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Dr Peggy Brown
Chief Executive
ACT Health
GPO Box 825
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Dear Dr Brown

Re: New ACT Health Proposed Structure

I am writing in response to your letter of 6 August inviting our feedback on the proposal to implement a new ACT Health structure. Dr Adele Stevens and I met with Mr Grant Carey-Ide and Ms Jessica Ryder last week to discuss the proposed changes. We appreciated the time they spent with us outlining the proposal and clarify our understanding.

We have considered the proposal from the position of our interest in the quality and safety of health services with special attention to the issues identified and recommendations made in the Jones and Scully Review of the Patient Safety and Quality Unit (2009).

General Comments:

We are generally supportive of the proposal. In particular:

- we commend your consultation process with staff in the first stage of the process. It is critical that with such a change that staff feel enfranchised and part of the solution.
- we commend your move to increase the engagement of senior clinical staff in organisational structure. We will be very interested to see how the governance arrangements are developed to overcome the existing deficiencies regarding the degree to which there is buy-in from clinicians to the quality and safety programs.

- we support the move to a single clinical operations group with Executive Directors reporting directly to the Deputy Chief Executive.
- we strongly support the amalgamation of Patient Safety and Quality Unit (PSQU) and the Clinical Governance Unit into a single body. We consider this move will address one of the issues raised in the Jones and Scully Report regarding the need for increased medical engagement in patient safety and quality agenda. We propose a further development of this to become the Quality, Safety and Risk Unit and address this later in our response.

PSQU functions

We do have some concerns regarding the proposal to split a number of the functions of the existing PSQU, in particular the medico legal and claims coordination and consumer engagement.

We consider that the medico legal and claims coordination is closely aligned with the core functions of the existing PSQU and do not support their separation. We consider that the information arising from medico legal and claims contributes to overall knowledge and identification of potential risk to patients and that the coordination unit needs to continue to clinical risk management, clinical review and audit, open disclosure as well as coronial matters. Similarly we consider that the Consumer Engagement Team is best placed with existing PSQU functions as it has close liaison between the clinical risk management and clinical review and audit.

One of the findings of the Jones and Scully Review was the there was a fragmented structure between the PSQU and other areas within ACT Health. We think there is an opportunity to integrate quality and safety across ACT Health and we are concerned that by separating these functions from the other core safety and quality functions that there will be increased fragmentation rather than less.

Integrated approach to risk

In considering the place of risk in ACT Health we have considered that there are synergies with the risk management within the PSQU and that with the Internal Audit and Risk Manager. It may be appropriate to transfer the risk management function to the Quality, Safety and Risk Unit so there is a more integrated approach to risk management across ACT Health.

HCCA Proposal: Quality, Safety and Risk Unit

The Jones and Scully review (2009) identified a need to *"realign the core patient safety and quality functions at all levels of ACT Health to ensure that health care is safe, effective and responsive to the needs of ACT patients and consumers*" (p. iii). There is certainly an opportunity to do this in the restructure.
We propose the establishment of a Quality, Safety and Risk (QSR) Unit to sit at the level of Deputy Chief Executive. This would provide input to Policy and Strategy as

well as the Clinical Operations. The QSR Unit could include as core functions: audit and review, risk management (organisational and clinical), consumer engagement, policy development and implementation as well as compliance, monitoring and evaluation.

We consider that the promotion of the Quality, Safety and Risk in the organisational structure would go some way to addressing the lack of a visible PSQU profile in clinical service units as noted in the Jones and Scully Review. Our experience is that often the PSQU Director is not in decision making fora including Portfolio Executive and Clinical Operations and elevation of this position to decision making committees would be a positive move.

We remain unsure of the differentiation between the proposed Performance and Redesign Unit and the Clinical Governance Unit regarding quality and safety projects such as the Early Recognition of the Deteriorating Patient, Clinical Networks, the Patient Experience and Patient Centered Care, etc. We would like to see more work done in developing this in Stage 2. One option could be to include the Performance and Redesign Unit in the Quality, Safety and Risk Unit we are proposing. This may go some way to eliminating duplication, sharing resources and building a common purpose.

Please let me know if you require clarification of any of the issues we have raised. We will be very interested to discuss the governance arrangements of this structure.

Yours sincerely

Darlene Cox
Executive Director