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## NSW Health Surgical Care Governance Taskforce

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### 1 PURPOSE

The purpose of the Surgical Care Governance Taskforce is to provide assurance to the Secretary, NSW Health, that health care organisations providing surgical services in NSW have a streamlined approach to managing performance, efficiency, risk management, clinical effectiveness, quality, safety, value and strategic initiatives to ensure the best quality care is provided to the people of NSW.

This Taskforce will build on existing surgical services committees and programs (**Appendix A**)

### 2 SPECIFIC FUNCTIONS AND RESPONSIBILITIES

The Surgical Care Governance Taskforce is the final authorising body for strategic direction, performance management and planning for system wide planned and emergency surgical services for the whole of NSW Health.

Other primary duties and responsibilities include:

- Enhancing state-wide collaboration and providing cohesive leadership for surgical services in NSW
- Overseeing and advising on Local Health District plans to reduce overdue planned surgery numbers
- Provide advice and endorsement on any proposed planned surgery activity level changes impacting public and private facilities
- Partnering with clinical groups to:
  - increase day only surgery and its acceleration through virtual care and remote monitoring
  - reduce low value surgery through introducing criteria-based referral and multidisciplinary team assessment
  - reduce surgery at the end of life where clinically appropriate
  - implement operating theatre efficiency measures related to high volume short stay units and through dedicated surgical suites for planned surgery with ringfencing urgent surgery procedures in a parallel system.
- Monitoring key indicators that inform surgical performance for both planned and emergency surgery capability
- Prioritising identified improvements for surgical services in NSW
- Maintaining and managing an up-to-date register of risks for surgical services in NSW
- Providing a forum for agencies and health services to discuss and align strategic directions and policy in surgical services
- Establishing time-limited subcommittees for emerging issues
- Allocating key actions or projects of interests to specific organisations for action, to be reported back to the committee at milestones
- Facilitate sharing of surgical services outcomes and improvement learnings across the NSW health system.

## ENDORSED TERMS OF REFERENCE

### Reporting

- Prepare a progress report for the Minister for Health and Minister for Regional Health and the NSW Health Secretary within 3 months of commencement of the Taskforce
- Prepare a final report on outcomes from the Taskforce for the Minister for Health and Minister for Regional Health.

### **3 SUBCOMMITTEES**

For emergent issues, it may be necessary to establish a time (or meeting) limited subcommittee. In the event a subcommittee is required, the secretariat and meeting logistics will be allocated to a lead member organisation i.e. Ministry of Health, Agency for Clinical Innovation etc.

### **4 MEMBERSHIP**

As needed, membership will be flexed to ensure appropriate representation is available. Ongoing membership includes:

- Professor Neil Merrett, Chair, Surgical Services Taskforce, Program Director of Surgery South Western Sydney Local Health District, Head Upper GI Surgery SWSLHD, Director of Surgery, Campbelltown Hospital (Co-chair)
- Mr Matthew Daly, Deputy Secretary, System Sustainability and Performance, NSW Ministry of Health (Co-chair)
- Dr Bruce Ashford, General Surgeon, Wollongong Hospital, Illawarra Shoalhaven Local Health District
- Ms Tammy Burns, Perioperative Nurse Manager, St George Hospital, South Eastern Sydney Local Health District
- Ms Julia Capper, Director Allied Health, Northern Sydney Local Health District
- Dr Gerard Coren, General Surgeon, Maitland and Singleton Hospitals, Hunter New England Local Health District
- TBC, Chief Executive Officer, Catholic Health Australia
- Dr Richard Halliwell Chair, Anaesthesia Perioperative Care Network, Anaesthetist, Western Sydney Local Health District
- Dr Mark Horsley, Orthopaedic Surgeon, Sydney Local Health District (also Surgical Services Taskforce member)
- Professor Mohamed Khadra, Clinical Director of Surgery Nepean Hospital, Professor of Surgery University of Sydney, Director Strategy and Innovation (also Surgical Services Taskforce member)
- Dr Jean-Frederic Levesque, Deputy Secretary, Clinical Innovation and Research, and Chief Executive, Agency for Clinical Innovation (responsible for new models of surgical care)
- Ms Jill Ludford, Chief Executive, Murrumbidgee Local Health District
- Professor Brian McCaughan AM, (Specialist Safety and Quality Advisor to the Taskforce)
- Dr Caroline McCombie, Anaesthetist, Shoalhaven Hospital, Illawarra Shoalhaven Local Health District
- Dr Ian Nicholson AM, Cardiothoracic Surgeon, Sydney Children's Hospitals Network



## ENDORSED TERMS OF REFERENCE

- Mr Joe Portelli, Executive Director, System Purchasing Branch, NSW Ministry of Health
- Ms Leanne Seiffert, Perioperative Nurse Manager, Lismore Base Hospital, Northern NSW Local Health District
- Dr Grahame Smith, Urologist, Sydney Children's Hospitals Network (also Surgical Services Taskforce member)
- Mr Tobi Wilson, Chief Executive, South Eastern Sydney Local Health District
- Ms Kerry Rodgers, Nurse Unit Manager, Operating Suite, Nepean Blue Mountains Local Health District
- Dr Sue Velovski, General surgeon, Lismore Base Hospital, Northern NSW Local Health District

### **Ex-officio attendees**

- Executive Director, Greater Metropolitan Health Services, Hunter New England Local Health District
- Executive Director, Workforce Planning and Talent Development, NSW Ministry of Health
- Executive Director, System Management, NSW Ministry of Health

### **Responsibilities:**

- Attend 75% of the meetings, either face to face or via teleconferencing
- Inform the Taskforce's Chairs or Secretariat if unable to attend meetings
- Review material as requested prior to meetings or due dates
- Disseminate information/communications to staff members as required
- Seek and present the views of the staff/group members they represent.

## **5 OTHER PARTICIPANTS**

The Chairs may invite other individuals or groups to present to, or observe, meetings. Where agreed by the Chairs, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised. Guests may include accompanying staff and staff may be invited to support the recording of discussion and implementation of session outcomes.

## **6 QUORUM**

The quorum will be a minimum of half the total membership plus one (more than 50%). In the absence of a quorum the meeting may be rescheduled at the earliest suitable date or may continue at the Chair's discretion with all actions to be ratified at a subsequent committee meeting. Proxies are included in the determination of a quorum.

## **7 SECRETARIAT**

Secretariat support will be provided by System Purchasing Branch, Ministry of Health. Responsibilities of the Secretariat include:

- Preparing the agenda in consultation with the Co-Chairs and coordinating the circulation of papers
- Preparing a meeting schedule
- Recording and maintaining meeting proceedings

#### ENDORSED TERMS OF REFERENCE

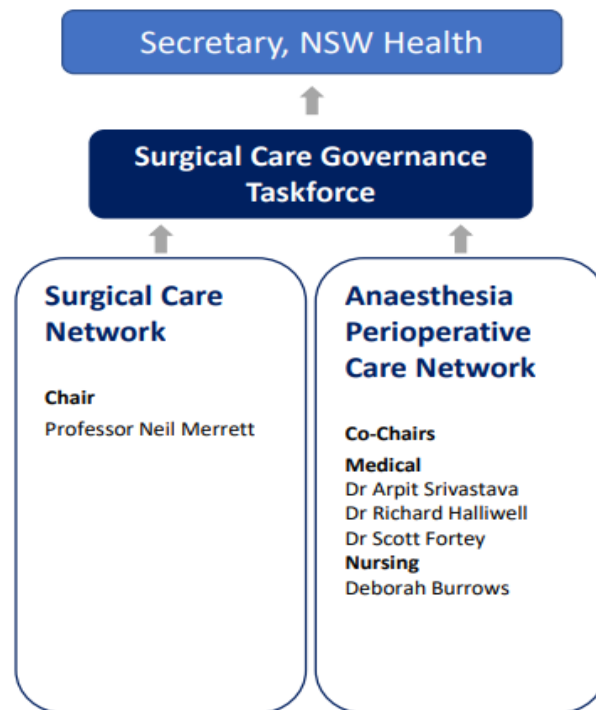
- Distributing meeting actions within 14 days of a meeting.

The Secretariat may be contacted at: [MOH-SPB@health.nsw.gov.au](mailto:MOH-SPB@health.nsw.gov.au)

#### 8 FREQUENCY OF MEETINGS

The Surgical Care Governance Taskforce will meet on monthly basis or more frequently as required. The meeting location will be at the Ministry of Health, St Leonards or via Teams (videoconference).

#### 9 REPORTING RELATIONSHIPS



## APPENDIX A

**EXISTING SURGICAL SERVICES COMMITTEES**

Existing surgical services committees and related areas of work were considered in defining the scope of the Surgical Care Governance Taskforce.

There may be existing committees that have a set of key functions which should not be replicated. In other instances, work may require the collaborative efforts of both existing committees and the Surgical Care Governance Taskforce.

**Existing Surgical Services Taskforce for consideration include:**

- Agency for Clinical Innovation - Surgical Services Taskforce
- Agency for Clinical Innovation – Anaesthesia Perioperative Care Network

**Related Areas of Work for consideration include:****NSW Cancer Institute**

- *Optimising Cancer Care*. This is a state-wide initiative that aims to save more lives from cancer by using the latest evidence to inform how, when and where people receive cancer treatment.
- *Reporting for Better Cancer Outcomes*. This is a program focused on continuous improvement across the NSW cancer health system. The program monitors and reports on key areas of cancer control, such as cancer prevention, screening, treatment and clinical trials.

**Clinical Excellence Commission**

- *Collaborating Hospitals' Audit of Surgical Mortality (CHASM)* audits the deaths of patients who were under the care of a surgeon at some time during their hospital stay in NSW, regardless of whether an operation was performed.
- *Clinical Incident Management and Reporting-* Clinical Focus Reports and Incident Reports.

**Agency for Clinical Innovation**

- The *National Surgical Quality Improvement Program (NSQIP)* is a nationally validated, risk-adjusted, outcomes-based program to measure and improve the quality of surgical care.
- Models of Care, for example hip fracture pathway
- Clinical Guidelines: e.g. Operating Theatre Efficiency Guidelines and High Volume Short Stay Surgery.
- Low value care

**Ministry of Health**

- Elective Surgery Access Performance - System Management Branch
- Performance Reporting – System Information and Analytics Branch
- Policy development, e.g. Waiting Time and Elective Surgery Policy - System Purchasing Branch
- Hospital performance support – System Performance Support Branch
- Service Agreements - System Purchasing Branch
- Purchasing negotiations - System Purchasing Branch
- Funding arrangements - Finance Branch