

PRIORITY AREA 1: GOVERNANCE

Objective Description

Domain	National Objective	Rationale
PERFORMANCE IMPROVEMENT CULTURE	To ensure sound governance reflecting a culture of continuous quality improvement	Sound governance is a legal, contractual and ethical obligation of all organisations. This is particularly so for publicly funded organisations. Ongoing systematic evaluation and improvement of the effectiveness of the organisation ensures continuous quality improvement.

National Performance Indicators

Level	Indicator	Results for the reporting period	Explanatory Text
1	N_PIC 1.1 The organisation is accredited by a recognised accreditation model.	<p>Accreditation achieved: <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, provide a certificate of accreditation.</p> <p>If no, brief description on progress towards achieving accreditation. Registered to be accredited with QICSA First audit conducted on 1/02/07 Final external audit tentatively scheduled for 30 October 2007. Accreditation expected to be completed by end of January 2008.</p>	<p>In the early stages of the accreditation process a 0.2 FTE project officer is planned to facilitate staff orientation to the process and to undertake related administration. The level of resourcing will be reviewed following the first audit.</p>
	N_PIC 1.2 The organisation's board composition is appropriate to support the effective discharge of governance and financial accountabilities.	<p>Brief description of the qualifications and experience of board members: Board consists of 8 members - 7 GPs and 1 non-GP.</p> <p>Board member 1: Chair, MBBS (Hons), FRACGP. 10 years Board experience. Board member 2: MBBS, PhD, FRACP, 2 years Board experience Board member 3: BMed, FRACGP, 3 years Board experience Board member 4: MBBS, FRACGP 1 year Board experience Board member 5: MBBS, FRACGP, 8 years Board experience, former Chair 2003-04 Board member 6: MBBS, FRACGP 2 years Board experience Board member 7: MBBS, FRACGP 6 years Board experience. Board member 8: currently vacant. To be filled by qualified accountant.</p> <p>All current Board members completed Australian Institute of Company Directors (AICD) Board training in March 2007.</p> <p>Legal and financial expertise is purchased externally to complement the Board's skills.</p>	<p>The Division's constitution has been amended at the last AGM to allow for non-GP to be elected on the Board. Active recruitment for accountancy expertise representation has commenced.</p>

PRIORITY AREA 1: GOVERNANCE

	<p>N_PIC 1.3 The organisational structure includes a mechanism to effectively capture relevant community input.</p>	<p>Description of the mechanism</p> <p>A Consumer Reference Group of 12 members has been established to provide community input on Division priorities and activities. The Consumer Reference Group will meet bi-annually (immediately preceding a Board meeting), and meetings will be facilitated by the Division CEO.</p> <p>The first meeting is scheduled for October 2007, and input will be sought on how best to meet community needs on current Division programs. It is intended that at the next meeting (January 2008), members will undertake a gap analysis to determine what community needs are currently unmet by the Division, and these will be prioritised for incorporation in the Division Annual Plan for 2008-09.</p>	<p>Community representatives were selected following open advertisement, and a total of 25 expressions of interest were received.</p>
--	--	---	---

PRIORITY AREA 1: GOVERNANCE

<p>N_PIC 1.4. The organisation has the following:</p> <ul style="list-style-type: none"> ▪ Comprehensive governance and operational policies manual in place that is subject to ongoing review ▪ Annual board performance appraisals, with externally facilitated review at least every three years ▪ Annual CEO performance reviews against agreed indicators and position description ▪ An independent committee established to provide assurance on financial, remuneration and other matters to the board ▪ Appropriate skills training program for each member of the board and management ▪ An effective system to ensure board members and staff are given adequate orientation to their respective roles ▪ A framework to evaluate the organisation's core programs and these evaluations are an essential part of board/management performance review. 	<p>Brief description of progress with structures/processes</p> <ul style="list-style-type: none"> • The operational policies manual was first implemented in July 2005 and is currently being reviewed as part of the accreditation process. Revised manual scheduled to be implemented in September 2008. • Board's performance review is facilitated by an external body every three years, and includes review of Board members position descriptions. Self assessment completed by Board members annually. Last assessment completed in April 2007. • CEO performance review conducted annually (most recent August 2006). • Finance Committee established and reports to the Board quarterly. Committee consists of Division Finance Officer, CEO and GP with post-grad management qualifications. When needed, external financial assistance is purchased as required, and once accountant member of Board is appointed, this member will also form part of the Finance Committee. • Board members self identify training needs that feed into the annual Board training schedule. The Board is raising with the SBO the possibility of facilitating state-wide support for Divisions' Boards around the areas of consistency and quality covering remuneration, finance assurance and risk assessment. • Board induction manuals are being developed and governance training offered. Staff orientation is conducted for all new staff. HR policies and procedures, once reviewed, will be posted on the intranet. • The Division has set up an evaluation framework which will see each program fully evaluated at least every two years. The evaluation work program will be a regular item on the Board agenda. The Division is exploring connection with the Primary Health Care Research, Evaluation and Development (PHC RED) to develop evaluation skills and techniques to feed into this framework. 	<ul style="list-style-type: none"> • CEO revising manual in consultation with Division staff. • ABD Consulting facilitated Board performance review in 2006. Next external review scheduled for March 2009. • Performance review conducted by 3 Board members (including Chair). • Under the new constitution, it is possible to have a board member with finance background and an appropriately qualified person is currently being recruited. • All Board members completed AICD Board training in March 2007. • A meeting has been planned with University XYZ in early 2008 to further explore connection with PHC RED.
---	--	--

PRIORITY AREA 1: GOVERNANCE

Domain
PERFORMANCE IMPROVEMENT CULTURE

Reflection on work towards all objectives within this domain

Notable achievements and key contributing factors	<p>Due to a change in administrative procedures, there has been a reduction in the overall membership rate by 10%. AGM feedback indicates that members were very pleased with the current state and activities of the Division, especially in the area of finances.</p> <p>We are progressing well to achieve accreditation / certification by March 2008. A high level of importance has been placed on this process by all Directors and Staff Members. One staff member volunteered to be the Division Quality Assurance Officer.</p>
Notable challenges and key contributing factors	<p>Increasing membership given the complexities of the primary health care sector.</p> <p>Within the Division the issue of cultural change was the main challenge. Only three staff members had experience of quality assurance procedures and no staff member had direct experience of the ISO methodologies. This challenge was overcome by the extensive training made available by SAI Global. 5 staff members in total undertook training with SAI Global.</p>
What did the Division learn from the strategic approaches used?	<p>We learnt that simplification of membership renewal is paramount to increased membership.</p> <p>The Division staff members learnt that teamwork and collaboration are essential when any major change in process is required. All members learnt of the importance of some of the fundamental issues within the 'continuous quality improvement cycle' and the importance of accurate documentation and simple standard operating procedures. The strategy of participation worked well and the assistance provided by the SBO proved valuable.</p>
How were community needs met?	<p>The community is approached from many levels within the Division's boundary and collaboration with other agencies and the public were found to be a successful strategies. Of particular value were the consumer representatives on women's health and the mental health program.</p>
Recommendations	<p>Simplify renewal system.</p> <p>Experiences gained through the performance improvement culture are shared with other Divisions and are currently assisting 2 neighbour Divisions with their quality improvement processes.</p>

PRIORITY AREA 1: GOVERNANCE

Objective Description

Domain	National Objective	Rationale
EFFECTIVE EXTERNAL ENGAGEMENT	Collaborations with key stakeholders influence local primary health care policy, planning and service delivery.	Sound working relationships between key stakeholders contribute to the effectiveness of the interaction between general practice and other health care and support providers. Community input into the program of activities ensures the relevance of the activities to the wider community.

National Performance Indicators

Level	Indicator	Results for the reporting period	Explanatory Text
1	N_EEE (DIV) 1.1 The Division's programs are well informed by relevant community input.	<p>N_EEE (DIV) 1.1 Significant Achievement 1: Community Education Forum on Arthritis. Aim: To foster open communication between the Division and the Community on arthritis.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Conducted bi-annual Community Education forums in 2 different locations • Invited patients diagnosed with arthritis and stakeholders from arthritis organisations. • Developed 2007 arthritis programs in response to identified local needs. <p>Outcomes:</p> <ul style="list-style-type: none"> • A better understanding of local needs was achieved in relation to arthritis, including issues that pertain specifically to arthritis self-management. • An education session was planned on arthritis self-management to be delivered by a nurse educator. <p>N_EEE (DIV) 1.1 Significant Achievement 2: Partnership Project Manager Aim: To research and make recommendations to the Board as to the likelihood of the three Divisions, three area health services, and one community health organisation in identifying common areas of interest.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Benchmarking and broad consultation undertaken on current priority areas and activities for each member of the initiative; • Development of a draft recommendations plan commenced, aiming to identify areas in which efforts can be complementary and non-duplicative. <p>Outcomes:</p> <ul style="list-style-type: none"> • Successful appointment of a Partnership Project Manager to oversee the implementation of a Partnership Plan • Increased awareness of common areas of interest within Divisions and other organisations involved • Several recommendations identified and agreed for inclusion in the plan, which include specific recommendations to maximise efforts/outcomes and minimise duplication – particularly in relation to chronic disease. 	

PRIORITY AREA 1: GOVERNANCE

		<p>N_EEE (DIV) 1.1 Significant Achievement 3: Build linkages Aim: Improve relationship with local Aboriginal Medical Service (AMS)</p> <p>Actions taken:</p> <ul style="list-style-type: none">• CEO and Chair of the local AMS attended the Division Board meeting• Division attended management meeting of local AMS <p>Outcomes:</p> <ul style="list-style-type: none">• Increased mutual understanding of each other's activities and challenges faced within local community• Significant progress made in improving our relationship with local AMS• Agreement for joint Board meeting of Division and AMS annually to discuss Indigenous health issues.	
--	--	---	--

PRIORITY AREA 1: GOVERNANCE

	<p>N_EEE (DIV) 1.2. The Division's collaborations with key stakeholders (for example, local government, regional health services, non-government organisations, consumer groups, relevant Indigenous health organisations, the SBO, other health service providers etc) influence local primary health care policy, planning and service delivery.</p>	<p>N_EEE (DIV) 1.2 Significant Achievement 1: Establishment of Disaster Management Committee Aim: To facilitate GP involvement in managing local disasters</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Collaborations undertaken through GP survey, Member Forum, discussion with local government, regional health services, including hospitals and neighbouring Divisions of GP <p>Outcomes:</p> <ul style="list-style-type: none"> • GPs are now better connected with other relevant services and officials • Influenced the shaping of the bush fire evacuation procedures for the remote villages that house disabled people. <p>N_EEE (DIV) 1.2 Significant Achievement 2: Better Health Care in ABC Aim: To develop a local approach to a national health priority (1st priority mental health)</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Analysed a significant quantity of population health data • Met / consulted with all major health providers within the Division's boundaries • Commenced documenting local health activity <p>Outcomes:</p> <ul style="list-style-type: none"> • Achieved a better understanding of local health data and activities • Increased co-operation / participation with major health providers, including mental health facility within the Division <p>N_EEE (DIV) 1.2 Significant Achievement 3: Regional Aboriginal Health Initiative Aim: To improve the baseline reporting of Indigenous Australians' health status within the Division's boundaries to provide more specific care using relevant MBS items.</p> <p>Actions taken:</p> <ul style="list-style-type: none"> • Met with key stakeholders to identify issues with reporting • Drafted the project scope and mud map <p>Outcomes:</p> <ul style="list-style-type: none"> • Increased co-operation/participation of stakeholders • Positive feedback on draft project plan received 	<p>Project in its early stages. Further outcomes expected.</p>
--	---	--	--

PRIORITY AREA 1: GOVERNANCE

Domain
EFFECTIVE EXTERNAL ENGAGEMENT

Reflection on work towards all objectives within this domain

Notable achievements and key contributing factors	Successful appointment of a Partnership Project Manager to oversee the implementation of a Partnership Plan was considered a notable achievement. A key contributing factor to this success was that our recent advertising campaign increased exposure of the Division's activities and raised interest from various professionals.
Notable challenges and key contributing factors	Some initial difficulty in recruiting adequately trained and informed consumer representatives was experienced. As a result the Division identified a need to establish appropriate mechanisms for consumers to be trained, feel supported and believe they are playing a meaningful role.
What did the Division learn from the strategic approaches used?	The use of contacts within organisations was more successful than recruiting representatives from large consumer organisations. There is a general lack of understanding of the value the consumer representative provides to the network.
How were community needs met?	The community needs were partially met by advertising one program in a number of local newspapers with telephone contact details. Although the response rate was relatively small the exposure of Division activities in the community was considered to be positive. Additional exposure through a planned marketing campaign completed in November 2006 and relating to immunisation is planned for implementation if funding can be achieved.
Recommendations	<ul style="list-style-type: none"> • Continue to utilise contacts and liaison officers within the major hospitals and area health service. • Continue to provide feedback at board level. • Recruit an appropriate consumer representative at board level.

PRIORITY AREA 1: GOVERNANCE

Objective Description

Domain	National Objective	Rationale
FINANCIAL, COMPLIANCE AND RISK MANAGEMENT	To ensure sound financial management, compliance with all legal and contractual requirements and mitigation of identified risks.	Sound financial management ensures a high standard of accountability and appropriate management of public funds. Sound compliance and risk management contributes to the effective management of the organisation's resources, assets and liabilities to protect its board, management and staff and enables the organisation to achieve optimal outcomes.

National Performance Indicators

Level	Indicator	Results for the reporting period	Explanatory Text
1	N_FCR 1.1 The organisation has systems for written financial reporting to the board (minimum of a quarterly basis), that include variance between actual expenditure and budget, financial ratio reporting and assurance of compliance with legal and contractual requirements.	<p>Statement of the existence of written financial reporting system</p> <p>A written financial system exists within the Division and includes the following:</p> <ul style="list-style-type: none"> • Finance reporting schedule • Accounting requirements • Audit requirements • Monthly internal audit schedule • Finance sub committee • Auditors management letter • Feedback letter from Funding bodies <p>Written financial information was provided to the Board four times during 2006-07.</p>	<p>Finance sub committee meets quarterly before the Board meeting. Finance report is standing agenda item for Board meetings.</p> <p>Finance committee consider and actively respond to the comments within the Auditors Management Letter and Annual Feedback Letter from Funding bodies</p>
	N_FCR 1.2 The organisation has written risk management plans based on an appropriate and recognised risk management framework. These plans cover the main areas of the organisation's operation (for example, governance, financial, knowledge management and, where appropriate, clinical risk) and include a legal and contractual compliance program.	<p>Statement of the existence of written risk management plans</p> <p>Risk management policies have been written and the Divisions Policy and Procedures manual is currently under review. Within the risk management framework, each program will have a risk management plan, and a "risk owner" who will be responsible for monitoring the implementation of the plan. The Board will review all risk management plans annually.</p>	<p>The need for a risk management committee will be reviewed by the Board in 2007-08.</p>

PRIORITY AREA 1: GOVERNANCE

Domain

FINANCIAL, COMPLIANCE AND RISK MANAGEMENT

Reflection on work towards all objectives within this domain

<p>Notable achievements and key contributing factors</p>	<p>The introduction of a risk management framework has been significant in helping the Board focus on the outcomes of the Division's various programs. The systematic review process adopted has had significant flow-on for the setting of Board agendas, the understanding of skills required from the Board and the Board's deliberations on future Board composition.</p> <p>Accreditation similarly has been a key motivator for change with the Board taking a much more active involvement in understanding the internal processes of the organisation and the impact of these on external stakeholders. For example the other players involved with the District disaster committee are looking for responsiveness in key areas from the Division and accreditation implementation is assisting the Board to set priorities in this area.</p>
<p>Notable challenges and key contributing factors</p>	<p>The challenge is to remain innovative and successful in the tender process in order to maintain the current level of infrastructure and implement local initiatives.</p>
<p>What did the Division learn from the strategic approaches used?</p>	<p>The implementation of a risk management framework has provided us with the opportunity to systematically review all systems and processes. This opportunity to reflect on what we do, where the major risks are and what to do to lower the likelihood / impact of the risks and document the processes has been an invaluable exercise for this organisation.</p>
<p>How were community needs met?</p>	<p>With the organisation improving internal systems, reflecting on the way we do things and putting in place a risk management framework, the community will have an improved population health / primary care focused organisation supporting general practice.</p>
<p>Recommendations</p>	<p>That a regular risk management review process be incorporated into our Governance / Management objectives.</p>