

# STANDARD OPERATIONAL POLICY AND PROCEDURES



<b>TOPIC</b>	Clinical Governance – SOPP 7.03		
<b>RESPONSIBILITY</b>	All Areas		
<b>AUTHORISATION</b>	Chief Executive		
<b>SIGNED</b>	<i>Andrew Freeman</i>	<b>DATE</b>	02/09/2021
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<b>EFFECTIVE</b>	July 2009	<b>NEXT REVIEW</b>	July 2024

## 1. PURPOSE

East Grampians Health Service (EGHS) is committed to good governance principles. Governance is the system through which EGHS is directed and managed. Governance provides accountability and control systems proportional to risk.

The purpose of clinical governance is to ensure that all patients receive safe, accountable, effective and person-centred care. It covers the organisation’s systems and processes for monitoring and improving services.

Clinical governance must occur in the overall EGHS governance system which includes financial and corporate functions. Clinical governance must occur in the broader Board Governance role which includes setting strategic direction, managing risk, improving performance and compliance.

## 2. DEFINITIONS

The Department of Health and Human Services *Victorian Clinical Governance Framework (Delivering High-quality Healthcare)* defines clinical governance as:

*“the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement.”*

The Aged Care Quality and Safety Commission defines Clinical Governance as, “an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each aged care consumer.”

## 3. PROTOCOLS

### 3.1 Structures for assuring Clinical Governance

The members of the Board are responsible and accountable for the strategic direction and governance of East Grampians Health Service (EGHS). There is clinical engagement at Board level through the Director of Medical Services, Director of Clinical Services and Director of Community Services.

Integrated governance is assured through EGHS Quality and Risk Frameworks which are based on the relevant Australian Standards and legislative frameworks.

Policy and procedures are implemented to support the frameworks. These are developed, reviewed and approved by executive staff.

The EGHS Finance, Audit and Risk Committee and the Clinical Governance Committee have responsibility for the oversight of clinical governance systems and processes. The annual internal audit plan incorporates audits of clinical governance and risk arrangements.

The EGHS Executive is responsible for:

- Implementing strategic direction and management of the service;
- Monitoring services and providing information to the EGHS Board of Management; and
- Providing operational management of EGHS services through management teams and operational groups.

Committees charged with the responsibility of providing operational direction and system monitoring with the authority to establish time limited task groups are:

- Clinical Consultative Committee
- Board Clinical Governance Committee
- Aged Care Clinical Governance Committee
- Community Services Management Meeting
- Finance, Audit and Risk Committee
- Capital Development Committee
- Leadership Group
- Clinical Review Working Group
- Improving Performance Committee
- Safety and Quality Performance Committee
- Other safety and quality committees

Each Committee or group meets as specified in the terms of reference and the membership where relevant includes board members, directors, relevant senior managers and appropriate clinical and community representation.

The Community Consultative Committee also has a role to play in ensuring clinical governance systems meet the needs of consumers and carers. This will be achieved through the provision of data and other information which enables an understanding and assessment of patient outcomes and being able to effectively contribute and participate in quality initiatives

#### **4. STRATEGIES FOR CLINICAL GOVERNANCE**

At the organisational level all consumers are entitled to safe quality health care and committees, managers and clinical staff must follow the cornerstones of good clinical governance as outlined in the Department of Health and Human Services [Victorian Clinical Governance Framework \(Delivering High-quality Healthcare\)](#). These are:

#### **4.1 Leadership and Culture**

Strategies need to be in place to ensure:

- The development of a clear vision for improving the quality of care is developed and communicated.
- That there is organisational alignment in achieving strategic goals and priorities for providing high quality care for every consumer in a way that is seamless and integrated.
- That there is a supportive, transparent culture, set and led by the board that assists all health service staff to provide high-quality care and continuously improve.
- That clear accountability is assigned for planning, monitoring and improving the quality of each clinical service.
- That the CEO, board and clinical leaders regularly discuss where the health service is positioned in relation to peer health services and seek external ideas and knowledge on how best to strive for high-quality care.
- That the board and executive visibly engage with and support consumers, clinicians, managers and staff in their roles.
- That appropriate governance structures, including committee and reporting structures, are in place to effectively monitor and improve clinical performance.
- That there is development and support at all levels of the organisation of leaders who promote and drive high-quality care.
- That staff skills and systems for achieving high-quality care and for managing change and improvement are developed across the organisation.
- That the organisation's safety culture is regularly measured to identify areas of success and issues for improvement, including staff understanding at all levels of their role in creating safe care.
- That there is regular and rigorous evaluation of the effectiveness of systems for developing and supporting positive organisational leadership and culture.

#### **4.2 Consumer Partnerships**

Strategies need to be in place to ensure:

- Consumers and their needs are key organisational priorities.
- Consumers are actively invited to provide feedback on their experiences of care consumers are provided with the relevant skills and knowledge to participate fully in their care to the extent they wish.
- Consumers are provided with the opportunity, information and training to fully participate in organisational processes for planning, monitoring and improving services.
- Clear, open and respectful communication exists between consumers and staff at all levels of the health system.
- Services respond to the diverse needs of consumers and the community.
- Services learn from and act on the feedback on clinical care and service delivery as provided by consumers in order to make improvements.
- The rights and responsibilities of consumers are respected and promoted to the community, consumers, carers, clinicians and other health service staff, as required by the Australian Charter of Healthcare Rights and the Charter of Aged Care Rights.

- Consumer participation processes are monitored for their effectiveness in empowering consumers to fully partner in their care.
- Complaints are responded to compassionately, competently and in a timely fashion, with feedback provided to all parties about the action resulting from their input.
- Issues arising from complaints are analysed, reported and used to improve care and services.
- The systems for empowering meaningful consumer participation are regularly and rigorously evaluated.

### 4.3 Clinical Practice

Strategies need to be in place to ensure:

- Evidence-based clinical care is delivered within the clinical scope and capability of the health service.
- Evidence-based clinical care standards and protocols are clearly articulated, communicated and adhered to across the organisation.
- Clinicians regularly review and improve clinical care, preferably in a multidisciplinary manner.
- Credentialing, scope of practice and supervision processes support clinicians to work safely and effectively within their scope of practice.
- Active clinical partnerships are developed with consumers and include a shared understanding of the care plan.
- Consumers are transitioned across care settings and services smoothly.
- Clinicians participate in the design and review of clinical systems and processes, and support clinical innovation.
- Data on the safety, clinical effectiveness and person-centredness of care is collected, analysed and shared for the purposes of both accountability and improvement.
- Clinical care processes and outcomes are measured across all services.
- Clinicians regularly review their own performance clinicians lead activities to improve clinical practice, and these activities are planned, prioritised, supported by change and improvement science, and are sustainable.
- Clinical practice variation is closely monitored and regularly reviewed to ensure quality outcomes for high-risk, high-volume and high-cost services.
- There is a 'just' process for addressing issues with individual clinician performance that prioritises consumer safety.
- Clinical quality improvement activities undergo external reviews.
- New procedures and therapies are introduced in a way that ensures quality and safety issues have been identified.
- Clinical practice is regularly and rigorously evaluated to ensure its effectiveness in supporting high-quality care.
- Appropriate utilisation of healthcare is monitored and reviewed as a component of quality.

#### 4.4 Workforce

Strategies need to be in place to ensure:

- Workforce development is planned and provides for a health workforce with appropriate skills and professional group mix.
- The health workforce has the appropriate qualifications and experience to provide safe, high quality care.
- Workforce development activities to improve quality and safety are coordinated and efficient.
- Expectations and standards of performance are clearly communicated.
- The workforce is supported through training, development and mentoring.
- The health workforce is fulfilling its roles and responsibilities competently.
- Workforce competence is sustained, innovation is fostered and corporate knowledge is passed on.
- Multidisciplinary teamwork is fostered and supported.

#### 4.5 Risk Management

Strategies need to be in place to ensure:

- A planned, proactive, systematic and ongoing evidence-based approach to creating safety for consumers and staff is in place.
- The organisational culture supports staff to pursue safe practice and to speak up for safety.
- Risk considerations and data inform goal and priority setting and the development of business and strategic plans.
- Clinical processes, equipment and technology are designed to minimise error and support clear, unambiguous communication between staff.
- Risks are proactively identified, monitored and managed through an effective register with clearly understood, integrated risk data.
- Known clinical risks are proactively addressed and all services are regularly scanned to identify risks as they emerge.
- Identification and reporting of clinical incidents is consistent with the requirements of the Victorian Health Incident Management System (VHIMS) and is tracked over time to monitor and identify safety issues.
- Clinical incidents are investigated to identify underlying systems issues and root causes, and this information is used to improve safety.
- Open disclosure processes are in line with the Australian Open Disclosure Framework (ACSQHC 2013).
- The service complies and adheres with risk-related legislations and relevant Australian standards.
- Systems and datasets for developing and supporting clinical risk management are regularly and rigorously evaluated to ensure their effectiveness in supporting high-quality care.

## 5. CLINICAL RISK

### 5.1 Managing and Monitoring Clinical Risk

Patient safety and protection from harm and abuse is a priority for East Grampians Health Service. Policies support staff in the assessment and management of clinical risk.

Policies themselves cannot deliver high quality clinical risk assessment and management. Clinicians must be appropriately trained and supported to follow these policies. The environment within which clinicians work must be safe and adequately staffed.

Clinical risk assessment and management is the assessment and management of risk exposure due to procedure, treatment, co morbidity factors and known risks associated with said procedures, treatments and co morbidities.

The Clinical Risk Monitoring and Management Framework includes the following:

- Incident reporting and investigation procedures
- Policy for preventing and managing violence against staff
- Open disclosure procedures
- Complaints and compliments procedures and review
- Sentinel event reporting
- Clinical auditing and continuous improvement
- Risk management strategy and procedures
- Quality improvement framework and procedures
- Performance indicator reporting
- Clinical indicator reporting
- Staff development and education programs
- Community consultation
- Risk register
- Benchmarking
- Infection control reporting
- Safety and Quality committees
- Education programs and attendance reporting
- Professional development plan reporting

In conjunction with the above Aged Care Clinical Governance principals are to be integrated for all aged care services. The core elements of Aged Care Governance are:

**A. Leadership and culture** – Leaders ensure the service is actively pursuing the provision of safe, quality clinical care for their consumers. They build a culture that supports and promotes consistent clinical quality and safety and integrates clinical governance into corporate governance. Leaders foster a culture of openness, partnership, learning and continuous improvement.

**B. Consumer partnerships** – The needs, goals and preferences of consumers should guide the delivery of clinical care. There is a culture of partnership, where consumers are provided with information and supported to express their wishes and make decisions about their clinical care. There are processes to ensure informed consent occurs.

**C. Organisational systems** – There are policies, processes and systems to actively manage and improve clinical quality and safety in line with best practice that are embedded in broader corporate governance arrangements. They cover clinical risk areas (such as infection control), clinical practice (such as assessment and planning), and processes that support the effective delivery and continuity of clinical care (such as risk management and record keeping). Incidents about clinical care are recorded, reviewed and used for improvement. The workforce is aware of the policies, procedures and systems, and use them to support clinical quality and safety.

**D. Monitoring and reporting** – Monitoring of clinical quality and safety performance includes collection and review of data relating to the experience of consumers, as well as clinical risk, practice, and outcomes. Clinical quality and safety performance is reported to the governing body, workforce and consumers.

**E. Effective workforce** – The workforce and visiting practitioners understand and are supported to enact their roles and responsibilities for clinical quality and safety. Health practitioners have access to best-practice information and are appropriately qualified and sufficiently skilled to deliver and supervise safe, quality clinical care.

**F. Communication and relationships** – There is good internal communication about clinical quality and safety. Open disclosure processes are used to communicate with consumers and their representatives if something goes wrong. There is good communication and effective relationships with visiting practitioners and external health providers.

## 6. VICTORIAN CLINICAL GOVERNANCE FRAMEWORK ROLES AND RESPONSIBILITIES

Clinical governance roles and responsibilities as outlined in the [Delivering High-Quality Healthcare – Victorian Clinical Governance Framework](#) are the expected roles and responsibilities of East Grampians Health Service. These are:

**6.1 Consumers** are at the centre of clinical governance and should:

- Participate in their own healthcare and treatment, and that of their family and carers, to their desired extent
- Participate in system-wide quality and safety improvement
- Partner with healthcare organisations in governance, planning and policy development to co-design and drive improvement in performance monitoring, measurement and evaluation
- Advocate for patient safety to support the best possible treatment and outcomes for themselves and others
- Provide feedback, ideas and personal experience to drive change.

**6.2 Health service boards** are accountable for the safety and quality of care provided by their service, with key responsibilities being:

- Performing as a discrete entity accountable to the Victorian Minister for Health and ultimately being accountable for the quality and safety of the care provided by the organisation
- Setting a clear vision, strategic direction and ‘just’ organisational culture that drives consistently high-quality care and facilitates effective employee and consumer engagement and participation
- Staying engaged, visible and accessible to staff
- Ensuring it has the necessary skill set, composition, knowledge and training to actively lead and pursue quality and excellence in healthcare

- Understanding key risks and ensuring controls and mitigation strategies are in place to mitigate them
- Monitoring and evaluating all aspects of the care provided through regular and rigorous reviews of benchmarked performance data and information
- Ensuring robust clinical governance structures and systems across the health service effectively support and empower staff to provide high-quality care and are designed in collaboration with staff.
- Understand and monitor the areas of key risk and ensure escalation and response actions are taken where safely compromised
- Delegating responsibility for the implementation, monitoring and evaluation of clinical governance systems to the CEO and working in partnership with the CEO to realise the organisation's vision
- Regularly seeking qualitative and quantitative information from the CEO, executive and clinicians about the status of the quality and safety of care processes and outcomes in all services.

### **6.3 The health service CEO is responsible for:**

- Providing visible leadership and commitment in delivering and supporting the strategic direction set by the board
- Creating a safe and open culture that empowers staff to speak up and raise concerns
- Working in partnership with the board to ensure efficient allocation of resources that achieve public value and deliver on the organisation's vision for quality and safety
- Equipping staff to fulfil their roles by providing role clarity at each level of the organisation along with the necessary knowledge, tools, resources and opportunities to engage and influence the organisation's core business
- Elevating quality of care within the organisation, ensuring the voice of the consumer is at the centre of core business and that the organisation remains focused on continuous improvement
- Fostering a 'just' culture of safety, fairness, transparency, learning and improvement in which staff are empowered and supported to understand and enact their roles and responsibilities
- Delegating the implementation, review, measurement and evaluation of operational quality and safety performance to executive and clinical leaders
- Regularly reporting to the board with internal and external data on clinical risks, care processes and outcomes, areas for improvement and progress towards excellence across all clinical services
- Proactively seeking information from qualitative and quantitative sources, including the voice of the consumer and clinician, to paint a comprehensive picture of the quality of care and services
- Adopting a 'no surprises' partnership approach with the board in the pursuit of excellence and welcoming questions that may help identify important issues or blind spots.

### **6.4 The health service executive has a clearly defined role in clinical governance including to:**

- Lead and support the health service to deliver the board's vision for safe, quality care, facilitating and ensuring effective staff and consumer involvement



- Develop and support safety and quality leaders in their services and provide assurance to the CEO that staff at each level of the organisation are supported to actively pursue high-quality care for every consumer
- Ensure robust and transparent reporting, analysis and discussion of the safety and quality of care occurs regularly and is informed by qualitative and quantitative data, committee structures and clinician engagement
- Understand and monitor the areas of key risk and ensure escalation and response actions are taken where safety is compromised
- Regularly evaluate clinical governance systems to ascertain their effectiveness.

**6.5 Clinical leaders/managers** within a health service are required to:

- Understand the challenges and complexity of providing consistently high-quality care and support clinicians through a culture of safety, transparency, accountability, teamwork and collaboration
- Provide a safe environment for both consumers and staff that supports and encourages productive partnerships between different clinical groups and between clinicians and consumers
- Provide useful performance data and feedback to their clinicians and relevant committees and engage clinicians in identifying and taking appropriate action in response
- Actively identify, monitor and manage areas of key risk and lead appropriate escalation and response where safety is compromised
- Be skilled in staff management, foster productive and open cultures, and promote multidisciplinary teamwork
- Ensure staff are clear about their roles and responsibilities, are supported with resources, standards, systems, knowledge and skills development, and hold them to account for the care they provide
- Expect and drive action in response to managing risks and improving care.

**6.6 All health service staff** should:

- Provide high-quality care in their services as a priority
- Go beyond compliance to pursue excellence in care and services
- Speak up and raise concerns and issues, promoting a culture of transparency
- Share information and learnings regarding clinical safety
- Regularly update their skills and knowledge to provide and support the best care and services possible
- Actively monitor and improve the quality and safety of their care and service
- Work with care standards and protocols
- Contribute to a culture of safety, transparency, teamwork and collaboration.

## 7. REFERENCES

National Safety and Quality Health Service Standards – Standard One

Aged Care Quality Standards – Standard Eight

Department of Health and Human Services - Victorian Clinical Governance Framework (Delivering High-quality Healthcare) 2017

<https://bettersafecare.vic.gov.au/sites/default/files/2018-03/SCV%20Clinical%20Governance%20Framework.pdf>