Victorian
Clinical Council

Four years leading health system improvement

April 2021

Safer Care
Victoria

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About this report

This report details the contribution of the Victorian Clinical Council to the Victorian health system since its establishment in 2017. The report provides an overview of the council and its key achievements through to 2020, including summaries of the advice and outcomes from its 13 meetings.

This report acknowledges the hard work and dedication of the council's members in being part of an inaugural group tasked with providing a clinician and consumer voice in developing Victorian healthcare system policy, planning and improvement.

A message from the chair

The Victorian Clinical Council was established in response to recommendations made in the *Targeting Zero* report, alongside the establishment of Safer Care Victoria and the Victorian Agency for Health Information, to support the healthcare system in eliminating avoidable harm and strengthening the quality of care. The topics that the council have tackled since 2017 certainly speak to this purpose.

Following its establishment, the council's initial focus included laying the foundations for the council to come together and work collectively and productively. In this early period, dedicating a meeting to establishing clear operating principles and practices for our membership was critical to our success and driving our strategic direction as we paved the way as system influencers and advisors on priority topics and issues for the healthcare system.

There is quite a journey from the discussions that occur during meetings to changes in the system. While change may take time in coming, we know that our perspectives have brought greater clarity and new insights to the former Department of Health and Human Services (now the Department of Health) and its agencies, influencing policy and decisions in a positive way. Although this influence is difficult to capture, our feedback tells us it is there.

The council has a strong culture of continual improvement and we have adapted and changed in positive ways since inception. This culture is important – we all need to be nimble when working in a sector as complex and evolving as healthcare.

As the past four years of operation of the council comes to an end, I would like to take the opportunity to thank the wonderful council members for their time and commitment to the council's work. I would particularly like to thank the executive committee who met each month to direct the development of the council and the topics that the council advises on, the consumer members who actively contributed as true partners, and the secretariat who worked tirelessly on the establishment of the council and its subsequent program. It has been a privilege to see the council collectively approach this important work and carve out our role in ensuring a better healthcare system for Victorians.

I commend to you this report that highlights a busy and productive four years. We turn our eyes to the future equipped with what we have learnt from our experience as a council and the positive impact we have made on system improvements and health outcomes.

Associate Professor Jill Sewell AM MBBS FRACP
Chair, Victorian Clinical Council

About the Victorian Clinical Council

The Victorian Clinical Council was formed in December 2016 as a result of recommendations from the *Targeting Zero: supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care report*.

> 'A Victorian Clinical Council should be established to support the [health] department's clinical engagement and to provide a forum where the department can obtain the collective advice of clinicians on strategic issues.' *Targeting Zero*

The council has been a mechanism for influence. It has contributed the knowledge and experience of our clinicians and consumers to achieve a shared understanding of systems issues, opportunities and pathways to success.

The large and diverse membership provides the necessary foundation for delivering strong leadership in an arena where many voices and perspectives inform the work of the former Department of Health and Human Services (the department), Safer Care Victoria (SCV) and the Victorian Agency for Health Information (VAHI).

Vision

To promote an independent and unified clinician and consumer voice driving system improvement and better outcomes for all Victorians.

Purpose

To enable a multidisciplinary group of clinicians and consumers to provide leadership and strategic advice to the Victorian Government, the department, SCV, VAHI and health services on how to make the system safer and improve health outcomes for all Victorians.

Objectives

To provide a forum for clinicians and consumers to:

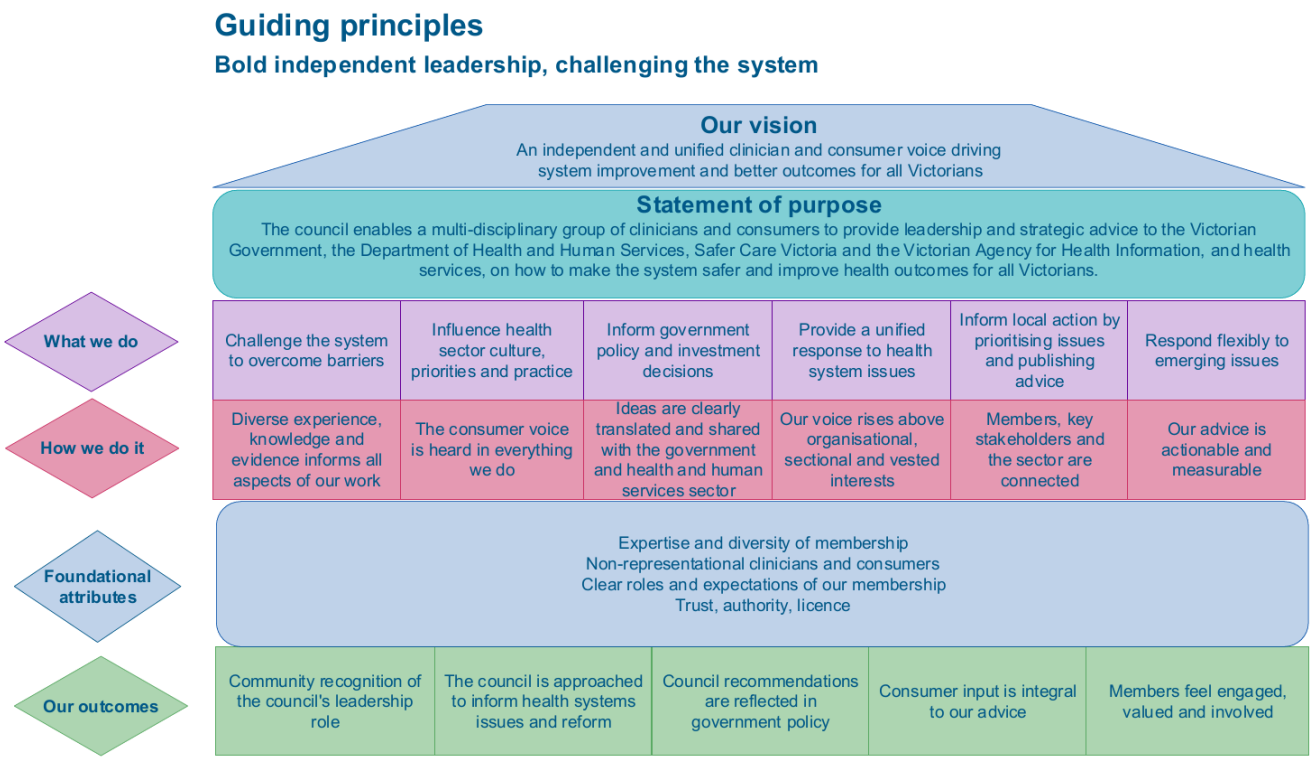
- provide an understanding of the operating context of the Victorian healthcare system from a clinician's perspective
- provide constructive advice and leadership and to debate key issues of clinical significance
- be recognised for their leadership and trusted as an authoritative source of advice.

Guiding principles

The council developed the guiding principles with the purpose of:

- establishing an agreed culture and to provide a framework for decision making
- clearly articulating the council's vision, objectives and intended outcomes (**Figure 1**).

Figure 1: Victorian Clinical Council operating framework



Membership

The members (**Appendix 1**) that make up the council reflect the diversity of the sector, with representation from a wide range of professions and specialties across the healthcare continuum. This includes representation from the public and private sectors and from mental health services (metropolitan, regional and rural services), with a balance between experienced and emerging clinical leaders. Members are appointed in a non-representative capacity and do not reflect any organisational, sectional or vested interests.

The consumer voice is a crucial component of the council and made up nearly 10 per cent of council membership in 2017–2020. This critical insight into the lived experience of being a patient or carer ensures that the advice of the council is person-centred to effectively drive policy, planning and improvement decisions that really matter to people across Victoria.

Membership was refreshed in mid-2019. This included a recruitment campaign to target groups such as surgeons and mental health experts and the creation of new positions for Aboriginal and Torres Strait Islander health and population health professionals. Applications from health professionals with culturally diverse backgrounds, with a disability and young career professionals were encouraged. The council is also committed to maintaining gender diversity when recruiting new members.

Executive Committee

The council's Executive Committee is a multidisciplinary group of 10 council members that includes the chair, deputy chair, two clinical network representatives, a consumer representative and the chief executive officer of SCV. The executive committee meets monthly and is responsible for setting the overall agenda and direction of the council, including council meetings, and to progress all council advice through the advice approval process.

Working with consumers

Consumer involvement has underpinned the work of the council and has been instrumental to the council's achievements. Consumers have been involved and engaged in all facets of council work including governance, planning and general operations. Consumers contribute their ideas at the earliest stages of topic exploration and planning for each meeting. They are active members during each of the quarterly meetings, bringing insights and their lived experience to guide and inform discussions. Consumers also significantly contribute in developing advice through their involvement in the council's Executive Committee.

A consumer engagement strategy, which applies a partnership approach, assists in overseeing how the council works with consumers to develop authoritative advice on healthcare to drive improvements in quality and health outcomes. The consumer engagement strategy is consistent with the department's 'Stakeholder engagement and public participation framework' and SCV's 'Partnering with consumers: a guide for government'.

Consumer recruitment was actively sought during the council establishment period. The Health Issues Centre, the peak consumer health advocacy organisation, was engaged to ensure clear, consistent and equitable recruitment processes for all members including consumers.

At the end of 2018, consumer members participated in a survey regarding their involvement in the council, in addition to a general survey of all council members. The results indicate that consumers are satisfied with their role and feel supported and valued as members of the council.

> '[The council] have provided helpful background information, as well as helping us to bond and grow together as a consumer group, to increase our influence and comfort/courage in putting forward our messages and advocating for what we think is important.' Consumer member

> 'They've allowed me the time and space to discuss and explore issues that are most important to patients more fully and openly, something that can be difficult to do within the confines of an agenda at [council] meetings.' Consumer member

These findings were mirrored by non-consumer member survey responses that support the important role that consumers have in the work of the council, as captured qualitatively in their survey comments:

> 'The council is at its best when the consumer voice is loud and helps drive and inform the discussion.' Council member

Stakeholder engagement

An important aspect of the council's work is communicating and engaging with the sector and key partners. From 2017 to 2020, the council has been involved in a range of stakeholder engagement activities. This has included, but is not limited to:

- a national collaboration between the clinical councils/senates from other states and territories to collaborate on topics of joint importance and to share ideas on clinical leadership
- providing regular updates at health service CEO forums to identify possible topics for council deliberations and to receive feedback on what were the high-priority, pressure areas
- an ongoing partnership with Victoria's rural and regional clinical councils including attending the Loddon Mallee Regional Clinical Council meeting in June 2019
- engaging with medical, nursing, midwifery and allied health leadership groups across acute and community health, public and private settings by attending, presenting and networking at meetings.

The council's achievements

The council's work over the past four years has been both the result of planning and consultation on key topics, as well as responding to issues arising across the sector.

The work of the council can be summarised within the three themes of:

- quality improvement
- design and implementation of policies and programs
- effective engagements.

Quality improvement

Over the course of its tenure the council actively sought opportunities to explore issues or were formally requested by the department, SCV or VAHI for its advice in improving the quality of healthcare and patient or service user health outcomes. This was through examining evidence-based practice to drive consistent system-wide improvements, as well as lessons from the clinical networks and discussing innovative approaches to reduce clinical variation and preventable harm to patients. Over the past four years the council has engaged in and provided detailed advice on the following major quality improvement initiatives:

- duty of candour – the council contributed to the public consultation in response to government commitments contained in *Targeting Zero*
- reducing unwarranted healthcare variation
- communicating for safety
- 'Count me in' performance measures and reporting.

Policy and programs

A key role of the council has been to provide clinician and consumer input into health policies and program design, impacting on quality of care and improvement of health outcomes. During 2017–2020 the council provided advice that was reflected in the following policy and program developments/reviews:

- Victoria's statewide service and infrastructure plan, including two policy reforms – the introduction of formal role delineation into the Victorian health system and the establishment of minimum volume thresholds for particular procedures and interventions
- 'Integrated care: from fragmented to seamless' (parts 1 and 2)
- occupational violence and aggression in Victorian health services
- value-based healthcare
- 'Count me in' performance measures and reporting
- diversity and cultural safety
- achieving consistency of care across Victoria
- home-based care.

Engagement on clinical matters

The council has provided effective engagement on clinical matters, including providing strategies on clinician and consumer engagement to inform policy directions and ensure sustainable change including the best ways to foster consensus for change. The council engaged in the following:

- 'End-of-life care: living as well as possible' – working with the department and the SCV's Palliative Care Clinical Network
- 'Improvement of the physical health of people with mental illness, across the life span, whilst safeguarding their rights and dignity' – a submission to the Royal Commission into Victoria's Mental Health System.

More information on the council's consultation, recommendations and contribution to policy and system improvements for each of these achievements are detailed in the next section.

Council meetings and advice

The council held its foundational meeting in December 2016 to support its establishment, set early priorities, finalise member selection processes, and to prepare for the inaugural meeting of the full council in March 2017. Since that time the council has met on a quarterly basis to discuss and provide advice on key priorities and issues for the health system as described below. Key deliverables, including council meetings and strategic developments, are shown in **Figure 2**. Meeting communiques and reports were progressively published on the SCV website to support broad and transparent communication of each meeting and focus area.

Between 2017 and 2020 the council met 13 times. In 2020 the ability for the council to meet and finalise advice was impacted by the coronavirus (COVID-19) pandemic. Despite this, the council met virtually to inform a submission to the Royal Commission into Victoria's Mental Health System. Additionally, the council's voice was heard through the council chair's participation in working groups including the Best Care Best Place Taskforce, ensuring that council advice was heard during a time of great disruption and change for the system. For more information on the council and to read the council's meeting and topic-based communiques, go to bettersafercare.vic.gov.au/vcc.

Figure 2: Victorian Clinical Council areas of focus and key deliverables

2016	**Key operations** Establishment and foundational meeting of the council, selection of members Confirm selection process, establish early priorities, discuss clinical engagement
2017	**Meeting topics** Integrated care (I) occupational violence, Integrated care (II), duty of candour, End of life care **Key operations** Finalise role, TOR, establish executive committee, establish links with the QLD clinical senate and develop strategy and work plan
2018	**Meeting topics** Valued and creative collaboration, Unwarranted variation, Value-based health care, topic prioritisation 2019–20, Diversity and cultural safety **Key operations** Organisational development; finalise vision, purpose and workplan, strategic planning, advice process review and growing collaboration with other senates.
2019	**Meeting topics** Communicating for safety, 'Count me in' forum with VAHI, Consistency of care **Key operations** Priority setting until Q2 2019–20, priority setting with health service CEOs, eight new council members, commenced design work for council evaluation
2020	**Meeting topics** Home-based care, Royal Commission into Victoria's Mental Health System submission

Activity and output

Inaugural council meeting: Statewide policy reform

In March 2017 the council met for the first time to build an understanding of its role and to define the roles and responsibilities of key partners such as the department, SCV and VAHI.

Prior to this meeting the council was approached to provide advice to the department and SCV on the statewide service and infrastructure plan, including two policy reforms – the introduction of formal role delineation into the Victorian healthcare system and the establishment of minimum volume thresholds for particular procedures and interventions.

The council supported both reform initiatives and provided feedback that included early implementation considerations and suggestions for responding to the growing demand for health services. Key points made by council members are outlined below.

Statewide planning and role delineation

- Strong support for the introduction of system role delineation, with its established benefits to quality, safety and efficiency and with capability frameworks universally applied to both the public and private sectors.
- Statewide plan: Several suggestions made to better respond to the growing demand for health services including; stronger prevention and early intervention; maximising existing capacity and capability; better and more care delivered outside of hospital walls; scope of practice changes to allow more innovative and flexible workforce solutions; and better use of information and communication technologies, e-health and health-related technology.
- Noting that private providers are an important part of the system and opportunities should be explored to utilise their latent capacity to the benefit of patients.

Establishment of minimum volume thresholds for particular procedures and interventions

- The reform needs to reflect a broader redistribution of activity across the system.
- The department, with SCV, should be the body that sets and enforces any minimum volume thresholds.
- The setting of a minimum threshold should occur at the service level to ensure whole-of-service safety.
- The flow-on impacts of the required volume at the health service and surrounding health services must be considered.
- Any system design changes under this reform need to be accompanied by changes to referral pathways to ensure the patient's journey from referral to recovery is seamless and efficient.
- Gathering the evidence is an important first step, this includes an extensive engagement process to determine procedures, interventions and thresholds.
- Transparent communication of any changes to consumers and carers, clinicians and public and private health services is required.

The advice provided by the council shaped both reform initiatives as part of the *Statewide design, service and infrastructure plan for Victoria's health system 2017–2037*.

To read the statewide plan go to health.vic.gov.au/hospitals-and-health-services/health-system-design-planning/statewide-plan.

Integrated care: From fragmented to seamless (parts 1 and 2)

Council meetings: June and September 2017

The need for a more integrated system of healthcare was identified as a priority area in key strategic documents such as *Health 2040: Advancing health, access and care* and the *Statewide design, service and infrastructure plan for Victoria's health system 2017–2037*.

Consultation with the department and the sector identified an opportunity for the council to inform the foundations of a statewide integrated care strategy for Victoria. The council met twice to consider 'Integration of care: from fragmented to seamless'. Members discussed integrated models of care and service pathways across health and human services to better support people with multiple, complex and chronic conditions and vulnerable groups that are most likely to benefit from integrated care.

The council provided the following advice:

- a definition of and principles for integrated care
- opportunities to align programs and develop a statewide strategy
- a list of likely system enablers
- how to drive improvement with good data and outcomes measures relevant to health outcomes.

Since these contributions by the council, there has been a substantial amount of work by the department to better integrate healthcare in Victoria including:

- **implementation of the Victorian integrated care model** in the southwest region in partnership with Monash Health, Alfred Health, Peninsula Health and the South Eastern Melbourne Primary Health Network
- **development of innovative funding models** by working with the Independent Hospital Pricing Authority
- **HealthLinks integrated care programs** successfully piloted and implemented at four major metropolitan health services
- **partnerships across boundaries:** Victoria is working with the Commonwealth and other jurisdictions to develop a suite of national outcome measures and to develop a national integrated care reform agenda as part of negotiations for the 2020–2025 Addendum to the National Health Reform.

In addition to advice to the department on ways to improve integration of care, further consultation identified ways to engage and progress integration of care through the value-based healthcare reform agenda (see meeting topic 'Value-based healthcare').

To read more about integrated care initiatives, head to.health.vic.gov.au/primary-and-community-health/integrated-care/bilateral-agreement-coordinated-care.

Occupational violence and aggression in Victorian health services

Council meeting: June 2017

At the request of the then Minister for Health, the Hon Jill Hennessy, the council considered the topic of occupational violence and aggression in Victorian health services. This request, seeking input into the department's proposed approach, was made following an incident that brought greater urgency to an established priority program of worker health and wellbeing for the department.

Recognising that the issue of occupational violence in healthcare settings is complex, the council acknowledged the work already done, including the *Reducing occupational violence in Victorian hospitals strategy* (June 2016) while highlighting the need to focus on changing organisational culture and behaviour and strengthening response and prevention. Council discussions covered the following key areas:

- legislation and policy:
  - legislative protection for staff
  - policy and procedures for the prevention and management of occupational violence and aggression, including follow-up support for affected staff
  - the benefits of an awareness campaign that violence is not accepted and clear expectations around acceptable behaviour
- risk assessment and mitigation:
  - management plans for at-risk staff
  - quality incident data to inform incident reviews
- workforce:
  - train health service personnel with a focus on prevention, de-escalation and communication
- hospital design and personal protective equipment:
  - design of spaces to reduce triggers for violence and aggression and to support de-escalation
  - clear signage for hospital/emergency entrances and directions within hospitals
  - safety systems, including duress alarms, for staff, especially isolated and lone workers
- system planning and response:
  - all efforts are underpinned by multi-agency and multidisciplinary collaboration
  - data linkages between agencies to identify high-risk patients and family members
  - service linkages identified and enabled – for example, access to out-of-hours drug and alcohol support services.

These discussions informed the ongoing development of a statewide strategy and the work of the department including the Violence in Healthcare Reference Group to reduce violence and aggression in the workplace.

Council discussions have been reflected in most of the key initiatives across broader themes developed by the department.

To read more about occupational violence and aggression initiatives head to health.vic.gov.au/health-workforce/worker-health-wellbeing/occupational-violence-aggression.

Duty of candour – council contribution to a public consultation

Council meeting: September 2017

In releasing *Better, safer care*, the response to the *Targeting Zero* report, the government committed to a consultation process regarding the proposed introduction of a statutory duty of candour, a requirement of all hospitals to ensure any person harmed while receiving care is informed of this fact and apologised to by an appropriately trained professional in a manner consistent with the national Open Disclosure Framework. The council was engaged to inform and contribute to this consultation.

In summary, there was general support by council members for introducing a statutory duty of candour. It was suggested that key elements of a higher quality, patient-centred system includes recognising and remediating harm; facilitating continuous improvement; and enabling the patient as a partner in their own care.

This meeting was the first public consultation on this issue and brought to the fore a range of issues that were considered by the expert working group charged with making recommendations to the Minister. Consultation and engagement to finalise the detail of the proposed legislation and the 'Victorian candour and open disclosure guidelines' is currently being undertaken in two stages across 2020 and 2021.

To read the about the government's duty of candour consultation process head to health.vic.gov.au/hospitals-and-health-services/quality-safety-service/better-safer-care/statutory-duty-of-candour.

End-of-life care: living as well as possible

Council meeting: December 2017

Following the Parliamentary Inquiry into end of life choices (2016), which highlighted variation in access to, and the quality of, palliative care as issues important to the community, there was increased community and health sector attention on Victoria's end-of-life care services. This occurred in the context of the now introduced *Voluntary Assisted Dying Act 2017*.

The council met to discuss 'End-of-life care: living as well as possible'. Consultation with SCV's Palliative Care Clinical Network and the department identified value in providing insight into the following topics:

- the needs of non-specialist palliative care clinicians to enable them to provide end-of-life and palliative care services
- informing or endorsing priority pieces of work across the agencies
- identifying metrics that will support a culture of continuing improvement.

The advice on end-of-life care was reviewed by the Health Reform Subcommittee, noting that the council's advice was 'timely and consistent with the department's program of work' and 'provides opportunity to harness and focus on giving more direction'.

The council also mapped the various programs of work against the priorities identified in the council's advice and identified gaps and opportunities to support and enhance these efforts.

Many of the council's recommendations have been addressed by and have informed priority projects within SCV's Palliative Care Clinical Network, the departments' Palliative Care, Person Directed Care and Worker Wellbeing team and VAHI.

Reducing unwarranted healthcare variation

Council meeting: June 2018

The Australian Atlas of Healthcare Variation Series identified significant patterns of unwarranted variation in healthcare across Australia, highlighting issues about quality, equity and efficiency in care. Following *Targeting Zero* recommendations, there was increased focus on how to reduce unwarranted variation in healthcare across the state to improve health outcomes for all Victorians.

To understand the complex issue of unwarranted variation in healthcare and the current approaches to address it, the council engaged stakeholders from across the sector. The council noted the significant work underway at the time across the healthcare system on the use of data to support a reduction in unwarranted healthcare variation. They identified an opportunity to align programs of work by supporting an agreed understanding of what data are required. This includes supporting more effective use of data and learning from other jurisdictions that are publicly reporting performance data.

The council acknowledged and supported the substantial work underway at the time by Digital Health, VAHI and the Centre for Victorian Data Linkages (CVDL). The council's advice was developed in consultation with these parties, and since then nearly all the council's recommendations have been progressed, including the following.

The development of a clinical data portal and public reporting of data

VAHI launched its new portal in late 2019. The portal provides the Victorian community with information on performance and quality and safety. The portal is accessible for all public health services via secure login and gives health services the ability to:

- explore quality and safety measures for their health service and compare with outcomes across other health services
- explore trends in various measures
- drill down into data, from hospital-level outcomes to disaggregated data at the patient level (assuming the appropriate authenticated access)
- download and use the relevant data.

Patient-reported outcome measures being applied locally

VAHI is undertaking a patient-reported outcomes (PROs) pilot to understand the collection and utilisation of PROs data. The pilot comprises three projects that all aim to increase the evidence base from which future collections can be built including the utility of PROs in cancer care, PROs to guide clinical decision making and PROs in joint replacement (national collection).

Data linkages

CVDL now has accreditation as a linkage body and so can request Commonwealth datasets.

VAHI and CVDL have partnered with clinical quality registries (CQRs) to include registry data in a data linkage project. Together, VAHI and CVDL will progressively incorporate data from five CQRs into the Victorian Linkage Map. VAHI will continue to work with CQR custodians, SCV and the department to consider how these linked data can be used in future VAHI reports for Victorian public health services and the general public.

Routine reporting of a minimum set of agreed indicators using linked data

VAHI already uses the linked data in some of its reports and is redeveloping existing safety and quality measures using linked data in response to feedback received from clinicians and health services. VAHI planned to report the new measures in 2020.

Value-based healthcare

Council meeting: September 2018

In view of the increasing challenges across the healthcare system of increased complexity of care, chronic disease and healthcare costs, there has been growing interest in a value-based healthcare approach to address these challenges. Value-based healthcare aims to achieve the best outcomes that matter to patients, relative to the end-to-end costs of care.

Consultation across the department and SCV revealed significant work underway in developing a Victorian approach to value-based healthcare and identified an opportunity for the council to assist in this development. The council identified priority cohorts for value-based healthcare demonstration projects that were provided to the Health Reform Office to inform future planning. The council also recommended the following:

- exploring value-based healthcare to create value across the whole Victorian health system
- prioritising embedding patients and clinicians during value-based healthcare policy development and implementation
- developing a strategy that covers the full range of the Victorian healthcare system and that includes social care as a tool to improve health
- a focus on the accurate and systematic measurement of outcomes that matter to patients and that are clinically relevant.

The advice developed from this meeting helped to inform the Victorian approach to value-based healthcare, with some collaborative demonstration projects underway, including the following.

A national collaboration on value-based healthcare

The Australian Health Ministers Advisory Council, jurisdictions and the Commonwealth endorsed a joint paper developed by New South Wales, Victoria and Queensland on this topic. The paper included the recommendation to jointly trial new models of care that improve outcomes and sustainability through system transformation in stroke and diabetes, with stroke as the initial priority.

Home-based care

The department developed a reform strategy to scale home-based care across the Victorian healthcare system to improve patient outcomes and system sustainability. Further detail on the council's recommendations on home-based care is detailed later in this report.

Diversity and cultural safety

Council meeting: November 2018

Many diverse and marginalised groups in Australia experience significant barriers to accessing healthcare, resulting in significant disparities in health outcomes. The need to design a healthcare system that responds better to the needs of our most vulnerable populations is becoming increasingly important.

The council met to discuss and advise on a whole-system approach considering intersectionality across diverse groups. The council made several recommendations including:

- improved leadership capability to ensure organisations create culturally safe environments for diverse communities
- improved use of data to set goals/outcomes and better understand the diversity and specific needs of patient populations
- to develop workforce competency and skills regarding diversity, intersectionality and cultural safety
- improved consumer participation and co-design to create culturally safe environments within the health sector.

An implementation plan was submitted along with the council advice identifying the key stakeholders and suggested actions.

Communicating for safety

Council meeting: March 2019

Effective communication in the clinical setting is the cornerstone of safer, effective and person-centred care as recognised by the Australian Commission on Safety and Quality in Health Care's Communicating for Safety standard. A breakdown in communication is a major contributing factor to patient dissatisfaction, poor staff culture and adverse events, as found in the *Health Complaints Commissioner Annual report* (2018) and the SCV *Sentinel events annual report 2017–18*.

The council met to discuss communicating for safety and how to change the culture of communication within the healthcare sector to improve patient safety.

Council advice called for an enduring commitment at the systems and health service levels to make 'communicating for safety' a priority. Health services need to be supported to achieve safety standards and to eliminate failures in communication that lead to adverse patient safety events and poor staff and patient experiences.

To achieve this standard, the council advised agencies to pursue:

- compassion and kindness in healthcare – compassion and kindness are critical to positive patient experiences and safety and should be considered as mandatory requirements at all levels of the healthcare system
- patients as the owner of their own healthcare information – digital health design to consider patients as the owner/carrier of their information
- creating safe, positive workplace cultures through leadership
- continual learning and improvement in communication.

Council advice was submitted to the department for consideration.

Count me in: performance measures and reporting

Council meeting: June 2019

Following *Targeting Zero*'s recommendations for measuring development and public reporting, VAHI undertook an extensive consultation process with the sector and key partners to prioritise approximately 100 new or revised quality and safety measures.

VAHI identified an opportunity to engage the council to further inform this work to:

- confirm high-priority domains for quality and safety measurement development and reporting
- consider how gaps in current reporting, identified by reference to the Australian Health Performance Framework, may best be filled from the measures proposed; and identify next steps to engage clinicians and consumers in the development of new measures
- identify key quality and safety issues for public reporting.

The council identified four priority domains for further measure development:

- Aboriginal Torres Strait Islander health and cultural safety
- child and youth health
- mental health
- palliative care.

The council discussed the priority domains further to assess how existing measures reported by VAHI are captured by the Australian Health Performance Framework, to identify any gaps in reporting and to provide suggestions for further work.

Achieving consistency of care in Victoria

Council meeting: November 2019

The 'Statewide design, service and infrastructure plan for Victoria's health system 2017–2037' emphasises the importance of regional and local partnerships to Victoria's future health system. It outlines an ambitious vision for a more connected and networked service system supported by close and effective partnerships with Victoria's regional and rural health services. While acknowledging the significant work underway including the six rural/regional partnerships, capability frameworks and specialist clinic reform and investment in telehealth service, the council identified the need to inform an approach to achieve greater consistency of care for rural and regional Victorians.

The council, with the Minister for Health present, identified and discussed the priority concern of access to care for rural and regional Victorians, specifically focusing on three key themes:

- the regionalisation of referral pathways
- the adoption of a shared governance approach to patient care
- whether a shared decision-making tool could improve care planning with care closer to home.

There was support for defining default referral pathways between rural, regional and metropolitan health services within defined geographical boundaries as well as the need for stronger system management and coordination that works alongside local, ground-up planning and implementation for this to work.

The council supported the idea of a shared decision-making tool for care planning and referral. It was identified that an effective tool would act as an enabler to determining what consumers value the most as part of their care and support a partnership approach between the clinician and patient in care.

The work that the council undertook on 'consistency of care' was not formally documented. This was due to the council prioritising the opportunity to provide timely input into policy development for the department on home-based care. Documentation was again put on hold due to the redeployment of council secretariat staff as part of SCV's response to the coronavirus (COVID-19) pandemic.

Home-based care

Council meeting: February 2020

The council met to explore the potential for growth in home-based care in Victoria, aiming to reduce the harm associated with hospitalisation, particularly in the frail elderly. The council focused on two strategies to keep people out of hospital:

- delivering acute and subacute admitted services in a person's home
- the role of acute health services in preventing or reducing the symptoms and complications of established disease through providing community-based, non-admitted care.

The substitution of admitted care from the hospital ward to the home setting is occurring in Victoria through the Hospital in the Home program, but despite pockets of progress, the full potential of home-based admitted care has not been fully realised. Examination of progressive models for prevention, delivered by acute health services, highlighted the prospect of achieving better outcomes for people with complex care needs.

The council supported a shift in how healthcare is delivered in Victoria with home-based care the norm for acute and subacute services, as well as hospitals expanding preventative care in partnership with primary care services. These shifts would require:

- clear direction and commitment at the system, organisational and clinician levels
- patient and carer understanding of the purpose and benefits of home-based care, which includes their full partnership in healthcare planning and decisions
- the development of a comprehensive multidisciplinary team with a high level of clinical competence to deliver safe effective care.

Home-based care also provides an opportunity for the system to take a giant leap forward towards person-centred care. For home-based care to flourish, it is clear that each person, their carer and the context of their lives must be understood for healthcare staff to partner successfully in delivering care.

The department considered the council's work on home-based care and contributed to developing the Better at Home initiative, announced in late 2020.

To read about the Better at Home initiative, head to premier.vic.gov.au/better-home-more-support-recover-home.

Royal Commission into Victoria's Mental Health System

The topic of mental health and physical health was identified as a high priority for council consideration in 2018. In 2019 the Victorian government established the Royal Commission into Victoria's Mental Health System (RCVMHS). The council decided to explore this topic after the publication of the Royal Commission's interim report in October 2019. The intent of the council was that the advice developed for a submission to the RCVMHS would also be relevant to the department's Mental Health team and to the Office of the Chief Psychiatrist. A meeting with the CEO of the RCVMHS in February 2020 resulted in a joint plan for a council meeting in June 2020.

The planned meeting for June 2020 was cancelled due to the coronavirus (COVID-19) pandemic. In lieu of this meeting, the council decided to develop a survey for council members. A literature review and stakeholder discussion occurred to inform development of the survey. This work was led by the council chair, Associate Professor Jill Sewell, and council member Dr Tori Berquist, with advice from a virtual working group comprising 16 council members and relevant stakeholders. The working group agreed that the focus of the survey should be on the outcomes of the department's document 'Equally well in Victoria: Physical health framework for specialist mental health services'.

Survey responses were received from nearly 50 per cent of active council members. These responses were collated, themed and analysed, with the outcomes of the survey further developed by the working group for inclusion in the RCVMHS submission.

Overarching themes from the survey responses were:

- access to services
- addressing the service gap
- comprehensive and collaborative care
- embedding improvement
- management – aged care
- partnership and co-design with consumers and carers
- prevention and management – acute settings
- prevention and management – community services
- prevention and management – maternity, infant, child and youth health
- prevention and management – primary care.

The council provided the following advice in its RCVMHS submission:

- Consumers have a right to receive mental and physical health services that are purposeful but not discriminatory.
- Many people with mental health problems have associated significant physical health problems and experience violence, drug/alcohol use, homelessness and unlawful behaviour that, in addition to the individual, has wider implications for society. Mental health affects much of what all clinicians deal with across the age and disease spectrum. It is intricately bound to the social determinants of health, and one of the outstanding challenges is enabling change in non-clinical domains to create improvement in clinical domains.
- The ability to comprehensively deal with chronic physical illness, the very commonly associated alcohol and substance abuse, and social determinants of health such as unstable housing, needs to be embedded in primary, community, emergency and inpatient mental health services.
- Government commitment to the expertise required for improvement underpins the considerations advised by the council.

The council during the coronavirus (COVID-19) pandemic

The council's work was put on hold from March 2020 due to the coronavirus (COVID-19) pandemic. Key council partners across the department and SCV shifted focus to the COVID-19 response, with all but essential policy and program development efforts pausing to manage the crisis at hand.

However, during 2020 some of the council members met virtually to progress the council's detailed submission to the Royal Commission into Victoria's Mental Health System.

The influence of the council can be viewed in aspects of the department's response to the coronavirus (COVID-19) pandemic. For instance, the discussions held by the council regarding 'Achieving consistency of care' (November 2019) aligned to the department's response to the pandemic with the structure of health service clusters. The advice the council also provided about 'Home-based care' (February 2020) also contributed directly to the swift changes that the department had to implement during the pandemic to assist health services in implementing home-based models of care.

The planned evaluation of the council also, unfortunately, did not occur. Pre-work on the evaluation began at the end of 2019, with the evaluation planned for 2020. However, due to the pandemic this evaluation of the council could not begin.

Lessons

Healthcare delivery in the 21st century operates within an incredibly complex system. Ongoing effort is required to ensure the system moves purposefully forward and continues to improve. There is no doubt that continued interaction and collaboration between clinicians, consumers and health leaders will be essential to achieving high-quality, safe, person-centred care.

The past four years of the council's operation has provided lessons that should be carried forward into future years:

- Partnership with consumers and carers at every level of the healthcare system is crucial. This includes supporting individuals to co-design policy and improvement processes.
- Integrated care across community, primary and acute services is required for collaborative, holistic, client-centred care and to embed system improvements.
- Access to data to inform performance, accountability, improvement and patient-focused outcomes is fundamental. Data should be publicly available and data linkage is critical. Consumers should own their own healthcare data.
- The use of health technology should be embraced and enhanced for self care in prevention and chronic illness and improved access to care, and to improve collaboration across service systems.
- Workforce development is required to ensure flexibility and capability/competence, including effective communication, cultural safety, collaboration, compassion and kindness.
- Action is required to build system and community understanding of the inexorable links between health and social care for improved outcomes.
- Information-sharing processes within government to respond to advice from clinicians and consumers is a crucial part of a rigorous quality and safety system.

Appendix 1. Council membership 2017–2020

Executive committee members

Name	Professional position*	Council position
A/Prof Jill Sewell	Deputy Director and Clinical Director, Community Child Health, Paediatrician	Chair
Mr Matthew Hadfield	Director of Surgery and Perioperative Services and Consultant Vascular Surgeon	Deputy Chair
Ms Rachel Andrew	Operational Director Medicine Services	Member
Prof Andrea Driscoll	Professor of Nursing and Midwifery and Heart Failure Nurse Practitioner	Member
Ms Jacqueline Gibson-Roos	Consumer	Member
A/Prof Peter Hand	SCV Stroke Clinical Network	Member
A/Prof Peter Hunter	SCV Care of Older People Clinical Network	Member
Mrs Kerry May	Director, Acute Allied Health	Member
Dr Hung The Nguyen	General Practitioner	Member
Prof Euan Wallace	CEO, Safer Care Victoria	Member

* Position at time of appointment

Council members

Name	Professional position*	Council position
A/Prof Jill Sewell	Deputy Director and Clinical Director, Paediatrics	Chair
Mr Matthew Hadfield	Director of Surgery and Perioperative Services and Consultant Vascular Surgeon	Deputy Chair
Prof Helena Teede	Executive Director, Monash Partners Academic Health Sciences Centre	Academic Health Science Centre
VACANT	Melbourne Academic Centre for Health	Academic Health Science Centre
Dr Zoe Brady	Chief Diagnostic Imaging Medical Physicist / Radiation Safety Officer, Alfred Health	Allied health
A/Prof Suzanne Kirsa	Director of Pharmacy, Monash Health	Allied health

Name	Professional position*	Council position
A/Prof Sajeev Koshy	Acting Head of Specialist Endodontics and Prosthodontics and Director, Dental Services, The Royal Dental Hospital, Melbourne	Allied health
Mrs Leonie Lewis	Senior Clinician, Physiotherapy, Ballarat Health Services	Allied health
Mrs Kerry May	Director of Acute Allied Health, Monash Health	Allied health
Mr David McConville	Managing Owner, Gunn & McConville Pharmacy	Allied health
Ms Fiona McKinnon	General Manager of Allied Health and Community Services, Chief Allied Health Officer, St Vincent's Hospital Melbourne	Allied health
Ms Dina Watterson	Associate Director Allied Health, Alfred Health	Allied health
VACANT		Aboriginal worker
VACANT		Aboriginal worker
Dr Sue Matthews	CEO, Royal Women's Hospital	Health service CEO
Ms Lisa Norman	CEO, St John of God Berwick Hospital	Hospital CEO (private)
Ms Simone Heald	CEO, Sunraysia Community Health	CEO – NGO
Mr Christopher Carter	CEO, Melbourne Primary Care Network	CEO – NGO
Dr Rob Blum	SCV Cancer Clinical Network	Clinical Network Lead
A/Prof Mark Boughey	SCV Palliative Care Clinical Network	Clinical Network Lead
A/Prof Peter Hand	SCV Stroke Clinical Network	Clinical Network Lead
Dr David Pilcher	SCV Critical Care Clinical Network	Clinical Network Lead
A/Prof Peter Mount	SCV Renal Clinical Network	Clinical Network Lead
A/Prof Peter Hunter	SCV Care of Older People Clinical Network	Clinical Network Lead
Dr Peter Cameron	SCV Emergency Care Clinical Network	Clinical Network Lead
Dr Annie Moulden	SCV Paediatric Clinical Network	Clinical Network Lead
A/Prof Paul Mitchell	SCV Cancer Clinical Network	Clinical Network Lead
A/Prof Arthur Nasis	SCV Cardiac Clinical Network	Clinical Network Lead
Dr Nicola Yuen	SCV Maternity and Newborn Clinical Network	Clinical Network Lead
Dr Sean Ording-Jespersen	SCV Mental Health Clinical Network	Clinical Network Lead
A/Prof Kirsty Buising	SCV Infection Clinical Network	Clinical Network Lead
Ms Sophy Athan	Consumer	Consumer
Ms Jacqueline Gibson-Roos	Consumer	Consumer

Name	Professional position*	Council position
Mr Lance Jennison	Consumer	Consumer
Ms Ann Jorgensen	Consumer	Consumer
Ms Dorothy McLaren	Consumer	Consumer
Ms Jennifer Morris	Consumer	Consumer
Ms Liat Watson	Consumer	Consumer
Dr Zoe Wainer	Board Chair	Council of Board Chair
Ms Tracy Beaton	Director and Chief Practitioner, Office of Professional Practice	Department
Dr Neil Coventry	Chief Psychiatrist	Department
Ms Anna Love	Chief Mental Health Nurse	Department
A/Prof Alan Eade	Chief Paramedic Officer	Safer Care Victoria
Adj A/Prof Ann Maree Keenan	Chief Nurse and Midwifery Officer	Safer Care Victoria
Prof Euan Wallace	CEO, Safer Care Victoria	Safer Care Victoria
A/Prof Andrew Wilson	Chief Medical Officer	Safer Care Victoria
Adj A/Prof Donna Markham	Chief Allied Health Officer	Safer Care Victoria
Dr Lorraine Baker	General Practitioner, Belmore Road Medical Centre and AMA Victoria President	GP
Dr Mary Belfrage	Medical Director of the Victorian Aboriginal Health Service	GP
Dr Richard Bills	General Practitioner, Brooke Street Medical Centre, Woodend	GP
Dr Catherine Hutton	General Practitioner, Contractor for Eastbrooke Medical Centre, North Essendon	GP
Dr Nola Maxfield	General Practitioner, Wonthaggi Medical Group and Visiting Medical Officer, Bass Coast Health	GP
Dr Hung The Nguyen	General Practitioner	GP
Prof Christopher Pearce	General Practitioner, Vermont Health Care and Visiting Medical Officer, Maroondah Hospital	GP
Dr Michael Ben-Meir	Director of Emergency Medicine, Cabrini Health	Medical
Dr Victoria Berquist	Junior Medical Officer, Alfred Health	Medical

Name	Professional position*	Council position
Prof George Braitberg	Professor of Emergency Medicine, The University of Melbourne and Director of Emergency Medicine, Melbourne Health	Medical
Dr Brian Le	Director of Palliative Care, Victorian Comprehensive Cancer Centre	Medical
A/Prof Jane Munro	Head of Paediatric Rheumatology, The Royal Children's Hospital	Medical
Dr Katherine See	Director of Respiratory Medicine, Northern Health	Medical
Ms Rachael Andrew	Operational Director Medicine Services, Albury Wodonga Health	Nurses/midwives
Mrs Kerry Bradley	Quality and Risk Manager, Ramsay Health	Nurses/midwives
Prof Andrea Driscoll	Professor of Nursing and Midwifery, Deakin University and Heart Failure Nurse Practitioner, Austin Health	Nurses/midwives
Adj/Prof Tanya Farrell	Executive Director of Nursing and Midwifery, Royal Women's Hospital	Nurses/midwives
Ms Kym McCormick	Associate Midwifery Manager, Bendigo Health	Nurses/midwives
Mrs Lisa Pryor	Operational Director, Continuum of Care, Benalla Health	Nurses/midwives
Ms Kelly Rogerson	Chief Executive Officer, Palliative Care. Monash Health, Jesse McPherson	Nurses/midwives
Mr David Rosaia	Executive Director Quality & Patient Information and Chief Nursing & Midwifery Officer, Bendigo Health	Nurses/midwives
Ms Alyson Smith	Nurse Unit Manager, Barwon Health	Nurses/midwives
VACANT		Paramedic
Mr Andrew McDonell	Clinical Support Officer (MICA), Ambulance Victoria	Paramedic
Mr Ross Salathiel	Clinical Support Officer (MICA), Ambulance Victoria	Paramedic
Prof Sue Evans	Director, Victorian Cancer Registry	Population Health

* Details at time of appointment

Previous council members

Name	Professional Position*	Council Position
A/Prof Hans Jeij	Executive Director, Melbourne Academic Centre for Health	Academic Health Science Centre
Prof Cheryl Jones	Executive Director of the Melbourne Academic Centre for Health	Academic Health Science Centre
Ms Sharon Downie	Allied Health Manager, Occupational Therapy, Alfred Health	Allied health
Mr Joseph McKeddie	Child and Adolescent Psychologist, Access Community Health	Allied health
Mr Doug McCaskie	Chief Speech Pathologies and Manager Dietetic Services, Cabrini Health	Allied health
Ms Vicki Poxon	CEO, Windarring	Hospital CEO
Mr Alex Jonstone	CEO, IPC Health	CEO – NGO
Ms Maxine Morand	Board Chair	Council of Board Chairs
Dr Tony Kambourakis	SCV Emergency Care Clinical Network	Clinical Network Lead
Prof Yves Heloury	SCV Cancer Clinical Network	Clinical Network Lead
Prof Wendy Brown	Chair of the Monash University Department of Surgery, Alfred Health	Medical
Mr Ashley Nind	Operations Manager, Sub Acute & Aged Care, Western Health	Nurses/midwives
Ms Jacqueline Mathieson	Chief Nursing Officer, Peter MacCallum Cancer Centre	Nurses/midwives
Mr Paul Felicetti	MICA Team Manager, Ambulance Victoria	Paramedic
Prof Paul Jennings	Clinical Manager, Ambulance Victoria	Paramedic
Hon. Jill Hennessy	Minister for Health, Victorian Government	Standing invitation
Hon. Jenny Mikakos	Minister for Health, Victorian Government	Standing invitation
Ms Kym Peake	Secretary, Department of Health and Human Services	Standing invitation
Mr Terry Symonds	Deputy Secretary, Department of Health and Human Services	Standing invitation

* Details at time of appointment

Appendix 2. Council operations

Since its induction in 2017, the council worked to establish itself as Victoria's leading independent body for unified clinical and consumer leadership on health system reform and quality and safety.

This meant supporting the department in its responsibility for developing and delivering policies, programs and services that support the health, wellbeing and safety of all Victorians and supporting SCV and VAHI in their quality and safety efforts.

Necessary establishment work was undertaken during the first 18 months to implement key functions and actions of the council, including developing the council's strategic and operating documents. Ongoing evaluation and planning was central to the council's evolution, including regular member surveys, consultation with key stakeholders and assessment against the work plan. A constant challenge was measuring how the council supported a sector where some change happens fast but must be monitored over time.

Topic prioritisation

Determining topic prioritisation for future council meetings required in-depth consultation and co-design with council members and key stakeholders. The prioritisation process (**Appendix 3**) was informed by a modified Delphi method, including multiple rounds of questions for the group and the aggregated responses shared with the group after each round. Council members were asked to consider the broader context of the health system, including state, national and international priorities, as well as what they are experiencing in their own local contexts.

The priority topics were reviewed each year to ensure they remained relevant and of high priority for the health system prior to the meeting topics being set for the year. The topics were scheduled to offer the best opportunity for timely contribution.

Council meeting process

The council held three to four council meetings each year. Prior to each meeting a planning and development cycle occurred to explore the topic and identify where the council can best add value to the work of its key stakeholders and the broader sector.

A time-limited working group was formed for each meeting, drawing on expertise from existing members as well as co-opted members. The working group helped to explore the topic and was responsible for agreeing the objectives of each meeting and developing the agenda. The working group was informed by a meeting of the consumer group at an early stage, to clarify consumer concerns and ideas about the topic. This process required drawing on research, supporting resources, knowledge and experience.

Meetings were based on a symposium style format, where members, following pre-reading, hear from topic experts and, under the guidance of the chair and facilitators, discuss and workshop the ideas to address the meeting objectives. Meetings were designed to be interactive, often with discussion panels and small group work throughout the day.

A communique outlining the objectives of the meeting and any preliminary advice or recommendations that were developed was circulated to all members following a meeting.

Council advice process

Following each meeting, the consultation process continued with the working groups and key stakeholders to further develop the advice identified at the meeting.

The council advice process was reviewed and refined to ensure advice was effective and timely. In early 2019, the council collaborated with stakeholders within the department and SCV to institute a clear process to progress and monitor the advice, which included implementation considerations for the department, SCV and VAHI, and enabled a mechanism of feedback to council members.

When timely and feasible, an update on how council advice was being employed/implemented by the department and other stakeholders was provided to members.

Building leadership

The council was committed to strengthening the leadership function of the council and building the leadership capacity of its members. Council members were required to demonstrate leadership capability and qualities including recognition as a leader by peers with an ability to inspire trust, and a commitment to encourage and empower others. New and emerging leaders were strongly encouraged to apply for council membership.

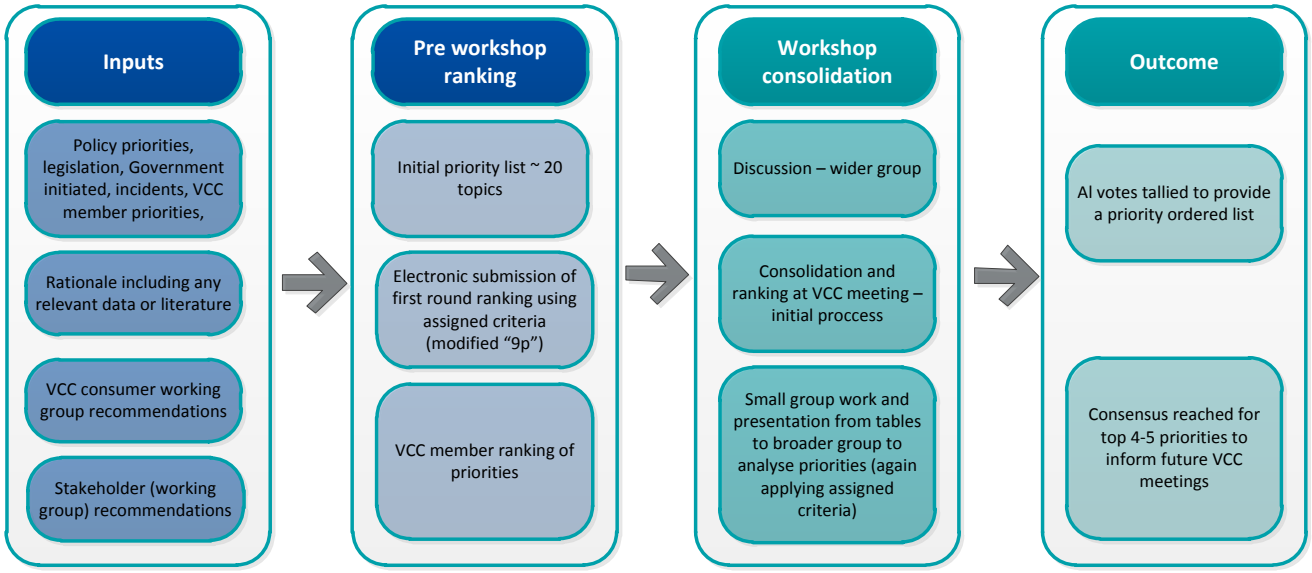
The council provided a unique opportunity for health system leaders to share and learn from each other and to influence health system reform, government policy and investment decisions. This leadership role extends to their local health settings where they were expected to communicate key messages from council meetings and engage with peers to ensure that council advice is shared more widely.

The council actively sought ways to provide leadership development opportunities. In September 2018 the council held a dinner event to provide a learning and development opportunity for members. Helen Bevan from the UK, a leader acknowledged globally for her expertise and energy for large-scale change in healthcare, hosted a workshop on leadership that encouraged members to be thinking about where they came from (or the kind of leader they were); where they are now; and where they want to go/be in the future. The dinner provided an opportunity for members to network with several health system leaders including Professor Don Berwick, former president and CEO of the Institute for Healthcare Improvement in the United States, and representatives from clinical senates from other jurisdictions.

Appendix 3. Topic prioritisation process

Prioritisation stages

The following information provides details of how topics were prioritised for council discussion:



Description of process

- Discuss the initial list of priorities with the working group.
- Send list out to members for their (offline) feedback and additional suggestions.
- The working group to discuss full list, determine top 20, send back to members.
- Members to review (offline), choose individual top three priorities (provide these to secretariat before the meeting).
- At the September meeting, members to discuss their individual priorities at their table, choose top three per table.
- Assign value; determine top five council priorities.

Ranking criteria

Criterion	Description
Scale/impact on health	Consider the prevalence or burden and its implication/complications. Is the problem a significant issue for the community and the health system? Examples might include Victorian priority areas such as dental heath, cardiovascular health and cancer.
Prevention and health promotion	Can the council add value to the issue in terms of systems and structures to support prevention of illness/disease? Are we working to promote/support good health?
Equity	Are there issues of inequity of care and access to care? Could these inequities be improved through the council addressing this topic? Does this impact on relevant social aspects of care?
Integration	Will decisions regarding this topic contribute to the inclusion/participation/health system delivery integration? Consider primary and acute care.
Measurable	Does the health system have the available data to enable change? Will it be possible to measure the impact?
Bold	Is it bold and innovative? Will it disrupt or transform the system?
Evidence base	Do we know what is currently being done regarding the topic? Do we have the evidence base for improvement? Is there a clear gap to address the area proposed?
Alignment	Does the topic align with policy directives and/or the council's guiding principles?
Value	Will addressing this problem or tackling this approach collaboratively support the development of an improved health system and health outcomes? Does it provide value in terms of improved outcomes for patients?
Achievable	Are the resources available to action change? Will the council be able to have an impact on the problem in the predictable future?

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