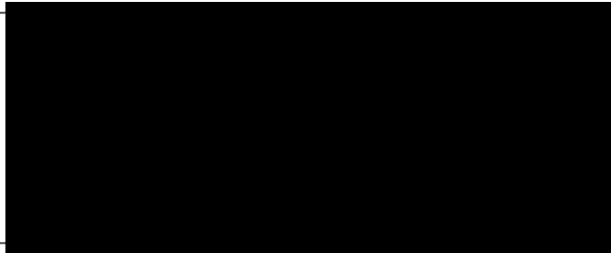**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

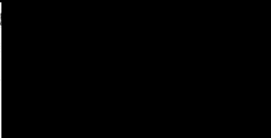**ATTACHMENT FD-4 TO STATEMENT OF FRANCES MARIE DIVER**

Date of document: 3 August 2015
Filed on behalf of: the Applicant
Prepared by:
Victorian Government Solicitor's Office
Level 33
80 Collins Street
Melbourne VIC 3000

This is the attachment marked '**FD-4**' produced and shown to **FRANCES MARIE DIVER** at the time of signing her Statement on 3 August 2015.
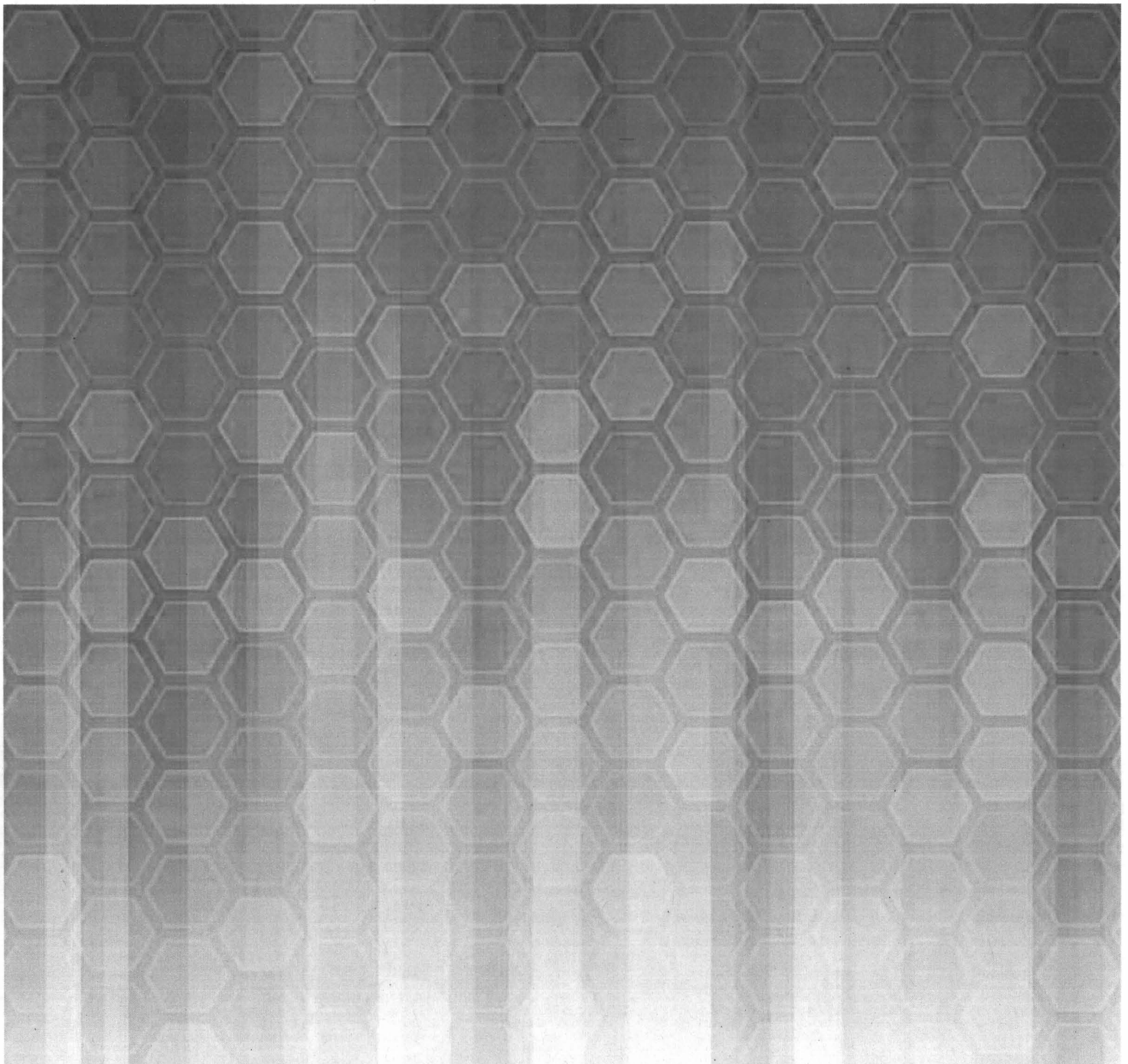
Before me: . . . .

Attachment FD-4

Victorian clinical governance policy framework

Enhancing clinical care

A Victorian
Government
initiative

Victoria
The Place To Be

Foreword

The term and concept of clinical governance is increasingly accepted among health care professionals.

Clinical governance is, at its core, about being accountable for providing good safe care, and is fundamental to continuing to improve patient safety within Victoria's health care system.

There is an expectation that all health services will have a formal and effective clinical governance framework in operation.

This document is intended to guide health services to implement this framework or review and further develop existing frameworks in place. Whilst it is not prescriptive the intention is that health services will adapt the framework to meet local practices and organisational structures.

Professor C.W. Brook

Executive Director
Rural and Regional Health
and Aged Care Services

Mr Lance Wallace

Executive Director
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and Aged Care Services

Introduction

Clinical governance is defined as:

the system by which the governing body, managers, clinicians and staff share responsibility and accountability for the quality of care, continuously improving, minimizing risks, and fostering an environment of excellence in care for consumers/patients/residents.[1]

An effective system of clinical governance at all levels of the health system is essential to ensure continuous improvement in the safety and quality of care. Good clinical governance makes certain that there is accountability and creates a 'just' culture that is able to embrace reporting and support improvement. Consumers are central to identifying safety and quality issues and the solutions that must be implemented.

Framework principles

The following principles provide a basis for supporting excellence and good governance of clinical care:

- The focus is on the consumer experience throughout the continuum of care.

- Priorities and strategic direction are communicated clearly to support quality and safety systems.

- Planning and resource allocation supports achievement of goals.

- Strong clinical leadership and ownership.

- Organisational culture supports patient safety and quality improvement initiatives and is supported through committee structures, systems and processes.

- Compliance with legislative and departmental policy requirements, including hospital accreditation.[7]

- Rigorous measurement of performance and progress, including reporting and review.

- Continuous improvement of quality and safety.

- Clearly defined roles and responsibilities are understood by all participants in the system.

Clinicians and clinical teams are directly responsible and accountable for the safety and quality of care they provide.

Health service boards, chief executive officers and management are responsible and accountable for ensuring the systems and processes are in place to support clinicians in providing safe, high quality care and in ensuring clinicians participate in governance activities.

The health service board is ultimately accountable for the quality and safety of clinical services to the Minister for Health, and through the Minister to the community.

Key policy drivers

A series of broader policies and guidelines support the clinical governance framework. These policies and guidelines include:

- *Credentialling and defining the scope of clinical practice for medical practitioners in Victorian health services* (Department of Human Services, 2007).

- *Directions for your health system: metropolitan health strategy* (Department of Human Services, 2004).

- *Victoria's mental health service working with consumers: guidelines for consumer participation in mental health services* (Department of Human Services, 1996).

- *Community advisory committee guidelines: non-statutory guidelines for metropolitan health services* (Department of Human Services, 2000).

- *Cultural diversity guide: multicultural strategy* (Policy and Strategic Projects Division, 2004).

- *'Doing it with us not for us'* (Department of Human Services, 2006).

- *Victorian Public Hospitals Patient Charter,* Victorian Government Department of Human Services, Melbourne.

Health service governance

The governance of clinical care occurs within the context of the broader governance role of boards, which includes financial and corporate functions, setting strategic direction, managing risk, improving performance and ensuring compliance with statutory requirements.[2]

Figure 1: Representation of health service governance context
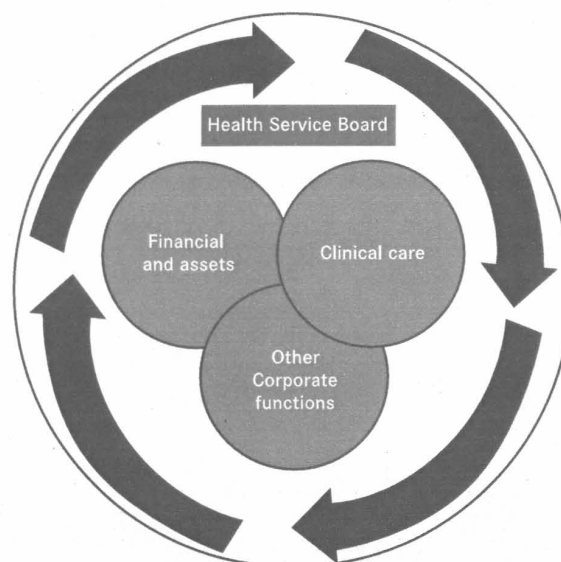
Governance of an organisation occurs at all levels and requires a program of review and improvement of internal processes and outcomes at every level from the board, the chief executive officers, the management team, clinicians and non-clinical staff.

Figure 2: Components of the clinical governance framework
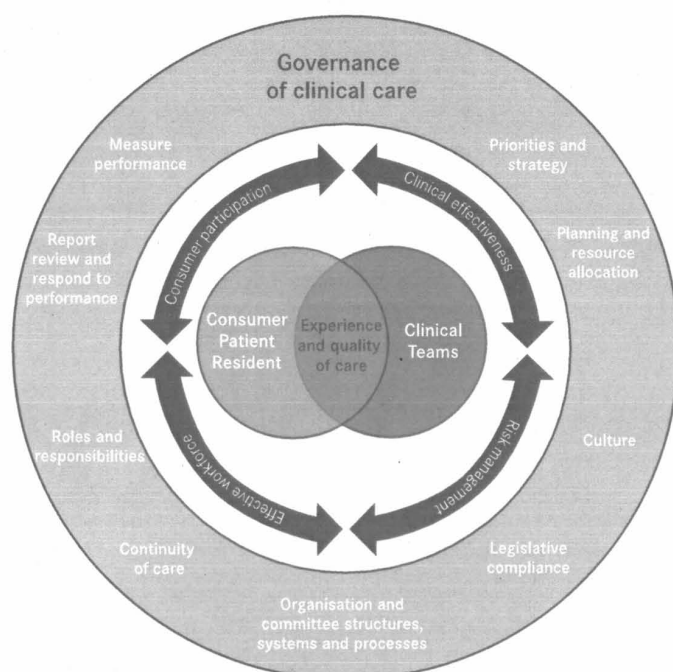
Domains of quality and safety

Consumer participation, clinical effectiveness, an effective workforce and risk management are the four domains of quality and safety that provide a conceptual framework for strategies to enhance the delivery of clinical care.

Within each domain there are a number of quality and safety management functions that require direction and oversight by governing bodies.

Under these domains all of the required principles of clinical governance should be addressed.

Consumer participation

Consumer participation[3,10] should occur at many levels of the organisation, through activities such as community consultation and consumer partnership on governance and management committees, and within improvement initiatives or clinical risk management activities. Consumer participation should be sought in planning, policy development, health service management, clinical research, training programs and guideline development. The organisation should use consumer complaints, compliments, surveys and Freedom of Information (FOI) requests to inform improvements. Consumer input should be used in the development of information resources and communication strategies for patients, residents and carers.

Strategies should be in place to ensure:

• consumers are empowered to participate in their care.

• consumers participate in organisational processes including planning, improvement and monitoring.

• there is clear, open and respectful communication between consumers at all levels of the health system.

• services respond to the diverse needs of consumers and the community with humanity[4,5,6].

• consumers provide feedback on clinical care and service delivery and services learn from the feedback.

• rights and responsibilities of 'patients' are promoted to community, consumers, carers, clinicians and other health service staff[11,12].

Clinical effectiveness

Clinical effectiveness is ensuring the right care is provided to the right patient who is informed and involved in their care at the right time by the right clinician with the right skills in the right way.

Strategies should be in place to ensure:

- clinicians are empowered to improve clinical care delivery.

- clinicians actively involve consumers as partners in their care.

- clinical innovation is fostered and supported.

- clinical service delivery processes are streamlined and efficient.

- clinicians participate in designing systems and processes.

- quality improvement activities are planned, prioritised and have sustainability strategies in place.

- clinical care delivery is evidence based.

- standards of clinical care are clearly articulated and communicated[9].

- performance of clinical care processes and clinical outcomes are measured.

- clinical performance measures, peer review and clinical audit are used to evaluate and improve performance.

- quality improvement activities are reviewed externally.

- new procedures and therapies are introduced in a manner that assures quality and safety issues have been considered and acted on.

Effective workforce

All staff employed within health services must have the appropriate skills and knowledge required to fulfil their role and responsibilities within the organisation. Support is required to ensure clinicians and managers have the skills, knowledge and training to perform the tasks that are required of them and that they understand the concept of governance. Processes should be in place to support the appropriate; selection and recruitment of staff; credentialling of clinical staff including annual review of practice[11]; maintenance of professional standards; and control of the safe introduction of new therapies or procedures.

Strategies should be in place to ensure:

- workforce development is planned and provides for a health workforce with appropriate skills and professional group mix.

- the health workforce has the appropriate qualifications and experience to provide safe, high quality care.

- workforce development activities to improve quality and safety are coordinated and efficient.

- expectations and standards of performance are clearly communicated[11].

- the workforce is supported through training, development and mentoring.

- the health workforce is fulfilling its roles and responsibilities competently.

- workforce competence is sustained, innovation is fostered and corporate knowledge is passed on.

- multidisciplinary teamwork is fostered and supported.

The way forward

This framework is the department's policy on clinical governance.

The following actions summarise the key requirements for effective implementation of the clinical governance framework.

All relevant stakeholders must demonstrate understanding of the clinical governance framework and their roles and responsibilities in implementation.

Health Services

Each health service will;

- Review its own clinical governance structure to ensure consistency with the statewide framework.

- Report annually, as a part of their Quality of Care Report, on clinical governance structures and activities.

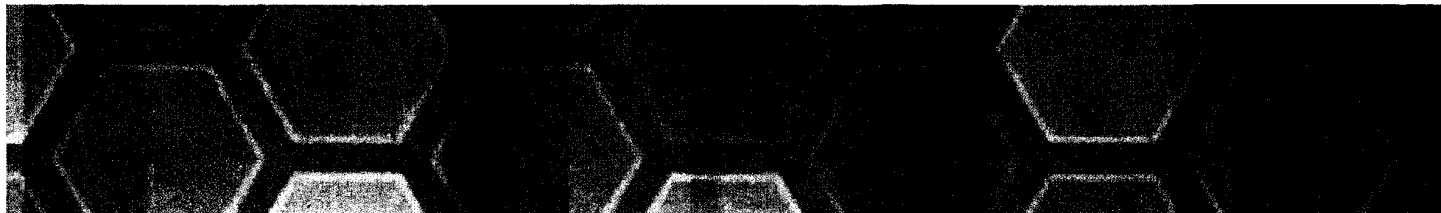- Ensure adequate internal documentation to ensure compliance with the framework.

Department of Human Services

The Department of Human Services will;

- Communicate the clinical governance framework to health services and other stakeholder groups, including private hospitals.

- Develop a set of core quality and safety indicators in clinical governance processes, recognising that this will interdigitate with a range of national processes.

Compliance Monitoring

The Department of Human Services will develop an audit mechanism for clinical governance within health services.

Risk management

Clinical risk management is part of a broader organisational risk management system which integrates the management of organisational, financial, occupational health and safety, plant, equipment and patient safety risk.

Minimising clinical risk and improving safety of care requires a systems approach. This is achieved by developing a system level response to issues that sustain an environment that allows adverse events to occur. Development of the system level response should occur within the framework of a 'just' culture, rather than focusing on and blaming individuals. Clinical risk management and improvement strategies are integrated within improvement and performance monitoring functions.

Clinical risk management strategies should be in place to ensure:

- clinical incidents are identified and reported consistent with the requirements of the Victorian Health Incident Management System (VHIMS).

- clinical incidents are investigated and underlying systems issues and root causes are identified[7].

- risks are proactively identified, assessed and reported.

- organisational culture supports open communication and a systems approach to learning from incidents.

- clinical processes and technology supports are designed to minimise error and ensure clear, unambiguous communication.

- a defined system for managing any complaint or concerns about a clinician is in place, promoted and is regularly reviewed for effectiveness[12].

- known clinical risks are proactively addressed.

- risk information is considered in settings goals, priorities and developing business and strategic plans.

- legislation and relevant Australian Standards are complied with.

- policies and protocols are reviewed and managed.

- risk management activities are reviewed externally.

- methods to improve patient safety are researched and innovative interventions developed.

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11. Department of Human Services 2000, Victorian Public Hospitals Patient Charter, Victorian Government Department of Human Services, Melbourne

12. Office of Health Commissioner. *Guide to Complaints handling in Health Care Services* 2005. Available at: http://www.health.vic.gov.au/hsc/resources/guide.htm

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