ST JOHN OF GOD
Health Care

Patient Safety and Clinical Excellence Framework

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MISSION AND VALUES

Our Vision

We are recognised for care that provides healing, hope and a greater sense of dignity, especially to those most in need.

Our Mission

Our Mission is to continue the healing mission of Jesus Christ.

Hospitality

A welcoming openness, providing material and spiritual comfort to all.

Compassion

Feeling with others and striving to understand their lives, experiences, discomfort and suffering, with a willingness to reach out in solidarity.

Respect

Treasuring the unique dignity of every person and recognising the sacredness of all creation.

Justice

A balanced and fair relationship with self, neighbour, all of creation and with God.

Excellence

Striving for excellence in the care and services we provide.

INTRODUCTION

Every person who seeks care at St John of God Healthcare (SJGHC) has the right to expect safe, and high quality care. Our aim is to consistently deliver a care experience that not only meets, but exceeds the expectations of our patients and clients, always striving to achieve excellent clinical and service outcomes. Fundamental to delivering on our promise is a coordinated and robust approach to clinical governance.

Clinical governance is an essential element of our organisational governance system, and is defined as: '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' (Scally 1998).

Clinical governance involves a complex set of leadership behaviours, policies, procedures and monitoring and improvement mechanisms that are all directed to achieving excellent clinical outcomes.

Clinical governance is a responsibility of the SJGHC Board and Executive Team, and we recognise that any decision made across the organisation in relation to our services may directly or indirectly impact upon the safety and quality of our care.

At SJGHC, we are committed to ensuring effective clinical governance across all our services, as we strive to deliver the highest standards of patient and client care.

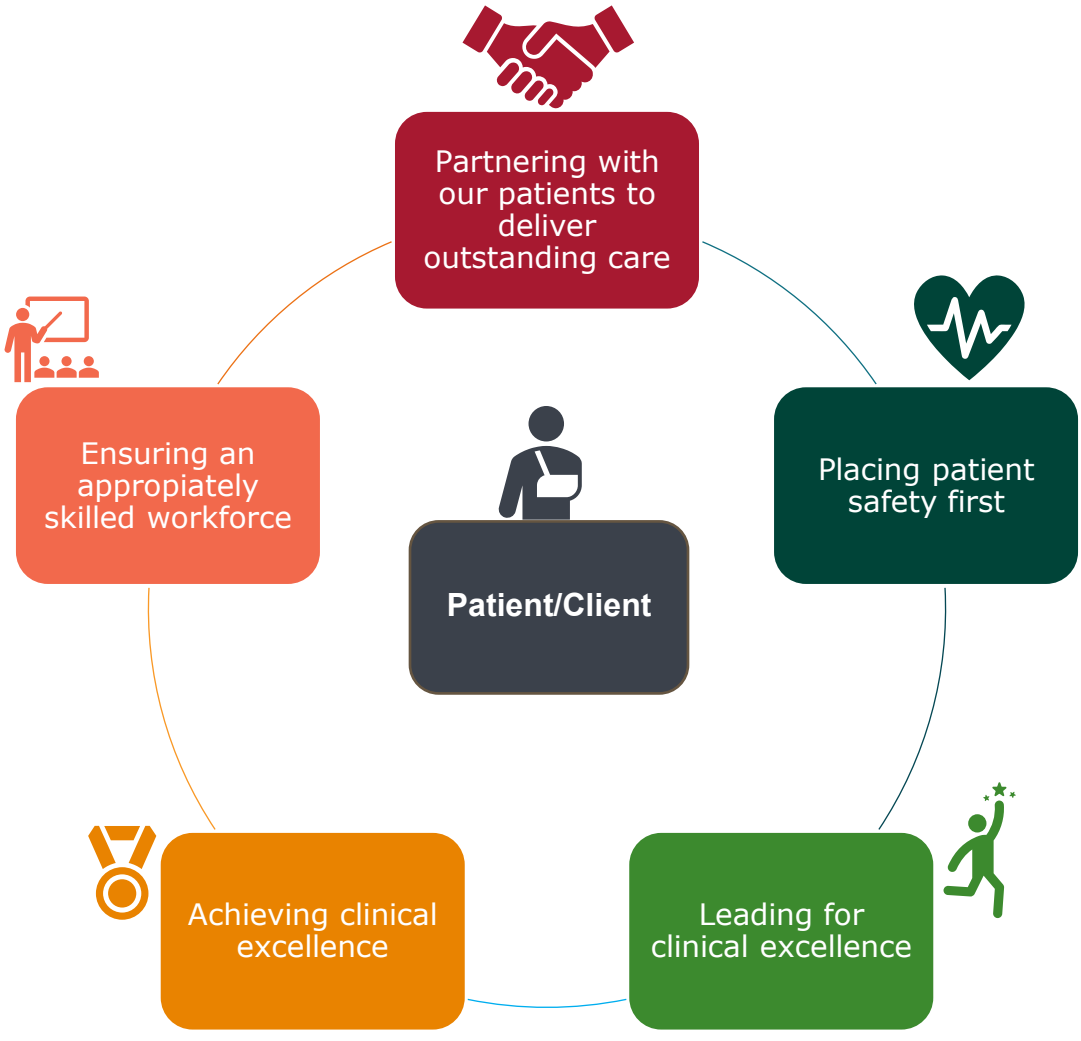
At SJGHC, our Board, Group Executive, Hospital/Service CEO's, managers and all caregivers have individual and shared responsibilities for ensuring safe and compassionate patient and client care, and achieving excellent outcomes.

The SJGHC Patient Safety and Clinical Excellence Framework describes the way in which we operationalise our approach to clinical governance. The Framework is intended to provide guidance to all SJGHC caregivers, including healthcare practitioners with whom we partner, regarding our commitment to creating an environment that maintains and safeguards the highest standards of clinical care.

OUR PATIENT SAFETY & CLINICAL EXCELLENCE FRAMEWORK

The SJGHC Patient Safety and Clinical Excellence Framework comprises five domains:

- **Leading For Clinical Excellence**
- **Partnering With Our Patients/Clients to Deliver Outstanding Care**
- **Ensuring An Appropriately Skilled Workforce**
- **Placing Patient/Client Safety First**
- **Achieving Clinical Excellence**



The Framework is underpinned by the following key clinical governance principles, which are common to all health systems that purport to clinical excellence:

Leadership

- The organisation expects quality and safety to be the highest priority, enacted by all.
- Specific and quantified goals for improving care are linked to a compelling vision.
- Caregivers and health care partners lead and participate in designing and improving high quality care.

Safety Culture and Systems:

- A culture of safety evident, involving listening and learning from others.
- Clinical and service protocols and procedures are in place, and accountability for adhering to safe practices is expected.
- Clinical information systems and technology solutions are adopted in a coordinated and integrated manner.

Robust learning and continuous improvement:

- The clinical and support workforce is trained and educated in improvement methodology and practice, and leadership development is fostered.
- Clinical performance is measured and reviewed, and data is widely available within the hospitals and services, and to the public - data is used to reflect, measure and learn rapidly about what is and is not working.
- There is a commitment to listening and learning from the experiences of patients/clients and carers and assuring their full participation in service design, assessment and governance.

LEADING FOR CLINICAL EXCELLENCE

At SJGHC, the Board, Executive, and our CEO's play a pivotal leadership role in modelling and fostering a culture that demonstrates a commitment to patient/client safety, and clinical excellence. This includes ensuring that all our caregivers and healthcare partners understand their roles and responsibilities for clinical governance. We are committed to openness and transparency, with a focus on learning rather than blame. We demonstrate hospitality and compassion with our patients and clients, in all aspects of our work.

Culture

At SJGHC, we deliberately and consistently build a culture of clinical excellence. Exemplary care is expected - patient safety and clinical excellence, together with an outstanding patient/client experience, are the most important performance elements across our organisation. In light of our Mission, we realise clinical excellence through an unwavering focus on the people for whom we care, ensuring that at every moment our care reflects SJGHC values.

Across SJGHC, we foster:

A safety culture, by promoting an atmosphere of trust in which our leadership team visibly prioritises safety and excellence over and above assigning blame. This approach builds trust and confidence amongst our caregivers and medical practitioners, who are encouraged to report hazards, near misses, incidents and errors, and to "speak up" by sharing and escalating concerns, particularly where they relate to safety.

A learning culture, through which we nurture enquiry and problem-solving by all caregivers and healthcare partners to proactively enhance our care systems and processes to prevent harm and improve clinical and service outcomes.

A just culture, by reinforcing that whilst errors do occur, individuals are accountable for their actions, and are required to follow agreed codes of behaviour, regulations, policies and procedures, maintain safe practice, and evaluate performance.

At SJGHC, we provide clarity regarding acceptable and unacceptable behaviours and actions, and how to respond appropriately to these situations. We also continue to identify the ways in which knowledge, attitudes, behaviours and systemic factors influence the way in which caregivers comply or deviate from expected organisational behaviours or policy, which assists us to improve both individual and system performance.

SJGHC will routinely engage with our caregivers and healthcare partners to ensure their insights, expertise and experience continue to inform our efforts to foster a safe, learning

and just culture, and to identify strengths and areas for individual and systemic improvement.

Roles and Responsibilities

For SJGHC caregivers at all levels of the organisation, we clearly define and communicate role expectations, responsibilities and standards of performance for delivering safe care, an exemplary patient/client experience, and excellent clinical and service outcomes. Setting clear expectations, supporting caregivers to achieve those expectations, and holding them to account for delivery are all key processes that support safe, high quality care.

We clearly define our governance structures, including committees and lines of reporting, to ensure that we can effectively monitor and improve performance at all levels of the organisation.

Policy

SJGHC supports a clinical policy framework to guide clinical care, through which evidence-based clinical care standards are clearly articulated, communicated and adhered to across the organisation. The framework clearly describes roles and responsibilities for clinical policy development, review and implementation.

SJGHC policy governance is founded in strong risk management in alignment with SJGHC risk management processes and appetites, with responsiveness to organisational priorities and risks, including response to legislation and regulation, best practice, clinical governance, quality improvement processes and strategy.

The centralised SJGHC My Policy Library provides access to all caregivers, healthcare partners and, authorised contractors to policies, procedures, guidelines, and toolkits across to all SJGHC hospitals and services.

Policy and guidelines relating to clinical practice across SJGHC are developed in collaboration with our healthcare partners, ensuring that relevant legislation, regulation and jurisdictional requirements are exceeded and reflect the local context, including facility capabilities.

Clinical Audit

Clinical audit is a cornerstone of effective clinical governance, ensuring high standards of care and accountability. The Clinical Audit Program at SJGHC aligns with legislative requirements, external compliance, risk management, and accreditation standards.

The Clinical Audit Program employs a risk-based methodology to prioritise the highest clinical risks identified, reinforcing our strategic intent of clinical excellence and supporting our caregivers in delivering safe, high quality care.

PARTNERING WITH OUR PATIENTS/CLIENTS TO DELIVER OUTSTANDING CARE

Our Mission is realised through the delivery of a consistently outstanding patient/client experience.

At SJGHC, the vision for delivering an outstanding patient/client experience is agreed, communicated, understood and implemented across the organisation. Strong leadership at all levels of the organisation leads and delivers a unique SJGHC experience for every patient/client, every time.

At SJGHC an outstanding patient/client experience is underpinned by a genuine commitment to partner with our patients/clients, which will enable us to understand and meet their needs, expectations and wishes at every encounter with our services.

Central to this partnership is involving our patients/clients in their care decisions and the planning, design and evaluation of our care and services. We will seek out and learn from their feedback, and engage their voices in all that we do.

Fostering person-centred health care that is respectful and responds to patient/client choices, needs and values

At SJGHC, we recognise the importance of partnering with our patients/clients, families and carers, as this helps our caregivers to develop a deeper understanding of their specific cultural, spiritual, lifestyle, physical and emotional needs, and health improvement goals. In turn, this knowledge enables our caregivers to respect and respond more effectively to patient/client care needs, expectations, and choices, and to communicate the level of service that patients/clients can expect when in our care.

We provide clear and timely information to patients/clients, their families and carers, to enable them to fully participate in decision-making around their care, and ensure systems are in place to support a variable level of health literacy.

We also consider and adopt appropriate and innovative technological solutions to create and enable interactions with our services that are easy to use, personalised and responsive, and which support our patients/clients along their care journey at SJGHC.

Partnering with patients/clients, their families and carers to minimise risks and provide safe care across the care journey

The patient/client care journey is complex since it comprises many steps and interactions with many caregivers and healthcare partners. Therefore, it is important that our caregivers obtain, document, and communicate all relevant care planning and treatment information to one another along the patient/client's journey.

At SJGHC, we actively involve our patients/clients in key processes to ensure that we deliver care safely. These include patient pre-admission and admission processes, handover, identification prior to procedures and administration of medications, when performing care risk assessments, and discharge planning.

Learning from patients/clients, residents, and carers' experiences

At SJGHC, we encourage all caregivers to listen to the voices of our patients/clients, and their families and carers, by actively inviting and responding to their experiences of our care and service whether this be positive or negative. We inform and support our patients/clients to provide feedback and raise concerns if the care we provide does not meet their expectations. Formal and informal systems are in place to collect and analyse this information to enable us to identify and address emerging issues and trends.

Partnering with patients/clients, their families and carers to plan and develop new care processes and services

At SJGHC, we encourage the involvement of our patients/clients and families and carers in relevant committees and advisory groups. This assists us in developing and designing new strategies, care processes, programs and healthcare facilities, and participating in various service improvement activities.

Openly informing and supporting our patients/clients if something goes wrong

At SJGHC, we foster a culture that supports open and transparent discussions with our patients/clients when they have inadvertently experienced harm or where errors may have occurred, by consistently practising open disclosure. Our caregivers and healthcare partners, will always be supported to be open and honest, and adhere to SJGHC Open Disclosure policies and procedures. SJGHC is compliant with all jurisdiction legislative Open Disclosure and Statutory Duty of Candour requirements.

Ensuring an Appropriately Skilled Workforce

An engaged and appropriately skilled workforce is central to the delivery of safe care and achieving excellent clinical outcomes at SJGHC. Realising our Mission requires a workforce that demonstrates appropriate attitudes and behaviours, who possess relevant qualifications, skills, and experience.

Recruitment and Retention

SJGHC aims to recruit, retain and support the highest calibre caregivers who are committed to SJGHC's vision. We plan, allocate and manage our workforce to ensure that appropriate caregivers with the relevant skills and qualifications are in place to deliver safe, high-quality care across all of our services. We routinely measure caregiver culture to ensure we understand the ways in which our caregivers experience working across our facilities, and what they need to assist them to achieve their professional and organisational goals.

Credentialing and Scope of Practice

At SJGHC, we maintain systems to ensure that all health professionals are appropriately registered with the relevant National Health Practitioner Board and through the Australian Health Practitioner Regulation Agency (AHPRA). Some health professionals are not eligible for AHPRA registration (for example, some allied health professions), and so must demonstrate eligibility for membership of the appropriate professional body.

All health professionals must be credentialed and authorised to conduct, provide or perform clinical practice, services and procedures within a defined scope.

This involves verification of qualifications, experience, professional standing and other relevant professional attributes to ensure competence and professional suitability to provide care at our facilities, and taking into account specific facility strategic goals and service capabilities.

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At SJGHC, many of our medical practitioner and some health professional partners working across our hospitals and services are not directly employed by the organisation. The SJGHC By-laws for Medical Practitioners describe the principles and processes to grant authority for these medical specialists to provide health care services within a defined scope of practice (also referred to as accreditation). The SJGHC By-laws govern the relationship of SJGHC with its accredited medical specialists, define a code of conduct, and outline requirements in relation to the safety and the quality of care of our patients and clients.

Established procedures enable health professionals to request an expanded scope of practice where they have acquired new skills or experience in relation to clinical practice, or wish to utilise new or emerging technologies. Monitoring systems are in place to ensure that health professionals continue to work within their authorised scope of practice.

Induction and Training

Across SJGHC, we orientate and induct all caregivers about safety and continuous improvement. A comprehensive program of patient/client safety and clinical excellence training is provided to all caregivers. This program supports caregivers to proactively identify risks and opportunities to improve our performance, and problem-solve and identify practical solutions through measurement, analysis, caregiver engagement, and improvement methodologies.

Performance Feedback and Development

At SJGHC, caregiver performance feedback and development systems are in place, which enable routine review and feedback of caregiver performance, prioritisation of key personal and professional development needs, and establishment and delivery of tailored training opportunities.

PLACING PATIENT/CLIENT SAFETY FIRST

SJGHC applies a multifaceted patient/client safety approach to proactively identify existing and emerging clinical risks and develop best-practice evidence-based solutions to address these risks and prevent patient and client harm. Lessons learned through these processes are routinely communicated and disseminated across the organisation.

Policy and Legislative Compliance

At SJGHC, policies and procedures are in place to promote a culture of safety. All facilities and services are required to obtain and maintain the appropriate operating licenses against service standards that are defined in relevant legislation, jurisdictional policy and/or directives. Clear channels facilitate communication across the organisation about relevant changes in the operating environment, including legislation and regulation, to which all services and facilities are required to respond.

All SJGHC Hospitals/Services are required to participate in an industry recognised accreditation program. Accreditation refers to an external review process undertaken by an authorised accreditation agency that demonstrates that our facilities and services have successfully demonstrated compliance against defined health service standards. Satisfactory accreditation is required under the terms of agreement between SJGHC and its contracting agencies.

Accreditation provides us with assurance that the necessary structures, systems and processes are in place, and routinely evaluated with a focus on continuous improvement. All SJGHC hospitals participate in the Australian Council on Health Care Standards' (ACHS) accreditation program. The ACHS evaluates SJGHC acute, mental health and rehabilitation hospitals, and Healthcare at Home against the National Safety and Quality in Health Services Standards (Version 2), which were developed by the Australian Commission on Safety and Quality in Health Care.

St John of God Social Outreach and Accord are evaluated against relevant industry standards including the Quality Improvement Council's Health and Community Services Standards and the NDIS Practice Standards.

SJGHC provides several services in partnership with external agencies, including Private Health Insurers, State and Commonwealth government agencies, and Radiology and

Pathology Providers. SJGHC complies with the relevant regulatory and contractual requirements, with clear lines of accountability and responsibility for relevant legislation and standards outlined in contractual agreements.

Clinical Risk Management

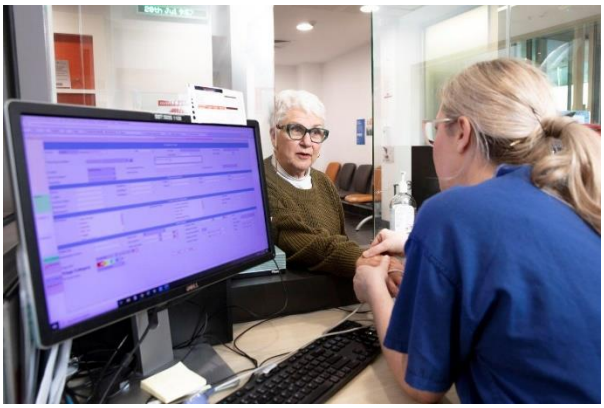
Clinical risk management refers to a range of activities designed to identify and remediate problems associated with clinical care, which may arise through the interplay of system design and behaviours and actions of individuals, including errors. Across SJGHC, clinical risk management comprises several activities that assist in identifying, prioritising and monitoring clinical and service delivery risks, and introducing solutions to systematically enhance patient/client safety and reduce the potential for medico-legal claims.

Clinical risk activities include:

Clinical incident reporting – an incident is a circumstance which resulted (or had the potential to result) in unintended or unnecessary harm to a person receiving care. All caregivers are required to report clinical incidents and near misses. Incidents are investigated to determine underlying systems issues and root causes, and incident trends are monitored over time.

Morbidity and mortality review – all hospitals/services participate in systematic reviews of all patient/client deaths and adverse outcomes across clinical specialities. The process aims to evaluate the nature and processes of care surrounding patient/client death and significant harm, establish whether the outcomes were anticipated or preventable, and identify opportunities to improve any aspect of care that may have been associated with an unfavourable outcome.

Retrospective patient/client record review – involves a process of reviewing records to comply with quality improvement processes, clinical audit, policy compliance and clinical review of incidents.



Retrospective patient/client record review – involves a process of reviewing records to comply with quality improvement processes, clinical audit, policy compliance and clinical review of incidents.

Patient/client feedback and complaints reporting - SJGHC encourages a culture of listening receptively and respectfully to patient/client feedback, learning, and making improvements where appropriate.

All hospitals/services are required to undertake a fair, full and impartial investigation of any complaint, and without prejudice with regard to any ongoing care provided to the patient/client whilst the complaint is investigated. Complaints are reviewed to identify opportunities for improving our care.

Patient/Client Safety Measures

At SJGHC, we have defined a core patient/client safety data set relating to the services we provide, which enables us to objectively and quantitatively measure and monitor structures, processes, and outcomes of care.

Patient/client safety measures are designed to be "flags" that assist managers and caregivers to work together to identify potential problems and opportunities to improve patient/client outcomes.

The minimum patient/client safety data set monitored across SJGHC takes into account relevant national and jurisdictional monitoring and reporting requirements, together with measures relating to our aspirational patient/client safety improvement goals.

Through monitoring this data set, we demonstrate that we are continuously monitoring and reporting performance, and improving on past performance. We also use this data set to compare and benchmark performance between SJGHC hospitals/services of similar size and complexity, and between SJGHC and other health services, which in turn provides an opportunity to identify and learn from exemplar performers.

ACHIEVING CLINICAL EXCELLENCE

SJGHC is all about excellence – excellence in the way we care for our patients/clients, and excellence in clinical and service outcomes. Central to the way in which we deliver our care and achieve excellent outcomes is the relationship we foster with our healthcare and support practitioners. This relationship is critical as it enables us to work together to observe, evaluate, and learn from our care processes and outcomes. This iterative approach positions us strongly to introduce new techniques and technologies that assist us in providing even better care.

Clinical Leadership

At SJGHC, we engage clinicians to lead at many levels of the organisation, which ensures that our services and care processes are informed by relevant expertise, and appropriately planned and delivered. Our clinicians provide advice and are involved in decision-making regarding issues that impact upon service and care safety and excellent outcomes.

Across our organisation there are designated nursing/midwifery, medical and allied health leadership roles. These roles are pivotal for setting standards for care delivery, leading the design and planning of services, and monitoring outcomes.

Specialist Craft Groups

SJGHC actively support Specialist Craft Groups that provide a forum for reviewing clinical practice and communication to raise issues with colleagues and the relevant SJGHC Hospital. Craft Groups are established across various clinical disciplines and play a key role in strengthening clinical governance by overseeing the review of specialty specific clinical data and outcomes.

The Craft Groups support consistent application of evidence-based care, and ensure that strategic and operational decisions within the specialty consider patient safety and quality outcomes. By fostering collaboration between clinicians and management, the Specialty Craft Groups strengthen accountability, drive continuous improvement, and ensure that care delivery aligns with the hospital's overarching governance, safety, and quality frameworks.

Evidence Based Clinical Guidelines and Practice

At SJGHC we use evidence-based guidelines to direct the delivery of care and to assist us to monitor and respond to unwarranted variation in care processes and practices and thereby improve clinical outcomes. Reducing unnecessary care variation will enable us to

achieve more reliable clinical outcomes and ensure stewardship of resources to reinvest in our care environments and enhance our services.

Clinical Practice and Service Reviews

SJGHC expects and actively supports clinician–led peer review activities, which provide an opportunity to discuss and review adverse events, evaluate clinical practices and processes using relevant performance measures, and compare clinical outcomes against peers for the purpose of learning and improvement.

Clinician-led peer review activities include:

- Structured medical practitioner meetings held across various clinical specialties at each hospital
- Clinical audit, which involves systematically reviewing care against explicit structural, process and outcome criteria. Where gaps are identified, appropriate actions are taken to improve the quality of care/service. Subsequent audits are undertaken to assess whether these actions have achieved the desired outcomes
- Identification and measurement of specialty-level clinical outcome and patient/client and clinician reported outcome and experience measures
- Clinical service reviews to evaluate the design and delivery of care relating to specific facilities, specialities or procedures, which inform continuous improvement
- Participation in appropriate national clinical registries such as cancer, interventional cardiology, cardiothoracic, joint replacement, bariatric surgery, and intensive care
- Participation in relevant benchmarking programs internally and externally.

Clinical Data, Information and Analytics

SJGHC maintains systems to enable recording, measurement, monitoring and reporting of clinical performance against its strategic, regulatory, and operational objectives. We have established data governance arrangements that ensure data integrity.

We utilise these systems to enable clinical teams to understand how our inter-related care systems and processes contribute to delivering excellent clinical outcomes. We interrogate data to develop insights into our performance and identify opportunities for innovation and continuous improvement.

The effective use of meaningful data, information and analytics underpins our ability to understand how safely, effectively and efficiently we provide care and services to our patients/clients and continuously improve clinical outcomes.

Performance Monitoring and Reporting

At SJGHC, we utilise 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. We transparently monitor performance against meaningful

clinical indicators and targets, cascading through all levels of the organisation, from "Ward to Board", taking into account relevant industry benchmarks.

We ensure that relevant data is available and visually accessible to clinicians and managers, presented regularly at key committees, and used to inform continuous improvement activities at all levels of the organisation.

Research and Innovation

At SJGHC, we actively encourage and support high value, well governed and ethical research, which is a key enabler of patient/client safety and is critical to improving clinical outcomes and the efficiency and productivity of our health system.

We prioritise research at SJGHC which is person centred and encourages us to reflect upon and continuously improve our current practices.

Findings from research conducted throughout SJGHC is critical not only to our patients and clients, but also to the broader community.

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The SJGHC Research Officer along with site specific Research Governance Committees with the support of Hospital/Service Executives, facilitate and support the development of a strong research culture which ensures alignment with SJGHC mission and values.

The SJGHC Research Office and site Research Governance Committees are responsible for ensuring that research is well governed, is of high value and impact, and balances benefits with risks that are inherent to any human research. This occurs in a way that is coordinated with ethical review by the SJGHC Human Research Ethics Committee to ensure that SJGHC meets all regulatory requirements including the National Health and Medical Research Council National Statement on the Ethical Conduct of Research and the Australian Commission on Safety and Quality in Health Care's National Clinical Trials Governance Framework.

PATIENT/CLIENT SAFETY AND CLINICAL EXCELLENCE IS EVERYBODY'S BUSINESS

The SJGHC Board, executives and managers, clinical and non-clinical caregivers, healthcare practitioners with whom we partner, all play a critical role in supporting our Patient Safety and Clinical Excellence Framework, which underpins the delivery of safe care, an exemplary patient/client experience and excellent clinical outcomes. Therefore, it is important that we all understand our roles and responsibilities, as described below.

SJGHC Board

The SJGHC Trustees appoint the SJGHC Board, and its members are accountable to the Trustees for the organisation's ongoing stewardship and strategic development.

Our Board, together with our Group Chief Executive Officer (CEO), Group Executive, and Hospital/Service management teams ensure patient/client safety and clinical excellence across all of our services.

The SJGHC Board is responsible for:

- Setting our strategic priorities and a clear vision for Patient Safety and Clinical Excellence
- Fostering a 'just' organisational culture that drives consistently high-quality care
- Facilitating effective caregiver and consumer engagement and participation
- Understanding key risks and ensuring controls and strategies are in place to mitigate them.
- Monitoring and evaluating all aspects of care provided through regular and rigorous reviews of benchmarked performance data and information.
- Ensuring robust clinical governance structures and systems across our hospitals / services effectively support and empower caregivers to provide high-quality care designed in collaboration with our caregivers and healthcare partners.
- Regularly seeks qualitative and quantitative information from the Group CEO, SJGHC Executive, Hospital / Service CEO's, caregivers and clinicians about the status of the quality and safety of care processes and outcomes in all our services.
- Monitoring compliance with relevant legislation, regulation, industry standards and codes, and organisational policy.
- Ensuring appropriate resources are in place to support a robust organisational clinical governance program.

SJGHC Executives

SJGHC Executives are responsible for:

- Providing strategic and policy advice to the Group CEO on issues related to quality, safety and patient/client experience.
- Providing leadership, support and direction across the organisation to ensure safe, high-quality healthcare can be provided.
- Setting expectations and requirements regarding hospital/service accountabilities for patient/client safety, experience and clinical excellence.
- Ensuring hospitals/services have access to requisite data to fulfil their responsibilities, including benchmarked and trend data.
- Effectively monitoring the implementation and performance of our clinical governance systems, ensuring the early identification of risks and flags.
- Monitoring clinical performance by continually reviewing key quality and safety indicators.
- Ensuring appropriate resources are in place to support a robust organisational clinical governance program.

SJGHC Patient Experience and Clinical Excellence Team

The SJGHC Patient Experience and Clinical Excellence Team are responsible for:

- Providing the organisation with the appropriate set of tools, resources and education/training to optimise patient/client safety and clinical outcomes.
- Providing expert advice to, and coaching of hospital/service executives in relation to health service certification and licensing requirements and standards.
- Organising a regular cycle of audits and reviews of clinical systems to provide assurance in relation to service certification and licensing requirements and standards.
- Providing oversight of the clinical incident management system, including root cause analyses and proactive dissemination of lessons learned across SJGHC.
- Routinely measuring our safety culture and collaborating with our hospitals / services to implement strategies to enhance culture.
- Monitoring organisational performance against agreed patient/client safety and clinical excellence priorities and systematically reporting progress through the Group Executive to the Board.
- Monitoring agreed patient/client safety and clinical outcome performance indicators against internal and relevant external benchmarks.
- Analysis of clinical data and information to generate insights that assist hospitals/services in identifying opportunities for improving patient/client safety and clinical outcomes, and reducing clinical risks.

- Working in partnership with hospitals/services to prioritise and facilitate organisation-wide improvement initiatives.

SJGHC Hospital/Service CEO's

Hospital/Service CEO's are responsible for:

- Providing visible leadership and commitment in delivering and supporting the vision and strategic priorities set by the Board.
- Creating a safe and open culture that empowers caregivers, and healthcare partners to speak up and raise concerns.
- Equipping caregivers and healthcare partners to fulfil their roles by providing role clarity at all levels of the organisation, together with the necessary knowledge, tools, resources and opportunities to engage and influence the organisation's core business.
- Elevating quality of care within the organisation, ensuring the voice of the patient or client is at the centre of decision-making.
- Fostering a safe, learning and "just" culture in which caregivers and healthcare practitioner partners are empowered and supported to understand and enact their roles and responsibilities.
- Ensuring that appropriate committee/s are in place to guide and oversee clinical governance.
- Ensuring compliance with all laws, regulations, codes, accreditation and organisational standards relevant to the safe and effective conduct of the health services that we provide.
- Developing and communicating appropriate policies and procedures that govern patient/client safety and clinical care.
- Proactively seeking information from qualitative and quantitative sources, including the voice of the patient/client and caregiver, to identify and respond to emerging clinical safety and performance trends and issues.
- Regularly reporting to the Board's Clinical Governance Committee and the Board using relevant structural, process and outcome indicators to enable monitoring of clinical performance, inform improvement, and assist in appropriately allocating resources.
- Educating caregivers and healthcare partners in regards to their responsibilities for practising within their defined scope of practice, and according to their credentials and capabilities.
- Establishing and maintaining systems to monitor and review clinical performance, including incident and complaints management.
- Recognising and celebrating caregiver and healthcare partner commitment and efforts to improve clinical care and outcomes.

- Ensuring performance review processes are conducted for all clinicians on a regular basis.
- Regularly evaluating clinical processes and practices for improvement.
- Providing adequate and equitable resources to enable caregivers and healthcare partners to safely and effectively deliver care.

SJGHC Hospital/Service Executives

SJGHC Hospital/Service Executives are responsible for:

- Leading and supporting the hospital/service to deliver the Board's vision for safe, quality care, facilitating and ensuring effective caregiver and healthcare, partners, and patient/client involvement.
- Developing and supporting leadership in regards to patient/client safety and clinical excellence in their hospitals/services, and providing assurance to Hospital CEO's that all caregivers and healthcare partners are supported to actively pursue high-quality care for every consumer.
- Creating a safe and open culture that empowers caregivers to speak up and raise concerns.
- Establishing appropriate hospital/service committee structures and caregiver engagement processes.
- Ensuring relevant health service obligations are met
- Ensuring robust and transparent clinical performance reporting, analysis and discussion occurs regularly and is informed by qualitative and quantitative data.
- Understanding and monitoring the areas of key risk and ensuring escalation and response actions are taken where safety is compromised.
- Regularly evaluating clinical governance systems to ascertain their effectiveness.

SJGHC Clinical Leaders and Managers

SJGHC Clinical Leaders/Managers are responsible for:

- Understanding the challenges and complexity of providing consistently high-quality care and supporting clinicians through a culture of safety, transparency, accountability, teamwork and collaboration.
- Providing a safe environment for patients/clients, caregivers, and healthcare partners that supports and encourages productive partnerships between different clinical groups, and between clinicians and patients/clients.
- Creating a safe and open culture that empowers caregivers and healthcare partners to speak up and raise concerns.
- Providing useful performance data and feedback to clinicians and relevant committees, and engaging clinicians in identifying and taking appropriate action in response.

- Actively identifying, monitoring and managing areas of key risk and leading appropriate escalation and response plans where safety is compromised.
- Skillfully managing caregivers and healthcare partners, fostering productive and open cultures, and promoting multidisciplinary teamwork.
- Ensuring clinical and support caregivers and healthcare partners are clear about their roles and responsibilities, are supported with resources, standards, systems, knowledge and skills development, and are held to account for the care they provide.
- Expecting and driving action in response to managing risks and improving care.

SJGHC Caregivers and our Healthcare Partners

All SJGHC caregivers and healthcare partners should:

- Provide high-quality care in their services as a priority
- Go beyond compliance to pursue excellence in care and services
- Feel empowered to speak up and raise concerns and issues, promoting a culture of transparency and learning for improvement.
- Share information and lessons learned regarding clinical safety
- Regularly update their skills and knowledge to provide and support the best care and services possible.
- Actively monitor and improve the quality and safety of their care and services
- Work with care standards and protocols
- Contribute to a culture of safety, transparency, teamwork and collaboration.

SJGHC Patients and Clients

Our patients and clients are at the centre of clinical governance and should:

- Participate in their own healthcare and treatment, and that of their families and carers, to their desired extent.
- Participate in system-wide safety improvement
- Partner with us in governance, planning and policy development to co-design and drive improvement in performance monitoring, measurement and evaluation.
- Advocate for patient and client safety to support the best possible treatment and outcomes for themselves and others.
- Provide feedback, ideas and personal experience to drive change.

SJGHC COMMITTEE STRUCTURES

SJGHC Board Patient Experience and Clinical Excellence Committee

The SJGHC Board's Patient Safety and Clinical Excellence Committee is the peak organisational committee that oversees performance in relation patient/client safety and clinical excellence. Its role is to:

- Set clear measurable patient/client safety, patient/client experience and clinical excellence goals
- Monitor an agreed set of performance indicators across all hospitals/services
- Routinely and otherwise when relevant report to the Board on patient/client safety and clinical quality issues affecting the organisation.
- Provide feedback to the Group Executive and Hospital/Service CEO's regarding any issues of concern that are identified through its monitoring of clinical quality and safety.

SJGHC Executive Committee

The SJGHC Executive Committee supports the GCEO in the delivery of their duties, including:

- Contributing to the development, implementation and monitoring of SJGHC's strategy, business plans and budgets, policies and procedures.
- Monitoring SJGHC's operational and financial performance to the extent that they impact strategy and strategic objectives.
- Monitoring and responding to opportunities, issues, risks and concerns impacting SJGHC as a group.
- Prioritising and allocating resources, including reviewing and endorsing allocation of project investment across SJGHC and providing delivery governance to ensure the overall portfolio achieves the intended outcomes and benefits.
- In relation to clinical governance, the SJGHC Executive Committee ensures that SJGHC has an effective clinical governance framework in place and oversees the control, co-ordination and monitoring of clinical risk.

SJGHC Operational Performance Committee

The SJGHC Operational Performance Committee supports the Chief Operating Officer, Hospitals in the delivery of their duties, including:

- Monitoring clinical, other operational and financial performance
- Dealing with all other issues impacting or affecting the provision of care at SJGHC's hospitals and services

- Monitoring operational risk across SJGHC's hospitals and services
- Providing a consistent point of engagement and reference between hospitals/services and SJGHC's Group and Shared/Support services with a view to supporting and facilitating continuous improvement
- Confirming key metrics relating to patient/client experience, clinical safety and outcomes, caregiver safety and financial performance, monitoring performance against the confirmed metrics, and developing initiatives to address areas of concern or under-performance
- Monitoring compliance with legislation, regulatory and licensing obligations as they apply to SJGHC's hospitals/services
- Monitoring and optimising the allocation and adequacy of resources within SJGHC's hospitals/services.

SJGHC Clinical Governance Committee

The SJGHC Clinical Governance Committee operates as a peak committee providing oversight of SJGHC's systems including:

- Oversight of clinical governance, safety, quality and performance of SJGHC hospitals and services, inclusive of monitoring data and trends.
- Provide leadership and expertise in clinical safety, clinical governance and quality.
- Oversight and monitoring of clinical incidents including investigations, trends and lessons learned to identify opportunities for group wide system and process review and reform.
- Ensure alignment of clinical governance with the SJGHC Mission and Values.

SJGHC Group Clinical Incident Review Committee

The SJGHC Group Clinical Governance Committee operates as a sub committee of the Board PEaCE Committee and functions to monitor the effectiveness of SJGHC's incident management practices including:

- Monitoring and review of trends and themes pertaining to clinical incident reporting including actions implemented to address any issues.
- Provide expert advice and interpretation of serious clinical incident reports and oversight over recommendations.

SJGHC Hospital/Service Committees

Each hospital/service must have at a minimum, the following committee structure in place that has responsibility and oversight for clinical governance:

Hospital/Service Management Committee

- Meets regularly to effectively monitor the performance of its clinical governance systems
- Ensures the early identification and mitigation of risks

- Monitors performance to support continuous improvement in relation to patient/client safety and clinical outcomes
- Is supported by an active Hospital/Service Quality Committee to fulfil these functions
- Ensures appropriate resources are in place to support a robust clinical governance program.

Membership comprises at a minimum, the Hospital/Service CEO, Director of Medical Services, and Director of Nursing/Clinical services (or equivalent).

Hospital Medical Advisory Committee

The Medical Advisory Committee (or equivalent) provides advice and assistance to the Hospital CEO on all aspects of clinical policy, practice, safety and quality of care. This includes:

- Matters relating to clinical practice and accreditation
- Ensuring the appropriate conditions for clinical procedures within the hospital
- Introduction of new surgical and medical procedures; and promotion of continuous quality improvement activities relating to clinical practice.

Membership comprises the Director of Medical Services and persons elected from accredited medical practitioners.

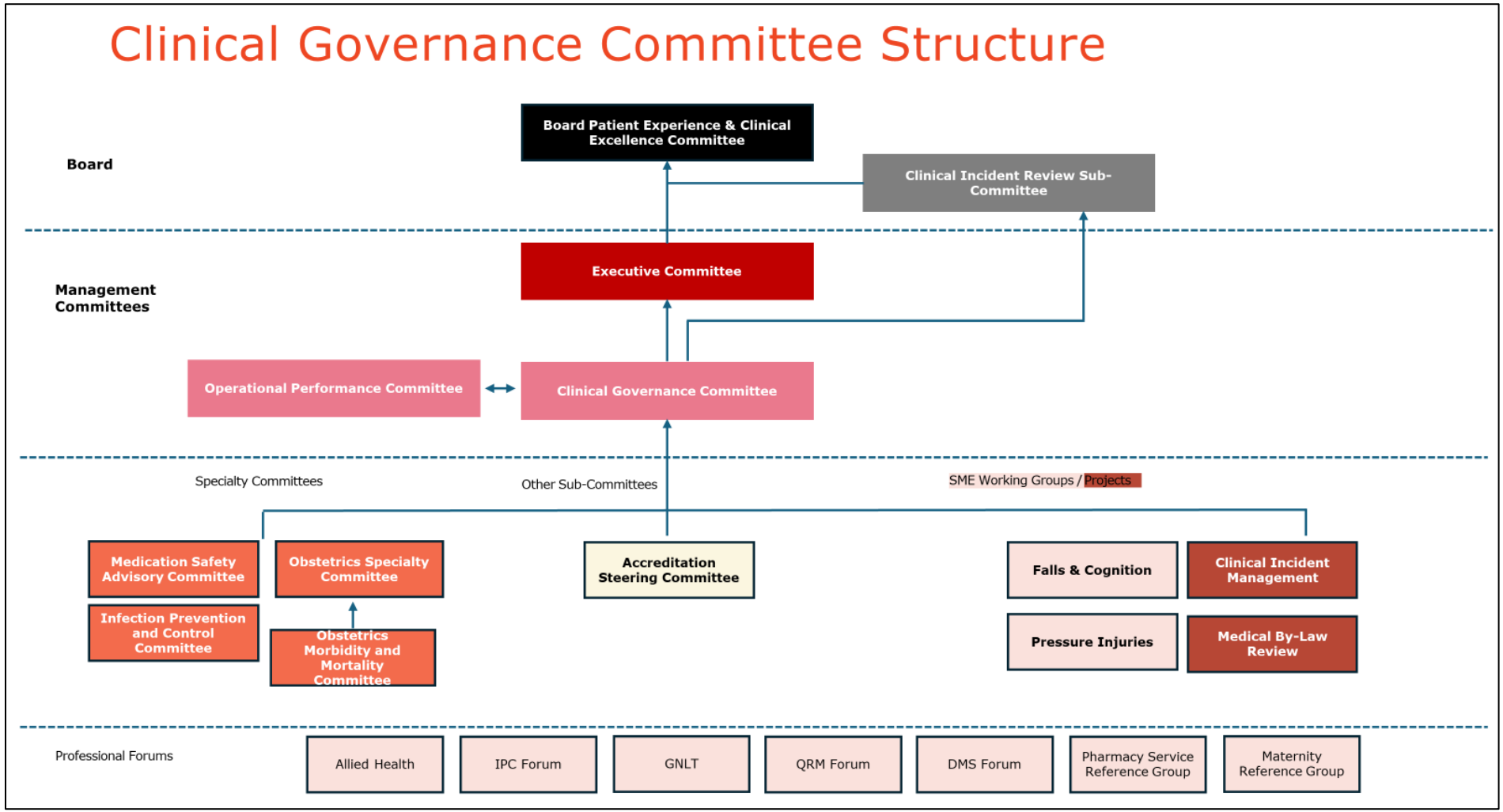
Hospital/Service Scope of Practice Committee

The Hospital/Service Scope of Practice Committee acts independently of the relevant Medical Advisory Committee or any other hospital committee, and is responsible for:

- Receiving and considering all applications for accreditation and re-accreditation of medical practitioners to that hospital/service
- Making recommendations to the hospital/service CEO regarding the appointment and delineation of clinical privileges (or scope of practice) in respect of each applicant for accreditation
- Reviewing the scope of practice of any medical practitioner and making recommendations concerning their amendment, conditions of accreditation, or suspension or termination of accreditation.

Membership comprises the Director of Medical Services (or equivalent) and other persons, such as members of the Medical Advisory Committee and other medical practitioners representing the principal specialty services provided at the hospital/service.

APPENDIX


Clinical Governance Committee Structure
Board
Board Patient Experience & Clinical Excellence Committee
Clinical Incident Review Sub-Committee
Management Committees
Executive Committee
Operational Performance Committee
Clinical Governance Committee
Specialty Committees
Other Sub-Committees
SME Working Groups / Projects
Medication Safety Advisory Committee
Obstetrics Specialty Committee
Infection Prevention and Control Committee
Obstetrics Morbidity and Mortality Committee
Accreditation Steering Committee
Falls & Cognition
Clinical Incident Management
Pressure Injuries
Medical By-Law Review
Professional Forums
Allied Health
IPC Forum
GNLT
QRM Forum
DMS Forum
Pharmacy Service Reference Group
Maternity Reference Group

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Revision History

Revision No.	Position Responsible	Approving Authority	Date Approved
V1.0	SJGHC Group CEO	SJGHC Board	14/08/2018
V2.0	SJGHC Group CEO	SJGHC Board	24/07/2025