Clinical Governance Framework

Developed: October 2012

Updated: **January 2014**
May   2015
June   2017

Executive Summary

Under the NSW Health reforms, Local Health Districts (LHD) and Governing Boards commenced on 1 July 2011 requiring Boards to ensure effective clinical and corporate governance frameworks were established to support the maintenance and improvement of standards of patient care and services (*Health Services Act 1997*[1]).

To achieve this goal, the Mid North Coast Local Health District (MNCLHD) developed the **Clinical Governance Framework** in 2012*,* incorporating the elements of the *NSW Ministry of Health Patient Safety and Clinical Quality Program* [2]and is based on the *Australian Safety and Quality Framework for Health* [3]*Care* released by the Australian Commission on Quality and Safety in Health Care (ACQSHC). The Framework was endorsed by Health Ministers as the national safety and quality framework for Australia in November 2010.

The key themes of the *ACSQHC Australian Safety and Quality Framework for Health Care* are:

- Consumer focussed
- Driven by information
- Organised for safety

The framework proposes the development, implementation, monitoring and evaluation of four (4) clinical governance programs:

- Patient and Family Centred Care Program
- Patient Safety Program
- Clinical Quality Redesign and Innovation Program
- Knowledge Management Program

The clinical governance programs will be underpinned by:

- Guiding principles for safety and quality;
- Policies for safety and quality;
- Educational program for safety and quality;
- An organisational reporting and committee structure for safety and quality; and
- Support for frontline clinicians to improve clinical outcomes.

> **The principle objective of the MNCLHD *Clinical Governance Framework* is to identify the systems and processes required to continuously improve patient safety and clinical quality.**

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[1] The Health Services Act 1997 is the principal Act regulating the governance and management of the public health system in NSW.

[2] The Patient Safety and Clinical Quality Program provides a framework for significant improvements to clinical quality in our NSW public health system

[3] The Australian Safety and Quality Framework for Health Care (PDF 568 KB) describes a vision for safe and high quality care for all Australians, and sets out the actions needed to achieve this vision.

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1.0 Background

The MNCLHD was established on 1 January 2011 as part of the overall organisational reforms in the NSW Health system where the NSW Health Services Amendment (Local Health District and Boards) Act 2011 restored local decision making to introduce a more efficient management structure joined to a strong accountability framework. A key function is clinical governance where the District is responsible for:

- Clinical governance and patient safety management
- Clinical risk management
- Clinical incident investigation and reporting
- Patient complaints management

The MNCLHD Clinical Governance Framework has been developed in accordance with the key strategy and policy documents listed below and outlines how clinical governance is operationalised within the health service. Governing bodies have the responsibility to:

- Demonstrate sound strategic and policy leadership in patient safety and clinical quality;
- Ensure appropriate patient safety and quality systems are in place; and
- Ensure organisational accountability for patient safety and quality.

2.0 Key Strategy and Policy documents:

2.1 NSW Legislation Changes Relating to the National Health & Hospitals Network Agreement (NHHN).

Under Section 28 of the *Health Services Act 1997*,[4] the functions of the LHD governing board include the following:

- Ensure effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services by the Local Health District.
- Ensure strategic plans to guide the delivery of services are developed for the Local Health District.
- Provide strategic oversight of and monitor the LHD financial and operational performance in accordance with the State-wide performance framework against the performance measures in the performance agreement for the District.
- Approve the service agreement for the Local Health District under the NHHN Agreement.

The MNCLHD Clinical Governance Framework is based on national and state health care quality and safety priorities.

2.2 National Quality and Safety Priorities

The ACQSHC has developed the Australian Safety and Quality Framework for Health Care[5] which describes a vision and direction to improve the safety and quality of health care in the Australian health system.

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[4] See http://www.austlii.edu.au/au/legis/nsw/consol_act/hsahna2010444/sch1.html
[5] See http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/compubs_NSQF-con

The Framework specifies three core principles:

- Consumer focussed
- Driven by information
- Organised for safety

The Framework is supported by ten National Safety and Quality Healthcare Standards also developed by the ACSQHC which health service performance is measured against:

- Standard 1   Governance for Safety and Quality in Health Service Organisations
- Standard 2   Partnering for Consumer Engagement
- Standard 3   Healthcare Associated Infections
- Standard 4   Medication Safety
- Standard 5   Patient Identification and Procedure Matching
- Standard 6   Clinical Handover
- Standard 7   Blood and Blood Product Safety
- Standard 8   Prevention and Management of Pressure Ulcers
- Standard 9   Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10   Preventing Falls and Harm from Falls

Standards 1 and 2 underpin all other standards.

2.3   NSW Patient Safety and Clinical Quality Program

The five key structural reforms outlined in the *2005 NSW Health Patient Safety and Clinical Quality Program (PSCQP)* are:

- Systematic management of incidents and risks
- Incident Information Management System
- Clinical Governance Units in each LHD
- Quality Systems Assessment (QSA) Program (discontinued)
- Clinical Excellence Commission[6]

2.4   Four Pillars

The *NSW Patient Safety and Clinical Quality Program* is supported by Four Pillars:

- Clinical Excellence Commission (CEC)
  A key role of the CEC is building capacity for quality and safety improvement in health services through training and education initiatives including the Clinical Practice Improvement and Patient Safety programs. The CEC provides the strategic direction for quality and safety in NSW Health and supports improved clinical care, safety and quality across the NSW public health system.

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[6] Under the Future Arrangements for Governance of NSW Health - Report of the Director-General, the Clinical Excellence Commission (CEC) has full responsibility for system quality and safety and providing leadership in clinical governance in consultation with LHDs.

- [NSW Agency for Clinical Innovation (ACI)](#) [7]
  The key role of the ACI is engaging clinicians, consumers and managers to design and implement new models of care in the health system.

- [Health Education Training Institute (HETI)](#) [8]
  The key role of HETI is to enhance clinical and non-clinical education and training including management development and leadership programs.

- [Bureau of Health Information (BHI)](#) [9]
  The key role of the BHI is delivery of timely, accurate and comparison information on the performance of the NSW public health system including information on the system's safety and quality, effectiveness, efficiency, cost and responsiveness to the health needs of the NSW community. BHI regular [reports](#) include:

  - *Annual Performance Report: Healthcare in Focus*
  - *Hospital Quarterly: Activity and performance in NSW public hospitals*
  - *The Insights Series*
  - *Patient Perspectives*
  - *Snapshot Report*
  - *Spotlight on Measurement*
  - *Data Matters.*

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[7] Under the Governance Review, the reformed Agency for Clinical Innovation (ACI) was structured to take on a greatly strengthened role as the primary agency for engaging clinical service networks and designing and implementing new models of care.

[8] HETI commenced on 2 April 2012 as a Statutory Health Corporation following a Ministerial Review of Future Governance for NSW Health. It builds on the work of predecessor organisations: the Clinical Education and Training Institute (CETI), the NSW Institute of Medical Education and Training (IMET) and the NSW Institute of Rural Clinical Services and Teaching (IRCST).

[9] BHI was established by the NSW Government in 2009 following the *Garling Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals.*

2.5   Mid North Coast Local Health District Strategic Directions 2017-2021[10]

The Strategic Directions were endorsed by the MNCLHD Board in 2017 with Safety and Quality a key strategic direction.

Strategic Statement: MNCLHD is committed to quality and safety being everyone's business.

Purpose is to:

- Ensure the community and staff embrace a culture of shared responsibility for safety and quality
- Maintain a commitment to excellence
- Everyone understands their responsibility in safety and quality
- Embed safety and quality across all aspects of the organisation
- Embed a system where we monitor what we do, measure outcomes and take necessary action

Priority activities are to:

- Engage all staff to create a positive safety and quality culture
- Build safety and quality into our research agenda
- Identify champions who will lead the workforce in delivering sustainable safety and quality
- Inform safety and quality practice across the system through the use of analytics
- We will continuously strive to improve the quality of services

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[10] The MNCLHD Strategic Directions 2017 – 2021 provides a framework within which to further enhance the contemporary, quality and safe health services provided for Mid North Coast communities.

3.0 MNCLHD Clinical Governance Framework

The concept of clinical governance integrates clinical decision-making within an organisational framework and requires clinicians and managers to take joint responsibility for the quality of clinical care delivered by the organisation.
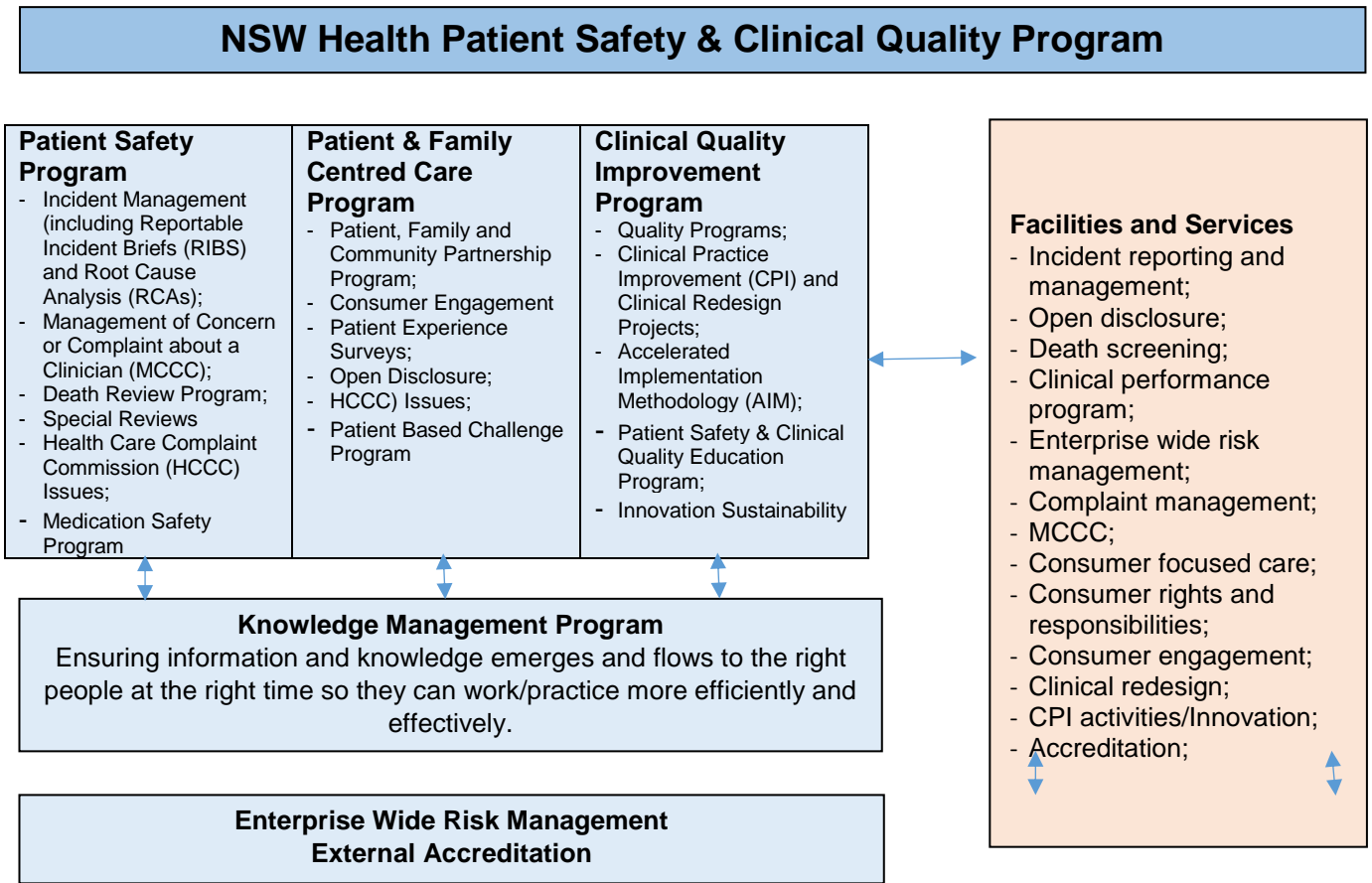
NSW Health Patient Safety & Clinical Quality Program

Patient Safety Program
- Incident Management (including Reportable Incident Briefs (RIBS) and Root Cause Analysis (RCAs);
- Management of Concern or Complaint about a Clinician (MCCC);
- Death Review Program;
- Special Reviews
- Health Care Complaint Commission (HCCC) Issues;
- Medication Safety Program

Patient & Family Centred Care Program
- Patient, Family and Community Partnership Program;
- Consumer Engagement
- Patient Experience Surveys;
- Open Disclosure;
- HCCC) Issues;
- Patient Based Challenge Program

Clinical Quality Improvement Program
- Quality Programs;
- Clinical Practice Improvement (CPI) and Clinical Redesign Projects;
- Accelerated Implementation Methodology (AIM);
- Patient Safety & Clinical Quality Education Program;
- Innovation Sustainability

Facilities and Services
- Incident reporting and management;
- Open disclosure;
- Death screening;
- Clinical performance program;
- Enterprise wide risk management;
- Complaint management;
- MCCC;
- Consumer focused care;
- Consumer rights and responsibilities;
- Consumer engagement;
- Clinical redesign;
- CPI activities/Innovation;
- Accreditation;

Knowledge Management Program
Ensuring information and knowledge emerges and flows to the right people at the right time so they can work/practice more efficiently and effectively.

Enterprise Wide Risk Management
External Accreditation

Figure 1. Mid North Coast Clinical Governance Framework

3.1 Objectives

The principle objective of this Clinical Governance Framework is to improve the safety and quality of care provided to our community.

This will be achieved through:

3.2 Components

The major Clinical Governance Programs in MNCLHD are:

- Patient and Family Centred Care Program
- Patient Safety Program
- Clinical Quality, Redesign and Innovation Program
- Knowledge Management Program
- Enterprise Wide Risk Management
- External Accreditation

3.3   The Patient and Family Centred Care Program

This program aligns to the Australian Commission **Consumer Focused** theme.

The Patient and Family Centred Care Program enhances the clinical safety and quality of health services provided by MNCLHD by developing effective partnerships with patients and carers. This is achieved by having patients and carers involved in making decisions for service planning, developing models of care and monitoring and evaluating the effectiveness of care provided. Consumers are to be informed of their rights and responsibilities and are informed about their health care according to Australian Charter of Health Care Rights[11] .

When expectations are not met, or an incident occurs, consumers are advised of the MNCLHD complaint and incident management process. Through the Open Disclosure process, patients/carers affected by a clinical incident are provided with information by the clinician and or managers about the incident and what action is being taken to prevent reoccurrence.

Patient safety and clinical quality of health services is also enhanced by consumer engagement through the CEC Patient Care Based Challenge and the involvement of the Community Reference Group in planning and evaluation of health services. The District has a Community Engagement Sub Committee as a committee of the Board oversighting governance matters related to consumer and community engagement.

3.4   The MNCLHD Patient Safety Program

This program aligns to the Australian Commission Organised for Safety theme.

Incident Management System
The Patient Safety Program is underpinned by the incident management system which provides frontline staff with access to the current NSW Health incident management tool known as the Incident Information Management System (IIMS) established in 2005 as a key component of the NSW Patient Safety and Clinical Quality Program. Collating information on all incidents that might affect patient safety enables contributory factors to be analysed and system-wide lessons learned.

Each incident notified in IIMS requires an investigation following an assessment of the risk. The Severity Assessment Code (SAC) is used to rate incidents by assessing the consequences and the likelihood of re-occurrence. Of the four ratings, SAC1 is the most serious:

- Clinical SAC1 incidents must be reported to the Ministry of Health within 24 hours and are investigated using root cause analysis (RCA). This category includes the death of any patient unrelated to the natural course of illness, suspected suicide of mental health patients (within 7 days of contact with the service) and procedures involving the wrong patient or body part
- SAC2 incidents require investigation at the local health district (LHD) level. MNC has a SAC 2 investigation procedure and tool kit.
- SAC3 and SAC4 require local action, including assigning management responsibility

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[11] ACSQHC Australian Charter of Healthcare Rights
http://www.safetyandquality.gov.au/our-work/national-perspectives/charter-ofhealthcare-rights/

All NSW Health staff are responsible for notifying all incidents, near-misses and complaints using IIMS. A new incident management system (ims+)[12] is currently under development.

Clinical Risk Management
The clinical safety and quality of health services provided by MNCLHD is supported by a broad and comprehensive approach to clinical risk management that involves incorporation of clinical risk into the Enterprise Wide Risk Management[13]. This is achieved by embedding a positive culture of notification, incident management and feedback to clinicians and consumers. Other established systems for clinical audit include death screening, surgical audit, the statewide Collaborating Hospitals' Audit of Surgical Mortality (CHASM) and multidisciplinary review (mortality and morbidity review[14]) to enable clinical risks to be identified and actions implemented accordingly.

The Patient Safety Program also incorporates clinical safety reporting to statutory committees including the Therapeutic Goods Association (TGA) and Coroner, and disseminating the lessons learned from RCA recommendations and coronial recommendations to improve organisational learning and knowledge management for patient safety.

3.5 Clinical Risk

In addition to the above patient safety process the patient safety program also incorporates:

- Health Care Complaint Commission (HCCC). The patient safety program will provide an oversight of the District's response to HCCC and MCCC issues raised.
- Management of Complaint or Concern about a Clinician (MCCC) - *NSW Health Policy Directive - Complaint or Concern about a Clinician Principles for Action (PD2006_007)* and Complaint or Concern about a Clinician - Management Guidelines *(GL2006_002).*
- Medical and Dental Credentialing. Clinical governance provides oversight of the medical and dental practitioners credentialing program through the Medical Dental Assessment and Credentialing Committee (MDAAC).
- Clinical Products Procurement Management. The monitoring of clinical products with the development and implementation of a standardised system for the selection, testing and procurement of clinical products is also a component of the patient safety program. This is governed by the Clinical Products Committee.

> **The Patient Safety Program is designed to ensure that MNCLHD is a learning organisation that identifies, priorities and treats clinical risks.**

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[12] The new ims+ will improve the ability to effectively record, track, manage and report on clinical, Work Health & Safety and corporate incidents as well as consumer feedback, including actions taken to address issues and mitigate existing risks. The new ims+ is being delivered by the Clinical Excellence Commission in collaboration with eHealth NSW.

[13] Each Health organisation is required to implement a risk management approach in line with the *Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health Policy Directive* PD2015_043 (October 2015).

[14] *CEC Recommended Guidelines for Conducting and Reporting Mortality and Morbidity / Clinical Review Meetings,* October 2016.

3.6   The Clinical Quality, Redesign and Innovation Program

The Clinical Quality, Redesign and Innovation Program is designed to enhance the safety and quality of health services provided by the District through identification of priorities for clinical practice improvement and innovation through information obtained via clinical practice audits, clinical risk information, incidents and complaints and clinical indicator data.

Clinical Governance has established several mechanisms to develop leadership and change management capability through promotion of leadership, quality and safety training with the application of improvement methodologies such as Clinical Practice Improvement, Redesign and Accelerated Improvement Methodology (AIM) to effect the implementation, sustainability and transferability of change. Leadership capability is also enhanced through the Health Education and Training Institute (HETI) NSW Health Leadership Program (HLP) and the MNC Leadership Framework lead by the District Learning and Development Unit.

3.7   Reward and Recognition

The MNCLHD Annual Health Innovation Awards Program showcases current priorities relating to quality culture and systems. The Awards recognise staff who have used their initiative to undertake innovative projects that improve the quality and safety of health services provided to our communities. The outcomes of finalists and winners of local Health Innovation Awards contribute to the District's submissions to the State Awards and Premier's Awards.

> **The Clinical Quality Program is designed to ensure that MNCLHD uses a systematic, proactive approach to the improvement of clinical practice and fosters a culture of innovation, reward and recognition.**

3.8   The Knowledge Management Program

This program aligns to the Australian Commission *Driven by Information* theme.

The Knowledge Management Program will enhance the clinical safety and quality of health services provided through a broad and comprehensive approach to the use and management of clinical information. This includes the development and use of survey and audit tools to evaluate clinical practice. The Knowledge Management Program identifies clinical practice improvement opportunities.

The Knowledge Management Program is underpinned by:

- An incident and risk management information system;
- An audit system;
- Strategic reports – Performance and Risk reports;
- The use of information management systems for the capture and display of clinical data;
- Policy Distribution System (PDS)

The Knowledge Management Program includes the development and management of the Clinical Governance Information Portal which is a significant resource for the District staff in relation to programs, initiatives, policies, procedures, committee charters and reports on quality and safety matters and incorporates the RCA report portal.

> **The Knowledge Management Program is designed to ensure that MNCLHD uses information wisely to effect data-driven decision-making and supports a learning organisation.**

3.9   Policy Framework for Clinical Safety & Quality

Clinical Governance coordinates the implementation of the District's Policy framework and has developed and implemented the Policy Distribution System (PDS).

NSW Health Policy Directives provide the policy framework for the State. Where a local procedural document is required to operationalise a NSW Health Policy Directive, the MNCLHD policy framework is used to facilitate its development, implementation and evaluation. The clinical streams and other LHD-wide structures or forums are used to oversee development of clinical and corporate policy documents.

3.10 Risk Management

The *Risk Management - Enterprise-Wide Risk Management Policy and Framework – NSW Health [Policy Directive](#)* provides clear guidance on how to manage clinical and corporate risks throughout MNCLHD.

A district wide integrated Risk Register (EWRMS) has been established and is the basis for reporting, managing and monitoring identified risks across the District.

The District has developed a Risk Appetite Statement aligned to each Strategic Direction and a Risk Community of Practice to progress the practice of risk management within each of the LHD Directorates.

3.11 External Accreditation and Assessment

Clinical Governance takes an oversighting role and has developed and implemented the necessary governance structures to coordinate District participation in the external accreditation for the National Safety and Quality Healthcare standards.

The MNCLHD undertakes Accreditation as a whole of District to ensure standardisation of the implementation of the National Standards within all LHD facilities and services.

3.12 Learning and Development for Clinical Safety & Quality

Learning and development opportunities for clinical safety and quality are available at local, state and national levels.

> **Learning and development will provide skills for clinical safety and quality and roster a culture of learning.**

3.13 Learning and Development Priorities

The priorities for learning and development for clinical safety and quality are:

- Leadership Development through participation in the CEC Clinical Leadership Program and LHD and HETI Leadership program
- Incident management training for managers and clinicians
- Open Disclosure training for managers and clinicians
- Recognition and management of deteriorating patients using the 'Between the Flags' Program is mandatory for all frontline clinicians.
- Principles of safe clinical handover is also be a priority for clinicians.
- Clinical Practice Improvement methodology training for clinical champions.
- Centre for Healthcare Redesign for those wanting to redesign clinical process of care
- Staff Orientation incorporates incident notification using IIMS, participation in clinician performance review, and participation in clinical safety and quality / clinical practice improvement activities

3.14 Leadership and Accountability

Leadership and accountability are fundamental for the successful operation of a consumer-focused clinical governance system. The Clinical Governance Framework has clear points of accountability throughout all levels of the organisation with the MNCLHD Governing Board having the overarching accountability for the safety and quality of service delivery and clinical outcomes, as outlined in the figure over the page.

3.15 Key Components

The key components of the Clinical Governance Framework are:

- District-wide clinical governance programs;
- A policy framework for clinical safety and quality;
- Educational program for clinical safety and quality;
- Leadership and accountability at all levels of the MNCLHD;
- Clinician Involvement;
- Consumer involvement
- Communication linkages with clinical governance stakeholders;
- A structure of accountability for clinical governance with Executive sponsorship

4.0 Clinical Governance Committee and Reporting Structure

A District committee structure and reporting framework provides the overarching governance for patient safety and quality in the MNC. The peak committee a Board sub-committee is the Health Care Quality Committee (HCQC), as outlined in the figure below. Each level of the clinical governance reporting structure has clinician involvement.

Figure 2. Clinical Governance Accountability and Reporting Structure
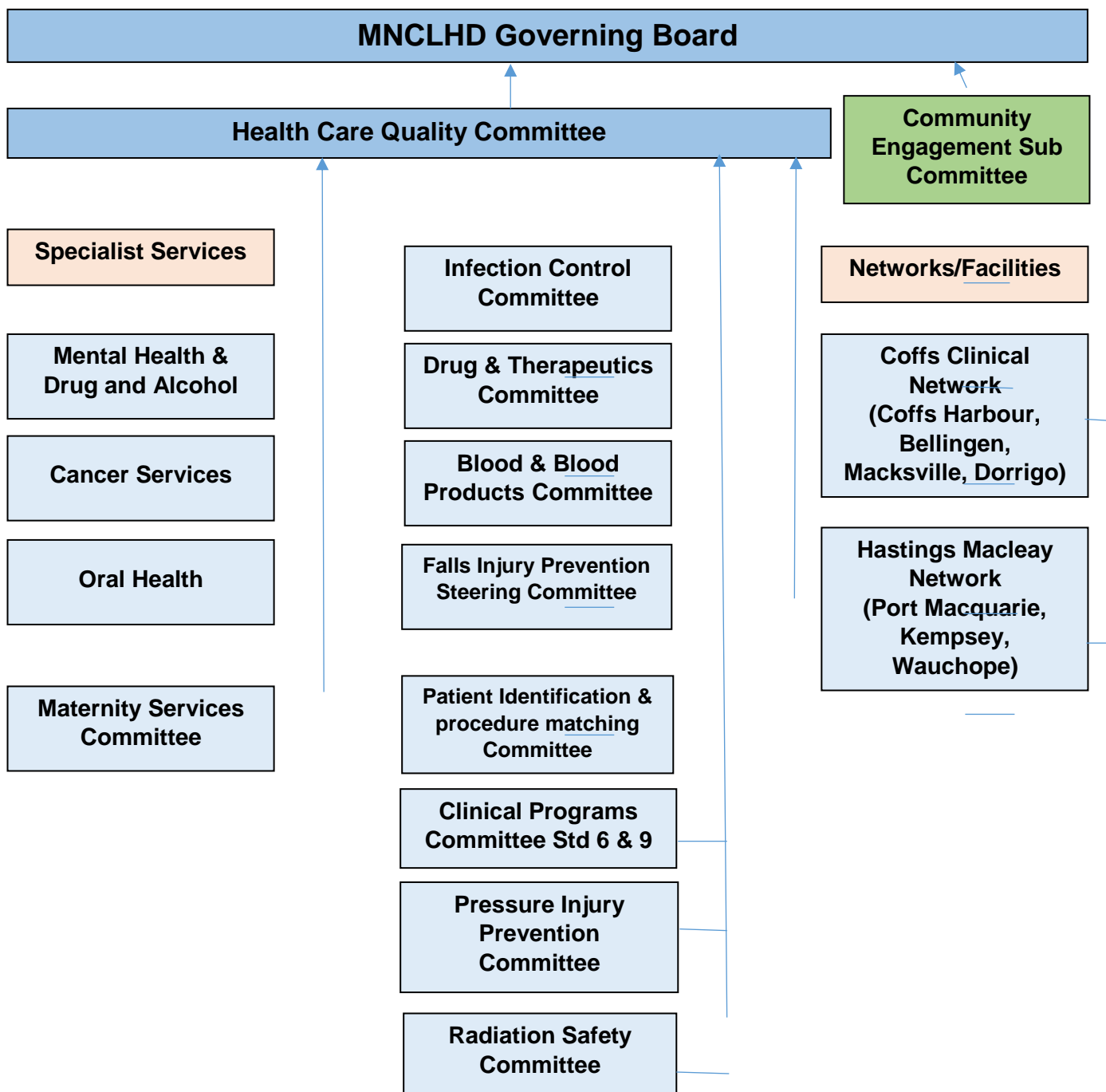
4.1 MNCLHD Health Care Quality Committee

The MNCLHD Health Care Quality Committee is the peak Safety and Quality governance committee of MNCLHD. It is chaired by a member of the Governing Board, with Board and Executive membership. Terms of reference for the Health Care Quality Committee are at Appendix 1.

4.2 Clinical Governance Directorate

The role of the Clinical Governance Directorate is to provide strategic leadership and coordinate, facilitate, support, monitor and evaluate activities to improve patient outcomes under defined programs. The organisational structure is provided at Figure 3.

4.3 Communication Linkages with Clinical Governance External Stakeholders

The Clinical Governance Directorate communicates on a regular basis with the following organisations:

- Clinical Excellence Commission
- NSW Agency for Clinical Innovation
- Health Education and Training Institute
- Bureau of Health Information
- Australian Commission on Quality & Safety in Health Care
- E-Health
- Primary Health Networks
- Health Care Complaints Commission; and
- Professional boards
- Peak bodies e.g. Professional Colleges

4.4 Monitoring / Measurement

- ACSQHC National Safety and Quality Health Service Standards Accreditation
- NSW Performance Management Framework and the MNCLHD Performance Agreement
- NSW Health Patient Survey
- External Accreditation
- District and facility clinical indicator and performance measures.

Clinical Governance Directorate

Figure 3. Clinical Governance Organisational Chart
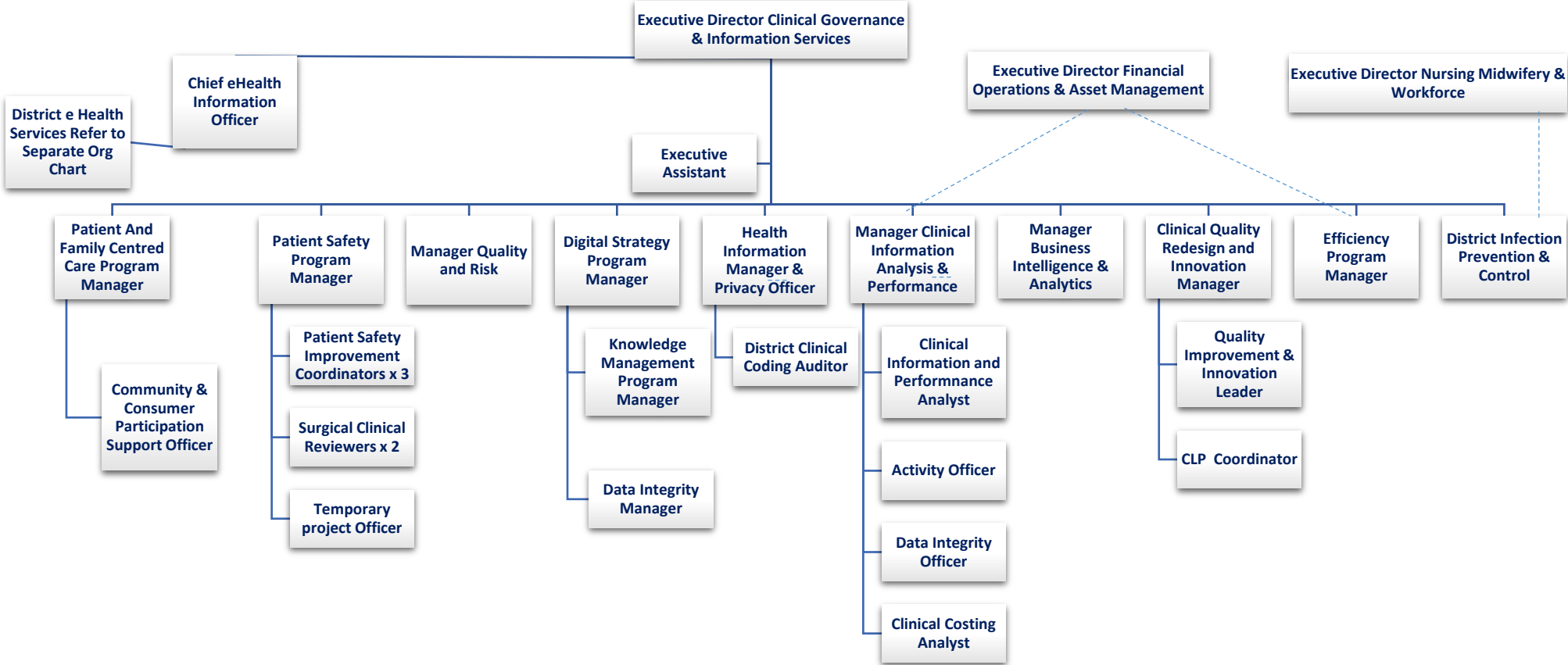
5.0 Appendices

The following documents have been appended to this document, and have also been embedded for ease of reference:

- Appendix 1   Health Care Quality Committee (HCQC) Terms of Reference

HCQC ENDORSED TOR_27072016.docx

- Appendix 2   Improvement and Innovation Framework

MNC LHD Improvment_Strateg

- Appendix 3   Morbidity and Mortality Framework

MNC-FRA-0102-14. pdf

- Appendix 4   Audit Framework

MNC-FRA-0022-17. pdf

6.0 Glossary

Glossary Note: glossary terms are from the Australian Commission on Safety and Quality in Healthcare.

Accreditation: A status that is conferred on an organisation or an individual when they have been assessed as having met particular standards. The two conditions for accreditation are an explicit definition of quality (i.e. standards) and an independent review process aimed at identifying the level of congruence between practices and quality standards.

Australian Commission on Safety and Quality in Healthcare: Also known as ACSQHC, the Commission.

Carers: People who provide unpaid care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty. Carers include parents and guardians caring for children.

Clinician: A health care provider trained as a health professional. Clinicians include registered and non-registered practitioners, or a team of health professionals providing health care who spend the majority of their time providing direct clinical care.

Consumer (health): Patients and potential patients, carers and organisations representing consumers' interests.

Continuous improvement: A systematic, ongoing effort to raise an organisation's performance as measured against a set of standards or indicators.

Governance: The set of relationships and responsibilities established by a health service organisation between the executive, workforce and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administrated or controlled. Governance arrangements provide the structure through which the corporate objectives (social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.

Open Disclosure: Open discussion of incidents that result in harm to a patient while receiving healthcare with the patient, their family, carers and other support persons.