

The Secretary
Social Policy Scrutiny Committee
GPO Box 3721
Darwin NT 0801
SPSC@nt.gov.au

Dear Secretary

Health Services Amendment Bill 2018

On 3 December 2018 the Northern Territory Clinical Senate was offered the opportunity to provide a submission to the Social Policy Scrutiny Committee in relation to the Health Services Amendment Bill 2018.

The Clinical Senate is an advisory body which provides expert clinical advice, information and/or recommendations to the Chief Executive Officer in consideration of:

- NT Health's clinical governance strategy, policies and their implementation;
- NT Health's clinical quality and patient safety programs, standards, guidelines and indicators and the implementation of these;
- evidence-based strategies in relation to system integration and public health;
- evidence-based strategies in relation to the management of consumers with complex or chronic conditions;
- clinical quality and patient safety issues regarding the public health system, including access to health services by people living in remote communities.

I thank the Committee for the offer to provide a submission. This submission has been forwarded to the Chief Executive Officer, NT Health.

The Clinical Senate notes the intention of the Health Services Amendment Bill (the Bill) is to amend the Health Services Act (the Act) so as to dissolve the NT Health Service Boards and

remove Health Service administrators. We also note the public briefing transcript from 3 December 2018, at which senior officials of the Department of Health discussed the Bill with members of the Committee.

The Clinical Senate members have discussed the responsibilities of the Health Service Boards. There is general agreement that the Boards brought together clinical leaders, business people, community representatives and those with business and corporate governance skills, with independent perspectives. In this discussion, to support transparency, I acknowledge that I was a member of the Top End Health Service Board.

The Clinical Senate considers that there is general community understanding of the level of accountability within a Board. We would suggest, however, that there is no general community understanding of the role and accountabilities of a Chief Operating Officer (COO).

The Explanatory Statement states that the responsibilities of the Board will now sit with the COO and are inserted at Clause 8(2) of the Bill. In the transfer of these responsibilities to the COO the accountabilities need to be specifically set out. The phrase 'performance of the Service' in Clause 8(3)(a)(i) of the Bill does not capture the scope of the corporate and clinical responsibilities required of the COO.

It is essential that the clinical governance, quality and safety of Health Services continues to be prioritised by NT Health, so as to optimise health outcomes for Territorians. As a requirement in driving quality improvement, it is also essential that performance measures directly address key clinical outcomes, including quality, safety, timeliness and appropriateness of care, that are important for our communities.

Please do not hesitate to contact the Clinical Senate Secretariat at clinicalsenate.doh@nt.gov.au should you require clarification of issues raised within the submission.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Alan Cass".

Professor Alan Cass
Deputy Chair
4 February 2019

Information about the Northern Territory Clinical Senate

The Clinical Senate is established to provide the Chief Executive Officer of the Department of Health with informed advice, based on best practice and available evidence, regarding the improvement of clinical quality and safety of health services across the Northern Territory. The Clinical Senate promotes clinical engagement to underpin healthcare reform.

Guiding principles

Clinical leadership and advice provided by the Clinical Senate are guided by the principles below:

- a focus on the provision of high quality health care delivery and improving health outcomes through consideration of a 'system' wide' approach;
- a patient-centred approach to care and service provision that meets individual needs with an emphasis on supporting and empowering people to achieve favourable healthcare experiences and outcomes;
- support of local engagement and consultation within the health system to leverage existing work and avoid duplication;
- provision of culture and leadership to achieve clinical engagement and foster transformational change in the health system.
- liaison with private sector where relevant
- advocacy for planning and delivery of care that respects the diversity of patients and higher-risk groups
- promotion of a culture of continuous improvement through informed best available evidence;
- provision of constructive advice that translates into recommendations that support clinical practice, guides practitioners and patient decisions about appropriate care;
- maintenance of a focus on focus on the sphere of influence that the Clinical Senate actually has to advise the Chief Executive Officer;
- adoption of the World Health Organisation definition of health in its consideration of issues;
- recognition that that physical, social, spiritual and psychological approach to care requires consideration of a wider perspective;
- respectful engagement with Aboriginal communities and respect for the voices of Aboriginal individuals and communities.

Membership

The membership of the Clinical Senate is made up of thirty four (34) aboriginal and non-aboriginal clinicians from across government, non-government, academic and private health sectors. Clinicians come from across the NT, including urban, regional and remote settings. The clinicians are joined by 2 consumers, who are the Chairs of the Health Advisory Committees and by up to 9 professional leads from NT Health. The professional leads include the Chief Health Officer, the Chief Nursing and Midwifery Officer and the Principal Advisor Aboriginal Health Practitioners.

Meetings and debates

The Clinical Senate meets quarterly. Non-NTPS members are eligible for sitting fees.

The Clinical Senate has debated the issues listed below and made recommendations to the Chief Executive Officer to improve health service delivery.

- Addressing variation in care: integration, evidence and the NT context;
 - From data to actionable insights; improving our health system;
 - Enabling young Territorians towards better health and wellbeing.
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