

Northern Queensland Health Leadership Charter

Agreement between

Mackay Hospital and Health Service (MHHS)

and

Northern Queensland Primary Health Network (NQPHN)

July 2015 – June 2016

INTRODUCTION, INTENT AND OBJECTIVES

This is an agreement (Charter) between the Mackay Hospital and Health Service (MHHS) and Northern Queensland Primary Health Network (NQPHN) (the Parties).

The Parties recognise they have a shared responsibility and accountability for the health and wellbeing of the community of the Northern Queensland region. The Parties will cooperate as a united leadership team embracing the principal of a “one health system” patient centered approach; creating an integrated, seamlessly coordinated health system that makes patient journeys continuous and improves health outcomes for people in our region.

Pursuant to the *National Health Reform Agreement* and the *Hospital and Health Boards Act 2011* (Qld) and the subsequent establishment of Hospital and Health Service Boards and Primary Health Networks there is a requirement to use our best endeavours to develop an overarching Charter between the Parties and work collaboratively towards the achievement of National, State and local objectives.

Intention

The intention of the Charter is to:

- Support cooperation between the Parties in the design, planning, improvement and delivery of health services;
- Outline how the Parties together will act and work in partnership such that there is shared responsibility, shared accountability and shared decision making to meet the joint objectives of our respective organisations;
- Provide context and guidance to a range of initiatives that continue to be developed between the parties; and
- Improve the health outcomes of the community of Northern Queensland.

Joint Objectives

The Parties will work together to:

- Agree our shared objectives and Key Results Areas within the scope of our Shared Health Action Plan activities (*in the first instance, this will be the scope of services included in the business case*), including the systems for regularly reporting KPIs and

- sharing health information data in a fashion that supports joint continuous quality improvement for assessing achievement of these;
- Monitor the outcomes of activities, and use that information to inform our stakeholders (particularly our populations) and to guide further decisions on prioritisation and service change;
 - Develop arrangements for sharing staff, resources and allowing access to facilities and information management systems
 - Ensuring that technology and other eHealth solutions are designed and used with integrating the health system in mind to improve health outcomes; including the national My Health Record
 - Working together to simplify funding arrangements for the health system as a whole including governance arrangements
 - Ensure that health services address the needs of disadvantaged and at risk groups, including Aboriginal and Torres Strait Islander people.
 - Improving patient flows across neighbouring boundaries between services, including and health and hospital services
 - Develop a process for how our alliance will annually review its scope and objectives, to keep refreshing our strategy and approach to meet our objectives;
 - Enhance service access and create an integrated, seamlessly coordinated health system across the health continuum;
 - Identify, analyse and develop agreed priorities for local health needs, Inform joint planning and policy imperatives;
 - Meet performance requirements as articulated by the National Health Performance Authority;
 - Influence and reform those areas of the health system for which they have responsibility; and
 - Ensure care is delivered in the right place at the right time by and to the right people.

GOVERNANCE

The Chief Executives and Boards of the respective Parties hold joint responsibility for the endorsement and any amendment of this Charter. Chief Executives and the executive leadership teams of the respective Parties will be the accountable officers responsible for the promotion, implementation and carriage of the Charter.

Key Contact Person

Each Party is to nominate a key contact person to act as a single point of reference and coordination for matters related to this Charter.

The person will also be responsible for:

- Coordinating their respective organisations involvement in the Charter;
- Ensuring proposed joint initiatives match agreed strategic direction and priorities;
- Establishing new initiatives under the Charter and ascertaining the type of working arrangement that will support it; and
- Consolidated activity reporting.

Scope of Initiatives

A variety of initiatives will be addressed under the Charter; ranging from funded contract arrangements through to collaborative endeavours based on mutual benefit and support. Initiatives must align with the Parties strategic plans and priorities.

Governance and Advisory Structures

The Boards of the Parties agree to meet at least once per year, and the Executive Leadership Teams agree to meet 4 – 6 times per year to plan and report on joint initiatives and Charter outcomes, and manage the strategic direction of collaborative efforts.

Key Performance Indicators and Shared Health Action Plan

The Key Performance Indicators for the Charter and key activity and priority areas for the Charter will be developed and agreed jointly, and will be documented as part of a shared health action plan.

Secretariat Support

Formal secretariat support will be shared between Parties.

IMPLEMENTATION AND HEALTH ACTION PLANS

A project management methodology will be deployed for the implementation of initiatives under this charter. Each initiative must have a Health Action Plan including:

- Objectives;
- Project Sponsors and Project Managers
- Alignment with business priorities and strategic intent;
- Scope of activities to be undertaken;
- Timeframes;
- Key performance indicators;
- Resource implications including financial costings and
- Signatories to the Plan.

Reporting against performance and risk management measures will occur via the governance mechanisms previously described.

Initiatives will be evaluated on an ongoing basis (to be agreed) and upon completion of project activity. Results will inform improvements in service delivery, collaborative working arrangements, and research outcomes as appropriate. Project Sponsors and Project Managers are required to provide system-level oversight and monitoring of the work done under Health Action Plans, and ensuring connectedness and a whole of system approach to any and all activities.

Initial Priorities

Mackay Hospital and Health Service and NQPHN have agreed to initially pursue the following key areas:

- Reducing risk factors – smoking, drugs and alcohol and obesity
- Responding to our community health priorities by improving mental health, cancer care, care of the elderly and chronic disease.
- Data Sharing to support a collective “whole of health system view” inform population health planning and shared decision making
- Improving health service navigation for clinicians and consumers (Health Pathways)
- Reducing Avoidable Hospital Admissions and Presentations
- Improving engagement between primary health care and Hospital and Health services (GP liaison)
- Establishment of joint Community Advisory Committees
- Improving access to patient records and information for clinicians across the health system to support seamless care, clinical handover and transition through eHealth, My Health Record, The Viewer and Telehealth.
- Disaster Management and response to public health issues (e.g. disease outbreaks, immunisation)
- Reducing Specialist Outpatient waitlists

PRINCIPLES

The foundation of our Agreement is a commitment to act in good faith using best available evidence to reach consensus decisions on the basis of 'best for patient, best for system'. As a leadership team we will conduct ourselves and undertake our leadership role in a manner consistent with the following principals:

- Support clinical leadership, and in particular clinically-led service development;
- Conduct ourselves with honesty and integrity, and develop a high degree of trust;
- Promote an environment of high quality, performance and accountability, and low bureaucracy;
- Strive to resolve disagreements co-operatively, and wherever possible achieve consensus decisions;
- Adopt a patient-centred, whole-of-system approach and make decisions on a Best for System basis;
- Seek to use our collective finite resources as efficiently and effectively as possible in planning health services to achieve improved health outcomes for our populations;
- Balance a focus on the highest priority needs in our communities, while ensuring appropriate care across all our rural, remote and urban populations;
- Adopt and foster an open and transparent approach to sharing information; and
- Actively monitor and report on our alliance achievements, including public reporting.

GENERAL CONSIDERATIONS

Agreement term and review

This agreement will be subject to an initial review after one year. It can then be renewed by mutual consent of the Parties. All suggestions for enhancements are to be tabled with the Executive Leadership Teams. Notwithstanding the aforementioned, the parties agree to a three (3) year review or as specified by section 43 of the *Hospital and Health Board Act 2011*.

Either Party may terminate this Charter by ninety (90) days written notice to the other Party.

Engagement and cooperative arrangements

Incorporation of feedback derived through local and joint engagement mechanisms and cooperative arrangements is essential in providing an effective, inclusive, and responsive health service.

All joint initiatives pursuant to this Charter will be informed by a high level of input from clinicians, consumer, stakeholders and community engagement. In addition, initiatives will be informed by input from cooperative arrangements with other entities delivering services in the health, aged care and disability sectors to improve service delivery and health outcomes.

This Charter, Health Action plans, and progress reports, including joint KPI's will be distributed through regular communications (minimum bimonthly) to all staff within each of the parties organisation to raise awareness of joint activities and progress and support collaboration at all levels of our respective organisations. The Hospital and Health Service will make available to the NQ PHN through internet publishing, a summary of key issues discussed and decisions made in Board meetings, subject to the board's obligations relating to confidentiality and privacy.

Public reporting

This charter and any revision will be published on the website of each Party for public access. Joint KPI's and other measures of the effectiveness of this protocol, including shared health action plan summaries, will be publically reported on each parties website.

Media

Media statements relating to joint initiatives under this charter will be agreed to by both parties prior to issue.

Conflict of interest

Each Party needs to be aware of and actively manage any perceived or real conflicts of interest in relation to their staff participating in activities relating to the Charter.

Each party must also be cognisant of their funding streams and related obligations.

Privacy and confidentiality

Shared information marked as confidential or regarded as commercial in confidence, clinically confidential or has privacy implications will be treated accordingly by either Party.

Intellectual property

The resources and content developed as result of joint initiatives under this charter should reflect the involvement of both Parties. This would include use of the two corporate logos in the publication of paper based and electronic documents.

Dispute resolution

In keeping with the intent of the Charter, matters on which there are divergent views will be addressed with good will and in a respectful and courteous manner. Direct, local negotiation should be used in the first instance to resolve any issues. If this is not possible, the issue should be escalated to the Party's named contact person. An independent mediator may be introduced if a matter is unable to be resolved after negotiation.

CHARTER ENDORSMENT

Signed:

For and on behalf of Northern Queensland Primary Health Network by:

Chair

Date:

Chief Executive Officer

Date:

Signed:

For and on behalf of Mackay Hospital and Health Service by:

Chair

Date:

Chief Executive Officer

Date: