Government of Western Australia
Department of Health

Update No.3: Review of Safety and Quality in the WA health system – project completion.

The WA health system has consistently provided a high standard of care to its community. This is evidenced in areas spanning preventive medicine, acute care and management of chronic disease. Comparisons with national and international benchmarks have repeatedly highlighted that WA communities experience a good quality of health and healthcare services, despite the challenges presented by our geographic isolation.

Significant reforms are underway, both within WA and nationally, which will impact upon health care. It is important that these changes preserve and enhance the health of Western Australians and the quality of healthcare provided. In 2016 a key governance reform saw the establishment of independent Health Service Provider (HSP) Boards and the Department of Health (DoH) as System Manager. In response to this, I commissioned an independent review of safety and quality in the WA health system led by Professor Hugo Mascie-Taylor and John Hoddinott. The *"Review of Safety and Quality in the WA health system: A strategy for continuous improvement"* (the review) was released in July 2017.

The review identified various strengths as well as challenges, risks and opportunities for improvement. The commitment of staff and the close-knit nature of our health workforce was noted. The review examined the WA health system at a point in time in its journey through governance reform and highlighted the maturing approach towards devolved governance, growing recognition of clinician accountabilities, the evolving role of the HSPs and the changed function of the DoH. It also identified the need for WA health system staff to recognise that, although functional relationships and individual responsibilities may have shifted (or needed to shift), there remained an ongoing collective responsibility towards shared goals to ensure the continued delivery of safe services and continuous improvement in the quality of care provided.

Since September 2017 a Leadership Group has provided oversight of the implementation of the 28 recommendations of the review. Whilst the Leadership Group has formally completed its work and many recommendations have already been implemented, I am cognisant that more work needs to be done so that we continually improve the care that we provide.

Dr DJ Russell-Weisz

DIRECTOR GENERAL

Project Achievements

- The Safety and Quality Reform Senior Leadership Group (the Leadership Group) met 11 times since its establishment.
- To date:
    - 21 recommendations were closed, including those that will continue as Business as Usual.
    - 15 recommendations have been closed with no further action.
    - 6 recommendations have been closed with follow on actions to occur after the closure of the project.
    - 7 recommendations are still in progress and have outstanding actions that will be managed outside of the project within other governance structures.
- Attachment 1 describes the status of the 28 recommendations from the review.
- The project has contributed to the sustainability of safety and quality both now and into the future by planting the issues described in the review at the front of people's minds. It has elevated the importance of safety and quality across the WA health system and provided a compass point for determining roles, responsibilities and accountabilities; governance structure, groups and committees; system policies and standards; system oversight and assurance; and system-wide strategic priorities for safety and quality.
- The Leadership Group is assured that the HSPs are continuing to deliver safe and high quality services and that systems and processes are in place for the ongoing implementation and monitoring of safety and quality initiatives, including the recommendations from the review. The final meeting of the Leadership Group was held on 27 February 2019 and signified the closure of the project.

Next Steps

The WA health system is committed to the provision of safe, high quality care for Western Australians. Proactive approaches that support improvements and innovations in safety and quality will continue, with the Health Executive Committee (HEC) having a dedicated role in regards to system-wide safety and quality matters. Future safety and quality assurance will be sought via the HSP Boards, and the DoH through performance monitoring and the System Manager Governance and Assurance Model (in development), as well as the Safety and Quality Indicator Set.

Outstanding actions from the project will be delivered by the areas described in Attachment 1.

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Attachment 1: Status of the Recommendations

Rec#	Recommendation Description	Agreed Leadership Group Status	Further Actions Required	Ongoing Responsibility
1	Report publication.	Closed	No Further Action Required	Not Applicable
2	S&Q performance reporting.	Closed	No Further Action Required	Not Applicable
3	Statewide S & Q meetings.	Closed	No Further Action Required	Not Applicable
4	Appropriate system tension and challenge.	Closed	No Further Action Required	Not Applicable
5	Managing change.	Closed	No Further Action Required	Not Applicable
6	HSP oversight of all services.	Closed	No Further Action Required	Not Applicable
7	HSP Board and S&Q sub committee/working group development.	Closed	No Further Action Required	Not Applicable
8	Clinical risk management.	Closed	No Further Action Required	Not Applicable
9	Clinical leadership, professionalism and performance management.	Closed	Evaluation and roll out of the Medical Appraisal Program.	Pilot program to be monitored by East Metropolitan Health Service (EMHS) To be monitored by HEC
10	Developing policies and standards.	Closed	No Further Action Required	Not Applicable
11	Publishing S & Q performance information.	Closed	No Further Action Required	Not Applicable
12	Consumer engagement.	Closed	No Further Action Required	Not Applicable
13	Clinical audit.	In Progress	HSPs to continue activities that will strengthen clinical audit practices.	HSPs
14	Consistent standards across public and private providers.	Closed	Existing public facilities standards will be compared to Licensing & Accreditation Regulatory Unit facilities standards. Update standards in line with the review of *The Private Hospital & Health Service Act 1927*.	Clinical Excellence and Purchasing & System Performance Divisions, Department of Health
15	Obtaining assurance.	In Progress	The development and implementation of S&Q Indicator Set (SQuIS). (15a)	Patient Safety & Clinical Quality Directorate, Department of Health (To be monitored by Department Executive Committee)
			Ongoing development of the Governance and Assurance Model. (15b)	Strategy & Governance Division, Department of Health
16	Obtaining assurance.	In Progress	Ongoing development of the Governance and Assurance Model.	Strategy & Governance Division
17	Obtaining assurance.	In Progress	Ongoing development of the Governance	Strategy &

Rec#	Recommendation Description	Agreed Leadership Group Status	Further Actions Required	Ongoing Responsibility
			and Assurance Model.	Governance Division
18	Facilitative role for the System Manager.	Closed	No Further Action Required	Not Applicable
19	A clear model for intervention.	In Progress	Ongoing development of the Intervention Strategy.	Strategy & Governance Division
20	Benchmarking performance.	In Progress	Benchmarking matrix to be developed.	Currently with EMHS To be monitored by HEC
21	Collaborative working across HSPs.	Closed	No Further Action Required	Not Applicable
22	Collaborative working across HSPs.	Closed	A project working group is to be established to develop a mandatory policy on equity of health service access across the WA health system.	WA Country Health Service & Clinical Excellence Division, Department of Health To be monitored by HEC
23	System oversight of public private partnerships.	Closed	No Further Action Required	Not Applicable
24	System oversight of mental health services.	Closed	No Further Action Required Note: The review of mental health clinical governance is a Ministerial Review, with the review process occurring through the Office of the Director General.	Not Applicable
25	Provision of low volume, high complexity procedures.	In Progress	Identification and mapping of low volume treatments and highly specialised or resource intensive treatments performed within the WA health system.	Patient Safety & Clinical Quality Directorate To be monitored by HEC
			Individual clinicians' capability to perform low volume, highly specialised procedures.	Employing HSPs
26	Setting improvement goals.	Closed	Work to embed S&Q priorities in a state health plan will be undertaken as part of the implementation of the Sustainable Health Review recommendations.	To be monitored by HEC
27	Clinical Incident reporting.	Closed	Further work is required to improve the S&Q indicator and, if appropriate, transfer it into the Health Service Performance Report (HSPR).	Patient Safety & Clinical Quality & Purchasing & System Performance, Department of Health
28	Implementing learning from S&Q monitoring.	Closed	Horizon scans of other jurisdictions' initiatives for sharing lessons to enhance existing work.	Coordinated approach to system wide learning, to be led by EMHS