NORTHERN SYDNEY LOCAL HEALTH DISTRICT

Clinical Governance

Framework

2022 - 2025

Northern Sydney
Local Health District

NSW GOVERNMENT

ACKNOWLEDGMENT OF COUNTRY

Northern Sydney Local Health District (NSLHD) would like to acknowledge the traditional custodians of the Northern Sydney region, the Darug and Guringai peoples. Their spirit can be found across the region and we honour the memory of their ancestors and Elders past and present.

As we endeavour to serve the health needs within the community, we recognise the importance of the land and the waterways, as an integral part of people's health and wellbeing.

This document may contain images of deceased Aboriginal and Torres Strait Islander people.

FOREWORD

The Northern Sydney Local Health District (NSLHD) Clinical Governance Framework 2022 – 2025 (the Framework) provides organisational guidance to ensure that the safety and quality of care continues to be embedded in the way we do business and remains our highest strategic priority.

The Framework adopts the components outlined in the Australian Commission on Safety and Quality in Health Care's National Model Clinical Governance Framework, as well as incorporating other National and State legislative, policy and contemporary clinical governance elements. The Framework promotes an organisational structure that supports optimal safety and care through evidence-based practice, systematisation and standardisation of care processes, continuous practice improvement as well as greater involvement of consumers in their own care to the extent that they choose, care design, delivery and measurement and evaluation of systems and services.

The scope of the Framework covers all hospitals and services within NSLHD. The Framework assigns accountability for patient safety and high-quality care to all staff at all levels of the organisation. It outlines how clinical governance is an integrated component within our corporate governance structure and clearly links the Framework to achieving the National Safety and Quality Health Service Standards, thereby ensuring better, safer care for NSLHD patients, their families and the community.

Northern Sydney Local Health District strives to be recognised as a leader in patient safety, patient experience and in the delivery of high-quality care and clinical outcomes. It is expected that this Clinical Governance Framework will be an important element in achieving the District's vision to be *leaders in healthcare, partners in wellbeing*. Achievement of this objective will require engagement of staff, consumers and carers, as equal partners, and will drive a culture of innovation and excellence and create a more compassionate health service aligned to the needs of consumers and the broader community.

Trevor Danos AM FTSE
Board Chair

Deb Willcox
Chief Executive

MISSION, VISION AND VALUES

Our Vision

Leaders in healthcare, partners in wellbeing

Our Mission

Embracing discovery and learning, building partnerships and engaging our community, to deliver excellent health and wellbeing

Our (CORE) Values

Our values are: Collaboration, Openness, Respect and Empowerment (CORE). Upholding these values, we are working together to focus on the quality of care provided to our patients and consumers. In practice this looks like:

Collaboration

With colleagues, we share our ideas and knowledge, offer assistance and conduct multidisciplinary meetings for clinical handover. With patients, consumers, carers and family members, we take the time to talk with and listen to you. We provide opportunities to communicate with our clinical teams and explain our roles and your care plan with you.

Openness

With colleagues, we communicate transparently and honestly, participate in constructive feedback and take time to listen to each other. With patients, consumers, carers and family members, we introduce ourselves and address you by your preferred name, taking time to discuss your needs and expected care outcomes and acknowledge and apologise if mistakes occur.

Respect

With colleagues, we are inclusive and treat each other with fairness, resolving issues constructively with each other and ensuring our work environment is safe. With patients, consumers, carers and family members, we keep your information confidential, wash our hands before and after seeing you and we take your concerns seriously and follow up to ensure you get safe, high quality care.

Empowerment

With colleagues, we acknowledge strengths and complementary skills in others, we support and mentor each other to be our best every day and we thank others for their efforts and congratulate their achievements. With patients, consumers, carers and family members, we acknowledge that you are the experts of your own life and therefore we enable communication and participation in your healthcare journey ensuring you are involved in making informed decisions.

ABOUT NORTHERN SYDNEY LOCAL HEALTH DISTRICT

NSLHD covers an area of around 900 square kilometres, covering nine local government areas and almost one million people, which represents 11.7 percent of the NSW population. Our district has a slightly higher proportion of older residents than the NSW State average, and health outcomes are generally better than the NSW average.

NSLHD residents have the nation's highest average life expectancy and lowest premature mortality, and the best infant and maternal health scores. The NSLHD population also scores better than the NSW average in terms of many health risk factors, including overweight, smoking, physical activity and fruit and vegetable intake, with obesity being only half as prevalent in NSLHD as in NSW as a whole. However, Aboriginal and Torres Strait Islander people generally experience poorer health outcomes as do some Culturally and Linguistically Diverse (CALD) groups who are disadvantaged for example either socioeconomically and/ or suffer from mental illness.

Within an expense budget of approximately $1.8 billion in the financial year 2020/21 the District performed more than 28,000 operations, saw 155,328 Emergency Department presentations, delivered nearly 4,000 babies and provided 568,996 occasions of service to nearly 120,000 patients in outpatient clinics, both in person and via telehealth.

NSLHD is part of a larger health and social care landscape encompassing primary care, private health, aged care, non-government organisations, and local state and federal government alongside the population and public health, health promotion, acute, sub-acute, mental health, drug and alcohol, and primary and community health services provided by NSLHD. As an organisation committed to research and education, NSLHD also has strong collaborations with the royal colleges, tertiary education and research institutions including the Kolling Institute, the University of Sydney, University of Technology Sydney and Macquarie University.

Clinical Services are organised across:

» Four acute hospitals including Hornsby, Northern Beaches, Royal North Shore (RNS) and Ryde Hospital, and one sub-acute hospital at Mona Vale.

» Two clinical directorates – Mental Health Drug and Alcohol, including Macquarie Hospital, and Primary and Community Health which delivers services from a network of community health centres and in people's homes.

» Clinical and other support services, including Aboriginal and Torres Strait Islander Health and Carers Support. Pathology services are provided by NSW Pathology North.

» Two affiliated health organisations providing sub-acute care including HammondCare (Greenwich and Neringah Hospitals) and Royal Rehabilitation Centre Sydney (RRCS).

» NSLHD Clinical Networks which advise on the strategic development, profile and configuration of services across the hospitals and directorates, including:

- Maternal, Neonatal and Women's Health
- Child, Youth and Family Health
- Acute and Critical Care Medicine
- Chronic and Complex Medicine
- Surgery and Anaesthesia
- Cardiothoracic and Vascular Health
- Musculoskeletal Health, Plastics/Burns, Spinal and Trauma
- Neurosciences
- Cancer Services
- Palliative and Supportive Care
- Rehabilitation and Aged Care

900 square kilometres;
9 local government areas

NSLHD

Greater
Sydney

Mona Vale +

Hornsby Ku-ring-gai +

■ Neringah

▲ Northern
Beaches

Macquarie

Ryde +   +

+ Royal North Shore
■ RRCS
■ Greenwich

+ NSLHD HOSPITALS
■ AFFILIATED HEALTH ORGANISATIONS
▲ PUBLIC-PRIVATE PARTNERSHIP

HORNSBY KU-RING-GAI SECTOR | LOWER NORTH SHORE SECTOR

NORTHERN BEACHES SECTOR | RYDE - HUNTERS HILL SECTOR

INTRODUCTION

The Northern Sydney Local Health District (NSLHD) recognises the importance of partnering with consumers, good governance, leadership, culture, patient safety systems, clinical performance and a positive care environment in delivering safe, high-quality care that meets the needs of our patients and consumers.

The NSLHD Clinical Governance Framework (the Framework) acknowledges Clinical Governance as an integrated component of organisational governance[1] and relates to the NSLHD Strategic Plan and NSLHD Clinical Services Plan and expresses the necessary elements that assist the health service to achieve its vision to be Leaders in healthcare, Partners in wellbeing through building partnerships and engaging the community to deliver safe, high-quality care.

The Framework promotes an organisational culture that supports openness, transparency and continuous improvement. It reflects our vision and mission and promotes a common understanding in relation to clinical safety and quality standards that helps to drive behaviours, both individual and organisational, that lead to better patient care.

> The Framework promotes an organisational culture that supports openness, transparency and continuous improvement.

The NSLHD Clinical Governance Framework's objectives are based on interrelated clinical governance components outlined in Australian Commission on Safety and Quality in Healthcare's National Model Clinical Governance Framework and our patients' and consumers' expectations of the health service:

COMPONENTS OF THE CLINICAL GOVERNANCE FRAMEWORK

Governance, Leadership and Culture

A responsive and adaptable health service that has strong governance, highly capable leadership and a culture of safety and innovation that is respectful and promotes best practice and high-quality patient outcomes and experience.

Aboriginal and Torres Strait Islander Health [2]

Actions that specifically meet the needs of Aboriginal and Torres Strait Islander people to orientate the health system to provide all Aboriginal and Torres Strait Islander people with the health care they need.

Safe and Welcoming Environment

Care is accessible, easily understood and navigated within an environment that provides safe and culturally appropriate care for patients, consumers and their carers.

Partnering with Consumers

Patients and consumers have a good experience of care, that meets their health needs and that they are partners in their own healthcare, as well as in healthcare planning, design, measurement and evaluation of the health service.

Patient Safety and Quality Systems

Our structure and systems support the delivery of safe, innovative and responsive services and our safety and quality systems are integrated with governance processes to assure, and continuously improve, the safety and quality of care.

Clinical Performance and Effectiveness

Our staff act with kindness and are confident, capable and committed to the support and delivery of good care every day. They have the right qualifications, skills and supervision to provide safe, high-quality health care.

2 Reproduced with permission from National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health publication, developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). ACSQHC: Sydney 2017.

Principles

The Framework is underpinned by principles that provide transparency and guide the focus and behaviours of staff, their interactions and engagement with consumers, and the direction of the organisation's safety and quality strategy.

Just Culture and accountability

Organisational culture is based on the NSW Health CORE values and organisational and individual accountability is defined and understood and fostered within a culture of trust and mutual respect.

Openness and transparency

Errors, risks and incidents are reported, investigated and managed without fear of blame. Incidents are fully disclosed to patients and families.

Emphasis on safety and learning

A learning culture that is constantly improving and oriented toward patient safety, innovation and transformation and learning from excellence and experience. Insights and lessons learnt are linked to action and continuous improvement. Research is routinely translated into evidence-based care.

Empowering consumers and partnering with them

Consumers are supported to engage in their own care and in the design and operation of the health service.

Sustainable Organisation

Organisation-wide sustainable development, that includes targeting net zero carbon emissions by 2035, is facilitated by governance structures, measurable performance indicators and effective partnerships.

Strong clinical engagement and leadership

Clinicians are involved in decision making at all levels. Capable leaders support staff to attain and maintain their knowledge and skills and they communicate and model desired behaviours, demonstrate what is organisationally important and drive a safety focused culture.

Data and information guide decisions and action

Good quality data and information is integrated, accessible and utilised at all levels to guide evidence-based care, support decision making and drive quality improvement.

Empowered staff

Staff are trained and supported to speak up for safety and to challenge the status quo, utilising data and evidence within a psychologically and culturally safe environment.

Continuous monitoring and improvement of care

Performance, safety and quality data is rigorously monitored, analysed and acted upon and linked to continuous improvement systems.

WHAT PATIENTS, CONSUMERS AND CARERS EXPECT

The reasonable expectations of care received by our patients, consumers and their carers are reflected through the dimensions of quality and guide NSLHD's comprehensive engagement of consumers.

Our patients, consumers and carers expect that they are:

✓ Treated with dignity, respect and compassion.

✓ Cared for in an environment that they feel safe.

✓ Able to access high quality health care that meets their needs and personal preference.

They expect robust clinical governance arrangements to integrate safety systems and processes; clinical risks are identified and mitigated; incidents and complaints are systematically managed, and lessons adopted to make care better and safer. Patients, consumers, and carers expect that things will rarely go wrong, but if they do, they receive an open and honest apology.

Safety

Timeliness & Accessibility

Effectiveness & Appropriateness

Patient Centred Care

Efficiency

Equity

THE SIX DIMENSIONS OF HEALTHCARE QUALITY

Consumers and carers expect that all staff have the right qualifications and skills to undertake their role, they practice within their defined scope, and clinicians comply with relevant guidelines and are accountable for their practice. That robust processes are in place to ensure that performance concerns are identified early, managed sensitively and fairly, while ensuring that patient safety is not compromised.

EXPECTED OUTCOMES

Organisational adoption of the framework should support a range of positive outcomes including:

An effective Clinical Governance Framework is endorsed by the Board and supports integration of corporate and clinical governance systems at all levels.

Evidence-based care pathways and guidelines are utilised and unwarranted clinical variation is systematically identified and addressed.

Staff and clinicians understand their roles and responsibilities for safety, quality and consumer engagement.

High standards of professional conduct and performance are maintained and complaints or concerns about clinicians are managed skillfully, fairly and sensitively.

Enhanced individual and organisational focus on person-centred care, collaboration and partnering with patients and consumers.

Workforce orientation and training programs include clear goals and expectations for the delivery of safe, high-quality care.

Patients, consumers and staff are treated with respect, kindness and compassion in a non-discriminatory way and report a positive culture and a culturally safe and inviting environment.

Corporate services governance (at all levels) ensures comprehensive oversight of all critical systems and processes to assure patient safety and high-quality care.

Consumer feedback is used for quality improvement and service planning.

The healthcare environment is safe, welcoming and considerate of a culturally diverse patient and staff population.

Effective organisational quality improvement, risk, incident, feedback and complaint management systems embedded, actively monitored and drive improvement.

Aboriginal and Torres Strait Islander Cultural Engagement Survey (at all levels) is conducted routinely and the results are used to improve culturally appropriate care.

Clinical safety and quality performance data is used to inform strategic decisions and to drive operational performance and promote practice improvement.

Robust Information, Communication and Technology governance ensures comprehensive oversight of new and emerging technologies and associated models-of-care.
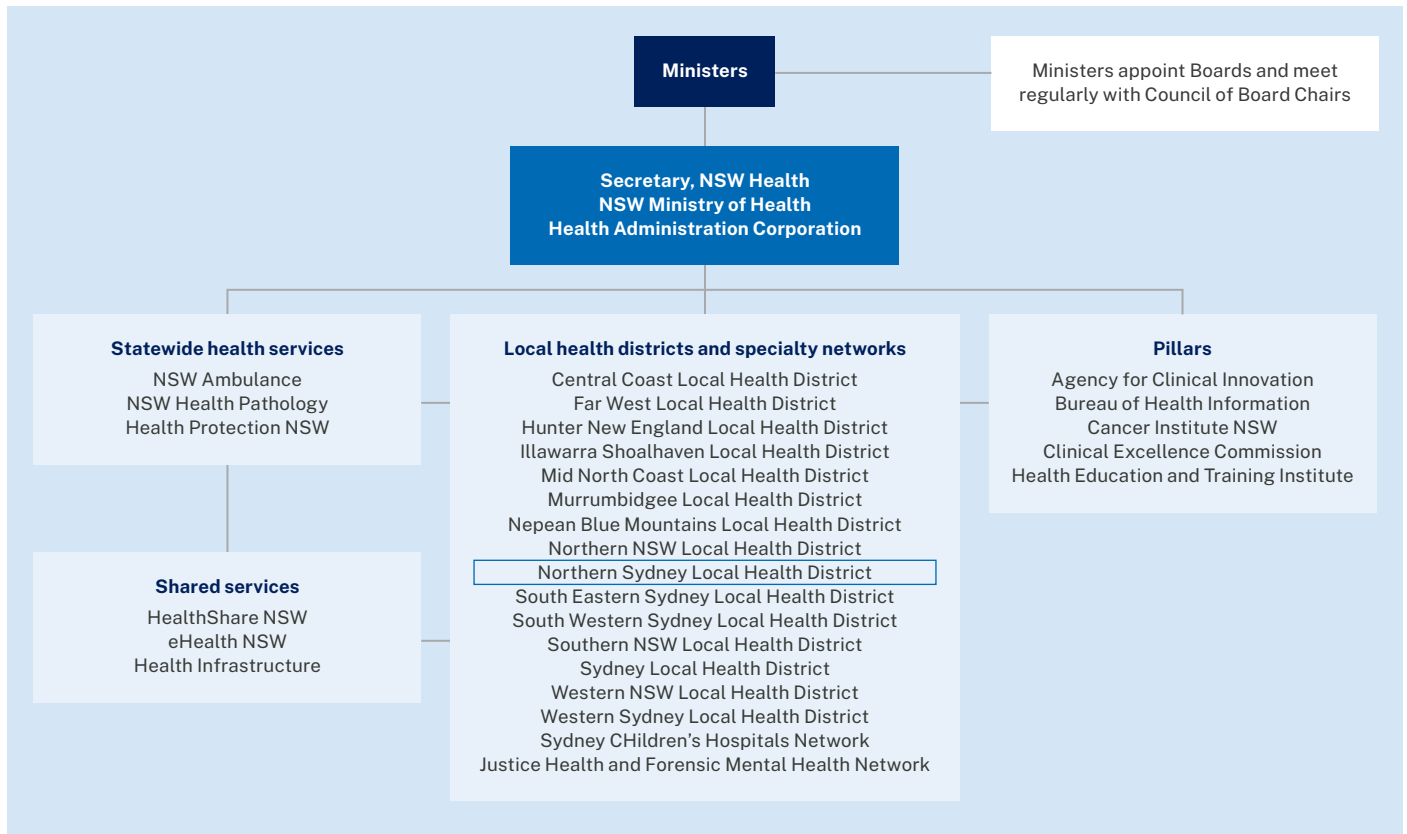
Staff feel supported to achieve their full potential and positively report about their work experience.

Staff Patient Safety Culture Surveys (at all levels) are conducted regularly and the results are used to monitor and improve teamwork, communication, patient safety systems and patient care.

GOVERNANCE LEADERSHIP AND CULTURE

NSW Health organisation chart

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                    ┌─────────────┐          ┌──────────────────────────────┐
                    │  Ministers  │──────────│ Ministers appoint Boards and │
                    └─────────────┘          │ meet regularly with Council  │
                          │                  │ of Board Chairs              │
                    ┌─────────────────────┐  └──────────────────────────────┘
                    │ Secretary, NSW Health│
                    │ NSW Ministry of Health│
                    │ Health Administration │
                    │ Corporation           │
                    └─────────────────────┘
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Statewide health services	Local health districts and specialty networks	Pillars
NSW Ambulance	Central Coast Local Health District	Agency for Clinical Innovation
NSW Health Pathology	Far West Local Health District	Bureau of Health Information
Health Protection NSW	Hunter New England Local Health District	Cancer Institute NSW
	Illawarra Shoalhaven Local Health District	Clinical Excellence Commission
Shared services	Mid North Coast Local Health District	Health Education and Training Institute
HealthShare NSW	Murrumbidgee Local Health District	
eHealth NSW	Nepean Blue Mountains Local Health District	
Health Infrastructure	Northern NSW Local Health District	
	Northern Sydney Local Health District	
	South Eastern Sydney Local Health District	
	South Western Sydney Local Health District	
	Southern NSW Local Health District	
	Sydney Local Health District	
	Western NSW Local Health District	
	Western Sydney Local Health District	
	Sydney CHildren's Hospitals Network	
	Justice Health and Forensic Mental Health Network	

Clinical Governance, Integrated component of Corporate Governance

NSLHD has in place frameworks and systems for measuring and routinely reporting on the safety and quality of care provided. NSLHD's clinical governance arrangements are influenced by legislation and policy at federal and state levels and are guided by safety and quality priorities emerging from the broader system as well as by the needs of the community.

Under section 28 of the Health Services Act 1997, NSLHD, as a public health organisation, is required to establish clinical governance frameworks that support high quality patient care and services and ensure consumer views guide health service delivery.

Clinical Governance is acknowledged as an integrated component of corporate governance. This Framework builds on NSLHD's overall Corporate Governance structure that ensures there are clear lines of responsibility and accountability for both clinical care and development of strong and effective partnerships between clinicians and managers.

A comprehensive Clinical Governance committee structure is in place at the District-level to support patient safety and clinical quality. The hospitals and services ensure local safety and quality committees are linked to, and report into the District's peak safety and quality committees. See appendix 1.

Safety and quality are everyone's responsibility

There is a shared responsibility for the provision of high-quality, safe, person centred care embedded at all levels of the organisation.

The NSLHD Board, Chief Executive, Executive Leadership Team, Hospital and Service Management and all NSLHD staff have a responsibility to collaborate and partner with consumers, and commit to regularly identify areas for improvement by evaluating their performance. Every member of our health service (clinical and non-clinical) have specific responsibilities related to achieving and maintaining high quality and safe care. Consumers and carers play an important role in advocating for safe, high quality care.

Consumers

So that we get the best care and have a say in what care looks like, we:

» participate and collaborate in care to the extent that we choose

» work in partnership with healthcare providers

» provide feedback on the care provided and, where possible, suggest improvements

» participate and co-design of health services, buildings, models-of-care, systems and processes

» advocate for consumer safety to support the best possible outcomes for ourselves and others

Board

Because we are responsible for assuring a safe health service that delivers quality care we:

» ensure effective systems are in place that support patient safety and continuous improvement

» promote a culture of accountability and openness and that drives behaviours that support the highest quality care

» ensures there is a sound clinical governance system in place

» is accountable for performance and outcomes of the health service
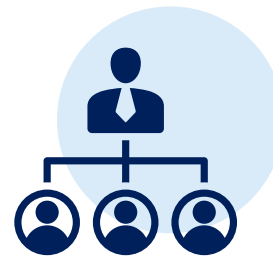
Executive

We are entrusted to put resources, systems and processes in place to deliver safe, quality care, mitigate risks and create a patient safety culture therefore we:

» ensure systems and processes are in place and sufficient resources are allocated for an effective clinical governance system

» model desired behaviours that promote safe, high-quality care

» take a leadership role in organisational governance processes

» develop the knowledge and skills of our staff and ourselves in relation to safety and quality care

» partner with the community, consumers and carers that have, will or currently draw upon on health services to effectively co-design systems of care, facilities and learning

Managers and Senior Clinicians

To lead and drive safe, high-quality care we:

» ensure staff utilise the systems and processes established to provide safety and quality assurance, and appropriately escalate risks, problems or issues

» empower staff to speak up for safety and complete relevant education and training

» promote an organisational safety culture by modelling desired behaviours and attitudes

All Clinical staff

To deliver safe, high-quality care we:

» take responsibility for our clinical practice, working within the limits of our skills and training and in accordance with legislative and policy requirements

» maintain our clinical skills and knowledge

» utilise the systems and networks provided, practice evidence-based care and continuously review and improve our practice

» partner with consumers and carers, and the healthcare team and communicate clearly

Non-clinical staff

To support the delivery of high-quality safe care we:

» work within the provisions of relevant policies, procedures and legislation to support safe high-quality care

» maintain and manage administrative and corporate systems to ensure the hospitals and healthcare environment is maintained to appropriate standards

» support and partner with consumers, carers and clinical staff to ensure they are safe and have a good care experience

Leadership

Capable leaders and managers support staff to attain and maintain the necessary knowledge and skills to do their work in the safest and most effective way possible. Strong board, executive and clinician leadership, communicating and modelling desired behaviours, demonstrate what is organisationally important and drives a positive safety culture.

Engaging clinical leaders is achieved through effective communication and by building trust and respect and is facilitated through the involvement of clinicians in the operations and governance of the health service. Clinical networks and key committees, such as the clinical and medical staff councils, are mechanisms that involve clinicians in the strategic and operational functions of the health service.

Clinical leadership development is promoted through frameworks such as CEC Clinical Leadership and Engagement, NSW Health Medical Leadership Group Charter and NSLHD Leadership Strategy and Action Plan 2020-2022 and provide guidance to connect clinicians and management. These cover performance appraisals, clinical leadership development and guidance on strategies to engage clinicians in development programs.

Patient Safety Culture

A positive safety culture underpins robust reporting of incidents, honest practice review and drives innovation and continuous improvement. High performing health services empower staff to raise safety issues or question an action that compromises safety, regardless of position or level in the organisation, creating a responsibility-centred safety culture for the entire workplace. Everyone in the organisation has an obligation to ensure safety first[4].

NSLHD fosters a safety and learning culture, based on the CORE values (collaboration, openness, respect and empowerment) that drives staff safety behaviours to achieve the best clinical practice and outcomes. Positive safety culture is promoted as a key organisational priority and underpinned by empowering staff to recognise and respond to adverse events and resist indiscriminate blaming of individuals for errors.

The NSLHD **Speaking Up for Safety** program, introduced in partnership with the Cognitive Institute, develops staff to recognise safety risks and to react proactively to prevent harm or mitigate risk. The program embeds the use of the Safety C.O.D.E. (Checks/ Options/ Demands/Elevates). The Safety CODE refers to health workers effectively communicating concerns to colleagues that unintended harm to patients or consumers may be about to occur. NSLHD trains staff in open disclosure, as a means to develop communication skills, candor and openness in circumstances where error has occurred. Through our Exceptional People Awards and Quality and Improvement Awards, we recognise and acknowledge outstanding staff, consumers and teams that demonstrate excellence, particularly in areas that promote patient safety and clinical quality.

NSLHD also regularly assesses its safety culture by conducting the Staff **Patient Safety Culture Survey** every two years and the annual **People Matter** survey to identify the effectiveness of existing strategies and understand ways that we can improve. Results are fed back to the workforce and action taken to improve staff experience.

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4 Baker GR, MacIntosh-Murray A, Porcellato C, Dionne L, Stelmacovich K, Born K. (2008). High performing healthcare systems: delivering quality by design. Longwoods Publishing.

Patient Safety Culture Survey

NSLHD measured Patient Safety Culture in June 2021. The survey captured the attitudes and perceptions of workplace culture that contribute to patient safety, at all levels of the organisation. All staff were invited to participate, including NSLHD, NSW Health Pathology and HealthShare NSW. The survey achieved a good (37 per cent) response rate from NSLHD staff.

Our Strengths

Strong sense of purpose and personal accountability

Teamwork

Communication, openness and comfort to speak up

Support from managers and supervisors

Strong safety focus (with supporting procedures and systems)

Our improvement opportunities

Inter-departmental handover and collaboration

Constructive handling of errors

Enhanced focus on learning and proactive risk management

Sufficiency of resources

WHAT WE HEARD

72%

of NSLHD staff rate patient safety as 'very good' or 'excellent'

90%

of NSLHD staff would recommend friends or family to be treated by our health service

"

The service is very focused on patient care and motivated to provide the best possible care.

Proactive approach with an open culture that encourages continuous improvement and safety awareness.

My ward works amazingly well as a team, and staff members are always eager to assist everyone to care for patients.

NSLHD staff feedback

The information from the survey has been fed back to all areas of the organisation to review improvement opportunities to continue to strengthen our commitment to providing the very best care to our patients and the community. NSLHD plans to repeat the survey in future at regular intervals.

CLINICAL GOVERNANCE STANDARD

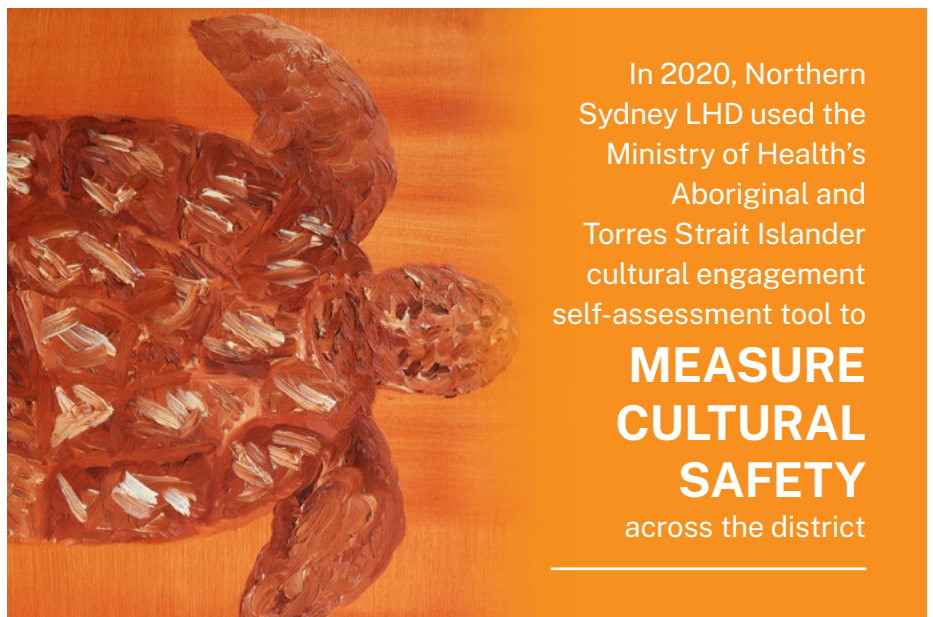# ABORIGINAL & TORRES STRAIT ISLANDER HEALTH

WHY THIS IS IMPORTANT

The continuing impacts on health and wellbeing are evident in the unacceptable gaps between Aboriginal and Torres Strait Islander people, including infant and child mortality, disease burden, and life expectancy. Significant barriers to accessing effective and safe health care contribute to these gaps. Therefore, it is important that Aboriginal and Torres Strait Islander people experience safe and high-quality health care based on need. It is the responsibility of all health service organisations to consider and action their part in closing the gap in health disparities experienced by Aboriginal and Torres Strait Islander people[6].

The safety and quality of care for Aboriginal and Torres Strait Islander people can only be improved when everyone who works at NSLHD recognise that they are responsible for providing equitable, safe and high-quality care.

To support engagement with Aboriginal and Torres Strait Islander people, and support better health outcomes, in 2020, NSLHD implemented NSW Health's Aboriginal and Torres Strait Islander Cultural Engagement Survey at every level of the organisation and action was taken to improve cultural appropriateness for Aboriginal and Torres Strait Islander people. Action taken also aim to support improved access to health services that meet their needs, increase feelings of safety and engagement with the health service and equality for Aboriginal and Torres Strait Islander people. The survey was designed to measure progress against the six Aboriginal and Torres Strait Islander actions within the National Safety and Quality Health Service Standards. NSLHD continues to monitor the progress and will regularly repeat the survey.

Implementation of the requirements within the six actions will assist in decreasing the health disparities presented between Aboriginal and Torres Strait Islander and non-indigenous Australians in our community.

In 2020, Northern Sydney LHD used the Ministry of Health's Aboriginal and Torres Strait Islander cultural engagement self-assessment tool to

MEASURE CULTURAL SAFETY
across the district

Waraba Wandabaa (Turtle Spirit)
The Turtle (Waraba) design has been used in this account to highlight Aboriginal and Torres Strait Islander related initiatives. This artwork was painted by Peter Shine (NSLHD Director of Aboriginal Health Service) and reproduced with his permission.

NSLHD has implemented the six Aboriginal and Torres Strait Islander actions within the National Safety and Quality Health Service Standards. Specifically, NSLHD:

1 Addresses the specific health needs of Aboriginal and Torres Strait Islander Communities to meet their healthcare needs

2 Implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people

3 Has strategies to improve cultural awareness and cultural competencies of the workforce to meet the needs of Aboriginal and Torres Strait Islander people

4 Demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander people

5 Works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs

6 Has processes to routinely ask consumers if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

SUPPORTING GOVERNANCE, LEADERSHIP, CULTURE AND ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH:

Plans and Frameworks
- NSLHD Strategic Plan
- NSLHD Clinical Services Plan
- NSLHD Planetary Health Framework 2021-23
- NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017 – 2022
- National Safety and Quality Health Service (NSQHS) Standards
- NSLHD Core Values and Behaviour Charter 2017-2021
- CEC Clinical Leadership and Engagement
- NSW Health Medical Leadership Group Charter
- NSLHD Leadership Strategy, Charter and Framework
- The NSW Health Leadership And Management Framework
- Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health

Policies, procedures and guidelines
- PD2005_608 Patient Safety and Clinical Quality Program

Strategies and activities
- Exceptional People Awards
- Quality and Improvement Awards
- Staff Patient Safety Culture Survey
- People Matter survey
- Aboriginal and Torres Strait Islander Cultural Engagement Survey
- Speaking up for Safety

PARTNERING WITH CONSUMERS

Patients and Consumers have a fundamental right to participate in health care delivery and when they are involved in their own care, and in the design and governance of the health service, healthcare is more effective, costs often decrease, and healthcare provider satisfaction and patient care experience improve[7]. To support this involvement, NSLHD has adopted the Australian Commission on Safety and Quality in Health Care's Australian Charter of Healthcare Rights (the Charter) that specifies the intrinsic rights of patients and consumers when seeking or receiving healthcare.

To support the delivery of health care that is respectful and responsive to the preferences, needs and values of consumers and patients, all NSLHD health services are meet, and are accredited against, the National Safety and Quality Health Service (NSQHS) Standards that emphasise and promote consumer engagement. The NSLHD Partnering with Consumers Framework: 2021-2026 was developed in collaboration with consumers to promote consumer engagement and better patient experiences. It encourages a multi-dimensional consumer engagement approach that supports participation in health service planning, delivery, monitoring and evaluation and to promote highly effective partnerships.

Cultural Awareness, Equality, Diversity and Inclusion

A person's culture influences their values, behaviour and beliefs which affects how they see themselves and others[8]. The NSLHD community comprises many cultures and diverse backgrounds. Irrespective of a person's background, all people should be treated with kindness and compassion and receive care according to their individual needs and preferences.

To increase cultural sensitivity amongst staff the health service has established a *Diversity, Inclusion and Belonging Council and Strategy* that offers targeted information and training to increase cultural knowledge. NSLHD has implemented statewide policies and procedures to guide recruitment, training and promotion practices that encourage diversity and are non-discriminatory in relation to age, disability, gender, race, sexual orientation, and religious beliefs.

NSLHD aims to improve safety and deliver a positive person-centered care experience for those who are vulnerable and at higher risk of harm and has introduced polices, such as ***Supporting and caring for people with a disability in NSLHD*** and ***NSLHD Disability Inclusion Action Plan***, to help integrate the needs of vulnerable communities into service delivery plans and patient safety systems.

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7   Vahdat, S. Hamzehgardeshi, L. Hessam, S. and Hamzehgardeshi, Z. (2014).
    Patient Involvement in Health Care Decision Making: A Review. Iran Red Crescent Med J. 2014 Jan; 16(1): e12454.
8   Steven, A. (2018). Cultural Sensitivity and Awareness Training (2018). Diversity Australia.

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access
- Healthcare services and treatment that meets my needs

Safety
- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect
- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership
- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information
- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy
- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback
- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

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

For more information ask a member of staff or visit safetyandquality.gov.au/your-rights
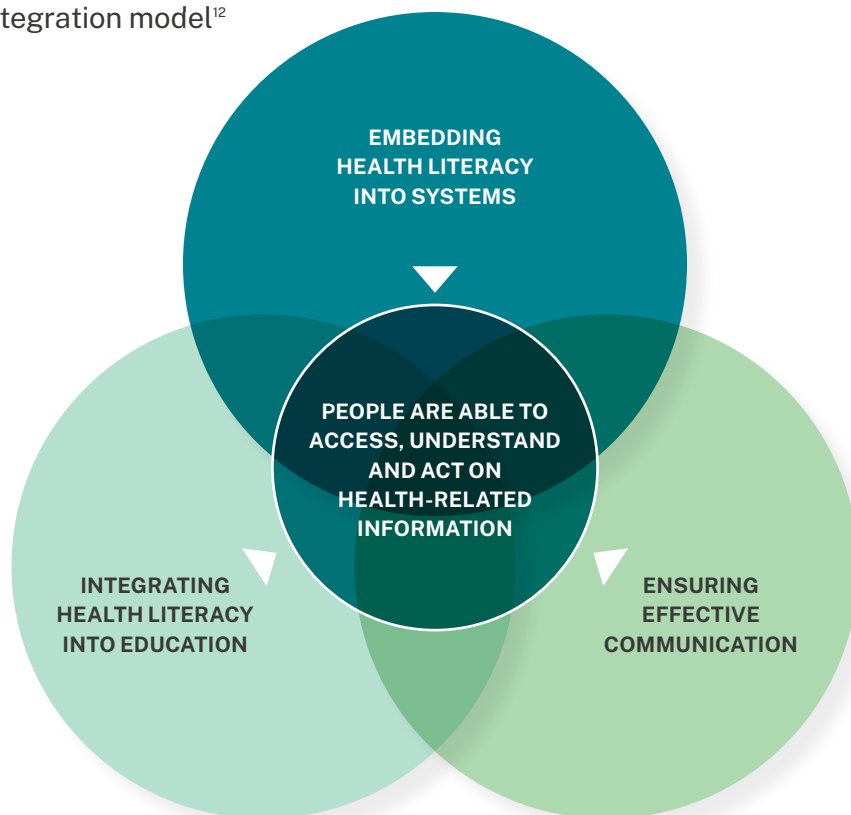
Health literacy

WHY THIS IS IMPORTANT

To fully participate in their own care, including shared decision-making, patients and families must interpret information and understand the questions they're asked to make informed decisions. The average health literacy level is generally lower than that required to read and understand material produced by healthcare organisations.

People with low health literacy are disproportionately elderly, from non-English speaking or Aboriginal Torres Strait Islander backgrounds, less educated and chronically ill; contributing to a death rate that is twice that of people with adequate health literacy. They are also more likely to have worse health outcomes, adverse health events, lower engagement with health services and limited ability to self-manage their care[9].

NSLHD is committed to supporting patients, carers and families that require health literacy support to ensure they receive health information that is clear, culturally appropriate and carefully assessed for its suitability to a broad range of people. The *NSLHD Health Literacy Framework* (based on the Australian Commission on Safety and Quality in Health Care's Health Literacy Integration Model[10], and the *NSW Health Literacy Framework – A guide to action 2019 – 2024*[11]) adopts strategies to support consumers by embedding health literacy considerations into NSLHD's organisational systems, policies and procedures.

Through the development of staff communication skills and integrating health literacy into staff and consumer education, patients can be empowered to partner in their own care see figure 1. As an example, NSLHD has developed a consumer information review process (the Consumer Tick) that ensures patient information is reviewed and adapted for people with lower health literacy.

FIGURE 1
ACSQHC Health Literacy Integration model[12]

EMBEDDING HEALTH LITERACY INTO SYSTEMS

PEOPLE ARE ABLE TO ACCESS, UNDERSTAND AND ACT ON HEALTH-RELATED INFORMATION

INTEGRATING HEALTH LITERACY INTO EDUCATION

ENSURING EFFECTIVE COMMUNICATION

9   Australian Commission on Safety and Quality in Health Care. (2014). Health literacy: Taking action to improve safety and quality. Sydney: ACSQHC.

10 Ibid.

11 Clinical Excellence Commission, (2019). NSW Health Literacy Framework. 2019-2024, Sydney: Clinical Excellence Commission.

12 Ibid.

CODESIGNED WITH **CONSUMERS** AND **CARERS**

Patient Feedback, Experience and Outcomes

Seeking feedback, measuring and improving the patient experience and care outcomes is useful for identifying performance issues, incidents, risks and monitoring the standard-of-care. It also assists in determining whether the care meets the needs and preferences of the patient[13]. NSLHD collects patient experience and care outcome data from different sources and uses this to improve patient experience and outcomes (see figure 2).

WHAT MATTERS TO YOU?

FIGURE 2
Sources of patient feedback

COMPLAINTS, COMPLIMENTS AND PATIENT STORIES

Complaints, compliments and patient stories help to resolve concerns, as examples of excellence and for learning.

CONSUMER SURVEYS

Identify themes for action and provide performance comparisons e.g. Real time Patient Experience survey, Bureau of Health Information surveys.

PATIENT REPORTED OUTCOME (PROMS) & EXPERIENCE (PREMS) MEASURES

Supporting the provision of value-based health care, centred on what matters most to patients, PROMs and PREMs are known to improve communication and shared decision-making between consumers and healthcare providers.

13 LaVela SL, Gallan AS. Evaluation and measurement of patient experience. Patient Experience Journal. 2014; 1(1):28-36.

SUPPORTING ENGAGING WITH CONSUMERS:

Plans, Frameworks and Strategies
- ACSQHC, 2014, National Statement on Health Literacy, Taking Action to Improve Safety and Quality)
- NSW Health Literacy Framework – A guide to action 2019 – 2024
- New Australian Charter of Healthcare Rights
- NSLHD Partnering with Consumers Framework: 2021-2026
- Elevating the Human Experience
- NSLHD Diversity, Inclusion & Belonging strategy
- NSLHD Disability Inclusion Action Plan 2018 – 2022

Policies, procedures and guidelines
- *NSLHD Open Disclosure – Guidelines for Clinician Disclosure and Formal Open Disclosure*
- *NSLHD Corporate Orientation Handbook*
- *NSLHD Partnering with our Community Partners policy*
- *NSLHD Disability: Policy for supporting and caring for people with a disability*
- NSW Health Consent to Medical and Healthcare Treatment Manual 2020 ensures clinicians comply with informed consent legislation and best practice and supports clinicians to partner with patients or substitute decision-makers in relation to healthcare.

PATIENT SAFETY AND QUALITY SYSTEMS

Patient Safety and Quality Management System

The *NSW Patient Safety and Clinical Quality Program*[14] set the groundwork for clinical quality and patient safety in NSW and, by building on this framework, and guided by the NSW Health Incident Management policy and framework and the Complaint Management Guidelines, NSLHD has established comprehensive incident and complaint management systems supported by dedicated clinical governance staff and underpinned by a robust safety reporting culture. Lessons learned from adverse events inform the health service's quality improvement processes and are guided by the ***NSLHD Clinical Quality Improvement Framework 2016 – 2022***.

Consistent with guidance provided by the NSW Health Enterprise-Wide Risk Management Policy and Framework, the ***NSLHD Enterprise-Wide Risk Management (EWRM) Framework*** ensures an integrated approach to identifying and managing risk to help avoid harm before it occurs.

The combined and interactive effect of these systems, aligns risk and incident management, with other protective and recovery systems and strategies, to comprehensively manage incidents, accidents and complaints and prevent recurrences by taking appropriate action, learning and sharing lessons and feeding these into proactive safety, risk management and continuous improvement mechanisms (see figure 3).

FIGURE 3
Protective and recovery systems for patient safety
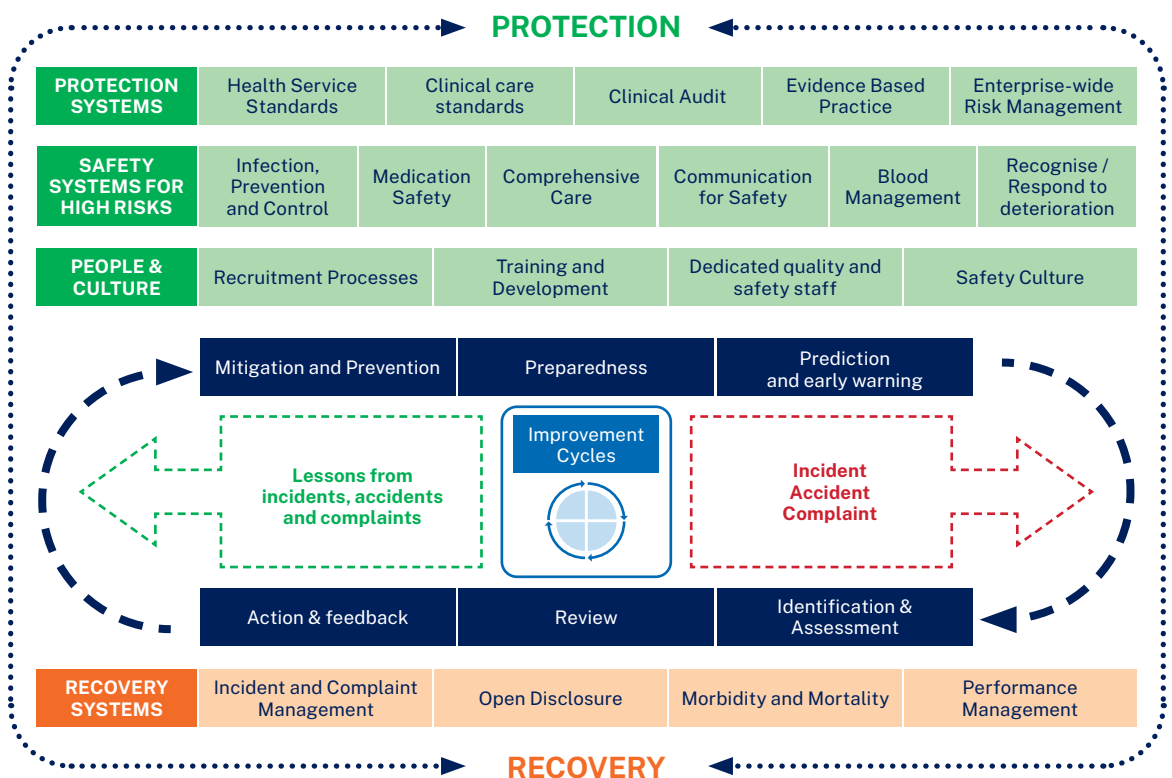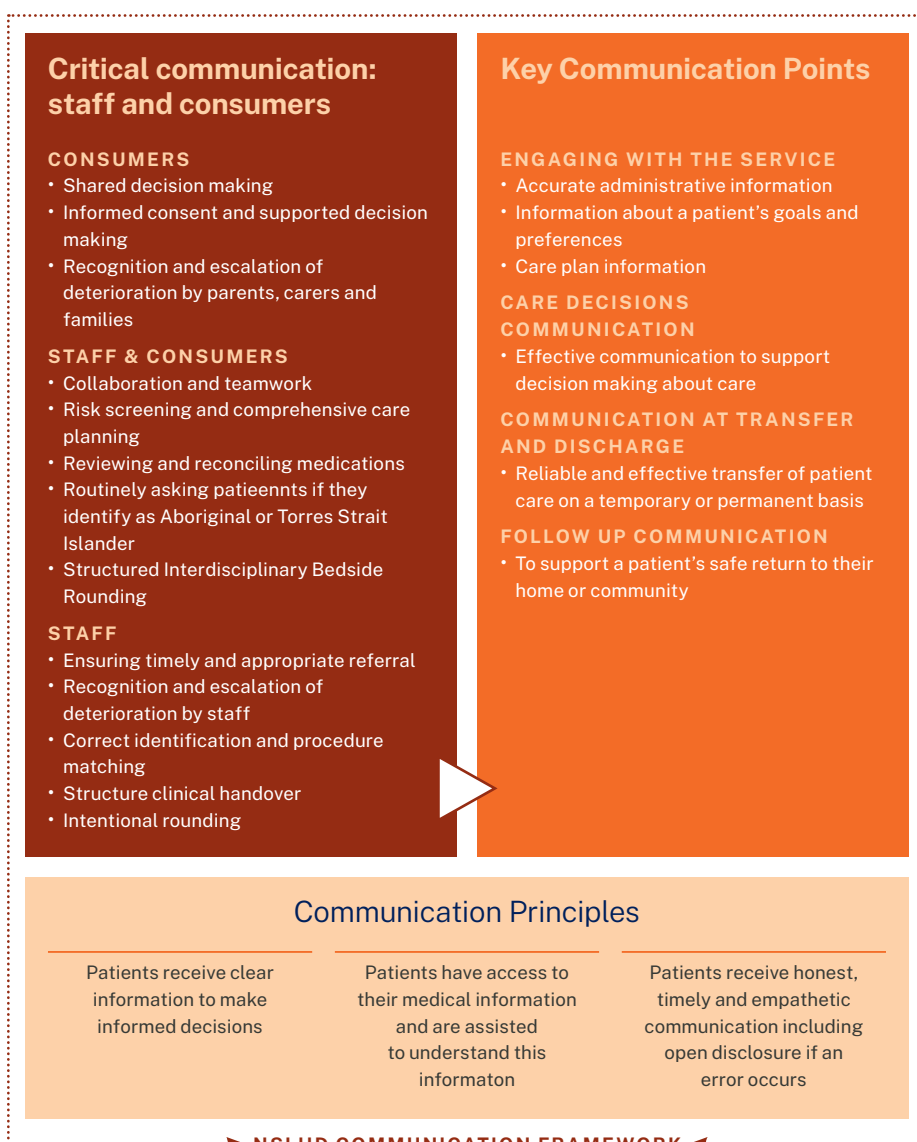
Communicating for Safety

WHY THIS IS IMPORTANT

Patients and families respond positively to honesty, active listening (e.g., repeating back what the patient has said), kindness and professionalism and easy-to-understand explanations, followed-up with appropriate action[15]. Conversely, communication failures are identified in the majority of healthcare incidents, most of which are considered preventable, and seventy percent of patient complaints involved absent or poor communication with patients and families as a key contributing factor.

To promote clear, effective communication NSLHD has identified a communication framework that is founded on **communication principles** that underpin all communication with patients and families throughout the healthcare journey; from the point of entry into the health service to the point where they are back in their home, or transferred to another service.

The communication framework also identifies **fundamental communication processes** that promote good communication and **critical transition points** in the patient's healthcare journey where reliable communication is essential to assure the safety and quality of care (see figure 4). NSLHD is utilising this communication framework to improve communication between patients, families and healthcare professionals, as well as between healthcare teams.

FIGURE 4
NSLHD Communication Framework

Critical communication: staff and consumers

CONSUMERS
- Shared decision making
- Informed consent and supported decision making
- Recognition and escalation of deterioration by parents, carers and families

STAFF & CONSUMERS
- Collaboration and teamwork
- Risk screening and comprehensive care planning
- Reviewing and reconciling medications
- Routinely asking patieennts if they identify as Aboriginal or Torres Strait Islander
- Structured Interdisciplinary Bedside Rounding

STAFF
- Ensuring timely and appropriate referral
- Recognition and escalation of deterioration by staff
- Correct identification and procedure matching
- Structure clinical handover
- Intentional rounding

Key Communication Points

ENGAGING WITH THE SERVICE
- Accurate administrative information
- Information about a patient's goals and preferences
- Care plan information

CARE DECISIONS COMMUNICATION
- Effective communication to support decision making about care

COMMUNICATION AT TRANSFER AND DISCHARGE
- Reliable and effective transfer of patient care on a temporary or permanent basis

FOLLOW UP COMMUNICATION
- To support a patient's safe return to their home or community

Communication Principles

Patients receive clear information to make informed decisions	Patients have access to their medical information and are assisted to understand this informaton	Patients receive honest, timely and empathetic communication including open disclosure if an error occurs

········▶ **NSLHD COMMUNICATION FRAMEWORK** ◀········

15 Australian Commission on Safety and Quality in Healthcare. (2022). Communicating for Safety resource portal.

Communication and Teamwork

Clear communication is essential for effective teamwork; which is recognised as the best defence against error and system failures, and is explicitly encouraged and fostered within a culture of trust and mutual respect[16]. Evidence suggests that teams that work together make fewer mistakes and promote characteristics such as flexibility, adaptability, resistance to stress, cohesion, retention and morale[17] and can result in improved health outcomes.

Communication and teamwork are core clinical skills that can be developed and improved with practice, experience, continuous learning, mentorship and support[18]. To build communication skill and capability, NSLHD utilises a range of strategies that promote and support clear, effective communication and teamwork such as the CEC's Safety Fundamentals for Teams.

Communication	Teamwork
Leadership Walk Arounds	Safety Huddles
Morbidity & Mortality meetings	Team Safety Culture
Speaking Up for Safety	Quality Learning Boards
Intentional Rounding	Multidisciplinary Team Rounds at the Bedside

16 NSW Patient Safety and Clinical Quality Program (NSWH, 2005).

17 David Clements, Mylène Dault and Alicia Priest (2007).
    Effective Teamwork in Canadian Healthcare: Research and Reality.

18 Australian Commission on Safety and Quality in Health Care. National Safety and Quality
    Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021.

Open Disclosure

WHY THIS IS IMPORTANT

Health care is complex, highly technical and has inherent risks. Despite the presence of highly trained staff, cutting edge equipment and robust systems and processes, adverse events do occasionally occur and patients can be harmed, sometimes seriously.

Open Disclosure is the way clinicians and managers communicate with, and support, patients (and their family and carers) who have experienced harm whilst receiving care. Open Disclosure can assist health services to manage adverse events sensitively and compassionately and provides broader benefits through improved communication[19].

Open disclosure is a special interaction, utilised when an error occurs, that supports clear, sensitive communication with patients and families. NSLHD adopted the National Open Disclosure Framework[20] and associated NSW Health Open Disclosure Policy to support skillful open disclosure and conducts open disclosure training for staff to raise awareness and build capability, so that clinicians can confidently conduct or participate in open disclosure should it be necessary.

19 Australian Commission on Safety and Quality in Health Care (2013), Australian Open Disclosure Framework. ACSQHC, Sydney.

20 Ibid.

SUPPORTING PATIENT SAFETY AND QUALITY SYSTEMS:

Plans, Frameworks and Strategies
- NSLHD Clinical Quality Improvement Framework 2016 – 2022
- NSLHD Clinical Audit Framework
- PD2015_043 Risk Management - Enterprise-Wide Risk Management Policy and Framework - NSW Health
- National Open Disclosure Framework

Policies, procedures and guidelines
- PD2020_013, Complaints management
- NSLHD Complaints – Management of Patient/Carer Complaints
- PD2020-047 Incident Management Policy
- PD2007_075 Lookback Policy
- PD2013_009 Safety Alert Broadcast System
- PD2017_032 Clinical Procedure Safety
- NSLHD Risk Management (ERM) Procedure
- PD2020_018 Recognition and Management of Patients who are Clinically Deteriorating

- PD2019_057 Prevention of Venous Thromboembolism
- PD2017_013 Infection Prevention and Control Policy
- PD2013_043 Medication Handling in NSW Public Health Facilities
- PD 2020_045 High-Risk Medicines Management
- PD2018_042 Blood Management
- PD2014_007 Pressure Injury Prevention and Management

CLINICAL PERFORMANCE AND EFFECTIVENESS

Capable staff to deliver and improve safe, high-quality care

Highly skilled, capable and caring clinical staff are fundamental to the delivery of safe, quality care and a great patient experience. NSLHD has established systems and processes that ensure the employment and development of clinicians who are appropriately qualified and skilled to do their job to the highest standard and practice within the bounds of their training and competency. This includes registration and credentialling processes, that are guided by the relevant NSW Health directive, and committee oversight and monitoring of these processes.

Education and training, such as incident and complaints management, recognising and responding to clinical deterioration (Sepsis, Between the Flags and REACH programs), clinical leadership development and improvement science, support the development of clinicians in critical areas relating to patient safety and the delivery of patient centered care. Policies guiding clinician performance, such as: Managing for Performance and *NSLHD Performance Review for Improvement & Development of Employees*, also support optimal clinician performance. See Figure 5.

FIGURE 5
NSLHD model supporting and enabling clinicians

Enabling Safety Culture

Optimal recruitment processes

Registration, credentialling and scope-of-practice

Performance Management

Education, training and competencies

Measure, monitor and manage clinical performance & variation

Safe, effective clinicians

Evidence-based practice, guidelines and pathways

Peer review, feedback and reflection

Supervision

Inspiring Leadership, Capable Management

# Continuous Practice Improvement

WHY THIS IS IMPORTANT

Continuous Practice improvement (CPI underpins a culture of creativity, innovation and excellence providing an opportunity to learn from mistakes and take action to improve care. The experience of high performing health care organisations demonstrates the value of a clear vision and goals for improvement, leadership, organisational stability, and the use of an explicit improvement methodology to drive continuous improvement[21].

It is the responsibility of all staff, within their designated role, to continuously evaluate their performance and identify areas for improvement. The **NSLHD Clinical Quality Improvement Framework 2016 - 2022** supports organisational capability and capacity building for improvement. NSLHD trains and educates staff in improvement science methodology as well as supporting them to conduct improvement activities aligned to organisational strategic goals. In conjunction with the Clinical Excellence Commission (CEC), NSLHD has introduced the Safety and Quality Essentials Pathway (see figure 6) that aims to build capability and capacity for improvement.

Other strategies that underpin continuous improvement include the establishment of quality dashboards, articulation of safety and quality responsibilities for staff and the systematic prioritising, designing and resourcing of improvement projects that are aligned to strategic priorities.

The utilisation of statewide quality improvement tools and data analytics, such as the CEC's Quality Audit Reporting System (QARs) and Quality Improvement Data System (QIDS) platforms, provide access to state-of-the-art systems that enable the utilisation of high-quality health and integrated clinical data sets alongside powerful improvement tools to facilitate improvement.

FIGURE 6
Safety and Quality Essentials Pathway
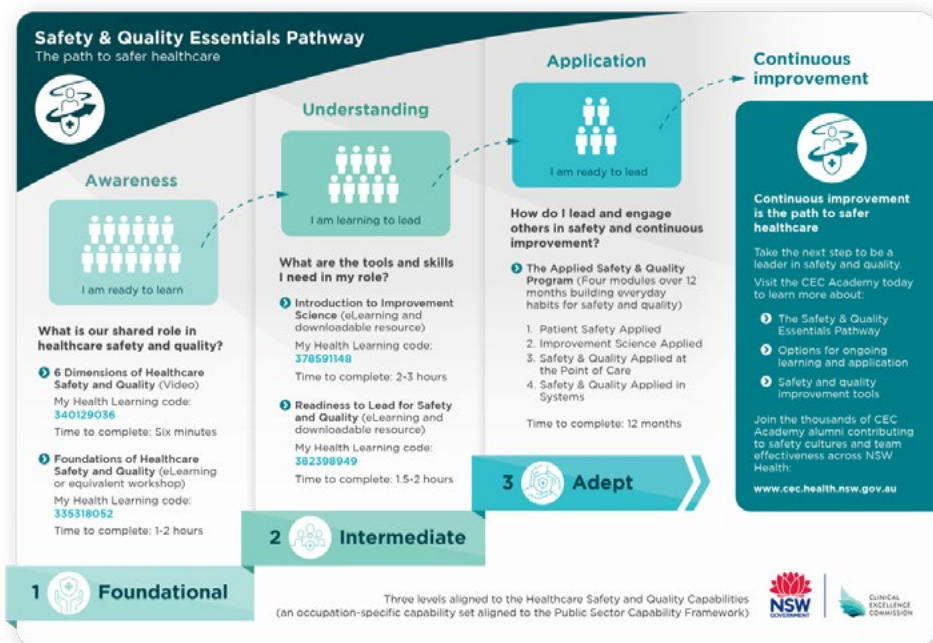
21 Ham, C (2014). Reforming the NHS from within: Beyond hierarchy, inspection and markets. The Kings Fund.

Reliable, Evidence-Based Care

NSLHD encourages the adoption of evidence-based pathways, care bundles and other peer-reviewed guidelines as a means to deliver care that is science-based, safe and effective. Aimed at optimising care and reducing unwarranted clinical variation, clinical staff are supported to systematically audit and review their practice, participate in peer review processes and engage in identifying outcome variances that can inform improvement opportunities. Systematic review processes include:

» Morbidity and Mortality meetings conducted according to standardised best-practice guidelines

» Incident review and feedback to staff for all instances where an adverse event has occurred

» Systematic review of all inpatient deaths

» Clinical Incident Review Committees (CIRC) at all hospitals with senior clinician membership

» External benchmarking, where comparable performance to peer hospitals identifies significant variation, action is taken.

The role of Clinical Networks

The NSLHD Clinical Networks are established to provide senior clinician advice to the Chief Executive, share expertise, drive informed decisions about where and how clinical services should be delivered across the District and promote collaboration between clinicians and management. The networks also have a lead role in establishing and overseeing standards of care, education and research, service development, resource allocation, workforce requirements and the implementation of the NSLHD Clinical Services Plan.

Audit of clinical processes and practice

NSLHD acknowledges the importance of systematically measuring and monitoring healthcare processes and practices to identify, and when necessary, remedy unwarranted clinical variation. NSLHD has developed and implemented a comprehensive Clinical Audit Framework addressing key elements of the National Safety and Quality Healthcare Standards as well as critical elements of care delivery systems and processes and locally identified risks (such as those identified through incidents, complaints, death reviews and systematic risk identification).

All NSW public health organisations must maintain an effective, independent audit framework and corporate governance practice, that is consistent with the "best practice" attributes for the NSW public sector. NSLHD Internal audit team systematically audits corporate and clinical systems and processes (based on risk) to identify variance and opportunities for improvement.

SAFE AND WELCOMING ENVIRONMENT

WHY THIS IS IMPORTANT

Differing cultural attitudes, social marginalisation and a lack of services that meet the cultural needs are some factors that limit access to health services by some cultural groups and can lead to poorer health outcomes. Cultural insensitivity can also foster mistrust of healthcare workers and prevent clear communication and collaboration.

NSLHD is committed to creating a healthcare environment that is physically and culturally safe and supportive. This includes seamless physical access (especially for people with a disability, elderly and frail) and a welcoming environment for all people including those from culturally different backgrounds and for Aboriginal and Torres Strait Islander people. Signage and directions provided throughout our hospitals and services (and on digital platforms) are tested by patients and consumers to ensure they are sensible, clear and enable consumers to access services easily and safely. Flexible visiting hours facilitate access for family, friends and carers to loved ones during illness, when they are most vulnerable. With specific reference to Aboriginal and Torres Strait Islander peoples, this commitment is demonstrated in the NSLHD Aboriginal and Torres Strait Islander Health Services Plan 2017 – 2022, and includes cultural awareness training for all staff (e.g. Respecting the Difference: an Aboriginal Cultural training Framework for NSW Health).

Ensuring our care, and the environment, respects diversity and is safe for high-risk groups, NSLHD has strategies, action plans, policies and processes that consider the diversity of patients, and those who at higher risk of harm, and integrate their needs into service delivery plans and patient safety systems, mitigating these risks and improving their safety and care.

CREATING WELCOMING ENVIRONMENTS

The installation of **Yarning Circles** across the district creates an environment where Aboriginal and Torres Strait Islander people feel welcomed and safe, and help foster collaboration between NSLHD and the local Aboriginal and Torres Strait Islander communities.

The Bungee Bidgel Health Clinic at Hornsby Ku-ring-gai Hospital provides a culturally safe and respectful primary healthcare service to the NSLHD Aboriginal and Torres Strait Islander community. NSLHD Drug and Alcohol Service have recently joined with Bungee Bidgel to provide clients with culturally appropriate and timely access to drug and alcohol services. The aim is to increase drug and alcohol services trust and uptake by Aboriginal and Torres Strait Islander people.

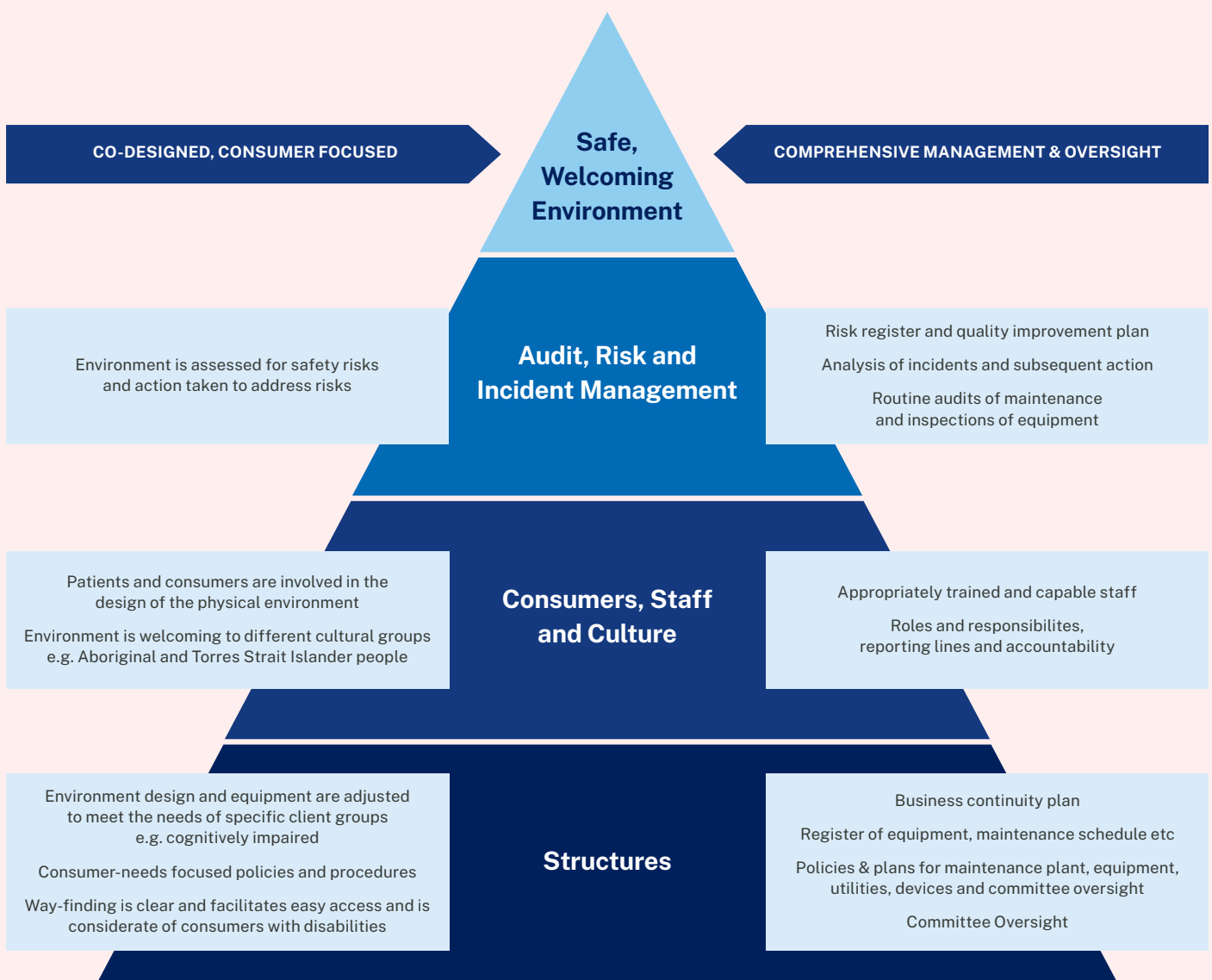# Corporate systems supporting clinical safety and quality

Safe, reliable care also depends on the physical healthcare environment being designed for safety, and systems rigorously monitored and maintained ensuring all buildings, plant and equipment are fit for purpose, safe, clean and in good working order at all times. Critical systems include those physical facilities, supply chains, information technologies and communication networks that must work reliably to ensure healthcare services can be delivered safely, at all times.

NSLHD works within a conceptual framework (see figure 7) that aims to assure a safe healthcare environment that also integrates the needs and opinions of its consumers into its design and formation. This includes the establishment of systems, policies, processes, safe work practices, committees and staffing at all levels to manage and monitor critical corporate services ensuring they are functioning optimally to support care. These arrangements include the design of the environment and buildings, oversight of equipment availability and safe operation, and maintenance and infrastructure support is available to maximise safety and quality of patient care.

Due to the complexity and range of systems and services, NSLHD works with statewide partners, such as Health Infrastructure, eHealth and *HealthShare*, to access expertise and support. A comprehensive committee structure oversees critical corporate systems and provides a high level of assurance to management and consumers that the healthcare environment is fit to provide safe care.

FIGURE 7

Interaction of systems, processes and a consumer focus to create a safe, welcoming environment

CO-DESIGNED, CONSUMER FOCUSED

COMPREHENSIVE MANAGEMENT & OVERSIGHT

Safe, Welcoming Environment

Audit, Risk and Incident Management

Environment is assessed for safety risks and action taken to address risks

Risk register and quality improvement plan

Analysis of incidents and subsequent action

Routine audits of maintenance and inspections of equipment

Consumers, Staff and Culture

Patients and consumers are involved in the design of the physical environment

Environment is welcoming to different cultural groups e.g. Aboriginal and Torres Strait Islander people

Appropriately trained and capable staff

Roles and responsibilites, reporting lines and accountability

Structures

Environment design and equipment are adjusted to meet the needs of specific client groups e.g. cognitively impaired

Consumer-needs focused policies and procedures

Way-finding is clear and facilitates easy access and is considerate of consumers with disabilities

Business continuity plan

Register of equipment, maintenance schedule etc

Policies & plans for maintenance plant, equipment, utilities, devices and committee oversight

Committee Oversight

Safety Governance for evolving technology

WHY THIS IS IMPORTANT

Emerging technology provides an opportunity to improve health outcomes, patient experience and provide safer healthcare in many ways, such as improving operational performance, reducing clinical error and improving clinical monitoring. The rapid emergence and adoption of new technologies such as "virtual healthcare" and telehealth[22] also present governance challenges and risks as these models of care evolve.

NSLHD has invested in major clinical systems, such as electronic medical records, and health information services, to optimise integration and communication capability and enable better care co-ordination, patient safety and quality of care.

As technology plays an increasingly important role in healthcare, there's a need to refocus and strengthen governance systems, ensure staff have the appropriate information technology skills, and that the health service collaborates with specialist partners, such as eHealth. NSLHD has established committee oversight (e.g., Information, Communication and Technology Committee) and policies and procedures (e.g., Introduction of New Technologies), to safely guide this evolution, assuring high safety standards, effectiveness, affordability and good value.

22 NSLHD Strategic Plan (2017-2022)

SUPPORTING A SAFE AND WELCOMING HEALTHCARE ENVIRONMENT:

Plans, Frameworks and Strategies
- NSLHD Security Risk Management Framework
- NSLHD Diversity, Inclusion & Belonging strategy

- Asset Refurbishment and Replacement Program (ARRP)
- NSLHD Disability Inclusion Action Plan 2018 – 2022

- Emergency/ Disaster Management Plans

Policies, procedures and guidelines
- PD2020_022 Cleaning of the healthcare environment
- NSLHD Clinical Product Evaluation or Equipment evaluation

- NSLHD Planned Preventative Maintenance
- NSLHD Policy, Procedure and Guideline (PPG) Development, Approval and Review Process

- NSLHD Equipment Management Policy
- NSLHD Planned Preventative Maintenance
- NSLHD Management of Health Care Records

MEASURING WHAT MATTERS

NSLHD utilises high quality data and analytics to develop a comprehensive understanding of our clinical performance and to inform opportunities for continuous system, process and practice improvement. The utilisation of statewide quality improvement tools and data analytics, such as the CEC's QARs and QIDS platforms, provide access to state-of-the-art systems that enable the utilisation of high-quality health and integrated clinical data sets alongside powerful improvement tools to facilitate improvement.

Performance is compared and monitored against clinical indicators and targets through all levels of the organisation, ensuring achievement of relevant quality and safety targets and health benchmarks. As an example, the NSW Health Performance Framework[23] incorporates national clinical indicator requirements and provides an integrated process for performance review and assessment. It sets clinical indicators that are identified within the NSLHD service agreement, and include targeted safety and quality requirements such as Hospital Acquired Complications (HACs) and programs such as Sepsis Kills, Between the Flags (BTF), REACH (patient and family clinical escalation program) and hand hygiene. This ensures the monitoring of safety and quality is built into routine business operations.

Reporting these indicators and other measures of patient safety and quality extends to and from the clinical governance committee structure, clinical review teams, as well as appropriate forums at all levels of the organisation.

> NSLHD utilises high quality data and analytics to develop a comprehensive understanding of our clinical performance.
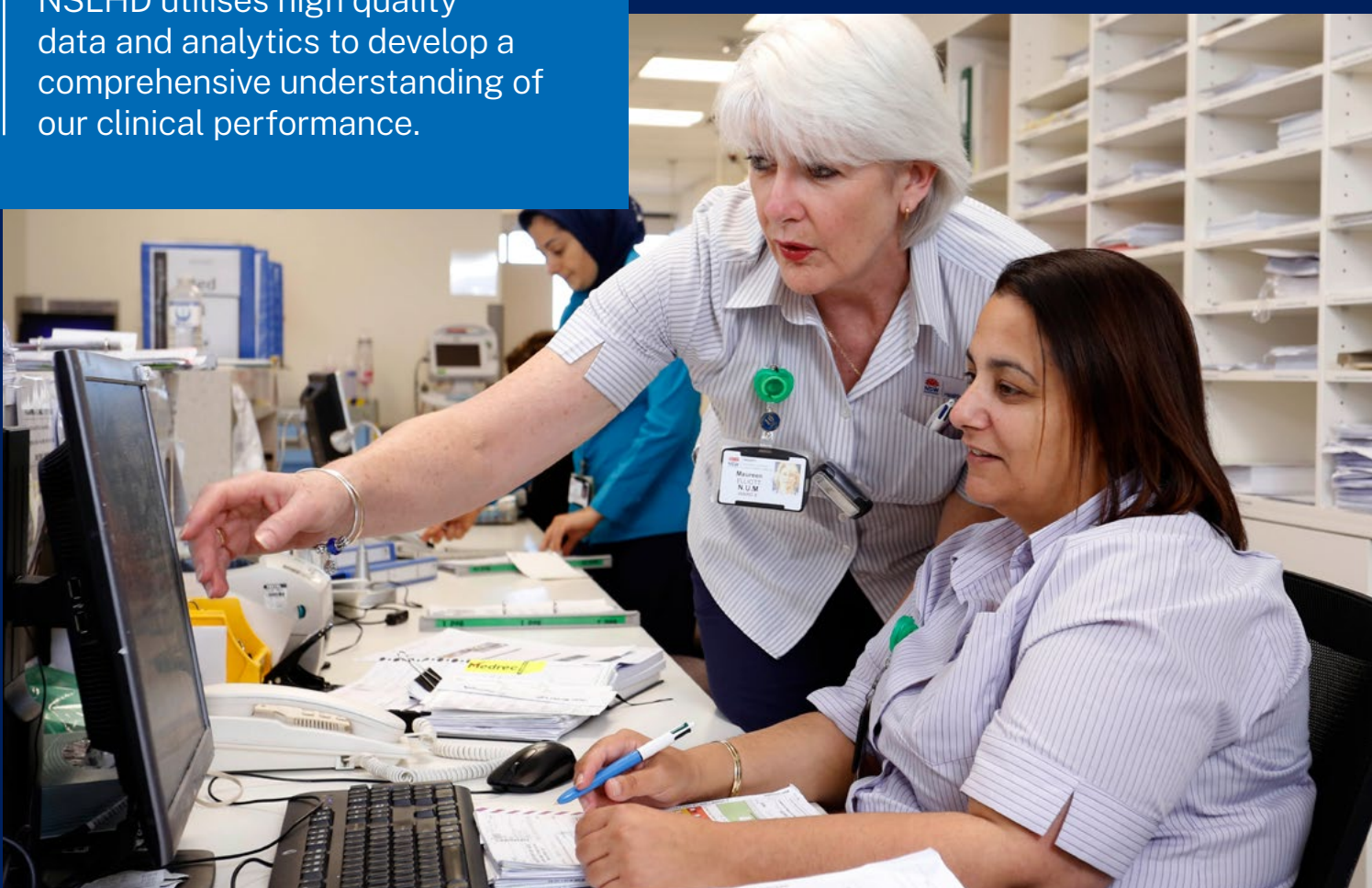
STRATEGY AND PRIORITIES

The NSLHD Clinical Governance Framework provides a structure to guide the setting of organisational priorities and actions to assure and improve safety and quality.

Priorities and Partner Agencies

NSLHD is responsible for operating within the broader National and State health policy frameworks, requiring alignment with national and state clinical governance priorities. Priority setting relies on both consideration of local needs, risks and trends, but also integrates priorities that arise from key partners such as the Australian Commission on Safety and Quality in Healthcare (ACSQHC), the Clinical Excellence Commission (CEC), the Agency for Clinical Innovation (ACI) and the NSW Ministry of Health (MoH). The health service routinely collaborates with its partner agencies, and these collaborations provide specialist expertise and support and reflect the organisation's commitment to the principles of collaboration, teamwork and partnership.

Safety and Quality Account (annual)

The MoH System Purchasing and Performance Division established a Safety and Quality Framework intended to assist with the design, purchasing, performance monitoring and continuous improvement of health services to deliver safe, high quality and high value care for patients. The MoH Framework mandates the annual production of a Safety and Quality account, a summation of the year's performance and achievements in relation to safety and quality, articulating safety and quality priorities for the following year. Our Consumers are invited to participate in the development of this Account.

Safety and Quality Strategy (three year)

In addition to this Framework, a safety and quality strategy will be developed and updated every three years to drive further improvements in safety and quality. The NSLHD Safety and Quality Strategy, will be developed in conjunction with consumers, clinicians, managers and will adopt relevant partner agency priorities to ensure the strategy reflects the needs and priorities, of our consumers, staff and community.

IMPLEMENTATION

Collaboration and commitment by staff at all levels to implement the Framework's elements and principles will support and enable safety and improvement to ensure care is accessible, easily understood and navigated within an environment that provides safe and culturally appropriate care for patients.

The Framework sets out the NSLHD policy on clinical governance and is endorsed and adopted by the District's Board. It has a cascading application from the District level to the hospitals and services, and to all staff, promoting structures and behaviours that ensure safety and quality is embedded across the organisation.

The District, hospitals and services should demonstrate an understanding and implement relevant Framework elements throughout the governance structures, including peak committees, facility, service, department and unit-based committees and meetings and within individual roles and responsibilities.

Individually all NSLHD Board members, executives, managers, clinical and non-clinical staff, visiting health practitioners and contracted staff are expected to:

» understand the principles and key elements of the Framework,

» understand individual accountabilities and align behaviours in accordance with legislative, regulatory and policy requirements, and

» demonstrate personal accountability and commitment to the delivery of safe, high quality, patient-centred care.

REVIEW

NSLHD will formally review and evaluate this Framework every three years, or more frequently as required. Continuous ongoing monitoring of safety and quality occurs throughout NSLHD. Evaluation includes review of committee structures, staff safety culture survey findings, staff and consumer feedback and assessment of expected outcomes outlined under the six clinical governance components; Governance, leadership and culture; Aboriginal & Torres Strait Islander Health; Partnering with consumers; Patient safety and quality Systems; Clinical performance and effectiveness; and Safe and welcoming environment for the delivery of care.

If you would like to make a suggestion of provide feedback, please contact

NSLHD-ClinicalGovernanceDirectorate@health.nsw.gov.au

DEFINITIONS

Clinical Governance	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 safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care[24].
Unwarranted Clinical variation	If clinical variation does not reflect a difference in patients' clinical needs or preferences, it is unwarranted and may present an opportunity for the system to improve[25].
Consumer	A person who has used, or may potentially use, health services, or is a carer for a patient using health services.
Culture	The values, beliefs and assumptions shared by occupational groups. These shared ways of thinking are then translated into common and repeated patterns of behaviour that are maintained and reinforced by the rituals, ceremonies and rewards of everyday organisational life.
Evidence-Based Practice (EBP)	The conscientious and judicious use of current best evidence, in conjunction with clinical expertise and patient values, to guide health care decisions[26].
Hospital-Acquired Complication (HAC)	A hospital-acquired complication (HAC) refers to a complication for which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring.
Patient	A person who is receiving care in a health service organisation.
Quality Improvement	The combined efforts of the workforce and others – including consumers, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development.46 Quality improvement activities may be undertaken in sequence, intermittently or on a continual basis.
Safety Culture	A commitment to safety that permeates all levels of an organisation, from the clinical workforce to executive management. Features commonly include acknowledgement of the high risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment.

24   National Model Clinical Governance Framework, Australian Commission on Safety and Quality in Healthcare.

25   National Safety and Quality Health Service Standards: User guide for the review of clinical variation in health care (updated August 2021). Sydney: ACSQHC; 2021.

26   Sackett. D, Rosenberg. W, Gray. J, Haynes. R and Richardson. W (1996). Evidence based medicine: what it is and what it isn't. BMJ 1996;312:71.

APPENDICES

Appendix 1.   Key Committees supporting quality and safety

Committee	Levels	Functions
Consumer Committees	Board Hospital Service	The Board Consumer Committee ensures there's a diverse consumer and community input to organisational decision-making, strategy and service design and delivery. It links to similar committees at each hospital and service. Consumer representatives also participate on various other committees at the district, facility and service levels.
Aboriginal Health Advisory Committee	District Level	For Aboriginal and Torres Strait Islander people: » Advocate for their health and wellbeing » Develop and oversee the strategy to meet their comprehensive care needs » Support the co-design of person-centred models of delivery of care
Healthcare Quality Committees	Board Hospital Service	The Health Care Quality Committee (HCQC) analyses, reviews and oversights patient outcomes and clinical risks and assures the delivering safe, high-quality care. The HCQC links to similar quality committees at each hospital and service.
Clinical Councils	District Hospital Service	Clinical Councils, established under the NSLHD By-Laws, facilitate collaboration with clinicians ensuring effective patient care and quality issues and clinical priorities are addressed.
Audit and Risk Committee	Board District Hospital Service	The Board Audit and Risk Committee (BARC) oversees and monitors the governance, risk and control framework, including external accountability requirements. The Finance Risk and Performance (FRAP) Committee monitors and advises on financial performance, asset management, major contracts, risk and procurement. Monitoring and oversight of risk occurs at all levels by the Executive Risk Committee and hospital and service Risk Committees.
Medical and Dental governance and advice	District Hospital Service	Medical and Dental Appointments Advisory Committee (MDAAC) provides advice and recommendations regarding the appointment of senior doctors or dentists. The Medical Staff, and Staff Executive, Councils provide forums for medical leadership, representation, information sharing and advocacy.
Accreditation and specific standards committees	District Hospital Service	The National Safety and Quality Standards Committee and other specific committees including: Drug and Therapeutics (Medication Management), Infection Prevention and Control (Preventing and Controlling Infections) and Patient Blood Management (Blood Management) provide oversight for accreditation to the National Standards.
Research Advisory Committee	District Level	The NSLHD Research Advisory Committee provides oversight for the implementation of the NSLHD Research Strategy, 2019-2024. The committee also provides strategic research advice aligned to organisational needs to the Chief Executive as required.

NSW GOVERNMENT

Northern Sydney
Local Health District