EVERYTHING MATTERS

Governance in action – the first year of the National Standards

Victorian Healthcare Quality Association

25 October, 2013

Overview

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- Clinical governance:
  - what is it?
  - whose responsibility?
- Elements of a governance system
- Specific clinical governance challenges
- Key clinical governance success factors
- Discussion

What is it?

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Clinical governance

“A framework through which [NHS organisations] are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”

Scally and Donaldson, 1998

A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.

Australian Commission on Safety and Quality in Health Care

What is it?

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Clinical governance

The system by which the governing body, management and clinicians share responsibility and are held accountable for patient care, minimising risk to consumers, and for continuously monitoring and improving the quality [and safety] of clinical care.

Australian Council on Healthcare Standards

Corporate accountability for clinical performance.

NHS Scotland

What is it?

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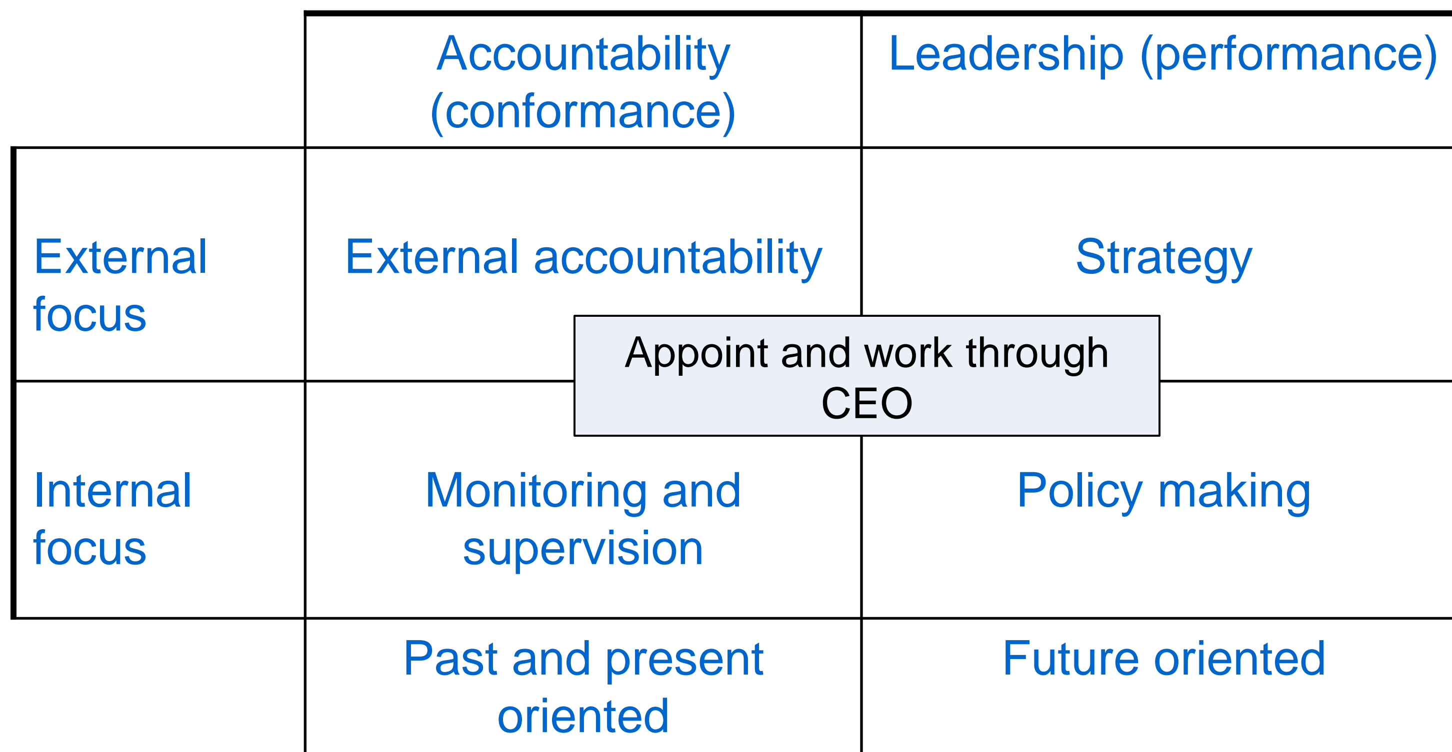

Adapted from Robert I. Tricker, *International Corporate Governance: Text Readings and Cases*, New York: Prentice Hall, 1994, p.149

Whose responsibility?

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- The board, managers and service providers all hold specific and identifiable responsibility for elements of the clinical governance system
- The nature of clinical governance responsibilities is becoming clearer
- Ultimately, the board (if there is one) is responsible and accountable.
- Good governance of any human service requires the people who provide the services to be engaged in the design and implementation of quality and governance systems

Whose responsibility?

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

Sir Robert Hampel, UK Committee on Corporate Governance

Whose responsibility?

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- The CEO/manager is the key advisor to the Board
- This is the critical relationship for organisational success
- In a functional relationship:
  - The Board will provide clear strategic direction
  - The Board will delegate and the CEO/manager will be empowered to do their job. The Board will not try to do the CEO/manager's job. The question should be: "Why can't we delegate this to the CEO"
  - The CEO/manager will anticipate the Board's reasonable needs for information and the Board will receive the information it needs to do its job
  - If the Board feels it needs more information, it will negotiate this with the CEO/manager in the context of priorities

Whose responsibility?

"It is an account of a time when .....there was confusion throughout the NHS as to <u>who was responsible</u> for monitoring the quality of care."

Final Report, Bristol Royal Infirmary Inquiry

Whose responsibility?

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"After heading two health inquiries in NSW and South Australia, I have concluded that no one runs hospitals … Hospitals in Australia have a life of their own with no clear lines of responsibility and accountability. Only the good sense of people in the system prevents it from descending into chaos. No one runs hospitals. Governance is fundamentally flawed …. A highly dysfunctional system in need of fundamental reform."

John Menadue

Elements of a service governance system

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- In the health care system, there is an apparently high level of satisfaction amongst health service boards about the strength of their governance of non-business activities
- There is a governance focus on safety and risk management – this is necessary but not sufficient
- The emphasis is retrospective – we monitor and review incidents ‘after the event’ and monitor ‘performance indicators’

Elements of a service governance system

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- Significant variation between services
- A number of areas for improvement
- Limited access to robust measures
- A need for better coordination and meaningful information
- Variable capacity of boards
- Need for a more balanced approach

KPMG review of clinical governance in Victorian public health services 2008

Elements of a service governance system

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- Strong leadership
- Effective delegations and specification of roles and responsibilities
- Well-designed systems to deliver (and support the delivery of) services (the intersection of governance and management)
- Systems to monitor and evaluate performance
- Reporting and accountability throughout the organisation to the board
- Robust systems of risk management

Elements of a service governance system

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- Strong leadership – how is it demonstrated
  - Sufficient board time devoted to issues of clinical quality and performance
  - A demonstrated commitment to integrated quality planning
  - Policies and procedures
  - Allocation of adequate resources to service quality
  - An explicit commitment to good service system design
  - An agenda that systematically addresses quality issues across the board reporting cycle
  - A supportive and blame free culture

Elements of a service governance system

- Effective delegations and specification of roles and responsibilities
  - Roles and responsibilities with respect to quality clearly specified in position descriptions at all levels of the organisation
  - Attention to the organisational structure and consideration of whether there is sufficient expertise and appropriate authority for quality
  - Clarity of what happens/who has authority and responsibility if a concern is raised

Elements of a service governance system

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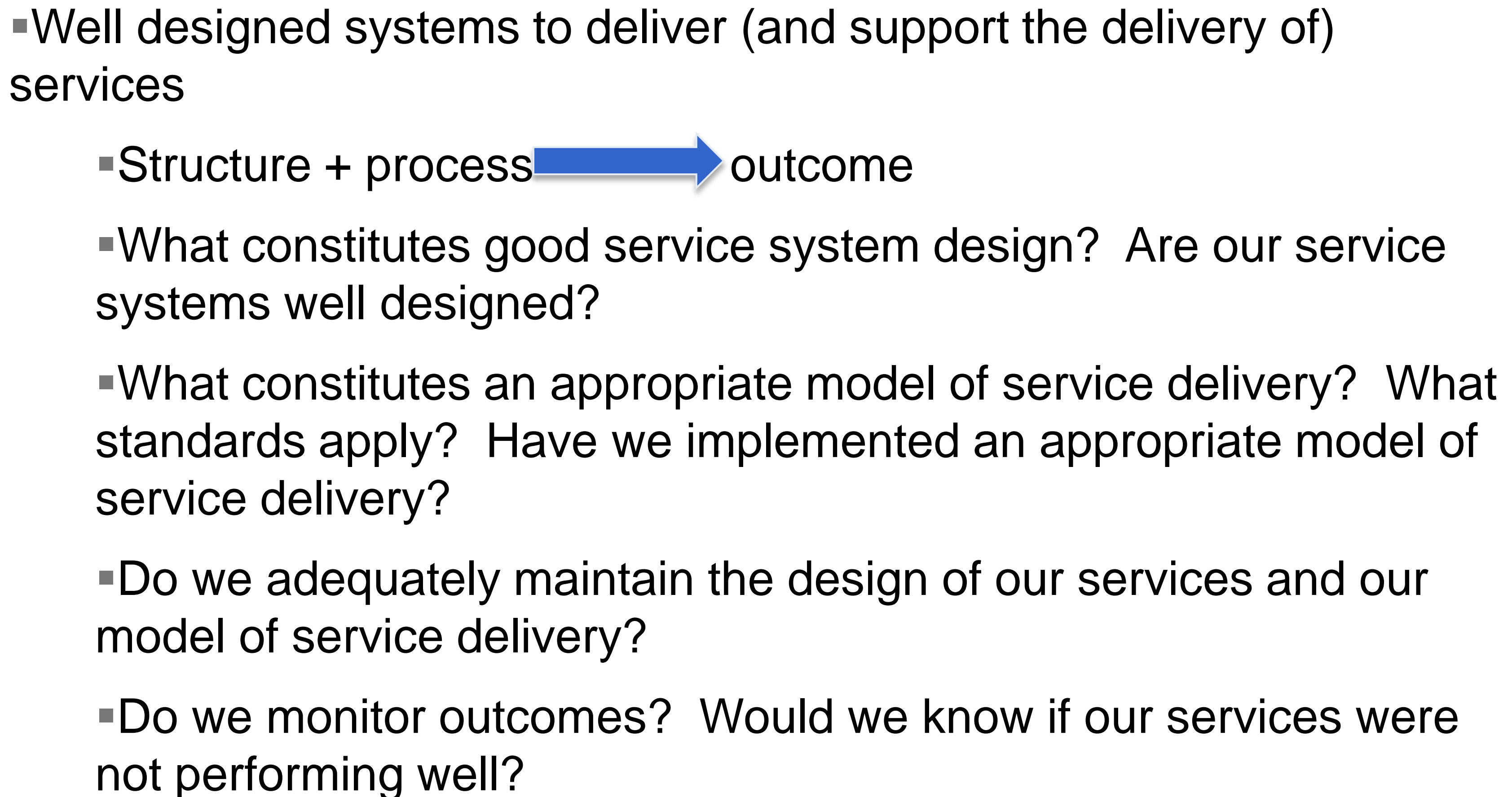

- Well designed systems to deliver (and support the delivery of) services
  - Structure + process → outcome
  - What constitutes good service system design? Are our service systems well designed?
  - What constitutes an appropriate model of service delivery? What standards apply? Have we implemented an appropriate model of service delivery?
  - Do we adequately maintain the design of our services and our model of service delivery?
  - Do we monitor outcomes? Would we know if our services were not performing well?

Elements of a service governance system

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- Well designed systems to deliver (and support the delivery of) services
  - What standards apply?
  - What equipment do we need? What skills do staff need? What policies and procedures should be in place? Are they in place?
  - Do we monitor compliance? What do we do with that information?
  - Do we monitor outcomes? What do we do with that information?

Elements of a service governance system

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- If our systems are intended to deliver ‘quality’, what do we mean by ‘quality’?
    - Quality is a complex concept. What are its elements?
    - Do we have a shared definition of ‘quality’ in relation to our services?

Elements of a service governance system

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- Systems to monitor and evaluate performance
  - Have we defined what ‘good’ or ‘great’ looks like?
  - How do we monitor performance?
  - Who is responsible for monitoring?
  - Is monitoring of performance indicators enough?

Elements of a service governance system

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- Reporting and accountability throughout the organisation to the board
  - What is reported?
  - By whom?
  - How?
  - With what frequency?

Elements of a service governance system

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- Robust systems of risk management
  - How are risks identified, rated, recorded and managed?
  - Are there specific risks associated with our services?
  - Who is responsible for identifying and managing them?

Specific clinical governance challenges

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- Common risks/safety – e.g. medication management, falls, pressure care
- Appropriateness:
  - What range of services do we provide, in what volumes?
  - Is there a rationale for our service mix?
- Effectiveness
  - How do we know whether the care we provide achieves expected outcomes?
  - How strong is our audit/peer review?
- Consumer and carer engagement
  - Do we create opportunities for clients to engage in discussions about their future care?

Specific clinical governance challenges

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- "*Now, 10 years on, most patients in our healthcare system do not suffer preventable harm, and receive good care. But it is still possible that up to 16% of hospitalised patients will suffer an adverse event ... Ten years on can we confidently state that healthcare is safer for patients? Unfortunately, the answer is no. There is insufficient information at a state or national level to determine whether any or all of the efforts over the past 10 years have increased safety in our hospitals*."

Wilson and Van Der Weyden, Med J Aust 2005; 182 (6): 260-261

Specific clinical governance challenges

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"*Most Australian hospitals have put in place systems for recognising and responding to clinical deterioration, but there is still work to do.*"

"*A lot of good work has been done but there is scope for considerable improvement.*"

"*Recognising and responding to clinical deterioration has been identified as a national safety and quality priority*."

ACSQHC 2011

Specific clinical governance challenges

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- Up to 50% of antimicrobial agents prescribed to hospital inpatients are considered inappropriate (Cairns et. al Med J Aust 2013; 198(5): 262-266
- No more than a third of evidence-based clinical guidelines are routinely adhered to (based on clinician and patient self-report) (Mickan et. al. Postgrad Med J 2011; 87:670-679)
- No more than 60% of patients at any one time receive the care deemed appropriate by current science (based on case reviews) (Runciman et. al. Med J Aust 2012;197: 100-105)

Specific clinical governance challenges

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- "Hand hygiene in hospitals generally refers to the use of soap and water or a waterless antimicrobial agent (for example, an alcohol-based hand rub) by healthcare workers to clean their hands ... Good hand hygiene is one of the most effective ways to minimise the risk of healthcare associated infections, such as *Staphylococcus aureus* bacteraemia (SAB)
- The national benchmark for hand hygiene is 70%"

Department of Health Victoria

A contrast – occupational health and safety legislation in Victoria:

20. The concept of ensuring health and safety

(1) To avoid doubt, a duty imposed on a person by this Part or the regulations to ensure, so far as is reasonably practicable, health and safety requires the person—

(a) to eliminate risks to health and safety so far as is reasonably practicable; and

(b) if it is not reasonably practicable to eliminate risks to health and safety, to reduce those risks so far as is reasonably practicable.

Key success factors

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- Defining roles and responsibilities - who leads the development of the clinical governance system?
- What 'foundation' systems do we need (consider credentialling, other HR systems, education and training, infection control systems, medication management systems, adverse event monitoring, risk management etc.)?
- Do we have a shared view of quality? Should we develop one?
- Do we have good systems to collect and analyse information?
- Do we have a process for reviewing the design and performance of our systems?
- Are our staff engaged in safety and quality improvement?
- Do we have a system for reporting throughout the organisation to the board? Should we establish a board reporting calendar?
- Do we have a quality plan?
- Do we need committees to help us?

Key success factors

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- "*Hospitals should insist on participation in such activities* [audit]*. The loss of even a busy surgeon with poor outcomes is a small price to pay for any public or private hospital*.

...

- "*Finally, patients can ask or, indeed, insist that their surgeon participates in audit of their practice and should be more demanding in expecting results of the surgeons they visit. They should ask how the surgeon's results are assessed, who does the assessment and how long they have engaged in such activities. If patients expect such information, government will need to help the profession to provide useful outcome data*."

Guy Maddern, Med J Aust 2013; 198 (8): 399-400

Key success factors

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Some lessons from Mid Staffordshire:

"Clinical audit was poorly developed ... many individuals clinicians were reluctant to engage in it and there was a lack of resources and support for those who did.
...
Non-executive directors were on the whole inexperienced in NHS board positions.
...
The Board may have interpreted the division between the strategic and operational too rigidly, particularly at a time when they were aware there were serious deficiencies in the governance structure. They may have failed to understand that in such circumstances there will be many instances when a non-executive director can only understand the issues by being informed of operational detail.
...
...too often the initiation of a process such as the appointment of a new chief executive or the setting up of a new governance structure was regarded as sufficient and the executive could then be left to get on with things.
...
The board approved this project without an adequate examination of the implications.
...
Assurances were too readily accepted as to the safety of the project."

Key success factors

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“*Good corporate governance combines the ‘hard’ factors – robust systems and processes – with the ‘softer’ characteristics of effective leadership and high standards of behaviour. It incorporates both strong internal characteristics and the ability to scan and work effectively in the external environment.*”

Corporate Governance – Improvement and trust in local public services
UK Audit Commission, 2003

Standard 1

Governance for Safety and Quality in Health Service Organisations

Safety and Quality Improvement Guide

October 2012

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Discussion

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