Framework for clinical networks

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Foreword

Clinical networks play an important and increasing role in the Victorian health system. In our devolved governance model, clinical networks allow us to connect people, coordinate and develop services, and share resources in common clinical areas. They also provide a way to better engage with and care for consumers across the state. Our clinical networks are not 'communities of practice'. That will not change with the introduction of this new framework. The networks will continue to be connectors, to provide quality and safety leadership, and to be champions for change. They will do all of this with a stronger mandate, greater role clarity relating to reducing variation, and better engagement with clinicians, consumers and the Department of Health and Human Services.

Those of you who have been involved in clinical networks will know the value clinical networks offer the Victorian health system. Two recent reports – *Targeting zero: Review of hospital quality and safety assurance in Victoria*,[1] referred to in this framework as *Targeting zero,* and the *Clinician engagement scoping paper*[2] – make a compelling case for building, refocusing and re-energising the clinical networks. This case is based on the need to enhance engagement with consumers and clinicians and to focus the energies and resources of networks to drive system-wide improvement in safety and quality. The importance of this role is made most clear in *Targeting zero.* At Safer Care Victoria we are committed to using our vantage point as system leader to support the clinical networks to develop and disseminate accessible evidence on contemporary best practice, and to identify the innovations that will save lives in Victorian hospitals, delivering better care for all.

This cannot be achieved without Safer Care Victoria engaging directly with the people who deliver and use health services and partnering with them to improve care. This is the core purpose of the clinical networks. We will rely on the clinical networks as our core agents on the frontline of service delivery to better align care with the best available evidence, to direct improvement, to detect poor quality care and to provide advice on service and system-level quality and safety. In essence to help in our prevention, surveillance and improvement approaches to the provision of better, safer care.

This framework is designed to provide stability for all involved in healthcare – funders, providers and consumers. I hope the new framework will clarify the purpose, roles and responsibilities for the networks. We have also designed the framework to establish clear governance, accountability and reporting standards consistent with contemporary public administration principles. The framework is intended as the foundation upon which clinical networks can set their own priorities to achieve a shared goal of care that is safe and of the highest quality.

I, and all of us at Safer Care Victoria, look forward to the opportunities that this framework will support.

Professor Euan Wallace
Chief Executive

1   Duckett S, Cuddihy M, Newnham H (review panel) 2016, *Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care*, State of Victoria, Melbourne.
2   Jorm C 2016, *Clinician engagement: scoping paper*, State of Victoria, Melbourne.

1. Introduction

For Safer Care Victoria, clinical networks are the primary means of engaging with clinicians. The critical knowledge of clinicians offers those responsible for assuring healthcare quality and safety at a system level an important insight into the frontline reality, challenges and opportunities of clinical care. Meaningful engagement with clinicians, healthcare managers, consumers[3] and the wider system of healthcare will ensure Victoria enjoys sustained improvement in the quality and safety of care and that Victorian consumers experience that care better.

> [T]he department [and Safer Care Victoria] alone cannot deliver safer and higher quality care for patients in Victoria. To lift the safety and quality of care provided in hospitals, it needs to foster and support clinical leadership of improvement.[4]

Clinical networks have existed in Victoria since 2008. Currently nine networks cover the following clinical areas:

- cardiac care
- care of older people
- critical care
- emergency care
- maternity and newborn care
- paediatrics
- palliative care
- renal health
- stroke care.

Each of these has been established over time and often with very different purposes and intent. The purpose of this framework is to provide the guiding principles, accountability arrangements, organisational context and key structural and operational elements for clinical networks within Safer Care Victoria. The intent is to build on the successes of the past through better support and by focusing network efforts where they can be most effective in driving improvements in quality and safety.

The framework is intended for use by Safer Care Victoria to give consistency of purpose and function for clinical networks. It is also intended as a means to communicate with clinicians, other healthcare professionals and consumers about the role and function of clinical networks and the capacity that networks have to improve the Victorian health system.

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3   The term 'consumer' includes patients, clients, residents, families, carers and communities.
4   Duckett S, Cuddihy M, Newnham H (review panel) 2016, Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care, State of Victoria, Melbourne.

1.1 Definition of a clinical network

For the purposes of this framework, Safer Care Victoria has developed the following definition:

Clinical networks are groups of health professionals, health organisations and consumers who work collaboratively and in a coordinated way to achieve a shared goal of high quality care.

For the purposes of the definition, high-quality care is defined[5] as care that is:

- **person-centred** – people's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning
- **safe** – avoidable harm is eliminated
- **effective** – appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each consumer.

Clinical networks will incorporate members from a broad range of geographical locations (metropolitan, regional and rural), professional groups (doctors, nurses, midwives, allied health, paramedics) and clinical practice settings (public, private, community/primary care). Consumers also play a pivotal role in clinical networks and should be involved at all levels. Non-government organisations, peak bodies, research organisations and membership-based advocacy organisations contribute substantially to clinical networks and should be considered members of the network. There is also a role for the program and policy arms of the Department of Health and Human Services to be involved in the workings of the networks.

When referring to a clinical network member in this framework, the term 'member' is used informally and intended to encompass all those involved in the particular clinical field described by the network, including clinicians and consumer representatives. Members may or may not be involved in the clinical network in a formal capacity – for example, as part of a clinical network governance committee or a working group.

5 Safer Care Victoria 2017, *Clinical Governance Framework*, State of Victoria, Melbourne.

2. Role and responsibilities of clinical networks

Clinical networks are an integral part of Safer Care Victoria. They share Safer Care Victoria's overall purpose and contribute to achieving Safer Care Victoria's organisational objectives and mission of 'Outstanding care for all Victorians. Always.' The central role of the clinical networks in Safer Care Victoria's workplans places them in a strong position to influence clinical practice across traditional organisational, speciality, geographic and professional boundaries.

2.1 Role of clinical networks

The primary role of clinical networks is to provide clinical leadership, expertise and advice to Safer Care Victoria, with the ultimate aim of improving consumer outcomes and experiences.

The clinical networks will achieve this by:

1. identifying best practice in their relevant specialty areas, and sharing and supporting implementation and replication of best practice approaches
2. identifying mechanisms to decrease clinical practice variation
3. developing clear and measurable statewide safety and quality improvement goals
4. providing advice on the collection of clinical quality measures to the Victorian Agency for Health Information
5. identifying suitable targets for concentrated speciality-wide improvement and benchmarking work
6. providing advice to the department on the development of clinical service capability frameworks, including the implementation and monitoring approach
7. identifying treatments or procedures for which there is evidence of a material volume–outcome relationship, and providing advice to the department on safety thresholds for relevant conditions
8. provide advice to Safer Care Victoria and the department on clinical quality and the safety implications of policy, planning and funding decisions.

The clinical networks also have a role in bringing the clinician's voice to the attention of Safer Care Victoria in order to influence and develop ideas directly from the clinical, consumer-facing workforce to system leaders.

2.2 When to establish a clinical network

Safer Care Victoria will consider establishing new clinical networks when the following conditions are met:

*   There is evidence of a gap between best practice and current practice in the delivery of a clinical service or services that is not within the scope for an existing network or networks.
*   The evidence practice gap is unwarranted and adversely affects, or has the potential to adversely affect, healthcare outcomes and/or consumer experiences.
*   The care gap reflects systemic issues in Victoria's healthcare system that are best addressed through a coordinated and sustained approach.
*   There is potential to improve outcomes for the entire health system.

Any new clinical networks will be established through open and transparent processes.

2.3 Responsibilities of clinical networks

Clinical networks will make their own decisions on the best ways to achieve their objectives. Work to achieve this will be led by the clinical network governance committee along with any working groups or subcommittees established to deliver against relevant priorities.

Approaches that clinical networks might use to execute the responsibilities identified above are provided below.

1. **Identify best practice in their relevant specialty areas, and share and support implementation of best practice approaches**

    The clinical networks as connectors of the system are well placed to support shared learning. The clinical lead, together with the governance committee (see later) and other leaders within the specialty, will play a critical role in supporting individuals and organisations to adopt new approaches, models of care and clinical guidelines.

    To help them deliver on this responsibility clinical networks will be able to access resources within Safer Care Victoria to identify and analyse evidence on best practice for a particular disease or condition(s). Safer Care Victoria will work with clinical networks or quality improvement cooperatives (multiple clinical networks working together on a particular issue) to agree on new or updated clinical protocols or guidance based on the latest available evidence.

    Sector engagement and peer influence are the primary tools to then translate this evidence into practice. The role of Safer Care Victoria is one of support in spearheading the change process. If needed this may involve Safer Care Victoria in concert with clinical networks directly engaging with healthcare organisations and clinical teams to facilitate and support care improvements. In these instances clinical leads and managers should seek advice from the director of the Clinicians as Partners branch about the most appropriate approach(es).

2. **Identify mechanisms to decrease unwarranted clinical practice variation when appropriate**

    Clinical networks will be tasked with identifying unwarranted practice and/or outcome variation, identifying causes and solutions. Clinical networks should be innovative, ambitious and bold in considering the approaches that might be needed to effect change.

3. **Identify treatments or procedures for which there is evidence of a material volume–outcome relationship**

    Clinical networks will be asked to provide advice to Safer Care Victoria on treatments or procedures where there is evidence that the number of a certain type of procedure or treatment undertaken in a particular healthcare setting has the potential to impact adversely on consumer safety or outcomes. Such advice may be sought directly by Safer Care Victoria or may be provided unsolicited by a clinical network if they identify other approaches as being more suitable.

4. **Develop clear and measurable statewide safety and quality improvement goals**

   Identifying statewide safety and quality improvement goals will be a core task undertaken through priority setting, in consultation with Safer Care Victoria, and on the advice of a network's information and evidence group. Networks will need to seek input from their members in determining the improvement goals. Clinical networks will be able to develop project proposals and business cases for projects that contribute to achieving these goals for consideration by Safer Care Victoria or other potential funding agencies.

5. **Provide advice on clinical quality measures for statewide improvement and benchmarking work**

   The Victorian Agency for Health Information has established a Clinical Measurement and Reporting Committee. The purpose of the committee is to assist the agency in its work to provide the sector with meaningful and useful measures of clinical quality and safety. The committee will assist the Victorian Agency for Health Information to ensure the measurement and reporting of the agency's clinical quality and safety and patient outcomes performance information is useful, valid, reliable and easy to interpret. To achieve this, the committee will seek advice and, where necessary, seek support from clinical networks, the Victorian Clinical Council and other expert groups and forums.

   Clinical networks will play an important role in advising on clinically relevant quality and safety measures for the Victorian Agency for Health Information. The overall aim will be to develop a suite of measures that allow clinicians and health services to benchmark their service's performance against that of its peers.

6. **Provide advice to Safer Care Victoria and the department on clinical quality and safety implications of policy, planning and commissioning decisions**

   Clinical networks will be called upon to advise on the clinical quality and safety perspective of health system policy, planning, design and commissioning. In particular, clinical networks are a means of informing model of care development, advising on clinical service capability frameworks, clinical practice guidelines and promoting better integration and coordination across the system.

2.4 Accountability arrangements

Clinical networks have a specific place in the system, with defined accountabilities and important partnership arrangements that enable them to achieve their goals.

Clinical networks are accountable for delivering against the responsibilities identified above, through the clinical leads, to the director of Clinicians as Partners branch, who in turn reports to the chief executive of Safer Care Victoria.

Clinical networks are also accountable for delivering against their responsibilities to network members, their wider clinical community and, ultimately, to consumers. An important part of this wider accountability is to support a 'bottom-up' approach to priority setting and decision making by having transparent and inclusive processes and effective two-way communication. This bottom-up approach should complement the priorities of Safer Care Victoria.

Figure 1 describes how clinical networks interact in the wider health system and includes the main stakeholder types and entities. This diagram is not meant to provide a complete picture but to illustrate the interconnected relationships between the components of the system. A more detailed outline of those components occurs in section 3 of this document. In particular, it is important to note the collaborative nature of these relationships. Clinical networks must share information and collaborate with all the components to be effective and ensure broad clinician engagement across specialties (not just specialty specific) and have meaningful partnerships with consumers.

To represent this, the clinical network circle in figure 1 is dotted to signify the inclusive nature of the clinical networks in this framework. The arrows signify two way information exchange and collaboration and that clinical networks are not just the leadership or governance group but are inclusive of all clinicians and consumers involved in the network's field of practice.

Figure 1: The interaction of clinical networks in the system
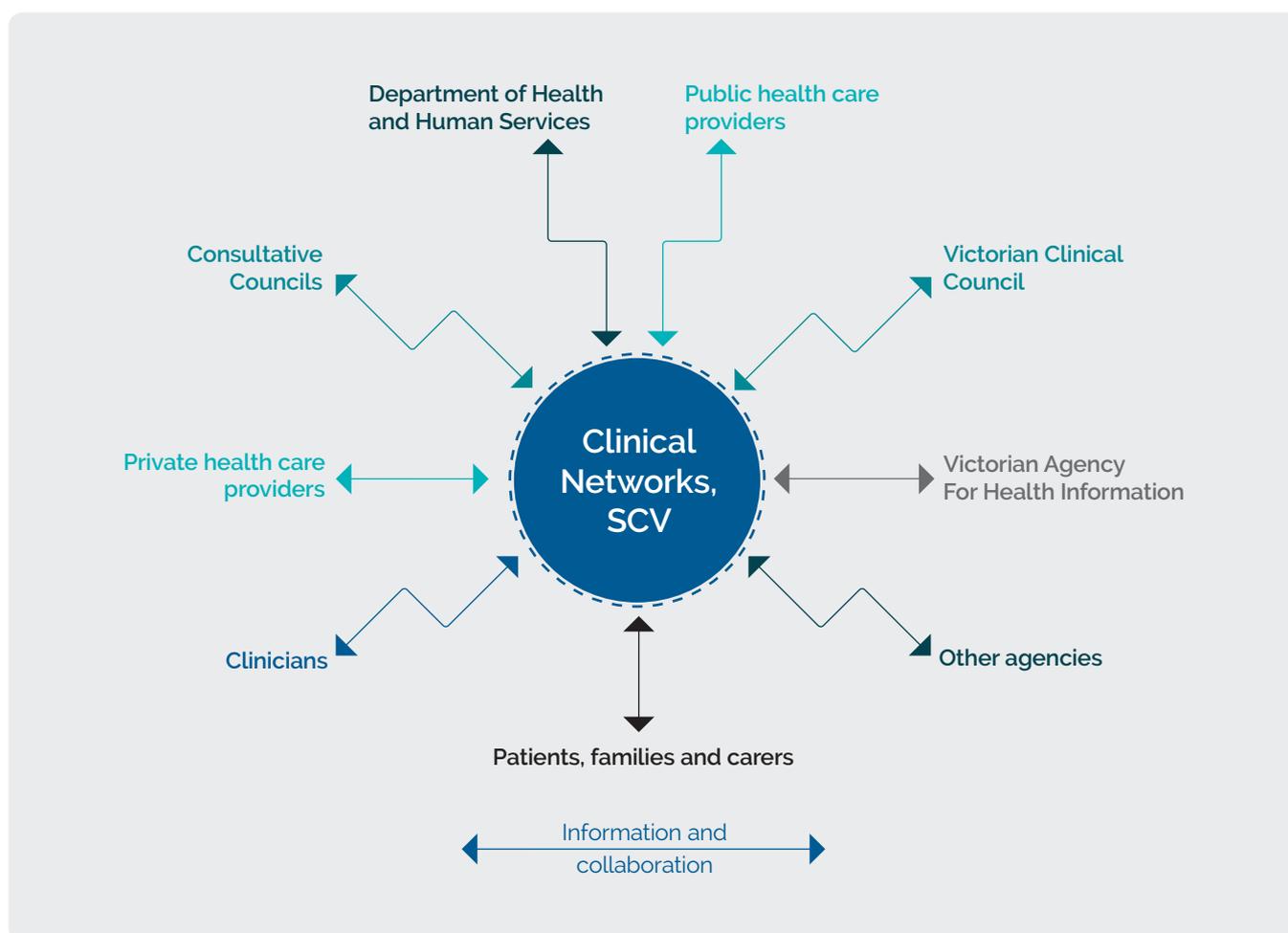
2.5 Consumer engagement

Consumers are at the centre of Safer Care Victoria's work. Therefore a core principle for clinical networks is to always act in the best interests of consumers and the wider Victorian community. This requires that consumers are properly and meaningfully engaged with the network and participate in all network activities including strategic planning and priority setting.

Clinical network managers will work closely with Safer Care Victoria's Consumers as Partners branch for advice and support on consumer engagement for their network. This will ensure a best practice approach is applied across the networks, consistent with the approach adopted by Safer Care Victoria, and ensure consumers are able to contribute as true partners in clinical network activities. Safer Care Victoria and the Victorian Agency for Health Information are exploring ways to expand patient-reported outcome measures (PROMs), which will also assist clinical networks.

Consumer representation on every clinical network's governance and other committees or working groups is mandatory. A minimum representation of two consumer members is recommended for the governance committee. Additional consumer engagement should occur in the subcommittees. For some networks a larger number of consumer representatives may be preferred, and this is encouraged. Some clinical networks may also prefer to make a distinction between consumer representation and carer representation on their committees and working groups, and should do so if this is appropriate. Safer Care Victoria's Consumers as Partners branch can assist in identifying suitable consumer representatives and ways to support their contribution to the network.

2.6 Clinician engagement

Clinician engagement is about the methods, extent and effectiveness of clinician involvement in the design, planning, decision making and evaluation of activities that affect the Victorian healthcare system. For clinical networks, clinician engagement is both a means to making systemic improvements in care and an end in itself.

For clinicians, engagement means they:

- feel their opinions and expertise are considered
- feel their participation is valued
- can identify and access relevant Safer Care Victoria or departmental staff who will respond to them
- recognise policies are rooted in shared priorities and are cognisant of practice realities.

For Safer Care Victoria staff, this means they:

- receive advice that is expert, evidence-based, representative and unbiased
- know their advisory processes are credible and respected by the health system
- have relationships with a broad range of clinicians and understand their perspectives
- engineer and support reforms that are understood, owned and widely implemented by clinicians.

Safer Care Victoria has begun the process of developing a clinician engagement framework.

For clinical networks, the principles to support good engagement include:

- an inclusive approach to membership
- good communication and stakeholder management
- provision of data that are clinically meaningful and that support the activities of the network
- creating opportunities for and encouraging 'bottom up' contribution including in priority setting
- offering members opportunities to become directly involved in system-wide improvement work
- offering members opportunities to develop skills in quality and safety improvement
- creating formal opportunities for members to contribute to system change, such as through fellowships.

Fellowships and leadership development

The creation of Clinical Improvement Fellows is a new initiative. The Fellows will be a resource dedicated to and integrated with the clinical networks. Fellows will be selected via a competitive process in a priority improvement area nominated by the clinical network or Safer Care Victoria. Project delivery occurs during the period of the fellowship.

Fellows will most likely be early- to mid-career clinicians who are comfortable working with complexity. They will be creative, agile and adaptable thinkers. Fellows will work with clinical leads and governance committees to deliver time-limited projects with targeted improvement outcomes.

In turn, the Fellows will become a resource to the wider network as both champions for the network and as a resource to assist others working on service- or system-level improvement initiatives. Over time, this approach will result in an alumni of Fellows engaged with and supportive of the work of the network, long after their fellowship tenure has ceased.

Clinical networks will work closely with the System Improvement, Innovation and Leadership branch to create opportunities for clinical network members to access opportunities to develop their skills in leading change. Clinical leads and the teams delivering the system-wide change will be skilled and knowledgeable in improvement science and large-scale change. Support will be provided where required.

3. Communication, collaboration and partnerships

Effective communication, collaboration and partnerships at all levels are critical for clinical networks to be effective. This section describes some of the important relationships for clinical networks and identifies specific activities for clinical networks to build and maintain these relationships.

3.1 Within a clinical network

Clinical networks will undertake work to define their constituencies. This will help them to understand who their members are and what communication approaches will work best. That is the 'who, why, how, when'. This will assist networks to develop agile and modern communication practices that inform and increase interest in their work. In doing this clinical networks will need to ask their members what their expectations of good communication are and then harness the resources of Safer Care Victoria to establish the expertise, technologies and support to meet these needs.

The clinical network program must be seen as an integral part of the work of Safer Care Victoria, thus they will share the branding with Safer Care Victoria. The network leaders and governance group will be seen and recognised as clinical system leaders in their area of expertise. Figure 2 is indicative but not exclusive of all members.

Figure 2: Clinical network members

3.2 Between clinical networks

Aligning the networks into quality improvement cooperatives around shared strategic goals and priorities will create formal opportunities for inter-network sharing and collaboration (see Figure 3). Safer Care Victoria's resourcing decisions will give preference to network consortia or cooperatives, where appropriate. Such an approach is expected to enhance wider and more rapid uptake of network initiatives and facilitate collaboration and integration.

Figure 3: Quality improvement cooperatives
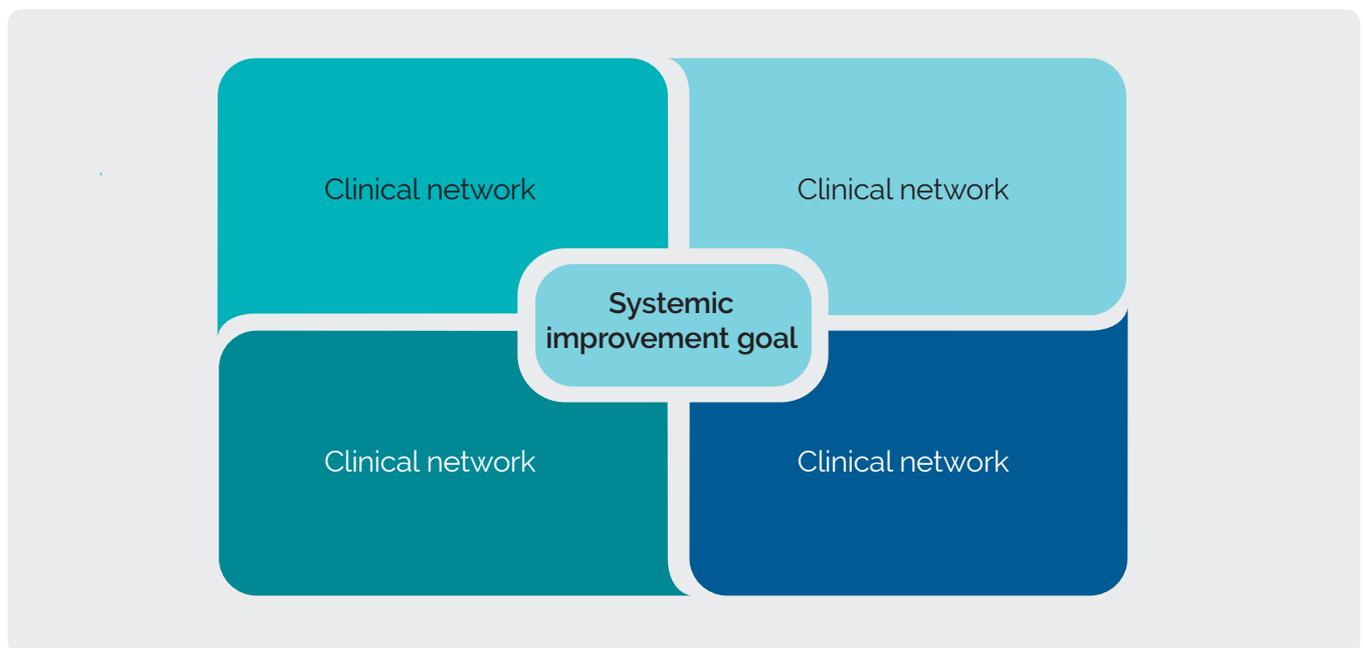
Network clinical leads, network managers and chief clinical officers will meet regularly, providing formal opportunities for sharing intelligence, collaborating on work plans and identifying strategic and emerging opportunities.

Each clinical network will establish an information and evidence group that is responsible for leading the sharing of data and performance indicator development with other clinical networks. These groups will be comprised of members with an interest in identifying the best evidence available and suggest measures to Safer Care Victoria and the Victorian Agency for Health Information for consideration.

3.3 Across Safer Care Victoria, the Victorian Agency for Health Information and the department

Clinicians as Partners branch

The Clinicians as Partners branch is responsible for support, engagement and coordination with clinicians to enable effective collaboration and leadership on safety and quality improvement. Via the clinical networks, this branch drives reductions in unwarranted variation, establishes clinical practice guidelines and leads specific improvement programs and projects. The secretariat for the Victorian Clinical Council mentioned below also sits within this branch.

Stewardship and Support branch

The Stewardship and Support branch is responsible for the oversight of quality and safety in Victorian health services and, in partnership with the Victorian Agency for Health Information, monitoring and reviewing data and providing advice to the chief executive and other divisions of the department. It has responsibility for responding to system issues including Therapeutic Goods Administration alerts. This branch also engages with national committees and agencies to drive the quality and safety reform agenda. It supports the review functions of legislated consultative councils and assists them in disseminating and evaluating recommendations made by these bodies.

Consumers as Partners branch

The Consumers as Partners branch is responsible for increasing the involvement of consumers and community stakeholders – and ensuring they have an equal voice – in safety and quality improvement activities. The branch works to support a person-centred approach to safety and quality improvement initiatives, including to health service incident responses and patient complaints, and develops the capacity for people to participate fully in their care. The Consumers as Partners branch provides advice and support to the clinical networks to ensure consumers are properly and meaningfully engaged in network activities.

System Improvement, Innovation and Leadership branch

The System Improvement, Innovation and Leadership branch supports the development, implementation and scaling of improvement and innovation projects and programs. Specialist functions such as project management, evaluation and quality improvement expertise are located in this branch and work across the agency. Time-limited quality and safety programs and projects, including those funded by the Better Care Victoria Innovation Fund, are located in this branch. This branch is also responsible for developing a strategy to enhance, support and connect senior and frontline leaders within and across health services and the health system.

Chief Clinical Officers branch

The Chief Clinical Officers (Chief Medical Officer, Chief Nursing and Midwifery Officer, Chief Paramedic and Chief Allied Health Officer) provide unbiased, free and frank advice to the chief executive of Safer Care Victoria on matters relevant to quality and safety. In collaboration with the chief executive, they provide clinical leadership in consultation with professional bodies, clinical networks and other sector groups so health services and clinicians are able to improve the quality of care delivered across the health system.

Victorian Clinical Council

The Victorian Clinical Council provides a mechanism for collective leadership from clinicians and consumers to advise on and support improvements in healthcare quality and health outcomes for all Victorians. Clinical networks are represented on the Victorian Clinical Council through the clinical leads, who are ex-officio members. Clinical network membership on the council is an important way of linking frontline clinicians to parts of the system that have a formal role in improving healthcare quality and safety at the strategic system level.

The Victorian Clinical Council, through its chair, reports to the Secretary to the department. Through the work of the Victorian Clinical Council clinical networks are therefore able to directly contribute to system-level planning and policy setting as this relates to the quality and safety of healthcare.

Safer Care Victoria provides the secretariat function for the Victorian Clinical Council.

Victorian Agency for Health Information

The Victorian Agency for Health Information's responsibilities flow across measurement of patient care and outcomes for three key purposes: public reporting, oversight and clinical improvement. The agency will work closely with the clinical networks to provide data analytics to help the networks achieve their clinical improvement objectives.

Consultative councils

Victoria's consultative councils are ministerial advisory committees that report on highly specialised areas of healthcare in order to improve health outcomes and reduce preventable mortality and morbidity. They do this through collecting population-level surveillance data, peer review audits of mortality and severe morbidity, and reporting and system improvement or reform.

The relationship with the clinical networks mainly relates to system-level recommendations and findings for health outcome improvement and reports that highlight unexpected variation on key indicators across peer group health services. Clinical networks have a role in addressing clinical practice or variation identified by the consultative councils that is not evidence-based. They can also contribute to the dissemination of council recommendations and key findings.

Department of Health and Human Services

The department delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. With quality and safety oversight and improvement responsibilities now sitting with Safer Care Victoria, the department retains responsibility for the other functions, including policy and commissioning.

The department is an important stakeholder for the clinical networks. All clinical networks will work closely with their respective program area(s) within the department (where they exist), affording the department access to expert clinical advice. This will better enable a cohesive and strong approach to system improvement by leveraging the roles, functions and opportunities available in their respective domains and areas of influence.

3.4 Healthcare agencies and providers

While clinical networks should focus on engaging frontline clinicians and influencing practice at the clinical team or pathway level, service improvements that require internal health care organisation policy changes or changes to clinical practice or models rely on the commitment of clinicians and health service management to deliver those changes. This extends to relevant peak agencies or other organisations when they have a role in influencing practice at the system level and have established formal relationships with healthcare providers. Primary Health Networks in particular are important partners for all clinical networks due to their role in supporting primary care providers to improve the efficiency, effectiveness and coordination of care.

Reflecting the way consumers access healthcare, clinical networks should operate in a way that acknowledges (as appropriate to their clinical area or patient group) all parts of the healthcare system including:

- public health services and hospitals (including acute and subacute services)
- private hospitals and day procedure centres
- residential aged care
- primary healthcare providers, including general practitioners and Primary Health Networks
- private medical specialists
- community health services
- ambulance services and non-emergency transport services
- ancillary health services such as pharmacies, radiology and pathology providers.

3.5 Other groups and organisations

The nature of some networks and the specific work within some networks may require engagement with a broad range of other groups and agencies.

Clinical networks should, with each project, consider the types of stakeholders to engage and the methods of engagement. Consideration should be given to the medical colleges, insurers (including the Victorian Managed Insurance Authority), relevant advocacy-based non-government organisations, consumer groups, research institutes, healthcare education providers, Coroner's office, Health Complaints Commissioner, Mental Health Complaints Commissioner, the Australian Commission on Safety and Quality in Health Care, the Therapeutic Goods Administration and the Australian Health Practitioner Regulation Agency, among others.

4. Strategic planning

Clinical networks should use strategic planning as a way to set priorities, focus energy and resources, ensure people are working towards common goals, establish agreement about intended outcomes, and ensure improvement outcomes can be measured. The strategic planning process also provides an opportunity to reflect on the environment within which the network operates and to change direction if required. Strategic plans can also be used to assist with triaging work requests and to clarify and manage expectations on what is and is not the work of the network.

4.1 Strategic planning cycle

Each clinical network will adopt a three-year strategic planning cycle, aligning with the timeframe for Safer Care Victoria's strategic planning cycle. This coordination is key to the networks working with Safer Care Victoria's identified strategy and priorities, as well as those that are an issue for that clinical area alone as they conduct their planning cycle.

The network's governance committee will develop the strategic plan in collaboration with network members and the broader sector. The strategic plan should take into account the nature of the environment within which the network operates including recognising and responding to any opportunities and challenges within the network and across the system including the department, Safer Care Victoria and other relevant agencies.

Each clinical network should develop a strategic plan that:

- is informed by the best available evidence
- aligns with the healthcare needs of the population
- aligns with relevant government policy and priorities
- aligns with the strategic objectives of Safer Care Victoria and relevant priorities
- aligns with relevant statewide plans and policies (for example, the *Heart health plan*)
- is focused on consumers and on improving outcomes and experiences of healthcare
- promotes inclusiveness, teamwork and building and strengthening partnerships
- identifies and articulates the network's overall vision for the quality and safety of care, with a focus on excellent performance and zero preventable harm
- identifies a series of strategic goals including
  - the impact for consumers of achieving each of these goals, along with the scale and impact at the population level
  - key elements or themes (such as skills and knowledge, data, resources, people, partnerships, culture and communication) that contribute to achieving the network's goals
  - strategic initiatives that will deliver against the strategic goals and where these intersect with the key themes
  - allowing for flexibility in a dynamic and changing environment
- includes measures of success, including relevant statewide performance measures.

The strategic plan must reflect the role of clinical networks identified earlier in the framework.

The strategic plan will be subject to Safer Care Victoria's approval.

Each clinical network's strategic plan will be made publicly available on the Safer Care Victoria website.

4.2 Work plan development

A work plan takes the strategic goals and priorities identified in the clinical network's strategic plan and translates these into something practical and achievable. This includes describing the processes by which a team and/or person can accomplish the goals. The work plan provides a useful way of communicating the scope (time resources, inputs, responsibilities and so on) of the project or activity.

Monitoring progress against an agreed work plan is a way of monitoring if the team is on track to achieve its overall goals.

Each network should develop an annual work plan identifying the projects and activities that will be undertaken for that year.

Work plans will form the basis for six-monthly and annual reporting, described in more detail later in this document.

5. Information and evidence

Clinical networks are tasked with reducing clinical practice variation by promoting the development and implementation of evidence-based guidelines and clinical protocols. To be effective in formulating and achieving their strategic objectives, clinical networks will be supported by access to meaningful clinical data and data analytic expertise.

5.1 Information for improvement

This framework charges each clinical network with forming an information and evidence group as a formal network working group or subcommittee. The information and evidence group could comprise network members, participants from other clinical streams, academics, consumer representatives, non-government organisations and others as appropriate. The information and evidence groups would be responsible for identifying the measures needed to monitor quality and safety and to then provide this advice to the Victorian Agency for Health Information via the agency's Clinical Measurement and Reporting Committee. This will include statewide patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) and identifying and advising on critical workforce measures.

The Victorian Agency for Health Information will facilitate access to clinical data and data analysis expertise, reflecting work priorities set by the agency and by Safer Care Victoria, subject to resource availability. This includes providing clinical networks with data analytics support for admitted and non-admitted hospital activity, quality and safety performance and consumer experience.

For some clinical networks clinical registries are an important source of data. Clinical networks should continue to work closely with the Victorian Agency for Health Information to advise clinical registries on the development and capture of appropriate and comprehensive data to ensure the data are provided in a timely way to the Victorian Agency for Health Information.

5.2 Evidence-informed best practice

Clinical networks have a key role in developing and facilitating the implementation of evidence-based, best practice clinical policy, standards, guidelines and protocols. Best practice will already be present in many Victorian hospitals through local innovation or adoption of evidence. The role of Safer Care Victoria through the clinical networks will then be to disseminate and assist in standardising evidence-based best practice across the healthcare system. Safer Care Victoria will support this function by working with clinicians to review current evidence and to adapt emerging evidence from international research. Safer Care Victoria will also develop novel programs, as needed, to address any newly identified and distinct risks.

5.3 Evaluation

Evaluation planning should be undertaken at the concept stage for every project. The evaluation plan should directly reflect the project's objectives. The project objectives should be measureable using valid, available and robust data.

Safer Care Victoria, together with the department's Evaluation Unit, will provide clinical networks with evaluation support to ensure best practice evaluation methodology is consistently used. The information and evidence groups also have a role in supporting clinical networks in this activity.

Monitoring progress and evaluating success at the project and program level should be done using data on patient outcomes and experience (see Figure 4). Where validated outcome measures are not available or do not provide a full picture of the element of care under investigation, process or structural indicators may need to be used. Process and structural measures should only be used when they have a well-evidenced and causal relationship with quality and safety of care for patients. Clinical networks should consider developing clinically relevant process indicators for use in local improvement work.

Figure 4: Evidence-informed improvement goals and the project cycle
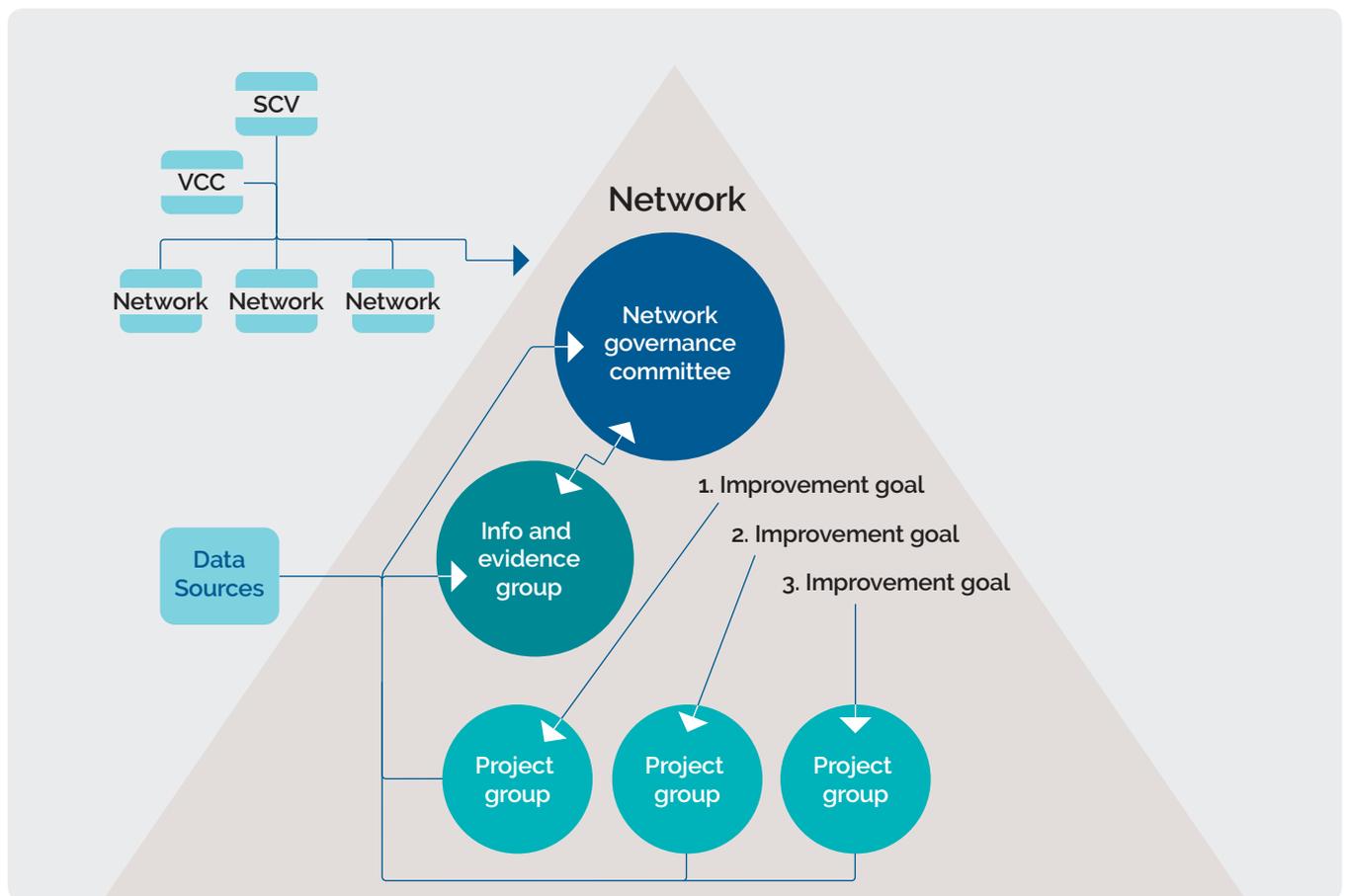
SCV = Safer Care Victoria; VCC = Victorian Clinical Council

6. Clinical network governance

The purpose of the clinical network governance structures is to represent the network consumer and clinician member interests while also providing a mechanism for making decisions and providing an avenue for two-way information exchange with Safer Care Victoria. The network governance structures comprise a clinical lead, a governance committee, the information and evidence group and any time-limited working groups or subcommittees established to deliver on network priorities.

6.1 Clinical leads

The clinical lead role is critical to network success. Their role is one of system leadership (see Figure 5). The clinical lead will be a clinician of excellent clinical standing who is able to effectively work for improved outcomes across the sector. The clinical lead may be from any professional group, including medical, allied health or nursing and midwifery.

A set of key attributes of a clinical lead will be common across the networks and job descriptions will be developed for each.

The process to appoint a clinical lead will be open and transparent and subject to the department's policies for staff appointments. The director of the Clinicians as Partners branch will provide oversight to the clinical lead appointment process.

The term of appointment for clinical leads will normally be up to four years without the option to reappoint. This is to enable different perspectives to influence network activities and to increase opportunities for interested clinicians to become involved at a governance level within the network.

Some consideration should also be given to succession planning within the network to ensure continuity and to minimise knowledge loss. One way of addressing this need may be by overlapping clinical appointments in the last year of the outgoing lead and first year of the incoming one.

Appointment of clinical leads will be on a formal secondment basis with health services, or on contract for a specified number of hours per fortnight.

Figure 5: Role of the clinical lead
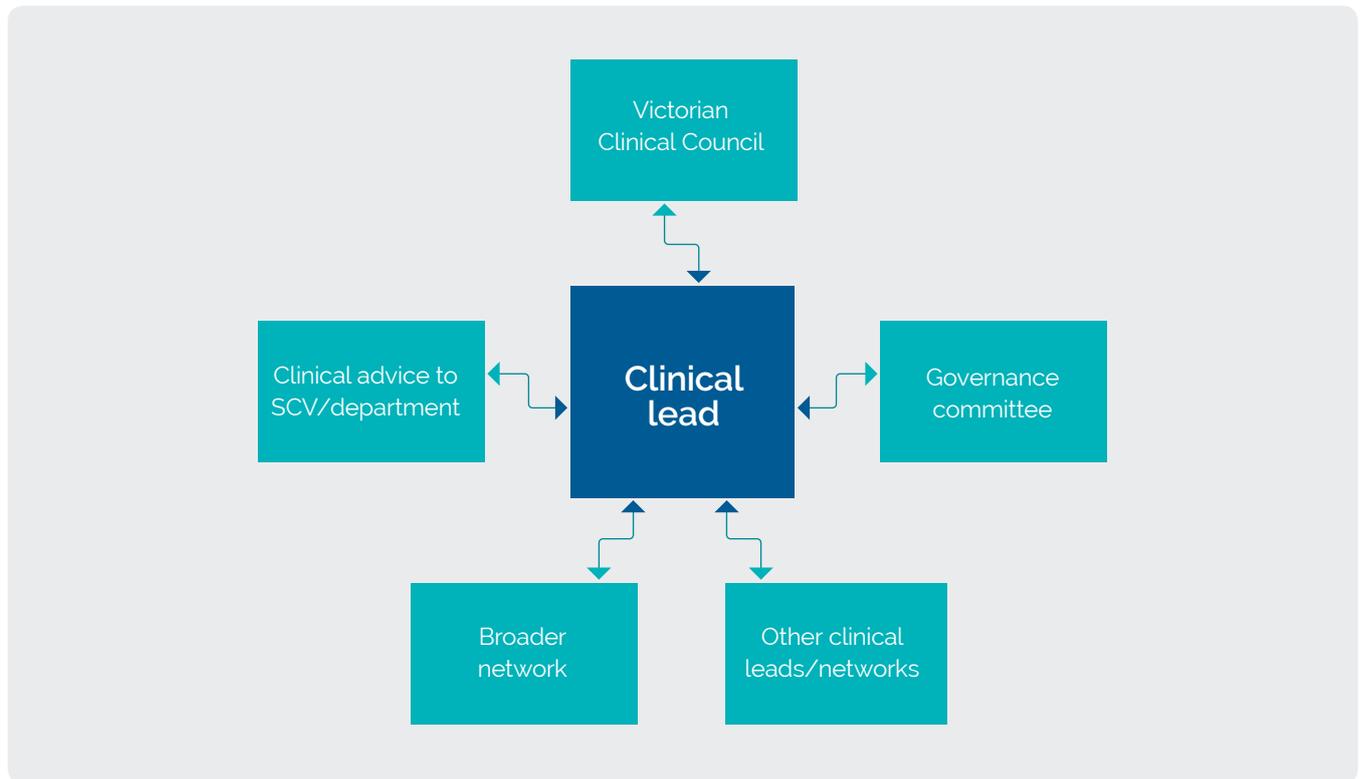
6.2 Governance committee

Each network will have a governance committee. The governance committee comprises clinicians and consumers who bring their perspectives of frontline service delivery. Governance committee members are non-representative; that is, they do not represent an entity or any vested interests. If organisational representation is needed to progress work against specific priorities, governance committees may co-opt members for a set time period for that work or establish time-limited working groups or subcommittees with the necessary representation.

This framework suggests that each governance committee will have, as a guide, no fewer than six and no greater than 10 members, including consumers. If a fewer or greater number of people are required to govern the work of the network, this must be negotiated with Safer Care Victoria through the director of the Clinicians as Partners branch. The smaller size of the governance committee compared with traditional approaches is intended to streamline decision making, increase individual committee member accountability, and give individual committee members a greater say in decisions. However, it will require that the governance committee, clinical leads and Safer Care Victoria give careful thought and consideration to how the network members are able and encouraged to contribute to and participate in network activities.

Who sits on the governance committee depends on the work priorities of the network at any given time, and whether the committee grows beyond 10 people will depend on the skills needed to progress that work. For example, where substantial policy development is occurring within the department, there may be benefit in one of the members of the committee coming from the relevant program area of the department, while others may take a more craft-group-based view of having medical, nursing and midwifery and allied health members. One member may also wear multiple hats. For example, the medical practitioner may also be a member of a medical college. Irrespective, membership of the governance committee should be focused on achieving the priority areas of work for that network. Selection of the governance group will occur by an expression of interest process overseen by Safer Care Victoria and in close collaboration with the clinical lead.

Working groups or subcommittees may be established to deliver against agreed strategic or work plan objectives.

The governance committee should elect a chair from its membership. The chair may, but need not be, the clinical lead. Decision making in the governance committee should be on a consensus basis. In the event there is not consensus, a simple majority would suffice.

A minimum attendance requirement for members of the governance committees will be established at no less than 75 per cent of meetings attended per year.

Governance committees should have a three-year term.

Governance committee proposed core operating principles

The governance committee will:

- act in the **best interests** of consumers and the wider Victorian community
- ensure **consumers participate** in a meaningful way (with an emphasis on co-design) in all activities of the clinical network, including decision making
- work with Safer Care Victoria and the broader network membership in a **bottom up** approach to agree on strategic objectives and network priorities focused on improving patient outcomes
- actively seek opportunities to enhance clinician and consumer **engagement**, focusing on promoting participation and effective communication
- **collaborate** with other networks and organisations on relevant improvement initiatives
- collectively or through the network's clinical lead **provide advice** to, or facilitate access to appropriate advice for, Safer Care Victoria and the department more broadly on relevant clinical issues, including at short notice if needed
- **monitor delivery** against the annual work plan and regularly review progress in achieving the three-year strategic goals
- be **accountable** to the director of the Clinicians as Partners branch for delivery against its work plan and in the work towards achieving its strategic improvement goals.

Clinical networks are accountable to the chief executive of Safer Care Victoria through the director of the Clinicians as Partners branch. The branch director will have a standing invitation to attend all governance committee meetings.

Network clinical leads will meet quarterly, along with managers of the networks, the director of the Clinicians as Partners branch, the Chief Medical Officer, the Chief Nursing and Midwifery Officer, the Chief Allied Health Officer and the Chief Paramedic. The chief executive of Safer Care Victoria will have a standing invitation to attend this meeting. The purpose of this meeting is to provide an opportunity to share learnings, ideas, approaches and advice with other clinical leads and to coordinate the work of the clinical networks.

6.3 Information and evidence group

Part of the governance structure will be an information and evidence group. The composition and purpose of the information and evidence group is discussed in section 5.1. The core operating principles of the governance committee will apply to the information and evidence group.

6.4 Other subcommittees and working groups

Whether clinical networks establish subcommittees and working groups will depend on the work of the clinical network and the projects being conducted. Subcommittees or working groups could be mobilised quickly to address specific issues and should be considered an important engagement strategy for network members. Opportunities to become involved in subcommittees should be communicated widely among the network members, noting that specific expertise and knowledge may be needed in some cases.

There is no minimum or maximum number required. The same core operating principles for the governance committee will apply to the subcommittees and working groups.

It is important to acknowledge that the purpose of any subcommittee is also to support engagement with the work of the clinical networks.

6.5 Terms of reference for clinical networks

A common set of terms of reference will be used across all networks to ensure consistency of approach. The terms of reference will outline the role and responsibilities of the network governance structures, reporting and accountability arrangements, and the network's administrative arrangements.

The chair and governance committee will be responsible for developing any network-specific terms, with support from the network manager. Clinical network members will be given an opportunity to provide feedback on the terms of reference before they are finalised.

The terms of reference for the networks will address the following points:

- governance committee
  – operating principles
  – role and responsibilities
  – structure
  – terms of appointment
  – meeting frequency and mode
  – expectations of committee members (including member code of conduct and minimum meeting attendance)
  – a description of the governance committee chair
  – appointment process (including requirements for probity and National Police Record Check)
  – conflict of interest and confidentiality requirements

- clinical lead role
  – role and responsibilities
  – terms of appointment
  – appointment process (including requirements for probity and National Police Record Check)
  – conflict of interest and confidentiality requirements

- subcommittees including the information and evidence group
  – as for the governance committee.

The final terms of reference will be agreed by the governance committee and the director of the Clinicians as Partners branch, and will be published on the Safer Care Victoria website.

The terms of reference will be reviewed annually to ensure they remain relevant and meet the needs of the network members, and that they are consistent with Safer Care Victoria's organisational objectives.

7. Operational and administrative support

Clinical networks will have ready access to people with skills and expertise in:

- researching contemporary Australian and international best practice and distilling evidence for use by clinical networks
- improvement science that can support Safer Care Victoria programs and clinical networks to adopt, adapt and develop rigorous quality improvement programs and processes
- Aboriginal health service delivery and quality improvement
- data analysis and evaluation expertise
- communication and event management.

Staff who can develop briefing papers on the evidence about particular interventions and who can meet the broader needs will support the networks.

7.1 Manager profile

The clinical network manager role is a pivotal one. Network managers work closely with the network's clinical lead and governance committee to manage the network's overall program of work. This includes, but is not limited to, developing strategic goals and work plans, being accountable for delivering on network objectives, building and maintaining relationships, and monitoring and reporting on progress against the work plan. Network managers also add value as experts in government policy and processes and help to facilitate interactions and collaboration between government and the health sector.

Managers need to have a well-developed and broad set of skills and expertise including, most importantly, in improvement methodologies and stakeholder management. They will have an in-depth understanding of the Victorian health system. Skills and expertise in systematic review and health program evaluation would also be of benefit.

Managers will have a solid understanding of strategic and system-level issues and be able to distil complex technical information from a wide range of sources. They will need to interpret this in the context of the network's interests and Safer Care Victoria's objectives, as well as the need to deliver on broader departmental and Victorian Government policy objectives.

The clinical network manager role is not a clinical role. Clinical experience in the network topic area is not a prerequisite, although it would be an advantage to have a clinical background or other health sector experience to help understand the context in which healthcare in Victoria is delivered.

7.2 Network workforce

In order for clinical networks to deliver against ambitious improvement goals, there is a need for a workforce with appropriate skills to both support and deliver the work (see Figure 6). There are four categories of skills required:

1. **Project/change management and administrative support**

   This may be delivered by a central pool of project officers within Safer Care Victoria to assist clinical networks to deliver priority projects.

2. **Data analytics and evaluation**

   As outlined elsewhere in this document, data analytics capability is an essential component of the evaluation strategy for the clinical networks, including establishing improvements goals and reporting requirements.

3. **Clinical improvement skills**

   Establishing a fellowship program that draws clinicians into the networks to deliver specific projects would provide an opportunity for clinicians to develop skills in improvement science by providing a program of learning that benefits the network through execution of its work plan. There are wider benefits to the broader health system as we develop an alumni of clinicians with improvement skills.

4. **Communications and event management**

   Given the need to share, collaborate and learn, an event management resource will support the clinical networks to run multiple events, undertake communication tasks and manage stakeholders.

Figure 6: Clinical network support
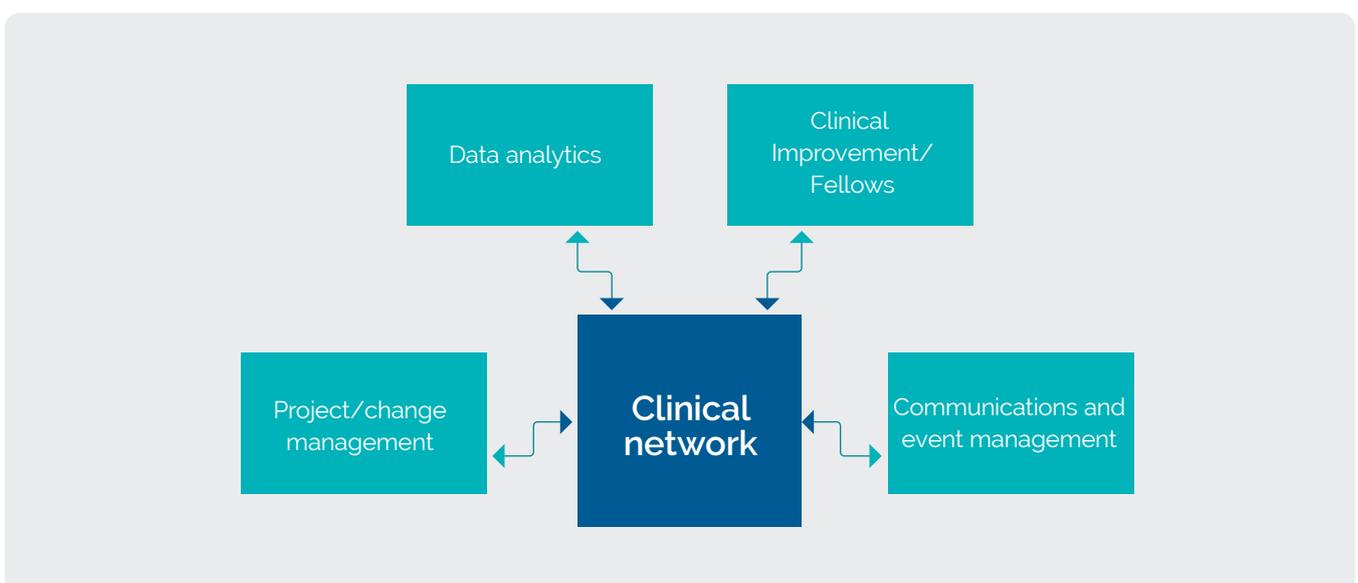
8. Resourcing and expenditure

Network funding will distinguish operational funding (staff, meetings, incidentals) from project-related resourcing and must be focused on achieving the strategic outcomes within and between networks. Each clinical network will develop proposed budgets to deliver on the agreed strategic planning and priorities, subject to approval by the director of the Clinicians as Partners branch on an annual basis. The level of resourcing for each network will depend on the available budget within Safer Care Victoria.

Where similar strategic outcomes exist between networks, consideration could be given to establishing a consortium or cooperative of networks to work jointly on a project. For example, the Care of Older People, Palliative Care, Critical Care and Emergency Care Clinical networks could enter into a consortium arrangement to address issues related to falls, which intersects all four clinical areas. One of the clinical networks would need to lead and administer the cooperative or consortium.

9. Reporting

The intent of reporting for clinical networks is to communicate success and achievements, to be transparent about challenges encountered, and to be accountable for delivering on network goals and priorities to the individuals and organisations that have a stake in the network's overall success, including the Victorian public.

9.1 Annual reporting

The clinical networks will be accountable for delivering against their strategic and work plans. This includes reporting changes in relevant statewide performance measures. Accordingly, each network will prepare an annual report.

The purpose of the annual report is to give network members and other interested people information about the activities, achievements and financial performance of the network. The annual report will be made publicly available on the Safer Care Victoria website.

The annual report should include:

- the strategic goals and objectives of the network
- overall trends in the indicators and measures for which it is responsible
- strategies it is pursuing to improve statewide performance on the indicator(s), measure(s) and any evaluations of outcomes
- strategic impacts
- priorities for the next year.

The timing and format of the annual reports will be determined at the beginning of each annual work plan cycle and will meet the requirements for Safer Care Victoria's organisational reporting obligations.

9.2 Six-month progress report

Each network will also prepare a six-month progress report. This will be a brief summary of progress against the annual work plan. This report should identify progress in achieving the objectives, any issues encountered, additional items that may have been added to the work plan, and a brief overall statement about the network's confidence in achieving its three-year strategic goals.

10. Clinical network review

To ensure networks remain relevant, each network will undergo a formal review at least every three years. An external reviewer, or reviewers, will undertake the review against a set of agreed formal performance criteria. The process should include seeking input from the broader network and not be limited to the governance committee. Consumer representatives should also be explicitly consulted during the review.

Performance criteria used as the basis of the review could include:

- achievement against the role of the clinical network
  - Has the network performed its overall role?
- achievement against project deliverables (this will be against projects with a 12-month timeframe and for longer projects against expected project delivery milestones)
  - Did projects achieve what they set out to achieve?
- achievement against strategic goals
  - Have patient outcomes improved as a result of what the networks have done?
- value for money
  - Is this a proper and appropriate use of public funds?
- engagement with the broader network (rural, metropolitan, private, primary health, mid-level clinicians)
  - Were initiatives adopted by the entire network in multiple geographical locations and by different clinicians?
- if the skill mix on the governance committee is appropriate
  - Were the skills present on the committee to achieve its strategic goals?
- dissemination of results
  - Were learnings shared with the broader network and health system?

11. More information

If you have any questions about this document or want to know more about the clinical networks, please contact Ms Robyn Hudson, director of the Clinicians as Partners branch on safercarevictoria@dhhs.vic.gov.au or on **(03) 90961414**.