



Clinical Governance Framework

Structures and Systems to Improve the Safety and Quality of Health Care

Northern NSW Local Health District

Person-centred health care
to improve patient outcomes

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SUMMARY

This Clinical Governance Framework provides the structures and systems to improve the safety and quality of health care.

What this means for patients

Our health service will provide you with the best possible health care.

There are systems in place to improve your experience of health care, to improve the benefits from health care to your health and well-being, and to safeguard you from harm or complications arising from health care.

What this means for clinicians

Our health service will support you to provide the best possible care for your patients. There are structures and systems in place to improve patient outcomes:

- Patient safety,
- Patient experience, and
- Other clinical outcomes

As part of your professional practice:

- You are expected to participate in clinical practice improvement initiatives within your clinical unit or department.
- You should participate in multi-disciplinary meetings in your clinical unit or department to review the care provided to your patients.
- You can be a leader, participating in the clinical governance structures and systems which have been set-up to improve patient care.

What this means for the health service

There are clinical governance systems in place throughout the health service to improve the standards of patient care and services provided. These systems are designed to:

- Ensure person-centred health care
- Support clinicians to improve clinical practice
- Build organisational capacity
- Set priorities
- Ensure good governance

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INTRODUCTION

This Clinical Governance Framework provides the structures and systems to improve the safety and quality of health care in Northern NSW Local Health District.

Aim

The aim of this Clinical Governance Framework is to improve patient outcomes in relation to:

- Patient safety,
- Patient experience, and
- Other clinical outcomes

Organisation Culture

The culture throughout the Local Health District (LHD) is fundamental to achieving these aims. This framework promotes a culture of improvement, underpinned by our principles and values, where individuals are well led and supported.

Values

This Clinical Governance Framework exemplifies the CORE values of NSW Health:

- **C**ollaboration. We are committed to working collaboratively with each other to achieve the best possible outcomes for our patients.
- **O**penness. We are committed to openness about the care we provide to our patients, encouraging their feedback to help us provide better services.
- **R**espect. We are committed to respecting the feelings, wishes and rights of our patients and their carers.
- **E**mpowerment. We are committed to ensuring our patients are able to make well informed decisions about their care and treatment.

Principles

This Clinical Governance Framework is for the whole health service. It applies the following principles:

- Leadership
- Caring
- Teamwork
- Innovation
- Standardisation
- Transparency
- Robust data
- Accountability
- Sustainability
- Organisation wide

PERSON-CENTRED HEALTH CARE

People live surrounded by their families, their friends, pets, carers, and, in ever increasing circles, service providers and agencies, workplaces and colleagues and the community.

Living Well: A Strategic Plan for Mental Health in NSW

Person-centred health care:

1. Enables patients to care for themselves, with the help of their carers and family, and when needed, with the help of the health care system.
2. Is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health.
3. Involves the relationships clinicians build with patients, their families and their carers as partners in health care delivery.

The need for person-centred health care

A Northern NSW LHD clinical audit of patients following an unplanned readmission to hospital found more issues relating to the decisions of patients about their planned health care than for all other reasons for readmission to hospital combined.

Health literacy

The complexity of the health system is challenging for everyone who uses it, and this complexity is known to contribute to poor quality and safety outcomes.

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. A health literate health care organisation empowers people to:

- Keep up a healthy lifestyle
- Follow advice about how to look after their own health
- Access the right services and health care
- Manage their chronic health conditions
- Get to the places and appointments they need
- Take medicine the right way
- Fill out health forms and access online health information
- Share their medical history with their health care team
- Understand their health rights and responsibilitiesⁱ

PATIENT OUTCOMES

Patient outcomes are measurable changes in health or the quality of life that result from health care.

We aim to:

Reduce patient harm

Patient safety

More commonly, errors are caused by faulty systems, processes, and conditions that lead people to make mistakes or fail to prevent them.

To Err is Human: Building a Safer Health System

Health care is not as safe as it should be. In the health service, each month about 750 clinical incidents are notified in the Incident Information Management System.

- A small number cause death
- About 1.5% cause major patient harm
- About 51% cause minor patient harm

Improving patient safety means making the systems and processes of care reliable and safe in spite of the fact there will be human error.

We aim to:

Improve patient experience

Patient experience

Each month the Bureau of Health Information (BHI) gathers information from patients across NSW about their experience with services in hospitals and other healthcare facilities. The surveys ask patients questions about different aspects of their care such as accessibility and timeliness, the physical environment of the hospital, safety and hygiene, communication and information, and whether they were treated with respect and dignity.

BHI Patient Survey Program

As a service industry, we must be respectful of our patients and responsive to individual preferences, needs, and values.

Asking people about their personal experiences provides a valuable perspective on the safety and quality of the services provided by our health care system. In

turn, improving patient experience means partnering with patients and community members to address the feedback relating to their experiences of care.

Patients are regularly surveyed by the NSW Health Patient Survey.

We aim to:

Improve other clinical outcomes

Other clinical outcomes

The International Classification of Functioning, Disability and Health provides a standard language and framework for the description of health and health-related domains – domains that help us to describe changes in body function and structure, what a person with a health condition can do in a standard environment (their level of capacity), as well as what they actually do in their usual environment (their level of performance).

World Health Organisation

There are other patient outcomes which are measured through reporting by patients or reporting by clinicians after review of a patient's health condition.

For example: Joint replacement surgery is a frequent surgical intervention performed in the health service to relieve pain, improve function and the quality of life in people with severe osteoarthritis of the hip or knee. The type of clinical outcomes that orthopaedic services monitor and evaluate include:

- **Patient reported measures:** satisfaction following recovery from the surgery, pain or discomfort, joint stiffness, mobility, activities of daily living / self-care, and symptoms of anxiety or depression.
- **Clinician reported measures:** length of stay, range of movement in the joint, leg length discrepancy, dislocations, readmissions, reoperations (e.g. joint revisions), venous thromboembolism, surgical site infections, respiratory infections, and urinary infections.

Reporting patient care and outcomes

Driven by information

This means:

- *Using up-to-date knowledge and evidence to guide decisions about care.*
- *Safety and quality data are collected, analysed and fed back for improvement.*
- *Taking action to improve patients' experiences.*

Australian Safety and Quality Framework for Health Care

Regular review of patient outcomes enables the health service to improve all aspects of the care provided.

“Tier 1 evidence” for improving clinical practice is timely information about the performance of our clinical services:

- Compared to best practice guidelines, and
- Benchmarked with like clinical services

Making tier 1 evidence available

a. Clinical auditing

A significant quantity of clinical auditing and reporting is conducted within the health service. Auditing is coordinated through an annual clinical audit program and generates District wide indicators and reports, enabling clinical units to compare their results. Actionable information is provided for improving clinical practice. Priorities for clinical auditing are based upon clinical risk, performance indicators, and external accreditation requirements.

The District is transitioning to the Quality Audit and Reporting System (QARS). The benefits of using QARS include:

- Generation of reports shortly after the data is entered.
- Standardised questions in audits enabling benchmarked results.
- Retaining the flexibility to ask audit questions of local importance.

b. Clinical quality registries

Clinical quality registries have the potential for making high quality patient level data available for improving clinical practice – provided the clinical registries are designed to enable our clinical services to have free and ready access to their own data, benchmarked with like clinical services.

Healthcare Associated Infections

When Staphylococcus aureus blood stream infections became a performance indicator, the health service established a system to investigate every infection, with a focus upon gathering causation information. This enabled a number of well-targeted prevention strategies to be implemented. There has been a 10-fold decrease in the rate of these infections. Such databases could be converted into local Clinical Quality Registries, accessible to all clinicians.

c. Health analytics

Health analytics refers to the use of analytical techniques to improve clinical and health system outcomes. Analytics already makes some use of administrative data sets. Progressing implementation of the electronic Medical Record means health analytics has much more potential. We will take advantage of opportunities which arise from the implementation of the NSW Health Analytics Framework.

CLINICAL PRACTICE

Standards of Clinical Care

The health service has processes in place to provide clinicians with ready access to best practice guidelines (including relevant Clinical Care Standards), clinical pathways and decision support tools to enable provision of evidence-based care.

Compliance with selected best practice guidelines is monitored through the annual Clinical Audit Calendar, clinical incident management and review of adverse patient outcomes.

Improving Clinical Practice

The frontline capability and capacity for improving clinical practice will continue to be enhanced through:

- Integrated systems of governance.
- Enhancing leadership and teamwork.
- Improving clinician skills and knowledge about improving clinical practice.
- Applying clinical practice improvement tools and methodologies.

There are many clinicians in the health service who are trained to lead change by applying clinical practice improvement methodologies. This will continue to be a key success factor for the implementation of many safety and quality initiatives.

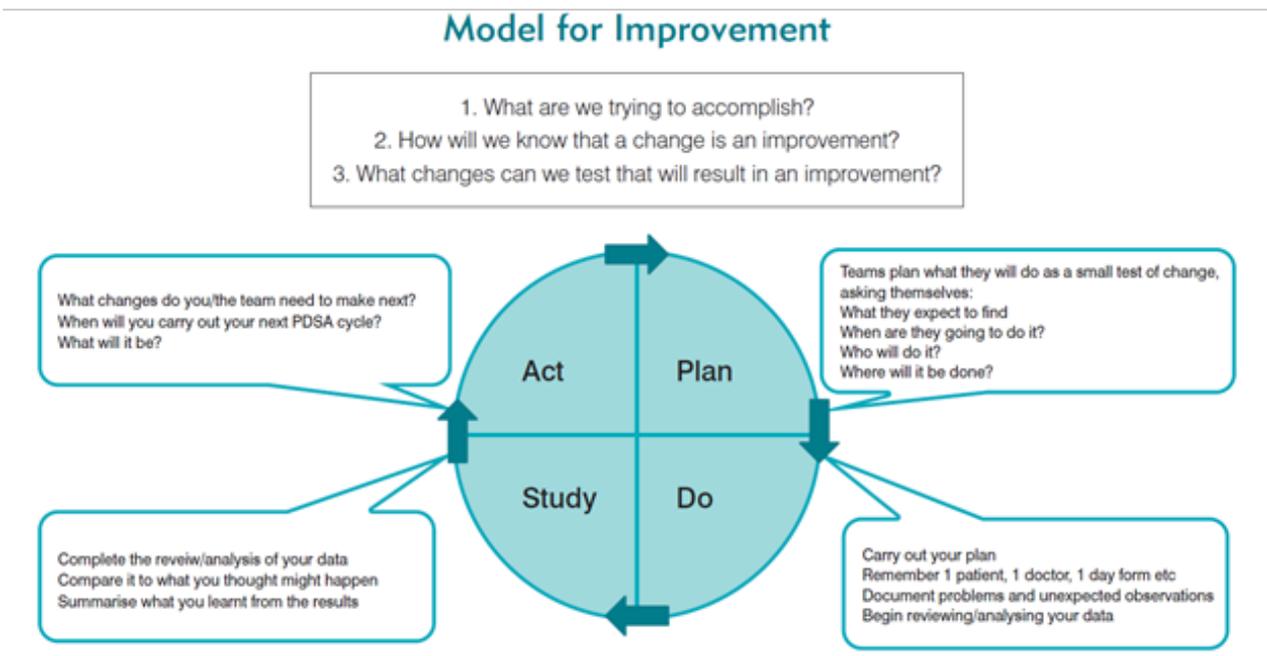
Accreditation against the National Safety and Quality Health Service Standards will continue to drive improvements for the prevention of health care associated infections, medication safety, clinical handover, the prevention of pressure injuries, recognising and responding to clinical deterioration, and the prevention of falls. With the introduction of a Clinical Governance for Health Service Organisations Standard, accreditation will drive improvements which are aimed to reduce unwarranted clinical variation in health conditions which are the subject of Clinical Care Standards.

The *Essentials of Care* Program is a framework to support the development and ongoing evaluation of nursing and midwifery practice and patient care.

The health service will implement systems to monitor variation in clinical practice against expected health outcomes, and use any information on unwarranted clinical variation to identify the need for improvements to clinical practice.

Translational Research

The creation of knowledge through research underpins improvements in our health care system. Translational research seeks to find new or better ways of improving health and wellbeing. A Director of Research within the Clinical Governance Unit will provide strategic leadership to build research capacity, generate high quality research and accelerate research translation within the LHD. Strong collaborative or partnership arrangements between 'research' and 'clinical practice improvement' will be required to support the translation of research into clinical practice.



Source: <http://www.cec.health.nsw.gov.au/quality-improvement/improvement-academy/quality-improvement-tools/model-for-improvement-and-pdsa-cycles>

SETTING THE PRIORITIES

National safety and quality priorities are established by the Australian Commission on Safety and Quality in Health Care. For public hospitals and health services, these are actioned through State jurisdictions.ⁱⁱ

NSW Health Safety and Quality Strategy

Safety and quality priorities are established by the Ministry of Health. These are supported by the Pillars, such as the Clinical Excellence Commission (CEC) and the Agency for Clinical Innovation (ACI). The overarching safety and quality priorities are:

- Better Value Care
- Patient Safety First Initiatives

A NSW Health Safety & Quality Strategy is being prepared by the Clinical Excellence Commission to set out the overarching approach to safety and quality – including leadership, learning and innovating for safety and quality.

NSW Safety and Quality Framework

A Safety and Quality Framework has been prepared for the System Purchasing and Performance Division of the Ministry of Health. This will be applied within their purchasing and performance frameworks.ⁱⁱⁱ

Northern NSW

A LHD Clinical Practice Improvement Plan will be used to set priorities, which is based upon national priorities, NSW priorities and local clinical risk. Local clinical risk, identified from clinical incidents, patient feedback, clinical audit & other means, is the most important way of establishing the highest priorities for action.

Clinical Risk is the most important way of establishing the highest priorities for action

CLINICIAN WORKFORCE

Clinician leadership

Strategies for improving the safety and quality of health care are dependent on strong leadership by clinicians. The Clinical Leadership Program and other leadership programs are used to develop our clinician leaders.

Clinical Leadership Program

Each year, clinicians selected from across Northern NSW LHD participate in the Clinical Leadership Program developed by the Clinical Excellence Commission.

- The Foundational Program is aimed at middle clinicians and managers. It uses a practice development framework and is delivered locally.
- The Executive Program is aimed at senior clinician managers. It is delivered centrally in Sydney by experts who have worked extensively in the areas of leadership, communication and professional development in a health care context.

Both programs aim to improve patient safety and clinical quality through enhanced leadership practices.

Clinician participation

As part of their professional practice:

- All clinicians are expected to participate in clinical practice improvement initiatives within their clinical unit or department.
- Clinicians should participate in multi-disciplinary meetings to review safety and quality matters within their clinical unit or department.
- Clinicians are encouraged to become leaders, participating in clinical governance structures and systems which have been set-up to improve patient care.

Clinician supervision and mentoring

Supervision of medical, nursing and midwifery, allied health and oral health clinicians is provided whenever it is necessary for individuals to perform their roles safely. For example, supervision is a part of good medical practice. Contributing to the professional development of junior doctors can be one of the most rewarding aspects of a senior clinician's practice. The quality of supervision makes a difference to the quality of patient care. Patient safety comes first.

Scope of Clinical Practice

The health service has systems to define and regularly review the scope of practice of all health professionals in the clinical workforce.

Continuing Professional Development

The Continuing Professional Development (CPD) of clinicians is an important component of organisational capacity building. Current safety and quality priorities include:

- Orientation (safety and quality matters).
- Leadership development.¹
- Clinical practice improvement methodology.
- Recognising and responding to clinical deterioration.
- Prevention of healthcare associated infections.
- Medication safety.
- Incident and complaints management, and open disclosure.
- Implementation of new projects and initiatives.

Clinician resilience

Caring for patients with serious illness can be both pleasing and challenging. Resilience is the ability to cope and thrive in the face of negative incidents, challenges or adversity. It comes from working in a well-led and supportive work environment and from having the individual capacity to 'bounce back' from stress. As part of a Workforce Development plan, the District will to establish a model to improve clinician resilience. This model could include:

- The role played by our leaders.
- Partnering with professional peers.
- Teaching professional skills, such as having difficult conversations.
- Supporting clinicians who need assistance, such as when involved in a serious clinical incident.
- Referral to appropriate professional services when required, such as the Employee Assistance Program.

Complaints or concerns about clinicians

Sometimes complaints or concerns are raised about the practice of a clinician. These must be appropriately investigated and acted upon.

¹ Clinical Leadership Program

BUILDING CAPACITY

Accreditation

Accreditation has been used for many years to drive the development of organisational systems for improving the safety and quality of health care.

Standard 1 *Governance for Safety and Quality in Health Service Organisations* applies the following criteria:

Governance and quality improvement systems

There are integrated systems of governance to actively manage patient safety and quality risks.

- Policies, procedures and/or protocols
- Governance to monitor and take action
- Workforce roles, responsibilities and accountabilities
- Training in safety and quality
- Risk management system
- Quality management system

Clinical practice

Care provided by the clinical workforce is guided by current best practice.

- Developing and/or applying clinical guidelines or pathways
- Managing patients at risk of harm
- Integrated patient clinical record

Performance and skills management

Managers and the clinical workforce have the right qualifications, skills and approach to provide safe, high quality health care.

- Scope of practice of the clinical workforce
- Performance development system
- Education and training
- Assess workforce engagement with, and understanding of the safety and quality system

Incident and complaints management

Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

- Incident management system
- Complaints management system
- Open disclosure

Patient rights and engagement

Patient rights are respected and their engagement in their care is supported.

- Patient charter of rights
- Partnerships with patients about their care / informed consent
- Confidentiality of patient clinical records
- Patient experience

Organisational Safety Improvement Matrix

The Organisational Safety Improvement Matrix is a capability development process used to identify organisational accelerators and barriers to safety improvement.

It involves a facilitated annual review of 20 criteria in four organisational domains:

Organisational systems and structures

- Framework for improvement
- People development
- Measurement systems
- Prioritisation of improvement activities
- Strategic alignment
- Systems approach to improvement
- Knowledge management
- Governance of improvement

Workforce skills and knowledge

- Improvement training and professional development
- Depth of improvement skills and knowledge
- Breadth of improvement skills and knowledge

Results and system impact

- Analysis of operational metrics
- Improvement outcomes
- Impact upon organisational Key Performance Indicators (KPIs)

Culture and behaviour

- Staff role in improvement
- Business improvement approach
- Spread of best practice
- Reward and recognition
- Staff engagement in improvement
- Leadership

For each criterion, there are five levels of maturity: foundation, building, refining, consolidating, and best practice.

The feedback obtained will be used to establish priorities for developing the organisational capability and capacity for improving the safety of health care.

GOVERNANCE

Governance involves the mechanisms and processes of interaction and decision making by which an organisation is controlled and directed. It ensures accountability, transparency, responsiveness, rule of law, stability, equity and inclusiveness, empowerment, and broad-based participation.

Local Health Districts (LHDs) are constituted in accordance with the *Health Services Act 1993* (NSW).

- The Chief Executive is appointed to manage and control affairs of the LHD.
- The LHD Board is established to perform the functions in s28 of the Act.^{iv}

The NNSW LHD Board must ensure effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services.

Governance Structures

The Northern NSW LHD **Health Care Quality Committee** (HCQC) is the peak safety and quality committee for the LHD. It is a committee of the LHD Board, established in accordance with the By-Laws and the NSW Health Corporate Governance and Accountability Compendium. The Committee is to provide advice or other assistance on issues as requested by the LHD Board or Chief Executive.

The functions of the Committee are to ensure that:

- A focus upon person-centred care is maintained, which aims to improve:
 - Patient safety
 - Patient experience
 - Clinical outcomes
- A focus upon improving clinician leadership is fostered throughout the LHD.
- A workplace culture based upon the NSW Health CORE values is nurtured.
- There is consultation with clinicians, community members and other stakeholders regarding the quality and safety of services.
- An effective clinical governance framework is established to support the maintenance and improvement of standards of patient care and services by the Local Health District and to approve that framework.
- There is oversight of the identification and management of high-level clinical risks on the LHD Risk Register. Clinical risks are a key consideration when assessing priorities for clinical practice improvement.
- An effective clinical policy framework is established to support the maintenance and improvement of standards of patient care and services.
- The Patient Safety and Clinical Quality Program is maintained.

- The safety and quality performance expectations of the LHD Service Agreement with the Ministry of Health are met.
- Clear lines of accountability for clinical care are established and are communicated to clinical staff and staff who provide direct support to them.
- There is an effective organisational complaint management system.
- There is a systematic process for the identification and management of clinical incidents.
- Appropriate accreditation of healthcare facilities and their services is achieved.
- High standards of professional conduct and performance are maintained.
- There is compliance with relevant laws and policy directives.

Committees throughout Northern NSW LHD, and escalation of matters through operational reporting structures, assist the HCQC to provide good governance over standards of patient care and service delivery. Each operational service must have safety and quality committees in place that provide governance at all levels of the organisation. This includes multi-disciplinary meetings for all clinical units / departments.

Risk Management

NNSW LHD has an enterprise wide risk management framework in place.

- The HCQC provides governance oversight of the identification and management of the high-level clinical risks on the LHD Risk Register.
- The other clinical governance committees throughout the LHD must provide governance oversight of the clinical risks within their domain of responsibility.

Information for Governance

Clinical governance committees require up-to-date knowledge and evidence to guide their decisions about standards of patient care and services. This knowledge and evidence will usually be by way of briefs or reports related to the agenda items.

The HCQC monitors key safety and clinical quality performance indicators through a monthly 'Patient Safety and Clinical Quality Report'.

LEADERSHIP AND ACCOUNTABILITY

Leadership and accountability are fundamental principles for this Clinical Governance Framework.

LHD Service Agreement

An annual LHD Service Agreement is established between the Ministry of Health and the LHD. The safety and quality matters applicable to this Service Agreement are:

- Patient Safety and Clinical Quality Program
- Accreditation – all hospitals must be accredited against the National Safety and Quality Health Service Standards.
- Policy and Planning – planning for safety and quality.
- Purchasing Framework – purchasing for safe high quality high value healthcare. There are purchasing incentives for Leading for Better Value Care and Hospital Acquired Complications.
- Monitoring, evaluation and performance reporting – increased focus on safety and quality KPIs.
- Performance Framework – increased focus on improving safety and quality.
- Leading for Better Value Care.
- Safety and Quality Accounts – the LHD is required to complete a Safety and Quality Account that will review performance against the safety and quality performance domains.
- Safety and Quality Plan – the results of the Safety and Quality Account will be used to inform the development of a Safety and Quality Plan for the following year.

Business Plans

These safety and quality matters in the LHD Service Agreement are built into annual business plans.

Performance

Clear accountability for safety and quality is built through:

- Safety and quality measures
- Safety and quality accounts
- Progress against the annual safety and quality plan

CLINICAL POLICY

Clinical Care Standards

The Australian Commission on Safety and Quality in Health Care established the Clinical Care Standards program to support the delivery of appropriate care and reduction of unwarranted clinical variation.

A Clinical Care Standard is 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.

NSW Health Policy Directives and Guidelines

Staff within the LHD are required to:

- Comply with all NSW Health Policy Directives
- Adhere to Guidelines – sound reasoning must exist and be documented for departing from recommended standards within a Guideline
- Note the information contained in Information Bulletins

When developing and managing policy documents, the health service must comply with the standards contained in NSW Health policy directives. The District must ensure that once issued, NSW Health policy documents are not amended, added to or otherwise altered or rebadged.

Northern NSW LHD Policies, Procedures and Protocols

The NNSW LHD Clinical Policy Framework ([NC-NSW-POL-6740-13](#)) is a framework within which all LHD clinical policies, guidelines and protocols are developed, approved and evaluated.

The clinical policy documents of the health service are maintained in the online policy document library by the Clinical Governance Unit. The online library ensures clinicians have ready access to best practice guidelines, clinical pathways and decision support tools enable evidenced based clinical practice.

ACCREDITATION

Safety and Quality Standards

National Safety and Quality Health Service ([NSQHS](#)) Standards were developed to drive the implementation of safety and quality systems and improve the quality of health care in Australia. Each standard comprises a number of criteria and actions.

- All hospitals must be accredited to the NSQHS Standards.
- The Clinical Excellence Commission supports the NSW Ministry of Health in its regulatory functions. They monitor the outcomes of accreditation of health service organisations and respond to emerging issues.
- Health service organisations implement the actions required to meet the NSQHS Standards
- Accrediting agencies assess health service organisations against the NSQHS Standards.

The Australian Commission on Safety and Quality in Health Care will soon be releasing version 2 of NSQHS Standards.

CLINICAL GOVERNANCE UNIT

“The Director Clinical Governance (DCG) is responsible for establishing, directing and managing the Clinical Governance Unit (CGU) to lead and support clinical excellence within the Local Health District. The position is responsible for developing and maintaining a strong relationship between the Local Health District and the Clinical Excellence Commission, and will provide high level expert advice to the Chief Executive on clinical governance issues, and work collaboratively with other members of the Local Health District Executive to analyse, maintain and improve clinical safety and quality systems.”

DCG Position Description

The role of the Clinical Governance Unit is to lead, coordinate and support the implementation of the *Patient Safety and Clinical Program* throughout the LHD.²

The core functions of this program are:

- There are systems in place to monitor and review patient safety.
- The organisation has developed and implemented policies and procedures to ensure patient safety and effective clinical governance.
- An incident management system is in place to effectively manage incidents that occur within health facilities and risk mitigation strategies are implemented to prevent their reoccurrence.

² All clinical governance functions involve operational services (Health Service Groups; Mental Health, Drug & Alcohol; and other clinical streams).

- Complaints management systems are in place and complaint information is used to improve patient care.³
- There are systems in place to review all deaths.
- Audits of clinical practice are carried out and, where necessary, strategies for improving practice are implemented.

The other functions of the Clinical Governance Unit are to lead, coordinate and support:⁴

- The accreditation of hospitals.
- The prevention of healthcare associated infections.
- The recognition and management of clinical deterioration.
- The recognition and management of sepsis.
- Improvement of medication safety.

The Clinical Governance Unit has also been asked by the Chief Executive to lead the following:

- Coordination of the LHD Quality Awards
- Coordination of participation in NSW Health Awards
- Coordinate action related to the NSW Patient Survey
- Corporate risk management
- Patient privacy
- Research

There are numerous NSW Health Policy Directives, Guidelines and Information Bulletins related to the functions performed by the CGU.^v

This Framework was formally endorsed by the Northern NSW LHD Board at its meeting on 30 August 2017.

Signed:  Date: 

The Hon Dr Brian Pezzutti CSC RFD
Chair
On behalf of the
Northern NSW Local Health District Board

³ Includes the management of complaints or concerns about clinicians.

⁴ Some of these other functions are performed in collaboration with other LHD Directorates.

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Appendix A

**Northern NSW LHD Clinical Governance Framework
Commitment to Improving Clinical Practice**

I have read the Clinical Governance Framework, and agree to its provisions for clinician participation while working in Northern NSW Local Health District.

As part of my professional practice:

- *I will participate in clinical practice improvement initiatives within my clinical unit or department.*
- *I should participate in multi-disciplinary meetings to review safety and quality matters within my clinical unit or department.*
- *I may have the opportunity to become a clinical leader, by participating in the clinical governance structures and systems which have been set-up to improve patient care.*

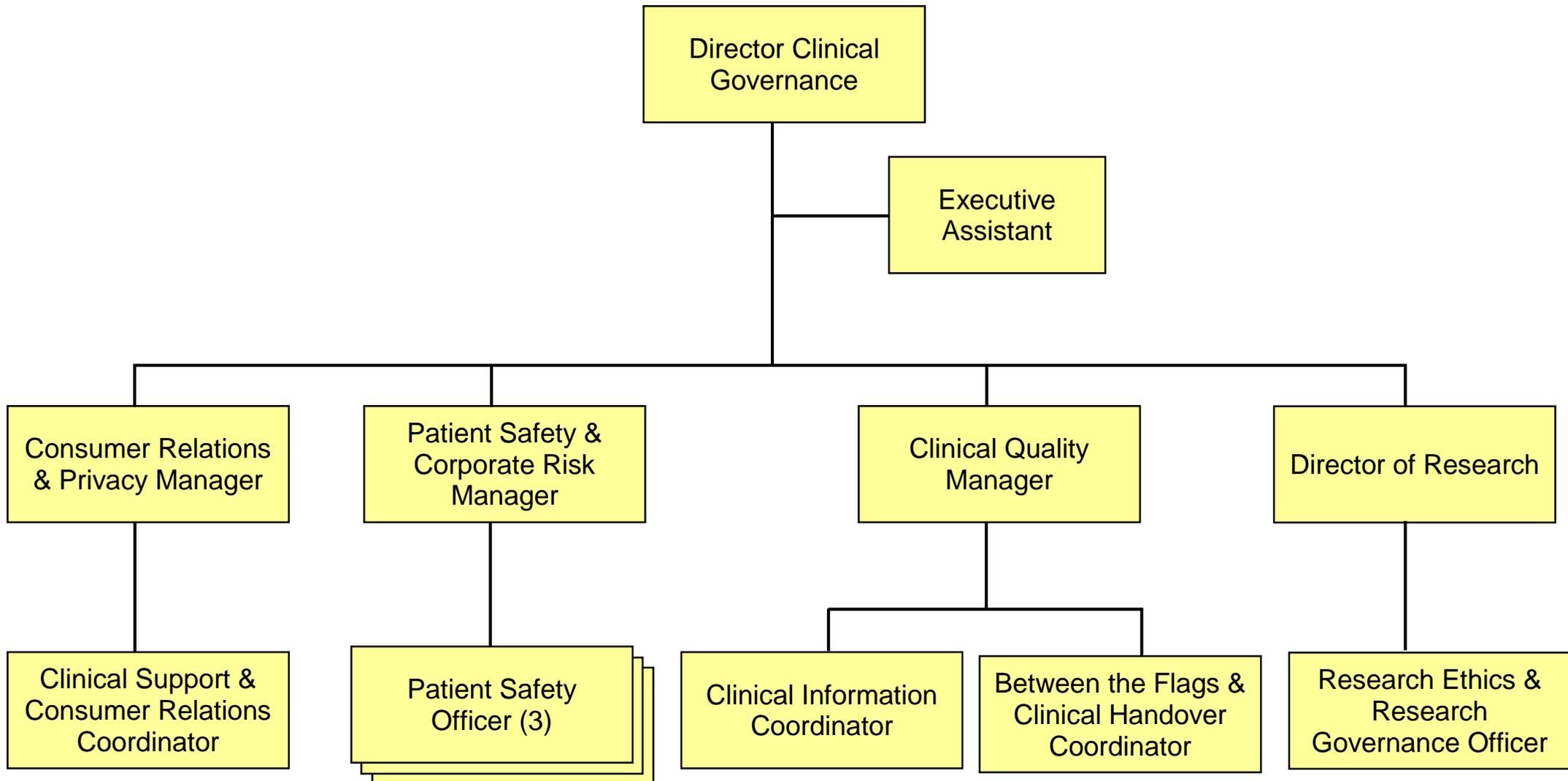
By signing this, I acknowledge my commitment to improving clinical practice in order to achieve the best outcomes for patients.

.....
Print name

.....
Signature

.....
Date

Clinical Governance Unit – Organisational Structure
(as at June 2017)



ENDNOTES

ⁱ NSW Health PD2011_022 Your Health Rights and Responsibilities

ⁱⁱ **Australian Safety and Quality Framework**

The Framework specifies three core principles for safe and high-quality care.

1. Consumer centred

This means:

- Providing care that is easy for patients to get when they need it.
- Making sure that healthcare staff respect and respond to patient choices, needs and values.
- Forming partnerships between patients, their family, carers and healthcare providers.

2. Driven by information

This means:

- Using up-to-date knowledge and evidence to guide decisions about care.
- Safety and quality data are collected, analysed and fed back for improvement.
- Taking action to improve patients' experiences.

3. Organised for safety

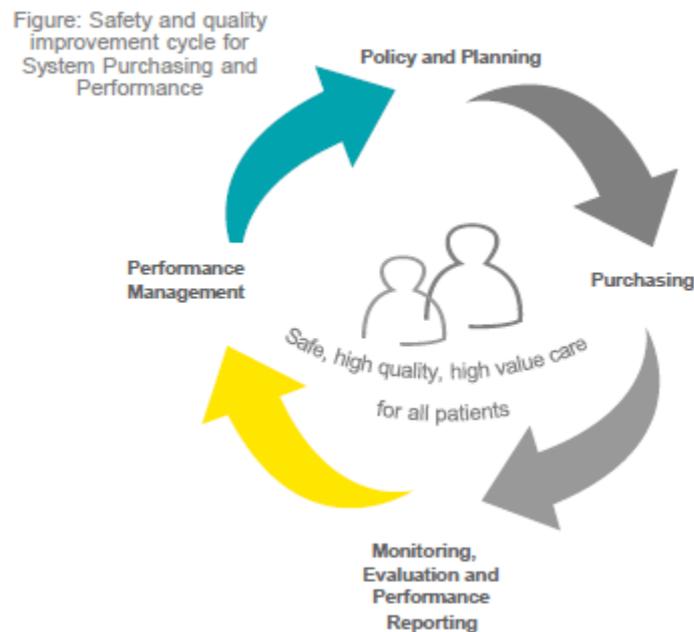
This means:

- Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.



iii NSW Safety and Quality Framework

A Safety and Quality Framework has been prepared for the System Purchasing and Performance Division of the Ministry of Health.



This applies a Safety and Quality Improvement Cycle in its processes for system purchasing and performance:

- Planning for safety and quality (throughout all policy and planning)
- Purchasing for safe high quality high value healthcare (through the Purchasing Framework)
- Monitoring, evaluation and performance reporting focuses on safety and quality (along with financial and activity reporting).
- Performance management focuses on improving safety and quality (along with financial and activity performance, through the Performance Framework)

The Ministry of Health priorities flow through into the annual LHD Service Agreement and related documents. These are:

- Patient Safety and Clinical Quality Program (e.g. incident management)
- Accreditation of hospitals
- Leading for Better Value Care (8 mandated priorities)
- Incentives in purchasing model (includes Hospital Acquired Complications)
- Safety and Quality Key Performance Measures and Improvement Measures
- An annual LHD Safety and Quality Account
- An annual Patient Safety First Plan

iv s28 Functions of local health district boards

The local health district board for a local health district has the following functions:

- (a) to ensure effective clinical and corporate governance frameworks are established to support the maintenance and improvement of standards of patient care and services by the LHD and to approve those frameworks,
- (b) to approve systems:
 - (i) to support the efficient and economic operation of the LHD, and
 - (ii) to ensure the district manages its budget to ensure performance targets are met, and
 - (iii) to ensure that district resources are applied equitably to meet the needs of the community served by the district,
- (c) to ensure strategic plans to guide the delivery of services are developed for the LHD and to approve those plans,
- (d) to provide strategic oversight of and monitor the LHD's financial and operational performance in accordance with the State-wide performance framework against the performance measures in the performance agreement for the district,
- (e) to appoint, and exercise employer functions in relation to, the Chief Executive of the LHD,
 - (e1) to ensure that the number of NSW Health Service senior executives employed to enable the LHD to exercise its functions, and the remuneration paid to those executives, is consistent with any direction by the Health Secretary or condition referred to in section 122 (2),
- (f) to confer with the Chief Executive of the LHD in connection with the operational performance targets and performance measures to be negotiated in the service agreement for the district under the National Health Reform Agreement,
- (g) to approve the service agreement for the LHD under the National Health Reform Agreement,
- (h) to seek the views of providers and consumers of health services, and of other members of the community served by the LHD, as to the district's policies, plans and initiatives for the provision of health services, and to confer with the Chief Executive of the district on how to support, encourage and facilitate community and clinician involvement in the planning of district services,
- (i) to advise providers and consumers of health services, and other members of the community served by the LHD, as to the district's policies, plans and initiatives for the provision of health services,
- (j) to endorse the LHD's annual report,
- (k) to liaise with the Boards of other LHDs and specialty network governed health corporations in relation to both local and State-wide initiatives for the provision of health services,
- (l) such other functions as are conferred or imposed on it by the regulations.

Health Services Act 1992 (NSW)

▼ NSW Health Policy Directives, Guidelines and Information Bulletins related to the functions performed by the CGU

There are many policy documents related to the functions performed by the CGU.
[In the list, “DCG” and “CGU” indicates the policy specifies responsibilities for the DCG and CGU respectively]

Core functions performed by the CGU

Overarching

PD2005_608 Patient Safety and Clinical Quality Program [CGU]

Incident Management /Patient Safety

PD2007_075 Lookback Policy [DCG]

PD2014_004 Incident Management Policy [CGU]

PD2014_028 Open Disclosure Policy [DCG]

PD2013_009 Safety Alert Broadcast System Policy Directive [DCG]

Complaints / Consumer Relations

PD2006_007 Complaint or Concern about a Clinician - Principles for Action

GL2006_002 Complaint or Concern about a Clinician - Management Guidelines

PD2006_073 Complaint Management Policy

GL2006_023 Complaint Management Guidelines

PD2011_022 Your Health Rights and Responsibilities

Death Review (There is no policy specifically on death review, but knowledge of the following is required)

PD2007_025 Stillbirth - Management and Investigation

IB2007_021 Stillbirth - Information for Parents about Post Mortem Examinations

PD2008_070 Death - Management of sudden Unexpected Death in Infancy

PD2010_054 Coroners Cases and the Coroners Act 2009

PD2011_076 Deaths - Review and Reporting of Perinatal Deaths

IB2014_028 Child Death Review Team – Access to Records

PD2015_040 Death - Verification of Death and Medical Certificate of Cause of Death

Managing Clinical Risks Related to Accreditation Standards

Healthcare Associated Infections

PD2017_013 Infection Prevention and Control Policy [DCG]

PD2011_060 Central Venous Access Device Insertion and Post Insertion Care [DCG]

PD2012_061 Environmental Cleaning Policy [DCG]

GL2013_013 Peripheral Intravenous Cannula (PIVC) Insertion and Post Insertion Care in Adult Patients

GL2015_016 Adult Urethral Catheterisation for Acute Care Settings

Medication Safety

PD2012_006 Safe Administration of Liquid Medicines by Routes other than Injection [DCG]

PD2012_068 Outpatient Pharmaceutical Arrangements and Safety Net Arrangements

PD2013_043 Medication Handling in NSW Public Health Facilities [DCG]

PD2015_007 Pharmaceuticals - Preparation in NSW Public Health Facility Pharmacy Services [DCG]

PD2015_029 High-Risk Medicines Management Policy [DCG]

PD2016_033 Approval Process of Medicines for Use in NSW Public Hospitals [DCG]

PD2016_058 User-applied Labelling of Injectable Medicines, Fluids and Lines [DCG]

Patient ID and Procedure matching

PD2014_024 Patient Identification Bands [DCG]

Clinical Handover

PD2009_060 Clinical Handover - Standard Key Principles

Blood and Blood Products

PD2012_016 Blood - Management of Fresh Blood Components

Pressure injuries

PD2014_007 Pressure Injury Prevention and Management [CGU]

Clinical Deterioration

PD2013_049 Recognition and Management of Patients who are Clinically Deteriorating

Falls

PD2011_029 Falls - Prevention of Falls and Harm from Falls among Older People

Managing Other Clinical Risks

Cardiac

GL2017_006 NSW Clinical Service Framework for Chronic Heart Failure [DCG]

Maternity

PD2009_003 Maternity - Clinical Risk Management Program [DCG]

Nasogastric Feeding

PD2009_019 Fine Bore Nasogastric Feeding Tubes for Adults Policy [DCG]

VTE

PD2014_032 Prevention of Venous Thromboembolism [DCG]

Other Functions Performed by the CGU

Privacy

GL2006_007 Privacy Internal Review Guidelines NSW Health
PD2015_036 Privacy Management Plan
Policy Manual: Privacy Manual for Health Information
IB2008_044 Chaplaincy Services and Privacy Law

Risk management

PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health

Research

GL2006_021 Human Tissue - Requirements of the Human Tissue Act 1983 in relation to research & use of tissue
GL2006_011 Assisted Reproductive Technology - Ethical Guidelines
PD2007_035 Human Research Ethics Committees: Standards for Scientific Review of Clinical Trials
GL2007_016 Human Research Ethics Committees - Standardised Patient Information Sheets (PIS)
GL2007_020 Human Research Ethics Committees - Quality Improvement & Ethical Review: A Practice Guide for NSW
PD2008_046 Human Research Ethics Committees: Ethical Review for External Entities
PD2008_030 HREC and Research Governance: Fee Policy for Review of Commercially Sponsored Research
PD2010_055 Research - Ethical & Scientific Review of Human Research in NSW Public Health Organisations
PD2010_056 Research - Authorisation to Commence Human Research in NSW Public Health Organisations
PD2010_057 Research - Human and Animal research and the National Health & Medical Research Council Act 1992
GL2010_015 Operations Manual: Research Governance Officers
GL2010_014 Operations Manual: Human Research Ethics Committee Executive Officers
PD2011_006 Clinical Trials - Insurance and Indemnity
GL2011_001 Research Governance in NSW Public Health Organisations
PD2011_028 Clinical Trial Research Agreements for Use in NSW Public Health Organisations
GL2013_009 Human Research Ethics Committees: Standard Operating Procedures for NSW Public Health Organisations
IB2017_006 National Health and Medical Research Council Research Staff Salary Rates

NNSW LHD Clinical Policy Cover Sheet

<p align="center">COVER SHEET</p> <p>NNSW Local Health District CLINICAL Policy Framework</p>	
Name Of Document	Clinical Governance Framework
Type of Document	Policy
Document Number	NC-NNSW-POL-6444-12
Superseded Document	NC-AREA-PLA-087
Sites/Services where compliance with this Policy is mandatory.	All NNSW LHD
Related Ministry of Health PDs, LHD Documents or Australian Standards:	<ul style="list-style-type: none"> • PD2005_608 Patient Safety and Clinical Quality Program • PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health. • NSW Health Risk Matrix
Risk Management	This Framework provides the structures and systems to improve the safety and quality of health care in NNSW LHD.
Current Risk Rating	N – Moderate / Unlikely
Targeted Risk Rating	Y – Minimal / Rare
Date Created	August 2005
Date of Publication	1 September 2017
Next Review Date	1 September 2022
Author	Dr David Hutton
Clinical Authority	NNSW LHD Health Care Quality Committee
Management Authority	NNSW LHD Health Care Quality Committee
Executive Sponsor	Executive Director Clinical Governance
Key Words	Governance, framework, clinical, monitoring.

Summary	This Clinical Governance Framework provides the clinical governance structures and processes for NSW LHD. The monitoring, evaluation and enhancement of the structures and processes within this framework will be ongoing, consistent with a quality management approach.
Date Approved for Electronic Distribution by NSW LHD Chief Executive	1 September 2017
Signature NSW LHD Chief Executive	Wayne Jones