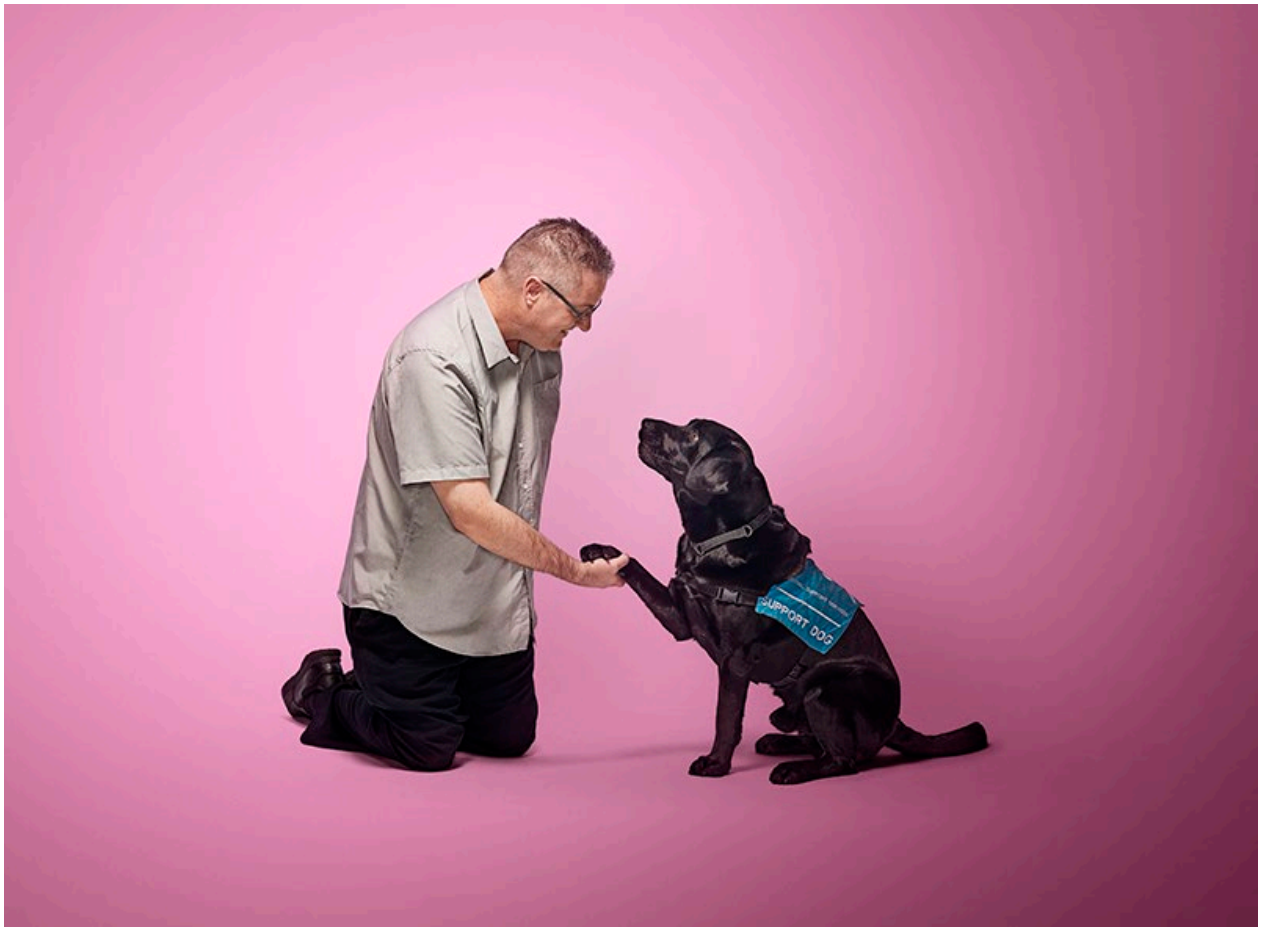
Canberra Health Services Consultation Paper

Quality, Safety and Governance

October 2024



Contents

Introduction

In July 2023, Canberra Health Services (CHS) joined with the newly named North Canberra Hospital to form a single public hospital and health service for the Australian Capital Territory. This built on the gradual expansion of CHS over recent years to offer a broader range of services across multiple sites:

- Canberra Hospital - tertiary hospital
- North Canberra Hospital - secondary acute hospital
- University of Canberra Hospital - specialised rehabilitation (sub-acute hospital)
- Clare Holland House - public palliative care service
- Walk-in centres - community facility for treatment of minor illness and injury
- Community health centres - community facility for general and specialist services
- Community based health services, such as early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

This fusion of public hospitals created some duplication in executive structures and leadership, and at the same time required CHS to re-examine its governance arrangements at a network level and an operational site/service based level.

The move to a CHS network approach means it is appropriate to review network wide needs, to ensure that we are not duplicating resources or efforts inappropriately, and that we are operating in the most effective manner.

A review has commenced to consider quality, safety, strategy, and governance functions to work out what the best arrangement is to support delivery of exceptional health care across the organisation.

For broader CHS, Quality Safety, Innovation, and Improvement (QSII) and Strategy and Governance have undergone multiple structural changes since 2016. Initially combined under one division – the Healthcare Improvement Division, there have been various structure changes and realignments over the years in an attempt to improve service delivery within the organisation. The two branches split in 2021, with QSII reporting to the Chief Operations Officer (COO) and Strategy and Governance reporting to the Deputy Chief Executive Officer (DCEO). This split was intended to reflect the clinical focus of QSII, and the more corporate operations focus of Strategy and Governance. QSII has since been realigned to also report to DCEO. North Canberra Hospital (NCH) teams have been through a period of significant change following transition into Canberra Health Services and the ACTPS from July 2023, and several leadership changes over that period.

Purpose

Since May 2024, we have been working through consultation with existing QSII, Strategy and Governance, NCH Quality and Safety team members to identify where there is alignment between roles/functions, and what a network function may look like. NCH Quality and Safety Team also had discussions in the first half of 2024 in relation to a Network approach. We have also considered other related processes or available information, including:

- Culture Survey Results
- Structure in other jurisdictions
- Related CHS consultations including changes to Infrastructure and Health Support Services (IHSS), establishment of Health Services Support Unit in Office of CEO and changes to CHS Profession Leads.
- Independent review into Medico Legal function completed by KPMG in 2023-24

The purpose of this paper is to describe the proposed next steps and recommended changes to allow quality, safety, and governance functions to support the CHS network moving forward.

Current Model

For the broader CHS, QSII and Strategy and Governance were brought together under one Executive Branch Manager in May 2024, though have continued to function as two separate branches during this time. The current structure is outlined below:

QSII includes the following teams/functions:

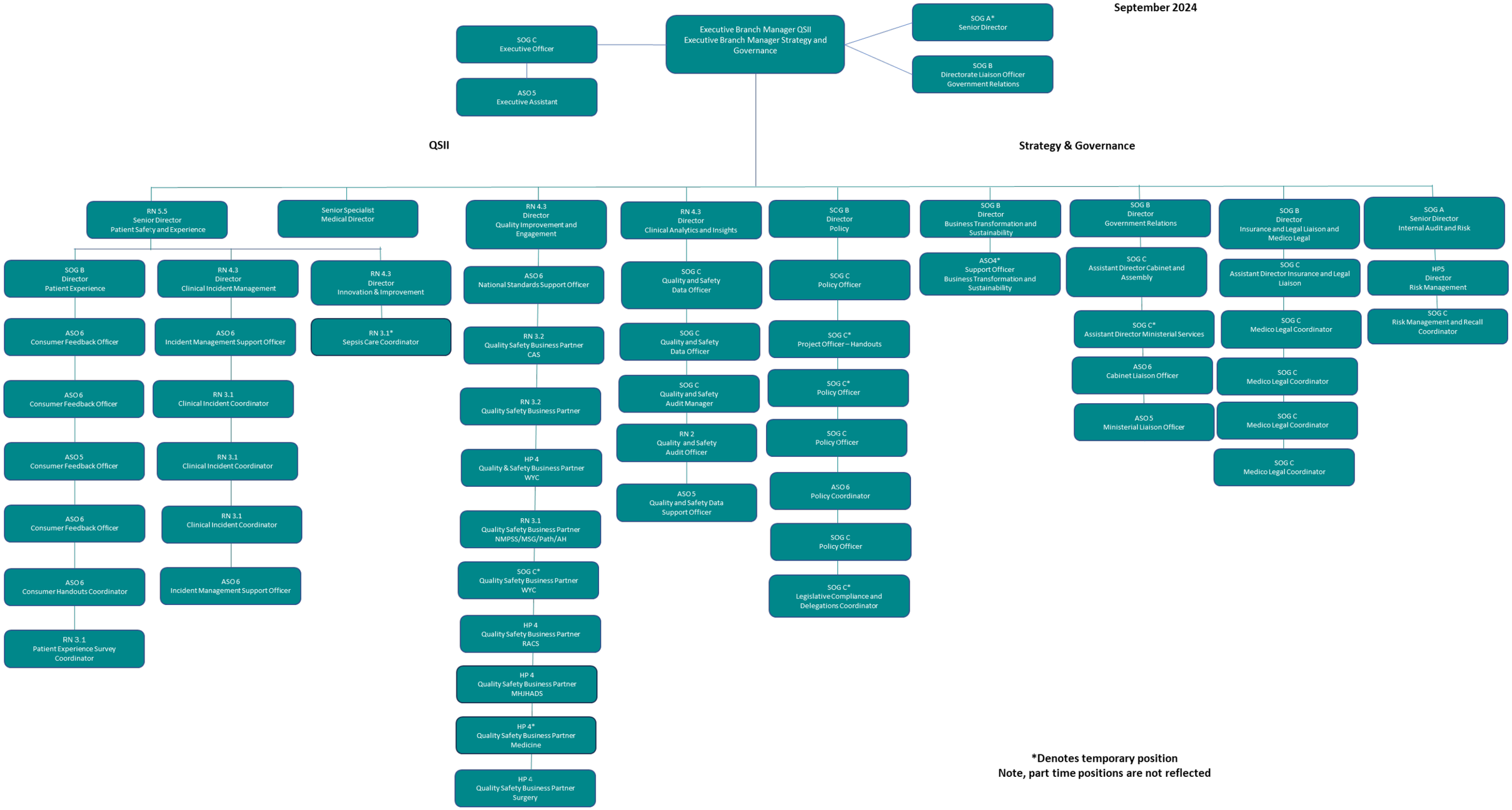
- Patient Experience, including Consumer Feedback and Engagement, Patient Survey and Consumer Handouts
- Clinical Incident Management
- Innovation and System Improvement
- Quality Improvement and Engagement, including National Standards and Accreditation and Quality and Safety Business Partners, and
- Clinical Analytics and Insight, including quality and safety data and clinical audit.

Strategy and Governance includes the following teams/functions:

- Policy
- Sustainability
- Government Relations
- Insurance and Legal Liaison Unit, including medico legal
- Internal Audit and Risk, including legislative compliance, delegations and recall management.

The current branch structure as at September 2024 is pictured below:

September 2024



***Denotes temporary position**
Note, part time positions are not reflected

North Canberra Hospital Quality and Safety, Medico Legal and Policy and Risk functions are currently independent of each other as outlined below.

Quality and Safety includes the following functions:

- Quality Improvement
- National Standards
- Clinical Incident Management
- Clinical Audit
- Data Analytics
- Consumer Feedback.

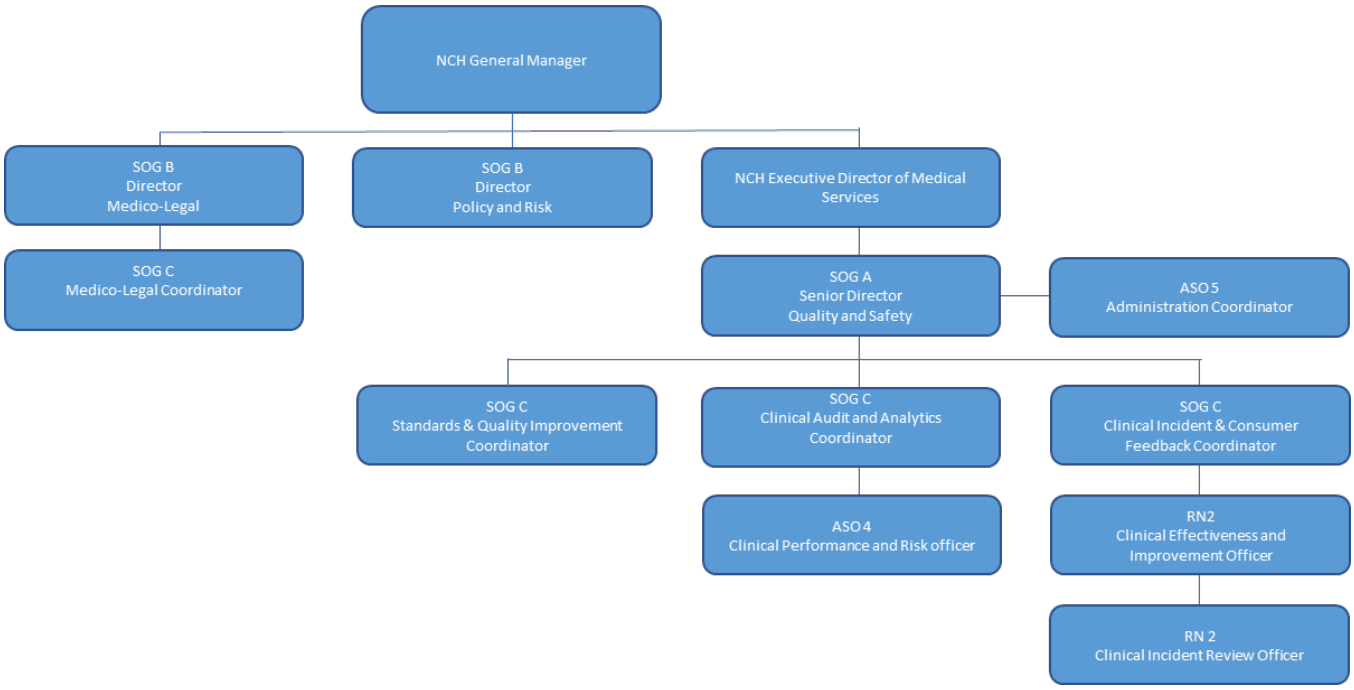
Medico Legal includes the following functions:

- Medico Legal
- Insurance.

Policy and Risk includes the following functions:

- Policy
- Risk Management
- Legislative Compliance.

The current structure as at September 2024 is pictured below:



Rationale for change

CHS used to mean Canberra Hospital and a small number of community-based services. Over time, it grew to mean Canberra Hospital, University of Canberra Hospital, and many community services including mental health services, but was still focused on the tertiary hospital at the centre. Further information about the CHS change approach is outlined in 'Transforming our service: Overview of change approach' paper available on the Health Hub.

The CHS Chief Executive Officer (CEO) has overall accountability for CHS and is supported by the CHS Network Executive. As the name suggests the CHS Network Executive is accountable to the CEO for things across the whole of CHS, from NCH to Canberra Hospital, University of Canberra Hospital, community-based services, regional services and anything and everything else CHS. These accountabilities relate to delivery or direction of some function or service, and to the provision of strategic alignment across the breadth of CHS. CEO has delegated accountability for quality, safety, and governance related functions to the DCEO. Further information about accountabilities of our CHS Network Executive is outlined in 'Information Sheet: Network Executive' available on the Health Hub.

Specific to this consultation paper, key findings from the data collection phase with existing QSII, Strategy and Governance and NCH Quality and Safety team members include the following:

- Barriers to being a truly great place to work and day to day frustrations for the branches included clear communication around organisational changes, roles, and responsibilities, particularly in relation to NCH.
- Review of other jurisdictions revealed health services have significant variability in how their teams are structured. The key consistencies seem to include:
    - Legal services tend to sit separately from quality and safety functions, aligned with corporate functions.
    - Quality and safety functions have key clinical and professional lead roles e.g. medical and nursing leads.
    - Breakdown of structure is often aligned to safety, quality, and risk.
- KPMG report into Insurance and Legal Liaison Team (2023-24) recommended (among other changes) process optimisation and a centralised network-wide team, separating out Medico Legal and Insurance functions.
- Consultation within QSII and Strategy and Governance Branches demonstrated:
    - consistency of understanding of what the branch/team roles and functions were – to support broader CHS with quality, safety and governance related functions
    - similar frustrations in terms of scope, stakeholder expectations, structure, and processes
    - agreement about overlap of responsibilities with other teams both within and outside the branches, particularly in relation to NCH
    - agreement that all quality, safety, and governance functions should be established as network-wide, with service stream-based integration required.

- Consultation with NCH Quality and Safety team demonstrated agreement with moving to CHS-network approach, noting physical work location could still be at NCH, and need for service stream-based support and integration.
- Consultation on establishment of the Health Services Support Unit (HSSU), to respond to identified need for a centralised administrative support team, within the Office of the CEO to standardise the way support services and correspondence is managed. The team within HSSU will be supported to liaise with subject matter experts and develop responses to consumer complaints, stakeholder letters and other Ministerial correspondence. The consultation paper referred to future considerations around incorporation of Consumer Feedback and Engagement and Government Relations teams and functions following a period of further consultation.
- Agreement from CEO, DCEO and COO that quality, safety and governance functions should be established as network-wide.
- Agreement from GMs for NCH, Canberra Hospital and MHJHADS that quality, safety, and governance functions should be established as network-wide, with appropriate mechanisms, agreements and/or plans in place to ensure appropriate service stream integration and support GM accountability for services.

Future model

Scope of future model

Recommended changes including rationale and anticipated benefit and other considerations are outlined in the table below.

Recommended Change	Rationale/Benefit	Other Considerations
Combine existing QSII and Strategy and Governance branches into one combined 'Quality, Safety and Governance' Division. Established as network function	Alignment of related teams and functions to support processes across the organisation.	Teams to be established via 'case manager' or agreed workplan approach to support facility integration.
Bring NCH quality, safety, and governance roles into existing QSII and Strategy Teams	To ensure centralised network-wide approach to quality, safety and governance functions and support consistent approach to implementation/service stream integration. All teams reported strong alignment and synergies.	Some review of position descriptions required to ensure alignment with relevant teams – more detail outlined in subsequent recommendations.

Government Relations Team, Consumer Feedback and Engagement Team and NCH Clinical Effectiveness and Improvement Officer to move to centralised Health Services Support Unit under Office of CEO	To streamline and improve consistency and quality of correspondence within a centralised team. Both teams reported strong alignment with 'corporate support' teams and direct with divisions and felt they could function as well if not aligned to other QSII/Strategy and Governance teams as long as there was appropriate leadership, visibility and escalation processes.	This will be subject of separate, parallel consultation paper. Revision to position descriptions to reflect reporting line may be required, however no changes to roles and responsibilities anticipated. CFET to continue to support open disclosure, and proactive/timely closure of feedback through face-to-face meetings with consumers, phone, and email.
Patient Survey to move to Clinical Analytics and Insight Team	Due to overlap/consistency of data collection and reporting methodology. Teams reported alignment with each other.	Revision to position descriptions to reflect reporting line may be required, however no changes to roles and responsibilities anticipated.
NCH Clinical Audit and Analytics Coordinator and Clinical Performance and Risk Officer to move to Clinical Analytics and Insights Team	Due to overlap/consistency of data collection and reporting methodology. Teams reported alignment with each other.	Revision to position descriptions to reflect reporting line may be required, however no changes to roles and responsibilities anticipated.
Establish 'dotted line' between Clinical Analytics and Insight (CAI) and Decision Support Unit (DSU) - underway	Ensure clear roles and responsibilities across the two teams. CAI team reported alignment with DSU.	Potential that there may be future changes to this team once DSU is more established. Would be subject of future consultation process/paper to support.
Legislative Compliance and Delegations and Consumer	Due to overlap/consistency of governance processes and systems and ensuring	Revision to position descriptions to reflect reporting line may be

Handouts move to Policy Team.	'no wrong door' for CHS stakeholders. Teams reported alignment with each other.	required, however no changes to roles and responsibilities anticipated.
Abolish Director, Patient Experience position	Due to movement of existing team to other areas.	Position has no nominal occupant.
Rename and focus existing Quality Improvement and Engagement Team to 'National Standards and Accreditation Team'	To ensure focus on system wide governance and process for National Standards and accreditation, including short notice survey preparedness. To ensure delineation of role from Innovation and System Improvement team.	Revision of Director, Quality Improvement and Engagement position description required to support.
NCH Standards and Quality Improvement Coordinator and Administrative Coordinator to move to National Standards and Accreditation Team	Due to overlap/consistency of roles and responsibilities and move to network wide accreditation approach – once short notice survey completed across all sites. Teams reported alignment with each other.	Revision to position descriptions to reflect reporting line may be required, however no changes to roles and responsibilities anticipated.
Quality and Safety Business Partners to report to Innovation and System Improvement team	To reflect focus on innovation and system improvement and ensure ability to direct work to areas of need, within agreed scope of role.	Revision to QSBP position description to reflect reporting line may be required, however no significant changes to roles and responsibilities anticipated. Revision to Director, Innovation and System Improvement Duty Statement required to reflect revised scope.

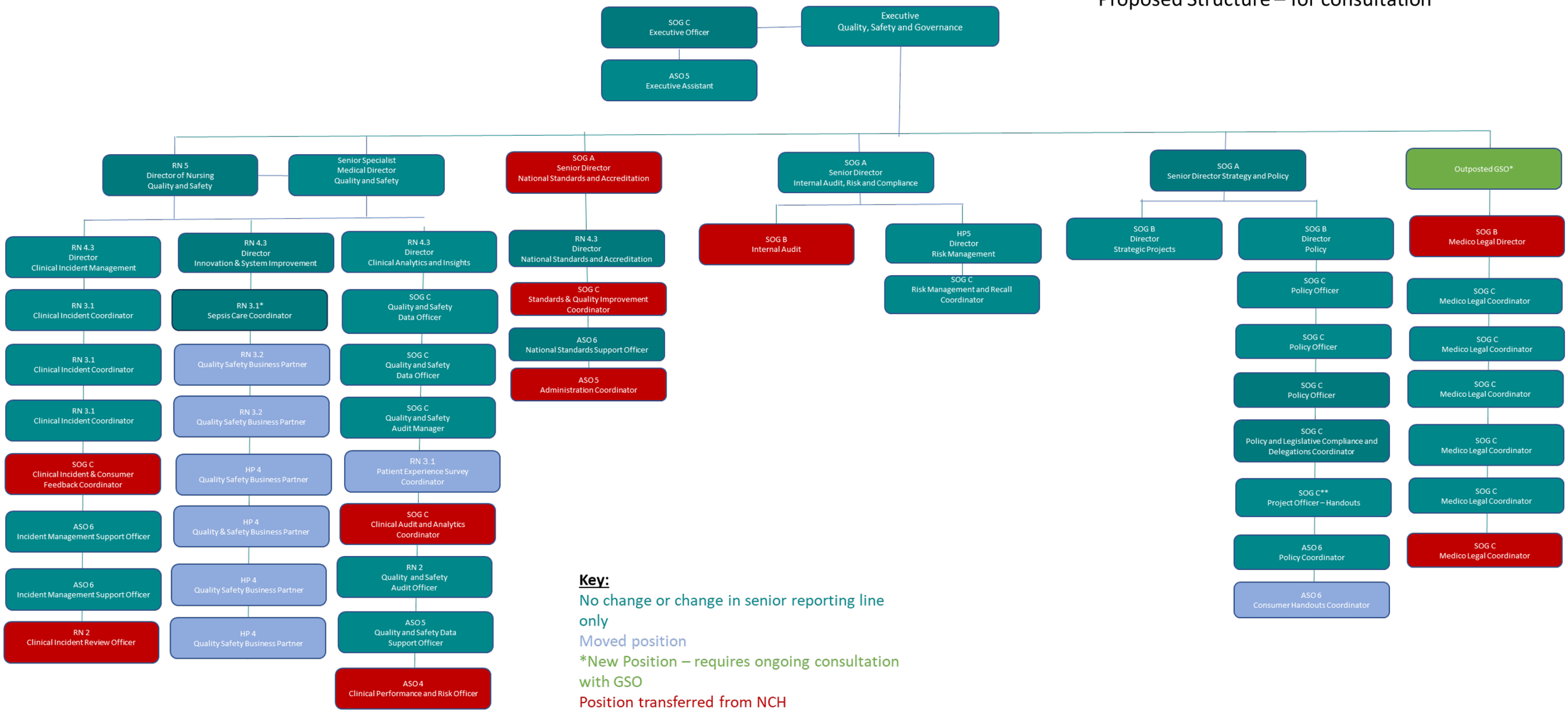
NCH Senior Director Quality and Safety to be renamed Senior Director National Standards and Accreditation, and move to Quality, Safety and Governance	To provide high level advice and support, including establishment of Network-wide National Standards and Accreditation approach.	Revision to Position Description will be required to support.
Alignment of Clinical Incident Management, Innovation and System Improvement, and Clinical Analytics and Insight Team reporting jointly to DON and Medical Director	Ensure clinical oversight of quality and safety functions and support engagement with broader clinical workforce as required. Consistent with practice in other jurisdictions.	Revision to Position Descriptions will be required to support.
NCH Clinical Incident and Consumer Feedback Coordinator, and Clinical Incident Review officer to move to Clinical Incident Management Team	Due to overlap/consistency of roles and responsibilities and move to network wide approach. Teams reported alignment with each other.	Revision to position descriptions to reflect reporting line may be required, however no changes to roles and responsibilities anticipated.
Split Medico Legal and Insurance functions	Recommended by KPMG report. To clarify roles and responsibilities and support dedicated resourcing. In addition to general claims and Coronial work, Medico Legal would also retain responsibility for National Redress Scheme and reporting of clinical incidents to ACT Insurance Authority (ACTIA). Insurance team (SOG B, Director) would support reporting of clinical incidents to ACTIA as appropriate.	Revision to position descriptions for medico legal coordinators to reflect reporting line may be required, however no changes to roles and responsibilities anticipated. Revision to position descriptions for current SOG C Insurance and Legal Liaison Unit to reflect alignment with medico legal team and functions required.
Move Insurance team (SOG B, Director) to Office of Chief	Recommended by KPMG report. Due to synergies with	Revision to position description to reflect

Financial Officer/Finance branch.	finance. Insurance team reported alignment with finance.	reporting line and removal of medico legal and legal liaison functions required.
NCH Medico Legal Director and Medico Legal Coordinator to move to Medico Legal team	Recommended by KPMG report. To clarify roles and responsibilities and support dedicated resourcing.	Revision to position descriptions for medico legal coordinators to reflect reporting line may be required, however no changes to roles and responsibilities anticipated.
Create new Senior Legal Officer position with leadership of Medico Legal team	Recommended by KPMG report. Provide legal support to mitigate risk and provide timely advice, and to provide leadership to medico legal team.	To confirm if this will be outposted GSO or inhouse legal counsel arrangement.
Senior Director, Strategy and Governance to be aligned with Strategy and Policy teams. Director, Policy and Director, Business Transformation and Sustainability to report to Senior Director.	To meet network wide demands for support with strategic, clinical and operational policy and priorities, noting strategic support has never been resourced.	Revision to position descriptions to reflect reporting line and scope of role will be required.
Rename Director, Business Transformation and Sustainability to Director, Strategic Projects	To support strategic policy work	Revision to position description to reflect reporting line and scope of role will be required
Rename Internal Audit and Risk to Internal Audit, Risk Management and Compliance	To reflect change to teams/functions included more comprehensively.	
NCH Policy and Risk Manager to move to Internal Audit Risk Management and Compliance. To revise focus to Internal Audit	Due to move to network-wide approach and bringing NCH teams into network-wide teams, a standalone Director for Policy and Risk for NCH is no longer	Revision to position description to reflect reporting line and scope of role will be required

	required, nor could it be adequately replicated across other facilities/sites. Due to expanded scope of role for Senior Director, Internal Audit, Risk Management and Compliance and to ensure continued resourcing and focus on Internal Audit as per recommendations of independent Auditor-General report.	

Proposed Structure:

Quality, Safety and Governance
Proposed Structure – for consultation



Key:

No change or change in senior reporting line only

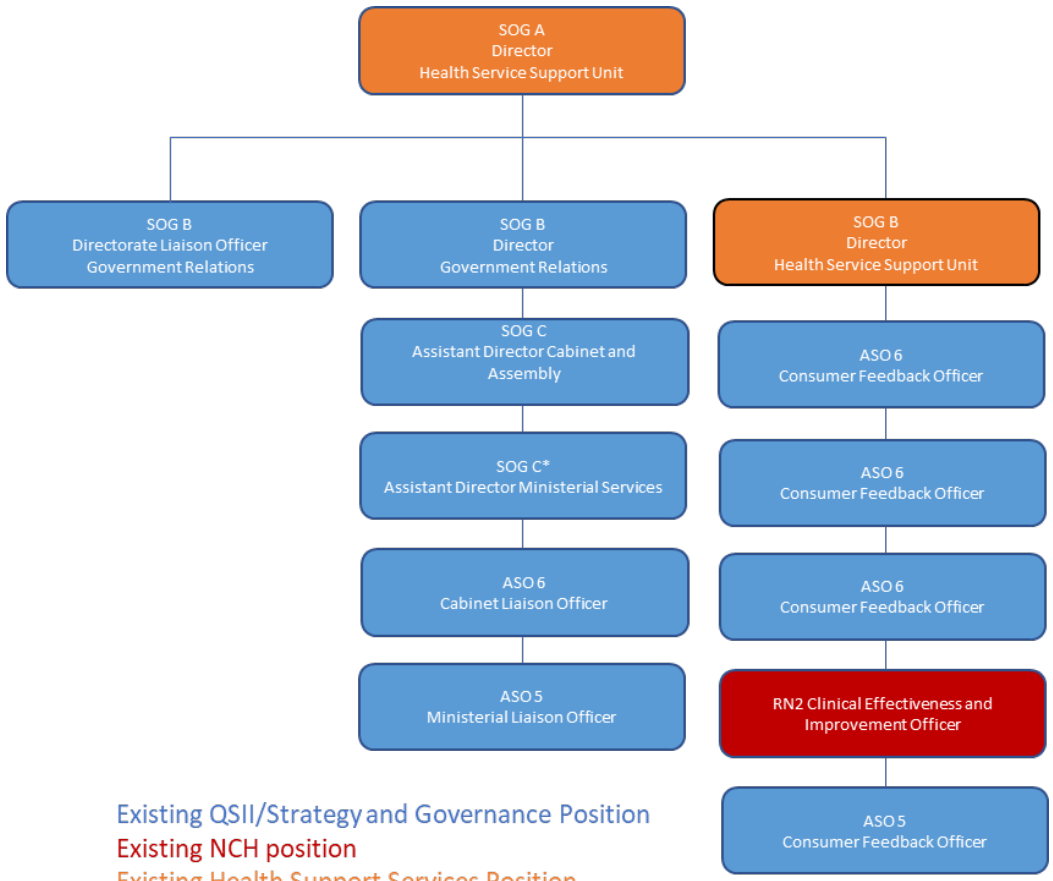
Moved position

*New Position – requires ongoing consultation with GSO

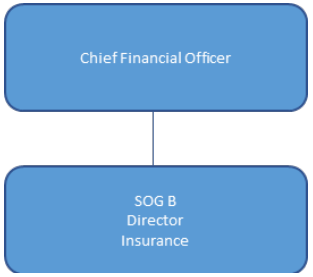
Position transferred from NCH

------ Change from July 2025

****Denotes temporary positions**
Note, part time positions are not reflected – this represents headcount only



Moved to other divisions



Abolished position

Implementation

Following the consultation period, all feedback will be considered. An outcome is expected to be finalised by 6 November 2024, and implementation is expected to occur from mid-November 2024.

Implementation of the above network-wide model, including moving existing NCH team members into the respective branches requires careful consideration of how we will support overarching network wide systems and processes, while providing appropriate service stream integration. We will also need to make the necessary system, reporting and organisational profile adjustments.

There is no anticipated change to primary work location for team members as part of this process, however it may be considered appropriate in future for newly aligned teams to consider and agree working arrangements and locations to support team functions, for example having shared day in an agreed office space.

Additional consideration will be given to impact on NCH team members on moving into central CHS payroll structure, which may impact on existing salary packaging arrangements. There will be further discussions with impacted individuals throughout the consultation process in relation to this.

General Managers for NCH, CH, MHJHADS and [Possible] Community have ultimate accountability for quality, safety and governance outcomes related to delivery of health services in their areas. The new Quality, Safety and Governance branch will therefore be required to support GMs effectively to deliver on this accountability.

It is proposed that all teams are established as network-wide teams. Each team will develop, in consultation with EBM Quality, Safety and Governance and GMs, an agreed workplan to promote shared understanding of roles and responsibilities and clear accountabilities.

It is anticipated that most teams (dependent on size), including QSBPs will allocate dedicated staff to support particular divisions and/or service streams. Maintaining a centralised Quality, Safety and Governance team rather than having team members reporting directly to GMs or within service streams has several benefits including:

- Consistent leadership and management for Quality, Safety and Governance team members on day-to-day basis, which has been a key concern for existing team members of multiple re-structures in past years.
    - Removes need for GMs to have direct line management responsibility.
    - Ensures agreement of roles, responsibilities and workplans are agreed and implemented at senior level which supports ongoing accountability for the support provided by Quality, Safety and Governance team members.
- Information sharing between Quality, Safety and Governance Team members to support ongoing learning and implementation of evidence-based best practice.
- Ability to more effectively set and support network-wide quality, safety and governance priorities across all service streams.

- Flexibility and support during periods of leave by drawing on other team members/resources as needed.
- Allowing Quality, Safety and Governance to 'flex up' support as needed to specific service streams to meet demand and provide support for specific initiatives (see Clinical Improvement example below).

There will be a key contact identified within each team who will be the primary conduit between each service stream and the relevant teams.

Two examples are provided below, noting as referenced above, detail will be confirmed between EBM Quality, Safety and Governance and GMs should the change proposal be supported.

Clinical Improvement Example:

Decision Support Unit provides data (via dashboard). Clinical Analytics and Insights team examines data and identifies that there is a significant risk area requiring immediate improvement activity across all Divisions of CH and NCH.

DON and/or Medical Director, Quality and Safety would liaise with GMs and within the branch to redistribute resources to allocate the QSBP team for an agreed period to support CH and NCH. BAU support to MHJHADS and [future] Community facilities/sites during this time would be negotiated as appropriate.

Team based example – Strategy and Policy Team

Service stream	**Key contact**
Network-wide, strategic	Director, Policy
NCH	Policy Team Member A
CH	Policy Team Member B
MHJHADS	Policy Team Member C
[Possible] Community	Policy Team Member D

Note this list is not exhaustive and is an example only.

Task	**Responsible**	**Accountable**	**Comment**

Oversight of policy governance system and processes including management of policy register, support for Policy Document Review Panel, reporting on overdue and due for review documents	Senior Director, Strategy and Policy	EBM, Quality, Safety and Governance	
Oversight of legislative compliance system and processes including management of delegations and legislative compliance registers, reporting on legislative compliance self-assessment questionnaire	Senior Director, Strategy and Policy	EBM, Quality, Safety and Governance	
Oversight of consumer handouts system and processes including management of policy register, support for Consumer Handouts Committee, reporting on overdue and due for review documents	Senior Director, Strategy and Policy	EBM, Quality, Safety and Governance	
Identifying need for and drafting new document, or completing reviews of existing documents	Line area	GM	Identifying need for new document may be flagged through service stream, or through network-

(policy documents, health information sheets)			wide system. E.g. quality and safety data, new Clinical Care Standard, change to legislation etc.
Support line areas to develop new or review existing documents (policy documents, health information sheets)	Identified policy team member contact	EBM, Quality, Safety and Governance	Team approach means if workload is significant for a particular area, other members of team can be allocated to assist as required.
Maintaining less than 10% overdue documents (policy documents, health information sheets)	Line area	GM	Based on reporting from Policy team
Development of Strategic/Overarching Policy documents	Senior Director, Strategy and Policy	EBM, Quality, Safety and Governance	With input from across network as appropriate
Completing assigned legislative compliance self-assessment questionnaires and implementing improvements where required to support compliance	Line area	GM	Based on reporting and with support from Policy team
Support line areas to complete legislative compliance self-assessment questionnaires and implement improvements	Identified policy team member contact	EBM, Quality, Safety and Governance	Team approach means if workload is significant for a particular area, other members of team can be allocated to assist as required.

Updating Delegations in line with procedure	Line area	GM	
Support line areas to update delegations in line with procedure	Identified policy team member contact	EBM, Quality, Safety and Governance	Team approach means if workload is significant for a particular area, other members of team can be allocated to assist as required.
Support development and implementation of cross-Government policy position, e.g. new legislation or strategy	Senior Director, Strategy and Policy	EBM, Quality, Safety and Governance	Collaboration with identified line areas as appropriate to ensure CHS position is reflected.

Relationships to Other Proposals

As outlined above, related proposals or processes are summarised below:

- Move of Consumer Feedback and Engagement Team, NCH Clinical Effectiveness and Improvement Officer and Government Relations Health Support Services Unit will be subject to separate, parallel consultation paper to ensure proposed reporting structure is well understood.

Consultation

During consultation, we are seeking responses to the following questions:

- Do you have any concerns about the proposal? If so, what are they?
- Do you have any other feedback or suggestions you would like considered in relation to this proposal?

Feedback on this paper should be provided via the online consultation form available on Health Hub by 30 October 2024.

Step	Action	Date
1	Consultation period commences with circulation of consultation paper to staff and unions for feedback	2 October 2024
2	Consultation period closes	30 October 2024
3	Feedback Summary circulated and Consultation process closed via email to stakeholders	13 November 2024

For any further information relating to this consultation, please contact Katherine Macpherson via email Katherine.Macpherson@act.gov.au.

References

Document	Author
Canberra Hospital Facilities Management and Related Functions • Consultation Paper developed with input from IHSS leadership group and sent to relevant teams and unions on 28 June 2024. • Consultation Outcome finalised with consideration of feedback received and distributed to those impacted on 25 July 2024.	CEO, Canberra Health Services
CHS Health Service Support Unit • Consultation Paper developed in discussion with those impacted and sent to relevant team members and unions on 19 June 2024. • Consultation Outcome finalised with consideration of feedback received and distributed to those impacted on 8 August 2024.	CEO, Canberra Health Services
KPMG Review – Medico Legal and ILLU (2023-24)	KPMG
Information Sheet – Network Executive. Issued 23 September 2024	CEO, Canberra Health Services

Document	Author
Transforming our service – overview of change approach. Issued 23 September 2024	CEO, Canberra Health Services

Information about the directorate can be found on the website:
www.canberrahealthservices.act.gov.au

Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

Accessibility call (02) 5124 0000

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