Everyone is welcome.

You matter. We care about you.

Your family, those who care for you, and the wider community we serve, matter.

Your dignity guides and shapes the care we offer you.

Your physical, emotional, spiritual, psychological and social needs are important to us.

We will listen to you and to those who care for you. We will involve you in your care.

We will deliver care tailored to your needs and goals.

Your wellbeing inspires us to learn and improve.

Continuing the Mission of the Sisters of the Little Company of Mary
# Clinical Governance Framework

## Performance and Accountability

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Clinical Safety and Quality

Policy Statement

Calvary is committed to delivering excellence in quality care and providing the highest possible levels of patient, resident and client clinical safety. We understand that working in partnership with our patients, residents and clients will ensure a positive experience for all people in our care. Our commitment to clinical safety and quality is based on a robust foundation of systems and process that:

- Ensure that open and transparent processes are in place to support the identification and reporting of clinical safety risks and opportunities for improvement
- Foster an organisational culture that seeks to learn from error and continuously improve the quality and safety of our care
- Support our staff to consistently deliver high quality reliable care
- Incorporate processes for working in partnership with our clinicians, consumers and the wider communities we serve.

The Clinical Governance Framework sets out the key policies, systems and process that enables organisational wide accountability for the delivery of quality care. All Calvary services are externally audited by appropriate agencies and are fully accredited. The Calvary Clinical Governance Framework is made up of the following elements:

- Robust local and national processes that manage clinical risk, safety and quality
- Systems that support the identification, notification and investigation of all clinical incidents, risks and near misses
- Policies and procedures that support a culture of open disclosure
- Continuous improvement committees and forums to drive quality improvement and improve clinical effectiveness
- Workforce capability building strategies that support quality care, including competency based education and training for all staff
- Credentialing processes that incorporate registration checks and scope of practice review
- Routine measurement and review of clinical safety and quality indicators and transparency of information for consumers
- Consumer complaints and feedback management that ensures transparency and respect.

Calvary has built a culture of clinical safety and quality that is based on an open and transparent partnership with consumers and the community. It is through these partnerships, supported by strong leadership, clinical engagement and appropriate use of technology that Calvary will continue to deliver highly reliable quality care and clinical safety.

As a provider of hospital, residential and aged care services, Calvary is in a unique position to develop and demonstrate the benefits of connected, coordinated and ultimately integrated high quality care, ensuring the person is at the centre of all that we do.

Calvary is committed to its mission of “being for others”.
INTRODUCTION

Calvary is committed to delivering excellence in care and providing the highest possible levels of patient, resident and client safety. The Calvary Clinical Governance Framework (the Framework) sets out the key structures, systems and processes that enable organisation-wide accountability for the delivery of high quality, safe care. An effective system of clinical governance that operates at all levels of the organisation 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. Working in partnership with our patients, residents and clients and their families and carers is central to identifying safety and quality issues and the solutions that must be implemented.

Clinical governance is defined as:

“the system by which the governing body, managers, clinicians and staff share the accountability for the quality of care, continuously improving, minimising risks, and fostering an environment of excellence in care for consumers/patients and residents”. (ACHS, 2004)

The goal of the Calvary Clinical Governance Framework is to drive behaviours, both individual and organisational, that lead to better patient, resident and client care. The Framework includes principles to ensure high standards of clinical performance, clinical risk management, clinical audit, ongoing professional development and well developed processes to take action to manage adverse events.

The Specific Accountabilities for Clinical Safety and Quality Governance outlines as part of the Clinical Governance Framework provides direction regarding the specific accountability of all Calvary staff cascading from Board and Executive to individual frontline staff. It should be read in conjunction with this Clinical Governance Framework.

POLICY STATEMENT

The Framework sets out the Calvary policy on clinical governance. All services are required to demonstrate understanding of the Calvary Clinical Governance Framework and their roles and responsibility in its implementation. All Calvary executives, managers, staff - clinical and non-clinical, visiting health practitioners and other contracted staff are individually accountable to practice in accordance with legislative and regulatory requirements and to demonstrate personal accountability for the delivery of safe, high quality care.
Our Mission
We bring the healing ministry of Jesus to those who are sick, dying and in need through “being for others”:
- in the Spirit of Mary standing by her Son on Calvary;
- through the provision of quality, responsive and compassionate health, community and aged care services;
- based on Gospel values; and
- in celebration of the rich heritage and story of the Sisters of the Little Company of Mary.

Our Vision
As a Catholic Health, Community and Aged Care provider, to excel, and to be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Values
Our Values are visible in how we act and treat each other. We are stewards of the rich heritage of care and compassion of the Little Company of Mary. We are guided by these values:

**Hospitality** demonstrates our response to the desire to be welcomed, to feel wanted and to belong. It is our responsibility to extend hospitality to all who come into contact with our Services by promoting connectedness, listening and responding openly.

**Healing** demonstrates our desire to respond to the whole person by caring for their spiritual, psychological and physical wellbeing. It is our responsibility to value and consider the whole person, and to promote healing through reconnecting, reconciling and building relationships.

**Stewardship** recognises that as individuals and as a community all we have has been given to us as a gift. It is our responsibility to manage these precious resources effectively now and for the future. We are responsible for: striving for excellence, developing personal talents, material possessions, our environment, and handing on the tradition of the Sisters of the Little Company of Mary.

**Respect** recognises the value and dignity of every person who is associated with our Services. It is our responsibility to care for all with whom we come into contact with justice and compassion no matter what the circumstances, and we are prepared to stand up for what we believe and challenge behaviour that is contrary to our values.
FRAMEWORK PRINCIPLES

The Framework is underpinned by a number of principles that provide a basis for supporting excellence and good governance of clinical care. These principles are:

- Our focus is on the patient/resident/client experience – our systems place the patient/resident/client or carer in the centre of all that we do to improve their care, experience and outcomes.
- The organisation’s priorities and strategic directions to improve quality and safety are communicated clearly.
- There is strong clinical leadership and ownership – we are committed to ensuring that we engage with and listen to our clinicians.
- There is an emphasis on learning – our systems are orientated towards learning from mistakes and we extensively employ improvement methods to address identified risks or opportunities.
- There is compliance with legislative and regulatory requirements, including accreditation.
- The allocation of resources supports the achievement of quality and safety goals.
- There is an openness about failures – errors are reported and acknowledged without fear of inappropriate blame, and patients and their families are told what went wrong and why.
- The obligation to act is understood – the obligation to take action is clearly accepted and the responsibility is unambiguous and explicit.
- Accountability is clearly defined - the limits of individual accountability are clear and defined roles and responsibilities are understood by all. Individuals understand when they may be held accountable for their actions.
- There is a ‘Just’ culture – individuals are treated fairly.

CALVARY CLINICAL GOVERNANCE FRAMEWORK

The patients, residents and clients, their needs and experience of the care and their care outcomes are the focus of all that we do. The interaction and partnership between patients, residents or clients and the clinicians and care teams that provide care to them determines the quality of the care provided.

Calvary recognises that continuing to monitor and where possible raise the standard of clinical care is one of our most important, and challenging tasks. The purpose of this Framework is to provide a basis to demonstrate our commitment to the provision of safe, high quality care.

The Framework has been designed to be relevant to a range of clinical settings including acute, sub-acute, community and aged care. It takes into account local, state and national issues and provides mechanisms for determining direction at all organisational levels. The Framework acknowledges the differences that exist across these settings of care. It allows for a staged approach to implementation, enabling the governance arrangements to evolve and grow as evidence informs the adoption of the most effective approaches to improving person-centred care, experience and outcomes.

The Framework is closely aligned with Community Care accreditation, Aged Care Accreditation and the National Safety and Quality Health Service Standards. A conceptual model of the Calvary Clinical Governance Framework is shown below in Figure 1.
Figure 1: Components of the Calvary Clinical Governance Framework*
*Adapted from Victorian Clinical Governance Policy Framework: A guidebook (2009)
THE COMPONENTS OF THE CALVARY CLINICAL GOVERNANCE FRAMEWORK

The Calvary Clinical Governance Framework is comprised of a number of integrated components:

• A focus on the consumer (patient, resident or client) and the clinical team - person-centred care and experience are at the centre of the clinical governance framework. Delivering high quality person-centred experience and outcomes is dependent upon a commensurate focus on the fundamental role that clinicians and clinical teams have in effective clinical governance.

• Domains of quality and safety - Consumer participation, clinical effectiveness, effective workforce and risk management are the four domains of safety and quality and provide a construct for strategies to enhance patient experience and outcomes.

• The structures and systems of governance - effective systems of clinical governance must operate within the organisations overall system of governance which includes financial and corporate functions with clinical governance being of equal importance. Governance requires that there are programs of ongoing review, monitoring and assessment of risks and focus on implementation of sustainable improvement actions. Governance systems include accountability and control systems proportional to the risks involved.

• Key elements – There are nine elements of a robust Clinical Governance Framework that inform the development of specific strategies within each of the Framework domains. These are considered to be essential elements of an effective clinical governance system.

Each of the four domains and nine elements are described in the following table.
DOMAINS OF QUALITY AND SAFETY

DOMAIN 1: Consumer Participation

Consumer participation should occur at all levels of the organisation, through activities such as community consultation and consumer participation in governance and management committees, and as part of improvement initiatives and/or clinical risk management activities.

The organisation will use consumer feedback and complaints, surveys and freedom of information (FOI) requests to inform improvements. Consumer input should be used in the development of information resources and communication strategies to patients, residents and clients and their carers and families.

DOMAIN 2: Clinical Effectiveness

Clinical effectiveness is ensuring the right care is provided to the right person at the right time and in the right place with respect for the person’s goals of care and wishes.

DOMAIN 3: Effective Workforce

All staff employed by Calvary must have the appropriate skills and knowledge required to fulfil their role and responsibilities within the organisation.

It is important that all clinicians and managers understand the concept of governance and their role in it. Processes should be in place to support the appropriate recruitment and selection of staff; credentialing of clinical staff including annual review of practice, maintenance of professional standards, education and training, and control of safe introduction of new therapies or procedures.

DOMAIN 4: Clinical Risk Management

The organisation will use consumer feedback and complaints, surveys and freedom of information (FOI) requests to inform improvements. Consumer input should be used in the development of information resources and communication strategies to patients, residents and clients and their carers and families.
KEY ELEMENTS FOR EFFECTIVE CLINICAL GOVERNANCE

Effective clinical governance is a combination of “bottom-up” and “top-down” mechanisms, clear accountability structures and processes and transparent measures. Effective governance will only occur when there are clear accountability and delegation structures and when clinicians are empowered and engaged in the planning, review and improvement of clinical care. The following nine elements are essential for the implementation of effective clinical governance.

Key element 1: Priorities and strategy
Effective clinical governance requires that the organisations goals, priorities and strategic direction for improving the quality and safety of clinical care are established and clearly communicated. The organisation’s safety and quality priorities and strategic directions are established in the context of broader national, state and key health care professional policy and direction.

Safety and quality goals are incorporated into organisation-wide and service level performance plans and agreements, and are given equal weight to financial and activity performance priorities.

Key element 2: Planning and resource allocation
Safety and quality initiatives need to be planned and resourced adequately at all levels of the organisation to ensure effective improvement and sustainability. Safety and quality related activities should be funded appropriately to ensure effective governance.

Key element 3: Organisational culture
Culture is a key driver of organisational clinical governance capability and effectiveness. A just culture recognises that errors and adverse events occur and is fundamental to becoming a high reliability organisation.

Key element 4: Legislative compliance
Legislation and regulatory mechanisms have been established to provide assurance to the public on standards of health care provision. Legislative, regulatory and ethical obligations should be fulfilled by the organisation.

Key element 5: Accountability
The roles and responsibilities for the Board, Executive and services should be clear and cascaded appropriately from the Board through the executive to local managers and individual staff.

Executives and senior management should work with the Board and its committees to establish safety and quality priorities and plans ensure that performance monitoring systems are in place and to ensure that improvements are actioned.

The clinical governance committee structure within the organisation will support safety and quality of clinical care and will provide an avenue for the escalation of significant safety and quality issues.
Key element 6: Continuity of care
It is important that the risks that arise as patients, residents or clients move between services are understood and managed. Increasingly consumers move between services to access the care that they need.

Key element 7: Roles and responsibilities
Clinicians and clinical teams are directly responsible and accountable for the safety and quality of the care that they provide.

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 ensuring clinicians and consumers participate in governance activities.

The Board is ultimately accountable for the quality and safety of clinical services.

Key element 8: Measure performance
Measuring clinical performance should be routinely undertaken to review safety and quality of care. Measures should include:
- Compliance with legislative, regulatory and policy requirements
- Process indicators that have supporting evidence to link them to outcomes
- Indicators of outcomes of care including patient reported outcome and experience measures.

A core set of measures should be developed and should include qualitative and quantitative data. This data should be analysed to provide timely and accurate information regarding organisational safety and performance. Data integrity should be tested and tools, such as Statistical Process Control, should be used to recognise both good performance and under-performance. Use of performance measures occurs within a culture of openmess, trust and improvement rather than blame or punishment.

Key element 9: Report, review and respond to performance
Performance reports including key clinical quality and safety performance measures are routinely prepared, reviewed and actioned.

Reports are generated at unit/ward level; facility or service level and at national level and are reported through the organisations Clinical Governance Structures (Figure 2).

Where a clinical quality or safety risk is identified there is a defined response that includes:
- Investigation and assessment of the incident or event
- Identification of the underlying root causes or system level issues
- Implementation of an improvement strategy

Core safety and quality indicators should be benchmarked and compare
- Performance over time
- Performance in comparison to like services

Where an issue is identified and staff or management have not been able to achieve the degree of improvement required the executive or board may instigate an external independent expert review.
IMPLEMENTING THE CLINICAL GOVERNANCE FRAMEWORK

While all Calvary staff have a level of responsibility for the quality of the service, there are different degrees and levels of responsibility that apply. Across Calvary’s four clinical streams there are different accountabilities and legislative requirements. This Framework provides overarching guidance for the establishment of local, service and stream clinical governance structures and processes to ensure aligned and comprehensive monitoring and reporting of clinical quality and safety at all levels of the organisation.

ACCOUNTABILITY

The Calvary Board has overall responsibility for clinical governance, corporate governance and people and organisational development. These are all underpinned by practices that reflect Calvary vision, mission and values. The Board is also required to ensure that there is an appropriate committee structure in place for Calvary and its services to support safety and quality and that there are clearly articulated roles and responsibilities. Calvary has continued to develop a Clinical Governance focus across all business streams and this is supported by a top down approach beginning with the Clinical Governance Committee which is a subcommittee of the Calvary Board and an integral part of the Calvary’s national risk management structure.
COMMITTEE STRUCTURES

The Committee structure may vary according to the nature, size and clinical complexity of each service but the role of each committee should be clearly defined to encompass all facets of the Clinical Governance principles and to ensure that the Accountabilities as set out in the Calvary Accountability for Safety and Quality Governance are met.

At each service the Committee structures implemented to support implementation of the Clinical Governance Framework and Accountability Structure should:

- Ensure effective governance of the systems and outcomes of patient care at national and service level

- Provide clear designation of responsibility and accountability for evaluating and improving the safety and quality of care at service level and across the organisation

- Ensure effective communication between health professionals and management at service level and across the organisation

NATIONAL CLINICAL GOVERNANCE COMMITTEES

Calvary provides clinical services in public and private hospitals, residential aged care services and in the community. The Clinical Governance Committee structures at service level, although different in accordance with the service nature, size and complexity all report into a single organisation-wide Clinical Governance Committee structure.

Diagram 2: Calvary National Committee Structure
The role of each of the national clinical governance committees is described below:

**Board Clinical Governance Sub Committee**
The Board Clinical Governance Sub-Committee oversees the development and implementation of clinical governance within Calvary to ensure its legal, regulatory and operational responsibilities are fully discharged in keeping with the principles of the Framework. The Board Clinical Governance Sub-Committee reports to the Board. The National Chief Executive Officer (NCEO), National Chief Operating Officer (NCOO) National Director of Clinical Services (NDCS), and the National Director of Legal, Governance and Risk (NDLGR) attend the Board Clinical Governance Sub-Committee meetings.

**National Leadership Team (NLT)**
The National Leadership Team meeting is chaired by the NCEO and provides strategic oversight of operational management of clinical risk and quality improvement. The National Service Directors and other National Directors attend the meeting.

**National Clinical Services Committee (NCSC)**
The Calvary National Clinical Services Committee has operational responsibility for monitoring and evaluating matters related to clinical governance across the organisation. The Committee has three core roles in relation to clinical governance:
1. **Systems assurance** - overseeing the establishment and maintenance of effective clinical governance mechanisms throughout the organisation
2. **Establishing and monitoring clinical policy** - monitor the clinical governance principles, policies and standards
3. **Clinical risks** - identifying clinical risk trends and sharing lessons learned from the service level clinical review and incident investigation processes, and escalating concerns to the NLT.

The NCSC also develops and advises on clinical strategy and operations as they impact on the development, delivery and improvement of clinical care across the organisation.

**Clinical Networks**
A number of Clinical Networks have been established at a national and service level to facilitate collaborative review of practice, sharing of information and development and implementation of evidence based best practice across the organisation. Currently four national networks have been established (Perioperative Network, Medication Safety Network, Obstetric Clinical Network, Infection Control Network) based on clinical risk assessed areas of high priority. These Networks are chaired by a service DCS or expert clinical lead.
SERVICE LEVEL CLINICAL GOVERNANCE COMMITTEES

Calvary services differ in accordance with the service type (public or private hospital, aged care service or community service) and the service level committee structure has to be developed to ensure that the clinical governance function is integrated into the service governance systems and arrangements and is aligned with and supports the achievement of the Framework Principles and Clinical Governance Performance Accountabilities. Each service is required to develop a clinical governance committee structure, membership and Terms of Reference and escalation pathways that align with the National Clinical Governance Committees and that ensure clinical risk and matters are escalated in accordance with the accountability framework to National Clinical Governance Committees.

ROLE OF THE SERVICE LEVEL CLINICAL GOVERNANCE COMMITTEES

The following description provides a broad overview of typical committees that may form part of the service level clinical governance committee structure. Not all committees are appropriate for all services. Committees at service level may be named differently but will undertake similar key functions to those broadly described below.

Service Executive Management Committee (however named)

The service Executive Management Committee (however named) is a forum at which the executive staff of the service work collectively as a team to consider the financial, staff, operational, clinical and strategic matters relevant to the service.

The Service Executive Management Committee provides strategic oversight and operational management including business and clinical risk and quality improvement, including service accreditation matters.

Service Clinical Governance Committee/Patient Quality Committee (however named)

The service Clinical Governance/Patient Quality Committee has responsibility to: monitor and review key clinical systems and processes to ensure they are effective and robust; refer patient, resident or client clinical safety and quality issues to the Service Executive Committee, the Medical Advisory Committee/ Medical Credentialing Committee or Board Clinical Governance Sub-Committee as required; to provide advice and support to ensure that appropriate standards are implemented; and to monitor the services performance across all dimension of quality and safety, including patient satisfaction and experience. These functions may be undertaken by a single clinical governance committee or form part of the accountabilities of existing clinical quality and safety or other management committees depending on the needs of the service.
ROLE OF THE SERVICE LEVEL CLINICAL GOVERNANCE COMMITTEES (CONTINUED)

Service Standards Committees (for example National Health Service Standards, Aged Care Accreditation Standards (however named))

The service level standards committees have responsibility to: monitor and review implementation of the clinical standards as they apply to the service. Each committee has responsibility for review of the standard requirements, developing a local implementation strategy and plan, monitoring implementation against the plan and reviewing clinical incident, clinical audit or other clinical data relevant to the Committee. Service standards committees should escalate matters to the service level clinical governance committee.

Service Medical Advisory Committees (MAC)/ Medical Staff Council (MSC) - Hospitals only

The Medical Advisory Committee is an advisory committee to the Chief Executive Officer of the service. The Members of the MAC/MSC are either elected by accredited medical practitioners or appointed in accordance with jurisdictional requirements.

The Service MAC/MSC role is to provide a clinical forum through which the views of Accredited Medical Practitioners and Dentists of the service are formulated and communicated to the service. The terms of reference for the MAC/ MSC are described in the service By-Laws but typically include providing a process for the medical review of clinical outcomes and patient management, the monitoring of clinical indicators and providing recommendations of the appropriate actions to improve quality and safety of care in the service.

Service Clinical Review Sub-Committee of the Medical Advisory Committee (however named)- Hospitals only (where this exists)

The Clinical Review Sub-Committee of the MAC conducts quality activities including but not limited to monitoring and providing advice on clinical audit, medical record audit, morbidity and mortality data and review of adverse clinical incidents and clinical indicators. The Clinical Review Sub-Committee is required to demonstrate leadership on quality and safety issues relevant to the delivery of medical and dental services and to monitor and encourage the engagement of Medical Practitioners and Dentists in multidisciplinary quality assurance and improvement activities.

Service Credentials and Scope of Practice Committee (however named) - Hospitals only

The role of the Credentials and Scope of Practice Committee is to review all applications for medical and dental appointments and make recommendations to the MAC/ MSC for delineation of privileges/ approved scope of practice. The Credentials Committee may also have responsibility as defined in the relevant by-laws for credentialing non-medical/dental staff (for example contracted nurse practitioners/allied health staff).

Service Clinical Specialist Committees (however named) - Hospitals only

Specialty medical committees are established in areas where there is high volume or high clinical risk. Specialty Committees will review all aspects of care for their speciality. The Clinical Specialty Committee escalates matters as required to the Clinical Governance/ Patient Quality Committee.
ACCOUNTABILITY FOR CLINICAL SAFETY AND QUALITY GOVERNANCE

The Accountability for Safety and Quality Governance Framework is the framework that will enable Calvary to execute its accountabilities to ensure clinical safety and quality. The Framework supports a culture of continuous improvement and the achievement of performance expectations, specifically as they relate to clinical safety and quality. The intention is to ensure that accountabilities are cascaded appropriately from Board to National Leadership Executives to Service Executives and individual staff and clinicians.

Within the Framework there are four main levels of accountability for clinical safety and quality. These levels of accountability also map to general accountability and delegation frameworks.

Diagram 3: Calvary Levels of Accountability
The specific accountability at each level of the accountability framework is described below. The specific accountabilities have been developed from the ACSQHC Standard 1: Governance for Safety & Quality in Health Care and have been mapped to ensure compliance with the Aged Care Standards (ACQAS).

**Board**

The Board is required to ensure an effective clinical governance framework is established and to provide strategic oversight of, and monitor the organisation’s performances in the area of patient, client and resident safety and clinical quality. This will include accountability to:

1. Review and monitor the effectiveness of organisational structures and delegation policies and ensure that delegation for taking action on safety and quality issues is clearly articulated and understood across the organisation (NQSHSS 1.2.2)(ACQAS 1.2.1.5)
2. Review the governing body’s charter to ensure it appropriately describes responsibility for clinical governance (NQSHSS 1.3.1)(ACQAS 1.5)
3. Review the induction and training program for Board members and senior executive to ensure they are provided with appropriate assistance to undertake their role (NQSHSS 1.3.2) (ACQAS 1.2.1.3.1.5)
4. Review the clinical governance expertise within the Board and senior executives and ensure appropriate succession planning is in place (NQSHSS 1.3.2) (ACQAS 1.3.1.6)
5. Define, adopt and communicate an organisation wide definition of the elements of quality for clinical services (NQSHSS 1.6.1) (ACQAS 1.2.1.2.1.3)
6. Verify that the organisation has adopted and implemented a comprehensive incident management and investigation system that complies with all legislative and regulatory requirements (NQSHSS 1.14.1) (ACQAS 1.1.2.1.8)
7. Ensure that incidents and analysis of incidents are reviewed by the Board Clinical Governance Committee regularly (NQSHSS 1.14.5) (ACQAS 1.1.1.2.1.5)
8. Verify that the organisation has adopted and implemented a comprehensive complaint management and investigation system that complies with all legislative and regulatory requirements (NQSHSS 1.14.1) (ACQAS 1.4)
9. Ensure that patient, resident and client feedback and complaints are reviewed by the Board Clinical Governance Committee regularly (NQSHSS 1.15.4) (ACQAS 1.4)
10. Verify that the organisation has adopted and implemented the national open disclosure standard (NQSHSS 1.16.1) (ACQAS 1.4.3.9)
11. Ensure the organisation has a charter of patient rights that is consistent with the current National Charter of Healthcare Rights or Charter of Care Recipients Right and Responsibilities - Residential Care (NQSHSS 1.17.1)(ACQAS 1.2.3.9)
12. Verify that the organisation has adopted and implemented a comprehensive patient feedback system (NQSHSS 1.20.1)(ACQAS 1.4.3.9)
National Senior Executives

The Calvary National Leadership Team (NLT) is responsible for the development, communication and monitoring of clear and transparent Key Performance Indicators (KPIs) and service targets in the areas of clinical performance, quality and safety. This will include accountability to:

1. Ensure that all committees with a clinical governance role have appropriate membership, terms of reference and minutes and that processes for escalation of patient safety and clinical quality issues in accordance with the accountability framework are understood. (NQSHSS 1.2.2) (ACQAS 1.2;1.2;1.5)

2. Establish registries to systematically record the outcomes of internal and external clinical audits, reviews and investigations and responsibility for implementation of recommended actions and regularly review progress (NQSHSS 1.2.2)(1.1;1.2;1.8)

3. Ensure that the organisational structure, position descriptions and contract templates for all senior executive, manager, clinical and other members of the workforce have clearly articulated responsibility for safety and quality in line with the clinical governance and accountability framework (NQSHSS 1.3.1)(ACQAS 1.6)

4. Ensure that the organisation’s training and performance development policies and programs for managers and senior clinicians incorporate an appropriate emphasis on safety, quality and clinical governance (NSQHSS 1.3.2).(ACQAS 1.31.6)

5. Ensure that the organisation’s risk management system is appropriately designed, resourced, maintained and monitored (NQSHSS 1.5.1) (ACQAS 1.11.2;1.8)

6. Periodically review the effectiveness of the organisation’s risk register (NQSHSS 1.5.1)(ACQAS 1.1)

7. Ensure the structure of the organisation’s quality management system clearly aligns with the vision, mission, values and objectives of the organisation and its clinical quality and safety objectives (NQSHSS 1.6.1) (ACQAS 1.1;1.2;1.5)

8. Ensure that the design of the patient, resident or client clinical record allows for systematic audit of the contents against the requirements of the NSQHSS (NSQHSS 1.9.2) (ACQAS 1.8)

9. Ensure that the organisation has adopted and implemented an evidence-based process for its system of credentialing and defining scope of practice for all clinicians (NSQHSS 1.10.1) (ACQAS 1.6)

10. Ensure that the system for credentialing and defining scope of practice is appropriately designed, resourced, maintained and monitored (NQSHSS 1.10.2)(ACQAS 1.6)

11. Adopt and implement an appropriate standard as the basis for a robust system of performance development for all clinicians (NQSHSS 1.11.1) (ACQAS 1.3;1.6)

12. Regularly aggregate and analyse sources of information that provide insight into the level of workforce engagement with, and understanding of, the organisations safety and quality systems (NQSHSS 1.13.1)(ACQAS 1.1;1.5;1.6)

13. Ensure that there are system in place to analyse and report on incidents (NQSHSS 1.14.2.)

14. Define a reporting and management framework that will ensure that incident data is utilised to optimal effect (NQSHSS 1.14.2)(ACQAS 1.1;1.8)

15. Define a reporting and management framework that will ensure that complaints data is utilised to optimal effect (NQSHSS 1.15.2)(ACQAS 1.4)
16. Adopt and implement the national open disclosure standard (NQSHSS 1.16.1) (ACQAS 1.4;3.9)

17. Ensure that there are systems in place to protect the confidentiality and privacy of patient, resident or client information, including infrastructure, personnel, policies, procedures and protocols for paper-based and electronic records so that they are consistent with good practice and legislation (NQSHSS 1.19.2)(ACQAS 1.2;1.3;1.5;1.6;1.8;3.6)

18. Adopt and implement a comprehensive patient, resident and client feedback system (NQSHSS 1.20.1)(ACQAS 1.8)

Calvary Services

Each Calvary service is to have in place an effective internal patient, resident or client safety and quality accountability framework. The accountability for ensuring that the following actions are in place is held by the Service Chief Executive Officer (CEO) or General Manager (GM) who has the responsibility to delegate to service executives and managers in accordance with the role delineation and delegations of the service. Specifically, each CEO/GM is required to demonstrate that they have in place frameworks and processes that map to the Calvary Clinical Governance framework. These delegations need to function down to operational clinical unit level to ensure monitoring and management of performance and quality outcomes.

This should include as a minimum accountability to ensure:

a. processes to actively monitor progress and outcomes against the Quality & Safety KPIs and progress with strategic priorities mapped to the organisations strategic goals

b. appropriate governance arrangements for performance management and improvement are in place that include clearly identified delegated accountabilities and responsibilities

c. that delegated authority is clearly articulated and communicated at service level for delivery of outcomes against the KPIs

Specifically, each Calvary service is accountable to:

1. Establish and maintain a culture of performance at service and unit level by:

   a. Promoting the Calvary clinical governance framework and accountabilities

b. Identifying shortfalls in relation to quality and safety performance and devise and implement appropriate support and development arrangements to facilitate long-term and sustainable achievement of outcomes

2. Ensure that a system is in place and operationalised to report promptly and in accordance with the Risk Matrix and escalation framework any emerging or potential clinical performance, patient safety of clinical quality issues or risk including immediate actions taken and/or early assessment of action that maybe required to prevent further harm.

3. Ensure organisational policies, procedures and protocols provide for effective orientation of clinicians engaged via locum and agency arrangements to Calvary’s organisations safety, quality and clinical governance systems (NSQHSS 1.3.3) (ACQAS 1.6)

4. Ensure there is a coherent, planned and systematic schedule of audits of clinical and organisational systems, and that there are reliable processes to capture findings and implement necessary improvements (NSQHSS 1.6.2)(ACQAS 1.2;1.2)
5. Ensure that clinical guidelines/pathways to support the provision of care that is evidence based are available and implemented at the point of care for all clinicians (NQSHSS 1.7.1)(ACQAS 2.1;2.2;2.4)

6. Ensure that mechanisms are in place to identify patients/residents/clients at high risk of harm (NQSHSS 1.8.1)(ACQAS 2.4;2.5)

7. Ensure that there are systems in place to escalate the level of care when unexpected deterioration in patient/resident/client condition occurs (NQSHSS 1.8.3)(ACQAS 2.4;2.5)

a. Ensure that accurate, integrated and readily accessible patient/resident/client clinical records are available to the clinical workforce at the point of care (NQSHSS 1.9.1)(ACQAS 1.8)

b. Ensure that there are mechanisms in place to ensure that all staff are appropriately credentialed and that they work within their defined scope of practice (NQSHSS 1.10.2)(ACQAS 1.6)

c. Ensure that the system for defining scope of practice is used whenever a new clinical service, procedure or other technology is introduced (NQSHSS 1.10.4)(ACQAS 1.5;1.6)

d. Ensure that the clinical workforce participates in regular performance reviews that support individual development and improvement including clinical competency (NQSHSS 1.11.2)(ACQAS 1.3;1.5;1.6)

e. Provide or facilitate access to training that incorporates appropriate modules in the theory and practice of safety and quality (NQSHSS 1.12.1)(ACQAS 1.3)

f. Regularly aggregate and analyse sources of information that provide insight into the level of workforce engagement with, and understanding of the organisations safety and quality systems (NQSHSS 1.13.1)(ACQAS 1.6)

g. Ensure that action is taken to reduce risks to patients, residents or clients identified through the incident management system (NQSHSS 1.14.4)(ACQAS 1.5;2.4;3.9)

h. Ensure that processes are in place and effective to support clinical staff to recognise and report incidents and near misses (NQSHSS 1.14.1)(ACQAS 1.3;1.8)

i. Ensure that processes are in place and effective to support clinical staff to recognise and report complaints (NQSHSS 1.15.1)(ACQAS 1.3;1.4) of informed consent (NQSHSS 1.18.2)(ACQAS 3.9)

j. Ensure that systems are in place and effective to support patients, residents or clients who are at risk of not understanding their healthcare rights (NQSHSS 1.17.3)(ACQAS 3.9)

k. Formally implement and monitor a comprehensive policy, and associated procedures on consent and engagement of patients, residents or clients and their families in clinical decision-making (NQSHSS 1.18.2.)(ACQAS 3.9)

l. Ensure that there are mechanisms in place to monitor and improve the documentation of informed consent (NQSHSS 1.18.2)(ACQAS 3.9)
All Clinical staff, visiting health practitioners or contractors

All clinicians working in a Calvary service are individually accountable for their own practice, specifically to:

1. Work within their defined scope of practice
2. Practice in accordance with the appropriate standards for professional practice and conduct
3. Practice in accordance with the appropriate professional code of ethics and the CHA Code of Ethics
4. Practice specifically in accordance with the requirements of NSQHSS 4, 5, 6, 7, 8, 9 and 10 or Aged Care Accreditations Standards 1, 2, 3 and 4.
5. Comply with agreed and documented clinical guidelines and/or pathways (NSQHSS 1.7.2) (ACQAS 1.3;1.5;1.6)
6. Ensure that early action is taken to reduce the risk for at-risk patients, residents or clients in accordance with NSQHS Standards 4, 5, 6, 7, 8, 9 and 10 or Aged Care Standards 2, 3 and 4. (NSQHSS 1.8.2)(ACQAS 2.3.4)
7. Participate in regular performance reviews that support their individual development and improvement (NSQHSS 1.11.2)(ACQAS 1.3;1.6)
8. Ensure that patients/residents/clients and carers are partners in the planning of their treatment (NSQHSS 1.18.1)(ACQAS 3.9)
9. Ensure that patients/residents/clients and carers are supported to document clear advance care plans and/or directives and/or treatment-limiting orders (NSQHSS 1.18.4)(ACQAS 2.9;3.9)