and Leadership in UK Health</li> <li>Aboriginal Child Health, Regional WA</li> <li>Your journey through PMH – a visual guide for regional Aboriginal families</li> </ul>
December	Site visit to PCH Construction site			
January	No meeting			
February	<ul style="list-style-type: none"> <li>Council Work Plan</li> <li>Paediatric Implementation Plan</li> </ul>	<ul style="list-style-type: none"> <li>Finance and activity</li> <li>Patient, safety and quality</li> <li>Risk</li> <li>NEAT</li> </ul>	<ul style="list-style-type: none"> <li>CAHS Operational Plan</li> <li>CAHS Board Meeting, 22 Jan. (Chair)</li> <li>A/DG, Chairs and Deputy Chairs Governing Council Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Consumer Advisory Council</li> <li>Youth Advisory Committee</li> <li>CCYP Youth Health Position Paper</li> </ul>

Meetings	Planning	Performance	Governance	Stakeholder Engagement
		<ul style="list-style-type: none"> <li>• NEST</li> <li>• CAMHS</li> <li>• CACH</li> <li>• Aboriginal Health</li> </ul>	<ul style="list-style-type: none"> <li>• CAHS Art Collection Policy</li> <li>• PMH Pharmacy Review</li> <li>• Social Media Self-Harm Suicidality Project Control Group Meeting (Chair)</li> </ul>	
March	<ul style="list-style-type: none"> <li>• Paediatric Implementation Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal Health priorities</li> <li>• Central Referral Service</li> </ul>	<ul style="list-style-type: none"> <li>• Perth Children's Hospital Transition Status Report</li> <li>• Visit to PMH Ward (Chair)</li> <li>• CAHS Board Meeting (Chair)</li> <li>• PMH/PCH Immunisation Business Case</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioner for Mental Health (CfMH) meeting at Bentley Adolescent Unit (Chair)</li> <li>• PMH Foundation supports event (Chair)</li> <li>• Telethon Beneficiaries event</li> </ul>
April	<ul style="list-style-type: none"> <li>• Midland Child Health proposal</li> <li>• Adolescent Health Care</li> </ul>	<ul style="list-style-type: none"> <li>• CAMHS</li> <li>• Aboriginal Health</li> </ul>	<ul style="list-style-type: none"> <li>• A/DG, Chairs and Deputy Chairs Governing Council Meeting</li> <li>• PMH Pharmacy visit (Chair)</li> <li>• PMO Charter for PCH</li> <li>• Governance structure for PMO</li> <li>• Activity Based Funding/Management</li> <li>• Perth Children's Hospital Transition Report</li> </ul>	<ul style="list-style-type: none"> <li>• CfMH School Suicide Prevention funding</li> <li>• MfMH Mental Health Intervention</li> <li>• Ombudsman's Report – youth suicide</li> </ul>
May	<ul style="list-style-type: none"> <li>• Care coordination model in Aboriginal child health</li> <li>• Paediatric Implementation Plan Service Development Proposal</li> </ul>	<ul style="list-style-type: none"> <li>• Finance and activity</li> <li>• Patient, safety and quality</li> <li>• Risk and Audit</li> <li>• NEAT</li> <li>• NEST</li> <li>• CACH</li> </ul>	<ul style="list-style-type: none"> <li>• CAHS Accreditation Report</li> <li>• Perth Children's Hospital Transition Report</li> <li>• A/DG, Chairs and Deputy Chairs Governing Council Meeting</li> <li>• PMH Clinical Coders (Chair)</li> <li>• COAG funded programs</li> <li>• Phasing of Health Information Systems at PCH</li> <li>• Review of CAHS Audit schedules: <ul style="list-style-type: none"> <li>• CAHS Safety and Quality Audit Schedule 2013-2014</li> <li>• CAHS GEKO Activities</li> <li>• CAHS Internal Audit Program 2014/2015</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Traditional Healers in Aboriginal Health Care</li> <li>• WA Health Financial Reform: Program to Build Capacity and Capability (Chair and Deputy Chair) facilitated by Price Waterhouse Cooper (PwC)</li> </ul>
June	<ul style="list-style-type: none"> <li>• PCH Visual Identity</li> <li>• Paediatric Implementation Plan</li> <li>• KPMG ABF/M Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Finance and activity</li> <li>• Review of Metabolic Services</li> <li>• Update Central Referral Service</li> </ul>	<ul style="list-style-type: none"> <li>• CAHS Budget 2014-15</li> <li>• PBS Communication Plan</li> <li>• Perth Children's Hospital Transition Report</li> <li>• CAHS Accreditation Report</li> <li>• Hydrotherapy Facility at PMH</li> <li>• Child Health Research Strategic Council</li> </ul>	<ul style="list-style-type: none"> <li>• WA Council for Quality and Safety in Health Care (Chair)</li> <li>• GP down south , Youth Mental Health (Chair)</li> <li>• Future Directions for Health – CCYP (Chair)</li> </ul>