Statewide Clinical Networks

A framework for delivering best value health care through excellence and innovation

April 2019
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Foreword

A key priority of the State Government is to rebalance the health system in South Australia in a way that responds to the needs of the community, delivers the highest standards of safe and quality care in a financially sustainable way.

As Minister, I am determined that SA Health work in partnership with clinicians, consumers and stakeholders to achieve this goal.

A Commission on Excellence and Innovation in Health will be established in 2019. The Commission will provide leadership and advice on clinical best practice with a focus on maximising health outcomes for patients, improving care and safety, monitoring performance, championing evidence-based practice and clinical innovation, and supporting clinical collaboration. The Commission will bring together expertise from clinicians, consumers, health partners and other relevant stakeholders to maximise health outcomes for patients.

Re-establishing Statewide Clinical Networks is a core component of my commitment to clinician engagement. Statewide Clinical Networks — A framework for delivering best value health care through excellence and innovation — February 2019 (the Framework) describes the principles, processes and governance for effective operation of the clinical networks.

Health care systems are complex. Clinicians work hard to get the best outcomes for consumers and to continuously improve care. It’s vital to work in partnership with clinicians in this quest. Clinical networks will be one of the ways this will be achieved.

Stephen Wade
Minister for Health and Wellbeing
1. Introduction

The Commission on Excellence and Innovation in Health (the Commission) will have engagement with clinicians as a core function. It is anticipated that clinicians will govern the Commission, be staff members in the Commission, will participate in advisory structures established to guide the Commission in its work and that committees will be established (such as clinical networks) to focus on specific clinical priorities.

The Commissions’ vision (draft) is *Best value healthcare through excellence and innovation* and this vision guides the framework for Clinical Networks.

This framework describes the rationale for, governance and processes that will be used to establish and maintain statewide clinician engagement through Clinical Networks. Through this the Commission will support clinicians across all levels to work in partnership in the planning, implementation, monitoring and evaluation of health services.

Our health system faces ongoing and frequently canvassed challenges including:

- Changes in our health needs – increases in chronic disease and multi-morbidity
- Changes to population profile – we have an ageing population with 1 in 6 people being over 65 years and people are living longer
- Technology changes which challenge us to evolve our systems of care

In response to the challenges, efforts to improve health systems’ performance must simultaneously pursue four dimensions, called the Quadruple Aim:

- Improving the health of populations
- Improving provider satisfaction
- Improving the patient experience of care; and
- Ensuring the financial sustainability of the health system and the provision of best value to the community

The literature on clinician engagement shows that:

“Organisations with engaged staff deliver a better patient experience and have fewer errors and lower infection and mortality rates. Financial management is stronger, staff morale and motivation are higher and there is less absenteeism and stress” … Put simply, organisations with more engaged clinicians and staff achieve better outcomes and experiences for the patients they serve.”

(Leadership and Engagement for Improvement in the NHS, Together we can. Report from the King’s Fund Leadership Review 2012, p 1)

Statewide Clinical Networks will play an important part in engaging with clinicians on statewide priorities which require a whole of system view. In the context of the establishment of Local Health Network boards in 2019, Statewide Clinical Networks will be an important statewide engagement structure to connect together clinicians on agreed priorities to improve the South Australian health system.
It should be noted that this document pertains to the establishment, governance and operation of Statewide Clinical Networks only and that advisory committees convened by the professional leads (e.g. Chief Allied and Scientific Health Officer, Chief Medical Officer and Chief Nursing and Midwifery Officer, Chief Pharmacist and Chief Psychiatrist) are out of scope.

2. What is a Clinical Network?

Clinical networks operate in other health systems, both in Australia and overseas. They are utilised as a way of improving patient outcomes and increasing clinician engagement and leadership in health service planning and delivery.

In South Australia, Statewide Clinical Networks operated between 2008 and 2015. They were abolished in the context of Transforming Health. From 2019, they will be re-established as priorities for improvement in the South Australian health system are identified and agreed. Clinicians will be involved in the process of agreeing system priorities.

Statewide Clinical Networks are groups of health professionals, health service organisations, consumers and carers who work collaboratively with the goal of high quality care. Statewide Clinical Networks operate across the continuum of care, across private and public sectors and across all Local Health Networks — both country and metropolitan.

The addition of the word ‘statewide’ is intended to describe the scope of the Clinical Networks’ focus as being across the entire South Australian health system geographically and cross sectorally.

Statewide Clinical Networks will include all interested clinicians involved in the delivery of a service across SA, led by a small steering committee of key personnel able to influence outcomes and implement changes to services as required.

This goal of high quality care will be achieved by Statewide Clinical Networks:

> Working collaboratively to:

- Identify best practice for specific clinical areas and lead implementation and improvement
- Understand the behaviours and attitudes of South Australians regarding access to services
- Investigate and address clinical practice variation from best practice
- Define statewide service approaches and governance for high complexity low volume services where required
- Provide advice to support the development of health service plans which encompass all sectors to support the best care for patients.

> Undertaking ongoing monitoring, benchmarking and service improvement for agreed appropriate clinical quality and patient oriented measures and targets and developing new measures, targets and standards.

> Leading the development of clinical service capability framework clinical modules and review/update organisational clinical guidelines, policies etc.
Providing advice on clinical quality and safety implications of policy planning and funding proposals for their clinical area and other affiliated areas as required.

Advising on workforce issues relevant to specific clinical areas or services and contributing to workforce planning.

This Framework provides the way forward with the re-establishment of Statewide Clinical Networks within the health system and is informed by consultation with clinicians.

Clinicians expressed support for re-establishing statewide clinician engagement structures (such as clinical networks and communities of practice) and valued the project resourcing that had accompanied them. Clinicians saw them as an effective way to progress collaborative work on clinical improvement priorities across the system.

From the feedback received key features of future Statewide Clinical Networks are recommended as follows:

- They will have a clearly defined purpose which will be derived from strategic priorities.
- Will be led by clinicians with relevant clinical expertise as well as system leadership capability.
- Membership will include clinicians involved with direct clinical care including those who are in early to mid-stages of their career.
- Membership will be multiprofessional, skills based, appropriately representative of the clinical area, balanced across professions, and balanced across the LHNs. It will include consumer and carer advocates, and stakeholders from across sectors (primary care, non-government, private sector) as well as different geographic locations.
- Will be resourced (project management as well as other expertise e.g. data analytics) in accordance with the volume of work to be progressed and required timeframe.
- Governance and operations will be clearly defined through agreed terms of reference including clear accountability lines into the Commission.
- A safe space will be created through agreed behaviour norms for meetings so that members are supported to contribute equally.
- Communication and engagement plans will be developed and implemented for each Statewide Clinical Network and this will inform broader communications for which the Commission will be responsible (yet to be determined).
- Regular reporting to the Commission on progress achieved against a strategic action plan agreed with the Commission will be required and the Commission will utilise this as part of their reporting obligations (to be determined).
- Annual review will be conducted against agreed performance metrics to assess the success and future direction of the Statewide Clinical Network.
3. Priorities and governance

There are many system issues which could be allocated resourcing with the aim of improving clinical care. It is acknowledged that this work is complex and time consuming and that implementation creates demands and tension within the system.

As Statewide Clinical Networks are re-established they will need to be ‘fit for purpose’ and agile. It will be important to agree the priorities to be worked on and clinicians will be part of the governance process to agree these initially as well as to review, monitor and re-prioritise ongoing.

As the Commission is established governance processes (to be determined) which guide the work of the Commission and more specifically clinician engagement will be defined. Clinicians and consumers will be central to these processes as well as Local Health Network and the Department for Health and Wellbeing leadership.

These governance processes will determine which clinical improvement work is commenced by the Commission and the required clinician engagement structure to progress it.

The criteria for establishment of a Statewide Clinical Network would include the following:

- Addressing variation: There is evidence of a significant gap between current practice and best practice which is unwarranted and has the potential to significantly affect healthcare outcomes and patient experience.
- The gap is of a systemic nature that would be best addressed through a coordinated approach and requires project resourcing, agreed governance and sustained effort.
- There is evidence of a requirement to undertake significant planning (inclusive of service redesign and governance) and project work to ensure services can meet emerging health system requirements such as new technology, significant changes in standards and new health issues.

The data and evidence that would be considered when weighing up whether a Statewide Clinical Network is required would include:

- The clinical issues are high volume and/or highly resource intensive, and variation is significant as evidenced by metrics such as length of stay, complication rates, cost, and readmission and infection rates;
- There is a high burden of morbidity or higher than expected mortality associated with the clinical issue or service
- A clinical area or service where it has been identified that procedures of limited clinical value are occurring;
- The issue is statewide in its significance;
- The clinical community agrees that clinical improvement work is required and is motivated to work collaboratively to achieve system improvements.

In addition, specific assessment of the scope of clinical improvement priority and likely timeframe will be required as it is proposed that future statewide clinician engagement structures established under the Commission be tailored to achieve specific outcomes.

Options for Statewide Clinical Networks include:

- Long-term, 5 years - some strategic clinical improvement priorities will require longer term structures by virtue of the amount and complexity of work to be done.
> Medium term – to support a program of work (consisting of a number of sub-projects) which may take 2-3 years. Once completed it may be agreed that formalised governance with project resourcing is no longer required.

Expert workgroups will be utilised for short term clinical improvement work. These will be time limited with project based clinical improvement work informed by an expert working group of clinicians with specific project deliverables. Once design is completed and implementation is required the membership will be reviewed to ensure that members are appropriate for the project’s requirements.

4. Clinical Network Leads

Each Statewide Clinical Network will have a Clinical Lead who will report to the Commissioner for the Commission, and will work collaboratively with the Commission on the development and implementation of the clinical improvement projects.

The Statewide Clinical Network Clinical Leads will be selected by a panel chaired by the Commissioner for the Commission following an expression of interest and merit based selection process (inclusive of gender equality principles). Final appointment will be confirmed by the Chief Executive, Department for Health and Wellbeing and the Minister for Health and Wellbeing.

The initial appointment will be for a period of two years.

The primary role of the Statewide Clinical Network Clinical Leads will be to lead the network in its work program.

Statewide Clinical Network Clinical Leads will:

> Require a commitment to the delivery of statewide services and thinking ‘whole of system’.
> Demonstrate a commitment to service performance, evidence based practice, improving health outcomes for consumers and ensuring the health system provides best value to the community.
> Demonstrate a commitment to strategic planning outside their own individual service.
> Demonstrate an ability to lead a complex team and to engage with consumers and clinicians across a range of professions and genders.
> Be respected by their clinical peers and demonstrate ability to influence change and improve service delivery.

Statewide Clinical Network Clinical Leads will also meet as a collective group (Statewide Clinical Network Executive) to discuss work in their respective networks, consider system wide issues and performance trends and agree priorities across the whole of system for clinical service improvement.

This committee will be supported by the Commission, the Chief Professional Officers of Medicine; Allied and Scientific Health; Nursing and Midwifery; Pharmacy; and Psychiatry and will operate according to agreed terms of reference.
4.1 Steering committees

Each Statewide Clinical Network brings together the providers of a particular specialty or service area from across hospital and community settings. This creates an environment for clinicians from Local Health Networks, primary care, non-government organisations and the private sector, to come together and consider how their service can best develop in response to changing community needs. All staff involved in the service area are considered members of the Statewide Clinical Network.

The Statewide Clinical Networks will each be supported by a steering committee with leadership provided by a Statewide Clinical Network Clinical Lead. The membership of each steering committee will be limited to ensure that it can function effectively as a group.

Each steering committee will have a core membership comprising:

- Medical, nursing and midwifery, allied and scientific health representatives from across the care spectrum (including the private sector) who are able to lead change (at least one of each) and representation from both metropolitan and country;
- Consumer and Carer advocates and relevant population group representatives;
- Non-government organisations as appropriate;
- Local Health Network representative, and
- Other relevant technical, scientific, epidemiology or research staff as required.

Expression of interest will be sought for the Steering Committee and final membership will be determined by the relevant Statewide Clinical Network Clinical Lead in conjunction with the Commission for Excellence and Innovation in Health and will fulfil the principles of gender equity and diversity.

Membership tenure will in the first instance be for a period of 2 or 3 years at the discretion of the Clinical Lead in order for membership turnover to be staggered. Subsequently membership is for a two year period with extension for one 2 year period beyond this time possible at the discretion of the Clinical Lead in conjunction with the Commissioner, Commission on Excellence and Innovation in Health.

4.2 Steering committee terms of reference

The terms of reference for the steering committees will include but not be limited to:

- Provide leadership within the health system both clinically and organisationally within their LHNs.
- Providing advice to the Statewide Clinical Network Clinical Lead on service issues and priorities.
- Assisting in the analysis of current and projected service demand across all aspects of service delivery.
- Assisting in defining future service profile, service distribution and methods of clinical practice in both metropolitan and country areas.
- Assisting in addressing clinical variation and improving service performance and
consumer health outcomes across the continuum of care.

- Establishing partnerships with key departments and agencies to promote a lifelong holistic view of health.
- Assisting in defining workforce models inclusive of workforce redesign.

4.3 Resources

Resources for Statewide Clinical Networks will be provided through the Commission:

- Statewide Clinical Network Clinical Leads will be expected to be freed from their usual role for a period and in a way to be determined.
- Consumers and other non-government representatives will be paid for their attendance at meetings and for associated expenditure in accordance with existing departmental policy on sitting fees.
- All other members of the steering committees will contribute as part of their employment arrangements.

Each Statewide Clinical Network will have project management and administrative support to ensure their effective functioning.

5. Organisational reporting structure

The reporting lines for clinical networks are as follows:

- Each Statewide Clinical Network brings together the providers of a particular specialty or service area from across hospital and community settings. This creates an environment for clinicians from Local Health Networks, primary care, non-government organisations and the private sector, to come together and consider how their service can best improve care and develop in response to changing community needs.
- Each Statewide Clinical Network Steering Committee, under the leadership of the
Clinical Lead, will be responsible for providing professional leadership to the network and developing the network plan. In developing the network plan, the committee will need to formally consult and engage with Local Health Networks, non-government organisations, the private sector, and consumers.

The Commission will have a supportive role in guiding the work of clinical networks through provision of data, analysis, identifying system issues, and providing project management expertise, improvement methodology, knowledge and skills as well as administrative support.

The Statewide Clinical Network Clinical Lead will provide the network plan to the Commissioner for the Commission which will be reviewed periodically as appropriate.

6. Statewide Clinical Network support from the Commission

Each Statewide Clinical Network will be supported by project management and administrative staff identified and coordinated by the Commission as appropriate across all Statewide Clinical Networks. These staff will:

- Coordinate the activities of the network and provide administrative support to the network.
- Liaise with other divisions of the Department for Health and Wellbeing and Local Health Networks as appropriate.
- Support service planning inclusive of evidence review, and data analysis
- Support clinical policy and protocol development.
- Liaise with all stakeholders associated with the network.
- Promote metropolitan and country links across the continuum of care from prevention and early intervention, through to acute and long-term care.
- Assist in identifying and determining the priorities of the network.
- The Commission will also provide knowledge and skills in clinical improvement methodology.

7. Expected outcomes

It is expected that Statewide Clinical Networks will bring to the South Australian health system:

- Improved value, quality and safety of service and reduced clinical variation by placing the consumer at the centre of care,
- Effective clinical governance, the sharing of good practice, and systematic application of clinical standards, guidelines and protocols.
- Improved access to health care and improved health outcomes for the consumer.
- Improved understanding of the behaviours and attitudes of the population relevant to the respective clinical network focus.
- An increased level of clinical empowerment, leadership and involvement in the development and planning of health services across the continuum.
- A more flexible workforce with opportunities to work within a broader team-based environment and an ability to implement evidence-based practice changes more
quickly.
> A reduction in professional isolation and competition through a partnership approach to service delivery.
> Focus on the continuum of care across the life span from prevention and primary health care through to ‘in hospital care’, to ‘out of hospital care’, chronic disease management and community-based care.
> More rapid response to changing service demands based on population needs and consumer involvement.
> Reduced duplication of services and facilities and a greater flexibility of facility and infrastructure usage.
> More sustainable services through the sharing of workforce and resources and through a more proactive response to the implementation of new technology.

8. Evaluation

In re-establishing Statewide Clinical Networks it will be essential that systemic mechanisms are implemented to review and demonstrate the effectiveness of the networks.

Accountability for the performance of Statewide Clinical Networks will be through regular reporting to the Commission on Excellence and Innovation in Health, which in turn will report to the Department for Health and Wellbeing (specifcics yet to be determined).

Formal evaluation on the effectiveness of Statewide Clinical Networks will occur after the first two years of re-establishment.

Evaluation will include:
> Assessment against the expected outcomes outlined above.
> Feedback from key stakeholders.
> Assessment of consumer involvement.