AUSTRALIAN COMMISSION
ON **SAFETY** AND **QUALITY** IN **HEALTH CARE**

NSQHS STANDARDS

National Safety and Quality
Health Service Standards Second Edition

User Guide for Governing Bodies

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Introduction

The Australian health system is one of the best in the world

Australia's healthcare system is regularly ranked among the best in the developed world. Australia's population is healthier than the OECD average, considering life expectancy and other general measures of health status. Life expectancy at birth was 82.5 years in 2015, the fifth highest in the OECD (the OECD average was 80.6). Mortality from ischaemic heart disease and the prevalence of dementia are also both lower than the OECD average. Australia has the third lowest 30-day mortality rate following admission for heart attack in the OECD. Just over 70% of people diagnosed with colon cancer survive – the fourth highest rate in the OECD.

Health care in Australia is provided by teams of clinicians working in partnership with patients, families and carers. It is delivered by a wide variety of public and private organisations, ranging from sole proprietorships to large statutory corporations and public companies.

Patients, consumers and the community trust clinicians and health service organisations to provide safe, high-quality health care, and most Australians have access to such care. Australia's clinicians are highly regarded as skilled professionals who are committed to meeting the healthcare needs of their patients. Key safety and quality risks are widely known, and strategies exist to improve health care safety and quality. Although there is a strong system-wide commitment to continuous improvement, lapses in safety and quality occur.

Patient safety relies on good governance and management processes

While most health care in Australia leads to good outcomes, patients do not always receive the care that is most appropriate for them, and preventable adverse events occur across the Australian healthcare system.[1] Lapses in safety and quality, and unwarranted variation in health care provided to different populations within Australia have substantial costs, in terms of both the effect on people's lives and financially.[1,2]

Health care delivery is a complex endeavour. Contemporary models of care are sophisticated and change rapidly, as do the expectations of patients and consumers. Health service organisations such as hospitals sit within intricate networks of tertiary, secondary and primary care services. Patients move between these services, and safety and quality risks exist at all points on these journeys of care.[3-5]

Traditionally, ensuring an acceptable standard of patient safety and quality was viewed as predominantly the responsibility of teams of clinicians and support staff. Now, the importance of the individual and collective roles and responsibilities of patients, consumers, clinicians, healthcare teams, managers, directors, governing bodies and departments of health, is well recognised. Good health outcomes rely on effective governance and management processes, and establishing systems involving a large number of contributors in health service organisations and across the health system.

The roles and responsibilities of the governing body for the National Safety and Quality Health Service Standards (second edition)

Good governance is the key responsibility of governing bodies such as boards. It is the board's responsibility to ensure that patients receive the standard of care defined by the National Safety and Quality Health Service (NSQHS) Standards.

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the NSQHS Standards in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care. They provide an assurance mechanism that tests whether relevant systems are in place to ensure that the health care system meets expected standards of safety and quality.

Since 2011, it has been mandatory for all Australian hospitals and day procedure services to be assessed through an independent accreditation process to determine whether they have implemented the NSQHS Standards.

The implementation of the first edition of the NSQHS Standards generated widespread engagement and support among the workforce of health service organisations.

Important improvements in the safety and quality of patient care following the 2011 implementation of the first edition of the NSQHS Standards, including:

- A decline in the *Staphylococcus aureus* bacteraemia rate per 10,000 patient days under surveillance between 2010 and 2014, from 1.1 to 0.87 cases
- A drop in the yearly number of methicillin-resistant *S. aureus* bacteraemia cases between 2010 and 2014, from 505 to 389

- A decline of almost one-half in the national rate of central line-associated bloodstream infections between 2012–13 and 2013–14, from 1.02 to 0.6 per 1,000 line days
- Greater prioritisation of antimicrobial stewardship activities in health service organisations
  - the number of hospitals with antimicrobial stewardship increased from 36% (2010) to 98% (2015)
  - formularies restricting use of broad-spectrum antimicrobials increased from 41% (2010) to 86% (2015)
- Inappropriate use of antibacterials in Australian hospitals reduced by 12.6% from 2010 to 2016
- Better documentation of adverse drug reactions and medication history
- Reduction in yearly red blood cell issues by the National Blood Authority
- Declining rates of in-hospital cardiac arrest and intensive care unit admissions following cardiac arrests
  - early warning or track and trigger tools in 96% of systems in 2015, compared with 35% in 2010
  - NSW Between the Flags program report a 51.5% decrease in cardiac arrest rates
  - Victorian hospitals report a 20% relative reduction in monthly cardiac arrest rates
- Hospital boards or their governance equivalent (84%) reported that, as a result of the NSQHS Standards, the board understood and enacted their roles and responsibilities concerning patient safety and quality.

The National Safety and Quality Health Service Standards (second edition)

The Commission has taken into account new evidence and feedback from across the health sector to improve the NSQHS Standards. This has resulted in a set of standards that is simpler, reduces duplication, has an increased clinical focus and addresses important clinical and safety and quality gaps.

The Commission worked closely with partners to review the NSQHS Standards and develop the second edition, embedding person-centred care and addressing the needs of people who may be at greater risk of harm. The NSQHS Standards (second edition) set requirements for providing comprehensive care for all patients, and include actions relating to health literacy, end-of-life care, care for Aboriginal and Torres Strait Islander people, and care for people with lived experience of mental illness or cognitive impairment.

The NSQHS Standards do not specify how an organisation is to comply; rather, they outline the safety and quality systems that organisations should have in place, and require health service organisations to implement systems and strategies that are applicable to their service context, patient population and service risks. To fully implement the actions in the NSQHS Standards, the governing body, management, clinicians, clinical teams, patients and consumers all need to provide clinical and organisational leadership.

The first two actions in the Clinical Governance Standard are explicitly the responsibility of the governing body. These actions set the strategic direction and architecture for the organisation's safety and quality systems. Other actions across the NSQHS Standards also include responsibilities for the governing body, but appear as actions for health service organisations or clinicians.

The purpose of this guide

This Commission has developed this document, the *NSQHS Standards User Guide for Governing Bodies*, to advise members of governing bodies exercising their governance responsibilities for implementing the NSQHS Standards.

A governing body is a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group) that has ultimate responsibility for delivering safe, reliable and high-quality health care.

A governing body demonstrates effective leadership for safety and quality, and clinical governance by:

- Setting the strategic direction for the organisation
- Setting and leading the organisation's safety and quality culture
- Ensuring the organisation's clinical governance framework is effective
- Overseeing management performance, monitoring organisational performance and ensuring organisational accountability
- Assuring itself that members of the workforce understand the organisation's strategic direction and their individual accountability for implementing the strategic objectives.

A key and ongoing responsibility of the governing body is ensuring that members of the governing body understand their roles in relation to the NSQHS Standards. Governing bodies can manage constraints on their time and resources by implementing a review schedule. Scheduling can also help prioritise high-risk concerns while ensuring that there is a comprehensive review of all the governing body's responsibilities.

Governing bodies need information that is timely, reliable, comprehensive and suitable for their use. There is increasing recognition that paper-based reporting is limiting, and that governing bodies should use a blend of soft and hard intelligence. A mix of information and data sources are needed to support quality improvement and monitoring.

The five questions framework[6] is adapted from the work of patient safety researcher, Charles Vincent, and the Health Foundation. It presents five questions that governing bodies should ask about their organisation's safety and quality.

Each question can be answered by reference to particular sources of information and data. When thinking about data and information, members of governing bodies need sufficient relevant, accurate and timely advice to be assured about patient safety and the quality of care provided.

- How safe has our care been?
- How consistent are our processes of care?
- How safe and high quality is our care today?
- How can we identify problems early?
- How can we learn for continuous improvement?

Good governance, including clinical governance, is an iterative process. While high-risk areas will require more frequent review and greater allocation of time and resources, all issues periodically require review.

A critical role for the governing body is to ensure the workforce understands and implements the governing body's directions. The workforce, consumers, carers, family and the community should receive regular and ongoing feedback about the processes and decisions of the governing body.

Governing bodies will also have responsibilities to their regulators; which is generally a state or territory department of health. These obligations may result from licensing arrangements, performance agreements and reporting requirements.

The eight NSQHS Standards are:

Clinical Governance for Health Service Organisations, which describes the clinical governance, and the safety and quality systems required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients.

Partnering with Consumers, which describes the systems and strategies to create a person-centred health system by including patients in shared decision making, to ensure that patients are partners in their own care, and that consumers are involved in developing and designing quality health care.

Preventing and Controlling Healthcare-associated Infection, which describes the systems and strategies used to prevent infection, to manage infections effectively when they occur, and to limit the development of antimicrobial resistance through the prudent use of antimicrobials as part of effective antimicrobial stewardship.

Medication Safety, which describes the systems and strategies to ensure that clinicians safely prescribe, dispense and administer appropriate medicines to informed patients, and monitor use of the medicines.

Comprehensive Care, which describes the integrated screening, assessment and risk identification processes for developing an individualised care plan, to prevent and minimise the risks of harm in identified areas.

Communicating for Safety, which describes the systems and strategies for effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation.

Blood Management, which describes the systems and strategies for the safe, appropriate, efficient and effective care of the patients' own blood, as well as other supplies of blood and blood products.

Recognising and Responding to Acute Deterioration, which describes the systems and processes used to respond effectively to patients when their physical, mental or cognitive condition deteriorates.

Corporate (organisational) governance of health service organisations

Key concepts

A large proportion of Australian health care is delivered by public sector and private sector organisations governed by bodies such as boards of directors. Boards are generally well versed in the concepts and practices of corporate governance, which is recognised as a responsibility of governing bodies, and is distinguished from responsibility for management and service delivery.*

According to Robert Tricker[7], who is credited with creating the term 'corporate governance':

> The governance role is not concerned with the running of the company, per se, but with giving overall direction to the enterprise, with overseeing and controlling the executive actions of management and with satisfying legitimate expectations of accountability and regulation by interests beyond the corporate boundaries.

Corporate governance encompasses establishing systems and processes that shape, enable and oversee an organisation's management. It is the activity, undertaken by governing bodies such as boards, of formulating strategy, setting policy, delegating responsibility, overseeing management, and ensuring appropriate risk management and accountability arrangements throughout the organisation.

Management, on the other hand, is concerned with coordinating and managing the day-to-day operations of the business.[8]

In the public sector, since not all health service organisations are corporations with a governing board, the term 'organisational governance' can be used, rather than 'corporate governance'.

Responsibilities of governing bodies for corporate governance

Good governance is clearly recognised as a responsibility of governing bodies such as boards.

It is the board's responsibility to ensure good governance and to account to [shareholders] for their record in this regard.[9]

Management has an operational focus, whereas governance has a strategic focus. Managers run organisations, whereas boards ensure that organisations are run well and in the right direction.

The governing body derives its authority to conduct the organisation's business from the enabling legislation and the organisation's constitutional documents, where applicable. The board governs the organisation by establishing a governance system, which is implemented by the board itself, leaders and the workforce at all levels of the organisation. As part of its governance system, the governing body:

- Establishes a strategic and policy framework
- Delegates responsibility for the organisation's operations to the chief executive officer, who, in turn, delegates specific responsibilities to members of the workforce
- Supervises the performance of the chief executive officer
- Monitors the organisation's performance and ensures a focus on continuous quality improvement.

The model for the role and functions of governance, as described by Tricker, highlights both the forward-looking (leadership and performance) and retrospective (accountability and conformance) elements of good governance (Figure 1).[7]

The generally accepted governance duties and responsibilities of a governing body such as a board include:

- Appointing a chief executive officer, supporting them to lead the organisation and evaluating their performance
- In consultation with management, setting and reviewing organisational plans and strategies
- Endorsing and approving budgets, and major financial and organisational decisions
- Ensuring that the organisation is properly managed, including that systems of production or service delivery are well designed and fit for purpose
- Ensuring that the services meet the desired standards
- Ensuring that the organisation meets its compliance obligations
- Challenging the assumptions of management

- Reviewing and monitoring the control framework's performance to ensure major risks are identified and managed
- Ensuring an ongoing focus on quality improvement
- Evaluating reports, and reviewing feedback, suggestions and complaints
- Ensuring the continuing development of the executive management team
- Succession planning
- Communicating with, and being accountable to, internal and external stakeholders.

Although it is ultimately the governing body's responsibility to ensure good corporate governance, many governance responsibilities are distributed throughout the organisation. For example, people at all levels of a health service organisation help design and implement risk management, performance monitoring and audit programs, which are key elements of good governance systems. It is the governing body's responsibility; however, to ensure effective implementation of the overall governance system, and that the board is accountable for the organisation's outcomes and performance. The scope of the governing bodies responsibilities are outlined in Figure 1.

Figure 1: Accountability and leadership functions of governing bodies in governance

	Accountability (conformance)	Leadership (performance)
	Past and present oriented	Future oriented
External focus	External accountability	Strategy
Internal focus	Monitoring and supervision	Policymaking

Appoint and work through the chief executive officer
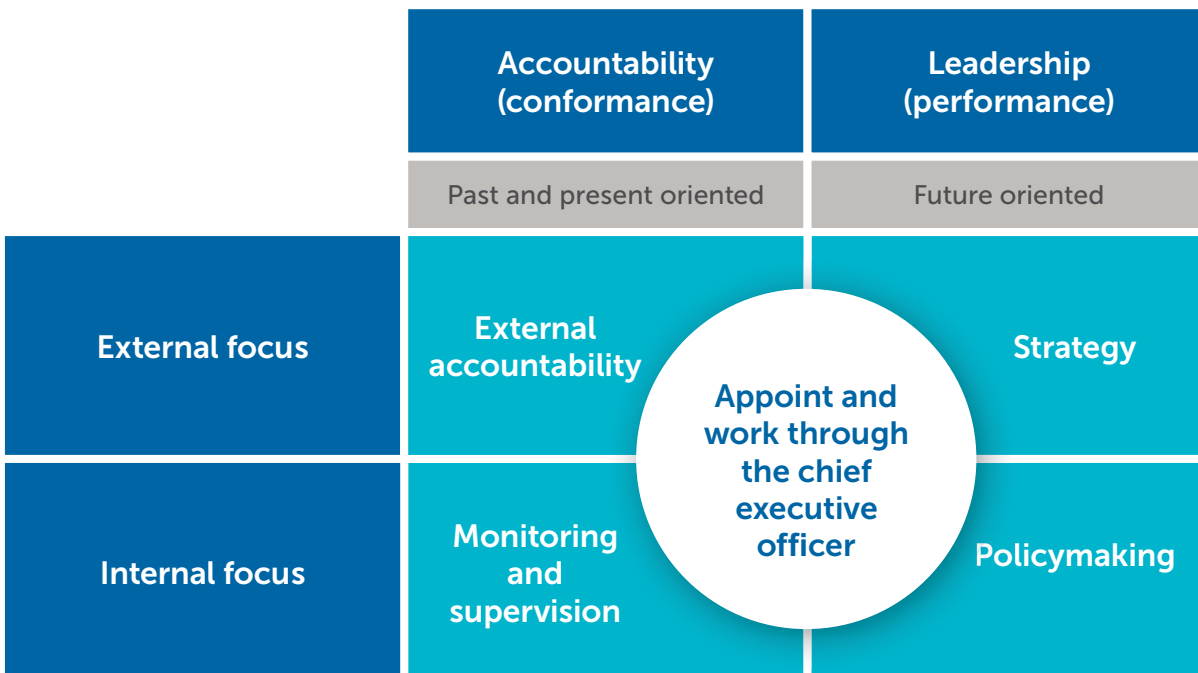
Managing the performance of the governing body

The performance of a governing body directly influences the organisation it governs and the community it serves. An effective governing body will understand the climate, culture and context of its organisation, and can drive improvements in safety and quality and organisational outcomes.

Formal support processes can maximise the contribution and effect of the governing body and each of the individual members. Support processes may include:

- Orientation and induction
- Education and development to update and expand skills and knowledge of individual members
- Education and training of the governing body as a whole
- Development and mentoring of governing body chairs and members.

Newly appointed members of the governing body may need support to understand the importance of safety and quality through appropriate induction, training and ongoing professional development.

The governing body should periodically review the effectiveness of the governing body and its members and committees. When reviewing its effectiveness, a governing body may consider:

- Organisation type
- Legal framework
- Constitution
- Strategy
- History
- Competencies, structure and behaviour of the governing body

- Roles, including strategy development, monitoring, risk management, compliance, policy framework, stakeholder communication and decision-making
- Management roles and performance
- Organisational performance.

Tools that are commonly used for these processes include SWOT (strengths, weaknesses, opportunities and threats) analysis, value chain analysis, balanced scorecard and member questionnaires. The choice of tool depends on the scope and purpose of the review.

The governing body may seek the views of individuals and groups who are affected by the decisions it makes (such as clinicians, patients or local communities) when determining its effectiveness.

Individual members of the governing body should be involved in regular review of their contribution and performance with the chair, or through processes such as 360-degree feedback.

Any review or evaluation should result in an action or improvement plan being put in place and implemented.

Clinical governance and the National Model Clinical Governance Framework

This section describes the key components of the Clinical Governance Framework, based on the NSQHS Standards.

Definition of clinical governance

Clinical governance is an integrated component of health service organisations' corporate governance. 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 safe, effective, integrated, high-quality and continuously improving health service delivery.

Clinical governance is the set of relationships and responsibilities a health service organisation establishes 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.[10] It ensures that the community and health service organisations can be confident their systems will deliver safe and high-quality health care, and continuously improve services.

Clinical governance as an integrated component of organisational governance

The responsibility of a governing body, such as a board, for clinical governance is an integrated element of its overall responsibility and accountability to govern the organisation (Figure 2). Clinical governance involves a complex set of leadership behaviours, policies, procedures, and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes.

The clinical governance system of a health service organisation needs to be conceptualised as a system within a system – a clinical governance system within a corporate governance system.

Under this model, it is important to recognise the following:

- Clinical governance is of equivalent importance to financial, risk and other business governance
- Decisions about other aspects of corporate governance can directly affect the safety and quality of care, and clinical care decisions can directly affect other aspects of corporate governance, such as financial performance and risk management
- Governing bodies are ultimately responsible for good corporate (including clinical) governance

- Governing bodies cannot govern clinical services well without the deep engagement of skilled clinicians working at all levels of the organisation
- Clinicians, managers and members of governing bodies have individual and collective responsibilities for ensuring the safety and quality of clinical care; as well as being reflected in the NSQHS Standards, relevant professional codes of conduct also specify many of these responsibilities.

It is ultimately the governing body's responsibility to set up a sound clinical governance system, and be accountable for outcomes and performance within this system. However, individuals and teams at all levels of the organisation also contribute to implementation. Well-designed systems also deliver, monitor and account for the safety and quality of patient care.

The application of clinical governance systems to achieve good clinical outcomes requires a focus on what happens within a health service organisation. It also requires a focus on integrating and linking the health service organisation within a network of other health service organisations in the acute and primary care sectors. This network may include general practitioners, other specialists, allied health providers and aged care homes.

Figure 2: Corporate governance responsibilities

Corporate Governance

Clinical governance

Financial governance

Risk governance

Other governance (e.g. human resources, legal)
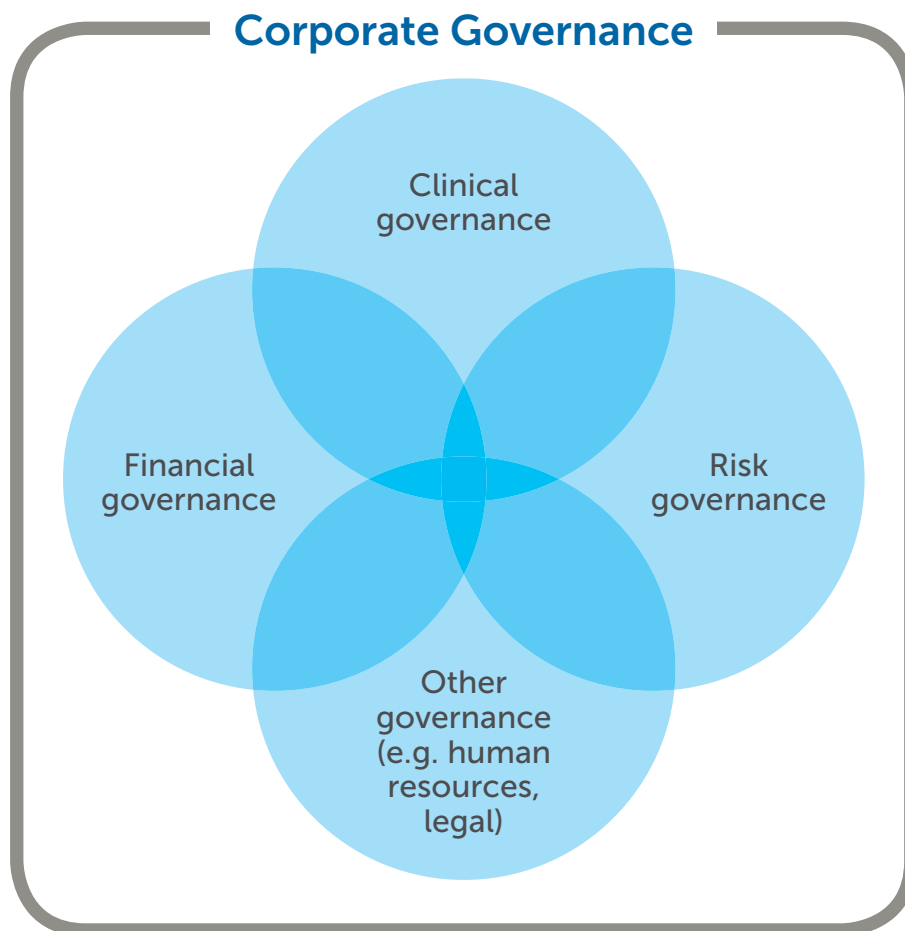
Components of the Clinical Governance Framework

To fully apply the NSQHS Standards in a health service organisation, governing bodies, management, patients, consumers, clinicians and clinical teams need to be engaged in the implementing actions set out in the NSQHS Standards.

In the context of the complete set of NSQHS Standards, the Clinical Governance Standard and the Partnering with Consumers Standard together ensure clinical governance systems within healthcare organisations that:

- Are fully integrated within overall corporate governance systems
- Are underpinned by robust safety and quality management systems
- Maintain and improve the reliability, safety and quality of health care
- Improve health outcomes for patients.

To achieve a complete and robust clinical governance system, actions to meet the Clinical Governance Standard and the Partnering with Consumers Standard need to be supported by actions to meet the other six NSQHS Standards.

The National Model Clinical Governance Framework has five components (Figure 3). The central component relates to patients and consumers, who are at the centre of the Clinical Governance Framework. The five components of the Clinical Governance Framework are as follows:

- **Governance, leadership and culture** – integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients
- **Patient safety and quality improvement systems** – safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients
- **Clinical performance and effectiveness** – the workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients
- **Safe environment for the delivery of care** – the environment promotes safe and high-quality 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; elements of this component include clinical governance and quality improvement systems to support partnering with consumers.

Figure 3: National Model Clinical Governance Framework
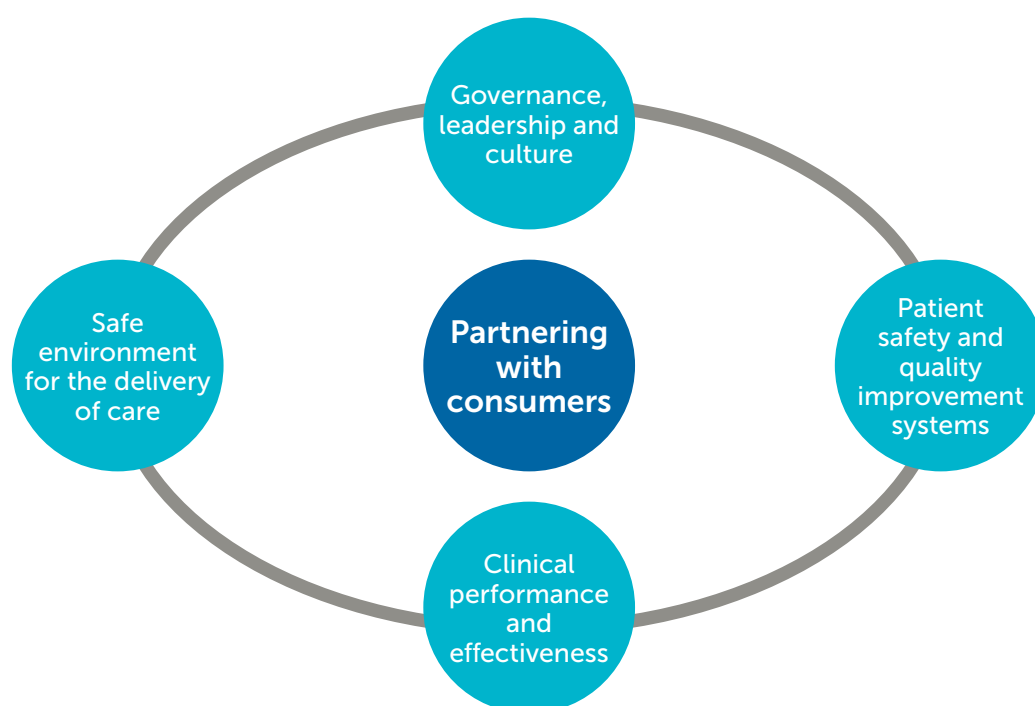
National Safety and Quality Health Service Standards actions for governing bodies

This section details the responsibilities of governing bodies for implementing the Clinical Governance and Partnering with Consumers Standards.

Clinical Governance Standard

The Clinical Governance Standard requires organisations to implement a clinical governance framework. The intent of this framework is to ensure patients and consumers receive safe and high-quality health care. While the context in which each health service organisation operates might vary, each organisation needs to implement strategies for clinical governance to meet the requirements set out in the NSHQS Standards.

To support the delivery of safe and high-quality care for patients and consumers, the Commission has developed the National Model Clinical Governance Framework.[11] The framework has five components based on the criteria in the Clinical Governance Standard and the Partnering with Consumers Standard.

The governing body is responsible for a health service organisation's corporate and clinical governance.[11] These include:

- Governing all domains of activity, including safety and quality, business performance, human resources management, legal compliance, information technology, and work health and safety
- Setting priorities and strategic direction
- Modelling cultural leadership and ensuring the reflection of cultural expectations in the endorsed policies, plans and strategies
- Setting the organisation's quality improvement and risk management culture
- Promoting partnerships with patients, carers and families
- Ensuring priorities, strategic direction and cultural expectations are communicated effectively by management to the workforce and the community
- Ensuring sufficient resources are available to implement safety and quality systems and initiatives
- Ensuring the organisation establishes clear lines of accountability and delegated authority
- Ensuring that structures and systems are in place to deliver safe, effective person-centred health services.

CRITERION: Governance, leadership and culture

Leaders at all levels in the organisation set up and use clinical governance systems to improve the safety and quality of health care for patients.

Leadership

Action 1.1

The seven components (a – g) of this action are discussed in groups.

The governing body:

a. **Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation**

b. **Provides leadership to ensure partnering with patients, carers and consumers**

The NSQHS Standards require the governing body to provide leadership to develop a culture of safety and quality improvement in their organisation. For this to occur, the governing body needs to have a good understanding of the organisation's existing values, behaviours and attitudes, and prioritise safety and quality. The strategic importance of safety and quality should be visible throughout the organisation. The governing body should continuously communicate the importance it places on addressing safety and quality issues, measuring performance and progress benchmarked against self and peers, and the management of risks.

An organisation's culture is important. Based on values, beliefs and assumptions, culture is a way of describing the repeated patterns of behaviours that are reinforced in the organisation by its rituals, ceremonies and reward structures.[4] There are many definitions of a safety culture. It involves the interaction of attitudes, beliefs and behaviours of members of the workforce that influence their commitment to the organisation's safety management.

Positive safety cultures in health care have strong leadership to drive and prioritise the safety of all. Commitment from leadership and management in this context is important because their actions and attitudes influence the perceptions, attitudes and behaviours of members of the workforce throughout the organisation.

Organisations with positive safety cultures have:

- Strong leadership to drive the safety culture
- Strong management commitment, with safety culture as a key organisation priority

- A workforce that is engaged and always aware that things can go wrong
- Acknowledgement at all levels that mistakes can and do occur
- Ability to recognise, respond to, give feedback about and learn from adverse events.

The governing body should ensure that effective partnerships are developed, and promote the organisation's engagement with patients and consumers. Strategies may involve:

- Allocating time in meeting agendas to hear and discuss patient stories or consumer feedback
- Ensuring that resources are available to support activities such as collecting patient experience data, engaging with consumers and local communities, supporting workforce training in person-centred care, and developing or adapting shared decision support tools
- Including consumer representatives on committees or working groups.

The governing body should define the expected quality of the patient experience. Setting priorities and targets for safety and quality enables the organisation to define the roles and responsibilities of the workforce to achieve these goals, and to set up systems that support quality patient experiences.

Roles and responsibilities of a governing body

- Take the lead on setting the organisation's safety and quality culture
- Take the lead on setting the organisation's expectations for partnering with consumers
- Ensure new members of the governing body have the skills to perform their role, and understand the importance of safety and quality, and partnering with consumers.

Clinical governance

Action 1.1

The governing body:

a. **Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community**

b. **Endorses the organisation's clinical governance framework**

The Australian Securities and Investment Commission identified a key duty of governing bodies as 'know what your company is doing'.[3] For health service organisations, this requires the governing body to understand the clinical performance of its organisation, among other things.

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.

Depending on the size of the organisation, a governing body may set up subcommittees or working groups that focus on areas such as safety and quality, and risk. The governing body will need to ensure these processes are integrated and collaborative. This may be through directors of the governing body participating on or contributing to the committee(s), or for the committee(s) to regularly report back to the governing body.

While the governing body may delegate some functions, it should have an active role in:

- Identifying the appropriate governance structure to manage and monitor clinical performance; this may include committee structures
- Setting the requirements for timeframes, targets and reports on safety and quality
- Monitoring the implementation of and compliance with plans
- Describing the expected improvements in safety and quality through the organisation's stated vision, mission and goals.

Roles and responsibilities of a governing body

- Define the vision, mission and values of the organisation, with emphasis on person-centred care principles and practices
- Endorse a clinical governance framework that describes the roles and responsibilities for managing safety and quality, and delegates authority to manage safety and quality
- Monitor the implementation of the clinical governance framework
- Provide leadership on and review the organisation's safety and quality strategic plans
- Review reports on the health service organisation's performance
- Allocate time at governing body meetings to review clinical governance issues and to ensure the effectiveness of safety and quality systems
- Ensure directors of the governing body have a high-level understanding and current knowledge of clinical governance.

Roles and responsibilities

Action 1.1

The governing body ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce
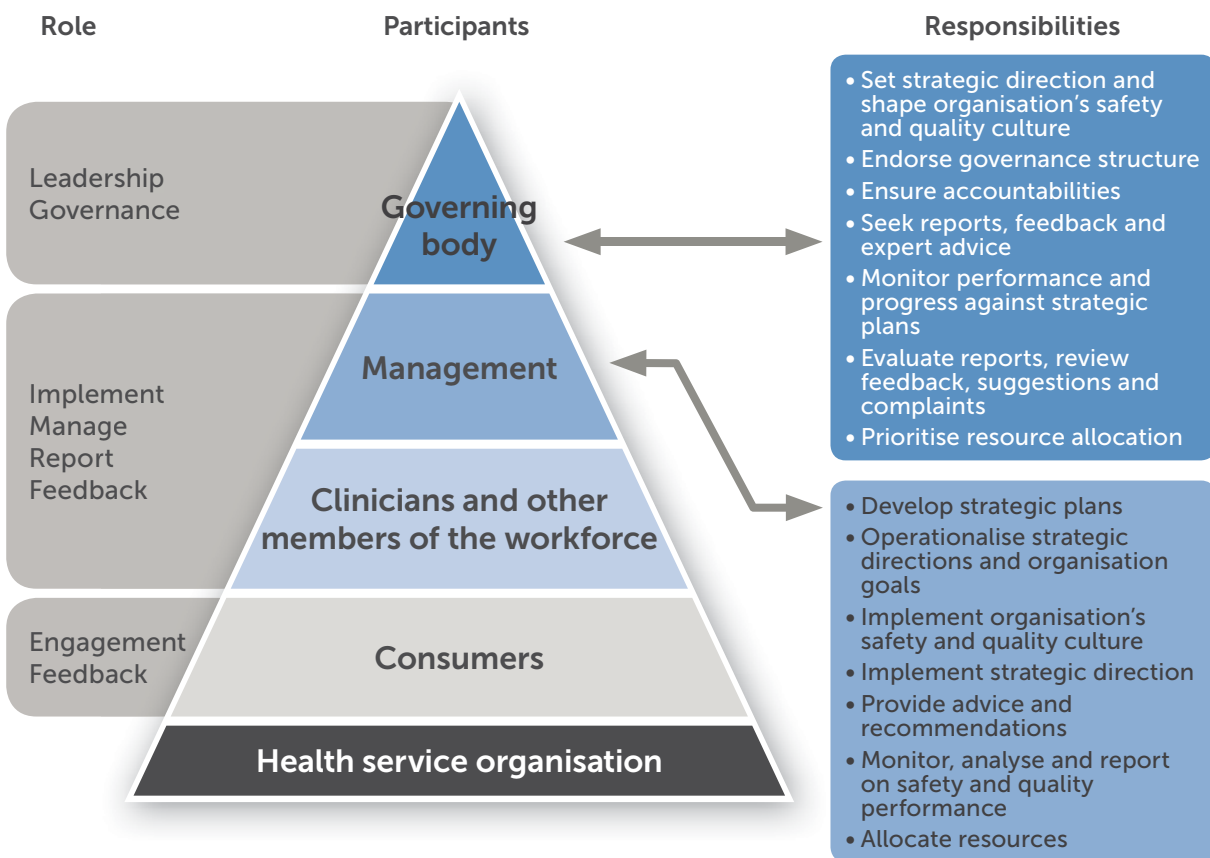
While members of the governing body and management all play a role in planning and reviewing integrated governance systems that promote patient safety and quality, their roles differ. The governing body provides oversight by setting the direction for the organisation, ensuring accountability and shaping culture. The governing body provides leadership and direction to the health service organisation it governs, and has legislative responsibility for the health service organisation's performance. A governing body's role is to oversee management, not to manage.[4]

Management implements the strategic direction set in collaboration by the governing body and management, and reports on the organisation's performance to the governing body.

These relationships are summarised in Figure 4.

Figure 4: Roles and responsibilities of the governing body in a health service organisation

Role	Participants	Responsibilities
Leadership Governance	Governing body	• Set strategic direction and shape organisation's safety and quality culture • Endorse governance structure • Ensure accountabilities • Seek reports, feedback and expert advice • Monitor performance and progress against strategic plans • Evaluate reports, review feedback, suggestions and complaints • Prioritise resource allocation
Implement Manage Report Feedback	Management Clinicians and other members of the workforce	• Develop strategic plans • Operationalise strategic directions and organisation goals • Implement organisation's safety and quality culture • Implement strategic direction • Provide advice and recommendations • Monitor, analyse and report on safety and quality performance • Allocate resources
Engagement Feedback	Consumers Health service organisation	

Roles and responsibilities of a governing body

- Ensure roles and responsibilities for the governing body, management, clinicians and the workforce are clear and defined as part of the clinical governance framework
- Take ultimate responsibility for the safety and quality performance of the health service organisation.

Monitors and reviews

Action 1.1

The governing body:

a. Monitors the actions taken as a result of analyses of clinical incidents

b. Reviews reports and monitors the organisation's progress on safety and quality performance

Members of the governing body have an independent obligation to satisfy themselves that the integrity and performance of the health service organisation meets their requirements. Further, they should each fully understand the safety and quality risks associated with the care being delivered, and be individually assured these risks are being managed effectively. These obligations can be achieved by ensuring that the organisation is implementing the strategic direction set by the governing body, ensuring the organisation's processes are open and transparent, and by monitoring performance and outcomes.

A governing body should have the capacity to:

- Review the organisation's patient safety and quality strategy to ensure it is comprehensive and appropriate

- Review and actively seek reports on the implementation and operation of the strategy and organisation's performance

- Over time, ensure they evaluate the strategic plan on safety and quality, and review reports on the plan's effectiveness

- Consider recommendations to improve current and future strategies.

The section on *Monitoring and Oversight by the Governing Body* provides an approach to measuring and monitoring safety and quality within a health service organisation, using a structured series of questions to guide governing bodies in their use of information and data. It is the responsibility of the governing body to actively seek out the information required to scrutinise the safety and quality of its health services. Governing bodies must have regular access to data that are reliable and meaningful, and that serve as indicators of safety and quality across the organisation.

A performance dashboard of the organisation's most important safety and quality metrics is an important tool for governing bodies to use, but it needs to be routinely reviewed and assessed to ensure that the information addresses the current organisational priorities and any changes in performance.

Relevant performance dashboard indicators may include:

- Key national priority indicators and regulatory requirements

- A selection of other metrics covering safety, clinical effectiveness, patient experience, access, efficiency, variation and appropriateness

- Trends in adverse events, complaints, incidents and near-miss reporting

- Risk ratings

- Compliance with best-practice pathways.

The governing body should receive regular reports, and should endorse a calendar of reports for a defined period, such as one to three years. Reports may discuss high-risk quality systems (such as infection control or medication safety), specific clinical services (such as paediatrics) or specific locations.

Governing bodies may need to actively seek out appropriate clinical or technical advice at meetings to help them interpret audits and performance reports.

Roles and responsibilities of a governing body

- Review reports that evaluate all aspects of organisational performance

- Endorse a reporting framework for safety and quality metrics, and a schedule of reports

- Allocate time and prominence on the agenda to receive structured and in-depth reports on the design and performance of clinical and organisational safety and quality systems

- Ensure members of the governing body develop and maintain skills in assessing and evaluating safety and quality.

Addressing health priorities for Aboriginal and Torres Strait Islander people

Action 1.2

The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people have the right to feel confident and safe in using the Australian healthcare system, and health service organisations must be able to respond to the health needs of Aboriginal and Torres Strait Islander people in a manner that is culturally safe.

By setting organisational goals to meet the specific health needs of Aboriginal and Torres Strait Islander people, the governing body can provide a common vision of what is important when care is being provided, and can focus the organisation's efforts on priority areas. However, the governing body will need to work with, and be informed by, the local Aboriginal and Torres Strait Islander communities to understand the service needs and priorities for Aboriginal and Torres Strait Islander people.

The governing body will need to assure itself that effective partnerships are established with Aboriginal and Torres Strait Islander communities and community-controlled services in its catchment. The output of these partnerships should be recommendations for action that are incorporated into the organisation's Aboriginal and Torres Strait Islander Health Plan and other key strategies.

A comprehensive and integrated Aboriginal and Torres Strait Islander Health Plan should set the vision and describe the strategies and targets used to improve safety and quality of care provided to Aboriginal and Torres Strait Islander people.

When developing priorities and strategies, the health service organisation will also need to understand the demographic and other key indicator information of its Aboriginal and Torres Strait Islander patient population and local or referring communities, as well as the issues they face in using health services.

Roles and responsibilities of a governing body

- Endorse the organisation's Aboriginal and Torres Strait Islander Health Plan and review reports on progress against the implementation plan
- Ensure systems are in place to collect and report on Aboriginal and Torres Strait Islander specific data
- Ensure management reviews the effectiveness of the Aboriginal and Torres Strait Islander Health Plan.

CRITERION: Patient safety and quality systems

Policies and procedures

Action 1.7

The health service organisation uses a risk management approach to:

a. Set out, review, and maintain the currency and effectiveness of policies, procedures and protocols

b. Monitor and take action to improve adherence to policies, procedures and protocols

c. Review compliance with legislation, regulation and jurisdictional requirements

The governing body, through management, is responsible for ensuring the organisation maintains a comprehensive set of organisational policies and associated procedures and protocols, and reviews these regularly. These need to:

- Provide direction for the organisation's operation
- Look at clinical safety and quality
- Be consistent with the organisation's regulatory obligations and the governing body.

The governing body should delegate responsibility to management for developing and maintaining the policies, and associated procedures and protocols. The governing body may seek confirmation of the use and effectiveness of these policies, procedures and protocols through reports, and require management to take prompt action if there are breaches in compliance.

The governing body also needs to assure itself that the organisation complies with the law, its statutory duties and jurisdictional requirements. This applies to commercial, contractual, regulatory and policy obligations.

Roles and responsibilities of a governing body

- Endorse the system for policy development and review
- Ensure a comprehensive set of policies and associated procedures and protocols is developed and implemented
- Ensure there are processes to review compliance with the organisation's policies
- Ensure there are processes for complying with legal, regulatory, statutory and jurisdictional requirements
- Review reports on compliance with the organisation's policy, legal, regulation, statutory and jurisdictional requirements.

Measurement and quality improvement

Action 1.8

The health service organisation uses organisation-wide quality improvement systems that:

a. Identify safety and quality measures, and monitor and report performance and outcomes

b. Identify areas for improvement in safety and quality

c. Implement and monitor safety and quality improvement strategies

d. Involve consumers and the workforce in the review of safety and quality performance and systems

Action 1.9

The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:

a. The governing body

b. The workforce

c. Consumers and the local community

d. Other relevant health service organisations

'Quality improvement systems' refer to activities that organisations use to direct, control and coordinate quality to improve the efficiency and effectiveness of the organisation's clinical performance. These activities include:

- Developing an overarching quality improvement framework
- Adopting policies on safety and quality systems
- Setting quality objectives in planning, assurance and improvement
- Setting performance indicators against which performance can be measured.[5]

The governing body should describe 'quality' for its organisation and how it wants the organisation to provide quality services to its consumers through the organisation's stated mission, vision and goals. This description can include dimensions such as safety, effectiveness, appropriateness, responsiveness, continuity, accessibility and efficiency. In addition, defining what 'good' involves will provide the health service organisation with a common language and understanding for designing and monitoring the organisation's quality improvement system. The more clearly and simply this can be expressed, the easier it is for the workforce, patients, carers and families to understand and participate.

A system for measuring and monitoring safety and quality is described in the section on *Monitoring and Oversight by the Governing Body* of this guide, along with the types and sources of information a governing body may need to use to provide a holistic picture of the safety and quality of their services. The framework provided is based on proactive use of data and information by the governing body and a set of principles for analysing and asking questions about the information available to them.

Management should develop a schedule of data collection, reviews and audits to help the governing body monitor the quality and adequacy of clinical and organisational systems. This will form a subset of the data reports provided to the governing body. Review mechanisms should reflect the organisation's inputs, outputs and outcomes. Assessment of the clinical and management systems should be based on their effectiveness in supporting safe and high-quality care for each patient, and be informed by reports on incidents, near misses and hazards.

Risk management

Action 1.10

The health service organisation:

a. **Identifies and documents organisational risks**

b. **Uses clinical and other data collections to support risk assessments**

c. **Acts to reduce risks**

d. **Regularly reviews and acts to improve the effectiveness of the risk management system**

e. **Reports on risks to the workforce and consumers**

f. **Plans for, and manages, internal and external emergencies and disasters**

The provision of health care does carry risks and hazards for patients, clinicians and health service organisations. As such, risk management is an essential component of governance. The governing body is responsible for ensuring the integrity of the organisational risk management system. A governing body should formally consider the risks facing the organisation and its risk tolerance, and this should be reflected in its quality and operational strategies, decision-making processes and allocation of resources. The risk management system should be reviewed regularly by management. This may include management conducting specific audits or reviews of high-risk areas or activities. The results and recommendations of these audits may be reported to the governing body to inform it about service performance and any areas of concern. Internal and external audits can be used to test the effectiveness and comprehensiveness of systems and controls. There should be a clear link between the organisation's risk register and its program of internal and clinical audits.

The risk register should also inform the development of policies and procedures, training for the workforce and quality improvement priorities.

Changes in risk status provide an early warning sign for organisations. Management may perform periodic assessments of the organisational 'climate' in areas of risk, safety and quality, using trend information, review of external reports, benchmarking with similar organisations and information from trusted sources. Validated survey tools can help assess priority areas. The governing body may seek confirmation from management that internal controls are in place and routinely tested to ensure statements of compliance are supported by robust evidence.

The governing body has a responsibility and opportunity to lead an organisational culture that is demonstrably just and open, and that learns constructively from mistakes and encourages workforce involvement.

Roles and responsibilities of a governing body

- Ensure clinical quality is integrated into the organisation's risk management framework and audit plan
- Ensure the risk management system can identify high or extreme risks, and that information about these risks is regularly reported to the governing body
- Lead and foster an organisational culture that values open, just, fair and accountable behaviours, and that encourages the workforce to proactively manage risk and maximise clinical safety

Incident management systems

Action 1.11

The health service organisation has organisation-wide incident management and investigation systems, and:

a. **Supports the workforce to recognise and report incidents**

b. **Supports patients, carers and families to communicate concerns or incidents**

c. **Involves the workforce and consumers in the review of incidents**

d. **Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers**

e. **Uses the information from the analysis of incidents to improve safety and quality**

f. **Incorporates risks identified in the analysis of incidents into the risk management system**

g. **Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems**

Incidents can occur while providing health care, and some of these can have serious consequences for patients. It is therefore essential that the governing body ensures that the health service organisation establishes a comprehensive incident management system to record and learn from clinical and non-clinical incidents when they occur, and to support the provision of safe care.

The workforce should feel supported in order to willingly report incidents and near misses, so there can be a focus on learning and improvement in the organisation. The governing body should ensure an incident reporting framework is implemented. Management should identify which data will be available and reported at each level of the organisation.

The governing body should receive the outcome or summary reports from investigations of serious incidents, and summary performance information about all other incidents. As a minimum, incident data should be examined for trends over time, and analysed to identify key issues, so that the organisation can address any issues. Targets for minimising or eliminating incidents should be set if appropriate and reported against.

The health service organisation should periodically review the design and performance of the clinical incident management system. The governing body should ensure the risk management system complies with best-practice principles and that sufficient resources have been allocated to support effective clinical governance and risk management.

Roles and responsibilities of a governing body

- Ensure there is an effective incident reporting and management system and that this system is regularly audited
- Ensure there are processes for reporting all serious incidents and aggregated trend analysis of other incidents to the governing body
- Ensure the organisation has delegated accountability for reviewing incidents and has an escalation process for reporting and managing incidents
- Review reports on the incident reporting and management system to ensure it is effective and consistent with best practice.

Open disclosure

Action 1.12

The health service organisation:

a. **Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework[12]**

b. **Monitors and acts to improve the effectiveness of open disclosure processes**

Open disclosure is the open discussion with patients and carers of incidents that result in harm to a patient receiving health care.[12]

Open discussion of errors should be embedded in everyday practice, and relevant information should be communicated openly to consumers.

The Australian Open Disclosure Framework[12] has been endorsed by all health ministers for implementation in all health service organisations. The governing body should ensure that the health service organisation's open disclosure processes comply with this framework.

The governing body should provide leadership to implement effective open disclosure systems by:

- Fostering an organisational culture of openness, and constructively learning from mistakes

- Ensuring the Australian Open Disclosure Framework[12] is in place
- Ensuring enough resources are allocated to support implementation of the Australian Open Disclosure Framework[12]
- Ensuring responsibility for implementing the Australian Open Disclosure Framework[12] is allocated to senior manager(s)
- Ensuring compliance with the Australian Open Disclosure Framework[12] is monitored and any incidents of noncompliance are investigated
- Regularly reviewing summary reports on performance in open disclosure.

Roles and responsibilities of a governing body

- Ensure the Australian Open Disclosure Framework[12] is implemented
- Ensure the organisation's education, training and orientation procedures adequately cover open disclosure
- Review reports on performance in open disclosure.

Feedback

Action 1.13

The health service organisation:

a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care

b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems

c. Uses this information to improve safety and quality systems

Patients' experiences in receiving health care are an important element of quality of care. The governing body's role is to promote the organisation's awareness of and ability to respond to patient experience information. This is achieved by ensuring that the organisation adopts valid and reliable methods of seeking feedback from patients, carers and families, and from reviewing patient stories, for all of its services. The feedback should inform priorities, resource allocation and decision-making by the governing body.

Patient, carer and family feedback and information are central to the assessment of safety and quality. The section on *Monitoring and Oversight by the Governing Body* describes how a simple five-question framework can help governing bodies ask about safety and quality. Each question can be answered by reference to particular sources of information and data. One key requirement of that framework is that several information sources be used, including talking directly with patients, their families and carers.

In consultation with consumers and patients, the Commission has developed the Australian Hospital Patient Experience Question Set.

This is a non-proprietary set of 12 questions to assess patients' experiences of their treatment and care. It is available for use by states and territories, and by the private sector. Governing bodies may also consider including the question set in their local patient experience surveys. It is important to note that doing surveys is not enough to ensure person-centred care; governing bodies need to ensure that meaningful use is made of the resulting information, and that other mechanisms for collecting immediate and face-to-face feedback from patients are in place.

Routine collection and encouragement of feedback from the workforce can provide information about the organisational safety climate. Working in direct clinical care means that clinicians can often pick up early indications of safety and quality problems before they appear in data collections. Feedback may be obtained routinely and formally through workforce surveys, but it is also important that members of the workforce feel able to raise concerns whenever they occur. Like patient and carer feedback, feedback from the workforce is an important component of assessing safety and quality performance.

Roles and responsibilities of a governing body

- Ensure there are processes to collect and review feedback from patients, carers and families as well as the workforce
- Ensure feedback from patients, carers and families, as well as the workforce, is collected using multiple different methods
- Review reports on the feedback from patients, carers and families, as well as the workforce.

Complaints management

Action 1.14

The health service organisation has an organisation-wide complaints management system, and:

a. **Encourages and supports patients, carers and families, and the workforce to report complaints**

b. **Involves the workforce and consumers in the review of complaints**

c. **Resolves complaints in a timely way**

d. **Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken**

e. **Uses information from the analysis of complaints to inform improvements in safety and quality systems**

f. **Records the risks identified from the analysis of complaints in the risk management system**

g. **Regularly reviews and acts to improve the effectiveness of the complaints management system**

A complaints management system provides a mechanism for identifying and responding to issues that affect the safety and quality of care. The health service organisation should encourage and support patients, carers, families and members of the workforce to report complaints when there are safety and quality concerns.

Complaints should trigger a response that is consistent with the process outlined in the organisation's policies and procedures. This process should be clearly defined and simple to use.

The health service organisation should provide the governing body with reports on all serious complaints, as well as summary performance information about all other complaints.

The health service organisation should periodically review the complaints management system.

The governing body should ensure that the complaints management system complies with best-practice principles and that sufficient resources have been allocated to support effective clinical governance and risk management.

Roles and responsibilities of a governing body

- Ensure the most serious complaints are regularly reviewed in accordance with policy and are reported to the governing body
- Review reports on aggregate and trend analysis of all complaints
- Ensure sufficient resources are available to support the complaints management system
- Ensure the complaints management system is effective; accessible for patients, carers, families and members of the workforce; and consistent with best-practice principles.

Diversity and high-risk groups

Action 1.15

The health service organisation:

a. Identifies the diversity of the consumers using its services
b. Identifies groups of patients using its services who are at higher risk of harm
c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care

The governing body should be made aware of the diversity of the consumers receiving services from the health service organisation. It should be aware of which groups are at increased risk of harm because of their age; cultural background; physical, mental or cognitive status; gender; sexual orientation; as a result of bias, racism, stigma or other differentiating factor.

The governing body should consider the clinical needs of groups of consumers at increased risk in its strategic planning, monitoring and resource allocation, and ensure evidence-based best-practice screening tools and clinical practice guidelines are being used to identify and appropriately provide services to high-risk patient groups.

Roles and responsibilities of a governing body

- Review reports on the risk profile of the organisation's consumer cohort and their specific healthcare needs
- Ensure the strategic plan, monitoring systems and resources allocation meet the clinical needs of at-risk consumer groups
- Ensure screening tools and guidelines are in place to effectively manage at-risk consumer groups
- Review reports on the health outcomes for at-risk patient groups and the actions taken to manage the risks.

Healthcare records

Action 1.16

The health service organisation has healthcare record systems that:

a. Make the healthcare record available to clinicians at the point of care
b. Support the workforce to maintain accurate and complete healthcare records
c. Comply with security and privacy regulations
d. Support systematic audits of clinical information
e. Integrate multiple information systems, where they are used

A healthcare record is a documented account of a patient's health, illnesses, diagnostic procedures and treatment in hard copy or electronic format. It is used to help provide safe, high-quality care and support quality improvement, audits and research.

Health service organisations have a legal obligation to hold and retain information. The confidentiality and privacy of most health information is protected by statutory or common law requirements. The governing body should ensure that effective systems are in place for recording, communicating, using, and securely storing and disposing of patient clinical information.

The health service organisation should periodically review the security and privacy systems for healthcare records.

The governing body should ensure that the management system for healthcare records complies with best practice and regulation, and that sufficient resources are allocated to support effective clinical governance and risk management.

Roles and responsibilities of a governing body

- Ensure security, privacy and confidentiality requirements of healthcare records comply with good practice and the law
- Review reports on the effectiveness of the health service organisation's system for healthcare records.

My Health Record

Action 1.17

The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:

a. Are designed to optimise the safety and quality of health care for patients

b. Use national patient and provider identifiers

c. Use standard national terminologies

Action 1.18

The health service organisation providing clinical information into the My Health Record system has processes that:

a. Describe access to the system by the workforce, to comply with legislative requirements

b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system

The My Health Record system allows for the collection, storage and exchange of secure health information between patients and clinicians. It supports clinical handover and makes assessing critical clinical information easier, especially during emergencies.

The system relies on unique identifiers for clinicians and individuals to ensure the right information is associated with the right individual when care is being delivered.

The governing body should ensure that the organisation is using standardised Australian terminologies and identifiers in its My Health Record system.

Health service organisations have a legislative obligation to develop and maintain processes for accessing the My Health Record system that:

- Authorise access
- Provide training for the workforce on the professional and legal obligations in accessing the system
- Establish physical and technical security to control access to the system
- Identify and manage security risks
- Escalate security breaches to management or governing body when they occur.

The governing body needs to assure itself that the organisation's legislative obligations, workforce training and security requirements are being met for the implementation and use of the My Health Record system, and that the effectiveness of the system is periodically reviewed.

Roles and responsibilities of a governing body

- Ensure the organisation is using standardised national terminologies and patient and provider identifiers
- Ensure the organisation is meeting its legislative obligations for developing and providing access to My Health Records.

CRITERION: Clinical performance and effectiveness

Safety and quality training

Action 1.19

The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:

a. Members of the governing body

b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation

Action 1.20

The health service organisation uses its training systems to:

a. Assess the competency and training needs of its workforce

b. Implement a mandatory training program to meet its requirements arising from these standards

c. Provide access to training to meet its safety and quality training needs

d. Monitor the workforce's participation in training

The governing body should ensure that its members are orientated to and become familiar with the organisation and their role; are given training to promote their own understanding of how to fulfil their governance and leadership roles; and can interpret safety and quality reports, and evaluations.

The governing body should be assured that ongoing education and training programs support, among other things, the competency of the workforce to provide safe care in their clinical roles and to meet the quality objectives of the organisation, as well as ensuring they understand their safety and quality roles.

Orientation of new members of the workforce is an important organisational activity that should provide the workforce with the necessary knowledge and skills to support safety and quality within the health service organisation.

Comprehensive orientation includes, but is not limited to orientation to the organisation's:

- Safety and quality culture, and models of care
- Systems, policies, procedures and protocols
- High-risk areas, risk reporting and risk management processes
- Quality assurance, improvement and monitoring systems
- Performance development and human resources systems
- Information systems.

The governing body should ensure that resources are available for training and continuing professional development, and that a process exists for monitoring workforce participation.

Roles and responsibilities of a governing body

- Ensure the education and training system is adequately resourced and monitored
- Ensure there are processes for mandatory orientation, education and training, and maintenance and renewal of clinical competency for the workforce
- Ensure the education and training system includes training on partnering with consumers for clinicians that is relevant to their role
- Review reports on the implementation and outcomes of the education and training systems
- Ensure members of the governing body are orientated to their roles and assess training to address any identified training needs.

Safety and quality training – cultural competency and awareness

Action 1.21

The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients

Cultural awareness and cultural competency are on a continuum. Cultural awareness is a basic understanding that there is diversity in cultures across the population. Cultural competency extends beyond individual skills or knowledge to influence the way that a system or service operates across cultures.

Cultural competency requires an organisation to have a defined set of values and principles, and demonstrated behaviours, attitudes, policies and structures that enables its workforce to work effectively across cultures.[13] The requirements for these are set by the governing body; see Action 1.2.

The most accessible and trusted health service organisations are those that acknowledge and are respectful of cultural factors. This includes recognising cultural beliefs, customs and rituals, and acknowledging and managing issues of privacy, gender and the complex kinship relationships that exist in Aboriginal and Torres Strait Islander communities.[10]

The governing body should ensure the health service organisation has strategies in place that consider the cultural competency of both the workforce and the organisation. These may include:

- Incorporating culturally specific requirements in key organisational processes such as recruitment, policies and procedures, professional development and training
- Expanding the Aboriginal and Torres Strait Islander workforce and supporting them in their role
- Partnering with Aboriginal and Torres Strait Islander communities in service and facility design, delivery and evaluation, and obtaining feedback to improve cultural competency (see Action 2.13).

The governing body has a role in monitoring the implementation and effectiveness of the organisation's cultural competency program.

Roles and responsibilities of a governing body

- Ensure the organisation fully implements the values, principles, and safety and quality priorities set by the governing body to drive improvements in cultural competency and cultural awareness
- Provide leadership by participating in and championing cultural training and awareness and cultural competency
- Review reports on the effectiveness of the organisation's cultural competency program.

Performance management

Action 1.22

The health service organisation has valid and reliable performance review processes that:

a. **Require members of the workforce to regularly take part in a review of their performance**

b. **Identify needs for training and development in safety and quality**

c. **Incorporate information on training requirements into the organisation's training system**

Performance review and development are important and constructive activities that enable a health service organisation to confirm that all members of the clinical workforce meet professional requirements. Similar requirements exist for the non-clinical workforce, such as personal care assistants, transport and catering workers.

To be effective, performance development needs to engage clinicians. The values of fairness, accountability and support underpin effective systems of performance development. However, patient safety is paramount, so the organisation may need to implement remedial strategies to protect patient safety.

The governing body should ensure that a performance review and professional

development system is in place across the organisation. The system should include:

- Providing regular feedback on performance
- Identifying opportunities for skills review and maintenance
- Identifying and addressing issues affecting an individual's performance
- Promoting the cultural values and goals of the organisation.

In addition, the governing body has a role in determining the scope and timing of its own performance review and development plan, which should include a review of its governance knowledge and leadership.

Roles and responsibilities of a governing body

- Review reports on the effectiveness of workforce performance review and development systems
- Set parameters and timing for reviewing the governing body's performance and strategic planning, and participate in these processes.

Credentialing and scope of clinical practice

Action 1.23

The health service organisation has processes to:

a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan

b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice

c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered

Action 1.24

The health service organisation:

a. Conducts processes to ensure that clinicians are credentialed, where relevant

b. Monitors and improves the effectiveness of the credentialing process

Credentialing and scope of clinical practice processes are key elements in ensuring the safe of patient care in health service organisations.

The objective is to ensure that only health practitioners who are suitably experienced, trained and qualified to practise in a competent and ethical manner can practise in health service organisations. A practitioner's scope of clinical practice is based on the individual practitioner's skills, knowledge, performance and professional suitability in keeping with the needs and service capability of the organisation.

All health service organisations must ensure a robust credentialing framework based on strong and transparent governance and clearly articulated policies.

Health service organisations provide different types and levels of services in a variety of settings. They manage different levels of consumer need and complexity of care. They have different levels of resourcing and different technology and equipment available. They have different staffing levels and skill-mix, and therefore require practitioners to have different qualifications, skills and experience that are matched to the organisation's capability and consumer demand.

Not all services or all levels of care can or should be delivered in all settings or facilities. Organisational and service needs and capabilities must be known (and appropriately documented) so that health practitioners' skills, knowledge and qualifications can be matched to their scope of clinical practice.

Delineating the level and type of services to be provided within a health service is an essential component of determining the scope of clinical practice for a practitioner. The scope of clinical practice is defined through recruitment, professional development or credentialing processes. It involves documenting the extent of, and boundaries around, an individual clinician's practice within the health service organisation based on their credentials, competence, performance, professional suitability, and the needs and capability of the health service organisation.

The governing body is responsible for confirming their systems ensure the scope of clinical practice is defined and monitored, and manage issues that may arise while clinicians operate within their agreed scope of clinical practice.

Evidence-based care

Action 1.27

The health service organisation has processes that:

a. **Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice**

b. **Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care**

Good clinical governance promotes effective clinical practice.[7] Clinical guidelines and pathways are critical links between the best available evidence and good clinical practice, and are key tools in an effective safety and quality system.

The use of clinical pathways and guidelines supports effective care, promotes an organisational culture of evaluating organisational and clinical performance, and promotes accountability of clinicians for their practice.

The governing body's roles are to ensure there are systems to promulgate evidence-based best practice, and to monitor the use and effectiveness of clinical guidelines and pathways that are in use. The governing body should ensure that systems are in place to:

- Make available current clinical guidelines or pathways, if they exist

- Assist in the provision of care that is evidence-based and ensures unwarranted variations in care are minimised
- Ensure that clinicians and managers focus on developing and implementing an informed and evidence-based view of appropriate care relevant to their practice.

The Commission has developed a suite of clinical care standards to support the delivery of appropriate care, reduce unwarranted variation in care and promote shared decision making between patients, carers and clinicians. The governing body should ensure all relevant clinical care standards are implemented and processes for monitoring indicators are established.

Variation in clinical practice and health outcomes

Action 1.28

The health service organisation has systems to:

a. Monitor variation in practice against expected health outcomes

b. Provide feedback to clinicians on variation in practice and health outcomes

c. Review performance against external measures

d. Support clinicians to take part in clinical review of their practice

e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems

f. Record the risks identified from unwarranted clinical variation in the risk management system

People expect to receive care that is appropriate for their needs and informed by evidence. However, use of healthcare interventions and outcomes of care vary for different populations, across geographic areas, and among services and clinicians. Understanding this variation is critical to improving the quality, value and appropriateness of health care. Some variation is desirable and warranted – it reflects differences in peoples' healthcare needs. If variation is unwarranted, it signals that people are not getting appropriate care.

Examining variation in care, and the reasons for this variation, is an important first step in identifying and addressing unwarranted variation. Evidence-based clinical guidelines or clinical pathways are designed to improve the appropriateness, and therefore the safety and quality, of health care by decreasing unwarranted variation from best practice. The treatment people receive must be appropriate for them as individuals; in some cases, there may be valid reasons for care that differs from that outlined in guidelines or clinical pathways.

The governing body should ensure that the organisation develops a set of measures of healthcare use and patient outcomes (for example, mortality, complications, adverse events) and identifies relevant internal and external data sources to use as comparisons of practice. The governing body can review reports on these processes to:

- See whether the organisation's performance varies from known best practice or from the performance of similar high-performing organisations

- Learn if outlying data are being investigated to find the reasons for variation and to help prevent unwarranted variation

- Ensure the risks identified from unwarranted variation are managed through the risk management system.

Review of the data should include comparisons with peer organisations, data from national audits or registries, and jurisdictional or national performance data, if practicable.

Roles and responsibilities of a governing body

- Ensure there are processes for monitoring variation from best practice and providing clinicians with feedback on their performance
- Review reports on variation from best practice and performance.

CRITERION: Safe environment for the delivery of care

Safe environment

Action 1.29

The health service organisation maximises safety and quality of care:

a. **Through the design of the environment**
b. **By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose**

Evidence shows the physical environment can have a marked influence on safety and quality performance[8, 9] by promoting safe practice and removing potential hazards.

A facility's design, layout and use can affect patient experience, and the safety and quality of care. By partnering with consumers, organisations can identify opportunities to use design features to improve care.

Organisations have a legislative responsibility to maintain buildings, plant, equipment, utilities and devices. This could be achieved by:

- Conducting an environmental or workplace health and safety risk assessment
- Developing a strategic plan and processes for capital and equipment maintenance and replacement
- Establishing a system for maintaining plant, equipment and devices.

The governing body needs to be assured that the setting in which care is provided is safe. They should seek periodic reports on use and maintenance of facilities that affect safety and quality.

Roles and responsibilities of a governing body

- Endorse the capital and equipment maintenance and replacement plans to ensure patient safety and quality matters are addressed
- Review reports on the use and maintenance of facilities that affect safety and quality.

Unpredictable behaviours

Action 1.30

The health service organisation:

a. **Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce**

b. **Provides access to a calm and quiet environment when it is clinically required**

Health care and accessing health services can be stressful. Understanding the groups of patients using the facility and providing mechanisms to adjust the space or use alternative spaces may relieve this stress for some patients.

The governing body needs to assure itself that the organisation has identified high-risk areas and has strategies to manage unpredictable behaviours in these areas. The governing body should seek periodic review and reports on the effectiveness of these strategies.

Management should identify where in the organisation there may be a high risk of unpredictable behaviours, and implement strategies to protect patients and the workforce from harm. This may include providing access to a quiet space for patients who are agitated or aggressive.

Roles and responsibilities of a governing body

- Ensure there are processes for managing unpredictable behaviours that may lead to patient or workforce harm
- Review reports on the effectiveness of managing unpredictable behaviours.

Flexible visiting arrangements

Action 1.32

The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so

The presence and participation of a patient support person in a clinical treatment area can improve the safety of care, as well as patient and family satisfaction. For patients, flexible visitation can reduce anxiety, confusion and agitation.

The governing body can provide leadership and support for changes in visiting arrangements.

Roles and responsibilities of a governing body

- Champion the introduction of flexible visiting arrangements.

Welcoming environment for Aboriginal and Torres Strait Islander people

Action 1.33

The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people are more likely to trust a health service organisation that acknowledges the importance of cultural beliefs in health care, recognises and manages privacy and gender issues, and acknowledges and accommodates the complex kinship relationships that exist in the local community.

Creating a welcoming environment for Aboriginal and Torres Strait Islander people may involve engaging the local Aboriginal and Torres Strait Islander communities to:

- Review the design, use and layout of public and clinical spaces

- Identify signs, symbols, ceremonies and displays that the health service organisation could use
- Develop messages to explain how the health service works
- Support Aboriginal and Torres Strait Islander people to access culturally appropriate services
- Identify indoor and outdoor spaces where family conferences can be held.

Roles and responsibilities of a governing body

- Champion partnership with Aboriginal and Torres Strait Islander communities to identify strategies to increase trust in the health service organisation and create a welcoming environment
- Review reports on the effectiveness of strategies to create a welcoming environment.

Partnering with Consumers Standard

The intention of this standard is to create an organisation in which there are mutually beneficial outcomes by having:

- Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- Patients as partners in their own care, to the extent that they choose.

The governing body should ensure that systems are in place to support partnering with patients, carers, other consumers and the organisation's community to improve the organisation's safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce should use these systems for activities involving partnering with consumers. This can be achieved by:

- Showing leadership and commitment to partnerships with consumers
- Setting up high-level policies and procedures that support partnerships with consumers
- Ensuring that the organisation has effective systems for consumer complaints and open disclosure, and monitor performance of these systems
- Ensuring consumer input to decisions of the governing body
- Creating opportunities for consumer involvement in subcommittees of the governing body
- Ensuring that organisational systems support consumer engagement in decision-making
- Setting up a specific consumer advisory committee to the governing body, when appropriate.

CRITERION: Partnering with patients in their own care

Healthcare rights

> #### Action 2.3
>
> The health service organisation has a charter of rights that is:
> a. Consistent with the Australian Charter of Healthcare Rights[14]
> b. Easily accessible for patients, carers, families and consumers

The Australian Charter of Healthcare Rights[14] was originally developed by the Commission and adopted by all health ministers in 2008. It was reviewed in 2018.

The charter defines a patient's right to access, safety, respect, communication, participation, privacy and comment. These rights support safe, high-quality health care for patients.[14]

Local charters of healthcare rights should be consistent with the Australian Charter of Healthcare Rights.[14] Some jurisdictions have developed supporting information that expands on the Australian Charter of Healthcare Rights.[14]

The governing body should formally adopt the Australian Charter of Healthcare Rights[14] or its jurisdictional equivalent, and delegate its implementation throughout the organisation to an individual or committee.

Roles and responsibilities of a governing body

- Ensure the Australian Charter of Healthcare Rights[14] or its jurisdictional equivalent is adopted.

Informed consent

Action 2.4

The health service organisation ensures that its informed consent processes comply with legislation and best practice

Informed consent is a person's voluntary decision about their health care that is made with knowledge and understanding of the benefits and risks involved.[15]

Health service organisations have legal obligations regarding informed consent. They need effective processes to inform patients and, where applicable, their carers, family or substitute decision-makers, about the risks, benefits and alternatives of a treatment, including any fees and charges associated with treatment and referrals. Care delivered should reflect a patient's preferences for treatment and organisations should document a patient's consent.

Roles and responsibilities of a governing body

- Ensure processes for informed consent meet best-practice and legal requirements
- Review reports on the effectiveness of and compliance with informed consent processes.

Making decisions about care

Action 2.5

The health service organisation has processes to identify:

a. **The capacity of a patient to make decisions about their own care**

b. **A substitute decision-maker if a patient does not have the capacity to make decisions for themselves**

Under Australian legislation, all adults are presumed to have capacity to decide whether they wish to receive health care, except when it can be shown that they lack the capacity to do so. Decision-making capacity can be decision- and situation-specific. Decision-making can vary at times, in different circumstances and with different types of decisions. Cultural background may also play a part in decision-making and identifying a substitute decision-maker.

Roles and responsibilities of a governing body

- Champion the involvement of carers, families and substitute decision-makers in the processes of planning and delivering care.

Sharing decisions and planning care

Action 2.6

The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care

Action 2.7

The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care

Partnering with patients in their own care is integral to the delivery of safe and high-quality person-centred health care. Patients have the right to fully and actively take part in decision-making regarding their own care. The governing body should set the expectations and ensure there are effective systems to help clinicians work with consumers or their substitute decision-makers in all aspects of their current and future care.

Partnering with patients in their own care can improve the safety and quality of health care,

improve patient outcomes and experience, and improve the performance of health service organisations.[16]

The governing body will need to ensure champions for consumer partnerships and shared decision making are identified among its members, as well as among clinical leaders and in the management team.

The organisation's strategic planning, vision and goals need to reflect the importance of clinician and consumer partnerships.

Roles and responsibilities of a governing body
- Champion consumer partnerships and shared decision making in the planning and delivery of care
- Ensure sound processes to support clinicians and patients as partners in care.

CRITERION: Health literacy

Communication mechanisms

Action 2.8

The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community

Language and cultural factors can create barriers to accessing health care, leading to poorer health outcomes and lower quality of care among people from diverse backgrounds. Different consumers engage with different communication mechanisms.

An organisation that understands the diversity of its patient population can use this information to develop and improve communication mechanisms to meet the needs of individual patients.

Roles and responsibilities of a governing body

• Ensure there are mechanisms supporting the workforce to communicate effectively with the diversity of consumers using the service.

Developing internal communications

Action 2.9

Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

Involving consumer groups and organisations in developing health information and materials is an effective way of improving consumer–clinician communication and partnerships with patients, carers and families.

The governing body should ensure that systems and resources are available to involve consumers in processes for developing and reviewing information provided to service users. Patient involvement should reflect the diversity of the patient population.

Roles and responsibilities of a governing body

• Ensure there are processes to consult with patients, consumers and consumer groups when the organisation develops information for patients.

Supporting communication

Action 2.10

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:

a. Information is provided in a way that meets the needs of patients, carers, families and consumers

b. Information provided is easy to understand and use

c. The clinical needs of patients are addressed while they are in the health service organisation

d. Information needs for ongoing care are provided on discharge

Clear and open communication between patients, carers, families, consumers and clinicians facilitates good clinical decision-making, and protects the legal rights of the patient to be informed and involved in decision-making. It is vital for effective, efficient and ethical care.

Governing bodies should ensure that the importance of clear communication and health literacy is integrated into the organisation's operations, and aligned with other organisational priorities.

Roles and responsibilities of a governing body

- Champion the importance of clear communication and health literacy across the organisation's operations.

CRITERION: Partnering with consumers in organisational design and governance

Partnering in governance

Action 2.11

The health service organisation:

a. **Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care**

b. **Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community**

Consumers bring different perspectives, which can help to identify opportunities for improvement. Developing effective consumer partnerships for planning and designing health service organisation environments and services can strengthen relationships between the workforce and consumers, and better align the services with the needs and preferences of consumers.[17] This can be best achieved when there is agreement between the governing body, management, clinicians and consumers about:

• The health priorities of the community

• A shared vision of services, care and outcomes

• How the different interest groups will interact

• The views and interests of, and constraints on, each of the different interest groups.

These agreements can best be achieved through regular and ongoing interaction and communication.

It is the governing body's role to foster consumer partnerships through a cohesive strategy of engagement. The governing body should also receive reports on the types and effectiveness of consumer engagement activities. Consumer partnerships should occur at multiple levels of the health service organisation and be evident in planning, policy development, engagement with management, training programs and guideline development. The governing body should provide oversight to ensure consumer partnerships reflect the diversity of the population.

Roles and responsibilities of a governing body

• Champion a culture of consumer engagement through strategic statements, and stated vision, mission and values

• Ensure there are processes to promote community and consumer partnerships

• Review reports on the effectiveness of consumer involvement in the governance, design, measurement and evaluation of health care.

Consumer support

Action 2.12

The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation

To give consumers the best possible opportunity to contribute meaningfully, the governing body should ensure that consumers are familiar with the organisation and its processes. Consumers involved in partnerships in the organisation's governance processes, as well as those who take part in design, measurement and evaluation activities may also require training.

When a governing body requires a formal consumer committee, it should have systems to ensure that the selection of members is appropriate and that members are familiar with their roles. Members should be given training in their roles and responsibilities, the purpose of the committee, and the organisation's governance framework to enable them to work effectively.

Roles and responsibilities of a governing body

- Ensure resources are allocated to support, orientate and train consumers.

Partnership with Aboriginal and Torres Strait Islander communities

Action 2.13

The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

By establishing effective partnerships with local Aboriginal and Torres Strait Islander communities, health service organisations will be able to better understand cultural beliefs and practices. This will help identify meaningful goals, strategies and targets for improvements. The results of engaging Aboriginal and Torres Strait Islander people in decision-making are effective use of resources and improvements in health outcomes.

Developing effective partnerships with Aboriginal and Torres Strait Islander communities will require commitment.

Organisations will need to understand that:

- Gaining trust to build a partnership will take time and resources
- More can be achieved when partnerships are equitable and built on mutual benefit
- Relationships need to be respectful of culture
- Aboriginal and Torres Strait Islander communities are diverse, and this diversity should be reflected in partnerships and communication activities.

> **Roles and responsibilities of a governing body**
> - Champion effective partnerships with Aboriginal and Torres Strait Islander communities
> - Ensure resources and time are allocated to developing sustainable partnerships with Aboriginal and Torres Strait Islander communities
> - Ensure partnerships are involved in prioritising improvement strategies for Aboriginal and Torres Strait Islander patients
> - Review reports on partnerships with Aboriginal and Torres Strait Islander communities.

Education and training

Action 2.14

The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

There are a variety of strategies to involve consumers in workforce training, including:

- Involving consumers in committees or advisory groups tasked with developing or reviewing training materials and resources
- Informally talking with consumers and carers in waiting areas about what they would include in person-centred care and partnership training for the clinical workforce
- Convening focus groups or workshops to seek consumers' advice on critical information, resources and strategies for training the clinical workforce in person-centred care and partnerships

- Approaching community groups or local consumer organisations to provide feedback and input into the development of training materials and resources
- Inviting consumers and carers to attend and review training sessions to ensure that the training reflects their needs and perspectives.

> **Roles and responsibilities of a governing body**
> - Champion the involvement of consumers in the training and education of the workforce.

Actions for governing bodies arising from clinically-based standards

Driving improvement in clinical safety and quality

In addition to the governing body's responsibilities set out in the Clinical Governance and the Partnering with Consumers Standards, other actions in the NSQHS Standards require oversight and direction from the governing body.

The following sections outline the role of the governing body regarding the six clinically based NSQHS Standards:

- Preventing and Controlling Healthcare-associated Infection Standard
- Medication Safety Standard
- Comprehensive Care Standard
- Communicating for Safety Standard
- Blood Management Standard
- Recognising and Responding to Acute Deterioration Standard.

Preventing and Controlling Healthcare-associated Infection Standard

The intention of this standard is to reduce the risk of patients acquiring preventable healthcare-associated infections, effectively manage infections if they occur, and limit the development of antimicrobial resistance through prudent use of antimicrobials as part of antimicrobial stewardship.

Each year, infections associated with the provision of health care affect a large number of patients[18,] making healthcare-associated infections the most common cause of harm to hospital patients. At least half of healthcare-associated infections are thought to be preventable.

Infection prevention and control aim to create safe healthcare environments by implementing practices that minimise the risk of transmission of infectious agents. Successful infection control requires an array of strategies across all levels of the healthcare system and a collaborative, tailored approach that reflects the local context and risks. The strategies should include standard and transmission-based precautions, hand hygiene surveillance and antimicrobial stewardship.

The governing body's role in preventing and controlling healthcare-associated infections includes regularly receiving, and actively seeking, healthcare-associated infections surveillance data and information about the effectiveness of the infection prevention and control systems.

Roles and responsibilities of a governing body

- Ensure there are plans for infection prevention and control and antimicrobial stewardship systems
- Ensure there are processes to regularly review current and future infection risks, hand hygiene compliance rates, surveillance data and the effectiveness of the antimicrobial stewardship system
- Review reports on the effectiveness of the infection prevention and control and antimicrobial stewardship systems.

Medication Safety Standard

The intention of this standard is to ensure clinicians are competent to safely prescribe, dispense and administer appropriate medicines and to monitor medicine use and to ensure consumers are informed about medicines and understand their individual medicine needs and risks.

Medicines are the most common treatment used in health care. Because they are so commonly used, medicines are associated with higher rates of readmission to hospitals, and a higher incidence of errors and adverse events than other healthcare interventions.[19]

Recognised solutions to prevent medication errors include standardising systems for use throughout the organisation. These can include:

- Implementing governance systems for medication safety

- Using policies that require patient information to be documented
- Improving communication between patients and clinicians and among other members of the workforce
- Using technology to support information recording and transfer, and to provide better access to patient information and clinical decision support at the point of care
- Ensuring routine review and reporting on medication safety systems.

The governing body should ensure governance systems are in place to support the development, implementation and maintenance of an organisation-wide medication safety system, and that this system is regularly assessed.

Roles and responsibilities of a governing body

- Ensure there are systems for effectively managing medication safety, and that resources are allocated to implement these systems
- Ensure there are processes for the regular review of current and future medication safety risks, and for reporting and acting on incidents involving medication errors
- Review reports on the effectiveness of the medication safety system.

Comprehensive Care Standard

The intention of this standard is to ensure that patients receive comprehensive care – that is, coordinated delivery of the total health care required or requested by a patient within the context of the services provided by the organisation. This care is aligned with the patient's expressed goals of care and healthcare needs, considers the effect of the patient's health issues on their life and wellbeing, and is clinically appropriate. It is also intended to prevent and manage risks of harm for patients during health care. Clinicians identify patients at risk of specific harm during health care by applying the screening and assessment processes required in this standard.

Systems for delivering comprehensive care include targeted screening, assessment, comprehensive care planning and delivery processes to improve the safety and quality of care.

The Comprehensive Care Standard addresses the cross-cutting issues underlying many adverse events. These issues often include: failures to work in partnership with patients, carers and families; failures in communication and teamwork between members of the healthcare team; and failures to provide continuous and collaborative care.

The Comprehensive Care Standard also focuses on care for vulnerable patients who are at greatest risk of harm. Targeted, best-practice strategies are used in this patient group to prevent and reduce specific harms, such as pressure injuries, falls, poor nutrition, cognitive impairment, unpredictable behaviours and restrictive practices.

The governing body has a role in promoting best practices and ensuring systems are in place to deliver comprehensive care.

Roles and responsibilities of a governing body

- Champion the development and implementation of systems to provide effective comprehensive care
- Review reports on the effectiveness of the comprehensive care systems.

Communicating for Safety Standard

The intention of this standard is to ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.

Breakdown in communication is a contributing factor in more than 70% of hospital sentinel events.[20] High-risk situations occur when there are transitions of care, when critical information about a patient's care emerges or changes, and when it is important to ensure that a patient is correctly identified and matched to their intended care. The Communicating for Safety Standard addresses the high-risk situations in which effective communication and documentation are required, including:

- When patient identification and procedure matching should occur
- When all or part of a patient's care is transferred between organisations, multidisciplinary teams or clinicians (clinical handover)
- When critical information or risks emerge or change during care.

The governing body has a role in modelling the culture of communication it wants its organisation to adopt, and in overseeing the establishment of effective reporting processes.

Roles and responsibilities of a governing body

- Ensure there are systems for effective communication and documentation of clinical information and other critical patient information
- Review reports on the effectiveness of these systems.

Blood Management Standard

The intention of this standard is to identify risks, and put in place strategies to ensure that a patient's own blood is optimised and conserved, and that any blood and blood products the patient receives are appropriate and safe.

Blood is a valuable and limited resource. Treatment with blood and blood products can be lifesaving. However as biological materials, blood and blood products have inherent risks.

Risks relating to blood and blood products can be minimised by:

- Optimising and conserving patients' own blood
- Reducing unnecessary exposure to blood or blood products and associated adverse events
- Ensuring that decisions to transfuse blood or blood products are made after considering other treatment options.

The governing body should ensure that relevant policies, procedures and protocols are in place to promote the safe use and minimal wastage of blood and blood products.

Roles and responsibilities of a governing body

- Ensure there is a system for the effective management of blood and blood products and for managing current and future risks
- Review reports on the effectiveness of the blood management systems.

Recognising and Responding to Acute Deterioration Standard

The intention of this standard is to ensure that a person's acute deterioration is recognised promptly and appropriate action is taken. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state.

Serious adverse events such as unexpected death or cardiac arrest are often preceded by observable physiological and clinical abnormalities. Similarly, deterioration in mental state is often preceded by observed changes in behaviour or mood. Early identification may improve outcomes and lessen the intervention required to stabilise patients whose condition deteriorates.

The *National Consensus Statement: Essential elements for recognising and responding to clinical deterioration*[21] was endorsed by health ministers in 2010 as the national approach for recognising and responding to acute clinical deterioration. The *National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state*[22] and *A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital*[23] have been developed by the Commission to support identification and management of deterioration in mental state.

The governing body should ensure organisational systems support clinical, organisational and strategic improvements in recognition and response to clinical deterioration.

Roles and responsibilities of a governing body

- Ensure there are systems to recognise and respond to acute deterioration in physical, mental and cognitive state
- Review reports on the effectiveness of the recognition and response systems.

Monitoring and oversight of patient safety by the governing body

Independent investigations/reviews into patient safety have cited the lack of incident management and investigation systems and patient safety surveillance and learning systems as major contributing reasons to systemic patient care failures.

Governing bodies must be assured that the organisation has surveillance systems in place to identify emerging patient safety and quality problems early. Putting systems in place to listen for 'weak signals' of emerging risks and potential failure is crucial for safety. Promoting a workforce culture of curiosity, questioning and readiness to speak out when something does not seem right is equally important.

Members of the governing body must ask the right questions if they are to effectively carry out their responsibilities for clinical governance.

Three foundational principles can guide governing bodies to ask the right questions of the data and information provided to them (Box 1).

Box 1: Principles of monitoring and oversight by governing bodies

Principle 1: See every piece of information — every measure and every indicator — in its context

Accurate and meaningful interpretation of information depends on:

- The clinical profile of the organisation — including the characteristics of its patient group and clinical delineation of services provided
- What other qualitative and quantitative information is saying, that is, asking 'can the data be verified by looking at more than one source of information?'
- Comparative organisational performance.

Inquiry findings have shown that looking at one type of information in isolation from other relevant data can lead to a loss of oversight by the governing body.

Principle 2: Look beyond written intelligence

Governing bodies need to develop an understanding of the day-to-day concerns and views of patients and the workforce. Talking to people is a valid source of information about emerging problems in safety and quality, and is sometimes more current than retrospective performance or outcome data. Inquiry findings often show that when governing bodies become detached from the day-to-day concerns of the workforce and patients, and rely only on reports passed to them, they can only see part of the safety and quality picture.

Principle 3: Take responsibility for learning the basics of safety and quality measurement

Members of governing bodies need to know the basics of how safety and quality are, or can be, monitored and measured so they can ask the right questions of their workforce and recognise when there is a problem or an opportunity for improvement. They need to know where to look and who to ask for certain types of information.

# Measuring and monitoring patient safety and quality

Healthcare organisations should regularly review data and actions on quality, patient safety and continual improvement at their board or leadership meetings.[24]

Governing bodies need information that is timely, reliable, comprehensive and suitable for their use. There is increasing recognition that paper-based reporting is limiting and that governing bodies should use a blend of soft and hard intelligence. A mix of information and data sources is needed to support quality improvement and monitoring. This section presents a framework to help governing bodies understand the types of information they should be seeking and why.

The five questions framework

This simple framework, illustrated in Figure 5, is adapted from the work of patient safety researcher Charles Vincent and the Health Foundation. It presents five questions that governing bodies should ask about the safety and quality of their services. Each question can be answered by reference to particular sources of information and data. When thinking about data and information, members of governing bodies need to be assured about patient safety and the quality of care provided.

Figure 5: The five questions framework
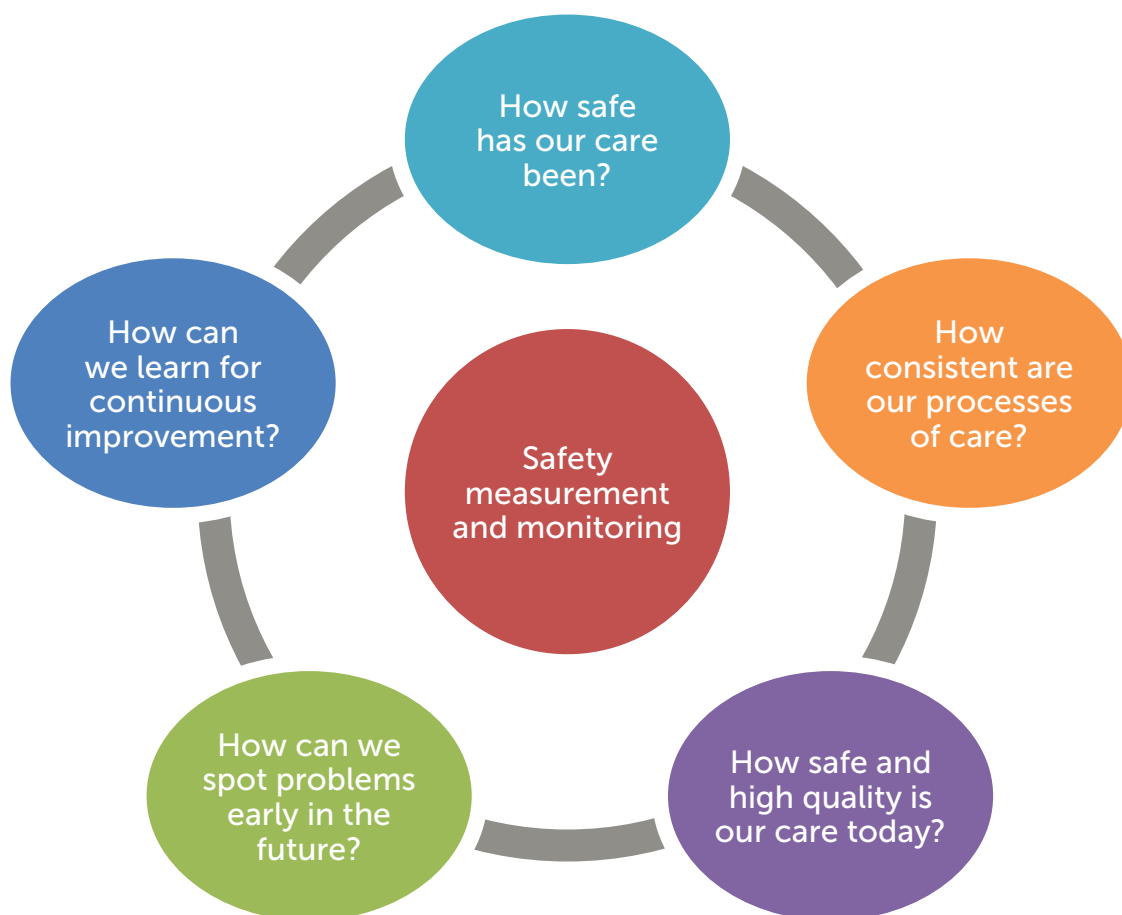
Source: Adapted from Fresko & Rubenstein[6]

Information sources

This section describes examples of the types of information relevant to the role of governing bodies in clinical governance, especially boards of hospitals and local health networks. It suggests a selection of information sources or tools that can help give governing bodies a holistic picture of the safety and quality of their services.

Information sources are arranged according to the five questions framework (see Figure 5). Ensuring that several forms of information are available for the governing body to consider for each of the five questions is a useful way of identifying gaps in currently reported information, and where active engagement by governing body members might help supplement traditional reporting methods.

Under each of the five questions, the information sources are divided into three groups, based on where the information originates. It is important to ensure that none of these information sources are neglected when answering each of the five questions. The three groups are:

1. Routinely collected information (sometimes called administrative data)
2. Information collected from patients, carers and families
3. Information collected from the reporting activity of clinicians and managers.

Information included in this section has several important caveats. First, there are many more sources of data and information than can be shown here. The included resources are suggestions (many of them based on resources produced by the Commission) to help start discussions about the types of information the governing body requires for a holistic picture of safety and quality.

Second, governing bodies must consult with relevant managers and members of the workforce about the best types of information to use to answer each of the five questions. This will ensure that information gathering does not place too high a burden on those responsible for finding and reporting the information.

Third, any program of information reporting by the governing body needs to be structured into an annual timetable, so that the workforce is not subject to ad hoc requests from the governing body or to excessively burdensome reporting demands.

How safe has our care been?

What type of information can help answer this question?

Much of the data that governing bodies traditionally use to judge the safety and quality of their services is based on what the services were like several months previously. This is due to the processing, cleaning and analysis of routinely collected data, and the retrospective nature of chart and medical record audits. However, these kinds of information are useful for examining trends over time (using quantitative information) and for identifying commonly occurring problems (using qualitative information).

Sources of information

Routinely collected information

Routinely collected data are collected as part of the usual administrative processes of a health service organisation. They include demographic information, reason for admission and procedures carried out. Large datasets such as the national Admitted Patient Care (APC) collection can be interrogated to provide information for national, jurisdictional and local safety and quality indicator reporting. Examples of commonly used indicators of safety and quality that can be derived from the APC and other large datasets include:

* Core hospital-based outcome indicators[25]
* Hospital acquired complications[26]
* Sentinel events[27]
* Surveillance data (such as the Antimicrobial Use and Resistance in Australia [AURA] surveillance system).
* National Healthcare Agreement safety and quality indicators (specifically relating to performance indicators numbers: PI16, PI18, PI22, PI23, PI25)
* Risk-adjusted hospital mortality indicators.

These types of information are usefully presented as:

* Risk-adjusted data by casemix, age and sex
* Time series to assess trends
* Funnel plots including peer organisation to identify outliers.

Patient-, family- and carer-reported information

Information collected from patients, families and carers gives a perspective on what happens at the front line of care. This information is a key piece of the safety and quality picture that can validate or provide more detail about the reasons behind trends in routinely collected information. Patients', families' and carers' perspectives can be presented as:

* *Australian Hospital Patient Experience Question Set*
* Qualitative and quantitative analysis of patient complaints and compliments
* Trends in responses to patient experience or satisfaction surveys
* Patient-reported quality of life, pain and symptom severity outcomes – these are collected in detail in some specialties.

How safe has our care been?

Workforce-reported and other information sources

Clinicians and managers alike are involved in collecting safety and quality information from and about patients as part of clinical practice, as well as ad hoc or periodic audits and accreditation processes. This information is often collected over a limited period from a retrospective or prospective analysis of medical records and other documentation.

Examples of the types of information reported by the workforce about the safety and quality of services include:

- Quantitative and qualitative analysis of incident reports (to detect trends in type, location and theme)
- Qualitative analysis of death reviews and coronial findings
- Ad hoc audits (such as the national inpatient medication chart audit) Australian Commission on Safety and Quality in Health Care. National standard medication charts Sydney: ACSQHC; 2018. Available from: https://www.safetyandquality.gov.au/our-work/medication-safety/medication-charts/national-standard-medication-charts[28]
- Annual safety and quality presentations from divisions within the organisation, including clinical registry performance results
- Internal self-assessment using the NSQHS Standards.

Further reading

- Tsai et al., 'Hospital board and management practices are strongly related to hospital performance on clinical quality metrics'[29]
- *Measurement and monitoring of safety framework e-guide: better questions, safer care*[30]
- Ramsay et al., 'The healthy NHS board: a review of guidance and research evidence'[31]
- Australian Commission on Safety and Quality in Health Care. Using hospital mortality indicators to improve patient care: A guide for Boards and Chief Executives. Sydney: ACSQHC; 2014[32]
- Australian Commission on Safety and Quality in Health Care. Antimicrobial use and resistance in Australia. Sydney: ACSQHC; 2018. Available from: https://www.safetyandquality.gov.au/antimicrobial-use-and-resistance-in-australia[33]

How consistent are our processes of care?

What types of information can help answer this question?

Governing bodies need to be assured that clinical processes in their organisation are consistent and reliable. In terms of patient safety, this means that they need to know that safety-critical processes are always carried out properly. In terms of the quality of clinical care, they need to know that clinicians are adhering to best-practice guidance.

Sources of information

Routinely collected information

The *Australian atlas of healthcare variation* shows the value of using administrative data in comparisons between geographical areas to highlight potentially unwarranted over-treatment or under-treatment. Organisations can use the performance of their geographical area, as highlighted in the Atlas, to consider whether rates of intervention or treatment warrant further investigation into the processes of care.

Patient-, family- and carer-reported information

Information from patients, families and carers can include:

- Patient complaints and compliments analysis
- Patient-reported experience of harm or distress (such as the Australasian College for Emergency Medicine consumer portal)
- Patient-reported outcome measures over time (such as the Kessler Psychological Distress Scale K-10 questionnaire in mental health services).

Workforce-reported and other information sources

Process indicators can help detect where safety-critical processes vary between services or organisations, and identify processes for further investigation. Some areas of focus for determining the reliability of care are:

- Hand hygiene compliance audit
- Surgical safety checklist audit
- Clinical audit within specialties
- Completed risk assessments
- Completed discharge plans
- Use of personal protective equipment
- Presence and use of a standardised handover protocol.

Clinical process indicators can also help to identify variation from recommended practice. The Commission's clinical care standards include indicators to enable local monitoring of how closely a service or unit is following the best-practice standard. Indicators are available to enable auditing and monitoring of processes in areas such as:

- Antimicrobial stewardship
- Acute coronary care
- Acute stroke care
- Delirium
- Heavy menstrual bleeding
- Hip fracture care
- Osteoarthritis of the knee.

Further reading

- Rubin et al., 'The advantages and disadvantages of process-based measures of health care quality'[34]
- Australian Commission on Safety and Quality in Health Care. Clinical care standards. Sydney: ACSQHC; 2017 [cited 2018 Apr 24][35]

How safe and high quality is our care today?

What types of information can help answer this question?

Governing bodies need to be assured that management gives attention to daily operations and is sensitive to current safety and quality issues and concerns. Qualitative information gained from management walk-arounds and from talking to the workforce and patients is important, as are systems that allow immediate access to information.

Sources of information

Routinely collected information

This includes instantly available information from incident monitoring systems.

Structural indicators that show mechanisms are in place to collect and make use of continuously available ('real time') information include:

- Presence of designated patient safety officers
- Computerised adverse medication event alerts or warnings
- A system for patients and the workforce to anonymously express concerns
- Routine consumer involvement in governance structures.

Patient-, family- and carer-reported information

Mechanisms for collecting information from patients, families and carers can include:

- Bedside tablet-based experience surveys ('trackers')
- Patient opinion website reports[36]
- Patient report websites such as the Emergency Medicine Events Register Consumer Reporting Portal[37]
- *Australian Hospital Patient Experience Question Set*
- Patient and consumer focus groups, interviews or presentations to the governing body.

Workforce-reported and other information sources

Information from the workforce can include:

- Significant event status reports
- Information from observation and conversations with executive safety walk-arounds and clinicians, spot checks, visits to clinical areas and routine reviews of working environments
- Information from the workforce feedback (including whistle-blower processes), use of stories from the workforce (an extension of the quality improvement approach of patient stories) of experience of care, and immediate feedback mechanism to capture the experiences of the workforce and to get feedback from local leaders.

Further reading

- Frampton et al., 'Using real-time, anonymous staff feedback to improve staff experience and engagement'[38]
- Thomas, 'The future of measuring patient safety: prospective clinical surveillance'[39]
- Martin et al., 'Beyond Metrics? Utilizing "soft intelligence" for healthcare quality and safety'[40]

How can we spot problems in the future?

What types of information can help answer this question?

Governing bodies need to be assured that the organisation can spot emerging problems early. Putting systems in place to listen for 'weak signals' of emerging risks and potential failure is crucial for safety. Promoting a workforce culture of curiosity, questioning and readiness to speak out when something does not seem right is equally important.

Sources of information

Routinely collected information

Routinely collected information can include a safety and quality performance dashboard to look for emerging patterns in multiple sources of data.

Patient-, family- and carer-reported information

Supplementary qualitative data can be collected in several formats and synthesised to offer detailed and specific insights into real or potential problems in the quality of care. Information from patients and consumers can reach the organisation in the form of emails, social media posts and conversations on ward rounds. This information can be aggregated, compared with 'hard' metrics such as data collected from administrative and clinical information systems, or be used to add emotional force to an issue to influence behaviour change.

Thematic analysis of patient-reported 'near misses' is also important.

Workforce-reported and other information sources

Information from the workforce can include:

- Organisational safety culture assessments (survey based and observation based)
- Thematic analysis of 'near-miss' incident reports
- Data on open-disclosure processes conducted
- Structured reflection, including video-reflexive ethnography which is particularly helpful in complex situations
- Governing body members' reporting of complaints, concerns and suggestions from members of the workforce
- Governing body members' reports after having been allocated a 'scrutiny role' for particular areas of activity.

Further reading

- Macrae, 'Early warnings, weak signals, and learning from healthcare disasters'[41]
- *Resilience Engineering: New directions for measuring and maintaining safety in complex systems*[42]
- Trbovich & Griffin, 'Measuring and improving patient safety culture: still a long way to go'[43]

How can we learn for continuous improvement?

What types of information can help answer this question?

Governing bodies need to be assured that their organisation is learning from past failings, and that there is an openness among members of the workforce to learn from successful initiatives in their own organisation and in peer organisations. This means that governing bodies need to know that formal mechanisms are in place to analyse failures and act on the findings. They also need to ensure that there are forums available to encourage members of the workforce to share knowledge and good practice within and between organisations.

It is important that the governing body emphasises the need for continuous learning from what goes right and why, as well as from what goes wrong and why.

Sources of information

Routinely collected information

Routinely collected information can include:

- Analysis of safety incidents over time to detect trends and patterns
- Evidence of learning through incidents, understanding system weaknesses and ensuring they are addressed
- Progress against benchmarks established by clinical registries, collaborations or peer-developed performance standards
- Ongoing refinement of the organisational quality dashboard of performance measures to reflect current priorities and high-risk areas
- Development of localised targets (for example, within divisions) to increase competition across the health service, reflect on progress and ensure that smaller organisational units are held accountable.

Patient-, family- and carer-reported information

Information from patients, families and carers can include:

- Trend analysis on consumer feedback tools
- Systematic analysis of patient complaints
- Clinical quality registry reports and feedback loops, including patient-reported outcome measures.

Workforce-reported and other information sources

Information from the workforce can include reports on:

- Clinical quality registry performance reports; feedback loops; or collaborative learning workshops involving patients, members of the workforce, researchers and managers
- Progress against benchmarks established by clinical quality registries, collaborations or peer-developed performance standards
- Peer-reported clinical excellence
- Feedback from quality improvement programs, including progress reports and third-party assessments
- Workforce perceptions on addressing safety from surveys.

Further reading

- Lindblad et al., 'Creating a culture of health: evolving healthcare systems and patient engagement'[44]
- Gillespie & Reader, 'The healthcare complaints analysis tool: development and reliability testing of a method for service monitoring and organisational learning'[45]

Making sense of the information

This section describes how the governing body can make sense of the information it receives, identify gaps in what it receives, and engage in open discussion about any further actions the governing body might undertake to engage with the workforce and patients to seek out information.

Every year, it is useful for the governing body to think about the types of information it wants to use during the following year, including who needs to provide this information and how often it should be provided. These discussions can usefully be structured around the 'five questions'

(see Figure 5: The five questions framework) so that members of the governing body can satisfy themselves that they will be able to answer each of the questions using several types of evidence. If there are gaps, the governing body will be able to identify the new types of information it can request or seek out during the year.

Box 2 summarises a recommended approach to making sense of the information. For each of the five questions, apply each of the questions outlined in the three steps described in Box 3.

Box 2: Getting started on the 'five questions' framework

1. Past harm: Has care been safe and high quality in the past?

- Identify the different types of harm that can exist in your setting
- See the section on 'Information sources' for suggested measures for past harm
- Use a variety of safety and quality measures, while understanding their strengths and limitations
- Ensure the measures are valid, reliable and specific

2. Reliability: Are our clinical systems and processes reliable?

- See the section on 'Information sources' for suggested measures for reliability
- Obtain advice on the level of reliability expected in areas of standardised practice
- Use local and national audits and initiatives to monitor reliability
- Understand what contributes to poor reliability

3. Sensitivity to operations: Is care safe and high quality today?

- See the section on 'Information sources' for suggested measures for sensitivity
- Select an appropriate mix of formal and informal safety and quality monitoring mechanisms
- Use this information to take prompt action to prevent or reduce safety issues
- Reflect on whether current structures (e.g. committees) enable prompt action to be taken

4. Anticipation and preparedness: Will care be safe and high quality in the future?

- See the section on 'Information sources' for suggested measures and mechanisms for anticipation and preparedness
- Do not wait for things to go wrong before trying to improve safety and quality
- Explore new opportunities to develop systematic ways to anticipate future risks
- Use several tools and techniques to build an understanding of the factors that give rise to safety and quality issues

5. Integration and learning: Are we responding and improving?

- See the section on 'Information sources' for suggested measures and mechanisms for integration and learning
- Use the analysis of incidents as a starting point to reveal the wider issues in the system
- Place more emphasis on learning, feedback and action than simply on data collection
- Integrate and tailor information to make it meaningful from the service delivery point to the governing body

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Source: Adapted from the Measurement and Monitoring of Safety Framework e-guide [30]

For each question, consider the three steps shown in Box 3.

Box 3: Steps to make sense of the data and information

Step 1: What do we know from current reporting to the governing body?

- Does it help us answer this question?
- Is it presented to us in a way and with a frequency that makes it easy to spot problems?

Step 2: What other information or processes can we use to understand the issues?

- Do we have methods in place to verify (or triangulate) that there is a problem?
- What types of information are missing?

Step 3: What action needs to be taken now?

- What more can we do as members of the governing body?
- What processes can we start?

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