Clinical Governance Framework

Responsible Reviewer: Director, Clinical Operations   **Endorsing Committee:** Clinical Governance

Policy Statement

Omeo District Health (ODH) is committed to maintaining an effective system of clinical governance to ensure that the consumers (patients/residents/participants/clients) receive safe and high-quality health care.

In delivering on this commitment, the governing body, management and clinicians share responsibility and are held accountable for clinical safety, minimising risks to consumers; and continuously monitoring and improving quality of care.

Target Audience

The Board and staff working in partnership with ODH consumers (patients/residents/participants/clients).

Purpose

The Clinical Governance Framework (the Framework) outlines how ODH develops the culture, systems and processes that support safe and high-quality clinical care.

The Framework sets out:
- Definitions of clinical governance and other terms adopted by ODH;
- The purpose of the framework;
- The driving principles behind the framework and the context in which we work;
- The domains of healthcare covered by the framework;
- Who contributes to the success of the framework and how;
- The committee structure used to assist in implementing this framework;
- How ODH intends to further develop, implement, and evaluate its clinical governance processes;
- Key references and other frameworks that were used in the establishment of the framework.

The Framework is informed by and adapted from the Australian Commission on Safety and Quality in Health Care, National Model Clinical Governance Framework (National Framework) and the Victorian Clinical Governance Framework (SCV clinical governance framework).

Definitions

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Clinical Governance – as defined by the National Clinical Governance Framework - refers to:

'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'.

Similarly, the Victorian Framework explains that:

'Clinical governance is 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'.

High-quality care - is defined by the Victorian Framework as:
• *Safe – whereby avoidable harm during delivery of care is eliminated*
• *Effective – whereby appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each consumer*

Person-centred – *'people's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning. The health service is focused on building meaningful partnerships with consumers to enable and facilitate active and effective participation'*

ODH Board commitment

The ODH Board acknowledges that:

• The Board is ultimately responsible for clinical governance at ODH and clinical governance is of equal importance to financial, risk and other forms of governance

• Healthcare is an inherently complex and high-risk activity

• Although the Board remains accountable for the performance and outcomes of its clinical governance, implementation of this framework will require a significant commitment from the Board, CEO, Executive Leadership Team, line managers, clinicians and staff at all levels;

• Clinical governance at ODH is therefore best characterised as a system within a system – a clinical governance system within a corporate governance system. In order to be effective, the system must be appropriately scaled to suit the services being provided;

• This clinical governance framework must be regularly reviewed, evaluated and amended to drive continuous improvement. This process is fundamental to assuring the quality and safety of healthcare and is a core responsibility of all health service boards.

ODH's Strategic Plan

ODH remains committed to promoting and enhancing the health and wellbeing of the people of the East Gippsland High Country'.

Building on past achievements and in line with feedback from recent consultation during the development of its new strategic plan, ODH is seeking to deliver better outcomes for its rural community and in doing so to not only meet standards but also improve community health outcomes by supporting people to **age well**, **keep w**ell and **connect to care** in a seamless and coordinated way.

The culture and behaviours will be guided by the refined organisational values of: compassion, accountability, respect and excellence.

Principles

ODH endorses the following clinical governance principles and commits to:

Principle	What it means
Partnering with consumers	• Care delivery is centred on consumers and their needs. • Consumers are actively engaged in their care and decisions relating to their care. • Striving to provide a positive consumer experience every time.
Clinical leadership and accountability	• Staff and leaders are clear about their accountability for high quality care. • Decisions are made with a focus on best outcomes for consumers.
Safe culture	• ODH supports the implementation of a 'just culture' whereby staff are supported to practice safe care and speak up for patient safety. • Feedback is welcome and timely action is taken to address deficiencies and build on positive care. • Open disclosure and/or Duty of Candour is practiced, as relevant.
Resource planning and allocation	• Staff with appropriate level of skills and experience is recruited and allocated to front line care. • Sufficient number and level of staff is allocated to ensure safe care. • Staff have access to regular training and education including up to date resources that can help them maintain and optimise their skill set and capability.
Continuous improvement of care	• Systems are in place to measure and benchmark standards of care. • Risks are identified early and proactive measures are taken. • Systems are in place to enable continuous learning and improvement.

Domains

In applying the principles, ODH has adopted the following clinical governance framework domains:

1.   **Governance, leadership, and culture –** which refer to integrated corporate and clinical governance systems being established, and used to improve the safety and quality of health care for patients.
2.   **Partnering with consumers** –whereby systems are designed and used to support consumers and carers to be partners in healthcare planning, delivery and evaluation.
3.   **Workforce** – whereby the workforce has the right qualifications, skills and supervision to provide safe, high-quality health care.
4.   **Clinical practice** – whereby the environment promotes safe and high-quality health care for consumers.
5.   **Risk management** – whereby safety and quality systems are integrated with governance processes to actively manage risk and improve the safety and quality of health care for patients.

 NB: The components are consistent with the Criteria of the NSQHS Clinical Governance Standard and the Partnering with Consumers Standard.

1.   **Governance, Leadership and Culture**
Visible, accountable, and purposeful leadership is required to cultivate an inclusive and just culture that will make engagement a reality. Providing a physically and psychologically safe workplace is fundamental to achieving a safe culture and high-performing workforce.

ODH will implement systems and processes to ensure:
✓   There is organisational alignment in achieving strategic goals and priorities for providing high- quality care for consumers in a way that is seamless and integrated
✓   There is a supportive, transparent culture, that encourages continuous improvement in care
✓   Clear accountability assigned for planning, monitoring, and improving the quality of care
✓   The board, management and clinical leaders regularly discuss where the health service is positioned in relation to peer health services and strive for high-quality care
✓   Appropriate governance structures, including committee and reporting structures, are in place to monitor outcomes and improve clinical performance

Further details about ODHs committee structure are included in Appendix 1 and 2.

2.   **Partnering with consumers**
Empowering consumers to partner in care enables staff to better understand the individual consumer's specific needs, concerns, and values.

ODH will implement systems and processes that ensure:
✓   Consumers and their needs are key organisational priorities
✓   Consumers are actively invited to provide feedback on their experiences of care
✓   Consumers are to be supported to participate fully in their care to the extent they wish
✓   Consumers have the opportunity to participate in organisational processes for planning, monitoring and improving services

✓ Clear and respectful communication exists between consumers and staff ☐ The rights and responsibilities of consumers are respected and promoted

✓ Complaints are responded to compassionately, competently and in a timely fashion

✓ Issues arising from complaints are analysed, reported and used to improve care and services

3. **Workforce**

Engaged staff and consumers who actively participate in organisational strategy, planning and delivery are essential for high quality care.

ODH will implement systems and processes to ensure:

✓ Planning, allocation, and management of staff ensure optimal capacity and capability to meet consumer needs and provision of safe and quality care

✓ The health workforce has the appropriate qualifications and experience to maintain and improve skills

✓ Promotion and support of multidisciplinary teamwork

✓ Clear communication of role expectations, responsibilities, and standards of performance is provided to all staff, and employees are supported and held accountable for meeting these expectations

✓ Mentoring and supervision is used to support skills development and improve own practice

4. **Clinical practice**

Clinical practice should strive for evidence based, patient-centred and integrated care. It should ensure a shared understanding of the care pathway and goals between clinicians and consumers.

ODH will implement systems and processes to ensure:

✓ Clinical care is delivered within the clinical scope and capability of ODH

✓ Clinical care standards and protocols are clearly articulated, communicated, and adhered to

✓ 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

✓ Clinicians participate in the design and review of clinical systems and processes, and support clinical innovation

✓ Data on the safety, clinical effectiveness and person-centeredness of care is collected, Analysed and shared for the purposes of both accountability and improvement.

✓ Clinicians regularly review their own performance

✓ Clinical practice variation is closely monitored and regularly reviewed to ensure quality outcomes

✓ There is a 'just' process for addressing issues with individual clinician performance that prioritises consumer safety.

✓ New procedures and therapies are introduced in a way that ensures quality and safety

✓ Appropriate utilisation of healthcare is monitored and reviewed as a component of quality.

5. **Risk Management**

Minimising and safeguarding against clinical risk require a structured approach to safety that is proactive. Effective systems support staff to identify and respond appropriately when things go wrong.

ODH will implement systems and processes to ensure:

✓ A planned and proactive approach to creating safety for consumers and staff.

- ✓ The organisation supports staff to pursue safe practice and to speak up for safety.
- ✓ Risk considerations inform priority setting and the development of business and strategic plans.
- ✓ Clinical processes, equipment and technology are designed to minimise error.
- ✓ Risks are proactively identified, recorded, monitored, and managed.
- ✓ Known clinical risks are proactively addressed and there is regular scanning of emerging risks

- ✓ Identification and reporting of clinical incidents are consistent with the requirements and tracked over time to identify safety issues and trends
- ✓ Clinical incidents are investigated to identify underlying root causes, and this information is used to improve safety
- ✓ Open disclosure processes and/or the statutory duty of candour is practiced where necessary
- ✓ There is evidence of compliance with risk-related legislation and relevant Australian standards

ODH Clinical Governance framework

Figure 1 below provides a conceptual representation of the ODH Clinical Governance Framework.
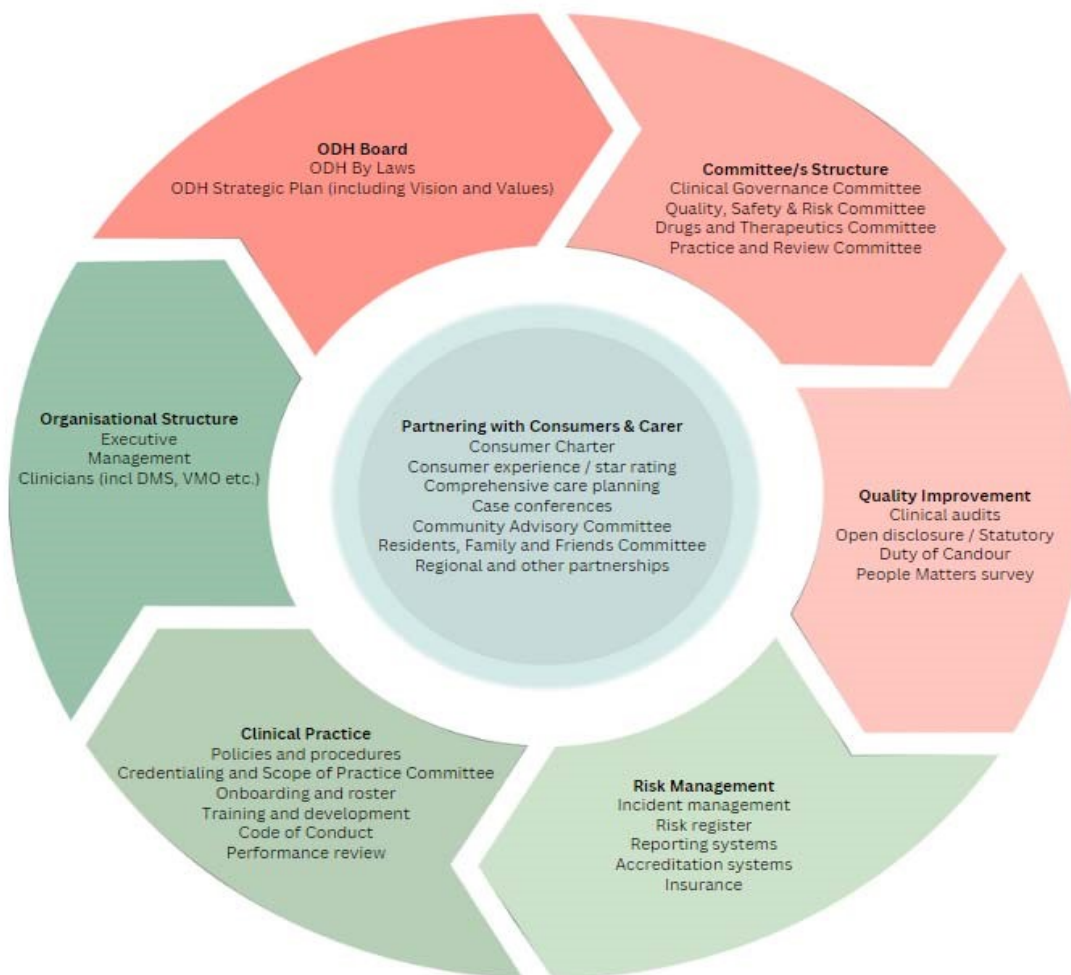
Roles

As defined in the National Framework, an effective clinical governance system is one where:

➢ **The Board (Governing body)** – establishes the strategic and policy frameworks, leads organisational culture, monitors organisational performance, and ensures organisational accountability.

➢ **Management** – leads and coordinates the workforce to implement systems for the delivery of high-quality care.

➢ **Clinicians** – work in clinical teams and with consumers to deliver and continuously improve care. They maintain their skills and performance, and are confident their colleagues and the organisation will support them in their delivery of safe, high-quality care.

➢ **Patients and Consumers** – are partners in the delivery of care. They are confident that clinicians and the organisation will deliver safe and high-quality care.

In addition to the above, and as indicated in the Victorian Framework, the Board delegates responsibility for the implementation, monitoring, and evaluation of clinical governance systems to the **CEO** and works in partnership with the CEO to realise the organisation's vision.

ODH endorses the following specific roles and responsibilities relating to clinical governance:

Role	Key responsibilities
Board	• Leads development of a common organisational language for quality and safety • Actively communicates this commitment and lead the organisation towards a 'blame-free' but accountable, learning culture • Is satisfied that an effective culture of safety and quality exists and is aware of how ODH sits within a wider health system • Sets up an effective relationship with the Chief Executive Officer, founded on a mutual commitment to safety and quality of care • Ensures ODH has a comprehensive suite of plans, strategies and policies that support safety and quality of care • Allocates board time and attention to safety and quality of care topics
Chief Executive Officer	• Provides leadership and demonstrates commitment in the delivery of the strategic direction set by the Board • Creates a safe and open culture that empowers staff to speak up for safety • Works in partnership with the Board to ensure appropriate allocation of resources to achieve public value and deliver on ODH's vision for quality and safety • Equips staff to fulfil their roles, providing role clarity along with the necessary tools and resources • Elevates quality of care, ensuring the voice of the consumer is at the centre of care delivery and ODH remains focused on continuous improvement • Fosters a 'just' culture of safety, fairness, transparency, learning and improvement in which staff are empowered and supported to deliver safe care • Delegates the implementation, review, measurement and evaluation of operational quality and safety performance to executive and clinical leaders

	• Reports to the board data on clinical risks, care processes and outcomes, areas for improvement and progress towards high quality care • Adopts a 'no surprises' partnership approach with the Board in the pursuit of quality and welcomes questions that challenges potential bias or blind spots
Directors / Managers	• Actively communicate the commitment for safe and high-quality care • Creates opportunities for staff to train in safety and quality theory and systems • Models the safety and quality values in all aspects of management • Supports clinicians who embrace clinical leadership roles • Leads the development of business plans, strategic plans, and organisational policies and procedures relevant to safety and quality • Integrates safety and quality into organisational plans, policies, and procedures • Sets up effective relationships with stakeholders including peers from other health services to support positive clinical outcomes
Clinicians	• Take part in the development of an organisational culture that enables, and gives priority to, patient centred, safe, quality care • Embrace opportunities to learn about safety and quality • Embrace opportunities to take part in quality improvement • Mentor and guides junior colleagues in the delivery of safe, high-quality care • Take part in analysis and evaluation of clinical outcomes
Staff, volunteers and contractors	• Provide quality care in their service • Embrace opportunities to learn about safety and quality • Embrace opportunities to take part in quality improvement • Regularly update their skills and knowledge to promote safety and high-quality service delivery
Consumer (Patient / Residents / Participants/ Clients) and Carers	• Use organisational systems and processes to engage in the planning and implementation of their care • Identify opportunities for improvement and communicate these to relevant individuals or bodies

Managing Expectations

The general public, governments, funding and regulatory bodies demand increasing levels of accountability and transparency in clinical performance. Post-pandemic changes in the labour market, digital landscape and working norms have placed additional expectations on the health system including ODH to adjust and evolve.

As the largest local health service provider, a major employer and a socially responsible corporate citizen, ODH is firmly committed to its local community and always seeks to meet community expectations.

This includes seeking to maintain minimum staffing ratios, compliance with the multiple accreditation systems, implementing new models of care ensuring care is delivered at or close to home.

This clinical governance framework is particularly important in supporting ODH to meet the range of expectations but also evaluate and guide improvements that go beyond compliance.

Implementation

Domain	Quality outcomes	Signs of success at ODH
1. Governance, Leadership and Culture	➢ A clear vision for improving the quality of care is developed and communicated. ➢ Organisational values drive behaviour at every level of the organisation ➢ Appropriate governance structures, including committee and reporting structures, are in place ➢ There is a strong reporting culture and a culture of continuous improvement. ➢ Success is recognised and celebrated and opportunities for improvement are identified and actioned ➢ There is regular evaluation of the effectiveness of clinical systems.	➢ A Strategic Plan is in place and is reviewed every 3 years. ➢ There is evidence of a quality improvement culture, which is encouraged by the Board, CEO and senior management. ➢ Board Committees are active and have clear and effective Terms of Reference in place. ➢ The Board, CEO, Executive and senior management 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.
2. Partnering with consumers	➢ The rights and responsibilities of consumers are respected and promoted. ➢ Diverse needs of consumers are met. ➢ Consumers are provided with the relevant information to participate fully in their care to the extent they wish. ➢ Clear, open and respectful communication exists between consumers and staff	➢ Information about a consumer's clinical needs, goals and preferences is easily available to staff and used to guide care delivery. ➢ Comprehensive care plans are documented and regularly updated. ➢ There is an active Community Advisory Committee ➢ Feedback from community engagement informed ODHs Strategic Plan

Domain	Quality outcomes	Signs of success at ODH
	➢ Consumers feel safe to seek care at ODH ➢ Consumers are actively invited to provide feedback on their experiences of care. ➢ ODH acts on the feedback on clinical care and service delivery as provided by consumers in order to make improvements ➢ Complaints are responded to compassionately and in a timely fashion ➢ Trends arising from complaints are analysed, reported and used to improve care and services. ➢ Consumer participation processes are monitored and evaluated for their effectiveness in empowering consumers to fully partner in their care.	➢ Consumer information is developed with an input from consumers and a strong focus on health literacy and diversity ➢ The timeliness of responses to feedback is monitored and improved ➢ Positive consumer experience survey feedback is received. ➢ Star rating demonstrates positive consumer experience ➢ There is evidence of changes made to address feedback.
3. Workforce	➢ Staff engagement and satisfaction measured at least annually ➢ Planning and allocation of resources provides appropriate personnel and skills to deliver safe and high-quality care and to meet changing consumer needs. ➢ The health workforce has the appropriate qualifications and experience to provide high- quality care and ongoing professional development to maintain and improve skills. ➢ Clarity of roles, expectations, responsibilities and standards of performance is provided to staff; and staff are supported and held accountable for meeting these expectations. ➢ Mentoring and supervision is used to support, monitor and develop clinical staff.	➢ There are high rates of agreement with safety culture questions in the People Matter survey. ➢ Staff response rates to the People Matter Survey exceed 40 per cent. ➢ OH&S incidents are recorded and reported through the Quality, Safety and Risk Committee to the Finance, Risk & Audit Committee, the Clinical Governance Committee, and to the Board. ➢ Workplace hazards are identified and acted to prevent staff injury / harm ➢ Quality and safety forms part of staff induction process and staff mandatory training. ➢ Staff and contractors work within and at top of their scope of practice. ➢ multidisciplinary teamwork is evident ➢ Staff have had a performance review within the preceding twelve months.

	➢ Training and tools are provided	

Domain	Quality outcomes	Signs of success at ODH
	So, staff can monitor and improve their own practice and organisational processes more broadly.	
4. Clinical practice	➢ Credentialing, scope of practice and supervision processes support clinicians to work safely and effectively within their scope of practice. ➢ Clinicians participate in the design and review of clinical systems and processes, and support clinical innovation. ➢ Clinical care is delivered within the clinical scope and capability of the health service. ➢ Evidence-based clinical care standards and protocols are easily available and adhered to across the organisation. ➢ Active clinical partnerships are developed with consumers and relevant others and include a shared understanding of the consumer's needs and care plan. ➢ Clinical care processes and outcomes are measured across all services.	➢ There is an active Credentialling & Privileging Committee supported by the Bairnsdale Regional Health Service Director of Medical Services, as agreed between ODH and BRHS. ➢ Clinicians work within their approved credentialing and scope of practice requirement. ➢ There is an active Operational Quality, Safety and Risk Committee and two key advisory committees focused on practice and review as well as drugs and therapeutics ➢ Clinicians actively participate in quality improvement and clinical auditing activities. ➢ There is evidence that clinical practice implemented is evidence based ➢ Audit tools are regularly reviewed to maintain their currency and effectiveness. ➢ Publicly available data about performance on a range of outcome measures is reported to the Clinical Governance Committee and the Board.

5. Risk management	➢ A planned, proactive and evidence-based approach to creating safety for consumers and staff is in place ➢ Risk considerations and data inform priority setting and the development of business and strategic plans ➢ Known clinical risks are proactively addressed and all services are regularly scanned to identify risks as they emerge ➢ The organisational culture supports staff to pursue safe practice and to speak up for safety	➢ There is an active Finance, Risk & Audit Committee. ➢ Identification and reporting of clinical incidents are consistent with the requirements of the Victorian Health Incident Management System (VHIMS) and tracked over time. ➢ Risks are proactively identified, monitored and managed through an effective register ➢ Review of risks and actions taken are reported to the Finance, Risk & Audit Committee, Clinical Governance Committee and Board ➢ Quality and safety outcomes are
Domain	**Quality outcomes**	**Signs of success at ODH**
	➢ Clinical incidents are investigated to identify underlying systems issues and root causes, and this information is used to improve safety ➢ Clinical processes, equipment and technology are designed to minimise error ➢ The service complies and adheres with risk-related legislation and relevant Australian standards ➢ Systems and datasets for developing and supporting clinical risk management are regularly evaluated to ensure their effectiveness in supporting safe and high-quality care.	monitored against external benchmarks and internal targets and trending analysis of data is conducted. ➢ Open disclosure processes and/or Duty of Candour is practiced, as relevant

Key Aligned Documents

Risk Management Framework
Mandatory Training Policy and Procedure
Duty of Candour
Committee Structure and Terms of Reference
Credentialing and Scope of Works Committee

References

Aged Care Quality and Safety Commission, Quality Standards

Australian Commission on Safety and Quality in Health Care, National Model Clinical Governance Framework

Safer Care Victoria, Delivering high-quality healthcare: Victorian clinical governance framework

Australian Commission on Safety and Quality in Health Care, NSQHS Standards User Guide for Governing Bodies

Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards (2nd Ed.)

NDIS Quality and Safeguards Commission, NDIS Practice Standards and Quality Indicators

RACGP Standards for General Practice

Key Legislation, Acts & Standards

Health Service Act 1988

Standard	Description
Quality (Aged Care)	Standard 8 Organisational Governance
NHQHS	Standard 1 – Clinical Governance Standard
NDIS Practice Standards	Core Module 2 – Provider Governance & Operational Management
RACGP	Cord Standard 3 Practice Governance and Management

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