



# **Restructure Consultation Paper Clinical Governance, Risk, Safety and Quality Portfolios**

**September 2023**

Comments or feedback on this proposal can  
be submitted in writing to:

seslhd-generalmanagersoffice-  
mentalhealth@health.nsw.gov.au

## Version Control

Version Number	Date (DD/MM/YYYY)	Details of Changes	Author
1.1	25/05/2023	First draft	Sam Hassan, Manager Office of the General Manager
1.2	21/05/2023	Second Draft	Sam Hassan, Manager Office of the General Manager
1.3	25/07/2023	Review	Christopher Hay, A/General Manager Mental Health Service
1.4	8/08/2023	Edits	Deborah Shea, Lead Human Resources Business Partner
1.5	20/09/2023	Feedback incorporated and proposal refined	Christopher Hay, General Manager Mental Health Service

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# 1. Overview of Clinical Governance, Risk, Safety, Quality and Workplace Capabilities Portfolios

## 1.1 Background

Patient safety and clinical quality is paramount to the delivery of health services in South Eastern Sydney Local Health District (SESLHD). The Mental Health Service is committed to continuously improve its services to ensure that patients receive safe, timely, high quality, compassionate care.

SESLHD developed a Clinical Governance Framework in August 2021 to outline the systems and structures that support Clinical Governance across the District. The Mental Health Service Executive work together to ensure the Mental Health Service adheres to the Clinical Governance Framework. This includes:

- Ensuring safety and quality systems are in place to support high quality clinical care
- Maintaining operational oversight of safety, quality, outcomes and experience metrics
- Achieving ongoing compliance with regulatory, legislative, safety and quality standards, including NSQHS Standards and WHS requirements
- Supporting all staff to share responsibility and accountability for quality, safety and improvement in care and reduction of clinical risk
- Identifying and mediating or escalating issues which impact on the safety of consumers, carers and staff
- Promoting continuous quality improvement and sanctioning improvement activities to address areas of underperformance
- Supporting initiatives to enable staff to be proactive and innovative to augment patient experience and safety outcomes
- Driving systems to support a skilled, competent and proactive workforce
- Ensuring consumers are at the centre of effective safety and quality systems

Some of the key functions and processes that contribute to the monitoring, management and improvement of quality and safety in the Mental Health Service include:

- Compliance with patient safety and quality key performance indicators
- Clinical incident management, investigations and response, including Serious Adverse Event Review and management, and analysing trends
- Clinical complaint management, investigation, resolution and trending
- Risk management system maintenance and escalation
- Audit program to demonstrate compliance with policy and evidence based practice
- Policy and procedure development and implementation
- Consumer feedback systems
- Participation in external accreditation processes
- Open Disclosure
- Building workforce capacity and competency
- Continuous quality improvement support
- Clinical practice audits
- Morbidity and Mortality Reviews

## 1.2 Current Organisation Structure

A number of key roles currently provide a range of corporate support functions for leading, supporting and improving patient safety and clinical quality throughout the Mental Health Service. These roles include:

**Executive Officer** (1.0FTE) Health Manager Level 1 position, provides administrative support for clinical governance reporting, incident management and adverse event review processes.

**Policy & Document Development Officer** (1.0FTE) Health Manager Level 2 position, coordinates the review and update of local policy documents and feedback on SESLHD and MoH policy and maintains the policy database.

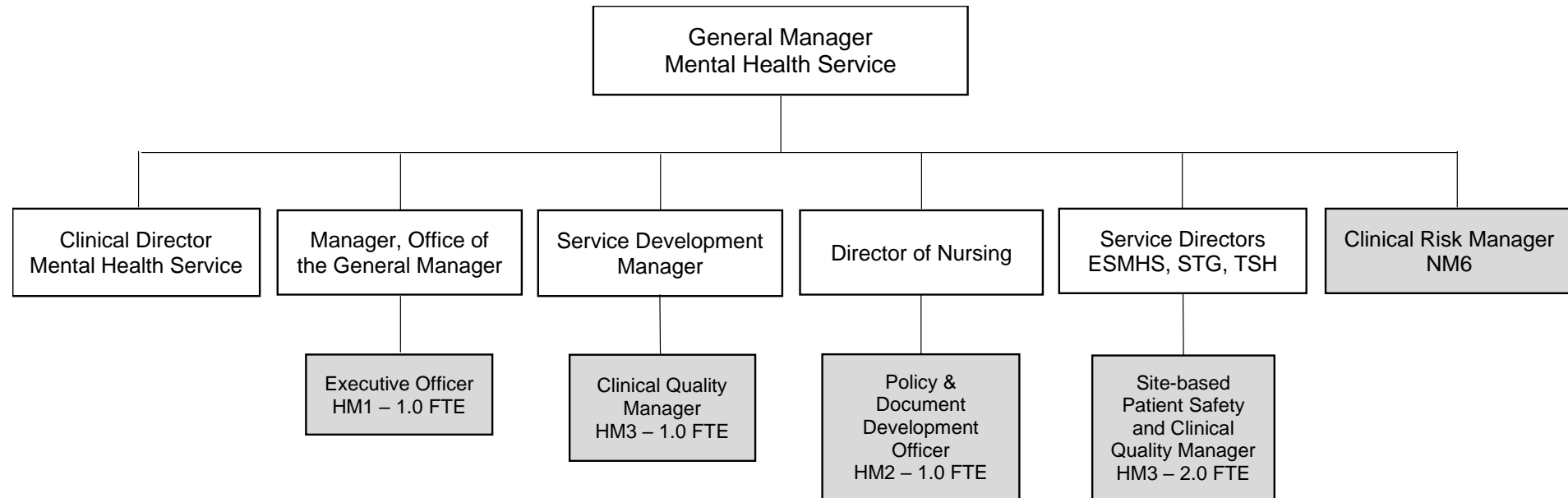
**Clinical Quality Manager** (1.0 FTE) Health Manager Level 3 position, is responsible for promoting quality management systems; supporting ongoing compliance with regulatory, safety and quality standards across the Service; and maximising availability of safety and quality data analysis for action.

**Site-Based Patient Safety and Clinical Quality Managers** (2.0 FTE) Health Manager Level 3 positions, support local incident management, policy management, consumer feedback, WHS and NSQHS audit and accreditation processes.

**Clinical Risk Manager** (1.0FTE), Nurse Manager Level 6 position, oversees the governance, risk and reporting aspects relevant to patient safety. The role includes coordinating a consistent and cohesive District-wide risk management framework where risks related to clinical and operational processes are identified, analysed and addressed.

The current structure and lines of reporting are illustrated in the chart below, with other key positions included for reference:

### 1.2.1 Current Organisation Chart



### 1.3 Case for Change

The Clinical Governance, Risk, Patient Safety and Clinical Quality functions of the Mental Health Service were reviewed to ensure that the roles undertaking core responsibilities are supported by a structure that best facilitates centralised oversight of clinical governance, provides local support for quality and safety aligning with key Service directions, cultivates effective communication, and supporting flexibility to respond to changing needs and priorities.

Information including arrangement and grading of similar positions within other sites and services in SESLHD were considered and informed the structure proposed in this document.

The site Clinical Governance/Unit Managers in SESLHD directly report to the Director of Medical Services or Clinical Director which mirrors the District Clinical Governance Unit's reporting structure and aligns with the Clinical Director's accountability for providing strategic leadership of all clinical governance matters, including patient safety and clinical excellence.

Over time, roles and responsibilities of the Clinical Risk Manager, NM6 position have grown to encompass clinical governance and safety systems oversight, processes and reporting alongside the clinical risk program function. The key accountabilities of the position now align more closely to the work level statements in the *Health Manager's (State) Award*, and is comparable to the following positions within SESLHD:

- Manager, Clinical Practice and Improvement Unit, POWH, Health Manager Level 4
- Manager, Clinical Practice Improvement Unit, Health Manager Level 4
- Manager, Clinical Governance Unit, TSH, Health Manager Level 4
- Clinical Governance & Risk Manager, STG, Health Manager Level 4
- Manager, Clinical Governance and Quality, NSW Organ and Tissue Donation Service, Health Manager Level 4

The proposed structure is expected to realise the following benefits:

- Greater alignment with the broader District structures for clinical governance
- Support a cohesive and coordinated quality management program across the Mental Health Service to enable key patient safety and clinical quality objectives to be achieved
- Bring together roles with primary responsibilities relating to patient safety and quality functions, supporting communication and succession planning
- Enhance the strategic approach to identified system-wide priorities for improvement, including a more coordinated approach to the use of quality assurance and performance data to identify and prioritise opportunities.

The proposed structure described below will better support the internal governance and verification aspects of safety and quality while also enabling an enhanced educational support and quality improvement system that best aligns with audit, performance, outcome and experience metrics.

The proposal is expected to be cost-neutral, requiring no additional funding to achieve.

## 2. Proposed Portfolio Structure

### 2.1. Proposed Organisation Structure

Central to this restructure will be the deletion of the role of Clinical Risk Manager, Nurse Manager 6.

A new role will be established in the Clinical Governance and Risk Manager which will incorporate the responsibilities of the Clinical Risk Manager and lead key quality and safety areas for the Mental Health Service. The role will provide oversight and governance of the systems and processes for clinical governance and risk across SESLHD Mental Health Service, and in conjunction with the Service Development Manager, ensure all staff are accountable for patient safety through continuous improvement and the alignment of improvement and innovation priorities with demonstrated need. The role will report to the Clinical Director and maintain a secondary (dotted) reporting line to the General Manager to ensure delegated endorsement processes are maintained.

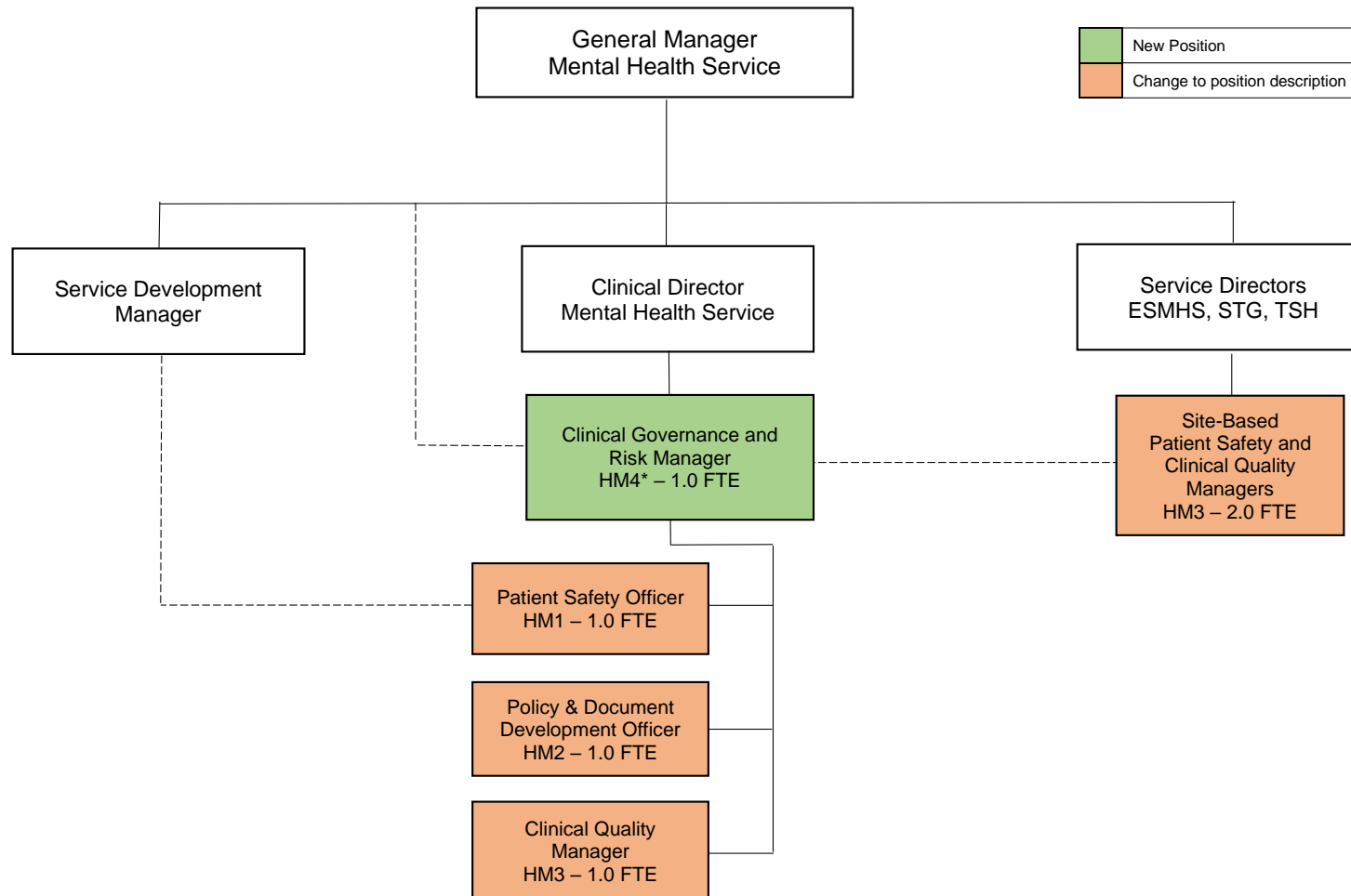
Three positions that previously reported to the Manager, Office of the General Manager, Service Development Manager and Director of Nursing will now report to the proposed Clinical Governance and Risk Manager position: Clinical Quality Manager, Policy and Document Development Manager and Executive Officer (renamed Patient Safety Officer).

The site-based Patient Safety and Quality Managers will have an additional secondary (dotted) reporting line to the Clinical Governance and Risk Manager.

The proposed organisational structure is shown on the next page.



## 2.2. Proposed Organisation Chart



New positions are coloured green

Positions with changes to reporting lines are coloured orange

\*Indicative grading, subject to confirmation through the relevant grading process

### 3. Proposed Changes to Positions

#### 3.1. Positions for Deletion

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	Clinical Risk Manager <i>Nurse Manager Level 6</i>	Deletion of position. Position functions delineated to newly created Clinical Governance and Risk Manager, Health Manager Level 4 position.	Vacant	No

#### 3.2 Positions with Changes to Position Descriptions

No	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	Executive Officer <i>Health Manager Level 1</i>	Title change to Patient Safety Officer. Direct reporting line changes from Manager, Office of the General Manager to the Clinical Governance and Risk Manager; with secondary direction from the Service Development Manager.	Filled	No
2	Policy and Document Development Officer <i>Health Manager Level 2</i>	Direct reporting line changes from Director of Nursing to the Clinical Governance and Risk Manager.	Filled	No
3	Clinical Quality Manager, <i>Health Manager Level 3</i>	Direct reporting line changes from Service Development Manager to the Clinical Governance and Risk Manager.	Filled	No
4	Site-Based Patient Safety and Clinical Quality Managers (2.0 FTE) <i>Health Manager Level 3</i>	Addition of secondary (dotted) reporting line to the Clinical Governance and Risk Manager.	Filled	No

#### 3.3 New Positions

No.	Position Title	Summary of Change
1	Clinical Governance and Risk Manager <i>Proposed Health Manager Level 4</i>	New position created, reporting to the Clinical Director, Mental Health and taking the portfolio responsibility of the deleted Clinical Risk Manager position.

This new position is not expected to have any existing staff members able to be matched to it, and is thus anticipated to require a merit-based recruitment and selection process, advertised both internally and externally.

Any staff members who satisfy the selection criteria will be able to apply for the vacant and advertised positions.

## **4. Consultation**

### **4.1 Development of the Proposal**

Discussion on the development of a revised structure commenced in February 2023 with proposed options tabled and deliberated in the Mental Health Senior Executive Committee Meeting.

Following this meeting, a draft restructure consultation document was developed by the Manager, Office of the General Manager.

The proposal was further refined, and the new position description drafted for broad consultation.

### **4.2 Consultation Plan**

This Restructure Consultation Paper and the draft position description will be released for consultation for two weeks. The General Manager, Mental Health will have discussions with all members of the team who are directly impacted by the proposal during the consultation period.

The General Manager, Mental Health will consider feedback from all affected staff members as well as the Mental Health Senior Executive. Written feedback will be collected by the Office of the General Manager.

The Health Services Union (HSU), the New South Wales Nurses and Midwifery Association (NSWNMA) and the Australian Salaried Medical Officers Federation of NSW (ASMOF) will be notified of the proposal and provided with the Restructure Consultation Paper, as well as an opportunity to comment on the proposal.

## 5. Restructure Timeframe


Task	Documentation/Task	Timeframes (Indicative) Week Commencing
Restructure Consultation documents completed	Restructure Consultation Paper	18 September 2023
Consultation period with staff and unions commences	Restructure Consultation Paper and draft position description	23 October 2023
Consultation period closes	-	13 November 2023
Feedback reviewed and considered	Restructure Consultation Paper Feedback from consultation	13 November 2023
Final consultation document incorporating any changes identified during consultation circulated	Restructure Consultation Paper (Final)	13 November 2023
Written advice issued to affected staff	Letters to advise of 'affected status' and change of reporting lines	20 November 2023
Vacant position advertised	Through merit-based selection recruitment process	TBC
Selection process for position commences	Assessment of applications and interviews	TBC

## 6. Attachments

No.	Document Description	Internal Ref.
1	Position Description – Clinical Governance and Risk Manager, Mental Health Service	T23/55151

## 7. Endorsement

### Executive Sponsor

<b>Name</b>	Christopher Hay
<b>Position Title</b>	General Manager, Mental Health Service
<b>Signature</b>	
<b>Date</b>	27 September 2023

## POSITION DESCRIPTION

# SESLHD - Clinical Governance and Risk Manager, Mental Health Service

<b>Our CORE values:</b>	Collaboration Openness Respect Empowerment	 ourpeopleourculture
<b>Our Vision:</b>	Exceptional care, healthier lives.	
<b>Our Purpose:</b>	To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.	
<b>Organisation</b>	NSW Health	
<b>Local Health District / Agency</b>	South Eastern Sydney Local Health District	
<b>Position Classification</b>	Health Mgr Lvl 4	
<b>State Award</b>	Health Managers (State) Award	
<b>Category</b>	Clinical Governance   Clinical Governance Management	
<b>Website</b>	<a href="http://www.seslhd.health.nsw.gov.au/">www.seslhd.health.nsw.gov.au/</a>	

## PRIMARY PURPOSE

The vision for South Eastern Sydney Local Health District (SESLHD) is '**exceptional care, healthier lives**'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

The Manager, Clinical Governance and Risk provides strategy, oversight and support of the systems and processes for clinical governance, risk, quality and safety across SESLHD Mental Health Service, to ensure the principles of governance are at the centre of service provision.

The role provides leadership, management and operational oversight of patient safety matters, incidence and complaint management, health liability and coronial matters, clinical policies and procedures, accreditations, and engagement and education in clinical governance.

## COVID-19 VACCINATION COMPLIANCY

All NSW Health workers are required to have completed a primary course of a COVID-19 vaccine which has been approved or recognised by the Therapeutics Goods Administration (TGA). Additionally, Category A workers are required to receive a booster dose three months after completing the primary course of COVID-19 vaccinations. New applicants must have completed the vaccination course prior to commencement with NSW Health, or provide an approved medical contraindication certificate (IM011 immunisation medical exemption form) certifying the worker cannot have any approved COVID-19 vaccines available in NSW.

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.

For Category A applicants, if dose 3 is not yet due they can sign the undertaking form to confirm they will receive the vaccine within 6 weeks of the dose due date.

## RESPIRATOR USE

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

## **ESSENTIAL REQUIREMENTS**

- All staff are required to complete and submit a Pre-employment Health Declaration Form
- Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Police Check (NPC) and/or Aged Care Check
- As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.

## **KEY ACCOUNTABILITIES**

- Provide strong leadership, senior management and operational oversight to clinical governance, risk, safety and quality through the development and implementation of effective strategies to ensure the provision of excellent clinical risk and governance services that meet Ministry of Health and SESLHD patient safety and clinical quality KPIs.
- Develop and implement a Clinical Governance Framework and Quality & Safety Plan across Mental Health Service in conjunction with the Service Development Manager and under the direction of the Executive team.
- Identify, analyse and aggregate clinical risk and patient safety information to identify themes/trends to ensure system vulnerabilities or safety issues are appropriately escalated within the Service, and to develop and establish proactive systems to eliminate/minimise risk-related breaches in patient safety.
- Provide timely, expert and professional advice to the Executive, managers and staff to enable them to notify, investigate, manage and respond to clinical incidents at all severity levels appropriately. This includes producing high level incident reports as per legislative obligations, and monitoring implementation of investigation recommendations locally and Service-wide.
- Oversee and provide expert advice of the Serious Adverse Event Review (SAER) process related to adverse events including team appointments, privileged investigations, executive sign-offs and tracking of recommendations Service-wide to ensure optimum outcomes and best practice is upheld
- Facilitate education for health professionals and other employees in the area of patient safety and incident management/investigation to continually develop and improve effective responses.
- Evaluate existing service practices, policy and operational procedures by applying practical and innovative risk management approach to ensure compliance with all obligatory requirements and to maximise organisational safety
- Identification, analysis and aggregation of clinical risk information to ensure system vulnerabilities or safety issues are appropriately escalated.
- Ensure systems and processes in place across clinical areas to maintain accreditation in accordance with the requirements of relevant external agencies
- Lead the development, implementation, monitoring, reporting and evaluation of key policy documents across the Mental Health Service.
- Provide specific advanced in-depth and timely reports, as requested by the Clinical Director, General Manager, District Director Clinical Governance and Medical

Services, Ministry of Health, Clinical Excellence Commission or other legislative bodies.

- Support and coordinate requirements for peak quality and safety governance committees such as the Mental Health Clinical Governance Committee, Mental Health Clinical Council, and other Mental Health and District-wide committees that support the implementation of quality and safety systems.
- Manage contentious issues with discretion and professionalism to ensure appropriate resolutions are taken to improve consumer and patient outcomes.
- Serve as a patient safety coach and leader for Mental Health Services providing information, advice and clinical consultation on patient safety issues to drive the highest quality service standard
- Develop, maintain and identify opportunities to forge productive strategic relationships within Mental Health, SESLHD and with other key stakeholders, through fostering collaborative partnerships in order to ensure governance and risk objectives are met
- Maintain responsibility for personal and professional development by participating in training/education activities and performance reviews/appraisals to continuously improve the level of management
- Recruit, coach, mentor and performance develop staff, to develop the capabilities of the team to undertake required roles, responsibilities and to provide for succession within the Service.
- Comply with and implement the NSW Health Work Health and Safety Better Practice Procedures by identifying, assessing, eliminating/controlling and monitoring hazards and risks within the workplace, to the extent of delegated authority for the role.

## KEY CHALLENGES

- Challenges:
  - To lead change management processes in the development of patient safety and consumer feedback systems.
  - To facilitate and manage the engagement of key internal and external stakeholders in the implementation of the National Standards for Safety and Quality in Health Care.
  - Provide leadership in supporting workforce reform using effective communication strategies
- Decision Making:
  - The position has substantial autonomy in day to day decision making related to the portfolio including the ability to exercise analytical decision making and problem solving in relation to complex management issues arising out of the portfolio
  - Consultation with the Clinical Director and General Manager is required for overall strategic planning and for management of contentious issues.
- Communication:
  - Internally the Manager, Clinical Governance and Risk is required to communicate regularly with key internal stakeholders including the Service Development Manager to collaborate on the continuous improvement agenda. The position actively participates as a key member of peak committees related to patient safety and quality.
  - Externally the Manager, Clinical Governance and Risk will communicate with the Clinical Excellence Commission and Ministry of Health and collaborate with external agencies to identify benchmarking opportunities to facilitate strategically relevant clinical audits and projects

KEY RELATIONSHIPS	
Who	Why
Clinical Director, Mental Health Service	Provide reporting, updates on risk and governance objectives and current issues, input of strategic direction and operational activities, receives leadership and guidance
District Clinical Governance Team and other facility teams	Ensure alignment of work, leverage ideas and knowledge, input into organisation wide development of portfolio

Service Development Manager, Mental Health Service	Work together to advance the continuous improvement agenda.
District Clinical Governance Team and other facility Teams	Ensure alignment of work, leverage ideas and knowledge, input into organisation-wide development of portfolio
Relevant staff within the Ministry of Health, Clinical Excellence Commission or other legislative bodies	To fulfil reporting requirements, to seek advice and support and to collaborate over policy and process

## SELECTION CRITERIA

1. Relevant tertiary qualifications and/or demonstrated senior managerial experience in health system governance.
2. Demonstrated working knowledge and understanding of integrated risk and quality management processes used to review, monitor and undertake patient safety and clinical quality improvement.
3. Detailed knowledge and experience working with the National Safety and Quality Health Service Standards accreditation processes
4. Demonstrable ability to be responsible for the development and maintenance of relationships with external stakeholders such as the HCCC and other legislative bodies as required.
5. A demonstrated record of success in implementing change within a complex healthcare environment.
6. Demonstrated ability to act as professional adviser to senior managers with ability to manage large volumes of complex Information, including data In a timely and efficient manner
7. Excellent negotiation, decision making and influencing skills including the ability to interact constructively and collaboratively with a diverse range of stakeholders, through all organisational levels.

## OTHER REQUIREMENTS

- Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees
- Manage delegated financial responsibilities, through the development and maintenance of appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget.