

Leadership and Governance

Whole of Health Program Master Class

Margot Mains
Chief Executive

April 2016



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Local Health District

Setting the scene...

- ISLHD recognised as a good performer in budget and most KPIs
- Facing a number of future challenges:
 - Greater incidence of chronic disease
 - Ageing population and health workforce
- Opportunity to strengthen and clarify our organisational leadership, roles and responsibilities
- Work to sustain and grow service delivery and enhance the quality of health care and satisfaction of our workforce



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Why the L&G Framework?

- Strengthen the organisation and clinical leadership
- Improve clarity of roles and responsibilities
- Enhance understanding of the relationships between clinical divisions, professional leads and operating hubs
- Increase empowerment / decentralise operational decision-making accountability and authority
- Improve alignment of support functions (decentralise wherever possible)
- Work to sustain and grow service delivery and enhance the quality of health care and satisfaction of our workforce



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Our Story

OUR POPULATION

We have a total population of:

385,250 people

*2011 data



More than **13,000 residents**, or **3.4%** of our population, identify as **Aboriginal** or **Torres Strait Islander**

65+

18% of our residents are **65 years or older**

6.1% are children under 5 years

17% are aged between 12-24 years



18.4% of the population were



BORN OVERSEAS

On average, more than **2.5 million** **tourists** visit our District annually

(a **third** of these during the Dec-Jan holiday period)



PROJECTED POPULATION

The population is projected to grow by **13%** by 2016 to **435,850** people



People aged over 65 years are the **fastest growing** age group
By **2031** it is projected that **25%** of our residents, more than **113,000 people**, will be over 65.



OUR HEALTH

On average, our LHD is **more disadvantaged** than the NSW population (*SEIFA ranking*)

Residents in our LHD are **more** likely to be:



- **Current smokers**
- **Risk drinkers**
- **Overweight or obese**

HOSPITALISATION

147,123 people used our Emergency Departments



36% of our ED presentations are made by just **3%** of our population

We had 320,321 overnight occupied bed days

Less than 1% of our population account for **39%** of overnight bed days in our Hospitals
**(2014-15)*

OUR SERVICES

9 HOSPITALS
45 COMMUNITY BASED SERVICE SITES



and a **workforce** of more than **7300 staff**
(including: 45% nursing, 20% medical, 8% allied health)

GEOGRAPHICAL LOCATION

Our District covers a large geographic region extending along 250km of coastline and working across **four** Local Government Areas



NSW GOVERNMENT

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Our Purpose

WHY

Healthy people, resilient communities

WHAT

Keeping People Healthy

Zero Harm -
reducing preventable harm

Truly Integrated Care

RESULTS FOR COMMUNITY

Adding life to years, years to life

Improved care experience

Right care, right place, right time

RESULTS FOR STAFF

Making a difference

Improved job satisfaction

Enhanced teamwork

FOUNDATIONS FOR CHANGE

Leadership & Governance	Harnessing Research & Innovation	Strong & effective partnerships	Supporting & developing our Workforce	Enabling eHealth

OUR VALUES

Collaboration | Openness | Respect | Empowerment

OUTCOMES
Improved health
Connected, high quality, safe services
Engaged, skilled, diverse workforce
Living within our means

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OUR VALUES

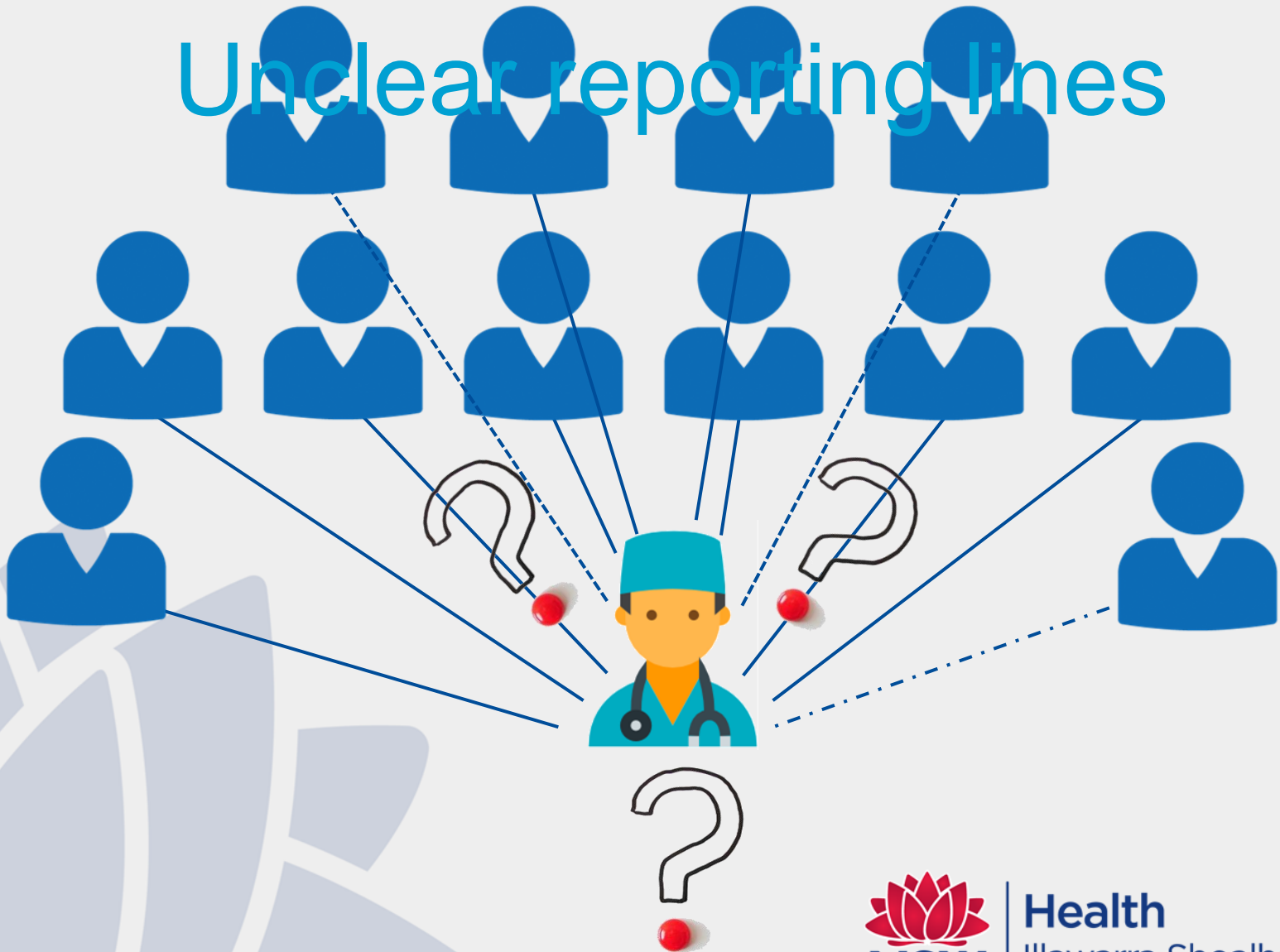
Collaboration | Openness | Respect | Empowerment

OUTCOMES
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Connected, high quality, safe services
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Living within our means



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Unclear reporting lines



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Previous Governance Structure

CHIEF EXECUTIVE



SEVEN EXECUTIVE DIRECTORS



CLINICAL DIVISIONS



PROFESSIONAL LEADS

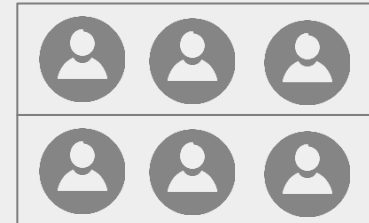


HOSPITAL HUB GMs



6 HUB

PROFESSIONAL LEADS

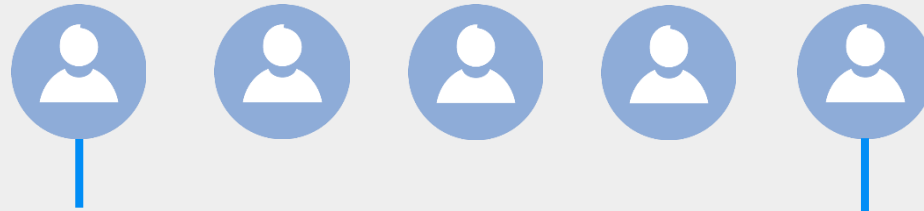


New Strategic Executive

CHIEF EXECUTIVE



FIVE EXECUTIVE DIRECTORS



12 x CLINICAL DIVISION CO-DIRECTORS



SPECIALTY DIRECTORS



PROFESSIONAL LEADS



HOSPITAL HUB GMs



Strategic Executive

Established to:

1. Create a service-led model with focus on strategic leadership, strong line accountability, efficient and effective performance, and risk management
2. Includes clinical leads to drive strategic service delivery for improved patient outcomes while maintaining professional integrity
3. Empower staff to make decisions with the appropriate accountability
4. Help us all sing from same song sheet



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Dr Susie Piper
Paediatrician

“This is true clinical leadership in action.

It’s the first time I’ve seen senior clinicians engaged and sitting at the executive table with a voice in strategic planning and decision-making.”



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Clinical Divisions

Established to:

1. Strengthen and consolidate clinical networks into six clinical divisions, made up of clinical services that provide strategic direction for the delivery of the best possible clinical care.
2. Provide consistent quality of care and service delivery for a speciality across the District.
 - Within each service (sub-speciality) and department
3. Enable multidisciplinary leadership through appointment of two co-directors – medical and nursing/allied health.



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Anthony Arnold
Co-Director Cancer Care Division

“The biggest change for me is a seat at the Strategic Executive table which will enable me to think, work and act on behalf of the District.”

This will allow me to actively participate and work together on District priorities and initiatives.”



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Clinical Divisions

Previous structure

1. Aged Care
2. Cancer
3. Emergency
4. Medicine
5. Obstetrics & Gynaecology (Illawarra)
6. Obstetrics & Gynaecology (Shoalhaven)
7. Paediatrics & Child Health
8. Palliative Care
9. Rehabilitation
10. Renal
11. Surgery (Illawarra)
12. Surgery (Shoalhaven)

New structure


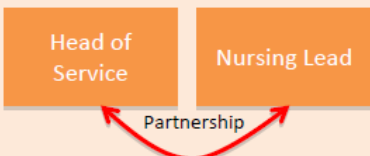
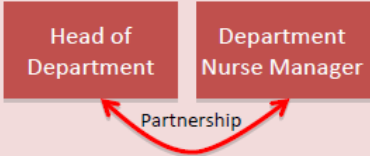
1. Aged Care, Palliative Care & Rehabilitation
2. Cancer Care
3. Critical Care
4. Medicine
5. Surgery
6. Womens, Kids & Families



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Arrangement of Divisions

<p>Clinical Division</p> <ul style="list-style-type: none"> District-Level (Strategic) Made up of more than one Service in a related discipline Each has two co-directors that work in partnership Co-Directors report to: <ul style="list-style-type: none"> Executive Director Clinical Operations for operational matters Chief Executive for strategic matters 	 <p>Responsibilities:</p> <ul style="list-style-type: none"> Provide advice to Executive and Board Provide clinical leadership Develop clinical policy and guidelines Develop strategies to minimise clinical risk and ensure quality and safety protocols are maintained Develop division strategy and planning Allocate funding and activity, in accordance to District operational plan Develop business plans Workforce planning and development Development of change management strategies Translate best practice into clinical practice Manage MOUs with sites Development of MOUs and guidelines for how Services and Unit liaison will occur with GMs/directors.
<p>Clinical Service</p> <ul style="list-style-type: none"> Made up of more than two Departments that operate at different sites Head of Service and Nursing Lead work in partnership Head of Service and Nursing Lead report to respective Co-Director 	 <p>Responsibilities:</p> <ul style="list-style-type: none"> Provide advice to Divisional Co-Directors and District Executive Provide clinical leadership to Unit co-heads Apply clinical policy and guidelines across the Service Monitor clinical risk and ensure quality and safety protocols are consistent across Units Develop Service strategy and planning for the clinical service in line with divisional plans Manage funding and activity across services, together with Hub general managers, as allocated by co-directors Develop and implement business plans for Units across the District Manage workforce issues across multiple Units Implement best-practice consistently across multiple Units Liaise with GM to ensure clinical practices across sites meet hub needs Support research across Service.
<p>Clinical Department</p> <ul style="list-style-type: none"> Site-Level (Operational) Consists of a single specialty at a single site Head of Department and Department Nurse Manager work in partnership Head of Department and Department Nurse Manager report to: <ul style="list-style-type: none"> Hospital General Manager as part of Hub Executive Team Director Clinical Services/Director of Nursing for professional matters 	 <p>Responsibilities:</p> <ul style="list-style-type: none"> Lead clinicians to provide quality healthcare Implement clinical policy and guidelines in accordance with Division/Service, Hospital and District requirements Identify clinical risk and ensure quality and safety protocols are followed Implement division/service strategy and plans Adhere to funding and activity allocation Implement business plans Manage staff (leave, staff training) Implementation of change management strategies Work with Hub GMs and Hub Executives to meet performance indicators.

Co-Director Accountability Partnership Agreement

Co-Director Accountability Partnership Agreement		
Accountability	Co-Director 1	Co-Director 2
Provide strategic advice to the Board and Executive as required for all Clinical services provided by the Division	√	√
Attend Executive Committee meetings	√	√
Development of policy and guidelines across the District for all Clinical Services in the Division – for Medical staff	√	
Development of policy and guidelines across the District for all Clinical Services in the Division – for Nursing staff		√
Development of policy and guidelines across the District for all Clinical Services in the Division – for Allied Health staff		√
Develop strategies to minimise clinical risk and ensure quality and safety protocols are maintained across the District	√	√
Strategic planning for the Division's clinical services	√	√
Development, allocation and oversight of financial plans and budgets for divisional services across the District; together with the Executive Director Clinical Operations, and in accordance with the District operational plan	√	√
Development, monitoring and review of division and divisional services business plans	√	√
Development of innovative clinical solutions that best meet the needs of the community	√	√
Workforce planning and development for divisional services across the District; together with professional leads and Hubs – Medical	√	
Workforce planning and development for divisional services across the District; together with professional leads and Hubs – Nursing		√
Workforce planning and development for divisional services across the District; together with professional leads and Hubs – Allied Health		√
Translating best practice into local service delivery; ensuring clinical practice reflects best practice across divisional services – Medical	√	
Translating best practice into local service delivery; ensuring clinical practice reflects best practice across divisional services – Nursing		√
Translating best practice into local service delivery; ensuring clinical practice reflects best practice across divisional services – Allied Health		√
Development and support of research within the Division	√	√
Development of a memorandum of understanding with each Hub for the delivery of clinical services provided by all services within the Division	√	√
<i>The accountabilities listed above have been agreed to be both Co-Directors. Performance of Co-Directors will be assessed as per the agreed accountabilities.</i>	_____	_____
	Signed	Signed
	_____	_____
	Date	Date



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What's the aim?

Move from

Corporate-led

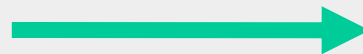
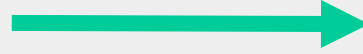
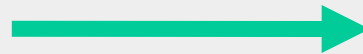
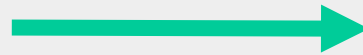
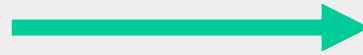
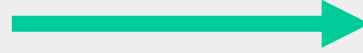
'Blame' culture

Lack of accountability

Centralised decision making

People seeking power

People afraid to speak up



To

Clinical-led

Achievement culture

Clear accountability

Decisions at the right level

Empowered people

People open to challenge



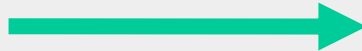
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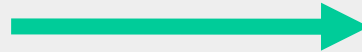
What's the aim?

Move from

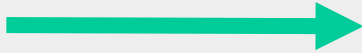
Inconsistency in words and actions



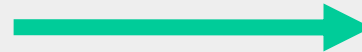
Portfolio-based strategies



Adversarial - "my way"



Inefficiency - old systems and processes



To

Role modelling values at all levels

Shared organisational strategies

Collaborative "Our way"

Efficiency - new improved systems and processes



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Where are we now?

- Clearly defined role and membership of Core Executive and Strategic Executive
- Enhanced role clarity across the organisation with more of the right people able to make decisions with appropriate accountability
- Empowerment of leaders at the local level through:
 - revised delegations
 - consolidation of committees
 - enhanced collaboration
- Decentralisation of staff support functions at point of service delivery, including Clinical Governance and Workforce Support.



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Where to next...

- Working to achieve model of clinical leadership that cascades right through the organisation
- Strengthen underlying structures to optimise service delivery and management
- Continuing work on role clarity and policy revision
- More focus on culture improvement with emphasis on action



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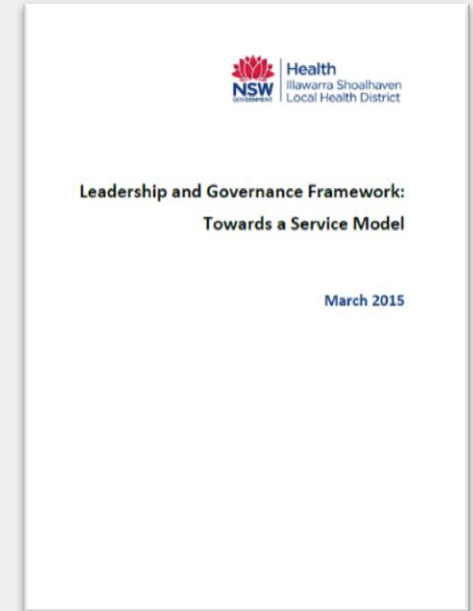
More information

To view the full document

ISLHD Leadership and Governance Framework: *Towards a Service Model*

visit:

www.islhd.health.nsw.gov.au/LandG_Framework.pdf



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QUESTIONS



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