Consultation instructions: National Safety and Quality Health Service Standards guide for governing bodies

Target audience and purpose

This resource is for the governing bodies of health service organisations implementing the NSQHS Standards (second edition).

Consultation dates

Consultation on this resource will run until Friday, 22 June 2018.

Consultation questions

You are invited to provide feedback on the whole resource, or alternatively, specific components of the resource that are important to you.

Included below are some questions that may help guide your feedback. You can answer all, some or none of the questions in your feedback. There is no word limit for your responses.

1. **Language**: How could we improve the language, terminology and glossary used in the resource so that they are more appropriate and applicable to the context of your organisation?

2. **Usability**: How could we make the content in this resource more applicable and easier to use to implement the NSQHS Standards (second edition)? For example, changes to the length, layout, and level of detail of the content.

3. **Clarification**: Does any of the content in this resource require further clarification or rewording? Please provide suggestions for these changes.

4. **Gaps and duplication**: Are there any gaps in the content and how should they be addressed? Is there any unnecessarily duplicated content that could be removed?

5. **Additional functionality**: What additional functionality would be helpful in an interactive online resource or as separate resources? For example: links between actions; links to other resources; videos and animations; the ability to search and filter content based on topics and the user's role; one-page factsheets; or infographics.
6. **Other feedback**: Please provide any other feedback you have on this resource.

Submitting your feedback

When providing feedback, please reference the specific resource, Standard, item and/or action.

Our preferred method for receiving your feedback is by online survey at https://www.surveymonkey.com/r/governing-bodies. Alternatively, feedback can be provided by:

- Email: NSQHSstandards@safetyandquality.gov.au
- Mail:
  NSQHS Standards
  Resources GPO Box 5480
  Sydney NSW 2001
- Fax: (02) 9126 3613

Please do not submit your feedback as tracked changes to a copy of the resource, due to difficulties in analysing feedback provided in this way.

Our contact details

If you have any questions in relation to this consultation process please contact the Commission on 1800 304 056 or NSQHSstandards@safetyandquality.gov.au.

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

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National Safety and Quality Health Service Standards Guide for Governing Bodies

CONSULTATION DRAFT

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Summary

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) 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 a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

Since 2013, 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.

Although the safety and quality of health care provided to each patient are highly dependent on the skills and performance of individual clinicians, safety and quality outcomes are also an organisational responsibility. Good health outcomes rely on effective governance and management processes, and the establishment of systems involving a large number of contributors in health service organisations and across the health system.

The governing body has ultimate responsibility for the governance of the health service organisation. In addition to its fiduciary and other corporate duties–including the governance of risk, to act in good faith, and comply with all relevant law–the governing body is responsible for the clinical governance of the organisation.

Clinical governance is the set of relationships and responsibilities established by a health service organisation 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. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.

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.

The Commission has developed a National Model Clinical Governance Framework which describes the roles and responsibilities of patients and consumers, clinicians, managers and the governing body for ensuring safe and high quality patient care.

In carrying out these responsibilities, the governing body needs to comply with the legislative requirements and legal framework of the state or territory in which it operates.

The Commission has developed *this National Safety and Quality Health Service Standards Guide for Governing Bodies* to provide advice to governing bodies exercising their governance responsibilities in the implementation of the NSQHS Standards.

The governing body is responsible and accountable for ensuring that management has systems and processes in place to support clinicians to provide safe, high-quality care. Both the governing body and management have a responsibility to monitor the effectiveness of such systems and processes. For the governing body, this can be achieved through strategic

planning, reviewing major safety and quality risks, ensuring safety and quality systems are in place, and monitoring and reviewing safety systems and performance. Requiring and reviewing reports and actively engaging with these and other safety and quality issues allows a governing body to fulfil these roles.

While the governing body retains responsibility for oversight of the organisation and strategic decision-making for safety and quality, it delegates implementation to individuals and groups within the organisation. The governing body oversees the actions that management implement. The governing body has a responsibility to ensure that management takes action to remedy poor performance when identified.

Finally, the governing body should periodically review its own effectiveness and the effectiveness of its members in meeting its clinical governance responsibilities.

1. Introduction

This guide provides advice to members of governing bodies about exercising their governance responsibilities and accountabilities for implementing the National Safety and Quality Health Service (NSQHS) Standards. The governing body's major responsibilities and accountabilities include ensuring safe and high-quality health care, financial stewardship, risk management, probity, legal compliance, information governance and work health and safety

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
- Oversee management performance, monitor organisational performance and ensure organisational accountability
- Assuring itself that members of the workforce understand the organisation's strategic direction and their individual accountability for implementing the strategic objectives.

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed a National Model Clinical Governance Framework[1] that:

- Defines clinical governance
- Provides the key components of a clinical governance framework
- Outlines the respective roles of, and essential partnership between, patients and consumers, clinicians, managers, and governing bodies in implementing effective clinical governance systems in health service organisations
- Summarises key aspects of the regulatory framework within which health service organisations operate.

The definition of clinical governance that underpins the National Model Clinical Governance Framework is:

> Clinical governance is the set of relationships and responsibilities established by a health service organisation between its department of health, governing body, management, clinicians, patients and consumers, and other stakeholders to ensure good clinical outcomes.[2] It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.
>
> 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, high quality and continuously improving.

The National Model Clinical Governance Framework is based on the NSQHS Standards (second edition), in particular the Clinical Governance Standard and the Partnering with Consumers Standard. Together, these two standards constitute a complete and robust clinical governance framework.

This guide identifies the roles related to the NSQHS Standards for governing bodies. Ensuring all of these responsibilities are addressed is a key and ongoing responsibility of the governing body. By developing a schedule of review, governing bodies can manage constraints on their time and resources. Scheduling can also help to prioritise high-risk concerns while ensuring there is a comprehensive review of all the governing body's responsibilities.

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 directions of the governing body. The workforce, consumers, carers, family and the community should receive regular and ongoing feedback about the processes and decisions of the governing body.

National Safety and Quality Health Service Standards

The NSQHS Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers. Members of boards and other governing bodies were also involved in the development process.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met. It is mandatory for all Australian hospitals and day procedure services to be regularly assessed in an independent accreditation process to find out if the organisation is complying with the NSQHS Standards.

Significant improvements in patient safety, patient care outcomes and governance have been documented since the first edition of the NSQHS Standards was introduced. The implementation of the NSQHS Standards (1st ed.) also generated widespread engagement and support among health service organisations. Important improvements in the safety and quality of patient care have been documented following implementation of the first edition of the NSQHS Standards from 2011, 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
- Better documentation of adverse drug reactions and medication history
- Reduction in yearly red blood cell issues by the National Blood Authority between mid-2010 and mid-2015, from approximately 800,000 units to 667,000 units
- Declining rates of intensive care unit admissions following cardiac arrests and in-hospital cardiac arrest rates.

The second edition of the NSQHS Standards has taken into account new evidence and feedback from across the health sector to improve the standards. This has resulted in a set of

standards that is simplified, reduces duplication, has increased clinical focus and addresses important clinical and safety and quality gaps.

The Commission has 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 (2nd ed.) 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 should be 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 be involved.

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 eight NSQHS Standards are:

Clinical Governance, which describes the clinical governance, and safety and quality systems that are 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 the development and design of quality health care.

Preventing and Controlling Healthcare-Associated Infection, which describes the systems and strategies to prevent infection, to manage infections effectively when they occur, and to limit the development of antimicrobial resistance through 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 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 to respond effectively to patients when their physical, mental or cognitive condition deteriorates.

2. National Safety and Quality Health Service Standards actions for governing bodies

This section details the responsibilities of governing bodies for implementing the eight NSQHS Standards.

Clinical Governance Standard

Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person centred, safe and effective.

The intention of the clinical governance standard is to implement a clinical governance framework that ensures that patients and consumers receive safe and high –quality health care.

Each health service organisation needs to implement strategies for clinical governance that consider its local circumstances.

To support the delivery of safe and high-quality care for patients and consumers, the Commission has developed the National Model Clinical Governance Framework[1]. The framework has five components based on the criteria in the Clinical Governance Standard and the Partnering with Consumers Standard. Health service organisations should refer to the framework for more details on clinical governance, and the associated roles and responsibilities.

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 separately.

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 governing body is responsible for the corporate and clinical governance of a health service organisation.[1] This includes:

- 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 policies, plans and strategies that are endorsed

- 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 by management effectively to the workforce and the community
- Ensuring sufficient resources are available to implement safety and quality systems and initiatives.

The governing body's accountabilities are fulfilled by:

- Ensuring accountability through appropriate delegations
- Regular and ongoing monitoring of safety and quality performance
- Overseeing compliance with the organisation's statutory and regulatory obligations
- Ensuring that structures and systems are in place to deliver health services.

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 and the governing body should continuously be communicating the importance they place on addressing safety and quality issues.

The governing body's establishes or endorses goals relating to patient outcomes by:

- Including safety and quality performance is on the agenda at every board meeting, and
    - regularly reviewing a safety and quality scorecard or dashboard
    - reviewing reports from data sources such as core hospital-based outcomes indicators, incident report data, root cause analysis investigation, hospital acquired complications, use of seclusion and restraint, incidents of aggression and assaults, and complaints data
    - monitoring quality and safety of care against external benchmarks
    - establishing goals relating to staff experience or satisfaction
- Nominating a board director to champion each of the NSQHS Standards
- Allocating resources to support safety and quality initiatives
- Collaborating effectively with the workforce, patients, consumers and the community on safety and quality issues.

The responsibility for ensuring the integrity and effectiveness of the governance system rests with the governing body.[2] The governing body may require the organisation to set up committees or groups to support its work. These groups will monitor and review issues within the organisation such as:

- Audit and risk processes
- Establishing and monitoring safety and quality framework and strategies
- Partnering with consumers
- Compliance with clinical governance requirements.

The governing body will need to ensure these processes are integrated and collaborative. One way of achieving this may be through board directors contributing to these committees or groups.

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 occur
- Ability to recognise, responds to, give feedback about and learn from, adverse events.

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.

Role 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:

c. 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

d. 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'.[5] For health service organisations, this requires the governing body to understand the clinical performance of its organisation, among other things.

Good clinical governance provides confidence to the community and everyone who works in health service organisations that systems are in place to support the delivery of safe, high-quality care. The workforce of a well-governed organisation understand their role and, within that role, their accountability for safety and quality of patient care.

The governing body is responsible for ensuring the organisation is well run and delivers safe, high-quality care. The governing body should focus on:

- Endorsing and monitoring compliance with the organisation's clinical governance framework
- Providing leadership on, and review of, the organisation's strategic plans
- Ensuring delegations are appropriate
- Maximising engagement of the workforce and consumers
- Reviewing reports on performance, and ensuring the information and data provided are current, accurate, comprehensive and relevant
- Actively engaging in monitoring safety and quality of care through use of information and data that provide assurance about the safety and quality of care being provided.

The National Model Clinical Governance Framework[1] defines the key components of clinical governance, and sets out the roles and responsibilities of, and partnerships between, patients, consumers, clinicians, managers and governing bodies in implementing effective clinical governance systems in health service organisations.

Depending on the size of the organisation, a governing body may set up subcommittees that focus on areas such as safety and quality, and risk.

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.

Role 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.
- Endorse safety and quality plans.
- Review reports on the performance of the health service organisation.
- Allocate time at meetings of the governing body to review clinical governance issues and to ensure the effectiveness of safety and quality systems.
- Ensure its board directors have a high-level understanding and current knowledge of clinical governance.

Roles and responsibilities

Action 1.1

The governing body:

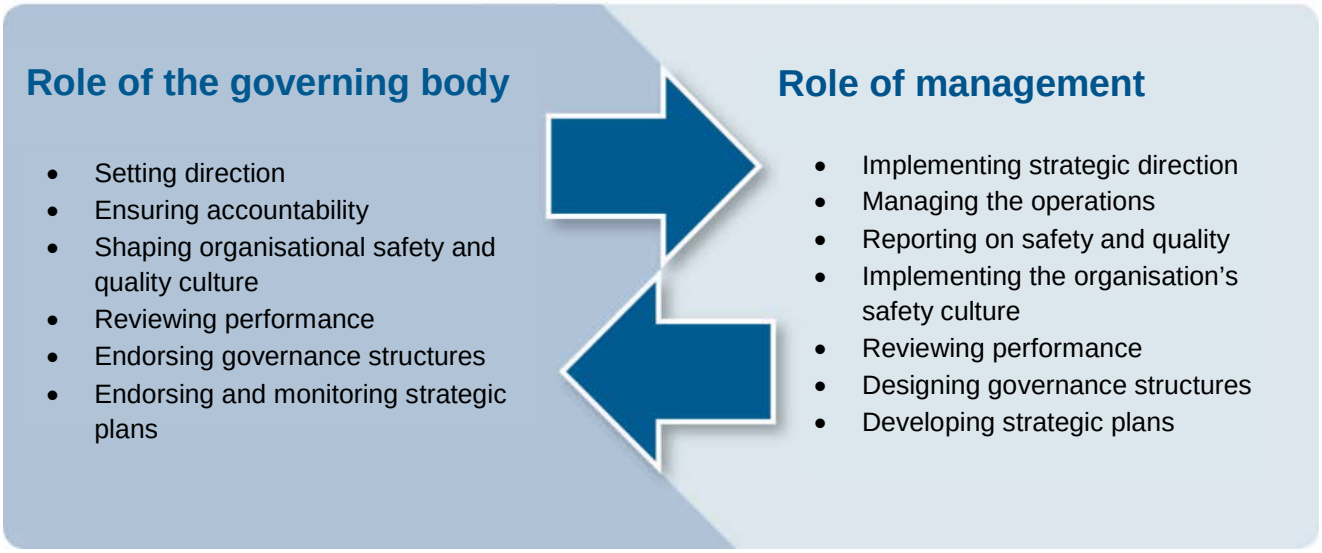
e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce

While members of the governing body and management both 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. A governing body's role is to oversee management, not to manage.[6]

Management is responsible for implementing the strategic direction set by the governing body and management, and for reporting on the performance of the organisation to the governing body.

The governing body is responsible for providing leadership and direction to the health service organisation it governs, and has legislative responsibility for the performance of the health service organisation. These relationships are summarised in Figure 1.

Figure 1: Complementary safety and quality roles of the governing body and management



Role 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:

f. Monitors the action taken as a result of analyses of clinical incidents

g. 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 of the integrity and performance of the health service organisation. This can be done by ensuring the organisation is implementing the strategic direction set by the governing body, ensuring 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 the strategic plan on safety and quality is evaluated, and review reports on the effectiveness of the plan
- Consider recommendations to improve current and future strategies.

Section 3 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 quality metrics is one tool that could be used, but it needs to be routinely reviewed and assessed to ensure 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 a specific location.

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

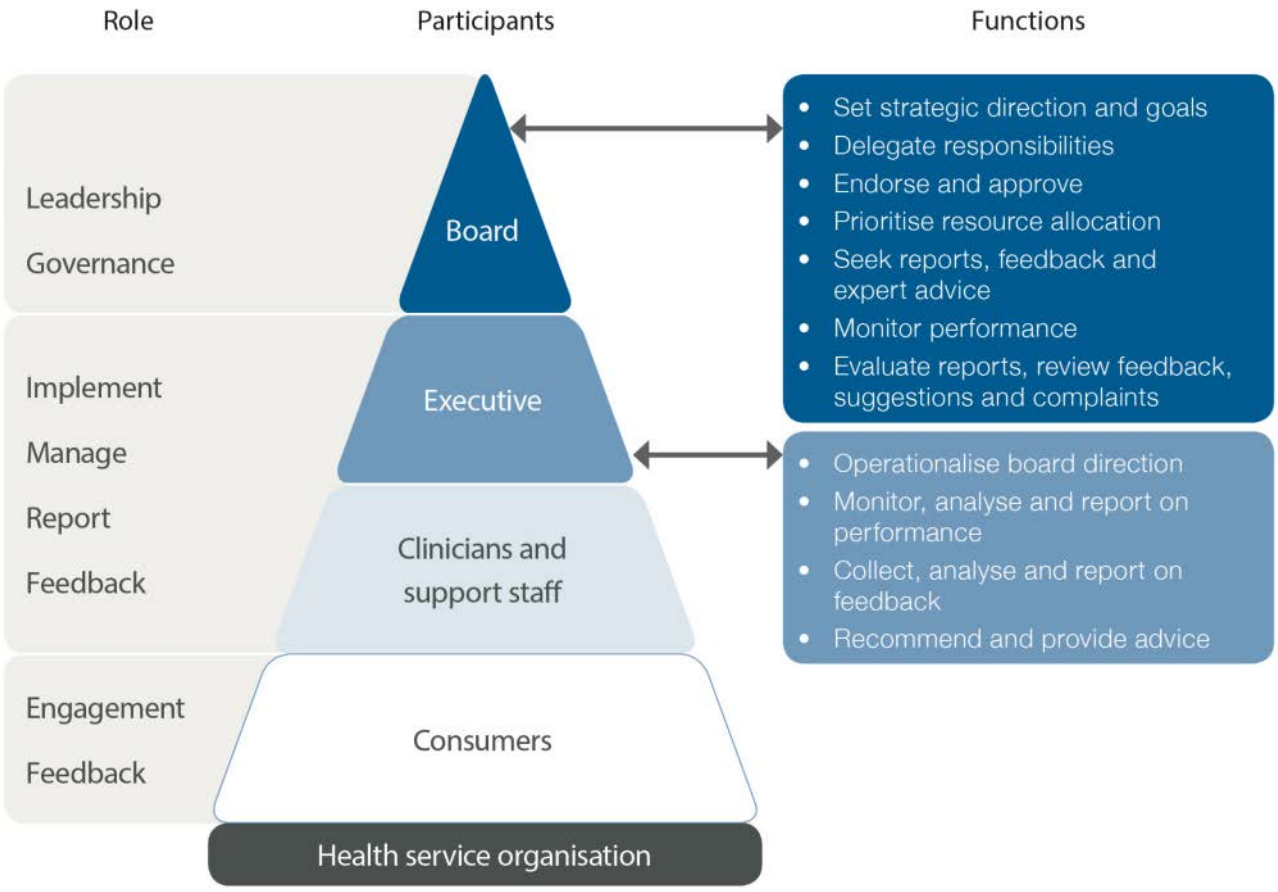
The roles and functions of the governing body are summarised in Figure 2.

Role 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.

Figure 2: Roles and functions of the governing body in a health service organisation



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.

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 Action Plan and other key strategies.

A comprehensive and integrated Aboriginal and Torres Strait Islander Health Action Plan can set the vision and describe the strategies and targets 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.

Role of a governing body

- Endorse the organisation's Aboriginal and Torres Strait Islander Health Action 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 the effectiveness of the Aboriginal and Torres Strait Islander Health Action Plan is reviewed by management.

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 regulatory obligations of the organisation 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.

Role of a governing body

- Endorse the system for policy development and review.
- Ensure a comprehensive set of policies and associated procedures and protocols are 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.[7]

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. 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 Section 3 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.

A schedule of data collection, reviews and audits should be developed by management 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.

Role of a governing body

- Participate in developing the organisation's definition of safe and high-quality care.
- Endorse the quality improvement framework for the organisation.
- Endorse the approach to measuring and monitoring safety and quality.
- Ensure there are processes to provide the governing body with access to timely information for monitoring performance and decision-making.

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**

Providing health care carries risks and hazards for patients, clinicians and health service organisations. As such, risk management is an essential component of governance. Responsibility for ensuring the integrity of the organisational risk management system rests with the governing body. 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 regularly reviewed. 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.

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.

Role 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, 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 to willingly report incidents and near misses, so there can be a focus on learning and improvement. An incident reporting framework should be implemented, identifying which data will be available and reported at each level of the organisation.

The governing body should receive outcome or summary reports of 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 these can be addressed. Targets for minimising or eliminating incidents should be set if appropriate.

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

Role 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[8]

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.[2]

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

The Australian Open Disclosure Framework[8] 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 is in place
- Ensuring enough resources are allocated to support implementation of the Australian Open Disclosure Framework
- Ensuring responsibility for implementing the Australian Open Disclosure Framework is allocated to a senior manager
- Ensuring compliance with the Australian Open Disclosure Framework is monitored and any incidents of noncompliance are investigated
- Regularly reviewing summary reports on performance in open disclosure.

Role of a governing body

- Ensure the Australian Open Disclosure Framework 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 the organisation adopts valid and reliable methods of seeking feedback from patients, carers and families, and reviewing patient stories, for all services offered by the organisation. The feedback should inform priorities, resource allocation and decision-making by the governing body.

Patient, carer and family feedback and information is central to the assessment of safety and quality. Section 3 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 component 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 at the 'sharp end' of 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.

Role of a governing body

- Ensure there are processes to collect and review feedback from patients, carers and families.
- Ensure patient, carer and family feedback is collected from multiple sources.
- Review reports on feedback from patients, carers and families.
- Ensure there are processes to collect and review feedback from the workforce.
- Ensure workforce feedback is collected from multiple sources.
- Review reports on feedback from 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 consider whether the system complies with best-practice principles and whether enough resources have been allocated to support effective clinical governance and risk management.

Role 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 there are enough resources, technology and equipment to support the complaints management system.
- Review reports on the complaints management system to ensure it 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; 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.

Role of a governing body

- Review reports on the risk profile of the organisation's consumer cohort and the specific healthcare needs of its consumers.
- 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 audit 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 and treatment in hard copy or electronic format. It is used to help provide safe, high-quality care and support quality improvement, audit and research.

Healthcare records provide information when care is handed over between clinicians and health service organisations. Access to healthcare records at the point of care facilitates immediate recording of the patient's status, as well as changes to treatment. Comprehensive documentation and prompt sharing of clinical information between treating clinicians improves continuity of care.

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 through management 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 consider whether the management system for healthcare records complies with best practice and regulation, and whether enough resources are allocated to support effective clinical governance and risk management.

Roles of the 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 legislative obligation, training of the workforce and security requirements are being met for use and implementation of the My Health Record system, and the effectiveness of the system is periodically reviewed.

Role of the 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**

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.

Ongoing education and training provided to the workforce can include:

- In-service training
- On-site teaching
- Undergraduate training
- Self-directed training modules
- Coaching and supervision
- Simulated practice
- Engagement with the education sector for the education and training required to meet specific health service organisation training needs
- Opportunities for the clinical workforce to engage in research, supervision and teaching.

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.

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

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

Role of a governing body

- Endorse the organisation's orientation, education and training systems for safety and quality.
- 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.
- Identify the training needs of members of the governing body, and participate in meeting those 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.[9] 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 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.

Role of the governing body

- Ensure the organisation acts to fully implement 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 is an important and constructive activity that enables 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 remedial strategies may need to be implemented 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 of the 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 defining the scope of clinical practice are essential safety and quality processes. The aim is to ensure that only clinicians who are suitably experienced, trained and qualified to practice in a competent and ethical manner can practice in a health service organisation.

These processes also inform planning for the workforce to ensure there are enough trained and qualified clinicians available to provide the planned services.

Credentialing is a formal process undertaken by a health service organisation to verify qualifications, experience, professional standing and other relevant professional attributes. It is conducted routinely, sometimes annually or at least every few years. This process helps confirm the competence, performance and professional suitability of the workforce to provide safe and high-quality care. The governing body is responsible for ensuring formal processes exist for credentialing in the health service organisation.

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 that systems are in place to ensure the scope of clinical practice is defined and monitored, and systems are in place to manage issues that may arise while clinicians operate within their agreed scope of clinical practice.

Roles of the governing body

- Ensure there are effective systems for credentialing and determining scope of clinical practice that are best practice and meet jurisdictional requirements, where relevant.
- Review reports on the credentialing and scope of clinical practice systems.

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.[11] 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.

Role of a governing body

- Ensure there are processes to deliver evidence-based clinical care.
- Ensure processes are in place to review clinical practices to ensure they are current, evidence based and effective.

- Ensure there are processes for relevant clinical care standards to be implemented.

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.

Role 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 safety and quality performance[12, 13] by promoting safe practice and removing potential hazards.

The design, layout and use of a facility 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.

Role of a governing body

- Endorse the capital and equipment maintenance and replacement plans.
- Ensure there are systems for maintaining buildings, plant, equipment, utilities and devices.
- 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.

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.

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

Role 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 unrestricted presence and participation of a patient support person in a clinical treatment area can improve the safety of care and 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.

Role 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.

Role of the 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 safety and quality of care in the health service organisation. Patients, carers, consumers, clinicians and other members of the workforce should use these systems for activities involving partnering with consumers.

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 was originally developed by the Commission and adopted by all health ministers in 2008 and reviewed in 2018.

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

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

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

Roles of a governing body

- Ensure the Australian Charter of Healthcare Rights 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. Effective processes need to be in place 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 a patient's consent should be documented.

Roles of a governing body

- Ensure there are processes for informed consent that meet best-practice and legal requirements.
- Review reports on the effectiveness and compliance of 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 decision. Cultural background may also pay a part in decision-making and identifying a substitute decision-maker.

Roles 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, and 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 effective systems are in place 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 importance of clinician and consumer partnerships needs to be reflected in the organisation's strategic planning, vision and goals.

Role of a governing body

- Champion consumer partnerships and shared decision making in the planning and delivery of care.
- Ensure there are processes to support clinicians and patients to be 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.

Role 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.

Role 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.

Role 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 served by the health service organisation.

Role 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. Training may also be required for consumers involved in partnerships in the organisation's governance processes and those who take part in design, measurement and evaluation activities.

When a governing body requires a formal consumer committee to be established, systems should be put in place 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.

Role 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 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.

Role of a governing body

- Champion the development of effective partnerships with Aboriginal and Torres Strait Islander communities.
- Ensure resources and time is 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.

Role of a governing body

- Champion the involvement of consumers in the training and education of the workforce.

3. Actions for governing bodies arising from clinical standards

Driving improvement in clinical safety and quality

In addition to the governing body's responsibilities set out in the Clinical Governance Standard and the Partnering with Consumers Standard, 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. _ENREF_22

Infection prevention and control aims 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 Preventing and Controlling Healthcare-Associated Infection Standard requires that the governing body regularly receives and actively seeks surveillance data on healthcare-associated infections and information about the effectiveness of the infection prevention and control systems.

Role 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. 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.[17]

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 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 Medication Safety Standard requires that 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.

Role 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. 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.

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.

Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. 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 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.

Role 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.[19] 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.

Role of a governing body

- Ensure there are systems for effective communication and documentation of clinical information and other critical patient information.
- Ensure resources are allocated to implement these systems.
- 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.

Organisations also have an obligation to minimise wastage of blood and blood products by ensuring relevant policies, procedures and protocols are in place.

Role of a governing body

- Ensure there is a system for the effective management of blood and blood products.
- Ensure there are processes for regularly reviewing current and future risks for managing blood and blood products.
- 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*[20] 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*[21] and *A Better Way to Care: Safe and high-quality care for patients with cognitive impairment (dementia and delirium) in hospital*[22] have been developed by the Commission to support identification and management of deterioration in mental state.

These framework documents support clinical, organisational and strategic efforts to improve recognition and response systems.

Roles of the governing body

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

4. Monitoring and oversight by the governing body

The common themes emerging from inquiries into safety and quality failures show what can happen when the governing body does not make routine and proactive use of information. They also reveal that serious adverse events can occur when the governing body fails to foster an open learning culture in which information is used without delay to make improvements. Similarly, members of the governing body must ask the right questions – both of written information, and of the workforce and patients – if they are to effectively carry out their responsibilities for clinical governance.

Governing bodies can be guided by three principles to help them ask the right questions of the information and knowledge available 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 circumstances of the organisation – including the characteristics of its patient group and the types of services it offers
- What other qualitative and quantitative information is saying (can the data be verified by looking at more than one source of information?)
- What other similar organisations are able to achieve.

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 up to date than the standard presentation of trends using graphs. 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 safety and quality

> Healthcare organisations should regularly review data and actions on quality, patient safety and continual improvement at their board or leadership meetings.[23]

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 3, 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 3: The five questions framework

Source: Adapted from Fresko & Rubenstein[24]

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 3). 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 is 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 in this section has several important caveats. First, there are many more sources of data and information than can be shown. 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.

Question	What types of information can help answer this question?
How safe has our care been?	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[26] • Surveillance data (such as the Antimicrobial Use and Resistance in Australia [AURA] surveillance system). • National Healthcare Agreement safety and quality indicators (PI Number: 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. **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

Question	What types of information can help answer this question?
	type, location and theme) • Qualitative analysis of death reviews and coronial findings • _ENREF_27Ad 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[27] • 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'[28] • *Measurement and monitoring of safety framework e-guide: better questions, safer care*[29] • Ramsay et al., 'The healthy NHS board: a review of guidance and research evidence'[30] • 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[31] • 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[32]

Question	What types of information can help answer this question?
How consistent are our processes of care?	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 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'[33]

Question	What types of information can help answer this question?
	• Australian Commission on Safety and Quality in Health Care. Clinical care standards. Sydney: ACSQHC; 2017 [cited 2018 Apr 24][34].

Question	What types of information can help answer this question?
How safe and high quality is our care today?	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[35] • Patient report websites such as the Emergency Medicine Events Register Consumer Reporting Portal[36] • 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'[37] • Thomas, 'The future of measuring patient safety: prospective clinical surveillance'[38] • Martin et al., 'Beyond Metrics? Utilizing "soft intelligence" for healthcare quality and safety'[39]

Question	What types of information can help answer this question?
How can we spot problems early in the future?	Governing bodies need to be assured that the organisation can spot emerging problems early. Putting systems in place to listen out 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, 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'[40] • *Resilience Engineering: New directions for measuring and maintaining safety in complex systems*[41] • Trbovich & Griffin, 'Measuring and improving patient safety culture: still a long way to go'[42]

Question	What types of information can help answer this question?
How can we learn for continuous improvement?	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.
	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 'hot spots' • 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'[43] • Gillespie & Reader, 'The healthcare complaints analysis tool: development and reliability testing of a method for service monitoring and organisational learning'[44]

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 what more the governing body might do 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. These discussions can usefully be structured around the 'five questions' so that the 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.

Table 1 on the following page, summarises this approach to making sense of the information. For each of the five questions, use the three steps in Box 2 to make sense of the data and information.

Table 1: Getting started on the 'five questions' framework

Five questions	Prompts for getting started*
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
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
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
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
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

*Source: Adapted from the *Measurement and Monitoring of Safety Framework e-guide*[29]

For each question, consider the three steps shown in Box 2.

Box 2: 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 governing board members?
- What processes can we set in train?

In a separate document, *Using Data and Information to Support Safety and Quality: A companion guide for governing bodies implementing the National Safety and Quality Health Service Standards*, detailed worked examples of this three-step approach are provided. The worked examples describe fictional scenarios that face the governing body to show how members can systematically interrogate and use data and information to assure themselves of the safety and quality of their services.

5. 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.

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 could 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.

Appendix 1. Summary of roles for governing bodies

Clinical Governance Standard

Action	Role of the governing body
Action 1.1 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 c. 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 d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance	• 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 • 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 • Endorse safety and quality plans • Review reports on the performance of the health service organisation • Allocate time at meetings of the governing body to review clinical governance issues and to ensure the effectiveness of safety and quality systems • Ensure its board directors have a high-level understanding and current knowledge of clinical governance • • 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 • 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

Action	Role of the governing body
	quality
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	• Endorse the organisation's Aboriginal and Torres Strait Islander Health Action 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 the effectiveness of the Aboriginal and Torres Strait Islander Health Action Plan is reviewed by management
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	• Endorse the system for policy development and review • Ensure a comprehensive set of policies and associated procedures and protocols are 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
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 and ***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	• Participate in developing the organisation's definition of safe and high-quality care • Endorse the quality improvement framework for the organisation • Endorse the approach to measuring and monitoring safety and quality • Ensure there are processes to provide the governing body with access to timely information for monitoring performance and decision-making

Action	Role of the governing body
c. Consumers and the local community d. Other relevant health service organisations	
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	• 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, fair and accountable behaviours, and that encourages the workforce to proactively manage risk and maximise clinical safety
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	• 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
Action 1.12	• Ensure the Australian Open Disclosure Framework is implemented

Action	Role of the governing body
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework[8] b. Monitors and acts to improve the effectiveness of open disclosure processes	• Ensure the organisation's education, training and orientation procedures adequately cover open disclosure • Review reports on performance in open disclosure
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	• Ensure there are processes to collect and review feedback from patients, carers and families • Ensure patient, carer and family feedback is collected from multiple sources • Review reports on feedback from patients, carers and families • Ensure there are processes to collect and review feedback from the workforce • Ensure workforce feedback is collected from multiple sources • Review reports on feedback from the workforce
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	• 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 there are enough resources, technology and equipment to support the complaints management system • Review reports on the complaints management system to ensure it is effective; accessible for patients, carers, families and members of the workforce; and consistent with best-practice principles
Action 1.15	• Review reports on the risk profile of the organisation's consumer cohort and the specific

Action	Role of the governing body
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	healthcare needs of its consumers • 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
Action 1.16 The health service organisation has healthcare records 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 audit of clinical information e. Integrate multiple information systems, where they are used	• 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
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 and ***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	• 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

Action	Role of the governing body
the system	
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 and ***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	• Endorse the organisation's orientation, education and training systems for safety and quality • 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 • Identify the training needs of members of the governing body, and participate in meeting those needs
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	• Ensure the organisation acts to fully implement 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
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 about training	• 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

Action	Role of the governing body
requirements into the organisation's training system	
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 and ***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	• Ensure there are effective systems for credentialing and determining scope of clinical practice that are best practice and meet jurisdictional requirements, where relevant • Review reports on the credentialing and scope of clinical practice systems
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	• Ensure there are processes to deliver evidence-based clinical care • Ensure processes are in place to review clinical practices to ensure they are current, evidence based and effective • Ensure there are processes for relevant clinical care standards to be implemented
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	• 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

Action	Role of the governing body
c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information about 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	
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	• Endorse the capital and equipment maintenance and replacement plans • Ensure there are systems for maintaining buildings, plant, equipment, utilities and devices • Review reports on the use and maintenance of facilities that affect safety and quality
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	• 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
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	• Champion the introduction of flexible visiting arrangements
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	• 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

Action	Role of the governing body
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	• Ensure the Australian Charter of Healthcare Rights or its jurisdictional equivalent is adopted
Action 2.4 The health service organisation ensures that its informed consent processes comply with legislation and best practice	• Ensure there are processes for informed consent that meet best-practice and legal requirements • Review reports on the effectiveness and compliance of informed consent processes
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	• Champion the involvement of carers, families and substitute decision-makers in the processes of planning and delivering 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 and ***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	• Champion consumer partnerships and shared decision making in the planning and delivery of care • Ensure there are processes to support clinicians and patients to be partners in care
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,	• Ensure there are mechanisms supporting the workforce to communicate effectively with the diversity of consumers using the service

Action	Role of the governing body
the diversity of the local community	
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	• Ensure there are processes to consult with patients, consumer groups and consumer-based organisations when the organisation develops information for patients
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	• Champion the importance of clear communication and health literacy across the organisation's operations
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	• 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
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	• Ensure resources are allocated to support, orientate and train consumers
Action 2.13 The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	• Champion the development of effective partnerships with Aboriginal and Torres Strait Islander communities • Ensure resources and time is allocated to developing sustainable partnerships with Aboriginal and Torres

Action	Role of the governing body
	Strait Islander communities • Ensure partnerships are involved in prioritising improvement strategies for Aboriginal and Torres Strait Islander patients • Review reports on the effectiveness of partnerships with Aboriginal and Torres Strait Islander communities
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	• Champion the involvement of consumers in the training and education of the workforce

Preventing and Controlling Healthcare-Associated Infection Standard

The role of the governing body in this standard is to:

- 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 role of the governing body in this standard is to:

- 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 role of the governing body in this standard is to:

- 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 role of the governing body in this standard is to:

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

Blood Management Standard

The role of the governing body in this standard is to:

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

Recognising and Responding to Acute Deterioration Standard

The role of the governing body in this standard is to:

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

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