

This is NOT another fact sheet on GOVERNANCE

...because we know all about it, don't we?

So take this quick quiz:

Question 1: Who is responsible for governance in your Local Health District/Speciality Health Network?

- a) The Chief Executive (That's what they are there for, isn't it?)
- b) The Board (OK, maybe it's their job.)
- c) The Medical staff (They decide what the patient's need, so it's their responsibility.)
- d) None of the above (This must be a trick question.)
- e) All of the above (That can't be right, can it?)

Yes it can. (e) is correct. Governance is everyone's responsibility.

Question 2: If governance is everyone's responsibility, what does it actually mean? What is governance?

- a) Transparent accountable leadership
- b) High-level processes and behaviours that ensure an agency performs and conforms
- c) How the board operates and fulfils its obligations
- d) The way I perform my role, and comply with standards (including values and professional practice standards)
- e) All of the above

Once again (e) is correct. There are many ways to describe governance; it depends on the context.

Question 3: What are some of the different types of governance?

- a) All the below
- b) Clinical governance
- c) Project governance
- d) Corporate governance
- e) Program governance

Just for a change, the answer is (a) – they are all different types of governance.

Key Messages

- Governance is everybody's responsibility.
- There are different types of governance.
- It means different things in different contexts.

HOW DOES GOVERNANCE RELATE TO CLINICAL PRACTICE?

The governance framework for NSW Health System has 7 governance standards:

Standard 2: Ensure clinical responsibilities are clearly allocated and understood

What does good clinical governance look like in practice?

As a clinician:

- Being prepared for the role – having the right knowledge
- Letting someone know when you need assistance – either due to workload or for expert knowledge
- Maintaining your clinical registration
- Continuing to learn

As a manager:

- Responding positively and constructively to complaints
- Developing clear Terms of Reference for committees
- Providing a range of different ways for clinicians to be involved in decision making
- Listening to your staff – be available for them

For everybody:

- Thoroughly checking the credentials of applicants who apply for positions
- Speaking up when behaviour (clinical practice or personal behaviour) is inappropriate
- Having knowledge of policies and procedures relevant to my role
- Being involved in decision making at all levels of the organisation

Key messages:

- Good clinical governance is more than just having clinical skills.
- It's about how we communicate our attitude and our care.
- Good governance is about being empowered to perform our role in the best possible manner.

SETTING THE STRATEGIC DIRECTION – WHAT DOES THIS MEAN?

The governance framework for NSW Health System has 7 governance standards:

Standard 3: Set the strategic direction for the organisation

For the Board and the Executive

Good governance occurs when the Board and the Executive work collaboratively and create a Strategic Plan document. There are many different ideas about what a Strategic Plan looks like. The Strategic Plan needs to include strategic goals.

What is a Strategic Goal?

Strategic goals are statements of what you want to achieve over the period of the strategic plan (maybe a 3 to 5 year period or longer). It includes creating a vision and could include a mission statement.

Development of the strategic goals (sometimes called strategic objectives) occurs after an analysis of the environment has been undertaken. A SWOT (strengths, weaknesses, opportunities and threats) assessment has been undertaken.

The strategic goals need to be **SMART**:

Specific – they have to be precise

Measurable – each goal needs to have a Key Performance Indicator/s to measure progress

Attainable – the goals have to be achievable

Relevant – they need to be related to the direction being taken by the organisation

Timely – a time period needs to be identified to achieve the goal

Other plans need to link to the Strategic Plan

Detailed plans need to be developed and linked to the Strategic Plan. The Governance Framework recommends the following, and any other plans that are relevant for the LHD or Service.

- Asset management
- Information and technology
- Research and teaching
- Workforce management
- Healthcare Services Plan
- Aboriginal Health Action Plan

Lessons learnt

A strategic goal is not an operational goal. (An operational goal is short-term whereas a strategic goal is long-term.)

A goal needs to be defined as to what is going to be achieved, when it will be achieved, and how to measure whether it has been achieved. Without these components, it just becomes a statement of aspiration.

INVOLVING STAKEHOLDERS

The governance framework for NSW Health System has 7 governance standards:
Standard 6: Involve stakeholders in decisions that affect them

Who are my stakeholders?

Stakeholders are those individuals, groups or organisations who are interested in your organisation. They are affected by the actions, objectives and policies. Therefore, they are interested in what you do. The main groups of stakeholders for health services include:

- Patients, carers, consumers
- Your staff
- Your community
- Other service providers
- Special interest groups

Each public health organisation will have a slightly different group of key stakeholders. However, every organisation has staff, customers and a local community.

What do we need to do?

Health organisations need to consider the rights of stakeholders and their areas of interest, and include them in the development of plans for the organisation. They need to be involved in the organisation and in decisions that affect them.

How can this happen?

Communication with stakeholders occurs at all levels of the organisation. Consider the following examples: The development of a Strategic Plan should include ways for staff and other key stakeholders to be able to participate and provide feedback.

Information needs to be accessible and presented in a way that is understood. We need to be mindful that the health sector is complex and difficult to navigate.

Not all Board Members have an intricate knowledge of the health sector. We need to remove jargon and communicate in plain English.

We need to provide stakeholders with a range of different ways that they can provide feedback to us. We also need to consider the different needs of our stakeholder groups, including those who may be different cultural backgrounds.

Responsibility at all levels.

Engagement of stakeholders not only occurs at the Board and Executive levels. Remember that our colleagues are also our stakeholders. They need to be involved in decisions that are made that will impact on them. So remember in your daily work: “Who will be affected by the decisions that I am making?”

RISK IS EVERYONE'S RESPONSIBILITY

The governance framework for NSW Health System has 7 governance standards:
Standard 7: Establish sound audit and risk management practices

It starts at the top

The Board is responsible for ensuring that there is an effective risk management approach across the organisation. The questions to be asked by the Board include: have we got the right systems and processes in place? Are people using them? Are we getting the right information we need about the risks we face? Is there a good understanding of risk across the whole organisation?

The Board and Executive need to consider strategic risks. What are the risks that could occur that would have an impact on the entire organisation? Reputational risk is an example that should be considered.

The Executive of a public health organisation is responsible for implementing the policies and procedures, and actively developing a culture of risk awareness across the organisation. The Executive ensures that risks are appropriately recorded, reported and mitigated.

Reports to the Board are to include only the most important risks – they do not need to have visibility of all operational risks. Boards and the Executive need to have a dialogue about risk reports to ensure that they meet the needs of all parties, and are aligned with the governance role of the Board.

The role of Clinicians

Clinicians are very aware of risk as it's a critical part of their training and practice. Their responsibility is broader than their own clinical practice, as clinicians work in the middle of our health services. They have direct experience about how our health services function, and are in the ideal position to identify risks and issues that extend beyond their own patients.

All clinicians have a responsibility to inform the appropriate person about any type of risk issue they observe. It can relate to a management issue, a work practice or any aspect.

The role of Managers

All roles that have responsibility for other people play a critical role in relation to risk management. This is the same, whether your title is Team Leader, Unit Manager, Head of Departments or something else.

Managers are in the best position to help create a culture of risk awareness that is open to identifying, reporting and mitigating risk. The important part is having the conversations in the workplace, and having discussions with colleagues. This helps to then have informed discussions with line managers and other colleagues about how to improve our systems and processes and mitigate risks.

Further information: Enterprise –Wide Risk Management Policy and Framework – NSW Health
http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_043.html