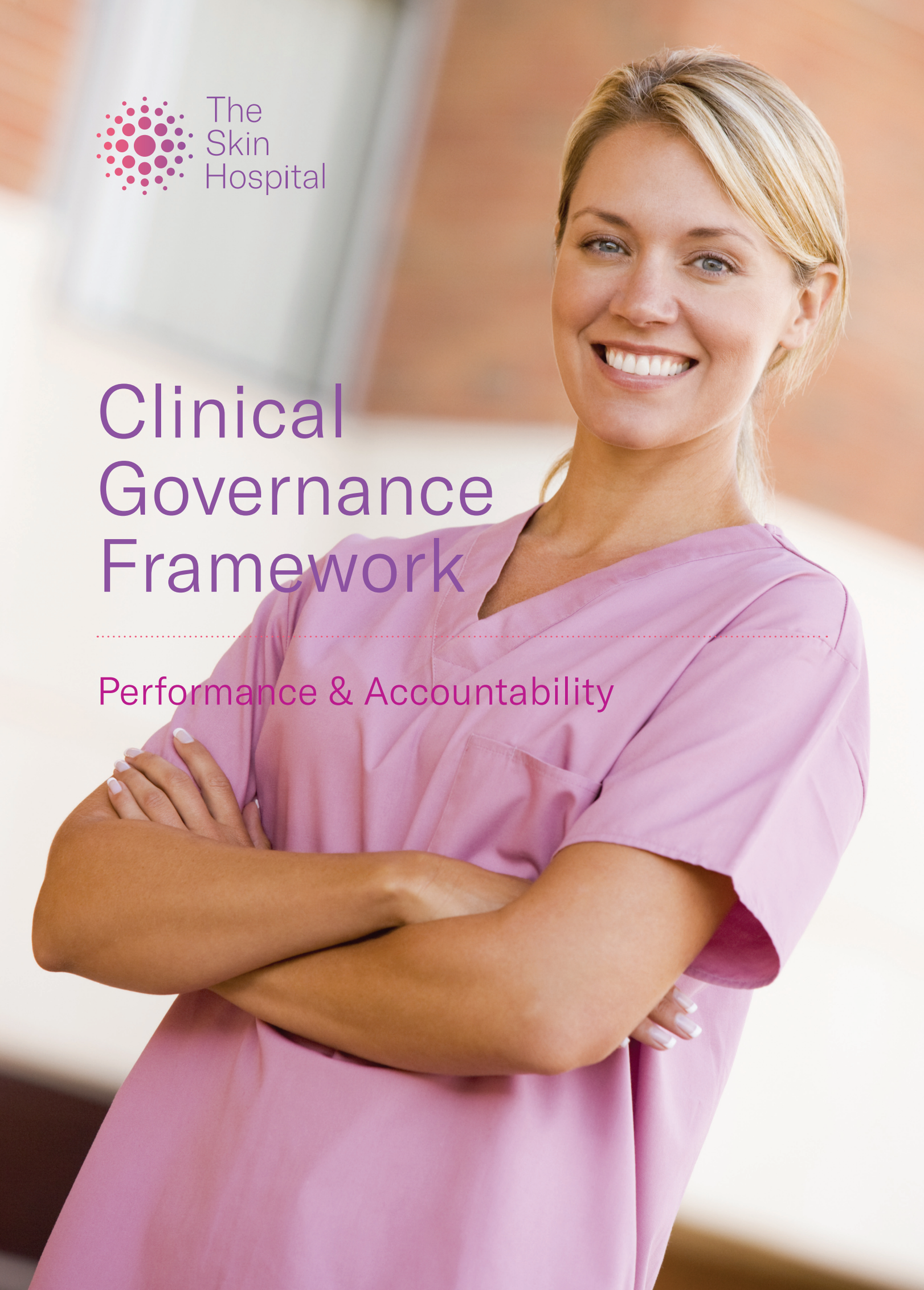

The Skin Hospital

Clinical Governance Framework

Performance & Accountability

Clinical Governance Framework

Performance & Accountability

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INTRODUCTION

What is clinical governance? Clinical governance is the integrated systems, processes, leadership, and culture that are at the core of providing safe, effective, accountable, and person-centred healthcare underpinned by continuous improvement.

As health services go about providing care to consumers, the clinical practices, the culture of the organisation and the checks and balances in place ensure this care is of the highest quality – all form part of the clinical governance.

Clinical governance is not about compliance. High-performing health services achieve great outcomes by taking actions that go beyond compliance.

These actions include:

- Creating a vision for the future that is clearly communicated and contains specific and quantifiable goals for improving care
- Meaningful consumer partnerships where the consumer is at the centre of care and viewed as a critical partner in the design and delivery of healthcare
- Developing the organisational culture where a 'just' culture exists with staff who are supported, and their wellbeing prioritised
- An environment that nurtures continual learning and improvement where staff are provided with opportunities and encouragement to further their skill set and qualifications
- Meaningful clinical leadership where strong, transparent, supportive, and accessible leadership fosters a culture of learning, accountability, and openness, with strong clinical engagement
- Supportive teamwork where staff are supported at all levels of the organisation by skilled management
- A keen focus on quality improvement where established methods and data are used to drive and design actions to improve safety and quality.

OUR MISSION

To benefit people who suffer from diseases of the skin. The Skin Hospital aims to:

- Develop the science of dermatology and its sub-specialities
- Be a centre of excellence in the provision of dermatology services, research, and education
- Remain financially independent
- Maintain visibility and relevance for our stakeholders, and for our dermatology trainees, students, and nurses

THE PURPOSE OF THIS DOCUMENT

The Skin Hospital is committed to delivering excellence in quality care and providing the highest possible levels of patient clinical safety.

We recognise that we must continue to monitor and continually raise our standard of care by reporting, reviewing, and responding to our performance.

The purpose of this Clinical Governance Framework is to demonstrate our commitment to the quality and safety of our patients.

OUR VALUES

The Skin Hospital's values are the following:

United

By a common desire to develop the dermatology profession

Achieving Excellence

In patient care, research, and teaching, and particularly for skin diseases not catered for by others

Integrity

Through acting with honesty, openness, and mutual respect

Caring

For our patients and others with our best efforts

Collaboration

By working in partnership with other people and organisations to achieve greater results

OUR CLINICAL GOVERNANCE FRAMEWORK

The Core of our business which is providing safe, effective person-centred care to our patients through our expert clinical teams and support staff. This is the central focus of our Framework.

The Domains of quality and safety which we work within to guide our planning. These are the focus areas of our framework.

The Essential elements required to implement our Clinical Governance Framework effectively. These are the focus of our actions to be taken.

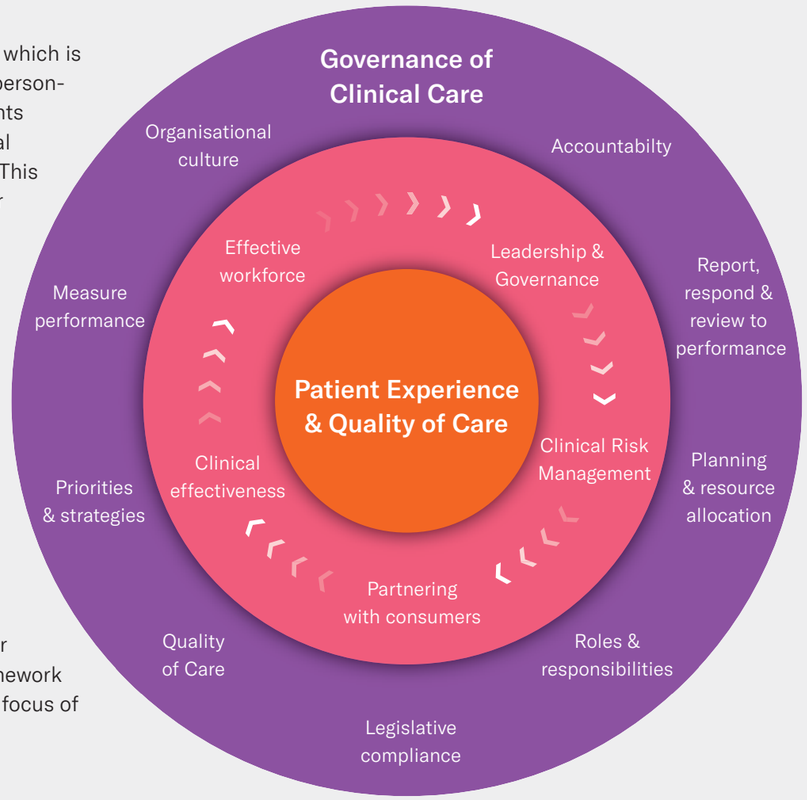


Figure 1: Our Clinical Governance Framework. (adapted from Safer Care Victoria 2017)

Our Clinical Governance Framework provides the structure for the Skin Hospital's policy on Clinical Governance. All at the Skin Hospital are required to demonstrate an understanding of The Skin Hospital Clinical Governance Framework and their roles and responsibilities in its implementation and maintenance.

All at the Skin Hospital including management, clinical and non-clinical staff, visiting medical practitioners 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.

Clinical Quality & Safety

Policy Statement

The Skin Hospital is committed to delivering excellence in quality care and providing the highest possible levels of patient clinical safety.

Our commitment to clinical safety and quality is reflected in our Clinical Governance Framework. The Clinical Governance Framework is based on an integrated approach to clinical risk management and continuous quality improvement.

Our Framework is comprised of 5 integrated components:

1. **Governance, Leadership & Culture**
   - Our integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients
2. **Clinical Risk Management (making sure our services are safe and minimising risk of error)**
   - Our culture promotes and encourages staff to report incidents, risks and near misses.
   - Our Clinical policies are developed in accordance with evidence based best practice.
   - Our Clinical risk and safety policies are reviewed on a regular basis and updated as required.
3. **Clinical Effectiveness (ensuring the clinical services we provide are effective)**
   - Our Quality and Safety Indicators are used to measure, monitor and respond to performance.
   - Our Quality and Safety Indicators are benchmarked nationally.
   - Any Serious Clinical Incidents are reported and investigated.
   - Our Clinicians are represented on Governance Committees.
   - Any Quality performance and safety issues are reported to the Board &/or appropriate governance committees
   - Our Hospital is externally audited by appropriate agencies and both sites are fully accredited.
4. **Effective Workforce (making sure our staff are competent and up to date)**
   - Policies and procedures along with our Code of Conduct are available to all existing and new clinical and administrative staff.
   - We have a robust process to ensure the credentials, registration, and scope of practice for all clinical disciplines.
   - We have targeted education and competency requirements in all clinical areas with a focus on high risk areas.
   - Staff are orientated and updated on quality and risk systems.
5. **Partnering with Consumers (partnering with our patients and carers in their care)**
   - Consumers are included in our risk management and quality improvement activities.
   - Consumer complaints and feedback are responded to, acted on and form part of improvement strategies.
   - Consumer feedback from patient satisfaction surveys informs strategic and business planning.
   - Open disclosure between clinicians and consumers is actively promoted when things do not go to plan.

It is through focussed leadership, open and transparent relationships with our patients and positive clinical engagement that the Skin Hospital will continue to deliver quality care and clinical safety.

Full details of our Clinical Governance Framework can be found in our Clinical Governance Policy & in our *Clinical Governance Framework - Our Performance & Accountability*.

SAFE, EFFECTIVE PATIENT CENTRED CARE

The core of our business

Person-centred care is a way of thinking and doing things that sees health care users as equal partners in planning, delivering, and monitoring the improvement of safe, quality care that meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside health professionals to achieve the best outcomes. By shifting the culture from “doing to” to “doing with” significant clinical and financial improvements can be made.

Making sure people are involved in and are central to their care is now recognised as a key component of delivering high-quality health care. The term “patient experience” is frequently used to describe a person’s experience when accessing health care services. Where an organisation is committed to delivering person-centred care, the patient experience improves. Our first obligation is to ensure that by coming into our care, we make every effort to keep consumers safe and the risk of harm is reduced.

Patient safety is our highest priority, and we will work relentlessly to proactively seek a reduction in patient harm. This includes health care adverse events that have a negative effect on care, even if they are not negative or harmful to the patient.

Listening to the “voice of the patient” along with partnering with our consumers is key to ensuring we provide safe, effective patient centred care.

THE 5 DOMAINS OF CLINICAL GOVERNANCE

Our key areas of focus

The five domains of clinical governance are interrelated (see Figure 2) and should be integrated into the organisation’s broader governance arrangements (for example, clinical risk management is a component of broader risk management).
Within the five domains, key systems and practices are required to support safe, effective, person-centred care for every consumer, every time. These key systems and practices form the elements or actions that the organisation must take to ensure safe systems of practice are monitored, reviewed, reported, and responded to.

Governance, Leadership & Culture
Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients

Partnering with Consumers
Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation

Clinical Effectiveness
Clinical effectiveness is ensuring the right care is provided to the right person at the right time and in the right place with respect for the person’s goals of care and wishes

Effective Workforce
The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients

Clinical Risk Management
Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients

Figure 2: The 5 Domains of our Clinical Governance Framework (adapted from Safer Care Victoria 2017)

THE KEY ELEMENTS

The actions we need to take to ensure an effective Clinical Governance system

KEY ELEMENT 1

Priorities and strategy

Effective clinical governance requires that the organisations goals, priorities, and strategic direction for improving the quality and safety of clinical care are established and clearly communicated. The organisation's safety and quality priorities and strategic directions are established in the context of broader national, state, and key health care professional policy and direction.
Safety and quality goals are incorporated into organisation-wide and service level performance plans and agreements and are given equal weight to financial and activity performance priorities.

KEY ELEMENT 2

Planning and resource allocation

Safety and quality initiatives need to be planned and resourced adequately at all levels of the organisation to ensure effective improvement and sustainability. Safety and quality related activities should be funded appropriately to ensure effective governance.

KEY ELEMENT 3

Organisational culture

Culture is a key driver of organisational clinical governance capability and effectiveness. A just culture recognises that errors and adverse events occur and is fundamental to becoming a high reliability organisation.

KEY ELEMENT 4

Legislative compliance

Legislation and regulatory mechanisms have been established to provide assurance to the public on standards of health care provision. Legislative, regulatory, and ethical obligations should be fulfilled by the organisation.

KEY ELEMENT 5

Accountability

The roles and responsibilities for the Board, CEO, Senior Leadership Team (SLT) and services should be clear and cascaded appropriately from the Board through the CEO to the SLT and local managers and individual staff.
The CEO and senior management should work with the Board and its committees to establish safety and quality priorities and plans ensure that performance monitoring systems are in place and to ensure that improvements are actioned.
The clinical governance committee structure within the organisation will support safety and quality of clinical care and will provide an avenue for the escalation of significant safety and quality issues.

KEY ELEMENT 6

Quality of care

It is important that the risks that arise as patients move between their GPs and our specialist services are understood and managed. Ensuring referral documentation clearly communicates issues to our specialists and that our specialists clearly articulate any ongoing care through their GP is clear and effective.

KEY ELEMENT 7

Roles and responsibilities

Clinicians and clinical teams are directly responsible and accountable for the safety and quality of the care that they provide.
The CEO and management are responsible and accountable for ensuring the systems and processes are in place to support clinicians in providing safe, high quality care and ensuring clinicians and consumers participate in governance activities.
The Board is ultimately accountable for the quality and safety of clinical services.

KEY ELEMENT 8

Measure performance

Measuring clinical performance should be routinely undertaken to review safety and quality of care.

Measures should include:
- Compliance with legislative, regulatory and policy requirements
- Process indicators that have supporting evidence to link them to outcomes
- Indicators of outcomes of care including patient reported outcome and experience measures.

A core set of measures should be developed and should include qualitative and quantitative data. This data should be analysed to provide timely and accurate information regarding organisational safety and performance. Data integrity should be tested and tools, such as Statistical Process Control, should be used to recognise both good performance and under-performance. Use of performance measures occurs within a culture of openness, trust, and improvement rather than blame or punishment.

KEY ELEMENT 9

Report, review and respond to performance

Performance reports including key clinical quality and safety performance measures are routinely prepared, reviewed, and actioned.
Reports are generated at site and organisational level and are reported through the organisations Clinical Governance Structures (Figure 4).

Where a clinical quality or safety risk is identified there is a defined response that includes:
- Investigation and assessment of the incident or event
- Identification of the underlying root causes or system level issues
- Implementation of an improvement strategy
- Core safety and quality indicators should be benchmarked and compare performance over time
- Performance in comparison to like services
- Where an issue is identified, and staff or management have not been able to achieve the degree of improvement required the executive or board may instigate an external independent expert review.

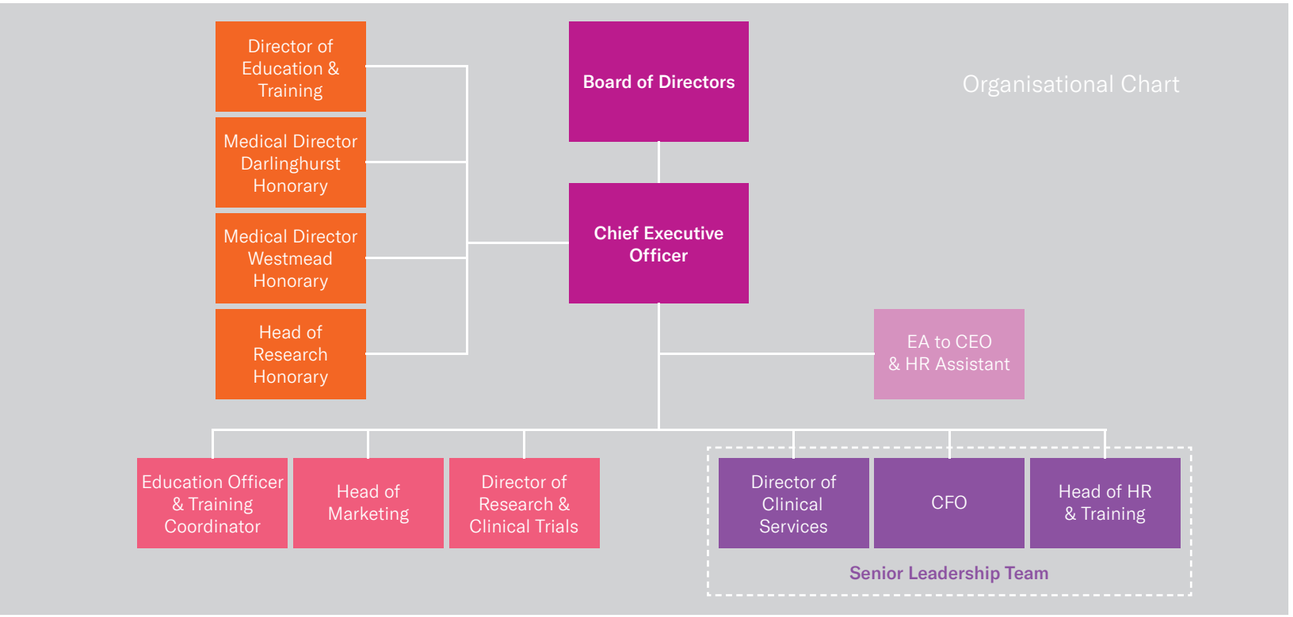
ACCOUNTABILITY FOR CLINICAL SAFETY & QUALITY GOVERNANCE

Clinicians, managers, and members of governing bodies have responsibility for ensuring safety and quality of clinical care. There is an expectation that all staff will deliver safe, quality health care for every patient, every time. It is the ultimate responsibility of a governing body to set up a sound clinical governance system and be accountable for performance and outcomes, implementation depends on the contribution of individuals and teams at all levels of the organisation.

Board

The Board is required to ensure an effective clinical governance framework is established and to provide strategic oversight of patient safety and clinical quality. It must also monitor the organisations performances in patient safety and clinical quality. The Board has ultimate accountability for the safety and quality of care of our patients. This will include accountability to:

- Review and monitor the effectiveness of organisational structures and delegation policies and ensure that delegation for acting on safety and quality issues is clearly articulated and understood across the organisation
- Review the governing body's charter to ensure it appropriately describes responsibility for clinical governance
- Review the induction and training program for Board members and senior executive to ensure they are provided with appropriate assistance to undertake their role
- Review the clinical governance expertise within the Board and senior executives and ensure appropriate succession planning is in place
- Define, adopt, and communicate an organisation wide definition of the elements of quality for clinical services
- Verify that the organisation has adopted and implemented a comprehensive incident management and investigation system that complies with all legislative and regulatory requirements
- Ensure that incidents and analysis of incidents are reviewed by the Board Clinical Governance Committee regularly
- Verify that the organisation has adopted and implemented a comprehensive complaint management and investigation system that complies with all legislative and regulatory requirements
- Ensure that patient feedback and complaints are reviewed by the Board Clinical Governance Committee regularly
- Verify that the organisation has adopted and implemented the national open disclosure standard
- Ensure the organisation has a charter of patient rights that is consistent with the current National Charter of Healthcare Rights
- Verify that the organisation has adopted and implemented a comprehensive patient feedback system



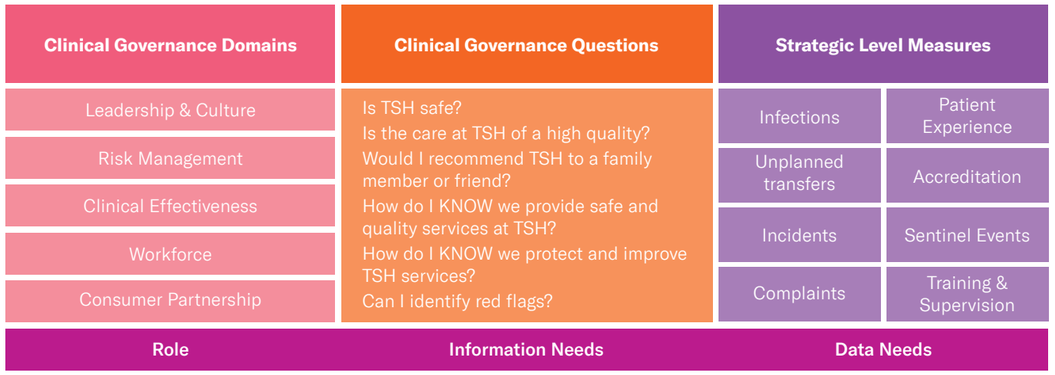


Figure 3. The Board's area of focus, information needs and data needs.

Senior Leadership Team

The Senior Leadership Team consists of the CEO, CFO, Director of Clinical Services and Head of Human Resources.
The Senior Leadership Team (SLT) and senior management work with the Board and its committees to give effect to quality and safety plans, ensure performance monitoring systems are in place and ensure that improvements are actioned.
The SLT and Senior management ensure that management structures and processes are in place to enable good governance and support clinical teams in providing high quality, safe care. The CEO and SLT ensure clinical safety information and data is collected, monitored, reviewed and responded to in a timely and effective manner and is consistent with regulatory and legislative requirements.

All Clinical staff, visiting medical practitioners or contractors

All clinicians working at the Skin Hospital are individually accountable for their own practice, specifically to:
Work within their defined scope of practice

- Practice in accordance with the appropriate standards for professional practice and conduct
- Practice in accordance with the appropriate professional code of ethics
- Practice specifically in accordance with the requirements of National Safety & Quality Heath Service Standards 4, 5, 6, 7, 8, 9.
- Comply with agreed and documented clinical guidelines and/or pathways
- Ensure that early action is taken to reduce the risk for at-risk patients
- Participate in regular performance reviews that support their individual development and improvement
- Ensure that patients & carers are partners in the planning of their treatment

All Staff

All Staff, especially those who meet consumers or work within the clinical setting, are responsible for promoting the health, safety and security of consumers, colleagues, and themselves and to contribute to a positive experience. They are encouraged to suggest and implement improvements in their areas of work. All staff must work within their scope of practice.

Consumers

Consumer Representatives, in partnership with health service organisations, support decision makers to keep the patient at the forefront when planning services, developing models of care, or measuring, evaluating, and improving systems of care.

Patients and carers, in partnership with their healthcare providers, are responsible for participating in shared decision making about their treatment and can promote quality by raising concerns about the safety or effectiveness of the care they are receiving. Patients and carers are encouraged to provide the Skin Hospital with feedback about their experience and suggest improvements to the services provided.

ROLE OF COMMITTEES

The Skin Hospital's committee structure allows for strategy, planning, information, and decision making to be cascaded through the organisation, and similarly reporting on operational performance is escalated up through these committees. Given the size of our organisation some committees will cover several key governance areas.
The following description and (Figure 4) provide a broad overview of our committees that form part of our clinical governance committee structure.

Board Sub-Committees

The Board Clinical Governance Sub-Committee oversees the development and implementation of clinical governance within the Skin Hospital to ensure its legal, regulatory, and operational responsibilities are fully discharged in keeping with the principles of the Framework. The Board Clinical Governance Sub-Committee reports to the Board. The CEO, Director of Clinical Services and the Directors of Medical Services (both Westmead & Darlinghurst) attend the Board Clinical Governance Sub-Committee meetings.

Senior Leadership Team

The Senior Leadership Team is the senior management decision making committee. Its membership includes the CEO, CFO, Director of Clinical Services and Head of Human Resources. The Committee considers recommendations from key committees and portfolio owners. It makes decisions within its delegation (as attributed to individual members) regarding resource allocation, reporting, training and support as it refers to clinical governance.

Senior Leadership Forum

Senior Leadership Forum is a forum at which members of the Senior Leadership Team and senior management work collectively to consider the financial, staff, operational, clinical and strategic matters relevant to the service. This Committee provides strategic oversight and operational management including business and clinical risk and quality improvement, including service accreditation matters.

Medical Advisory Committee (MAC)

The Medical Advisory Committee is an advisory committee to the Board of the Skin Hospital. The MAC consists of at least 5 medical practitioners within the meaning of the Health Practitioner Regulation National Law (NSW) (each of whom holds general or specialist registration in the medical profession) and such other health practitioners as the Board considers appropriate. The MAC's role is to provide a clinical forum through which the views of Accredited Medical Practitioners and Dentists of the Skin Hospital are formulated and communicated to the service. The terms of reference for the MAC are described in the Skin Hospital By-Laws and include providing a process for the medical review of clinical outcomes and patient management, the monitoring of clinical indicators and providing recommendations of the appropriate actions to improve quality and safety of care in the service.

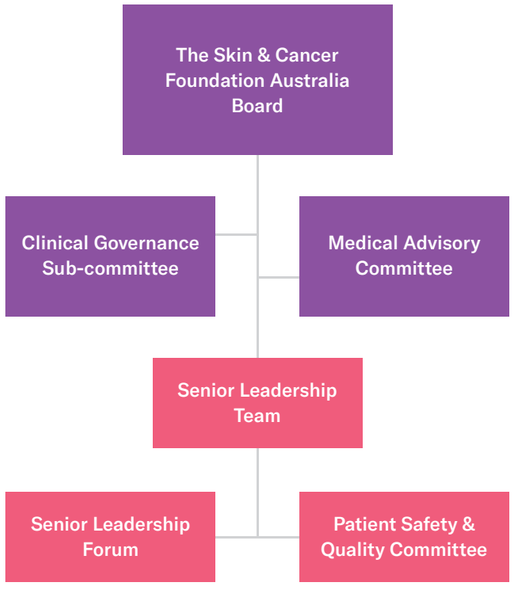


Figure 4: The Skin Hospitals Clinical Governance Committee Structure

Credentials and Scope of Practice Committee

The role of the Credentials and Scope of Practice Committee is to review all applications for medical and dental appointments and make recommendations to the MAC for delineation of privileges/ approved scope of practice. The Credentials Committee may also have responsibility as defined in the relevant by-laws for credentialing non-medical/dental staff (for example contracted nurse practitioners/allied health staff). Given the size of the Skin Hospital the Credentials and Scope of Practice committee is combined with the MAC.

Patient Safety & Quality Committee

The Patient Safety & Quality Committee has a responsibility to: monitor and review key clinical systems and processes to ensure they are effective and robust; refer patient clinical safety and quality issues to the Senior Leadership Team, the MAC or Board Clinical Governance Sub-Committee as required; to provide advice and support to ensure that appropriate standards are implemented; and to monitor the services performance across all dimension of quality and safety, including patient satisfaction and experience.

All Skin Hospital committees need to meet the following expectations:

Scope

- Terms of reference need to be reviewed in the context of the committee and governance structure of the organisation
- Alignment of the purpose of the committee must support the objectives and purpose of the Skin Hospital

Membership

- Appropriate organisational representation
- Consider engagement of external experts or bodies where relevant, such as clinical leaders and consumer representatives

Operations

- Clearly defined responsibilities between Chair and other roles as necessary
- Have a clear pattern of meetings
- Have a policy regarding attendance and proxy attendance
- Distribution of agenda a week before meetings
- Distribution of minutes two weeks after meetings – minutes should specify participants, discussion, decisions/recommendations, actions, and responsibilities
- Minutes and any issues for escalation should be lodged with the appropriate overarching committee.

Review

- All committees should review their outcomes as per the Terms of Reference, membership, and impact on an annual basis.

The Skin Hospital

This document was prepared with information adapted from the following sources:

- Australian Commission for Safety and Quality in Health Care, National Model Clinical Governance Framework, 2017
- Safer Care Victoria, Clinical Governance Framework, 2018
- Calvary Health Care, Clinical Governance Framework, 2018

This document has been endorsed by:

- Patient Quality and Safety Committee, October 2020

This document has been approved by:

- The Skin and Cancer Foundation Board, Australia (The Skin Hospital), October 2020

November 2020