

Draft guide for health service organisation boards implementing the National Safety and Quality Health Service Standards

19th December 2014

1. Introduction

A consultation paper titled “Draft guide for health service organisation boards implementing the National Safety and Quality Health Service Standards (NSQHS Standards)” (the Guide) was released by the Australian Commission on Safety and Quality in Health Care (ACSQHC) in October 2014.

The Victorian Healthcare Association (VHA) and the Australian Centre for Healthcare Governance (ACHG) in its submission support the provision of information to such boards as they govern the implementation of the NSQHS Standards in their health service organisations.

The VHA is the peak body representing the public healthcare sector in Victoria. Our members include public hospitals, rural and regional health services, community health services, aged care facilities and Medicare Locals. Established in 1938, the VHA promotes the improvement of health outcomes for all Victorians, from the perspective of its members.

The ACHG is an initiative of the VHA. The ACHG’s objective is to draw upon its research, intellectual property and expertise to assist directors of healthcare boards to fulfil their governance responsibilities.

The VHA and ACHG welcome the opportunity to contribute to the development of the draft Guide. The VHA and ACHG agree to this submission being treated as a public document and to the information being cited in any reports that may result from this consultation process.

2. Background

The Guide has been developed by the ACSQHC to assist health service organisation boards in their implementation of the NSQHS Standards. These standards were introduced in 2013 and aim to protect patients from harm whilst in the health system. All hospitals and day procedure services must be accredited to the NSQHS Standards. The VHA and ACHG are supportive of the guide as there is a need for this guide for boards as they govern the implementation and the maintenance of the NSQHS Standards in their health service organisations. This is particularly relevant for some less established boards of, for example, some smaller health service organisations.

However, the information and format of the draft Guide in its current form is too operationally focused. This will lead to the boards focusing on the NSQHS standards from an operational perspective, rather than governing the implementation and maintenance of these standards.

The VHA and ACHG recommend the Guide should provide greater clarity and distinction between the role of the board and the role of management. More specific guidance is required to enable boards to better understand their role in governing the implementation of the NSQHS standards.

3. VHA and ACHG views on clinical governance

The draft Guide states that health service organisation boards have clinical governance responsibilities. In order for boards to effectively enact their clinical governance responsibilities the board must receive a number of assurances that the organisation is meeting its quality and safety objectives and attaining minimum national standards. This is accomplished by ensuring that:

- Boards understand what quality and safety is in the healthcare setting,
- Boards have a high level overview of the quality of services delivered through an agreed quality reporting framework which identifies appropriate indicators for measuring quality and safety, and include measures of quality system effectiveness and patient impact/outcome measures and indicate where these correspond to minimum standards,
- Boards receive assurance that the appropriate systems and structures, including responsibilities and accountabilities for quality, are in place to monitor and report on quality and implement change, and there is assurance they are working as intended, and
- The outcomes produced from the quality systems are clear and form the basis of continual improvement.

Additionally, a board must create a culture of clinical quality and safety in the organisation by linking measurement and reporting processes to the organisation's strategic objectives related to quality and safety, and by following up identified issues.

4. Examples of effective implementation of clinical governance

The VHA and ACHG are aware of some strong examples of the effective implementation of clinical governance within health service organisations.

The key components of these examples include:

- A framework that aligns activities related to clinical governance to key quality and safety objectives. For example, the Board of one health organisation twice yearly receives a one page report on the assurance activities against four domains related to clinical quality and safety. Under each domain the assurance activities are listed, including how often reported, who is responsible for the assurance, key results from last review (traffic light format), and where necessary explanation and/or status of follow up related to a review. Where results from the last review are not "green", then supplementary information is provided to the board. An example of this report is shown in the appendix.
- The Quality and Safety Board Sub-Committee of this organisation has a schedule for review of assurance activities and has responsibility for the review of different aspects of clinical

governance. Additionally, working groups are established within the organisation and have specific responsibility and implementation of different aspects of the clinical governance framework.

- Additionally, there is cross membership of board members on the quality and safety, and the risk and audit board sub-committees. This ensures that key issues relating to quality, safety and risk are understood broadly and not treated in isolation.

5. Recommendations

5.1 The Guide needs to provide greater clarity of the roles of the board, quality and safety board sub-committee, and management. It could do this by providing specific questions and examples that will more clearly delineate the roles, and will enable boards to understand how they can be assured the NSQHS standards have been adequately implemented in their health service organisation.

Specific areas requiring greater clarity include:

- The role of the board:

Greater clarity of the role of the board, the quality committee, and management is required, with clear delineations between each entity and their responsibilities.

For example, page 10 of the guide suggests the board role is to ensure the adoption of clinical guidelines. We consider the adoption of clinical guidelines as a management responsibility and suggest the board should have assurance processes in place to verify this process has been undertaken. The suggested role for the board could be stated as follows:

- *“The board receives assurance that there are processes in place to ensure the adoption of clinical guidelines. This assurance might be in the form of review of process indicators or review of the results of key clinical audits”.*

A further example on page 11 of the guide states that the board role is to “allocate resources to meet... clinical needs; ensure screening tools and guidelines are in place to effectively manage at risk groups”. We consider these tasks as a management responsibility, and suggest the board should have assurance processes in place to verify this process has been undertaken. The suggested role for the board could be stated as follows:

- *“The board receives assurance that there are processes in place to effectively manage at risk groups. This assurance might be in the form of review of data on at risk groups, or policy review”.*

- Supporting processes and information:

Greater clarity is required regarding the key principles underpinning the approach of the board in identifying what to focus on, the systems to put in place, how to ensure these systems are robust, and what to do with the outcomes from a review.

For example a statement in the Guide might state the principles as follows:

- To maintain a high level overview of quality of the services delivered and to oversee action in relation to variation in quality,
- To promote strategic quality initiatives that are undertaken throughout the organisation, and
- To ensure the systems and structures supporting the delivery of quality services are adequately resourced and effective.

5.2 The Guide requires an example of a report that supports the role of the board in governing the implementation of the NSQHS standards. This report should provide the board with the assurance that robust systems, processes and organisation arrangements exist to monitor quality and safety, and enable the board to be aware of the key issues and risks in respect to quality and safety and provide assurance these are being addressed.

5.3 The Guide needs to provide further examples of reports that can be used by a Quality and Safety Board Sub-Committee. In particular, there needs to be an example of a report that links the clinical indicators (shown in Figure 4 of the Draft Guide) to organisation's quality objectives, and an example of a report that shows the status of follow up actions to issues relating to shortfalls in meeting quality and safety objectives.

The examples in the section titled *Reporting to the board* are limiting and potentially misleading to some boards.

Firstly, the VHA and ACHG are of the view that the reports in the appendix are appropriate for the Quality Sub-Committee, but not the board (refer to comments in Section 4 above, and the example in the Appendix for more relevant reporting for boards).

Secondly, the examples of the reports for a Quality Sub-Committee need to include:

- A reporting framework that shows how these indicators (see Figure 4 in the draft Guide) perform against the organisation's quality and safety objectives and standards.
- An example of recording of identified issues and the status of follow up actions from quality and safety reviews.

Further information

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Appendix 1 – Example Board Report

 dental health services victoria oral health for better health						
CLINICAL GOVERNANCE FRAMEWORK REPORT - (insert date)						
Effective Clinical Governance Components	Comments	Status as of (month)	Review cycle	Due Date	Responsibility	
1. Consumer Participation						
Informed consent policy and procedure						
Consumer feedback- complaints and compliments reports						
Patient Experience Tracker (PET)						
Community Participation Policy						
Community Advisory Committee						
Diversity and Community Participation Plan 2013-16						
Open Disclosure (Clinical Incident and Risk Management procedure)						
Freedom of information requests						
Annual Quality of Care Report						
2. Clinical Effectiveness						
Accreditation - National Safety and Quality Health Service Standards						
Other accreditations - Radiology QIP						
Other accreditations -Royal Australasian College of Dental Surgeons (RACDS) Oral Surgery						
Clinical indicators and benchmarking						
Hand hygiene						
Cleaning audits - environmental						
Cleaning audits - chairside						
Clinical Audits- Plan, outcomes and monitoring improvements						
Product Evaluation and Technology Assessment Committee (PETAC)						
Evaluation of Safety and Quality Committee performance						
Public Oral Health Leadership Council						
Practice improvement, Redesign and Lean thinking						
3. Effective Workforce						
Credentialing and scope of practice						
My Development						
Clinical development and achievement (individual)						
Professional Development						
Occupational Health and Safety						
4. Clinical Risk Management						
Policies and Procedures						
Clinical guidelines and pathways (also part of the models of care)						
Models of care						
Adverse incident screening						
Sentinel Event Monitoring and recommendations						
Peer review						
Case reviews						
Legislative compliance						
Medico-legal						
Insurance claims (active)						
Complaints or concerns about clinicians (staff complaints and internal investigations policy review due Feb 16)						
Risk register						
Electronic health records (EHR) project						
Clinical department reporting						
Safety walkarounds at conclusion of meetings						
External reviews as required						
Key						
Highlighted items in green are part of the Clinical Leadership Framework						
Legend						
●	Within 2% or favourable to target					
●	Between 2 - 5% unfavourable to target					
●	More than 5% unfavourable to target					