

## Capital & Coast District Health Board Te Korowai Whāriki Clinical Governance Group

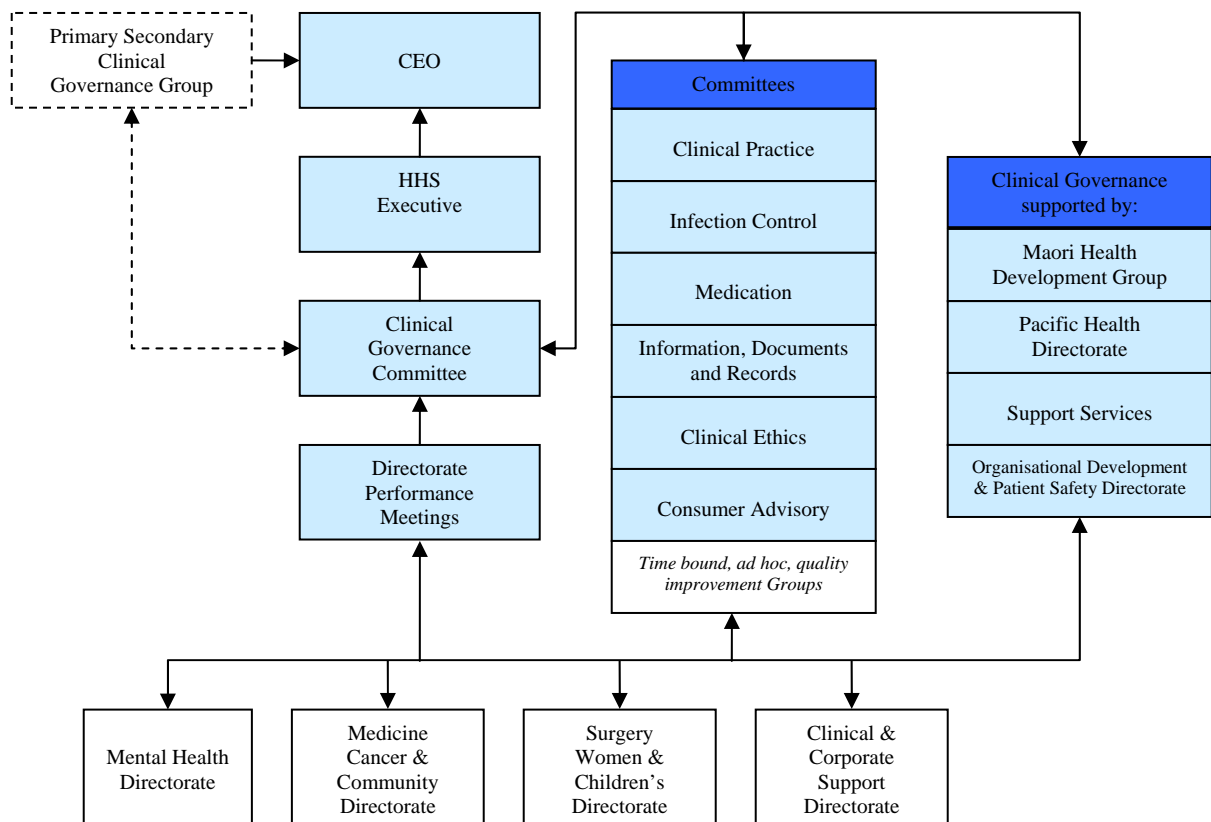
### Background

In 2008 the strengthening of clinical governance within C8CDHB was identified as a key priority for the organisation. A review was undertaken of the Clinical Governance structure within the DHB to ensure that we are able to strengthen clinician/management partnerships, improve efficiencies, improve communication, support the devolution of decision making to the lowest level, support staff to deliver safe, quality health care and to ensure we work to quality standards. Two workshops with senior clinicians and managers were held towards the end of 2008 to formulate a new Clinical Governance Structure for HHS.

The outcome of the workshops included:

- An agreed Clinical Governance structure (see fig 1 below)
- Establishment of a Clinical Governance Executive which would replace the Clinical Quality Board
- Confirmation of the six key sub-committees
- Directorate level Clinical Governance
- Clarification of the supporting role of the Operational Development & Patient Safety Directorate

### C&CDHB Clinical Governance Structure



Following on from the review Clinical Governance within C&CDHB and the requirement that formal Clinical Governance Structures be set up at the Directorate level, a review of Quality and the Clinical Governance Structure within the Mental Health Directorate was conducted in the latter part of 2009. This was undertaken to provide advice on the most efficient and effective structure for the delivery of high quality clinical services to consumers accessing mental health services.

The outcome of the review identified three main priorities for Mental Health Directorate:

- Restructuring of Quality roles within Mental Health Directorate
- The establishment of a Clinical Governance Committee
- The establishment of a formal Clinical Governance structure for the Directorate

The model for Clinical Governance is based on the Western Australian model<sup>1</sup>. This identifies 4 main pillars of Clinical Governance - Consumer Value; Clinical Performance & Evaluation (Clinical Effectiveness); Clinical Risk Management; and Professional Development (Clinical Workforce).

The Mental Health Directorate Clinical Governance Committee sat for the first time on Tuesday 14 September 2010.

## Clinical Governance Group

It was proposed that each clinical alignment will have its own Clinical Governance Group chaired by Clinical Leaders responsible for these areas. Each Clinical Governance Group will be reported to by the associated Operation Managers as required. Terms of Reference were to be developed following the same model of Clinical Governance as adopted by the Directorate Clinical Governance Committee.

The Te Korowai Whāriki Clinical Governance Group was convened by the Clinical Leader and met for the first time on 31 March 2011. This is the first of the proposed clinically aligned governance groups to be established. At the first meeting a pathway for the development of the group was outlined. It was recognised this development was evolutionary and for the second meeting Vince Bailey (quality consultant Mental Health Directorate) was co-opted to provide further detail about the role of the group and its parameters. At this second meeting it was agreed the Clinical Director would draft the Terms of Reference for the group for review and ratification. The drafted terms of reference are appended below.

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<sup>1</sup> DoH Government of Western Australia (2005). *Western Australian Clinical Governance Guidelines*. Information Series 1.2, 2<sup>nd</sup> Ed, MoH WA

## **Terms of Reference**

### **Te Korowai Whāriki Clinical Governance Group**

#### **Purpose**

To provide clinical governance leadership within Te Korowai Whāriki, using a multidisciplinary representation

To monitor progress and approve relevant policies, procedures and guidelines; discuss and make decisions on clinical governance matters and items of interest to Te Korowai Whāriki

To provide venue for Quality initiative/Workforce/Clinical/Operational proposals to be presented to Te Korowai Whāriki

#### **Objectives**

The Te Korowai Whāriki Clinical Governance Group will:

- Promote and actively encourage all clinicians and managers within Te Korowai Whāriki to participate in a range of quality activities that are designed to evaluate and continually improve the care provided to patients and the systems within which that care is provided.
- Identify and minimise risk and take appropriate action in accordance with CCDHB's Risk Management Policy and guideline
- Promote a culture of patient safety, quality improvement and risk management
- Ensures direction, priorities and recommendations of Mental Health Directorate Clinical Governance Committee are implemented and progress is regularly reviewed
- Provide a pathway for the transmission of information and clinical governance issues upwards from the team leader level

#### **Decision Making Process**

Decisions are made within Te Korowai Whāriki's area of responsibility and accountability

Decisions are based on sound clinical practice and business principles

If the Governance Group is unable to make a decision the issue is escalated to the Mental Health Directorate Clinical Governance Committee

#### **Accountability**

The Te Korowai Whāriki Clinical Governance Group reports to the Mental Health Directorate Clinical Governance Committee

## Membership

Clinical Leader

Operations Managers

Pasifika Consultant

Team Leaders

Family Adviser

Quality Consultant

Kaumatua

Professional Leader Representation

Consumer Adviser

Other employees may be co-opted as required and agreed by the group. Executive Directors (Clinical and Operations) have an open invitation to attend.

## Chair

Te Korowai Whāriki Clinical Leader - In his/her absence an operational manager will chair the meeting

## Meetings

Monthly meetings - last Thursday of the month -10:30 – 11:30.

## Administration support

Minutes are taken by Operations Manager **PA** or delegate and disseminated to all members one week after the meeting

## Reporting Responsibilities

The Te Korowai Whāriki Clinical Governance Group provides monthly minutes to the Mental Health Directorate Clinical Governance Committee.

Members are responsible for the transmission of information to other TKW staff as appropriate

## Attendance

Te Korowai Whāriki Clinical Governance Group is a critical component of the quality systems. All identified team members are required to make attendance at meetings their highest priority barring exceptional circumstances. Teleconferencing can be used if required.

A quorum is met when four or more attendees are in attendance.

Meetings are monthly and should normally not go beyond 1 hour. Unfinished matters, if they can be deferred, are rescheduled for the following meeting. Special meetings may be arranged for matters of urgency,

## Agenda

The Clinical Leader provides a consistent agenda format.

Notice of meetings to invited participants will be at least a week in advance unless a particularly serious and urgent matter needs to be discussed and then notice will be on an 'as needed' basis.

Standing agenda items will be developed but currently are updates from the committee on quality initiatives within Te Korowai Whāriki.

## Record Keeping

All actions, responses, recommendations secondary to agenda items are minuted

**TOR Agreed and Accepted – Justin Barry Walsh (Clinical Leader) 22/7/11**

## Four Pillars of Clinical Governance

Examples of Agenda Items for Clinical Governance Pillars

### **Consumer Value:**

- Complaints
- Patient Satisfaction
- Consumer Group Feedback
- Patient/Client information

### **Clinical Effectiveness:**

- Clinical Audit
- BAU Audit Schedule
- ACHS Clinical Indicators
- Research
- Certification
- M&M findings
- Coronial findings
- National KIP benchmarking
- Policies & Procedures
- Service improvement initiatives

### **Clinical Risk:**

- Reportable Events trends
- Serious Adverse Event Reviews
- HDC Complaints
- PC Complaints
- DI Reviews
- Risk Register
- Legislation Compliance

### **Clinical Workforce:**

- Staff satisfaction
- Staff credentialing/APCs
- Staff care competencies
- Professional Development PDRP
- Vacancy management
- Health & Safety