Concord Repatriation General Hospital

Clinical Governance Framework

2021

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Clinical Governance

The definition of clinical governance that underpins the Clinical Governance Framework as stated in the Australian Commission on Safety and Quality in Health Care's *National Model Clinical Governance Framework* (2017, p.2) is as follows:

> *Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.*

> *Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.*

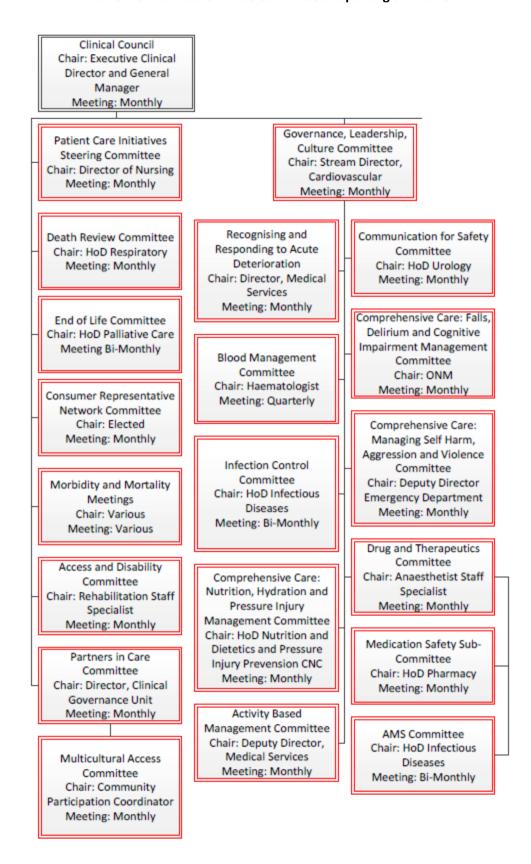## CRGH Clinical Governance Structure

Concord Repatriation General Hospital's Clinical Council (CC) and Governance, Leadership and Culture Committee (GLCC) are the two peak committees that provide oversight of all safety and quality planning processes across all services within the Facility. These committees are a fundamental element of the clinical governance structure and provide a forum to present and discuss safety and quality issues, strategic planning and priorities for service development; resource allocation; clinical policy development; and appropriate professional clinical guidance. They are intended to promote clinician engagement in local management and clinical decision making, including safety and quality planning processes. The CC is co-chaired by the General Manager, CRGH and Executive Clinical Director, CRGH with a large membership including clinical directors and managers, senior executives, clinicians and a consumer, as well as a representative from the Primary Health Network. It reports to the SLHD Clinical Council. The GLCC is co-chaired by the General Manager and Head of Department, Cardiology, CRGH, with membership including clinicians and senior executives. The GLCC receives reports from the following clinical committees:

- Recognising and Responding to Acute Deterioration Committee
- Communication for Safety Committee
- Infection Control Committee
- Drug and Therapeutics Committee
- Blood Management Committee
- Comprehensive Care: Nutrition, Hydration and Pressure Injury Management
- Comprehensive Care: Falls, Delirium and Cognitive Impairment Management
- Comprehensive Care: Managing Self Harm, Aggression and Violence
- Activity Based Management Committee

The CRGH Clinical Governance Unit (CGU) reports to the SLHD CGU and provides a wide range of safety and quality functions throughout the facility. The CGU also oversees all patient safety processes, incident and clinical risk management, the development and monitoring of policies and procedures for improving systems of care, and contributes to clinical quality improvement through a range of programs and initiatives.

NSW Health | Sydney Local Health District

CRGH Clinical Governance Committee Reporting Structure

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Clinical Council
Chair: Executive Clinical Director and General Manager
Meeting: Monthly
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Patient Care Initiatives Steering Committee
Chair: Director of Nursing
Meeting: Monthly
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Governance, Leadership, Culture Committee
Chair: Stream Director, Cardiovascular
Meeting: Monthly
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Death Review Committee
Chair: HoD Respiratory
Meeting: Monthly
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Recognising and Responding to Acute Deterioration
Chair: Director, Medical Services
Meeting: Monthly
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Communication for Safety Committee
Chair: HoD Urology
Meeting: Monthly
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End of Life Committee
Chair: HoD Palliative Care
Meeting Bi-Monthly
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Blood Management Committee
Chair: Haematologist
Meeting: Quarterly
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Comprehensive Care: Falls, Delirium and Cognitive Impairment Management Committee
Chair: ONM
Meeting: Monthly
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Consumer Representative Network Committee
Chair: Elected
Meeting: Monthly
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Infection Control Committee
Chair: HoD Infectious Diseases
Meeting: Bi-Monthly
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Comprehensive Care: Managing Self Harm, Aggression and Violence Committee
Chair: Deputy Director Emergency Department
Meeting: Monthly
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Morbidity and Mortality Meetings
Chair: Various
Meeting: Various
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Access and Disability Committee
Chair: Rehabilitation Staff Specialist
Meeting: Monthly
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Comprehensive Care: Nutrition, Hydration and Pressure Injury Management Committee
Chair: HoD Nutrition and Dietetics and Pressure Injury Prevension CNC
Meeting: Monthly
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Drug and Therapeutics Committee
Chair: Anaesthetist Staff Specialist
Meeting: Monthly
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Partners in Care Committee
Chair: Director, Clinical Governance Unit
Meeting: Monthly
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Medication Safety Sub-Committee
Chair: HoD Pharmacy
Meeting: Monthly
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Multicultural Access Committee
Chair: Community Participation Coordinator
Meeting: Monthly
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Activity Based Management Committee
Chair: Deputy Director, Medical Services
Meeting: Monthly
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AMS Committee
Chair: HoD Infectious Diseases
Meeting: Bi-Monthly
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Role of the CRGH Clinical Governance Unit

The Clinical Governance Unit (CGU) facilitates and provides support to all health care staff to share responsibility and accountability for quality, safety and improvement in care and reduction of clinical risk.

The CGU promotes continuous quality improvement and excellence in the provision of health care and provides oversight for accreditation against the National Safety and Quality Health Service Standards. The CGU also provides oversight for auditing at the facility level to ensure compliance against these standards as well as the NSW Ministry of Health's *Patient Safety and Clinical Quality Program* (PD2005_608).

The CGU provides oversight of clinical incident management across the facility including oversight of adverse events and associated investigations.

The CGU implements and provides oversight for a range of processes and projects to ensure patients, families and carers are central to and actively involved in their care. This includes implementation and monitoring of feedback mechanisms for patients and their families, including high level complaint management and oversight.

Clinical Governance – Core Components

CRGH's clinical governance responsibilities align with the five core components of the *National Model Clinical Governance Framework* (ACSQHS, 2017) as follows:

Governance, leadership and culture

CRGH Clinical Governance Mechanisms
The CRGH CGU has in place a number of mechanisms to satisfy themselves that the care provided to patients is safe and of high quality. These mechanisms include:

- Safety and Quality Dashboard. The Dashboard is a standing agenda item for all Hospital Executive meetings. The Dashboard uses a traffic light methodology to indicate achievement against the Key Performance Indicators (KPIs) in the SLHD Service Agreement with the Ministry. Quality and Safety indicators form part of this dashboard, as does organisational culture measures, finance and access indicators.

- Membership of CGU members on key CRGH committees:
  - Clinical Council
  - Governance, Leadership and Culture Committee
  - Hospital Executive Committee
  - Partners in Care Committee
  - Policy Committee

-   Approval of the CRGH Operational and Quality Plan and Strategic Plan.

CRGH Executive Clinical Governance, Leadership and Culture
Clinical governance within CRGH is the responsibility of every clinician, manager and executive member. This is facilitated and strengthened through the existence of committees, staff education, research endeavours, policies and procedures, and through the effective capture and utilisation of data. The following elements support clinical governance:

-   The Clinical Stream structure which enhances leadership within clinical specialty areas across the facility
-   Regular clinical stream and Head of Department meetings with the General Manager where performance against KPIs is discussed
-   A centralised policy management system which integrates the concepts of risk, safety and quality into policy design
-   The Performance Unit who play a key role in providing meaningful data to clinicians
-   Training and development offered to CRGH staff through the Centre for Education and Workforce Development.
-   Quality and Safety Walk rounds an open discussion on quality and safety issues at the ward level with clinicians and the Executive team.

Clinical leaders within CRGH are supported through leadership education, training and mentorship programs and participation in State programs such as those delivered by pillar organisations, the Clinical Excellence Commission and Agency for Clinical Innovation.

CRGH staff and consumers actively contribute to the development of the Strategic and Operational and Quality plans.

The annual SLHD Innovation Symposium provides an opportunity for CRGH leaders, researchers and innovators to share their work and is a key initiative in developing a high achievement culture.

Partnering with consumers
Patient and family centred care is about including patients and their families as partners in the provision of healthcare. CRGH operationalises the SLHD Patient and Family Centred Care (PFCC) Program, which is the District's key structure for delivering patient and family centred care. This includes overseeing the implementation of the Partners in Care policy through the CRGH Partners in Care Committee.

The *Concord Repatriation General Hospital Strategic Plan 2019-2024* has a key focus area dedicated to patients, families, carers and consumers. The goals are to ensure that care is patient and family-centred and that patient access to care is optimised. Key priority areas designed to meet this goal include:

-   Identify opportunities to improve or redesign clinical services to more closely meet the needs of the patient, family and carers.

- Investigate opportunities to support rural/remote patients accessing CRGH's specialist services, i.e. Statewide Burns Service and the National Centre for Veterans' Healthcare.

CRGH has a proud history in partnering with our consumers to enhance our services. Information relating to patient experience is captured through a wide variety of methods and data sources which in turn provides a crucial element to inform patient centred service planning and development, along with continuous quality improvement activity within existing services.

The facility also has an active and engaged consumer network, many of whom participate in meetings and committees including the Clinical Council, Consumer and Community Participation Network Committee, and Partners in Care Committee. Strong community consultation structures are in place for providing policy, planning and service delivery feedback to facility management.

Consumers are involved in many aspects of our healthcare planning and delivery, including input into projects and initiatives, capital works projects, reviewing publications, and service plans.

Patient safety and quality improvement systems

Patient safety and quality improvement systems within CRGH include the following core elements which work together to ensure safe and high quality service delivery:

- The adverse incident reporting system (ims+ a NSW Ministry system locally administered)
- Complaints and feedback management processes and education
- Morbidity and Mortality Meetings held at the clinical departmental level and reporting through to the Clinical Council
- Serious Adverse Event Reviews (SAER) and Incident investigation processes
- Safety and Quality Audits and related improvement processes
- Patient Safety committees oversight including:
  - Clinical Council
  - Governance, Leadership and Culture Committee
  - Recognising and Responding to Acute Deterioration Committee
  - Communication for Safety Committee
  - Infection Control Committee
  - Drug and Therapeutics Committee
  - Blood Management Committee
  - Comprehensive Care: Nutrition, Hydration and Pressure Injury Management
  - Comprehensive Care: Falls, Delirium and Cognitive Impairment Management
  - Comprehensive Care: Managing Self Harm, Aggression and Violence

- Enterprise-wide risks including risk reporting and management via ERMS, and Work Health and Safety systems.

Clinical performance and effectiveness

Performance and effectiveness is guided by the overarching CRGH Performance Monitoring Framework, and is measured through a combination of clinical indicators and reports which are distributed and reviewed on a weekly and monthly basis, as well as through an extensive clinical audit program. The audit program is supplemented by scheduled and ad hoc clinical audits

undertaken by SLHD Internal Audit.

At an individual level, all staff undertake annual performance appraisals, and junior staff work under appropriate supervision and competency assessment processes. Doctors are credentialed through the Medical and Dental Appointments Advisory Committee in accordance with Ministry requirements. Other clinical staff including Nurses and Allied Health are credentialed in line with their roles and responsibilities.

Staff are supported with a range of performance monitoring packs, including a monthly Performance Pack, Audit Pack and Hospital Acquired Complications (HAC) Pack. These reports are distributed to heads of department on a monthly basis, and are tabled at key clinical committees. The CRGH Clinical Governance Unit and Performance and Coding Units provide technical support to the recipients of these packs to ensure there is engagement with, and understanding of, the information provided, and assists in the development and monitoring of strategies to address clinical variation, where required.

Education and training requirements for all staff are clearly outlined and carefully monitored.

Safe environment for the delivery of care

The comfort and safety of the care environment continues to be a high priority at CRGH. The facility undertakes:
- Monthly environmental safety audits
- A safety huddle in clinical areas including wards, EDs and clinics each shift

The Executive works with Engineering and clinical teams to drive improvements in the physical space in which our staff deliver care across the CRGH campus.

Capital works planning is undertaken in consultation with clinicians and consumers and is prioritised according to risk.

Multidisciplinary training in the de-escalation and management of aggression is a major focus across the facility.

Clinical Governance Responsibilities

All CRGH staff have a responsibility to provide care to patients that is safe, reliable and of high quality. The CRGH CGU provides support to staff and systems to ensure this can occur. The Australian Commission on Safety and Quality in Health Care's *National Model Clinical Governance Framework (2017, p.9)* outlines the key roles and responsibilities reflected at CRGH as follows:

Patients and consumers

Patients and consumers participate as partners to the extent that they choose. These partnerships can be in their own care, and in organisational design and governance.

Clinicians

Clinicians work within, and are supported by, well-designed clinical systems to deliver safe, high-quality clinical care. Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the Clinical Governance Framework.

Managers

Managers (including clinical managers) advise and inform the governing body, and operate the organisation within the strategic and policy parameters endorsed by the governing body. They are primarily responsible for ensuring that the systems that support the delivery of care are well designed and perform well.

Governing body

The governing body is ultimately responsible for ensuring that the organisation is run well and delivers safe, high-quality care. It does this by establishing a strong safety culture through an effective clinical governance system, satisfying itself that this system operates effectively, and ensuring that there is an ongoing focus on quality improvement.

CRGH Policy Framework

Well developed, evidence based, and easily available policy, procedure and guideline documents are a fundamental element of clinical governance. CRGH is committed to the delivery of effective and evidence based healthcare, and recognises the importance of high quality, consistent, and well implemented policies, procedures and guidelines in achieving this objective.

Principal Clinical Governance Policies

The following NSW Ministry of Health policy directives are mandatory within SLHD:

PD2005_608	Patient Safety and Clinical Quality Program
PD2014_028	Open Disclosure
PD2020_047	Incident Management
PD2013_009	Safety Alert Broadcast System
PD2020_013	Complaint Management Policy

The CRGH Policy Governance Framework describes the management processes for policies, procedures and guidelines at CRGH, Governance and Development of Policy, Procedures and Guidelines (SLHD_PCP2021_002), *NSW Health Policy Directives and Other Policy Documents (PD2016_049)*, and Standards 1.7 and 1.17 of the National Safety and Quality Standards in Health Care (Second Edition).

References

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