

# CLINICAL GOVERNANCE FRAMEWORK



**Albany Community Hospice is committed to delivering clinical excellence with loving kindness**

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## Our Vision

The community, as individuals and collectively, values and embraces death and dying as an integral part of life.

## Our Mission

Albany Community Hospice is a leader in the provision of expert palliative care, education and support so all members of the community can experience death with grace in a manner and place of their choice.

## Our Values

- Compassion and caring
- Integrity
- Respect
- Inclusive and judgement free
- Teamwork and collaboration
- Excellence
- Innovative



## INTRODUCTION

The Clinical Governance Framework ensures accountability at all levels of the organisation through key structures, systems and processes for the delivery of safe, effective and high quality palliative care. ACH is committed to partnering with guests, families, carers and community to identify safety and quality issues and the solutions.

The goal of ACH is to have a Clinical Governance Framework that is an integrated component of Corporate Governance so that planning, monitoring and evaluation supports the continued development of ACH to improve patient and family outcomes and to meet the needs of our community.

ACH recognises that as a hospice and expert palliative care service that its role embraces compassion and the care of those that are dying. This framework ensures that we continue to do this in a manner that ensures the best outcomes for the patient and their loved ones.

## Definition of clinical governance

National Model Clinical Governance defines clinical governance as:

“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.”

“Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.”

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## **POLICY STATEMENT**

Clinical Governance is based on an integrated approach to minimise risk and provide quality palliative care through continuous improvement. All ACH Board directors, managers, staff, volunteers, admitting doctors and other contracted staff are individually accountable to practice in accordance with legislative and regulatory requirements and demonstrate personal accountability for the delivery of safe, high quality care.

The ACH Clinical Governance Framework Principles provide a basis for supporting excellence and good governance of our service.

- Our focus is on the patient and enabling them to live as well as possible until death. This includes their physical, emotional, psychological and spiritual wellbeing as well as supporting their family or significant others.
- Systems and processes being in place for the reporting and actioning of safety and quality issues.
- Each individual taking accountability for their involvement in patient care. For this to be possible a “no blame” culture is promoted within the organisation.
- There is compliance with legislative and regulatory requirements, including accreditation.
- Maintaining a team environment, with all involved in care provision working together for the good of the patient. This includes open communication and sharing of information amongst all involved in a patient's care.
- ACH priorities and strategic directions to improve quality and safety are communicated clearly.
- There is an emphasis on learning and the systems are oriented towards learning from mistakes and areas of identified risks or opportunities.

## **ROLES AND RESPONSIBILITIES**

### **Patients**

Patients participate as partners to the extent that they choose. This may be in their own care, and in organisational design and governance.

### **Clinicians**

Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the governance framework.

### **Clinical Hospice Manager**

The Clinical Hospice Manager advises and informs the Board and operates the organisation within the strategic and policy parameters endorsed by the Board. The Clinical Hospice Manager is responsible for ensuring that the systems that support the delivery of care are well designed and perform well.

### **Medical Advisory Committee**

The Medical Advisory Committee ensures that the delivery of patient care in the Hospice is safe, high quality and that systems that support the delivery of care are well designed and perform well. They communicate between the Board and health professionals to facilitate the safe provision of patient services and the application of appropriate policies and procedures.

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## Board

The Board is ultimately accountable for ensuring that the organisation is run well and delivers safe, high-quality care. It does this by establishing a strong safety culture through an effective clinical governance system, satisfying itself that this system operates effectively, and ensuring that there is an ongoing focus on quality improvement.



## THE COMPONENTS OF THE CLINICAL GOVERNANCE FRAMEWORK

A number of components make up the ACH clinical governance framework which is closely aligned to the National Safety and Quality Health Care standards. A conceptual model of the ACH clinical governance framework is shown in Figure 1.

The following components make up the ACH Clinical Governance Framework:

- Person-centred focus - Central to the framework is Person-centred care which is heavily imbedded in palliative care. This focus includes the family and significant others to ensure the delivery of high quality care.
- Domains of safety and quality which include:
  - Governance, leadership and culture
  - Patient safety and quality improvement systems
  - Clinical performance and effectiveness
  - Safe environment for the delivery of care
  - Partnering with consumers
- The structures and systems of governance is the overall organisational structure and the committee and reporting lines within that structure. Systems within the structure ensure that information flows both ways so that it can inform those with responsibilities and to include patients, staff and volunteers in decision making and continuous improvement actions. It includes financial, corporate and clinical governance being of equal importance.
- Key elements which inform the development and implementation of strategies and actions to ensure an effective clinical governance system.

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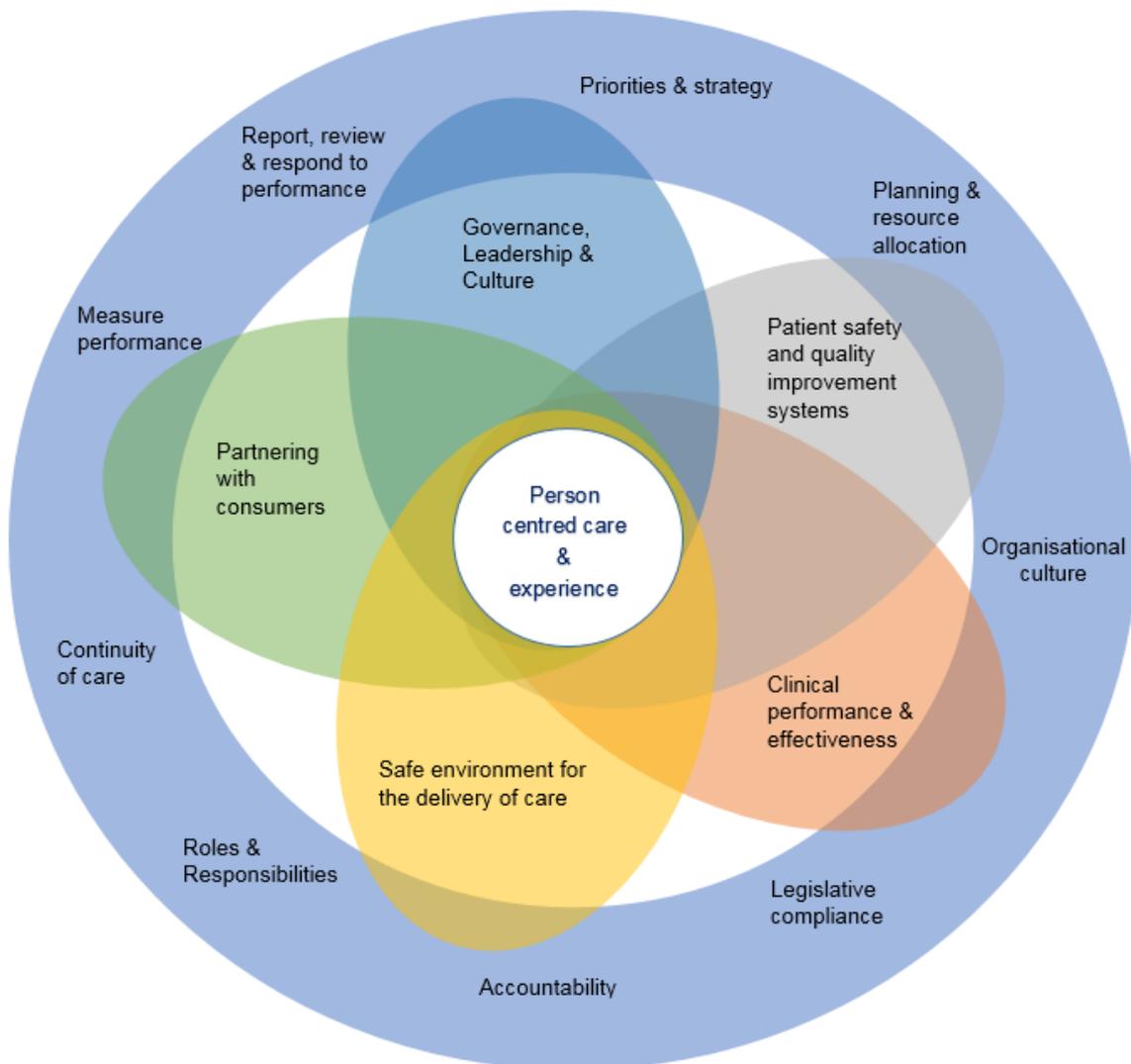


Figure 1 - Components of the ACH Clinical Governance Framework

### Person-centred care

Person-centred care is one in which individuals, families and communities are able to participate in the provision of their health care that responds to their needs in a holistic way.

Person-centred care is about considering people’s desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual, and working together to develop appropriate solutions. This is demonstrated through sharing decisions with patients and helping people manage their health and identify goals of care. It is about the way professionals and patients think about care and their relationship.



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## Domains of safety and quality

ACH uses the five components outlined in the National Model Clinical Governance as the main domains to ensure that the NSQHS Standards (2nd ed.) are fully achieved.

The five domains of the ACH clinical governance framework are as follow:

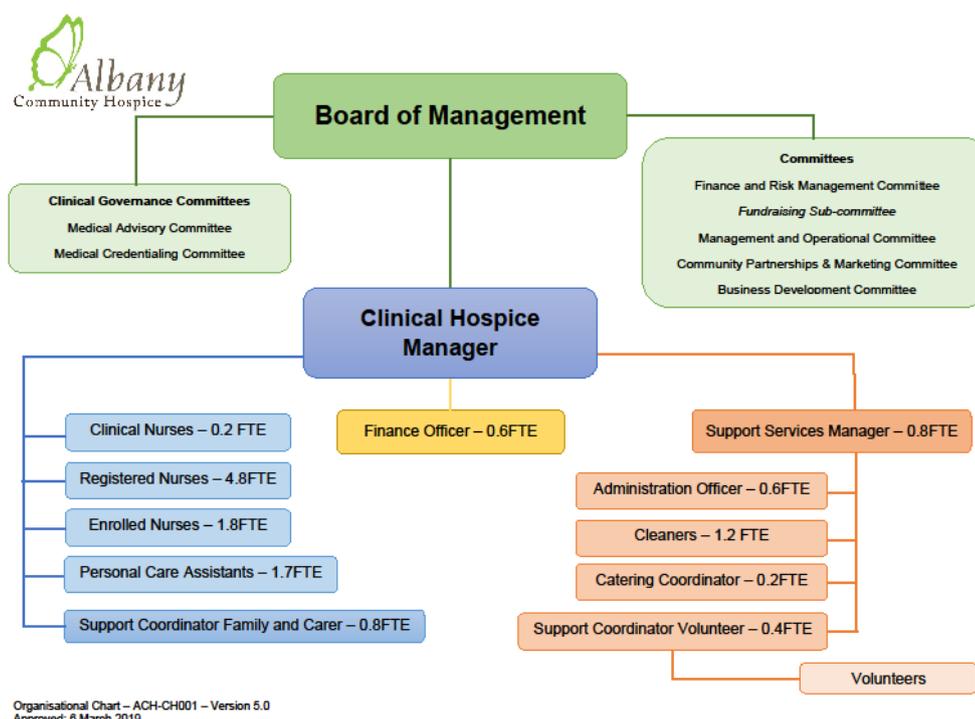
<b>Governance, leadership and culture</b>	Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients
<b>Patient safety and quality improvement systems</b>	Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients
<b>Clinical performance and effectiveness</b>	The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients
<b>Safe environment for the delivery of care</b>	The environment promotes safe and high-quality health care for patients
<b>Partnering with consumers</b>	Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation

Table 1 - Domains of Safety and Quality

## The structure and systems

The Board of Management is required to ensure an effective clinical governance framework is established and provide strategic oversight and monitor the ACH's clinical performance, safety and quality of care.

The organisation chart provides the overview of the reporting lines for ACH



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The committee structure provides the reporting lines of ACH committees



The role and responsibilities of the Board include:

- Providing strategic direction through:
  - effective leadership
  - oversight, providing input and endorsement of the strategic direction of ACH
  - providing advice and counsel to management but not undertaking any day-to-day management of ACH
  - ensuring that management implement Board decisions and approved policies.
- Ensuring good governance by:
  - ensuring that ACH has an appropriate corporate and clinical governance structure with appropriate accountability, control and reporting systems in place.
  - monitoring risk management systems
  - monitoring the performance of the Clinical Hospice Manager
  - ensuring ongoing evaluation and improvement of performance of the Board and its committees
  - ensuring compliance with key governance documents such as the Constitution.

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- Providing oversight of ACH’s operating performance and development by:
  - reviewing and approving annual budgets and financial statements
  - defining delegated expenditure and power authorisations to management
  - filling casual Board vacancies and Board appointed directors
  - appointment and removal of the Clinical Hospice Manager
  - endorsement and monitoring of ACH’s succession plans
  - monitoring compliance to the National Safety and Quality Health Standards
- Ensuring legislative and regulatory compliance with applicable laws and statues such as:
  - The Hospitals and Health Service Act 1927
  - occupational health and safety legislation
  - employment related laws.
  - anti-discrimination legislation
  - privacy requirements
  - ACNC Governance Standards
  - Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme requirements
  - Other legislation and regulations relating specifically to ACH business

The following table outlines the major responsibilities of the committees that report to the Board. All committees have terms of reference that outline their role and responsibilities.

<p><b>Business Development Committee</b></p> <ul style="list-style-type: none"> <li>• Explores new service delivery options in accordance with the 2018-2021 Strategic Plan.</li> </ul>
<p><b>Community Partnerships and Marketing Committee</b></p> <ul style="list-style-type: none"> <li>• Assists the Board in the planning, coordination and implementation of Albany Community Hospice’s marketing and stakeholder engagement plan in accordance with the 2018-2021 Strategic Plan.</li> </ul>
<p><b>Finance and Risk Management Committee</b></p> <ul style="list-style-type: none"> <li>• Provides advice to the Board on financial strategy and fiscal responsibility in accordance with the current Strategic Plan.</li> <li>• Provides advice to the Board and senior management on matters relating to the financial management of Albany Community Hospice (ACH) and its business policies and practices</li> <li>• Provides an ongoing audit function, including oversight of the annual external company audit and protection of ACH assets through appropriate internal control measures</li> <li>• Oversees the development, implementation and ongoing management of a risk management plan</li> <li>• Supports the Finance Officer or FARM Chairperson in monitoring the organisation’s compliance with current applicable legislation, regulations and standards</li> <li>• Sets direction for and oversee the Fundraising Sub-committee.</li> </ul>

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**Management and Operational Committee**

- Ensures that Albany Community Hospice’s (ACH) operational strategic objectives are implemented in accordance with the 2018-2021 Strategic Plan.
- Identifies and address any barriers preventing strategic targets being met
- Facilitates organisational communication and collaboration
- Reviews the policies of the Hospice and to make recommendations to the ACH Board and relevant committee.
- Provides advice and feedback to the ACH Board on operational management activities and issues

**Medical Advisory Committee**

- This Committee provide oversight of clinical governance for Albany Community Hospice through an advisory role to the Hospice Manager and the Board of Management to ensure safe and high quality provision of care for patients.

**Medical Credentialing Committee**

- The purpose of the Medical Credentialing Committee (MCC) is to assess medical practitioner’s applications for credentialing and scope of practice at Albany Community Hospice (ACH) in accordance with the 2018-2021 Strategic Plan.

**Property and Procurement Committee**

- The purpose of the Property and Procurement (P&P) Committee is to ensure the Albany Community Hospice (ACH) property, clinical equipment and furnishings are managed in accordance with all relevant legislation, standards and guidelines.

*NB: Colour coding aligns with the five domains*

**QUALITY MANAGEMENT SYSTEM**

The quality management system (QMS) is a formalised system that documents processes, procedures, and responsibilities for achieving quality policies and objectives. A QMS helps coordinate and direct ACHs activities to meet safety, quality and regulatory requirements and improve its effectiveness and efficiency on a continuous basis.

**KEY ELEMENTS FOR EFFECTIVE CLINICAL GOVERNANCE**

Effective clinical governance is reliant on organisation wide systems that provide staff with mechanisms to plan, review and improve clinical care. To facilitate this the following elements have been identified as being necessary.

1. **Priorities and strategy** – ACH will undertake strategic planning which includes an annual operational plan. These plans will be undertaken in a collaborative manner with staff, volunteers and key stakeholders, including consumers. The annual operational plan will prioritise clinical actions and which will be considered alongside other corporate priorities. The

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goal is to ensure the long term viability of ACH as a safe, high quality provider of palliative care that meets the requirements of the community.

2. **Planning and resource allocation** - ACH will resource safety and quality initiatives to ensure sustainability. This will be done in accordance with the annual budget and any budget reviews undertaken.
3. **Organisational culture** – ACH strives to have an organisational culture that is built on teamwork and compassion. Errors, adverse events and feedback is investigated with a ‘no blame’ attitude and a perspective of how to learn and improve.
4. **Legislative compliance** – ACH is a licensed health facility and is cognisant of the legislative requirements that are required to fulfil its duty and responsibility to the community.
5. **Roles and responsibilities** – ACH strives to ensure that all roles and responsibilities of the Board, Executive, Managers and staff are clearly defined and reporting lines are maintained to for reporting to occur effectively, timely and accurately. The committee structure is integrated with corporate governance and aligned to the strategic plan to facilitate actions that support the growth of a safe, high quality palliative care service that meets the needs of the community.
6. **Continuity of care** – ACH recognises that the care needs of consumers is dependent upon what matters to them as well as clinical information. To achieve appropriate care then it is important to ensure essential information such as Advance Health Planning and clinical information is communicated between health providers.
7. **Accountability** - The Executive Officer is responsible and accountable for ensuring that systems and processes are in place for the provision of safe, high quality care and the Board is ultimately accountable for the safety and quality of clinical services.
8. **Measure performance** – Measuring clinical performance is ongoing and undertaken through clinical audits, national bench marking, clinical incident management system and consumer feedback. Analysis of data, qualitative and quantitative, is undertaken to inform organisational performance and areas for improvement and innovation.
9. **Report, review and respond to performance** – Performance reports for safety and quality are routinely prepared, reviewed and actioned by the appropriate committee. Performance reports are also provided for staff, volunteers and consumers. Where a safety or quality risk is identified an investigation and assessment of the event is to be undertaken, identification of system level issues and implementation of an improvement activity.

## REFERENCES

National Model Clinical Governance

NSQHS standards

Calvary Clinical Governance Framework

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