



# **TERMS OF REFERENCE FOR A REVIEW OF THE CLINICAL GOVERNANCE OF PUBLIC MENTAL HEALTH SERVICES IN WESTERN AUSTRALIA**

## **Background**

Public mental health services in Western Australia provide a range of hospital and community based services to individuals and communities across the State. Services are provided by a mix of providers including public providers, private hospital services contracted to provide public services, contracts with non-government organisations, and private mental health accommodation services.

Clinical Governance of the public mental health system in Western Australia is shared across separate agencies and statutory entities, including Health Service Providers, the Department of Health, the Mental Health Commission, the Office of the Chief Psychiatrist, and other non-operational statutory entities such as the Mental Health Tribunal, Mental Health Advocacy Service and the Health and Disability Services Complaints Office, which have different service provision, regulatory, assurance and facilitation roles and responsibilities.

The definition of the Australian Commission on Safety and Quality in Health Care (2017) (the ACSQH), Clinical Governance is ‘the set of relationships and responsibilities established by a health service organisation between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes.... Clinical Governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.’

The ACSQH also noted that ‘Clinical governance is an integrated component of corporate governance.’

A number of recent reports and recommendations have identified the clinical governance of mental health services as an area requiring review and reform to provide direction, consistency and facilitation across service providers in WA.

*The Review of Safety and Quality in the WA health system: A strategy for continuous improvement* (Mascie-Taylor/Hoddinott, 2017) (‘HMT Report’), found that the large

number of WA mental health system governance organisations with overlapping roles has caused ‘confusion and concern’, and that there is a complexity of safety and quality governance of mental health services with no one group having a complete picture and the sum of the parts not providing a clear and coherent overall view of safety and quality (p. 30). To address these issues, the HMT Report recommends:

***Recommendation 24:*** *There is an urgent need to simplify and clarify the organisational arrangements supporting effective clinical governance of mental health services in order to provide direction, consistency and facilitation across service providers. To this end an external review of the overall governance of the mental health system in WA should be initiated as a system priority.*

The Sustainable Health Review Panel’s *Sustainable Health Review: Interim Report to the Western Australian Government* report (Kruk, 2018) also supported a review of clinical governance - ‘The Panel supports a review of mental health clinical governance, to simplify and clarify the organisational arrangements supporting mental health services in order to provide direction, consistency and facilitation across service providers in WA’ (p. 35), recommending:

***Recommendation 4:*** *Support the immediate review of mental health clinical governance as identified by Professor Mascie-Taylor in the 2017 Review of Safety and Quality the WA health system.*

The WA Auditor General’s Report *Licensing and Regulation of Psychiatric Hostels* (Office of the Auditor General (OAG) WA, 2014), found that ‘there were some instances where the agencies responsible for monitoring hostels worked together and some where coordination and cooperation could have been improved’, particularly in relation to clarifying complaints processes, identification of ‘...risks to residents that are not covered by the standards and to make sure that monitoring activities are not duplicated and are spread throughout the year...’ (p. 6). The OAG Report recommends:

***Recommendation 1:*** *All agencies should take advantage of current initiatives in the monitoring of mental health service provision to improve coordination, efficiency and outcomes.*

While a number of initiatives were implemented to address the OAG’s recommendations (e.g. implementation of an agreed cross-agency complaints process), subsequent changes in the monitoring and oversight of the service standards of psychiatric hostels, have demonstrated the need for continued efforts to improve coordination and cooperation between agencies.

## Purpose

An independent review of clinical governance within the WA mental health system will be undertaken to ensure that the system has appropriate and robust clinical governance with clear roles and responsibility, authority and accountability to ensure the delivery of high quality mental health services for the WA community.

In reviewing the clinical governance of the WA mental health system, the reviewers will give particular attention to the following focus areas:

- **Defining the current clinical governance structures:** What are the structural components, processes and culture that constitute the current WA mental health clinical governance structures? Are the roles and responsibilities, authority and accountability in the WA mental health system clear? What oversight arrangements are in place and which authority or agency oversees the key clinical governance processes?
- **Lack of clarity / gaps / duplication:** Are there specific areas of unclear or absent clinical governance and/or duplication of clinical governance processes and, where these occur, what is the impact on the mental health system?
- **Fragmentation / Interface:** To what extent is the system fragmented in relation to clinical governance arrangements, and how well do the relevant governance agencies / authorities interface, communicate and engage to facilitate appropriate clinical governance and oversight?
- **Effectiveness:** How effectively does the current clinical governance structure facilitate decision making, clinical oversight and accountability, service management, achievement of clinical outcomes and the setting and monitoring of standards, to support the mental health system in delivering mental health services to the WA community?
- **Efficiency:** How efficient is the current clinical governance structure in facilitating timely decision making and optimal use of human and financial resources in managing and implementing clinical governance processes?
- **Support for quality improvement and innovation:** How well does the clinical governance structure support, promote and foster quality improvement and innovation in the delivery of mental health services? What improvements could be made?
- **Learning culture:** How well does the system address and implement recommendations and/or changes from previous reviews and reports that relate to clinical governance? What barriers exist, real or perceived, that inhibit addressing issues and implementing change regarding clinical governance?

- **Opportunities for clinical governance improvement / reform:** What opportunities exist to improve / reform the mental health clinical governance structure to enhance effectiveness and efficiency and embed a quality improvement focus to deliver best practice mental health services for the WA community? For example:
  - Who should best coordinate the clinical governance processes, and, if an issue arises, take the lead in a timely way to resolve the issue? This should include consideration of clinical integrity: clinical judgements regarding clinical care are the remit of clinicians.
  - A clinical governance structure and process that embeds quality improvement within clinical services, and develops a culture amongst clinicians in which quality improvement is the standard modus operandi.
  - A culture and structure that facilitates services and clinicians to talk to each other to improve coordination, care continuity, and issue resolution.

## Scope

The scope of the review will include, but is not limited to:

- Current WA public mental health system clinical governance, including clinical oversight processes, staff reporting structures, planning, decision making and approval processes, and resource management (including human resources and funding).
- Overall WA mental health system governance, including both structural and organisational components, where these directly influence or impact on clinical governance.
- WA mental health governance agencies including (but not limited to): Department of Health WA, Health Service Providers (including hospital and community based sites), Mental Health Commission, Office of the Chief Psychiatrist, Mental Health Tribunal, Mental Health Advocacy Service, and the Health and Disability Services Complaints Office.
- Agency/authorities (Department of Health, Mental Health Commission, Office of the Chief Psychiatrist, Mental Health Tribunal, Mental Health Advocacy Service, and the Health and Disability Services Complaints Office) and Health Service Provider level clinical governance structures.
- Mental health governance, advisory and consultation committees and groups to the degree that they directly impact clinical governance.
- Publicly provided services, public mental health services provided via public-private partnerships, publicly contracted NGO services, mental health services

contracted to private organisations (eg, mental health ambulance contract), private accommodation services (eg, psychiatric hostels), and private mental health facilities (in relation to the regulatory and assurance functions undertaken for these facilities by public agencies (eg, DoH, OCP)).

- Consideration of the current legislation: *Health Services Act 2016*, *Mental Health Act 2014*, *Criminal Law (Mentally Impaired Accused) Act 1996*, *Private Hospitals and Health Services Act 1927*, and *Health and Disability Services (Complaints) Act 1995*.
- Assessment of the oversight of the following recommendation from the *Review of the admission or referral to and discharge and transfer practices of public mental health facilities/services in Western Australia*, Professor Bryant Stokes AM, July 2012 that explicitly relates to clinical governance in the mental health system: “8.6 Special provisions are made for the clinical governance of the mental health needs of youth (16-25 years of age). The State would benefit from the advent of a comprehensive youth stream with a range of services that do not have barriers to access.”
- Consideration of recent mental health and relevant health governance reviews at Statewide, Health Service Provider and service level, eg, *North Metropolitan Health Service Mental Health Review*, *South Metropolitan Health Service Mental Health Organisational Structure Review*, *East Metropolitan Health Service Mental Health governance review*, *East Metropolitan Health Service City East Review*, and more broadly the CAHS/PMH Review, etc.
- Lessons learnt from other jurisdictional reviews, eg, South Australia’s *The Oakden Report*, and NSW’s *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities*.
- Culture of the mental health system (organisational values, interactions with others, behaviours, attitudes).
- Leadership (leading and facilitating achievement of system and local service objectives, staff management, stakeholder engagement).
- Documents / submissions / consultation input provided for the reviewer’s consideration.

## **Methodology and consultation**

The reviewers will be responsible for developing and implementing an appropriate methodology for the review.

Key aims for the methodology and consultation should be to elicit and clarify:

- Roles & responsibilities, authority and accountability, in relation to clinical governance in the WA mental health system.

- Oversight and coordination of clinical governance processes.

Documents / research / evidence recommended for review include the reports referenced in Background of this document, terms of reference and minutes of mental health committees and groups, and national and international best practice mental health service governance models.

The reviewers should interview stakeholders from across the WA public mental health system, including:

- Representatives of governing agencies / entities (DoH, MHC, etc), committees and groups.
- Clinicians, consumers, carers and families.
- Representatives from non-governance mental health stakeholder groups such as the Royal Australian and New Zealand College of Psychiatrists, Australian Medical Association, Consumers of Mental Health WA, Health Consumers' Council, Carers WA, WA Police, St John Ambulance, Royal Flying Doctor Service.

Oversight of the review will be jointly provided by the Department of Health and the Mental Health Commission by means of an agreed mechanism, eg, a reference group or key contacts within each agency.

### **Final report and timeframe**

A final report detailing the reviewers' methodology, analysis, findings and recommendations in relation to all of the areas detailed in the Purpose section of this document will be delivered to the Director General, Department of Health WA, and the Mental Health Commissioner by 31 March 2019.

**Please note:** a revised delivery date of 30 June 2019 for the final report has been endorsed by the Minister for Health, Mental Health.