

## 5.0 GOVERNANCE – RISK MANAGEMENT AND ACCOUNTABILITY

### 5.1 Risk Management

Metro North is committed to managing risks in a proactive, integrated and accountable manner through designated clear structures and ownership of risk accountabilities and responsibilities, systems and processes for risk management. The Board and senior leadership drive an organisational culture that values open, fair and accountable behaviours, and that encourages staff members to proactively manage risks. The Board has communicated a zero tolerance for preventable patient harm as the key organising principle for all risk identification, assessment, treatment and monitoring.

Metro North has established and maintained an appropriate risk management system based on the Australian/New Zealand Standard ISO31000:2009 *Risk Management – Principles and guidelines* (AS/NZS ISO 31000) and the National Safety and Quality Health Service Standard 1, Governance for Safety and Quality in Health Service Organisations.

A review of the entire risk management process, including capability and governance systems occurs annually to ensure the system remains fit for purpose and up-to-date, and is delivering effective and robust risk management practices. Internal audit has assisted to provide direction for areas of development and will continue to undertake an annual audit to provide assurance that the risk management framework is operating effectively. The annual review provided assurance that the organisation's operational and business units are compliant with policies and procedures relating to risk management, and that risks are being effectively monitored and treated to an agreed level. The review assessed the risk management system as having been effectively implemented across operational, organisational and strategic risk registers.

The annual 'lessons learned' have been used to enhance the risk management system, and include:

- An enhanced focus on risk opportunities as well as possible threats, and the effect these may have on the ability of Metro North to meet its objectives,
- A revision of strategic risks as part of the revised strategic plan,
- A realignment of risk registers to ensure all operational and business units are integrated within the structure,
- Enhanced integration of risk management into planning processes and key components of decision-making, policy development, and resource allocation,
- Development of support programs of education, training and development for staff with key responsibilities,
- A review of the risk matrix to better align with the Board's risk appetite and clinical context of the organisation,
- Improvements to risk reporting tools and processes.

The Metro North Strategic Plan 2015–2019 outlines the following strategic risks for the organisation:

#### Responding to community need

- The need to respond to demand outside the catchment to provide care for a significant number of Queenslanders as a provider of specialised tertiary services
- An increasing population in relatively disadvantaged northern end of our boundary
- Ageing population
- Increasing burden of chronic disease

#### A more efficient and productive health system

- Inequity of access to services
- Mismatch of resources between current services and areas of growth and need
- Potential for inconsistency of quality of services
- Inability to rapidly adopt and fund new expensive technologies and treatments
- Rising costs of health care

#### Workforce capability

- Increasing competition for health care workers
- Need for increased specialised knowledge
- Ability to work across disciplines and care settings



## Easing the pressure

Choosing the right treatment can make a world of difference to patient recovery time, particularly if the patient is vulnerable and immobile. Contemporary research in the Intensive Care Unit (ICU) at Redcliffe Hospital is identifying the best methods of treatment for patients susceptible to pressure injury.

Chief Investigator Jodie Gordon, Project Officer Monica Stankiewicz and Research Assistant Wendy Brown are researching the efficacy of two products commonly used in the prevention of pressure injuries in patients who are critically ill.

Ms Gordon says patients in ICU are the sickest in our hospital and are often given medications which can leave the skin vulnerable to difficult-to-treat pressure injuries.

“In the past there have been a number of randomised controlled trials to support the use of dressing versus no dressing, but there is little evidence showing a comparison between different types of dressing,” Jodie says.

“Different patients in the study are being treated with different products during the 12 month study.”

ICU clinicians have been pivotal in supporting the research and ensuring its success, especially around the regular collection data.

The study will assist clinicians to make informed choices regarding the most effective dressings to use in ICU and in other areas of the hospital where patients may be prone to pressure injury.

*Pictured above: Getting under way on pressure injury research are, from left, Barb Williams (ICU) Monica Stankiewicz, Jodie Gordon and Anita Weier (ICU).*



## Researchers at forefront of innovations in patient care

Metro North is proud of the vibrant research culture that exists across all its health services.

Our researchers are among the best in the world. Their work is helping to not only advance patient care, but also provides a glimpse into the next generation of treatments that have the potential to make a difference to people's lives the world over.

To celebrate the depth and breadth of this quality work, Metro North hosted its inaugural Research Excellence Awards in May.

Professor Michael Breakspear was named Researcher of the Year.

The Researcher of the Year was decided from winners of the seven Research Excellence Award categories.

### Improving patient outcomes in an acute care setting

- Professor Alison Mudge, Improving health outcomes for older patients in the acute care setting

### Promoting Healthy Minds and Bodies

- Professor James Scott, Improving the mental health of Australian youth

### Innovation and Creativity

- Associate Professor Daniel Chambers and the Queensland Lung Transplant Service Research Team

### Chronic disease and community care

- Dr Helen Healy and the CKD.QLD Collaborative, Improving management of Chronic Kidney Disease (CKD)

### Technology and Biotechnology

- Professor Michael Breakspear, Using neuroimaging to understand brain network disturbances in psychiatry

### Integrated care – Health Service Research

- Professor Louise Cullen and the Emergency Cardiology Research Group, Improving ED assessment of chest pain

### Rising star – Early Career Researcher

- Dr Dylan Flaws, Acute Coronary Syndrome Pathway improving outcomes

*Pictured above: Professor Michael Breakspear receiving his award from Board Chair Dr Robert Stable and Chief Executive Ken Whelan.*

## Rising Star – Early Career Researcher

This year, Dr Dylan Flaws was awarded The Rising Star – Early Career Research Award for his work in improving outcomes in ‘Acute Coronary Syndrome Pathway’.

This award recognises an individual who demonstrates outstanding potential as a future research leader in their area of expertise.

Dr Flaws is a respected and influential researcher whose publication list already stands at 18.

Among his many accomplishments is the creation of the Emergency Department Acute Chest-pain Score (EDACS), which is now being used across New Zealand and many Australian hospitals.

He has established himself as an expert in the field of clinical predictive modelling and decision aids, and has been invited on multiple occasions to be an expert reviewer of papers submitted to Academic Emergency Medicine.

He has received a Department of Health Junior Research Fellowship to further develop his skills and apply them to the clinical problem of delirium, which affects all areas of medicine.



*John Fraser (left) with our Rising Star Early Career Researcher, Dylan Flaws.*



## Researcher of the Year

The Inaugural Researcher of the Year Award was presented to Professor Michael Breakspear.

Professor Breakspear also took home this year’s Technology and Biotechnology Award for his work on brain network disturbances in psychiatry using neuroimaging.

He is known as a leading international researcher in the application of brain network theory in understanding psychiatric disorders.

Professor Breakspear’s research is ground-breaking and will help us address some of the biggest mental and neurological health challenges of our time, such as depression, bipolar disorder and dementia. Its non-invasive procedure means it can be easily translated into clinical practice.

His research has been internationally recognised and published in world renowned scientific journals.

*Pictured above: Professor Michael Breakspear, Researcher of the Year 2016.*



## New hope for patients with chronic lung disease

Ground-breaking stem cell therapy research at The Prince Charles Hospital has the potential to change the lives of people affected by chronic lung disease.

The Queensland Lung Transplant Service's Head of Research Associate Professor Daniel Chambers said he is hoping the research will not only extend the survival rates of the many Australians who have had a lung transplant, but also ultimately transform the quality of life for people with any lung disease.

"Chronic lung conditions are debilitating and ultimately fatal, with many patients needing a lung transplant in the long term," Associate Professor Chambers said.

"We are investigating the role of stem cell therapy for targeted lung conditions to identify new ways to assist in the long term management of patients with currently incurable conditions."

The team is also investigating the role of stem cell therapy in the prevention of chronic rejection after a lung transplant.

"This is good news for transplant patients given chronic rejection is the biggest risk to their survival," Associate Professor Chambers said.

The research team has already conducted multiple world-first trials to evaluate the feasibility and safety of intravenous stem cell and T-cell therapy in lung fibrosis, pulmonary hypertension, lung transplant rejection, drug-refractory viral infection and related malignancies.

Patient Matt Meyers has experienced the benefits of the research first hand. After receiving a life-saving heart-lung-liver transplant for cystic fibrosis, Matt was unable to recover when he developed post-transplant lymphoma which was unresponsive to conventional chemotherapy.

The research team stepped in and were able to obtain compassionate access to a third party T-cell product they are developing in collaboration with QIMR-Berghofer and a corporate partner. After receiving this ground-breaking treatment, Matt recovered to return home and enjoy life.

With the support of Metro North Hospital and Health Service and The University of Queensland, Associate Professor Chambers is establishing an Australian-first Centre for Lung Regeneration, where stem cell science can be translated into the clinic. The Centre will be the largest of its kind in the world.



*Matt Meyers and Associate Professor Chambers*

## 5.2 External Scrutiny

The operations of Metro North are subject to regular scrutiny and validation from numerous external agencies.

In 2015–2016, Parliamentary reports tabled by the Auditor-General which broadly considered the performance of Metro North included:

- Hospital and Health Services: 2014–15 financial statements (Report 5, 2015–2016);
- 2015–16 Queensland public hospital operating theatre efficiency (Report 15, 2015–2016).

The recommendations contained within these Auditor-General reports were considered and action was taken to implement recommendations or address any issues raised, where appropriate.

The Australian Council on Health care Standards (ACHS) conducted a Periodic Review visit for accreditation of hospital and health services in September 2015 for the following services:

- The Prince Charles Hospital
- Redcliffe Hospital
- Caboolture Hospital
- Kilcoy Hospital
- Community, Indigenous & Subacute Services
- Mental Health services.

In May 2016, RBWH underwent an Organisation-wide Survey with ACHS.

All services successfully met all assessed standards, and maintained their accredited status.

All services are currently accredited with ACHS and the Australian Aged Care Quality Agency for aged care services.

### 5.3 Internal Audit

The Internal Audit function provides an independent and objective assurance and consulting service to management and the Board. The audits undertaken are risk based and are designed to evaluate and improve the effectiveness of risk management, control and governance processes.

Annual and strategic audit plans are developed in consideration of the Board's risk management and governance processes, designed and maintained by management. Following consultation with management and members of the Risk and Audit Committee, annual audit plans are approved by the Board.

Service delivery and audit operations are aligned with the Institute of Internal Auditors – Australia, International Professional Practices Framework (IPPF). The IPPF provides a proven, professional and defensible audit methodology through a conceptual framework that defines the role of internal audit, provides a code of ethics to comply with and prescribes International Standards that guide audit teams with regard to auditor attributes, delivery of audits (planning through to reporting) and other best practice principles. This framework supports the delivery of effective, efficient and economical audits.

Internal Audit operates with due regard to Treasury's Audit Committee Guidelines, a Board approved Charter, and contemporary internal audit standards.

The delivery of audits is assisted through a co-source partnership arrangement with an accounting firm and engagement of subject matter experts as required. Although the function liaises regularly with the Queensland Audit Office, it remains independent of the QAO.

Key activity and achievements of Internal Audit during the 2015-16 year included the engagement of a health consultant to assist with and undertake clinical audits as part of the broader Internal Audit team, and developing and refining existing Internal Audit practices to further integrate and support Board and management assurance needs.

In addition, a number of audit projects were completed during the year including:

- Payroll – review of rosters, overtime and leave
- Credentialing – Medical staff
- Management of medical fatigue
- Approval for new clinical products and procedures
- Social media
- Review of research practices
- Business continuity plans – Operations
- Disaster recovery plans – Information technology
- Management of patient and staff feedback

### 5.4 Information systems and record keeping

*The Public Records Act 2002, Information Standard 40: Recordkeeping (IS40), and Information Standard 31: Retention and Disposal of Public Records (IS31)* provides overarching governance for recordkeeping practices across Metro North.

Metro North continues to develop recordkeeping capability. In 2015, an Enterprise Records Management Team was established to lead improvements to corporate recordkeeping systems, procedures and practices. This team has introduced the electronic Document and Records Management System (eDRMS) and a suite of corporate recordkeeping governance, with training and support provided to all new users to ensure employees are equipped to meet their corporate records management obligations.

The Office of the Chief Executive, in conjunction with the Enterprise Records Management Team, maintains the use of the electronic record management system TRIM for key correspondence to and from the office.

Throughout Metro North, corporate recordkeeping leadership, authority and responsibilities are assigned to appropriately qualified and experienced staff. A corporate recordkeeping strategy was developed to support staff to meet their roles and responsibilities in relation to the creation, capture and management of corporate records, and ensure compliance with legislative, business and accountability requirements.

Clinical records are maintained in accordance with a retention and disposal system compliant with the *Queensland State Archives Health Sector (Clinical Records) Retention and Disposal Schedule (QDAN683 V.1)*.

### Information disclosures

Section 160 of the *Hospital and Health Boards Act 2011* requires that any confidential information disclosures made in the public interest by a service are outlined in the annual report for that service. There was one disclosure of confidential information by Metro North Hospital and Health Service under this provision in 2015–16:

- Release of medical information to Queensland Police to enable investigation of serious armed

assault with alleged perpetrator at large posing a threat to patient and public.

### Open data

Additional annual report disclosures relating to expenditure on consultancy, overseas travel and implementation of the Queensland Language Services Policy are published on the Queensland government's open data website [www.data.qld.gov.au](http://www.data.qld.gov.au)

## Reducing malnutrition in oncology patients

Royal Brisbane and Women's Hospital Nutrition and Dietetics researchers are receiving international recognition for a combined research project helping oncology patients at risk of malnutrition.

Along with specialists from the Cancer Care Services Head and Neck clinic and Speech Pathology, the department is using data collected at the hospital to identify patients at greatest risk of malnutrition and dehydration, fitting them with a feeding tube before treatment for their cancer starts.

Dietitian Team Leader Teresa Brown has been very encouraged by the success of the research findings and the reduction in negative feeding outcomes seen in the patients.

“By identifying patients that presented with certain tumours in the head and neck region and that were expected to have chemotherapy and radiotherapy concurrently, we could recommend that the patient be fitted with a feeding assistance device known as a PEG tube,” said Ms Brown.

“This is now the standard protocol for the nutrition and swallowing management of patients with head and neck cancer and has been adopted as best clinical practice into several hospitals in Australia.”

Breakthroughs such as this help to reduce malnutrition and dehydration, as well as weakness and fatigue, which can prevent unplanned hospital admissions and improve quality of life.



Dietitian Teresa Brown

Mark Wilson was diagnosed with throat cancer at the age of 55 and understands the impact of assisted feeding while undertaking concurrent therapy treatment.

“I had always been a strong and active person. I swam a lot and had never really spent much time in hospital. From day one I was told that my treatment would likely affect me eating and drinking normally,” Mr Wilson said.

“It was a little overwhelming at first. But every day I am grateful for the team of people that looked after me every step of the way. I am three weeks into my treatment and have started using the PEG tube and it's given me peace of mind that I never knew I would have.”

## 5.5 Patient Safety and Quality of Care

Safeguarding and improving the safety and quality of patient care is a key priority and informs all aspects of the provision of services and decisions across the health service.

The Board, Chief Executive and management are responsible and accountable for ensuring the systems and processes are in place to support clinicians in providing safe, high quality care, and in ensuring clinicians participate in governance activities. These systems are established to set, monitor and improve the performance of the organisation, and communicate the importance of the patient experience and safe, high quality health care, to all members of the workforce.

The governance of clinical care occurs within the context of the role of the Board, and includes financial and corporate functions, setting strategic direction, managing risk, improving performance and ensuring compliance with statutory requirements.

The development of the Clinical Governance Policy and associated framework in 2015-2016 supports Metro North to systematically prevent avoidable harm to patients. The framework outlines how we will methodically measure care outcomes, understand the key drivers to those outcomes, and how to make those outcomes best in class.

The establishment of the clinical governance framework provides an integrated system of governance, risk and compliance that actively manages patient safety and quality risks.

There are five key elements within the framework that communicate strategies to enhance the delivery of clinical care, and ensure the approach is organised and optimised to take advantage of the scale, size and capability across the organisation:

### 1. Governance and quality improvement systems: delivering quality reliably

Formal systems and processes have been designed to enable staff to effectively fulfill the responsibilities and accountabilities of their roles and to continuously improve to maximise patient safety and quality of care. A suite of policies, procedures and protocols form the clinical governance system that guides safe practice.

### 2. Clinical practice: clinical effectiveness through measurement of performance

Care provided by the clinical workforce is guided by the current best practice. Defined clinical care protocols will be implemented to ensure the processes to support the early identification,

early intervention and appropriate management of patients at increased risk of harm are in place and supported by systems to escalate the level of care when there is an unexpected deterioration in health status.

### 3. Performance and skills management: engaged and effective workforce

Support is required to ensure clinicians and managers have the skills, knowledge and training to perform the tasks that are required of them and that they understand the concept of governance. Processes are in place to support the appropriate selection and recruitment of staff, credentialing of clinical staff including annual performance review and individual development, maintenance of professional standards, and control of the safe introduction of new therapies or procedures.

### 4. Incident and complaints management: optimising and standardising processes through organisational learning

Patient safety and quality incidents and near misses are recognised, reported and analysed, and this information is used to improve safety systems. The system of detecting incidents, near misses and risks (including clinical incidents and patient complaints) uses multiple methods of information to inform clinical improvement strategies, as part of the integrated clinical risk management program.

### 5. Patient rights and engagement: consumer participation and partnership

Consumer participation occurs at all four levels of the organisation (individual person and their family, service line, organisation, and broader community) through activities such as informed decision making and feedback, community consultation and consumer partnership on governance and management committees, and within improvement initiatives or clinical risk management activities.

Consumer participation is sought as part of planning, policy development, health service management, clinical research, training programs and guideline development.

Leadership for safety and quality across all levels of the organisation is aimed at supporting the individual and collective efforts of all staff to be part of a culture devoted to quality. Targeted action plans are implemented as part of integrated planning across Metro North to apply the clinical governance framework and improve the safety and quality of patient care.