

Clinical Governance Policy

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Purpose

This policy establishes responsibilities, definitions and frameworks for clinical governance across our health system.

Policy

Leadership for health excellence and improvement occurs in every aspect of our health system by all of our people. Balancing autonomy and control by leadership at a local level, supporting strategic alignment and innovation yet achieving consistency in how we do things is essential to achieving our system's vision and goals, including patient safety.

Our vision is an integrated health system that keeps people well and healthy in their own homes. One that provides exceptional quality, providing the right care and support, by the right person, at the right time, in the right place, with the right patient experience. With this in mind we have set a patient safety vision of 'aiming for zero harm'.

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Central to our effort are consumer and staff participation in data driven improvement activity that is supported by our broad distributed leadership across the system.

Process for improvement activity is focussed on strategic goals, patient-centred care and outcomes. Innovation and continuous improvement of work processes and outcomes must be supported by developing our people. Assurance of quality of service, processes and professional standards are foundational to sustaining any improvement.

Health Excellence, our continuous improvement framework, is predicated on validated effective clinical and management practices. These processes are fundamental to achieving our vision and strategic goals, and are underpinned by effective, connected, clinical governance processes within every team of the system.

Health Excellence criteria are applied by every team, service, profession and level in the health system. They support us to focus on best practice in how we do things around here, shaping our positive culture.

Service clusters bring together teams and professions' assurance and improvement activity. They support improvement of the patient journey and integrate organisation wide clinical governance committee requirements into their plans. Each professions' clinical governance activity links into every teams' multi professional clinical governance.

Within organisations across the system, team clinical governance is connected through their usual organisational arrangements. At system level, organisation clinical governance comes together through the District's Clinical Board.

Scope

All staff and teams within CDHB.

Definitions

Clinical Governance

The system through which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care *and outcomes* (Australian Council on Healthcare Standards 2004, *CDHB adaption* 2015).

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Health Excellence

Health Excellence is a strategic framework made up of seven categories that are applied for best practice and to continuously improve the quality of services.

Each category has criteria that are outcome or results focused. The criteria encourage us to ensure our organisational systems are evidence based and applied consistently to ensure patient safety and reduce variation, waits and waste.

It is up to CDHB to use best practice and evidence to determine how to best meet that criteria.



Process for Improvement

The Process for Improvement is the CDHB process for continuous improvement. It incorporates both the Improvement Associates Model for Improvement, adopted by the Institute of Health Care and the New Zealand Health Quality and Safety Commission, and the principles of lean six sigma improvement. Activity is directed at achieving the organisational vision and contributing to the strategic goals.

Roles and responsibilities

Our Workforce

- Demonstrate care and respect and work to support patients and families to have the right experience.
- Appreciate their role and priorities, and work collaboratively with their team and across services in the best interests of patients and the system.
- Participate in local planning and evaluation, building a common vision, a shared sense of purpose and agreed action plans.
- Participate in clinical governance activities of the team, service and profession.
- Endeavour to deliver the right care or service in the right place at the right time to the right standard.
- Support and develop colleagues to do the 'right thing', using best evidence, regular feedback and sound learning frameworks.
- Take self-responsibility, and continue to learn, develop and improve practice.

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- Participate actively in monitoring and evaluating the quality of care and outcomes, completing improvement activity, and sharing learnings.

First Line Managers

For the purposes of this policy first line managers have department, ward or unit teams reporting to them. In addition to Our Workforce responsibilities they:

- provide leadership and give meaning to improvement, integrating the service plans to achieve organisational goals
- enable team-based planning, design, monitoring of service performance and outcomes. This includes evaluating processes that contribute to achieving the system's strategic goals, integrating best evidence, clinical governance committees', professions' and service goals in local plans, engaging consumers and key stakeholders in the process
- support the team's clinical governance, implementing and monitoring policy effectiveness, actively evaluating the quality of care and outcomes, driving audit and improvement activity, tracking completion and sharing learnings. This includes supporting both interdisciplinary and individual profession's improvement activities and involving consumers
- work across the system to support the connected patient journey assurance and improvement work, standardising to reduce variation, waste and waits while retaining patient centred care
- provide a supportive environment, processes and systems to enable and develop our people to meet their responsibilities. This includes feedback processes at individual, team and service level with relevant measures, data sources, and aims/benchmarks
- have active learning and development programmes with appropriate record keeping, relevant credentialing and performance appraisal processes.

Professional, Clinical and Service Leaders

In addition to all the responsibilities above, these leaders agree the allocation of responsibilities for multi-professional clinical governance at service or cluster level. They:

- give meaning and provide direction to improvement, integrating, translating and shaping the service direction to achieve organisational goals
- bring together service teams, creating and communicating the connections and links, actively planning and evaluating

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processes, quality of care and outcomes, tracking progress and completion as well as sharing learnings, setting improvement priorities, and quickly adjusting for success

- link with clinical governance activities across teams, services and sites enabling connected patient journeys
- enable teams and services to engage consumers in design, planning and evaluation of improvements
- support cluster level development of systems and relevant procedure, sharing learnings
- monitor clinical governance processes and outcomes to ensure teams are meeting their terms of reference and prepared and enabled for success.

General Managers

- Communicate the strategic direction and goals, give meaning and translate how this applies to the services, ensuring standards are met.
- Bring together cluster teams, creating and communicating the connections and links, enabling planning, improvement, and evaluation of processes, quality of care and outcomes.
- Enable sharing of learnings, setting of improvement priorities, tracking progress, and quickly adjusting for success.
- Ensure clinical governance and health and safety committees are fully functioning and achieving their terms of reference.

Quality and Patient Safety Managers and Teams

- Provide quality, patient safety, and clinical risk management leadership and direction.
- Ensure the ongoing prioritisation, development, implementation, monitoring and evaluation of quality and patient safety systems and frameworks that are dynamic and evolving, focused on achieving “zero harm”, are aligned with national programmes and provide evidence that Canterbury DHB’s meets legislative requirements and best practice standards.
- Actively promote a “whole of system’ approach across services for quality and patient safety initiatives.

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Clinical Board

The Clinical Board has overall responsibility for clinical governance in health care services provided or funded by the Canterbury District Health Board (CDHB).

The Clinical Board:

- promotes the primary aim of CDHB to improve the health of the community
- oversees and reports on quality improvement systems in all areas of CDHB responsibility
- oversees and reports on clinical performance in all areas of CDHB responsibility
- oversees and reports on the work of specialist clinical advisory committees such as Alcohol, Child and Youth, Infection Control, Medicines
- identifies, investigates and advises on issues where inter-departmental or inter-organisational initiatives are needed to improve patient or population outcomes
- contributes to CDHB strategic planning and resource allocation decisions
- encourages and supports research, best practice and innovation
- encourages and supports professional development, support and training for the health workforce.

Planning and Funding

Planning and Funding works alongside clinical leaders and alliance partners to plan our strategic direction and determine how we allocate the resources across the health system, to make sure we get the right services in the right place to achieve the best possible outcomes for our population. We support our people to live well and healthy in their own homes and communities, supporting both business-as-usual and transformational change activity to:

- engage with clinical leaders throughout the system to design health services that meet our population's needs
- prioritise resources with our clinical leaders through alliance processes
- support clinical leaders to drive change through the use of data
- develop and implement our strategic objectives with a whole of system approach
- support the patient journey through integration of services across the health system

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- evaluate system performance and identify opportunities for system improvement.

People and Capability

The People and Capability function exists to support, enable and empower the people of our health system to achieve its vision and strategic goals. Ultimately, it impacts patient care by supporting the development of an increasingly enabled and enabling environment where the patient is at the very centre of everything we do.

The function does this in a number of ways, supporting both business-as-usual and transformational change activity to achieve:

- wellbeing and resilience of our people
- safety of our people
- effective leadership and support of clinical and operational leadership throughout the system
- understanding of whole-of-system common purpose and clarity of direction and alignment in all parts of the system
- development and alignment of priorities, people and process across the system.

To achieve these outcomes, the People and Capability function focuses on:

- organisational Development: Building and embedding people and process capability, including a specific focus on leadership development
- wellbeing Health and Safety: Taking care of our people and supporting personal and organisational resilience
- people and Capability Operations: Partnering with, and supporting, leaders, managers and our people on the frontline
- People and Capability Services: Delivering all the essential people services and tools effectively and efficiently.

Executive Management Team

The Executive Management Team (EMT) is responsible for the overall performance of our health system and for providing leadership and having accountability for results within the Health Excellence framework. EMT members lead and report on work programmes that contribute to the seven Health Excellence categories.

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Measurement and evaluation

- Quality Improvement: Learning and Sharing register
- Health Excellence survey results two yearly
- Staff engagement survey results two yearly
- Health and Disability Services Standards achievement
- Organisational key performance indicators (this includes patient, customer and stakeholder experience)

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|------------------------------|---|
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| Policy Authoriser | Executive Director of Nursing and Chief Medical Officer |
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