

# Victorian Clinical Council

Initial meeting

Wednesday 14 December 2016

Meeting report (V1.0)

## Chair's introduction

An initial foundational meeting of the Victorian Clinical Council was held on 14 December 2016. This meeting was an important step in establishing the Victorian Clinical Council and delivering a key reform from the Victorian Government's *Better, Safer Care* response to *Targeting Zero, the review of hospital safety and quality assurance in Victoria* (October 2016).

The purpose of the meeting was to support the establishment of the Victorian Clinical Council and help prepare for the first meeting of the full Council early in 2017.

I was pleased to welcome the Victorian Clinical Council's *ex officio* members to the meeting as well as Departmental standing appointees. We were very fortunate the Minister for Health, the Hon Jill Hennessy MP was able to address the meeting participants acknowledging the important role the Victorian Clinical Council will play in increasing clinician and consumer involvement in the work of government. I would also like to acknowledge the participation of Mr Terry Symonds, Deputy Secretary Health Service Policy and Commissioning and Ms Kym Peake, Secretary to the Department of Health and Human Services.

A significant contribution to discussions was made by many leading clinicians and health sector representatives from across the state. It was excellent to have such broad representation, and to hear a range of different ideas for opportunities to improve the health system that we all play a part in delivering.

Meeting participants discussed the Victorian Clinical Council's role as an important reform initiative that will enable clinicians and consumers to provide collective clinical leadership and strategic advice on the delivery of high quality health care in Victoria.

We also discussed opportunities to improve clinical engagement, and welcomed Associate Professor Christine Jorm to talk about her recently completed work on this topic.

The broad perspectives offered will help us to shape and consolidate the vision and purpose of the Victorian Clinical Council and to set work priorities into the future. This in turn will help to ensure the Victorian Clinical Council is well placed to fulfil its purpose of providing sustained independent leadership and authoritative advice to Government, the Department of Health and Human Services and Victoria's health services and hospitals on how to make the system safer and provide better care to all Victorians.

This report summarises the presentations, contributions and discussions from the meeting and will be provided to the full Council at its first meeting in 2017 to inform its deliberations.

If you would like more information about the Victorian Clinical Council please go to the Victorian Clinical Council webpage <<https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/better-safer-care/victorian-clinical-council>> or contact the Victorian Clinical Council secretariat on [VCC@dhhs.vic.gov.au](mailto:VCC@dhhs.vic.gov.au) or phone 03 9096 2159.

A handwritten signature in black ink that reads "Jill Sewell".

Associate Professor Jill Sewell AM

Chair, Victorian Clinical Council

## Introduction

- A foundational meeting of the Victorian Clinical Council was held on Wednesday 14 December 2016.
- The purpose of the meeting was to support the establishment of the Victorian Clinical Council and help prepare for the first meeting of the full Council early in 2017.
- The Minister for Health, the Hon Jill Hennessy MP, addressed meeting participants. Minister Hennessy acknowledged Associate Professor Jill Sewell's contribution as the inaugural chair and expressed her personal commitment to the Victorian Clinical Council as an important reform that will give Victoria a blueprint for better engagement with clinicians and consumers and better clinical outcomes.
- The Department of Health and Human Services (the Department) has established the Victorian Clinical Council to help simplify the current system and better respond to the needs of patients and healthcare workers. The Victorian Clinical Council is part of the Victorian Government's *Better, Safer Care* response to *Targeting zero, the review of hospital safety and quality assurance in Victoria* (October 2016).
- The overarching purpose of the Victorian Clinical Council is to provide a forum for consumers and a multi-disciplinary group of clinicians to provide collective clinical leadership and strategic advice on the delivery of high quality health care to improve health outcomes for all Victorians.
- The Victorian Clinical Council will take a broader 'system wide' or strategic view of health care provision, noting the importance of local solutions in some instances.
- The Victorian Clinical Council is supported by a secretariat that is part of Safer Care Victoria. Safer Care Victoria is the Department's new office for quality and safety improvement.
- The participants at the initial meeting included *ex officio* members and invited clinical leaders from across the state and participants representing the interests of consumers, carers and family members. A full list of meeting participants is provided as Attachment 1.

## Health service quality and safety assurance in Victoria - making sense of the new 'world' order

**Kym Peake, Secretary Department of Health and Human Services**

**Euan Wallace, CEO Safer Care Victoria**

**Terry Symonds, Deputy Secretary Health Service Performance and Programs**

- The Department has established the Victorian Clinical Council as part of the *Better, Safer Care* reform package to deliver a world-leading healthcare system.
- The *Better, Safer Care* reforms aim to challenge the Department's role and identify with the expectation now that the Department will become a partner in health care, joining with families and patients and clinicians on the front line to improve the quality and safety of health care services.
- One of the objectives from implementing the *Better, Safer Care* reforms is to improve clinical and consumer engagement making it more complete and systematic and making sure that clinician and consumer views are heard and received by the Victorian Government.
- The Victorian Clinical Council will be an important contributor to, and influencer of policy and strategic decision making in Victoria. It will provide an important avenue for the Victorian Government and the Department to hear the collective views and experiences of patients and

frontline health care workers enabling them to have a real say on how to make the system safer and improve services.

- The Department also acknowledges the significant and important work of existing quality and safety advisory bodies and committees, including the Consultative Councils. These groups have made and will continue to make important contributions to assuring the quality and safety of health care services at a state level.
- The Department and Safer Care Victoria encourage the Victorian Clinical Council to consider health in its broadest definition, as a combination of not just physical and mental wellbeing, but also including emotional and social wellbeing. This broad view of health will be reflected in the development of *Health 2040*. *Health 2040* will outline the Victorian Government's vision for health reform into the future is will be published by the end of 2016.

## The role and function of the Victorian Clinical Council

### Chair and meeting participants

- The Victorian Clinical Council Terms of Reference outline the vision, purpose and operating principles for the Victorian Clinical Council. The Terms of Reference will be finalised at the first full Council meeting in early 2017.
- The Victorian Clinical Council will consider health care quality in its broadest definition, including the domains of person-centred care, access and equity, service integration, social care and appropriateness of care.
- The Victorian Clinical Council will be a forum for testing ideas and garnering the support of the sector for change and reform. The Department will seek the Victorian Clinical Council's advice on system quality and safety issues, including policy and program development.
- The Victorian Clinical Council Executive Committee will have an important role in ensuring the scope and priority of the Council's work it will achieve the Council's strategic objectives and that the work plan is achievable.
- The Victorian Clinical Council will be representative of the sector capturing a breadth of expertise, experience and knowledge, as well as diversity. Input from consumer members, members from regional and rural areas, and those in private practice will be encouraged. This will ensure all perspectives are included and that all members are able to be equal contributors and fully engaged in Council activities.
- At the end of its first year the Victorian Clinical Council will reflect on and review its achievements and its purpose, operating principles, membership and focus.

## Possible topics for Council

- Possible topics for the Victorian Clinical Council to consider in 2017 and beyond are:
  - Engagement, relationships and interfaces across the health system including strengthening partnerships between clinicians and patients and their families and carers
  - Integration of care across different health settings
  - System design including referral relationships
  - Key opportunities for improvement in service delivery and how these could be incentivised and spread

- Address the social determinants of health
- Reduce unwarranted variation and eliminate avoidable harm through translating research into practice
- Improve models and systems of care (the role of outpatients in 21<sup>st</sup> century health care, chronic disease management and the interface between primary and acute care, ensuring sustainable workforce models)
- The proposed new model for clinical networks in Safer Care Victoria
- How to improve organizational culture in health services to ensure high reliability health care across Victoria
- Recommend improvements to health system infrastructure including the opportunity of digital health

## Clinician engagement

### Associate Professor Christine Jorm

- Associate Professor Christine Jorm from the University of Sydney presented her scoping paper on clinician engagement in the Victorian health care system.
- Effective clinician engagement is necessary for improvement to occur and be sustained. Currently clinician engagement across Victoria is highly variable, and there are opportunities to improve consistency and effectiveness.
- Associate Professor Jorm's presentation is provided as Attachment 2.
- Key points raised during a lively discussion following the presentation are noted below under the relevant themes.

#### Being inclusive and responsive

- The term clinician needs to be broadly defined to be inclusive of all clinical groups, and representation should as much as possible reflect the diversity within those groups.
- Engagement opportunities and conditions should be tailored to workforce needs and characteristics, but should also aim to reinforce the importance and value of good teamwork.

#### Communication and transparency

- Victoria needs to create opportunities for clinicians to join conversations on policy issues. This includes improving transparency and providing greater opportunities for clinicians to join Departmental or Victorian Government advisory groups and committees to gather advice from frontline staff on solving complex health system problems.
- Victoria should use information technology as one of the means to actively support clinical engagement, including by allowing open and transparent discussion on important and difficult issues.

#### Creating the conditions for great engagement

- Victoria needs to invest in skills, capabilities and opportunities to lead change. This includes looking for opportunities to disinvest in unnecessary non-clinical work for clinical staff. This would allow clinicians to focus more time and effort on clinical matters, including quality and safety improvement, and therefore help to increase clinician engagement and satisfaction.

- Ideally quality improvement should be seen as 'part of the job' and should be encouraged through organisational policy decisions, and by protecting staff time for improvement activities.
- Health services can enhance clinician engagement by embedding clinicians in all organisational decision-making structures. This would ensure strategic decision-making includes direct clinical input, and would help to improve information flow between management and clinical staff. This would provide opportunities for clinicians to better understand service-level challenges and help to identify where improvements can be made.
- Similarly, the Department can facilitate better clinician engagement by creating opportunities for clinicians to become familiar with how health care works at a system level (including funding models). This is important to give the context needed to support clinicians to meaningfully and effectively engage in system-level improvement activities.
- The Victorian Agency for Health Information is an important Victorian Government reform that will improve access to the data that will be critical to improvement work. In particular, better patient outcomes data will be important to inform and motivate clinician engagement. The Victorian Agency for Health Information will build its capability over time with an early priority being providing information for health service and hospital boards for quality and safety assurance purposes.