

Clinical Governance Policy

Purpose

This policy establishes the clinical governance framework and responsibilities for Canterbury District Health Board (CDHB) services which are foundational to Health Excellence, the Health and Disability Services Standards 2008, and professional practice requirements.

Policy

The pursuit of excellence and continuous improvement is vital to every part of CDHB. Throughout the organisation quality and safety is the top priority.

Our distributed shared leadership assures system reliability and resilience to safeguard patients and service provision while enabling staff to thrive.

Teams ensure core programmes, processes, standards, functions, and professions' activities are monitored, and networked across the organisation, to sustain alignment and consistency in how we do things.

We are data driven, monitoring core processes and functions, and are guided by the Health Quality and Safety Commission Clinical Governance Framework (2017) to assure, improve and enhance quality of care. These processes and results combined with quality assurance and continuous improvement activity undertaken by corporate and support services contribute to Health Excellence.

Applicability

Applies to all staff and teams within CDHB.

Roles and Responsibilities

Our People

- Communicate in a way that demonstrates mutual trust, openness, respect and empathy.
- Partner with patients and their family/ whanau and customers, stakeholders and teams for best outcomes.
- Continue to learn and develop.
- Support colleagues to do the 'right thing'.
- Work collaboratively within teams and across services in the best interests of patients and the system.
- Utilize quality and risk systems.
- Participate in continuous improvement activity in teams, services, and professions.

First Line Managers

For the purposes of this policy first line managers have department, area, ward or unit team members reporting to them. In addition to Our People's responsibilities they:

- Provide leadership, foster a team culture, plan, co-ordinate and evaluate clinical governance in teams and Health Excellence in support teams, continuously improving care and services.
- Operate robust quality and risk management systems.

- Work across the system to improve the patient journey, connecting, standardising to reduce variation, waste and waits while retaining patient centred care.

In addition, **Professional, Clinical and Service Leaders** agree the allocation of responsibilities for multi-professional clinical governance at service cluster or Division level. They:

- Champion a quality and safety culture across the organisation and provide direction to improvement effort.
- Ensure key indicators measurement processes are agreed, robust, and the results are regularly reviewed and actioned.
- Link with and bring together service teams, creating and making the connections and highlighting the links.
- Enable teams, services and Divisions to engage consumers in planning, design, and evaluation of improvements, sharing learnings.
- Monitor and evaluate governance processes and outcomes to ensure teams are meeting their terms of reference and are prepared and enabled for success.

General Managers

- Bring together interdisciplinary teams:
 - Communicating the strategic direction and goals, translating how these apply to services and improvements.
 - Planning, design, improvement, and evaluation of processes and outcomes.
 - Assuring service quality and performance, managing risk and health and safety.
- Use the Clinical Governance Framework and Terms of Reference, and in more administrative or management support functions, the Health Excellence Framework, to guide continuous improvement.
- Make sure the Division's Governance and health and safety committees in services and teams are fully functioning, achieving their terms of reference.
- Enable dissemination of information, enabling sharing of progress, learnings, setting improvement priorities, tracking progress, and quickly adjusting for success.

Quality and Patient Safety Managers and Teams

- Provide quality, patient safety, and clinical risk management leadership across the organisation, linking with external agencies such as the Health Quality and Safety Commission and Health Round table to align direction.
- Ensure the ongoing prioritisation, development, implementation, monitoring and evaluation of quality and patient safety measures, systems, and frameworks.
- Actively promote a 'whole of system' approach across services for quality and patient safety initiatives.

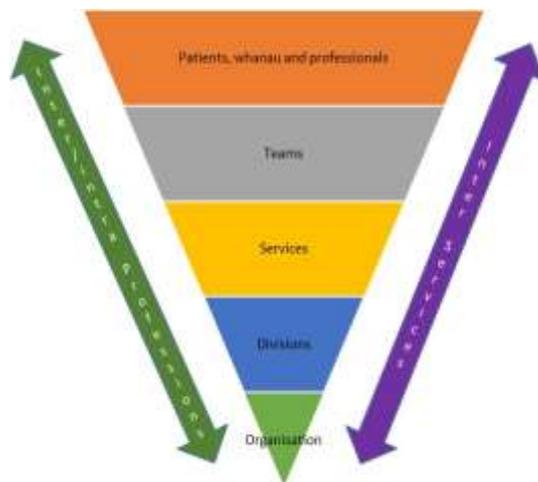
Local Clinical Governance Committees

The Team, Service, Cluster, and Division Clinical Governance Committees share a common set of terms of reference for a joined-up approach. Each service aligns their team's and professions' clinical governance activity. This is integrated at divisional level.

The CDHB Clinical Governance Committee has oversight of clinical governance in health care services provided by the Canterbury District Health Board. The Clinical Governance Committee is to deliver the objectives laid out in the Terms of Reference set by and agreed with the CEO.

The Clinical Governance Committee has sub-committees (Standing Committees) that support the core clinical functions and have agreed Terms of Reference with key performance indicators related to their objectives.

They are established by the CDHB Clinical Governance Committee and feedback regularly.



Corporate Services

All corporate services maintain active risk, quality assurance and improvement system. Health Excellence categories guide leadership, planning, monitoring, reporting and is evidenced in Health Certification processes.

Planning and Funding

Planning and Funding work alongside managers, clinical leaders and alliance partners to plan our strategic direction and determine how resources are allocated across the health system.

Planning and Funding engage throughout the system to design health services to meet population need, integrating the patient journey and supporting leaders to drive system improvement using data.

People and Capability

The People and Capability supports, enables and empowers the people of our health system to achieve its vision and strategic goals. Ultimately, it impacts patient care by supporting the development of an enabling environment in which the patient is at the very centre of everything we do.

Executive Management Team

The Executive Management Team (EMT) is responsible for the overall performance of our health system, for providing leadership and have accountability for results.

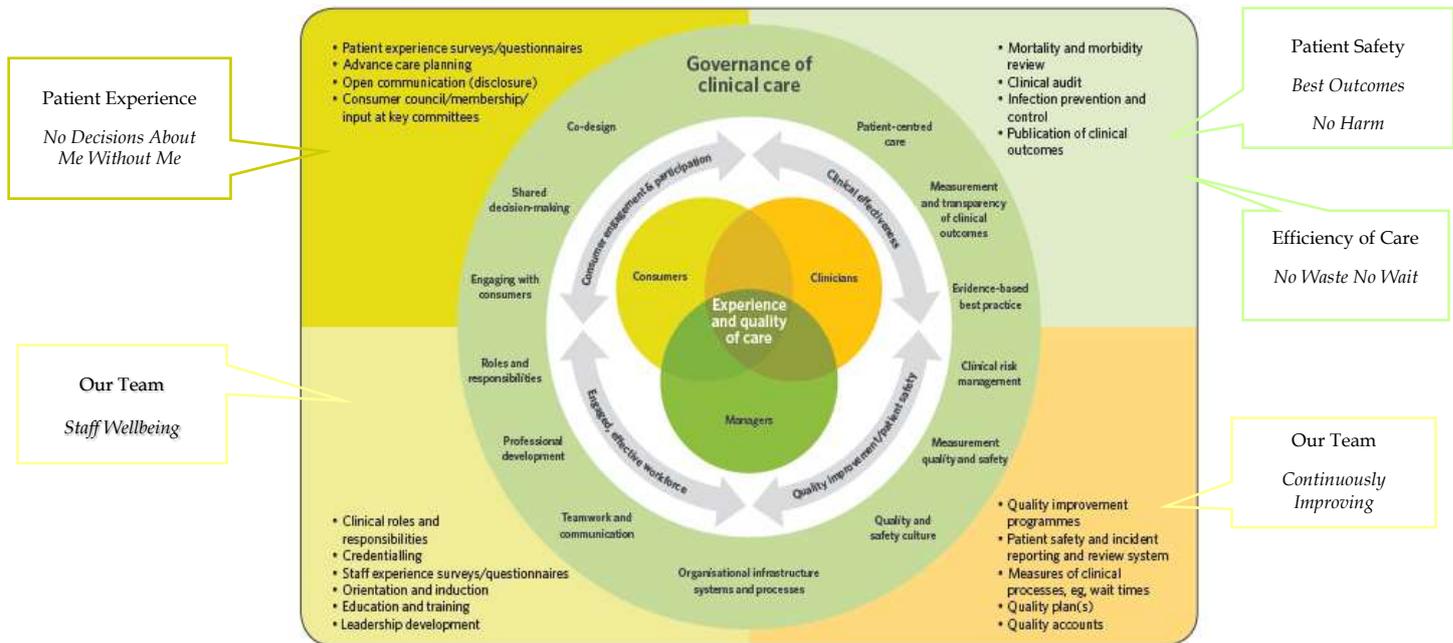
EMT members lead the planning, assurance, and improvement programmes for CDHB and enable distributed leadership for results.

The Health Excellence Framework encompasses the full organisation continuous improvement programme, with Clinical Governance a key building block.

Definitions

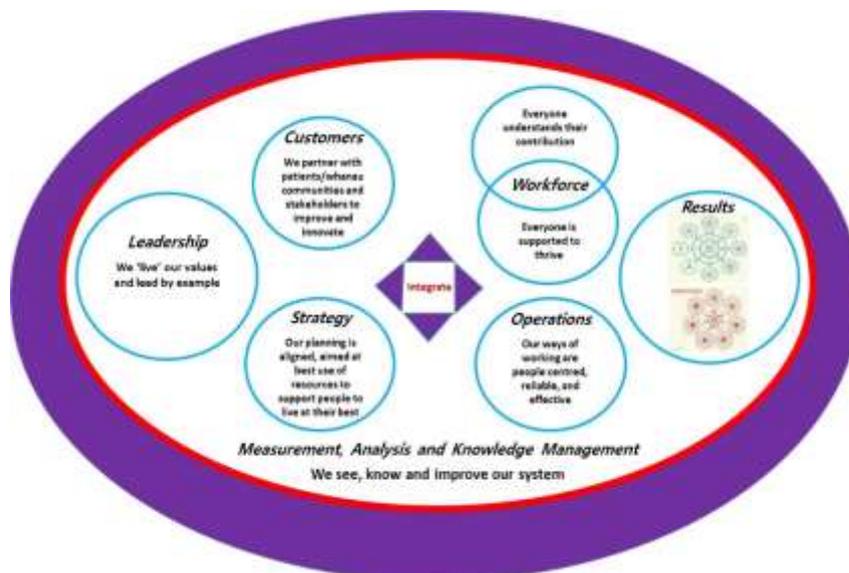
Clinical Governance

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).



Health Excellence

The Business Excellence Framework, New Zealand (2019) is the basis of CDHB’s strategic organisational continuous improvement. It has seven categories, with each category having criteria that are outcome or results focused. CDHB uses evidence informed practice to design processes to meet the Health Excellence criteria.



Process for Improvement

The Process for Improvement outlines the CDHB process steps for 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 improvement.

Quality

The right care or service and support, by the right person, at the right time, in the right place, with the right patient or customer experience. The dimensions of quality definitions inform measurement:

Safe: Avoiding injuries to patients from the care that is intended to help them.

Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse). Doing the right thing for the right person at the right time.

Patient/Family-centred: Providing care that is respectful of and responsive to individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions. It can be thought of as respectfully involving the patient in a way that helps practitioners provide care that is concordant with their patients' values, needs and preferences while better enabling patients to actively provide input and participate in their healthcare.

Timely: At the time prescribed by the agreed standard. Reducing waits and sometimes unfavourable delays for both those who receive and those who give care.

Efficient: Avoiding waste, such as waste of supplies, equipment, time, and effort.

Equal: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socio-economic status (Institute of Medicine, 1999).

Quality Risk Management System

Established, documented, and maintained quality and risk management system includes data for and full quality improvement cycle (includes audit), consumer participation, policy and procedure with control, quality and risk plan, event reporting (incidents), feedback system (experience surveys, complaints management, compliments, suggestions), infection prevention control, health and safety and restraint minimisation (NZ HDSS 8134.0:2008 - 2.3).

Policy measures

- Teams: 100% use a set of key performance indicators that cover Leadership, Patient Safety, Patient Experience, Efficiency, and Our Team in team meetings for assurance and improvement.
- 100% of Team key performance indicator results that do not meet requirements have action plans.
- 100% of corporate and support services have an improvement programme based on the Health Excellence criteria.
- 100% of CDHB Quality Improvement activity is visible in the Learning and Sharing library.
- Health and Disability Services Standards Certification is maintained.

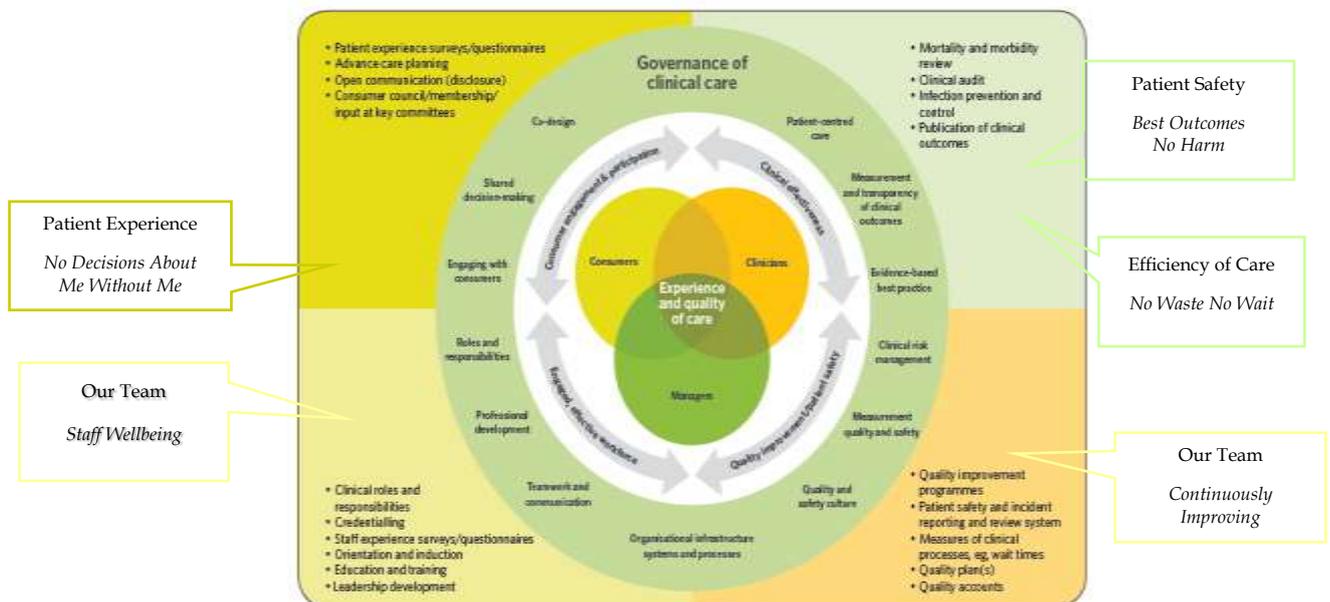
Canterbury District Health Board Clinical Governance Committee

Purpose

The Clinical Governance Committee is responsible for the system through which the Division’s healthcare services are accountable for continuously improving the quality of their services and safeguarding high standards of care, creating an environment in which excellence in clinical care will flourish (Gabriel Scally and Liam Donaldson, 1998).

Scope

Service quality, clinical governance and leadership within the Divisions but not limited to all aspects within the CDHB adopted Clinical Governance Framework.



Objectives

To contribute to the achievement of organisational vision and goals, and enable and develop our people to be at their best and to thrive, the Clinical Governance Committee will:

- Have oversight of service quality and outcomes, continuously improving performance, and the quality and risk systems within the division.
- Ensure systems for patient safety and continuous improvement are well designed, operational and are effective.
- Nurture an open, transparent, team-based approach to clinical governance throughout the organisation.
- Connect with clinical governance across teams, services and sites and committees and the Health System Clinical Board to align and improve the patient journey.
- Encourage professions’ clinical governance activities and consider and integrate any resulting improvement activity into divisional clinical governance which contributes to the overall Health Excellence results.

Key performance indicator

- 90% of reports will be provided at the planned Committee meeting as per the reporting schedule.
- Each member shall attend at least 80% of the meetings held in any one calendar or financial year.

Accountability

The Committee reports to the CEO via the Executive Management Team and the Canterbury Health System Clinical Board

Functional relationships with other committees

See reporting framework.

Membership

[a mix of professions' leaders is expected to emerge through the membership]

<i>Partners</i>	<i>Ex Officio</i>	<i>Elected Representatives</i>
Consumers (2)	Chairs, Divisions' Clinical Governance Committees or delegates	Allied Health
Maori	Chief Medical Officer or delegate*	Midwife
	Clinical Director System Improvement/Chiefs and Chairs representative	Nurse
	Director, Quality and Patient Safety	RMO
	Executive Director Allied Health or delegate*	SMO
	Executive Director of Nursing or delegate*	
	Executive Director Maori Health	
	Finance Representative	
	General Manager Representative	
	People and Capability Representative	
	Planning and Funding Representative	
	CHMSA representative	

*at least one executive clinical lead will be a member on the committee.

Responsibilities

1. Attend all meetings or delegate attendance ensuring the delegate is well briefed.
2. Perform their functions in good faith, honesty and impartiality to avoid situations that might compromise their integrity or otherwise lead to conflicts of interest.
3. Declare any areas where they believe there is a potential conflict of interest to the Chair.
4. Champion best practice.
5. Complete allocated work outside meetings.
6. Feed in and feedback to the group and professional groups, highlighting constituencies views, needs, concerns related to maintaining and improving practice.
7. Support action decided upon by the Group.

Chairperson Responsibilities

- Authorise release of draft minutes.
- Approve meeting pack documents for release.

Quorum

50% plus one member shall constitute a quorum.

Invited Guests

Guests can be invited to the meeting to support agenda items at the discretion of the Chair.

Chairperson

The Chairperson will be appointed by the DHBs' Executive Clinical Lead.

Decision-making

By member consensus.

Meetings

Held monthly at a regularly recurring day, time and place. This does not prevent a specific meeting being rescheduled by the Chairperson on reasonable grounds, and does not prevent rescheduling of the usual day, time or place.

A minimum of 10 meetings a year with at least 14 days' notice given of each meeting. Note: The Chair can call an extraordinary meeting at any time with sufficient notice.

Agenda and minutes

The agenda is circulated at least 5 business days prior to the meeting.

Minutes of all meetings will be circulated to the membership within 10 business days of the meeting. In addition to members, the Executive Management Team will receive minutes.

Minutes will be taken by either the administrator for the committee.

The Chairperson shall be responsible for ensuring a final copy of the terms of reference, agendas and minutes are kept. They will be kept on a SharePoint site by the administrator.

Reporting

A formal report will be provided to the CEO and Clinical Board 6 monthly and as requested. It will cover the business of the Committee, risks, issues and a status report on their sub-committee functioning and progress.

Sub-Committees

The sub-committees report into the Clinical Governance Committee on a set timetable using standard formats. This list may be extended at any point based on the needs of the organisation and additions will be noted in this section.

Leadership

Research

Credentialing

Policies Operational Steering Group

Resuscitation Committee

Morbidity Mortality Review Committee

Serious Adverse Event Committee

Unplanned, readmissions, hospital acquired conditions, unexpected deaths
Serious Adverse Events, Complaint Management/Consumer Feedback/HDC

Restraint Minimisation

CDHB Restraint Committee

Medicines and Therapeutics Committee

Medicines and Therapeutics
Transfusion Committee

Hospital Acquired Harm Prevention Groups

Falls Prevention Committee
Pressure Injury Prevention

Patient Safety Group

Professions' clinical governance Groups (Allied Health, Medicine, Nursing, Midwifery, Medicine)

Infection Prevention Leadership Group

Infection Prevention and Control

Divisional Clinical Governance Committees

Ashburton and Rural
Burwood Campus Clinical Governance Committees
Christchurch Camps Clinical Governance Committees
Community and Public Health
Laboratories
Specialist Mental Health Services

Patient Safety No Decisions About Me Without Me

Patient Experience
Co-design projects/improvement projects
Certification Recommendations
Clinical Audit

Efficiency of Care No Waste No Wait

Performance Indicators
Improvement Project

Our Team Staff Wellbeing

Performance Indicators
Health & Safety Committee
Training
People & Capability

Outcomes

The CEO will be invited to each meeting to provide a management update. If he/she is unavailable this will be provided by executive delegate.

Quarterly reporting to this Committee from its sub-committees is described fully in Appendix 1 [amend example]. It includes receiving reports on the following topics:

- Business Planning / monitoring, inclusive of quality improvement
- District Annual Plan performance
- Performance indicators including
 - Consumer feedback and patient experience
 - Incidents
 - Complaints

- Risk Management
- Cluster and Service based clinical governance activities
- New initiatives and evaluations
- Policy and Guidelines Development

Term

The Terms of Reference will be reviewed annually.

Example Appendix 1

**CDHB Clinical Governance Committee
Reporting/Discussion Schedule**

Report / Discussion	Responsibility	Format	Q1	Q2	Q3	Q4
Divisional Clinical Governance Committees						
Ashburton and Rurals'	Chairperson	Written	Sep		Apr	
Burwood Campus Clinical Governance Committees	Chairperson	Written		Dec		Jun
Christchurch Campus Clinical Governance Committees	Chairperson	Written		Oct	Feb	
Community and Public Health	Chairperson	Written	Aug		Mar	
Laboratories	Chairperson	Written		Nov		May
Specialist Mental Health Services	Chairperson	Written	Sep		Apr	
Leadership						
CMO Report	Chief Medical Officer	Written		Nov		May
Executive Director of Nursing Report	Executive Director of Nursing	Written	Jul		Mar	
Executive Director of Allied Health Report	Executive Director of Allied Health	Written		Dec		Jun
Quality and Patient Safety	Director, Quality and Patient Safety	Written	Nov	Feb	May	Aug
Risk Management (includes the report)	Manager, Risk	Written	Oct		Apr	
Planning and Funding (Business Performance (includes DAP & SOI performance)	Representative	Written		Nov		May
Policies Operational Steering Group						
Research						

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Report / Discussion	Responsibility	Format	Q1	Q2	Q3	Q4
Patient Safety <i>No Decisions About Me Without Me</i>						
Patient Experience	Director, Quality and Patient Safety	Written	Sep	Dec	Mar	Jun
Co-design projects / improvement projects	Team Leads	Written				
Patient Safety <i>Best Outcomes No Harm</i>						
Certification (any accreditations) Recommendations	Director, Quality and Patient Safety	Written		Nov		May
Credentialing						
Serious Adverse Events, Complaint Management/ Consumer Feedback/HDC	SIRC Chair	Written	Sep	Dec	Mar	Jun
Patient Safety Group: Hand Hygiene, SSI, Patient Deterioration Programme						
Clinical Audit (includes the Committee)	Chairperson	Written	Sep		Mar	
Infection Prevention Leadership Group	Chair	Written	Sep		Mar	
Transfusion Committee	Committee Chair	Written	Aug			
Medicines and Therapeutics	Committee Chair	written	Aug			
Morbidity Mortality Review Committee						
CDHB Restraint Committee	Committee Chair	Written	Oct		Apr	
Resuscitation Committee						
Hospital Acquired Harm Prevention Groups: Falls, Pressure Injury, UTI	Committee Chair	Written	Sep		Mar	
Efficiency of Care <i>No Waste No Wait</i>						
Performance Indicators	Chairperson	Written	Sep	Dec	Mar	Jun
Improvement projects	In each Division and Professions' Reports	Written				
Our Team <i>Staff Wellbeing</i>						

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Report / Discussion	Responsibility	Format	Q1	Q2	Q3	Q4
Performance Indicators	Chairperson	Written	Sep	Dec	Mar	Jun
Health & Safety Committee	Chairperson	Written	Sep	Dec	Mar	Jun
Training	P&C Advisor	Written		Dec		Jul
People & Capability	P&C Advisor	Verbal		Dec		Jul
Patient Safety <i>Best Outcomes</i>						
Unplanned readmissions, hospital acquired conditions, unexpected death	Chairperson	Written	Aug	Nov	Feb	May