APPENDIX A
Submissions and comments

We consulted with DH, including SCV and VAHI, and considered their views when reaching our audit conclusions. As required by the *Audit Act 1994*, we gave a draft copy of this report, or relevant extracts, to those agencies and asked for their submissions and comments.

Responsibility for the accuracy, fairness and balance of those comments rests solely with the agency head.

Responses were received as follows:

Secretary

Department of Health

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DH Ref: BAC-CO-17473
VAGO Ref: 34237

Mr Andrew Greaves
Auditor-General
Victorian Auditor-General's Office

via email:

Dear Mr Greaves

Proposed Report: *Clinical Governance across the Victorian Health System: Department of Health*

Thank you for providing the department with the proposed report on Lines of inquiry 1 and 3 for the performance audit, *Clinical Governance*.

I appreciate the challenging circumstances for you and your team to deliver this report.

I have accepted all the recommendations put forward in this report, acknowledging that work to address a number of these had commenced prior to the pandemic and will be a focus of the work of the department over the next 12-18 months.

I am pleased to attach my department's action plan in response to the recommendations.

Yours sincerely

Professor Euan M Wallace AM
Secretary

19/08/2021

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Department of Health action plan to address recommendations from Clinical Governance: Department of Health

No	VAGO recommendation	Accept / Not accept / Conditional acceptance / Partial acceptance	Action	Completion date
1	Department of Health works with health services and relevant internal stakeholders to ensure its performance monitoring framework aligns with the *Victorian Clinical Governance Framework* to capture all recognised outcome areas and activity domains relating to high-quality care (see Section 2.2).	Accept	• The department will review, revise and implement an improved *Victorian Health Services Performance Monitoring Framework*, including new ways of working with health services, and aligning more closely with the *Victorian Clinical Governance Framework*.	July 2022
2	Department of Health finalises and implements capability frameworks to cover all major and identified areas of hospital clinical practice, as a matter of priority (see Section 2.3).	Accept	• In addition to the maternity capability framework, nine further capability frameworks are being developed and implemented to provide coverage of the majority of hospital clinical practice.	
			• The surgery and renal capability frameworks were released for health service self-assessment in late 2019 and are currently being reviewed with a view to finalising self-assessments and setting capability levels during 2021.	December 2021
			• Seven other capability frameworks – critical and intensive care; anaesthetics; medical imaging and nuclear medicine; pharmacy and medicines management; pathology; urgent, emergency, and trauma care; and cardiac care – were at final consultation phase pre-COVID (late 2019). These are currently being reviewed with a view to completion during late 2021/early 2022, and initial assessments and health service self-assessments occurring during 2022.	December 2022
			• Following the recommendation of the Royal Commission into Victoria's Mental Health System, work on a mental health capability framework has also commenced.	
			• Post assessments and assignation of capability levels (implementation) there will be ongoing work with the sector on any necessary rectifications or adjustments. This includes development of a rolling program of monitoring and updating of the capability frameworks and capability levels.	Ongoing
3	Department of Health regularly monitors and reports on health services' compliance against all capability frameworks and considers results as a part of its performance monitoring process (see Section 2.3).	Accept	• Monitoring and reporting against compliance with the capability frameworks will be ongoing from implementation. See response to recommendation 2 above.	Ongoing

1

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No	VAGO recommendation	Accept / Not accept / Conditional acceptance / Partial acceptance	Action	Completion date
4	Department of Health reviews its risk assessment systems, processes and procedures to ensure its staff are accurately and consistently assessing, monitoring and documenting quality and safety risks in public health services by applying agreed rules stated in its Victorian health services performance monitoring framework (see Section 2.4).	Accept	• As part of the review of the *Victorian Health Services Performance Monitoring Framework*, risk assessment systems, processes and procedures will be reviewed to ensure staff are consistently documenting qualitative information regarding quality and safety risks in public health services.	June 2022
5	Department of Health updates *Policy: Adverse patient safety events* to include expectations for all clinical incidents, including lower severity incidents (see Section 2.5).	Accept	• SCV will consider the inclusion of all clinical incidents during the planned revision of this document.	December 2022
6	Department of Health develops and publishes the associated guidelines for *Policy: Adverse patient safety events* to: • state health services, Safer Care Victoria and the Department of Health's accountabilities through all stages of managing all clinical incidents • outline the minimum expectations for health services in effectively responding to and addressing risks associated with clinical incidents • outline how the Department of Health assures itself that actions implemented by health services effectively prevent avoidable and/or potentially avoidable harm in the future • outline how the Department of Health uses lessons learnt from all clinical incidents to support improvements across the health system (see Section 2.5)	Accept	• SCV will develop and implement procedural guidelines to support *Policy: Adverse patient safety events*. This review will consider all dot points in this recommendation. • Continue production of the annual Sentinel Events Report that captures and shares lessons.	December 2022

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2

No	VAGO recommendation	Accept / Not accept / Conditional acceptance / Partial acceptance	Action	Completion date
7	Department of Health works with public health services and internal stakeholders to finalise and implement a consistent and comprehensive data dictionary for the Victorian Health Incident Management System. This includes ensuring that: • data definitions in public health services' local incident management systems and the Victorian Health Incident Management System, including the Victorian Health Incident Management System Minimum Dataset, are consistent • staff at public health services are aware and understand how to report and record incidents in their local incident management systems to comply with the data dictionary (see Section 2.5).	Accept	• The department will work with SCV and Victorian public health services to finalise the VHIMS Minimum Data Set data dictionary and manual. • Once the VHIMS Minimum Data Set is finalised the department will work with SCV and Victorian public health services on an ongoing basis to ensure they understand how to report and record incidents in their local VHIMS management and reporting systems to comply with the data dictionary.	December 2021 December 2022
8	Department of Health regularly analyses and publishes insights from all clinical incident data, including lower-severity incidents, to identify potential or emerging patterns of risk or underperformance across the Victorian health system (see Section 2.5).	Accept	• The department will analyse and publish insights from incident data when sufficient Victorian public health services are reporting the VHIMS MDS to enable validation of measures and meaningful reporting. • Most health services are expected to be reporting the VHIMS MDS by the end of 2021, and it is anticipated that these data will be included in VAHI routine and custom reporting by the end of 2021-22.	June 2022
9	Department of Health works with the Consultative Council on Obstetric and Paediatric Mortality and Morbidity to obtain timely and relevant notifications about potentially avoidable and/or avoidable harm, including perinatal morbidity and mortality, across the health system (see Section 2.6).	Accept	• SCV will review and improve processes related to the management and analysis of information provided by CCOPPM. This will include development of a central register of all CCOPPM notifications of preventable harm and regular reporting and monitoring by SCV.	June 2022
10	Department of Health finalises arrangements to obtain annual and monthly reports from the Victorian Audit of Surgical Mortality, and implements processes to monitor and review the effectiveness of these arrangements to better detect quality and safety risks across the health system (see Section 2.6)	Accept	• SCV will finalise, implement and monitor improved information sharing arrangements with VASM.	December 2022

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3

No	VAGO recommendation	Accept / Not accept / Conditional acceptance / Partial acceptance	Action	Completion date
11	Department of Health works with the Victorian Managed Insurance Authority to obtain relevant claims information to monitor and assess quality and safety risks in Victorian public health services (see Section 2.6).	Accept	• The department and SCV will re-engage with VMIA to share relevant information within legislative requirements.	October 2021
12	Department of Health finalises an analytics capability framework that outlines its required internal workforce capability to meet stakeholders' information needs, and continues to monitor its adherence to the framework over time (see Section 3.1).	Accept	• An Analytic Strategy is currently being developed for the whole of the Department of Health. • The project involves four planned phases of deployment within 2021-22, with phase 1 (current state assessment) assessment now compete, the final deliverable will be a road map for the delivery of a planned target state, including a target operating model. • The operating model will delineate the necessary skills mix for delivery and will enable the department to capitalise more efficiently on the spectrum of the analytic capability currently available and undertake targeted recruitment and development activity to address gaps.	June 2022
13	Department of Health finalises and continually improves its strategy and/or plan for engaging stakeholders to understand their quality and safety information needs, including outlining clear accountabilities and implementing a central system to monitor progress in meeting stakeholder needs (see Section 3.1).	Accept	• The department will finalise the draft VAHI stakeholder strategy. The strategy will include a mechanism for monitoring of stakeholder needs and regular reporting to the VAHI divisional executive on stakeholder feedback and the progress of work undertaken in response to stakeholder feedback.	June 2022
14	Department of Health consolidates its existing quality and safety reports to meet the specific needs of their target audiences and present a comprehensive and consistent view of quality and safety across the health system, including risks and opportunities for improvement (see Section 3.2).	Accept	• A revised Victorian Health Services Performance Monitoring Framework will be implemented. The department is currently reviewing existing reporting products to identify opportunities for consolidation and improvement, particularly in the context of the transition to digital reporting. Work is progressing with the Quality and Safety Signals group, led by Safer Care Victoria, to develop a comprehensive system monitoring approach to quality and safety. • Longer term development to achieve a comprehensive and consistent view of quality and safety across the system will be achieved within the framework of the Department of Health	June 2022

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4

No	VAGO recommendation	Accept / Not accept / Conditional acceptance / Partial acceptance	Action	Completion date
			Analytic Strategy, currently in development (see response to recommendation 12).	
15	Department of Health periodically reviews all quality and safety indicators in reporting products to ensure they are all meaningful and provide actionable insights that help stakeholders to easily and quickly identify risks and opportunities to drive improvements across the system (see Section 3.3).	Accept	• To ensure sufficient capacity to drive system-level improvement, the department's Quality Safety and Performance Subcommittee will regularly review reporting priorities and will prioritise and approve development of metrics and reporting products in line with the department's strategic priorities. The Analytic Strategy will provide the framework.	June 2022
16	Department of Health reviews the process for report production, including data submission and validation, to reduce delays in providing stakeholders with the most up-to-date and timely quality and safety information (see Section 3.4).	Accept	• To ensure sufficient capacity to drive system-level improvement, the department's Quality Safety and Performance Subcommittee will regularly review reporting priorities and will prioritise and approve development of metrics and reporting products in line with the department's strategic priorities. The Analytic Strategy will provide the framework for operationalising the prioritised indicators and products.	Roadmap delivered by June 2022
17	Department of Health develops and regularly reports on quality and safety indicators that relate to risks in rural and regional health services (see Section 3.4).	Accept	• VAHI has commenced a consultation project to identify the quality and safety reporting needs of Boards of rural and regional health service Boards. The department will use this information to develop appropriate metrics and reporting strategies.	June 2022 and ongoing
18	Department of Health further engages key users at health services to ensure that the interactive dashboards that VAHI is developing as a part of its health information portal enable them to access critical and useful information to drive quality and safety improvements (see Section 3.5).	Accept	• Key users across the department and selected hospitals are currently engaged in testing and providing feedback on the first tranche of reporting dashboards. Ongoing mechanisms for co-design will be established in line with the Data and Analytics strategies currently in development. • Outcomes from regular stakeholder research will be analysed to inform criticality and usefulness of dashboards for a continuous cycle of improvement.	June 2022 and ongoing

5

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