Clinical Governance Policy & Framework

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<tr>
<th>Scope</th>
<th>All Departments</th>
<th>All Staff</th>
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<tr>
<td>Responsible Department</td>
<td>Quality @ BH</td>
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<tr>
<td>Approved by</td>
<td>Group Clinical Quality &amp; Risk</td>
<td>May 2015</td>
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<td>Authorised By</td>
<td>Group Executive</td>
<td>June 2015</td>
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INTRODUCTION
Clinical governance is, at its core, about being accountable for providing good safe care, and is fundamental to continuing to improve patient safety in our health care system. The principles of the Victorian Clinical Governance Framework have been adopted by Bendigo Health and provide a basis for supporting excellence and good governance of clinical care:

1. The focus is on the consumer experience throughout the continuum of care.
2. Priorities and strategic direction are communicated clearly to support quality and safety systems.
3. Planning and resources allocation supports achievement of goals.
4. Strong clinical leadership and ownership.
5. Organisational culture supports patient safety and quality improvement initiatives and is supported through committee structures, systems and processes.
6. Compliance with legislative and departmental policy requirements, including accreditation.
7. Rigorous measurement of performance and progress, including reporting and review.
8. Continuous improvement of quality and safety.
9. Clearly defined roles and responsibilities are understood by all participants in the system.

DEFINITION
Clinical Governance - the framework of rules, relationships, systems and processes within BH by which managers and clinicians share responsibility and are held accountable for patient care, minimising risks, and for continuously monitoring and improving the quality of clinical care. It provides a way of ensuring that that BH meets its statutory obligations, maximises safety of patients and ensures resources are directed toward quality improvement and safety throughout a health service, at every level.

POLICY
1. Clinicians and clinical teams are responsible and accountable for the safety and quality of care they provide.
2. The Chief Executive Officer, Executive Directors and management are responsible and accountable for ensuring systems and processes are in place.
to support clinicians in providing safe, high quality care and engage clinicians to participate in clinical governance activities.

3. Bendigo Health will ensure it maintains a Clinical Governance Framework as part of its integrated Risk Management approach, within the domains of quality (as described in the Victorian Clinical Governance Policy Framework, 2009.)

4. Bendigo Health will have a focus on quality improvement ensuring that quality systems and processes are in place, that staff understand and recognise the necessity of completing the quality cycle, that quality activities are integrated into day-to-day operations and the importance of maintaining evidence of quality activities/outcomes.

5. The Clinical Governance Framework will comprise of policies, protocols, guidelines, activities and a committee structure including reporting mechanisms designed to ensure that standards of care are systematically monitored, reported, evaluated and improved.

6. The committees within the Clinical Governance Framework will report and action, where required, any identified issues or concerns likely to impact on BH’s capacity to provide high quality and safe care, and will evaluate the effectiveness of these actions.

FRAMEWORK
Bendigo Health’s clinical governance framework is based around the domains of quality and safety:

1. Consumer Participation – is the process of involving consumers and community members in decision making about their health care, health service planning, policy development, setting priorities and quality issues in health service delivery. We focus on this at Bendigo Health by:
   - Observing the Charter of Human Rights and Responsibilities (Observance) Policy.
   - Implementing a Consumer and Community Participation Policy and Community Participation Plan.
   - Implementing a Diversity Policy and Communication, Language and Interpreting Services Protocol which recognise the right of consumers from diverse backgrounds to have effective access to services and information in our health service.
   - Displaying and distributing the Australian Charter of Healthcare Rights in Victoria.
   - Supporting the Community Advisory Committee to fulfil its functions as a subcommittee of the board.
   - Representatives of the Community Advisory Committee are members on key organisational committees such as the Strategic Planning Subcommittee, Quality Care Council and Diversity Committee
   - Implementing a Consumer Complaint protocol that ensures all complaints made about BH are investigated and processed in a timely and appropriate manner, with patient/client confidentiality respected at all times.
   - Monitoring and acting on reports received from the Victorian Health Experience Survey

2. Clinical Effectiveness – is ensuring the right care is provided to the right patient who is informed and involved in their care at the right time by the right clinician with the right skills in the right way.
We focus on this at Bendigo Health by:

- Maintaining full accreditation of our health service and residential care facilities by participating in designated accreditation assessments and continuous improvement activities.
- Participating in clinical audit, benchmarking activities and clinical indicator programs.
- Promote continuous improvement by acknowledging strong leadership and culture in a quality and safety.
- Producing an annual Quality of Care report to our community which provides information on aspects of clinical care, outcomes, safety and quality including internal and external measures of performance.

3. Effective Workforce – *Staff must have appropriate skills and knowledge to fulfil their roles and responsibilities within the organisation. Support is required to ensure clinicians and managers have the skills, knowledge and training to perform the tasks that are required of them and that they understand the concept of governance.*

We focus on this at Bendigo Health by:

- Implementing Credentialing and Scope of practice protocols (see references and associated documents and procedures to ensure a minimum standard of credentials for clinicians and practitioners.
- Implementing a [Performance Review and Development Policy](#) to ensure that all staff participate in an annual PRDP process with their manager. This ensures that the manager and staff member takes equal responsibility for maintaining the skills, performance and competence required to meeting organisational and position expectations.
- Providing opportunities for continual workforce orientation, development, education and training to improve quality and safety.
- Maintaining, monitoring and reporting on Occupational Health and Safety programs.
- Recognising excellence in quality improvement initiatives amongst our workforce through our annual Quality Awards program.

4. Risk Management – *Clinical risk management is part of the broader organisational risk management system which integrates the management of organisational, financial, occupational health and safety, plant, equipment and patient safety risk.*

We focus on this at Bendigo Health by:

- Implementing an organisation wide [Risk Management Policy](#)
- Maintaining and reporting from an organisation-wide risk register.
- Reporting incidents on VHIMS and investigating clinical incidents as per the [Patient/Client Incident and Adverse Event Protocol](#). It assists us in identifying underlying causes and make changes to systems and processes.
- Implementing an [Open Disclosure Protocol](#) to ensure a consistent approach to communicating with patients (and/or their support person) following an adverse event.
- Maintaining a legislative compliance program which aims to identify and remedy any deficiencies in compliance and to seek continuous improvement.
GOVERNANCE & LEADERSHIP
The Board establishes appropriate procedures to monitor both the external and internal environment, assess the spectrum of risks, ensure effective management of risk, monitor compliance issues and set parameters for resource management. They have responsibility for the standards of care delivered in our catchment area and for providing structures and environment in which the delivery of high quality care can be facilitated. The Bendigo Health Quality Assurance Plan is the overarching document for Bendigo Health’s Quality Assurance process. The Board of Directors of Bendigo Health have ultimate responsibility for the Quality Assurance program applied within our clinical governance framework, ensuring that it is driven by a demonstrated commitment at all levels of the organisation.

The Board, through its delegations to the Chief Executive, ensures there is a clinical governance framework and systems are established, monitored, evaluated and continuously improved. The Chief Executive allocates Executive Director responsibility for clinical governance consistent with each Executive Director’s line management responsibilities.

ROLES & RESPONSIBILITIES
Roles and responsibilities vital to ensuring that Clinical Governance is maintained can be divided into key roles and support roles. The key roles include staff who are directly involved in clinical services, both direct patient care and management, and include clinicians (nursing, medical and allied health), business managers and senior managers (Business, Nursing and Clinical Directors). The support roles assist in clinical governance activities and include quality representatives and Quality @ BH staff.

REPORTING AND MONITORING
Reporting for Clinical Governance includes indicators and other measures of patient safety and quality that are reported to and from committees and clinical review teams, as well as reports to management and departmental meetings. Responses to identified clinical risks are either addressed at the specified committee or referred to the next level of the reporting structure for actioning.

REFERENCES and ASSOCIATED DOCUMENTS
Bendigo Health Policies and Protocols
- Allied Health Credentialing and Scope of Practice Protocol
- Allied Health Credentialing and Scope of Practice Policy
- Allied Health Credentialing and Scope of Practice Standards Table
- Clinical Practice/ Technology (CPT) Policy
- Consumer Complaint Management Protocol
- Consumer (Patient and Carer) Participation Framework
- Credentials & Scope of Practice for Community Dental Services Staff Policy and Procedure
- Credentials and Scope of Practice for Technologists and Scientists Policy
- Diversity Policy
- Development, Review and Approval Process for Clinical Policies, Protocols and Guidelines Policy
- Communication, Language and Interpreting Services Protocol
• Nursing and Midwifery Credentialing and Scope of Practice Committee Terms of Reference
• Nursing and Midwifery Registration Policy
• Nursing and Midwifery Registration Procedure
• Occupational Health and Safety Policy
• Open Disclosure Protocol
• Patient/Client Incident and Adverse Event Protocol
• Performance Review and Development Policy
• Quality Assurance Plan
• Risk Management Plan and Guidelines 2013-2014
• Risk Management Policy
• Senior Medical Staff Credentials and Scope of Practice Policy
• Senior Medical Staff Credentials and Scope of Practice Procedure

Standards
Victorian Clinical Governance Policy Framework – enhancing clinical care, 2009
National Safety and Quality Health Service Standards 2012, Australian Commission on Safety and Quality in Healthcare
Governance Matters ACHS workshop notes. ACHS 2006
The Clinician’s Toolkit for Improving Patient Care First Edition. NSW Health Department. 2001

Personal information and health information as defined in the relevant Victorian law, which is required to be collected, used, disclosed and stored by BHCG in order to achieve the Purpose of this policy, will be handled by the Group and its employees in accordance with their legal obligations.

When developing this policy, BHCG has taken all reasonable steps to make its content consistent with the proper discharge of its obligations under the Charter of Human Rights and Responsibilities Act 2006.