

Clinical Governance 003358



Policy statement

Metro North Hospital and Health Service (Metro North Health) is committed to providing robust clinical governance to ensure high-quality person-centered, safe and effective care. This is achieved by developing and evaluating systems and processes that ensure best patient outcomes are achieved in a transparent, ethical and accountable manner.¹

Clinical Governance processes ensure that the community and Metro North Health can be confident that systems are in place to deliver safe, high-quality and continuously improving health care.

Purpose and intent

This policy defines clinical governance and outlines the responsibilities, processes and the measurement and reporting mechanisms that ensure the provision of safe, high-quality care within an environment of continuous quality improvement.

This policy establishes that clinical governance is an integrated component of broader governance elements (including corporate, financial and risk governance).

This policy will:

- Support the Metro North Health Board, Executive, clinicians, and all staff to understand their responsibilities for the delivery of safe and high-quality care services.
- Outline the Clinical Governance systems and processes that will support the delivery of services that are safe, effective, integrated, high quality and continuously improving.
- Ensure all clinical governance activity is in alignment with the focus and agreed measures of success outlined in the Metro North Health Strategic Plan and Metro North Health Safety and Quality Strategy.

Scope and target audience

This policy applies to:

- all Metro North Health clinical and non-clinical staff (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers)
- all settings across the health continuum including community, primary, acute, rehabilitation and residential care health services within Metro North Health

Principles

The following governance principles underpin the work that we do, the decisions we make, and ensures that all staff operate to expected public sector and Metro North Health values and standards:

- **Leadership** – achieving good clinical governance through effective leadership from all levels of the organisation.
- **Accountability** – being answerable for decisions and having meaningful mechanisms in place to ensure adherence to all applicable standards.
- **Transparency / clarity** – having clear roles and responsibilities and clear procedures for making decisions, exercising power and communicating decisions.
- **Integrity** – acting impartially, ethically and in the best interests of consumers and the health system.
- **Efficiency** – ensuring the best use of all resources to further the aims of Metro North Health and the health system.
- **Equity** – absence of avoidable, unfair or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically or by other means of stratification while respecting diversity and difference.
- **Person centred** – treating the person receiving health care with dignity and respect and involving them in all decisions about their health.
- **Restorative Just Culture** – recognises that people make mistakes: and avoids blame which can be a barrier to learning. A restorative just culture is a relational approach that enables those who have been impacted by adverse incidents to come together in a compassionate, safe environment so that learning and collective agreement on actions going forward will address the harm, promote healing, and prevent the incident happening again.

Clinical Governance, Leadership and Safety Culture

Metro North Health:

- Complies with the *Hospital and Health Boards Act 2011* (Qld), and the *Hospital and Health Boards Regulation 2012* (Qld) in its delivery of Health Service functions.
- Ensures Executive leadership establishes a culture of safety and quality improvement.
- Ensures Executive leadership monitors and responds to areas for improvement in safety and quality culture.
- Ensures Executive leadership actions reflect partnerships with patients, carers and consumers about their care and the design, planning and monitoring of the health service.
- Sets priorities and strategic directions for safe and high-quality clinical care and communicates this effectively to the workforce.
- Ensures robust safety and quality reporting and action planning through the Board Safety and Quality Committee, Executive Safety and Quality Committee and Metro North Health Standards Committees.
- Ensures roles and responsibilities are clearly defined for the Metro North Health Board, Executive, Management, Clinicians, and the workforce.
- Monitors actions taken as a result of analysis of clinical incidents.
- Monitors the quality and safety performance of the organisation.

- Ensures that Aboriginal and Torres Strait Islander peoples specific needs are addressed throughout the processes of care delivery and the health continuum and monitors strategies aimed at meeting their specific safety and quality priorities.
- Ensures that all business and governance decisions made by the Metro North Health Executive leadership place the safety and quality of health care at the core of the decision-making process.
- Ensures Executive leadership in the organisation supports clinical leaders to understand their delegated safety and quality roles and responsibilities.

Patient Safety and Quality Improvement Systems

The systems and processes to support continuous improvement of the safety and quality of Metro North Health services, and ensure they are person centred, safe and effective include the following:

- **Documents Guiding Care Delivery:** Metro North Health has an established organisation-wide system for the development, review and update of Policies, Procedures, Guidelines and Work Instructions. The development of these documents is guided by legislative requirements, Department of Health policies and directives and other relevant authorities. The Policy and Procedure Management Policy provides a standardised approach in practices across Metro North Health, safeguarding and improving the safety and quality of care and services.
- **Measuring Safety and Quality Performance:** Reporting and monitoring of safety and quality performance is aligned with the suite of key performance indicators outlined in the Metro North Health [Safety and Quality Performance Reporting and Monitoring procedure](#). Safety and quality performance indicators are reviewed annually and are aligned to the organisation's Service Level Agreement, the NSQHS Standards, and the National Health Reform Performance and Accountability Framework, which aims to ensure Metro North is collecting and reporting on data that demonstrate performance against industry standards. Clinical Directorates and clinical services measure and monitor indicators relevant to the clinical services provided.
- **Continuous Quality Improvement:** Metro North Health utilises a variety of improvement methodologies to ensure improvements are implemented, measured and sustained. These include but are not limited to; PDSA, LEAN Methodology, Six Sigma and Institute for Healthcare Improvement (IHI) Model for Improvement.

Helix Hub is the Metro North IT solution designed to guide staff through an improvement process and record Quality Improvement Activities.

- **Risk and Compliance Management:** The [Risk Management policy](#) and associated [procedure](#) form the framework for risk management in Metro North Health. The [Compliance Management policy](#) and [procedure](#) describe the process used to monitor and assure compliance obligations, and enable non-conformity to legislation to be identified and managed. These frameworks are an essential element of the integrated governance, risk and compliance system for the organisation. The framework and the risk register within RiskMan provide mechanisms for articulation and management of risks at each level of the organisation.
- **Clinical Incident Management:** Metro North Health systems are underpinned by Queensland Health Directives and the Australian Commission on Safety and Quality in Health Care Open Disclosure Framework. Direction to staff for incident management is provided by the Metro North Health [Clinical Incident Management](#), [SAC1 Incident Management](#) and [Disclosure Management](#) procedures. Clinical incident management is supported by the Metro North RiskMan system where incident reports are generated and stored. Clinical incidents are monitored through Clinical Directorate safety and quality committees which use performance reports and dashboards to track, monitor and implement strategies to reduce patient harm. Recommendations from clinical reviews are documented within the RiskMan and Oracle systems for ongoing management and closure. Metro North Health is committed to a Restorative Just Culture, where learning from harm is achieved through a process that focuses on healing, learning and improving from the perspective of

Staff and Consumers. The outcomes and insights from incident analyses are shared in appropriate forums.

- **Consumer Feedback:** The [Consumer Feedback policy](#) and [procedure](#) outlines the roles and responsibilities for consumer feedback management in Metro North Health and support compliance with the *Public Service Act 2008* s219a. These documents provide a framework that ensures a consistent approach to the management of feedback across Metro North Health, in keeping with the Australian Charter of Healthcare Rights and the NSQHS Standards. Metro North Health provides a feedback management system in RiskMan, and feedback is assessed through monthly and quarterly analysis of performance.
- **Partnering with Consumers:** Patients and/or their substitute decision-maker(s) (e.g., family members, appointed guardian, substitute health power of attorney, enduring power of attorney and/or carers) are to be encouraged and given the opportunity to ask questions, clarify information and identify goals and concerns relating to the patient's care. Staff are responsible for providing information in a way that is understandable and meets the needs of the recipient. Staff must also check that the recipient fully understands the information provided.
- **Ryan's Rule:** The MNH Ryan's Rule procedure outlines the process for patients, carers, and families to utilise Ryan's Rule to escalate their care concerns that relate to an acute deterioration. Additionally, the procedure includes the roles and responsibilities for health care employees to ensure that appropriate action is taken at the time of the call, as well as local evaluation of the clinical review process for each call, including consumer feedback. Ryan's Rule calls are entered in to the RiskMan system. Ryan's Rule data is reported to Safety and Quality Committees across Metro North Health and to Board Safety and Quality Committee.
- **Clinical Performance and Effectiveness:** Variation in clinical practice is monitored and analysed through significantly expanding data sets, drawn from clinical audit, coded patient record data, clinical registries, and electronic dashboards. Local data sources are a fundamental part of continuous quality improvement, as the data collected is used to identify benchmarks and variation in clinical outcomes. This information is fed back to clinicians to inform clinical practice and decision making. Metro North Health actively participates in an extensive range of benchmarking activities, using data from organisations such as Health Round Table (HRT), and the Australian Council on Health Care Standards (ACHS) to assess the safety and quality of the care provided and adherence to best practice guidance. Staff reporting 'unwarranted' variation that is ineffective and/or harm related in RiskMan has resulted in the ability to capture clinical practice variations.
- **Evidence Based Care:** The Metro North Health [Research Strategy](#) 2023 - 2027 encourages collaboration and excellence in diagnostics, therapeutics and health services research, driving better patient outcomes and knowledge translation. Clinicians utilise [state wide clinical pathways](#) from Clinical Excellence Queensland and National [Clinical Care Standards](#) from the Australian Commission on Safety and Quality in Health Care (ACSQHC).
- **Safe Environment for the Delivery of Care:** Safety management systems are in place across Metro North Health including:
 - Procurement, management and maintenance system includes buildings, plant, medical devices, supplies, consumables. This system ensures plant and other equipment are installed and operated in accordance with manufacturer specifications.
 - [Occupational Violence Prevention](#) (OVP) system is to ensure staff, patients and visitors are in a safe and harm free environment. This includes risk management strategies aimed at improving staff and patient safety by early identification, prevention, protection from and post incident management of occupational violence incidents.
 - [Emergency and business continuity plans](#) outline the governance for emergency management, prevention and risk reduction, preparedness, response and recovery in emergency situations.

- [Cultural Capability Service](#) The mandatory training program is facilitated throughout Metro North Health by the Aboriginal and Torres Strait Islander Leadership Team. On completion of the training, staff have a better understanding of Aboriginal and Torres Strait Islander culture and health, the impact of government policies and practice since colonisation and its link to the current health status of families and communities.

Roles and Accountabilities

Role	Accountabilities
The Board	<ul style="list-style-type: none"> • Establish strategic and policy systems and processes • Lead organisational culture • Monitor organisational performance and accountability
Board Safety and Quality Committee	<ul style="list-style-type: none"> • Assist The Board to fulfil their oversight responsibilities • Ensures achievement of the organisation's patient safety and quality, work health and safety, and risk management goals
Executive	<ul style="list-style-type: none"> • Sets direction to ensure that the organisation meets the community's requirement for safe, high quality, equitable and accessible care • Lead responsibility for delivering the policy • Lead organisational culture • Monitor organisational performance and accountability through regular review of performance indicators, audits and agreed benchmarks • Where outcomes are not being met, take immediate action to senior leadership in identifying root causes and then interventions to address gaps • Monitors the implementation and effectiveness of the Safety and Quality strategy and operational plans • Provide support to senior leadership to achieve the desired outcomes
Executive Safety and Quality Committee	<ul style="list-style-type: none"> • Oversight of the organisation's patient safety and quality, work health and safety and business risk management goals • Ensures systems and processes are in place to support staff to work in a safe environment; provide safe, high-quality care; and promote an integrated and risk-based approach to governance and system improvement
Clinical Directorate Safety and Quality and Metro North Clinical Governance, Safety, Quality and Risk units	<ul style="list-style-type: none"> • Implement and monitor the organisations or Clinical Directorate's clinical governance systems and operational plans • Collaborate with clinicians to develop, implement, monitor and report on the elements within the clinical governance framework, and to support teams in their safety and quality endeavours • Ensure appropriate standardisation across the organisation or Clinical Directorate and overseeing systems and processes

Clinical Directorate Safety and Quality Committees	<ul style="list-style-type: none"> • Provide facility level governance and oversight of the service's safety and quality agenda, performance monitoring, reporting and evaluation.
Management and Senior Leaders	<ul style="list-style-type: none"> • Lead and coordinate the workforce and implement well designed systems for delivery of care • Provide the workforce with access to skills training, professional and personal development needed to fulfill their safety and quality roles and responsibilities, including mandatory and legislative training • Monitor performance through review of audits and agreed data sets • Implement improvements should the standards of care not be met as evidenced through monitoring processes
Staff	<ul style="list-style-type: none"> • Ensure patient safety and quality is maintained in the delivery of health care and work with patients to continuously improve safe, high quality health care • Use the quality improvement cycle to ensure the organisation continues to change and adapt to the needs of its patients • Participate in learning opportunities to maintain skills and performance • Review performance with manager and help implement improvements should standards not be met
Patients/ Consumers and Carers	<ul style="list-style-type: none"> • Partner in the delivery of care • Participate in own health care decision making • Provide feedback on their experiences • Participate in development of governance structures, engagement frameworks, planning activities and feedback mechanisms • Participate in the design, development and delivery of education and training

Legislation and other authority

Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017.

Anti-Discrimination Act 1991 (Qld)

Aged Care Quality and Safety Commission Act 2018 (Cth)

Births, Deaths and Marriages Registration Act 2003 (Qld)

Child Protection Act 1999 (Qld)

Coroner's Act 2003 (Qld)

Crime and Corruption Act 2001 (Qld)

Criminal Code Act 1899 (Qld)

Drugs Misuse Act 1986 (Qld)

Family and Child Commission Act 2014 (Qld)

Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010 (Cth)

Health Ombudsman Act 2013 (Qld)

Health Practitioner Regulation National Law Act 2009 (Qld)

Hospital and Health Boards Act 2011 (Qld)

Health and Hospitals Boards Regulation 2012 (Qld)

Human Rights Act 2019 (Qld)

Industrial Relations Act 2016 (Qld)

Mental Health Act 2016 (Qld)

Mental Health Commission Act 2013 (Qld)

National Blood Authority Act 2003 (Cth)

Public Records Act 2002 (Qld)

Public Health Act 2005 (Qld)

Public Sector Ethics Act 1994 (Qld)

Public Service Act 2008 (Qld)

Radiation Safety Act 1999 (Qld)

Right to Information Act 2009 (Qld)

Therapeutic Goods Act 1989 (Cth)

Transplantation and Anatomy Act 1979 (Qld)

Work Health and Safety Act 2011 (Qld)

Working with Children (Risk Management and Screening) Act 2000 (Qld)

Australian Charter of Healthcare Rights

Code of Conduct for the Queensland Public Service 2011 (Qld)

Human Rights

When following this procedure, staff must comply with their human right obligations under section 58 of the *Human Rights Act 2019 (Qld)* by:

- (a) giving proper consideration to whether any actions or decisions may affect a person's human rights; and
- (b) acting or make decision in a way that is compatible with human rights.

The purpose of this document is to define Clinical Governance to ensure high-quality person-centred, safe and effective care. The intent of this document is to define Metro North Health approach to Clinical Governance whilst also respecting the human rights of every person in accordance with the *Human Rights Act 2019 (Qld)*.

References

Clinical Governance Strategy, Sunshine Coast Hospital and Health Service, viewed 15 July 2019

National Model Clinical Governance Framework, Australian Commission on Safety and Quality in Health Care, 2017

Queensland Department of Health Governance Framework, July 2017, viewed 8 July 2019

Clinical Governance Policy, Cairns and Hinterland Hospital and Health Service, version 1.1, February 2019

Patient centred care explained, Better Health Channel, Victoria State Government, Australia

<https://www.betterhealth.vic.gov.au/health/servicesandsupport/patient-centred-care-explained>, viewed 11 July 2019

Clinical Quality Registries, National Arrangements for Clinical Quality Registries, Australian Commission on Safety and Quality in Healthcare <https://www.safetyandquality.gov.au/our-work/national-arrangements-clinical-quality-registries>, viewed 11 July 2019

Clinical Incident Management: Factsheet 13 Restorative Just Culture, Clinical Excellence Queensland, 2022, viewed 31.03.2023 [Clinical incident management Factsheet 13 - Restorative just culture | Patient Safety and Quality \(health.qld.gov.au\)](#)

Appendix 1 – Definition of terms

Term	Definition
Clinical Directorate	Metro North Health consists of different hospital facilities and services including: <ol style="list-style-type: none">1. Royal Brisbane and Women's Hospital2. The Prince Charles Hospital3. Redcliffe Hospital4. Caboolture/Kilcoy Hospitals and Offender Health5. Community and Oral Health6. Clinical Support Services7. Mental Health8. Surgical Treatment and Rehabilitation Services
Clinical Governance	"Clinical governance is the set of relationships and responsibilities established by a health service organisation between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services." – Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework, 2020
Consumer	"A person who has used, or may potentially use, health services, or is a carer for a patient using health services. A healthcare consumer may also act as a consumer perspective, contribute consumer experiences, and advocate for the interests of current and potential health service users, and take part in decision-making processes". – Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework, 2020
System	"The resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal" – Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework, 2020

Document History

Author	Director of Nursing, Clinical Governance, Metro North Health
Custodian	Director of Nursing, Clinical Governance, Metro North Health
Consequence level/ Risk Rating	Likelihood – Likely Consequence – Moderate Risk Rating – High (16)
Compliance evaluation and audit	<p>Governance of an organisation occurs at all levels and requires a program of review and improvement of internal processes and outcomes at every level from The Board, the Chief Executive, Executives, the management team, clinicians and non-clinical staff.</p> <p>This policy is supported by a compliance framework which includes assurance processes such as external review through accreditation survey, and internal audit and reporting schedules.</p>
Replaces Document/s	POL003358 Clinical Governance V2.2 (2020)
Changes to practice from previous version	<p>Scheduled Review – Major</p> <p>This policy has been reviewed and rewritten in entirety resulting in significant changes.</p> <ul style="list-style-type: none"> • Moved to new Metro North template • Consequence level applied
Education and training to support implementation	<p>Communication of this Policy will occur via the following Committees:</p> <ul style="list-style-type: none"> • The Board • The Board Safety and Quality Committee meeting • Executive Safety and Quality Committee meeting • Senior Executive Team • Clinical Directorate Safety and Quality Committees • Metro North Health Standard 2 – Partnering with Consumers Committee
Consultation	<p>Key stakeholders</p> <p>Metro North Health Hospital and Health Board</p> <p>Metro North Health Board Safety and Quality Committee</p> <p>Metro North Health Safety and Quality Executive Committee</p> <p>Broad Consultation facilitated through the following:</p> <p>Metro North Aboriginal and Torres Strait Islander Leadership Team</p> <p>Digital Metro North</p> <p>Metro North Clinical Governance</p> <p>Metro North Medical Services</p>

	Metro North Nursing and Midwifery Services Metro North Allied Health Metro North Communication Metro North Finance Metro North People and Culture Metro North Workplace Health and Safety Metro North Legal Unit Metro North Risk and Compliance Officer Metro North Clinical Streams Metro North Engage Health Excellence Innovation Unit Clinical Directorate Safety and Quality Units Clinical Skills Development Centre
Marketing Strategy	A Policy, Procedure and Protocol Staff Update will be published online each month to update staff of all new and updated policies, procedures and protocols. This update will be emailed to all Safety and Quality Units in each clinical directorate and a broadcast email sent to all Metro North staff with a link to the published update.
Key words	Clinical; governance; safety; quality; policy; framework; Metro North Health, NSQHS Standards, 003358

Custodian Signature

Date

Director of Nursing, Clinical Governance, Metro North Hospital and Health Service

Authorising Officer Signature

Date

Executive Director, Clinical Governance, Metro North Hospital and Health Service

AUTHORISATION

Signature

Date

Chief Executive, Metro North Hospital and Health Service

The signed version is kept in file at Clinical Governance, Metro North Health.