ORGANISATION

Clinical governance for boards in the aged care sector

The Aged Care Quality and Safety Commission's recent sector performance reports show that 'effective governance systems' is one of the most frequent 'not met' standards noted in their site and review audits of aged care providers.[1]

This comes at a time when the sector is already under substantial pressure in the wake of the October 2019 interim report from the Royal Commission into Aged Care Quality and Safety, highlighting cases of abuse, neglect and a system inadequate to care for older Australians. The Royal Commission's final report – due in February 2021 – is anticipated to recommend a whole-of-system reform and redesign.

Concerns over the quality and safety of aged care services dominate the environment in which aged care boards are operating and, in particular, poor quality and safety outcomes for aged care consumers have exposed significant flaws in systems of clinical governance.

This director tool builds on *Board governance in the aged care sector*[2] and examines clinical governance within a broader organisational governance framework and the board's role in its oversight.

What is clinical governance?

The Aged Care Quality and Safety Commission defines **clinical governance** as

> *... an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms that are implemented to support safe, quality clinical care and good clinical outcomes for each aged care consumer.*[3]

In essence, boards need to be confident that their organisation provides quality and safe care to help people live the best life possible as they age. Whilst the board does not manage the day-to-day operations of the entity, the board is responsible for maintaining an adequate line of sight to the quality and safety of services provided and making sure that the organisation has:

- a holistic framework and integrated systems to manage safety and quality; and

- clear roles, responsibilities and accountability for safety and quality.

There is no one size fits all for clinical governance in aged care. The continuum of different levels of care across a diversity of providers and a diversity of consumer needs mean that some organisations provide highly complex clinical care, where others may provide less complex care. For example, a residential aged care facility with consumers with complex clinical needs will require different clinical governance to a home care provider that is caring for consumers with varying needs and risks. The board must satisfy itself that the systems are suitable for the services provided and for the consumers it serves.

[1] Aged Care Quality and Safety Commission, Sector Performance Data 1 January – 31 March 2020, [website], https://www.agedcarequality.gov.au/sites/default/files/media/ACQSC_Sector_Performance_JAN-MAR_2020_FINAL.pdf, (accessed 21 August 2020).

[2] Australian Institute of Company Directors, 2019, "New Director Tool: Board governance in the aged care sector", *Membership Update*, 18 December, https://aicd.companydirectors.com.au/membership/membership-update/board-governance-in-the-aged-care-sector, (accessed 9 September 2020).

[3] Aged Care Quality and Safety Commission, 2019, *Clinical Governance in Aged Care Fact sheet 1: Introduction to clinical governance*, July, p 3, https://www.agedcarequality.gov.au/sites/default/files/media/Fact_sheet_1_Introduction_to_clinical_governance.pdf, (accessed 21 August 2020).

The board's role in clinical governance

The following are some core elements of the board's role in a sound clinical governance framework.

Leadership and culture

The board sets the tone from the top by setting a clear vision for the standards of quality and safety that the organisation provides. This vision is reinforced in the language used, metrics examined and lines of enquiry made by the board on a regular basis. Quality and safety – the organisation's considered approach to clinical governance – should be a priority for all directors and be given sufficient time and focus on every board agenda. A whole-of-organisation approach to ensuring quality and safety should be designed, implemented and evaluated to drive a culture that puts consumer care first.

Boardroom questions on organisational culture

- Have we documented our organisational approach for ensuring quality and safe care for consumers?

- Do we define and monitor our quality and safety metrics with the same rigour that we define and monitor the measures of our financial success?

- Does our sub-committee structure provide focus on clinical governance and quality and safety risks?

- Do we have a culture that puts customer care and safety first? How do we know?

- Do we have in place effective systems that support bad news reaching us quickly, including a well-understood whistleblowing policy?

Listening to the voice of the consumer

Clinical governance starts with a clear understanding of consumer and family needs and a focus on outcomes. It is important for the board to understand the consumer experience, and the quality and safety risks. This can be achieved through clear metrics, data and trend analysis as well as planned visits to operations and meetings with clients and families to understand whether their organisation is meeting consumers' needs – as well as using consumer feedback to continuously improve. Good clinical governance considers how consumers are proactively involved in the design of their care to achieve the lifestyle outcomes they are seeking, rather than a system which overmanages and medicalises ageing with deleterious impact on the consumer's lifestyle.

Effective complaints and incidents systems are an essential clinical governance tool. Boards should monitor consumer complaints and incidents and seek to understand the key themes and issues. A sound clinical governance system should demonstrate how the organisation learns from these complaints and incidents and improves practice across the organisation.

Boardroom questions on the voice of the customer

- How does our organisation involve a diverse range of consumers in developing, designing and evaluating their care and services?

- How have the needs of our consumers changed over the last 12 months?

- How might our consumers needs change in the future?

- Are our complaints systems effective?

- How have management incorporated learnings from complaints into improved practice?

Clinical literacy - board skills and composition

Having the required skills and experience on the board is critical to make sure that directors are asking the right questions and are appropriately attuned to what good quality service looks like. Serving on an aged care board requires commitment to the role, an appreciation of the duty of care to vulnerable people and clinical literacy.

The concept of clinical literacy is analogous to the concept of financial literacy. It is not expected that all board members are experts in clinical areas, but directors should have sufficient knowledge to ask questions, evaluate management's responses and form an opinion on the quality and safety of care.

Professional development, training and succession planning for the board in this area should also be a focus.

Boardroom questions on clinical literacy

- Does our board have the depth and expertise to oversight an effective clinical governance framework?

- In what clinical governance areas do we need further professional development and training?

- How can we increase our clinical literacy in the short term, through external advice and a committee function?

Risk oversight

Identifying, preventing and managing risk is at the core of clinical governance. In particular, understanding and mitigating high impact and high prevalent risks. The approach to risk management should be consistent with the vision and values of the organisation and consumer needs and preferences. The board should seek to promote a culture where all staff are engaged in identifying, managing and if necessary, swiftly escalating risks. A tick the box approach which lacks attention to the balance between the quality of a consumer's life and the risk to their health and wellbeing is unlikely to produce good outcomes.

Regular self-assessment against the Aged Care Quality Standards[4] is another important risk management tool. In particular, **Standard 8: Organisational governance**[5] requires a clinical governance framework for organisations where clinical care is provided.

High performing aged care organisations will seek to move beyond a compliance mindset, and embrace the journey created by standards and accreditation to deliver increased value. The organisational attitude to standards begins and ends at board level. The board should work diligently to avoid a culture where accreditation is treated as a point-in-time exercise with increased activity prior to the assessor's visit followed by clinical governance oversight falling off the radar until the next accreditation visit.

Boardroom questions on risk oversight

· What are our top five clinical risks?

· Does our board monitor key quality and safety risks on an ongoing basis?

· Do we have a risk culture that enables serious matters of concern to be escalated swiftly to the board?

· How does our organisation identify and respond to potential abuse and neglect of consumers?

· Does our organisation regularly perform and report on self-assessments to understand and assess the efficacy of our clinical governance arrangements?

Effective workforce

An entity's workforce is its key asset in driving safe and quality aged care. Oversight of the organisation's approach to attracting the right people, induction, training, retaining and rewarding them is critical to quality and safety outcomes.

Boards should seek information to satisfy itself that staff engagement, staffing levels and skills, compliance with required training, and performance appraisals are appropriate.

Significant use of agency staff could indicate issues that might require close attention, including how the organisation makes sure that agency staff are properly inducted, competent and able to meet consumers' needs.

Boardroom questions on workforce

· Are there clear roles and responsibilities for quality and safe care?

· Do we have sufficient staff to meet the current needs of our consumers?

· Are our people equipped and supported to provide safe and quality care?

· How does our organisation identify and address performance issues in our workforce?

· How are we supporting the physical and mental wellbeing of our people?

· How are we planning for future staff requirements?

Integrated systems and processes

Silos are the enemy of good clinical governance. An overarching clinical governance framework should make sure that policies and procedures set clear expectations and are implemented organisation wide.

An *integrated* clinical governance framework should include an explicit commitment to safety and quality throughout the organisation – from the strategic intent, through the organisation structure – including integrated systems for consumer care, risk management and monitoring and reporting. Systems and processes should encourage good communication and relationships within the organisation and with visiting practitioners and external health providers.

The organisation's policies and processes should be evidence-based, leading practice and regularly reviewed and updated with associated training and promotion across the organisation's workforce.

At a minimum, the Aged Care Quality Standards specify that organisation wide systems are expected to address antimicrobial stewardship, minimise the use of restraint and practice open disclosure.

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[4] Aged Care Quality and Safety Commission, 2019, *Guidance and Resources for Providers to support the Aged Care Quality Standards*, December, https://www.agedcarequality.gov.au/sites/default/files/media/Guidance_%26_Resource_V11.pdf, (accessed 1 September 2020).

[5] Aged Care Quality and Safety Commission, *Standard 8. Organisational governance, Quality Standards*, [website], https://www.agedcarequality.gov.au/providers/standards/standard-8, (accessed 9 September 2020).

Boardroom questions on systems integration

- How do our systems identify and respond to changes in a consumers' condition?

- Does the information presented to the board provide confidence that the organisation has an integrated approach to safety and quality?

- Do our systems enable easy access to our consumer records to make sure the best care is provided?

- What data does our organisation use to identify process failures and improve quality and safety?

Effective monitoring and evaluation

Measuring performance and outcomes through clear metrics, data and trend analysis is necessary to inform the board on issues, risks and areas requiring focus in quality and safety.

Developing and tailoring the appropriate clinical indicators and clinical dashboard takes time and effort and as a minimum should include a balance of lag and lead indicators with quantitative and qualitative data. Examples of lag indicators are incidents, clinical audit results and complaints whilst lead indicators such as workforce culture, turnover of senior clinical staff and compliance are useful predictors of ongoing performance.

Benchmarking performance against industry data is also helpful if it is accompanied with meaningful analysis of variances. In discussions with management, boards should seek evidence of a culture of self-evaluation and the use of data to inform continuous improvement.

Boardroom questions on monitoring and evaluation

- Do we have a culture that seeks to understand the root cause of issues and address those rather than quick fixes?

- Where is the evidence that this incident is not happening elsewhere in our organisation?

- Is data on quality and safety considered when making strategic and financial decisions?

- How do we compare to the National Quality benchmarks?

Governing aged care during the COVID-19 health crisis

The COVID-19 pandemic has significantly broadened and deepened the pre-existing challenges in the aged care sector. Leading an aged care board during this crisis requires a thoughtful, integrated approach to governance. This includes oversight of the clinical governance measures for minimising infection related risks, a dedicated COVID-19 plan, a business continuity plan, a financial plan and regular board reporting.

COVID-19 has also accelerated the use of technology and telehealth in aged care and ensuring that clinical governance frameworks adequately cover digital health tools is surfacing as an emerging risk area.

Throughout this health crisis, organisations will be relying on workplace culture where quality and safety comes first, such as staff with symptoms staying away from work and promptly seeking testing. It is also important that providers continue to seek creative means to ensure the ongoing health, safety and wellbeing of consumers in their care, from keeping in touch with family and friends to activities that promote engagement.

The Aged Care Quality and Safety Commission has **published resources** for providers including leading examples of innovation during COVID-19.[6]

Boardroom questions on governing during a health crisis:

- What have we learned from other aged care organisations in managing the COVID-19 pandemic?

- How will we manage our supply chain risks and risks associated with third-party suppliers of clinical services?

- Do we have sufficient stocks of personal protective equipment?

- Are our staff receiving regular training on infection prevention?

- Does our culture proactively promote safety first?

Clinical governance red flags

The following are some organisational red flags that indicate that close director attention to clinical governance is required:

- acceptance of poor outcomes with no clear improvements;

- positive statements on quality and safety performance without evidence;

- lack of meaningful reporting on clinical governance;

- detailed clinical governance reports with plenty of data but no insights;

- high turnover of clinical leaders;

- sanctions/not-mets by the Aged Care Quality and Safety Commission; and

- relying on short term fixes that are not sustainable.

About the Author

Rosina Hislop FAICD is an experienced director serving on boards across aged care, health and education, and a strategic advisor to boards on strategy, finance and governance. Rosina is also a national facilitator, presenter and author with the Australian Institute of Company Directors.

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