



# Clinical Governance Framework

Improving, promoting and protecting the health  
and wellbeing of our patients, population and community





**North Metropolitan Health Service  
Clinical Governance Framework 2019**

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## **Our Mission: To improve, promote and protect the health and wellbeing of our patients, population and community.**

“Our community is diverse. This diversity makes us vibrant and defines who we are as a community. Our rich past has also made us who we are. We therefore respectfully acknowledge the traditional owners of our land, the Whadjuk people of the proud Noongar Nation, including their past, current and emerging elders.

To ensure we meet the needs of our vibrant community, we are committed to **creating safe, high quality person-centred health care**. Our entire community has the right to expect this level of care from our health service.



© Helen Milroy 2002

**The Dance of Life:** an Aboriginal understanding of health and wellbeing  
The Dance of Life was developed by Professor Helen Milroy and consists of five dimensions – cultural, spiritual, social, emotional and physical – within which are a number of layers that reflect historical, traditional and contemporary influences on health. This concept emphasises the intersection of the layers and dimensions that creates the interconnectedness for a whole-of-life approach to Aboriginal health and wellbeing.

## Foreword

The North Metropolitan Health Service (NMHS) has successfully transitioned to a Board Governed Health Service Provider under the Health Services Act 2016 (the “Act”), and has developed the NMHS Clinical Governance Framework consistent with the provisions of the Act.

The Board’s vision and mission is to provide excellence in health care for our community and to improve, promote and protect the health and wellbeing of those in our community. The Board strives to promote a culture of safety and wellbeing for our patients and our workforce. Safety and quality is everyone’s responsibility and flourishes where there is a culture of openness, transparency and accountability.

The Board is committed to hearing the patient’s voice and partnering with patients, families, staff and carers at all stages of their health care journey. In that way, we can be assured that we provide our patients with the best hospital or service experience possible. The Board is passionate about ensuring transparency about outcomes that matter to patients. It is important to benchmark these with peers and other services, both nationally and internationally, as this has been shown to be a critical driver in improving safety and quality.

The Board has established a Safety and Quality Committee and a People Engagement and Culture Committee to further strengthen our aim of zero harm to patients, families and health care staff and to put into practice our core values.

The NMHS Clinical Governance Framework takes into consideration the National Safety and Quality Health Service Standards (NSQHSS) that are developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). These standards drive the implementation and use of safety and quality systems and improve the quality of health service provision in Australia. This Framework also draws on the “Review of Safety and Quality in the WA Health system” which was published in August 2017.

I encourage the NMHS workforce to read and support this Framework as we continue to work together to improve, promote and protect the health and wellbeing of our patients, population and community through the delivery of safe, high quality health care.

Yours sincerely,

Board Chair

**Jim McGinty**  
Board Chair

Chief Executive

**Dr Robyn Lawrence**  
Chief Executive



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## Executive Summary

The North Metropolitan Health Service (NMHS) Clinical Governance Framework (the Framework) has been developed so that its health service sites can adapt and implement its components to fulfil the specific clinical governance, safety and quality compliance requirements needed to ensure the provision of safe and consistent clinical care. The Framework also provides a summary of the synergistic aspects of corporate governance, which need to be considered in this context.

The development of the Framework has been guided by the following:

- ▶ Western Australian Department of Health Clinical Governance, Safety and Quality Policy Framework
- ▶ ACSQHC National Model Clinical Governance Framework
- ▶ ACSQHC Guide to the National Safety and Quality Health Service Standards for Health Service Organisation Boards
- ▶ ACSQHC National Safety and Quality Health Service Standards.

As the governing body, the NMHS Board is ultimately responsible for integrated clinical and corporate governance and for ensuring that the organisation delivers safe, high quality care that is financially efficient. In particular:

- ▶ The NMHS Vision is to provide excellence in health care for our community, and its Mission is to improve, promote and protect the health and wellbeing of those in our community. The Board strives to promote a culture of safety and wellbeing for our patients and our workforce. Safety and quality is everyone's responsibility and flourishes where there a culture of openness, transparency and accountability.
- ▶ The Board is committed to hearing the patient's voice and partnering with patients, families, staff and carers at all stages of their health care journey. In that way, we can be assured that we provide our patients with the best hospital or service experience possible.
- ▶ The Board is passionate about ensuring transparency about outcomes that matter to patients. It is important to benchmark these with peers and other services, both nationally and internationally, as this has been shown to be a critical driver in improving safety and quality.
- ▶ The Board has established a Safety and Quality Committee and also a People Engagement and Culture Committee to further strengthen our aim of zero harm to patients, families and health care staff and to put into practice our core values.

## Integrated Corporate Governance Model

The NMHS Board is responsible for clinical governance as an integrated aspect of its overall corporate responsibility and accountability. Represented in Figure 1, Clinical governance involves a complex set of leadership behaviours, policies, procedures, and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes.

The clinical governance system of a health service organisation therefore needs to be conceptualised as a system within a system – a clinical governance system within a corporate governance system.

Under this model, it is important to recognise the following:

- ▶ Clinical governance should be considered with attention equal to financial, risk and other operational aspects of the business.
- ▶ There is synergy between corporate and clinical governance with decisions made in relation to both having a direct effect on the safety and quality of care provided.
- ▶ The NMHS Board is ultimately responsible for robust clinical and corporate governance.

It is imperative that all staff, Executive and Board members understand their role in pursuing excellence, and recognise that they all have both individual and collective responsibilities for ensuring the safety and quality of clinical care provided to our patients. As well as meeting the requirements associated with the NSQHS Standards, from an organisational perspective staff also have a clinical and professional responsibility to ensure they engage in best clinical practice. The NMHS Board cannot govern clinical services without the engagement of skilled clinicians working at all levels of the system.

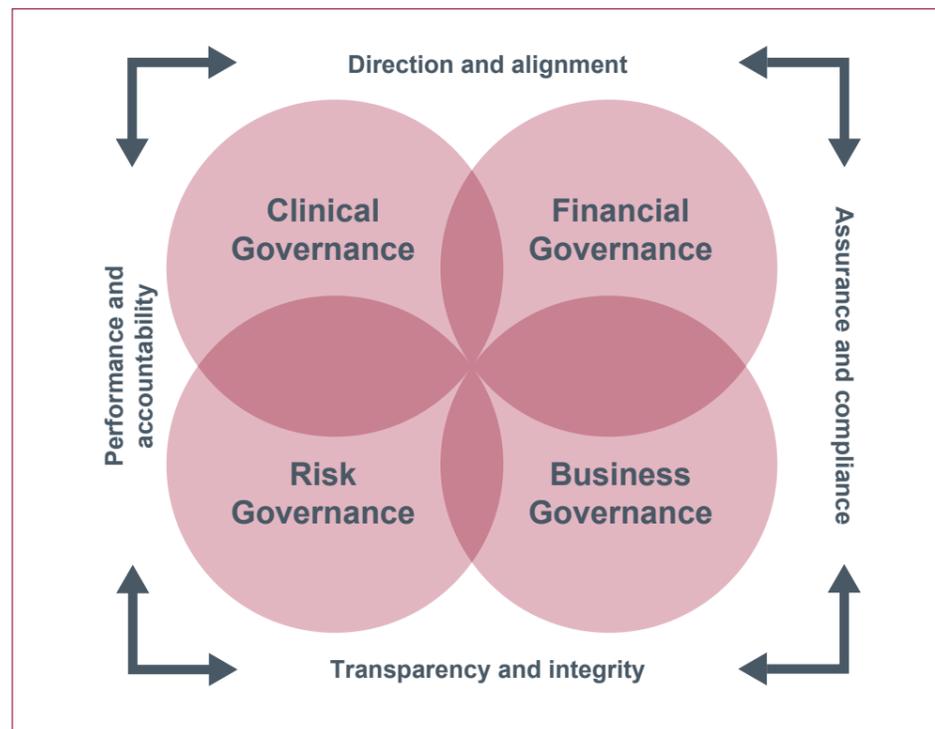


Figure 1 The integrated corporate governance model (ASCSQHC, 2017)

Setting up a sound clinical governance system is the responsibility of individuals and teams at all levels of the organisation. They, along with the governing body (the Board), Chief Executive and Area Executive Group (AEG), will be accountable for outcomes and performance within this system. There is also reliance on well-designed systems that deliver, monitor and account for the safety and quality of patient care.

## Components and Principles of Corporate Governance

Good corporate governance is fundamental to a sustainable and effective organisation. Without robust corporate governance supporting business and clinical processes, we cannot reliably and consistently improve the health of our community. The following are the principles that underpin all governance at NMHS:

### Direction and alignment

Functions, structures and culture that support our organisational goals through quality leadership, a clear line of sight, role clarity and empowered staff, as well as a shared understanding of our purpose and priorities through collaboration and effective planning and resource allocation.

### Performance and accountability

Accountability and transparency for decisions through legislative compliance, information management, evaluation and corporate reporting.

### Assurance and compliance

Robust governance requires any organisation to be openly accountable for its performance. This requires an effective assurance mechanism. Analysing the available data and benchmarking the department against its historical performance and a peer group will prevent it from working in a vacuum. Information on performance should flow from the organisation, feeding the collective consciousness to provide oversight.

### Transparency and integrity

Being reliable and trustworthy with a real motivation to work together to improve things. Authentic engagement means working with people in an open, honest and trustworthy way. People can then work together in genuine partnership.

Additional details regarding specific NMHS Corporate Governance functions are outlined in the NMHS Assurance Governance Framework and NMHS Compliance Governance Framework.

## Clinical Governance Framework

“Clinical governance is the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person centred health care underpinned by continuous improvement” (Safer Care Victoria, 2017).

The Framework is aligned with the NSQHSS (second edition) with a specific focus on Standard 1 Clinical Governance and Standard 2 Partnering with Consumers as the key components of a robust Clinical Governance Framework, and as outlined in the National Clinical Governance Framework (ACSQHC, 2017).

It is important to recognise that clinical governance is one equally important element of a broader governance model used to assist the NMHS Board in meeting its overall responsibility and accountability for governing the organisation.

## Components and Principles of Clinical Governance

The NMHS Framework is aligned to the clinical governance principles of the WA Department of Health Clinical Governance Safety and Quality Policy Framework and the Australian Safety and Quality Framework for Care. This Framework document also incorporates the Quality Domains in health care as developed by the Institute of Medicine 2002 and adopted by the ACSQHC and Independent Hospital Pricing Authority (IHPA) in 2015.

The domains of the Framework that drive excellence in health care include:

- ▶ Consumer-engaged health care
- ▶ High quality and coordinated clinical care
- ▶ Safety and clinical risk management
- ▶ Leadership, culture and governance
- ▶ Teaching, training and workforce engagement.

Clinical governance is also supported by systems that reinforce high performance and strengthen the overall robustness of the system with monitoring, evaluating, improving and learning driving excellence.

It is important to recognise that governance systems do not remain static and as such should be reviewed and evaluated regularly to meet the operational requirements of all aspects of the organisation.

The Framework is intended to provide health services within NMHS with overarching information about clinical governance processes, roles and responsibilities which will in turn assist with the implementation of the NSQHSS, which are mandatory for all public hospitals. It requires all NMHS services to reflect on their adequacy; identify opportunities for improvement; implement strategies to support the delivery of safe and high quality services; and our vision of zero harm to patients, their families and our health care staff.

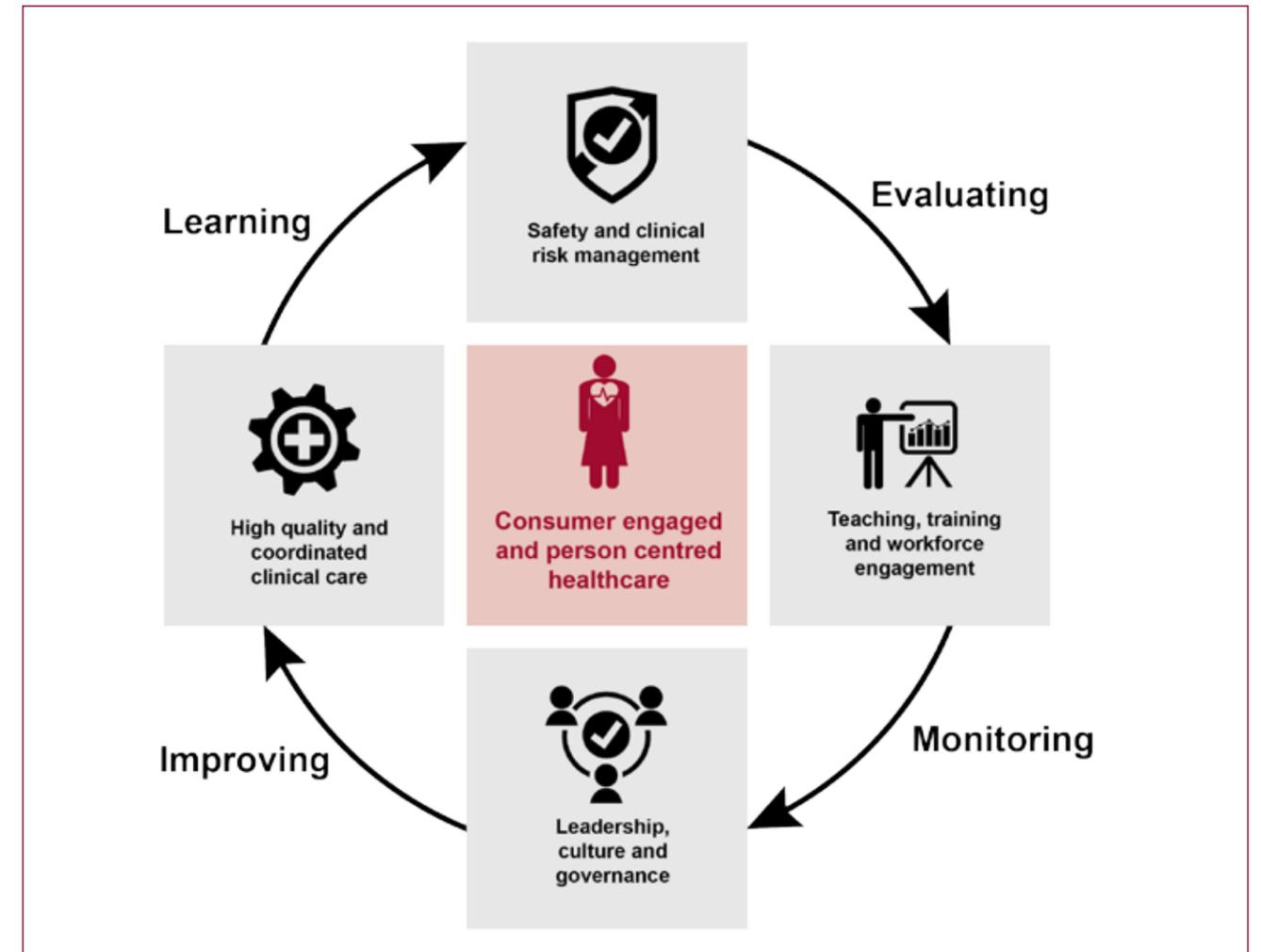


Figure 2 NMHS Clinical Governance Framework

## Clinical Governance Roles and Responsibilities

All staff within NMHS have important roles and responsibilities in relation to clinical governance, including:

- ▶ Partnering with consumers
- ▶ Being accountable and responsible for ensuring safe and quality care is delivered
- ▶ Regularly evaluating our performance to identify areas for improvement.

This section of the Framework outlines the legislative context for clinical governance, along with these roles and responsibilities.



Figure 3 Clinical Governance Stakeholders

Governing bodies require the unequivocal support of skilled staff working at all levels of the organisation in order to have effective clinical governance. Clinicians, Executives, managers, consumers and Board members have both individual and collective responsibilities for ensuring the safety and quality of clinical care. As well as being reflected in the NSQHS Standards, many of these are also detailed in the relevant professional codes of conduct.

This section begins with a summary of the legislative context for clinical governance and the associated responsibilities of the Department of Health Western Australia (DoH). Broad definitions are provided for each stakeholder group, followed by more detailed descriptions of each Clinical Governance domain, with specific examples for each stakeholder group as to how they may fulfil their responsibilities. The examples are not limited to those provided and are intended to guide services in determining local activities that address the criteria.

For the purpose of this document the NMHS Board is considered the “Governing Body”, with the Chief Executive and AEG as an integrated stakeholder group that aligns with the Governing Body. Operational stakeholders include staff and consumers.

### Legislative Context

The Health Services Act 2016 clearly delineates functions and powers at each level of the WA health system. The Minister remains accountable to the Parliament and the public for health

service delivery to the State and providing direction on the Government’s objectives. The Act refers to policy frameworks in ss. 26-27 and s. 34(2)(c). Other relevant parts in the Act that relate specifically to this Clinical Governance Framework include ss. 20(1)(l), 34(2)(h), 34(3) and 95(3)(a).

The Director General is established as the System Manager and is responsible for the strategic direction (aligned to government objectives), oversight and management of the WA health system. HSPs are established as statutory authorities, responsible and accountable for the provision of health services to their area.

The Act contains mechanisms for the Minister and System Manager to set standards and manage the governance and performance of the HSPs. Recognising that the Minister is ultimately accountable to the Parliament and responsible for appointing Board members, the Minister has the power to issue directions to HSPs in relation to performance or the exercise of functions and may intervene in the governance of a HSP board if necessary.

### Department of Health WA

As the System Manager, the Director General’s functions include:

- ▶ Setting expectations and requirements regarding health service accountability for quality and safety and continuous improvement
- ▶ Ensuring health services have access to the necessary data to fulfil their responsibilities, including benchmarked and trend data
- ▶ Providing leadership, support and direction to ensure safe, high-quality health care can be provided

- ▶ Ensuring Board members have the required skills and knowledge to fulfil their responsibilities
- ▶ Proactively identifying and responding to emerging clinical quality and safety trends
- ▶ Effectively monitoring the implementation of clinical governance systems, ensuring the early identification of risks and flags.

## Consumers

Consumers are at the centre of clinical governance. They can choose the extent to which they wish to be involved in their own care within the organisation structure and governance of the services that they utilise.

## NMHS Governing Body (NMHS Board)

The Board has the ultimate legal responsibility and accountability for governing patient safety and quality of care. The Board is legally accountable for ensuring the governance structures, processes and staff learning systems and behaviours are in place to ensure the provision of safe, high quality, efficient and economical health services to our NMHS community.

'It is the responsibility of the NMHS Board to ensure their governance systems allow for integration of integrated risk management and adequate consideration of the quality impact of non-clinical changes. It is the responsibility of the NMHS Board to balance quality of care with the availability of resource, both human and financial, and Board Members should be expected to account for this' (Hugo Mascie Taylor, 2017).

## NMHS Chief Executive

The Chief Executive is accountable to the Board for effective management of all services involved in the provision of safe, effective, appropriate, timely and efficient patient care across NMHS.

## NMHS Area Executive Group (AEG)

The AEG is accountable to the NMHS Chief Executive. Hospital and Service Executive Directors are responsible for ensuring effective operational management of all services involved in the provision of safe, effective, appropriate, timely and efficient patient care across NMHS. This includes a range of contracted services managed by NMHS.

## Clinical Leaders and Managers

Clinical leaders and managers work within the health service and are supported by clinical systems that enable them to deliver high quality clinical care. Managers provide support to clinicians and the broader organisation in relation to strategy and policy. Both groups provide a safe environment for consumers and staff that supports and encourages productive partnerships between different clinical groups and between clinicians and consumers.

## Clinical Governance Structures and Processes

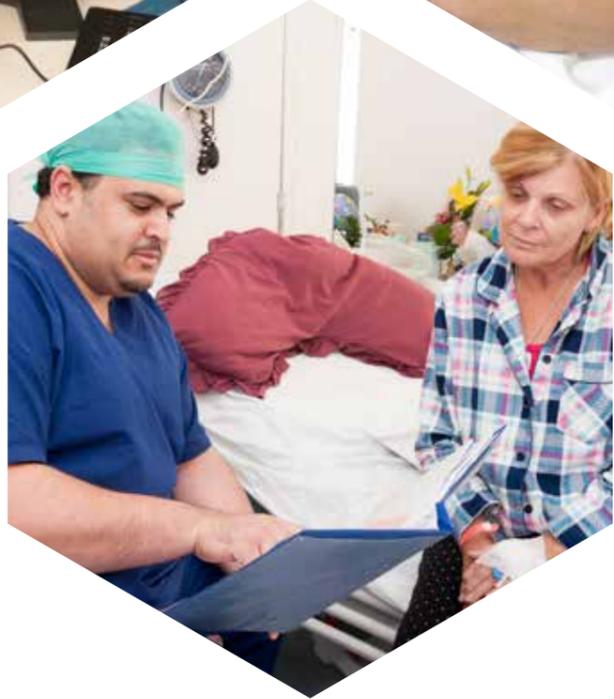
The NMHS Board provides the highest level of governance and is supported by four Board Sub Committees including Safety and Quality; Audit and Risk; Finance; and People Engagement and Culture.

An additional level of governance is provided by the AEG which is made up of the Chief Executive, Corporate Executive Directors and the Executive Directors of each of the NMHS sites. The AEG meets weekly with a portion of two meetings allocated to an Audit and Risk and a Safety and Quality Forum respectively. The aim of these forums is to provide the AEG with an opportunity to contribute to discussions regarding topics that will be raised and addressed in subsequent Board Sub Committees.

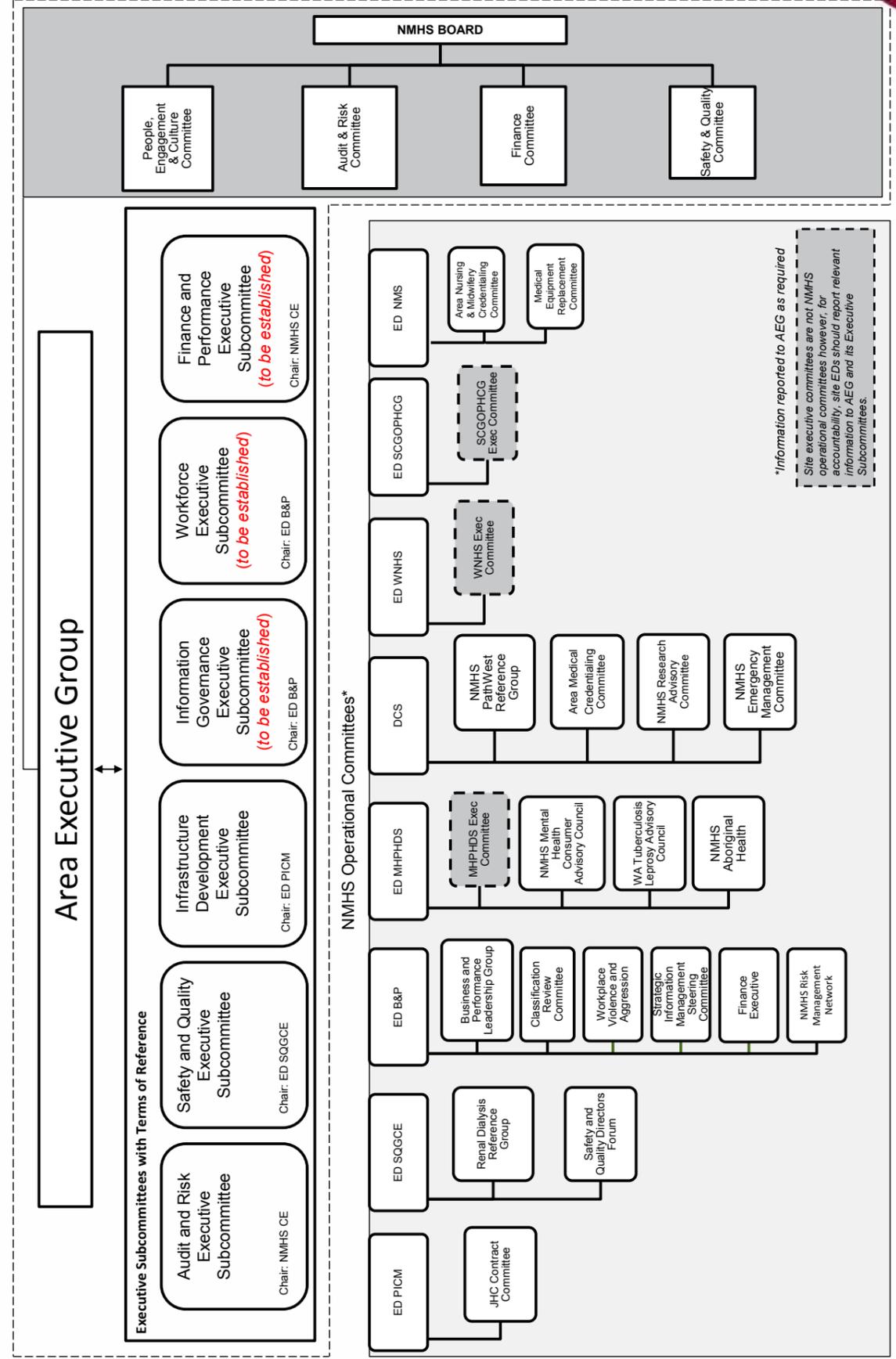
In addition the NMHS Safety and Quality Directors Forum (SQDF) is conducted monthly and chaired by the NMHS Executive Director Safety, Quality, Governance and Consumer Engagement. The SQDF aims to connect the safety and quality agenda across NMHS by providing an opportunity to share learnings from clinical incidents and quality improvement activities, tailor data reporting processes and practices and assist clinicians in reviewing and addressing any safety and quality trends.

## Clinical Governance Committees

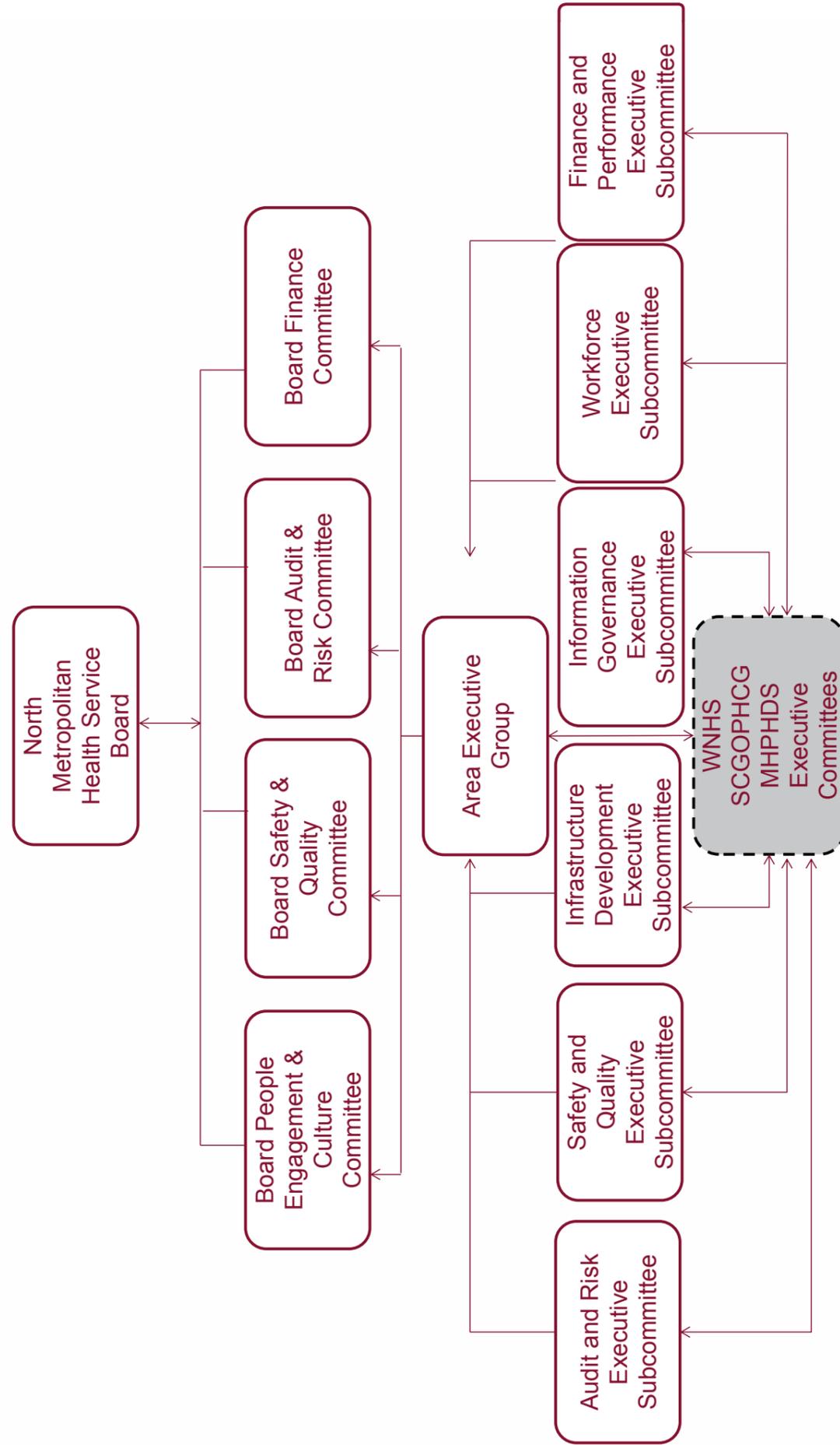
NMHS has area wide and site/service committee-based structures and processes that reinforce the Framework. These governance structures are integral to operationalising robust clinical governance across the HSP (Figure 4 ).



## North Metropolitan Health Service – Committee Governance



## North Metropolitan Health Service ACCOUNTABILITY FLOW



NMHS Committee Governance – Ver 5.0 August 2019 – Doc Ref: D/18/86152

## The Clinical Governance Framework

The Framework (Figure 2) illustrates the synergy of clinical governance with the broader operational aspect of the organisation. Each area is interrelated with the success of the Framework reliant on all NMHS staff members being totally aware of their roles, responsibilities, delegation of authority and accountabilities as prescribed in the Health Services Act 2016 - as well as the NSQHS National Standards. A strong and well-functioning clinical governance system is characterised by a system in which the governing body, the Board, Executive, managers, clinicians and staff share responsibility and accountability for the quality of care. Continuously improving, minimising risks and fostering an environment of excellence in care for consumers, patients and carers.

An effective system of clinical governance at all levels of the health system is essential to ensure continuous improvement in the safety and quality of care. Good clinical governance makes certain that there is accountability and a 'just' culture that is able to embrace reporting and support improvement. Consumers are central to identifying safety and quality issues and the solutions that must be implemented.

### Domains

Based on the NSQHSS, the NMHS Clinical Governance Framework consists of five domains including:

- ▶ Consumer-engaged health care
- ▶ Leadership, culture and governance
- ▶ High quality and coordinated clinical care
- ▶ Safety and clinical risk management
- ▶ Teaching, training and workforce engagement.

The following sections define each of the domains and provide examples of how the relevant stakeholders may fulfil their responsibilities.



## Consumer-engaged healthcare

Health care is all about the consumer, their experience of their care and mechanisms to assist them participating in service development and evaluation. Effective consumer partnerships are imperative in improving health care outcomes and driving continuous improvement across the organisation.

Empowering consumers to partner in their care and decision-making allows staff to tailor care to the individual consumer's specific needs, concerns and values. It enables staff to provide more appropriate treatment and care plans and leads to better clinical care and influence positive patient outcomes. Consumer feedback, both positive and negative, is a valuable resource and should be encouraged in all aspects of the service. Complaints should be resolved in consultation with the consumer and their family (where relevant) and the outcomes shared across the organisation to drive improvement. Similarly, compliment data should be acknowledged and reported back to staff to support good practice.

Consumer engaged health care is the foundation of effective and efficient service delivery and the key contributor to achieving the organisation's strategic goals. Consumer partnerships should be promoted across the organisation in planning, policy development, guidelines, training and care delivery.

NMHS will ensure the following:

- ▶ Consumer engaged health care is a key NMHS priority which is acknowledged by all levels of the organisation
- ▶ All consumers, regardless of ethnicity or diversity will be actively encouraged to provide feedback on their experiences of care
- ▶ Consumers are provided with the opportunity, information and training to fully participate in organisational processes for planning, monitoring and improving services at NMHS
- ▶ Services will learn from and act on the feedback on clinical care and service delivery as provided by consumers in order to make improvements
- ▶ Consumer participation processes are monitored for their effectiveness in empowering consumers to fully contribute to 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.



## Roles and functions

### Board

- ▶ Set and promote a culture of consumer engaged care strategic statements, vision, mission, values and actions.
- ▶ Ensure there are adequate resources to meet all components of the mandatory Policy Frameworks and that they are implemented and compliance is monitored.
- ▶ Participate in the development of and endorse the NMHS Engagement Strategy.
- ▶ Support research priorities that incorporate consumer engaged care and improve outcomes.
- ▶ Set performance metrics and reporting frequencies and monitor the effectiveness of these on consumer outcomes.
- ▶ Delegate responsibilities to ensure Governance Standards are met.

### Chief Executive

- ▶ Implement and ensure processes are in place to monitor and report compliance with all components of the mandatory Policy Frameworks processes to AEG and Board People Engagement and Culture (PEC) Committee.
- ▶ Support the development of a consumer engagement framework "Your Experience Matters to Us".
- ▶ Support the development of the Stakeholder Engagement Framework.

### Executive Directors

- ▶ Participate in the development, implementation and monitoring of all aspects of the "Your Experience Matters to Us".
- ▶ Support the development of the Stakeholder Engagement Framework.
- ▶ Review and maintain NMHS policy, standards and guidelines that relate to consumer engagement and partnerships.
- ▶ Endorse and implement policy associated with consumer engagement and partnership framework.

### DEMONSTRATING SUCCESS

- ▶ Consumer representation on the NMHS Board, AEG, Board Safety and Quality and PEC Committees.
- ▶ Consumer stories are a standing Agenda item on each of the above Committees.
- ▶ NMHS has specific strategic objectives linking to consumer engaged health care.
- ▶ The Board and AEG lead and regularly discuss progress with a plan to achieve a set of strategic goals and priorities for safe, effective and person-centred care.

### Clinicians and support staff

- ▶ Support the development and implementation of consumer engagement framework "Your Experience Matters to Us".
- ▶ Support the development and implementation of the Stakeholder Engagement Framework.
- ▶ Consider the patient experience and outcome in all aspects of their practice
- ▶ Comply with mandatory requirements, systems and processes in relation to consumer engaged health care.
- ▶ Actively identify areas for improvement and initiate quality improvement activities relating to consumer engaged health care.

### Consumers

- ▶ Contribute to the development consumer engaged health care strategic objectives and associated documents.
- ▶ Provide advice and recommendations on service provision and development across the continuum of care.
- ▶ Undertake training to enhance their understanding of role in enhancing and guiding the provision of quality health care.

### Safety and Quality Teams

- ▶ Articulate approach for development of engagement framework and submit to AEG, PEC and the Board for endorsement.
- ▶ Implement and evaluate Engagement framework and report to AEG, PEC and Board.
- ▶ Use consumer and carer feedback data collected to identify trends in performance and/or risks to service delivery and report these to AEG, PEC and the Board.
- ▶ Oversee and administer patient and carer feedback systems across NMHS including compliments and complaints within Datix CFM and Patient Experience Surveying.
- ▶ Implementation of system-level recommendations of the Australian Commission on Safety and Quality in Health Care (ACSQHC) to support the delivery of consumer engaged health care across NMHS. Implement systems (including education) which support the ACSQHC Open Disclosure Framework, at an NMHS level.
- ▶ Integrate strategies to increase health literacy into the NMHS Safety and Quality Operational Plan.
- ▶ Review and maintain NMHS Policy, Standards and Guidelines that relate to consumer engaged health care.
- ▶ Provision of training for staff and patients in relation to consumer engaged health care and stakeholder engagement.

## Leadership, Culture and Governance

High-quality health care requires engaged clinicians, consumers and stakeholders coupled with leaders who are adept at articulating a vision for high quality compassionate clinical care across the organisation.

Visible, accountable and purposeful leadership at all levels of a service is required to cultivate a transparent and 'just' culture that will make engagement a reality. Leaders need to be able to translate the vision into clear operational objectives and promote an agenda of monitoring successes and failures with the latter addressed with clear sustainable action plans.

Culture doesn't just happen; it is created. It is consistently acknowledged in the international literature that it is organisational culture and leadership which sets the tone, shapes the direction and is a critical factor in improving the safety and quality of our services. The culture should be one of fairness, respectfulness and transparency. It should be based on principles of natural justice, innovation, learning from errors and accountability for decisions and behaviours.

Creating and maintaining a positive culture requires effort, robust systems and productive working relationships between the Board, the Chief Executive, AEG, consumers and all staff. These relationships support and challenge each group to achieve a shared vision for excellence in the safety and quality of care. Culture is organisation-wide, fostered from within and not craft group or workplace-specific.

NMHS will provide the following:

- ▶ A supportive, transparent culture, set and led by the Board, Chief Executive and AEG that assists all health service staff to provide high-quality care and continuously improvement
- ▶ A clearly documented, organisationally aligned and communicated vision for improving the quality of care for every consumer throughout their journey
- ▶ Clear accountability for planning, monitoring and improving the quality of each clinical service
- ▶ Regular discussions between the Board, Chief Executive, AEG and clinical leaders as to where the health service is positioned in relation to peer health services and seek external innovative ideas on providing for high-quality care
- ▶ Appropriate governance structures, including committee and reporting structures to effectively monitor and improve clinical performance
- ▶ Opportunities for staff to develop skills for achieving high-quality care and managing change across the organisation
- ▶ Regular measurement of the organisation's safety culture to identify areas of success and issues for improvement, including staff understanding at all levels of their role in creating safe care
- ▶ Regular and rigorous evaluation of the effectiveness of systems for developing and supporting positive organisational leadership and culture.

## Roles and functions

### Board

- ▶ Lead the development of common organisational language in safety, quality and clinical governance.
- ▶ Be assured that an effective culture of safety and quality exists within the organisation.
- ▶ Lead the organisation towards a 'just' culture that thrives on accountability and learning.
- ▶ Set up an effective relationship with the Chief Executive and Executive Directors founded on a mutual commitment to safety and quality of care.
- ▶ Allocate enough Board time to safety and quality.
- ▶ Monitor organisational culture and ensure innovation is supported.
- ▶ Promote relevant education and training opportunities for managers and executives.

### Chief Executive

- ▶ Develop a leadership group who are responsible for creating and leading a culture of safety and quality improvement.
- ▶ Work with the Board and the AEG on ensuring there is robust safety, quality and culture focus.
- ▶ Support the development of a Leadership Capability Framework.
- ▶ Support the development of a NMHS Innovation Hub.

### Executive Directors

- ▶ Monitor, analyse and report on safety culture to AEG, Board and Board SQC.
- ▶ Actively communicate with staff the health service commitment to providing safe and quality care.
- ▶ Integrate safety and quality into organisational plans, policies and procedures.
- ▶ Establish effective relationships with NMHS to support good clinical outcomes.
- ▶ Create opportunities for staff in relation to succession planning.
- ▶ Develop strategies for dealing with workplace violence and aggression.

### Clinicians and support staff

- ▶ Actively participate in the organisational culture that supports safety and quality.
- ▶ Take part in the development, implementation, evaluation and monitoring of governance processes at the operational level.
- ▶ Model professional conduct that demonstrates a commitment to safety and quality.
- ▶ Encourage, mentor and guide colleagues in the delivery of high quality care.
- ▶ Be open to building capacity with the teams.

### Consumers

- ▶ Through membership of CAC, and consultation forums review safety, quality and culture metrics.
- ▶ Take an active role in the governance of the health service where opportunities exist.
- ▶ Contribute to the planning, design and operation of the health service.

### Safety and Quality Teams

- ▶ Integrate aspects of safety, quality and culture into the organisations strategic plans, policies and procedures.
- ▶ Collate, analyse and report clinical safety and quality performance data to drive quality improvement activities.
- ▶ Develop NMHS wide strategies for sustaining safety and quality improvements while strengthening the culture.
- ▶ Work in collaboration with the Business Intelligence Unit (BIU) to develop and implement safety, quality and culture data formats for relevant and specific to the area, site, department and unit level.
- ▶ Collate and report on results from culture surveys.
- ▶ Collaborate with workforce on implementing recommendations relating to staff engagement and culture.

### DEMONSTRATING SUCCESS

- ▶ Staff survey response rates exceed 40 per cent.
- ▶ Staff report that a 'just' culture exists within NMHS.
- ▶ Proactive promotion of staff health and wellbeing.
- ▶ An embedded set of common, staff generated, NMHS Values.
- ▶ Introduction of Practicalities of People Management.
- ▶ The Board and AEG lead and regularly discuss progress with a plan to achieve a set of strategic goals and priorities for safe, effective and person-centred care.

## High quality and coordinated clinical care

Robust clinical practice requires systems that support clinicians to provide safe and appropriate care for each consumer with the best possible outcome, working within the clinical scope of the organisation. Clinicians and consumers should have a shared understanding of the most appropriate care and associated goals.

To ensure clinical practice effectiveness clinicians must have the required knowledge, skills, and access to technology and equipment to deliver the best care possible. Clinicians have a personal responsibility to review their practice, either via formalised performance reviews or a peer review approach.

Research and evidence should form the basis of care provision, coupled with staff that are competent and appropriately credentialed. Clinicians at all levels of the organisation should have access to training and information about effective change and improvement tools and methods, and be supported to apply them to review and improve their practice and to ensure the safety, effectiveness and appropriateness of care they are providing.

Variations in practice will occur given the complexity of health care; these variations should be actively monitored in light of what is best for the consumer. As with clinical governance itself, clinical practice is not a static concept. It must be monitored, evaluated and modified in line with emerging evidence/technologies and changing consumer needs.

NMHS will provide the following:

- ▶ Evidence-based clinical care that is delivered within the clinical scope and capability of the health service
- ▶ Credentialing, scope of practice and supervision processes to support clinicians to work safely and effectively within their scope of practice
- ▶ Active clinical partnerships with consumers which include a shared understanding of the care plan to enable continuity of care throughout the consumers health care journey
- ▶ Data on the safety, clinical effectiveness, clinical care processes, consumer experience of care and outcomes
- ▶ Data is collected, analysed and shared for the purposes of both accountability and improvement
- ▶ 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
- ▶ New procedures and therapies are introduced in a way that ensures quality and safety issues have been identified.

## Roles and functions

### Board

- ▶ Ensure all components listed under mandatory Policy Framework are implemented and complied with.
- ▶ Promote a culture of evidence based practice.
- ▶ Set the requirements for timeframes, targets and reporting on safety and quality performance indicators.
- ▶ Ensure adequate resources are allocated to implement systems.
- ▶ Monitor performance and determine effectiveness of systems.
- ▶ Endorse the development of a staff engagement strategy.

### Chief Executive

- ▶ Implement and ensure processes are in place to monitor and report compliance with all mandatory policy framework requirements to the AEG, Board and Board Safety and Quality Committee (SQC).
- ▶ Participate in the development and endorse the development of NMHS Safety and Quality Operational Plan.
- ▶ Support the development of a NMHS Staff Engagement Strategy.

### Executive Directors

- ▶ Monitor, analyse and report on performance of systems and processes to AEG, Board and Board SQC.
- ▶ Monitor, analyse trends and report suite of Board defined safety and quality performance indicators as per reporting schedule.
- ▶ Implement performance mechanisms across NMHS to assess response to underperforming safety and quality metrics.
- ▶ Participate in development, of NMHS Staff Engagement Strategy.

### DEMONSTRATING SUCCESS

- ▶ NMHS actively participates in clinical registries, audits and research.
- ▶ Benchmarked and trended data is routinely available to staff and governance committees.
- ▶ Documented review of risks and mitigation actions are report to the board at least quarterly.
- ▶ The organisation's safety culture is measured and strategies are implemented to improve it.

### Clinicians and support staff

- ▶ Comply with mandatory requirements, systems and processes.
- ▶ Foster a culture of service-based, evidence-based practice and learning.
- ▶ Use evidence-based clinical guidelines/ standards and peer review to reduce inappropriate variation in clinical care.
- ▶ Regular review of all safety and quality metrics and take action to improve outcomes.
- ▶ Register quality improvement initiatives and outcomes using GEKO and promote learnings at service and site level and where appropriate across NMHS.
- ▶ Participate in development, of NMHS Staff Engagement Strategy.

### Consumers

- ▶ Through membership of CAC and consultation forums, review safety and quality performance metrics, existing quality assurance and advise on appropriateness and make recommendations to be more consumer centric.

### Safety and Quality Teams

- ▶ Collate, analyse and report clinical safety and quality performance data enabling an NMHS view of the safety and quality of care, the identification of risks and the driving of quality improvement activities.
- ▶ Develop NMHS wide strategies for sustaining safety and quality improvements in response to clinical outcomes, safety and quality data, and consumer feedback.
- ▶ Work in collaboration with the Business Intelligence Unit (BIU) to develop and implement safety and quality data formats for relevant and specific to the area, site, department and unit level.
- ▶ Collate and report on results from accreditation surveys.
- ▶ Monitor and escalate identified risks.
- ▶ Share lessons learned from quality improvement activities.
- ▶ Identify areas for improvement across NMHS.

## Safety and clinical risk management

Minimising and safeguarding against clinical risk requires a structured comprehensive approach to safety that is both proactive and reactive. Safe practice is built on staff awareness and knowledge. It is supported by robust systems that prioritise safety. Effective systems support staff to identify and respond appropriately when things go wrong.

Clinical risk management strategies and processes must be integrated with broader governance within the health service to comprehensively identify, monitor, review and mitigate risks. Risk identification and treatment strategies must be routinely reviewed to ensure early identification of trends in risk across all clinical services. Where safety is compromised, staff must be supported to initiate appropriate and timely investigation, management and corrective action and should be encouraged to escalate risks where required.

NMHS will provide the following:

- ▶ A planned, proactive, systematic and ongoing evidence-based approach to creating safety for both consumers and staff
- ▶ An organisational culture that enables staff to speak up for safety
- ▶ Clinical processes, equipment and technology that are designed to minimise error and support clear, unambiguous communication between staff
- ▶ An effective system to proactively identify, monitor and manage risks via integrated risk data which is clearly understood
- ▶ Identification and reporting of clinical incidents consistent with the WA Health Clinical Incident Management System (CIMS)
- ▶ Investigation of clinical incidents to identify underlying systems issues and root causes to improve safety
- ▶ Open disclosure processes that are in line with the Australian Open Disclosure Framework (ACSQHC 2013)
- ▶ Assurance that services comply and adhere to risk-related legislation and the relevant Australian standards.



## Roles and functions

### Board

- ▶ Is fully informed regarding performance in relation to areas of clinical risk, patient experience, service delivery, patient outcomes and staff competencies.
- ▶ Delegate accountability for patient safety to the Chief Executive, Executive Directors, management and clinical staff at all levels of NMHS.
- ▶ Endorses the NMHS Clinical Governance Framework.
- ▶ Fosters a NMHS culture that values transparent “just” fair and accountable behaviours and that encourages staff to proactively manage risk and maximise clinical safety.

### Chief Executive

- ▶ Ensures the NMHS Board is informed of both clinical and corporate risk profile of its relevant population.
- ▶ Ensures there is a governance committee structure across NMHS, data collection, reporting structure that facilitates discussion of and planned approach to clinical safety, including resolution of safety and quality problems and review of improvement of performance.
- ▶ Lead and foster a culture wherein consumer input into individual care and overall safety improvement is expected, supported through NMHS policy and procedure and respected.
- ▶ Sufficient resources allocated to ensure systems and staff are trained and supported to meet accreditation requirements.

### Executive Directors

- ▶ Implementation and management of governance committee structure across NMHS, data collection, reporting structure, facilitated discussions of, and closing of the loop in relation to clinical safety, quality and improvement of performance.
- ▶ Lead and foster an NMHS culture that values transparent fair and accountable behaviours and that encourages staff to speak up for safety to maximise clinical safety.
- ▶ Governance of accreditation system to meet the ACSQHC and the NSQHSS.

### Clinicians and support staff

- ▶ Promote and embed a safety culture where reporting and learning from adverse events is part of routine practice.
- ▶ Undertake safety education training and participate in root cause analysis (RCA) investigations and implement initiatives to minimise harm and improve patient safety.
- ▶ Compliance with all mandatory requirements that directly influence patient care within Clinical Governance, Safety and Quality Policy Framework.

### Consumers

- ▶ Consumers work with clinicians to improve safety by asking appropriate questions about and participating in the care and treatment they are receiving.
- ▶ Consumers are informed, via open disclosure, of adverse events, errors and problems relating to their care and participate in review and corrective action.
- ▶ Consumers are involved in generating lessons learned documents used for educating staff.

### Safety and Quality Team

- ▶ Development and implementation of an overarching NMHS Safety and Quality Operational Plan.
- ▶ Provide an NMHS level focus on clinical safety and risk, specifically; clinical incidents, SAC 1 events, coronial reports, mortality review and clinical risk management.
- ▶ Monitor and report the following to the NMHS to AEG and the Board SQC:
  - ▶ Severity Assessment Code (SAC) 1 clinical incidents and trends across NMHS.
  - ▶ clinical risk profile of NMHS recommendations for patient focused improvements.
- ▶ Undertake NMHS-wide in depth reviews on specific high risk, high impact and or high frequency clinical incidents making recommendations for service-wide improvement's to the AEG and Board SQC.
- ▶ Develop and disseminate “Patient Safety Alerts” and “Sharing Lessons Learned” documents to inform clinical practice on identified clinical risks.
- ▶ Provide oversight of NMHS Coronial reports and recommendations, developing action plans and monitoring the implementation of these plans with the sites.
- ▶ Monitor and coordinate NMHS haemovigilance reporting.
- ▶ Provide administrative, technical and system support for Datix Clinical Incident Management.(CIMS) and Consumer Feedback Module (CFM).
- ▶ Coordinate multi-site clinical incident reviews and specific complex patient reviews as required.

### DEMONSTRATING SUCCESS

- ▶ Quality and safety outcomes are monitored against external benchmarks.
- ▶ Safety and quality trend data is collected and discussed at AEG and Board Safety and Quality Committee.
- ▶ Organisational risks and associated mitigation actions are reported to the Board Audit and Risk Committee.
- ▶ Performance regarding safety culture is reviewed.

## Teaching, training and workforce engagement

Systems are required to support and protect a skilled, competent workforce. This includes strategies and plans for attracting, developing, and retaining high-performance staff to ensure that the health service has the right people with the right skills at the right time to provide patients with optimal care.

Providing a physically and psychologically safe workplace is fundamental to achieving a high-performing workforce and for addressing workplace bullying. Organisational planning including resource allocation must involve transparent and comprehensive staff engagement.

Staff at all levels of the organisation require access to the training and tools to engage in effective change management and to review and improve their practice. Human resources systems should support staff to develop and consolidate their skill base, work within their scope, provide supervision where required and manage performance.

NMHS will provide the following:

- ▶ Management of the workforce to ensure our staff have the appropriate qualifications and experience to deliver high-quality care and to meet changing needs of our consumers
- ▶ A safe and fair workplace based on a 'just' culture and that mutual respect is provided, with systems in place to address issues as workplace bullying
- ▶ Clear communication of role expectations, responsibilities and standards of performance to all staff, and ensure that employees are supported and held accountable for meeting these expectations
- ▶ Mentoring and supervision to support, monitor and develop clinical staff including that a rigorous process for addressing individual performance that prioritises consumer safety
- ▶ Training and tools to enable staff to monitor and improve their own practice and organisational process more broadly
- ▶ A defined system for managing complaints or concerns about a clinician.



## Roles and functions

### Board

- ▶ Ensures there are sufficient levels of trained and qualified staff to safely provide planned services.
- ▶ Ensures teaching, training and research are part of the NMHS strategic direction.
- ▶ Supports staff speaking up for safety in a 'just' culture.

### Chief Executive

- ▶ Endorses and informs the Board in relation to:
  - ▶ level and type of services it provides and its capabilities in service planning
  - ▶ access to technology, equipment, imaging and laboratory services
  - ▶ existing staffing qualifications and skill mix.

### Executive Directors

- ▶ Responsible for governance processes to ensure **new or existing staff are registered to practice by Australian Health Practitioner Regulating Agency (APRHA)**.
- ▶ APRHA staff are credentialed as per College Specialist requirements or by site for Advanced Practice.
- ▶ Site verification for Non-APRHA professional staff of bona fide documentation of qualifications(s).
- ▶ Recruitment processes involve matching skills experience and qualifications to the role and responsibilities of each position.
- ▶ Credentialing committees are effective.
- ▶ Reporting of staff for misconduct to Integrity and Ethics as deemed necessary.

### Clinicians and support staff

- ▶ Comply with APRHA registration to practice requirements.
- ▶ Non-APRHA staff conform to their own profession's Code/Scope of Practice and remain eligible (in good standing) for membership of their Professional Association.
- ▶ All medical practitioners who are practising as independent medical practitioners are credentialed and have a defined scope of clinical practice prior to appointment to NMHS.
- ▶ Comply with WA Health Code of Conduct.
- ▶ Practice behaviour that are aligned with NMHS values.

### DEMONSTRATING SUCCESS

- ▶ Staff engagement and culture is a priority area of focus for the Board and is measured.
- ▶ The training and development budget is fully utilised.
- ▶ Staff orientation and induction includes safety and quality issues.
- ▶ There are high levels of participation in employee performance reviews and professional development planning.
- ▶ There is a system for ensuring that critical clinical training requirements have been met.
- ▶ Resource planning and allocation provides for effective staff supervision and mentoring.



Term	Meaning
Applicability	Under Section 26 of the Health Services Act 2016, policy frameworks may apply to: <ul style="list-style-type: none"> <li>• All Health Service Providers</li> <li>• A type of public health service facility</li> <li>• A type of public health service</li> <li>• A type of staff member of a health service provider.</li> </ul>
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria. Where indicated, changes are implemented and further monitoring is used to confirm improvement in health care delivery.
Clinical care standard	A document comprising of a small number of quality statements that describe the care patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway in line with current best evidence.
Clinical incident	An event or circumstance resulting from health care which could have, or did, lead to unintended and/or unnecessary harm to a patient/consumer.
Clinical governance	A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.
Clinical governance processes	Policies, procedures and systems, such as a patient identification policy, for maintaining and improving the safety and quality, effectiveness and dependability of services provided by a HSP.
Clinical governance structures	Organisational structures, such as clinical audit committees, created for maintaining and improving the safety and quality, effectiveness and dependability of services provided by a HSP.
Clinical management	Positions, and their incumbents, which directly manage one or more clinicians. Clinical management positions may also be clinicians.
Continuous improvement	A systematic, ongoing effort to raise an organisation's performance as measured against a set of standards or indicators.
Health Service Provider	Health Service Provider means a Health Service Provider established under s. 32 of the Health Services Act 2016 and may include North Metropolitan Health Service (NMHS), South Metropolitan Health Service (SMHS), Child and Adolescent Health Service (CAHS), WA Country Health Service (WACHS), East Metropolitan Health Service (EMHS), Quadriplegic Centre and Health Support Services (HSS).
Quality improvement activities	Activities conducted by a Health Service Provider in order to improve the quality and/or safety of the care they provide to patients. Quality improvement activities should use the Health Service Provider's own data in combination with current best evidence.
WA health system	The WA health system is comprised of the Department of Health, Health Service Providers (NMHS, SMHS, CAHS, WACHS, EMHS, Quadriplegic Centre and HSS) and to the extent that contracted health entities provide health services to the State, the contracted health entities.

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