Follow up review – Metro North Hospital and Health Service Independent Governance Review – Caboolture Hospital – Surgery Ongoing implementation plan – November 2022

On 3 November 2022, the 12 month follow up review of *Metro North Hospital and Health Service Independent Governance Review: Caboolture Hospital Surgery Report (October 2021)* completed by independent reviewer, Dr James Sweeney, was submitted to the Metro North Health Board Chair.

The follow up review identified that all 19 recommendations have been actioned and implemented¹. Of these, 8 recommendations require ongoing monitoring and 2 have been actioned but require further implementation.

The following action plan details the recommendations still requiring ongoing monitoring and implementation.

Recommendation (2021 independent review) **Action required: Accountable Officer** Time frame 4 – Encourage more multidisciplinary team **Executive Director** members (MDT) to attend the Morbidity and Actioned – Caboolture, Kilcoy, Woodford Mortality (M&M) monthly meetings held, to identify require ongoing Has been actioned, process and acceptance by achievements and opportunities for improvement **Director Medical Services** staff to be driven by CKW Leadership team to monitoring related to surgical outcomes and performance. Caboolture Hospital ensure it becomes embedded practice. Clinical Directors Caboolture, August 2023 Follow up review (2022) - has been actioned - Gastroenterology, Intensive 8 month follow up evaluation by Metro North however ongoing monitoring needs to ensure it Clinical Governance, Safety, Quality and Risk Care, Anaesthetics and Monthly reporting becomes embedded practice. Further evaluation in and Caboolture, Kilcoy, Woodford Leadership Surgery at Executive 6-12 months by Metro North Clinical Governance, team to occur. Safety and Safety. Quality and Risk (MN CGSQR) with the Executive Director, Metro Quality and Caboolture, Kilcov, Woodford Leadership team is North Clinical Governance, Board level advised to ensure that this has been fully embedded Safety, Quality and Risk in practice at Caboolture, Kilcoy, Woodford.

¹ Recommendations 1,2,3,5,8,9, 10 and 18 have been actioned and completed. Recommendation 12 has been closed (processes already exist to satisfy this).





Recommendation (2021 independent review)	Action required:	Accountable Officer	Time frame
6 – Establish a peer review process across the MNHHS Surgery and Intensive Care Stream of surgical complication cases and document actions for improvement. Follow up review (2022) – has been actioned but will require ongoing monitoring to ensure it becomes embedded in practice	The Caboolture Hospital Review Steering Committee to monitor the effectiveness of the peer review process.	Executive Director, Metro North Surgery and Intensive Care Stream Director Surgery – Caboolture Hospital Director Surgery – TPCH Director Medical Services Caboolture Hospital	Actioned – require ongoing monitoring
7 – Executive Director CGSQR, MNHHS and Executive Director Caboolture and Kilcoy Hospitals and Woodford Corrections Health Centre (for the purpose of this report, this position will be referred to as Executive Director Caboolture Hospital) to ensure the Patient Safety Officer and Service Improvement Unit team of Caboolture Hospital are provided with clinical incident management and report writing training, supervision, networking opportunities and quality assurance, improvement, consumer complaint management and audit training. Follow up review (2022) – has been actioned but an ongoing program to ensure that new staff and those that have yet to attend workshops are included.	Ongoing promotion and monitoring to ensure that new and current staff participate in workshops across Metro North wide and Caboolture, Kilcoy, Woodford.	Directorate Executive Directors and Directorate Safety and Quality Directors Executive Director, Metro North Clinical Governance, Safety, Quality and Risk Executive Director Caboolture, Kilcoy, Woodford Assistant Nursing Director Safety and Quality Caboolture Hospital Acting Director Operations Caboolture, Kilcoy, Woodford	Actioned – require ongoing monitoring

November 2022 Page 2 of 6

Recommendation (2021 independent review)	Action required:	Accountable Officer	Time frame
11 – MNHHS Surgical and Intensive Care Stream committee collaboratively develop, implement and monitor additional surgical process and outcome measures benchmarked across all surgical sites, to inform and drive safety and quality improvements in partnership with MNHHS CGSQR unit. Follow up review (2022) – the intent of this recommendation has been actioned but needs monitoring to ensure continuation.	NSQIP position has been established at Caboolture Hospital and all Metro North Facilities. Further opportunities are being explored to facilitate supervision by a senior surgeon at RBWH/ TPCH to ensure monitoring and potential for upskilling of Surgeons at Caboolture Hospital.	Executive Director, Metro North Surgery and Intensive Care Stream Director Surgery TPCH Director Surgery Caboolture Executive Director, Metro North Clinical Governance, Safety, Quality and Risk	Actioned – require ongoing monitoring
13 – Metro North centralise to MNHHS CGSQR team existing Caboolture Hospital and all local Safety and Quality facility data roles and resources to develop and support a contemporary, standardised, mature clinical health informatics system that provides transparent, timely, consistent and accountable "Ward to Board" Safety and Quality performance measures that can be benchmarked for all of its hospitals and across clinical streams, including surgical services. Follow up review (2022) – has been actioned and can be closed after the implementation of a new system.	Procurement process has commenced for a "Ward to Board" Safety and Quality integrated management system across Metro North. In partnership with Clinical Skills Development Service, an internal project will be establishment once the integrated management system has been procured to roll out the system across Metro North over a 12-month period.	Executive Director, Metro North Clinical Governance, Safety, Quality and Risk Metro North Hospital and Health Service Chief Operating Officer	December 2023

November 2022 Page 3 of 6

Recommendation (2021 independent review)	Action required:	Accountable Officer	Time frame
14 – Improve the content of the safety and quality reports produced by and for Caboolture Hospital through the inclusion of critical analysis and links to improvement actions at Caboolture Hospital and the Surgical and Intensive Care department Safety and Quality committees respectively. Follow up review (2022) – has been actioned and procedures are now in place for ongoing improvement however ongoing monitoring is required.	Existing governance structures monitor reporting quality (Executive Safety and Quality Committee, Safety and Quality Advisory meeting, Directorate Performance Meeting).	Executive Director Caboolture, Kilcoy, Woodford Assistant Nursing Director, Safety and Quality, Caboolture Hospital Nursing Director, Surgical and Intensive Care, Caboolture Hospital Director – Surgery Caboolture Hospital Director – Intensive Care Caboolture Hospital Executive Director, Metro North Clinical Governance, Safety, Quality and Risk	Actioned – require ongoing monitoring
Inprovement Unit, Caboolture Hospital to provide contemporary support of safety and quality systems and reporting. Change the Director's position to operational, and professional reporting to the Executive Director CGSQR, MNHHS in partnership with the Executive Director Caboolture Hospital with embedded day to day reporting to enhance professional and operational support and a level of transparency and independent objective leadership aligned to the MNHHS Safety and Quality Strategy. Follow up review (2022) – Finalisation of agreed structure will occur within 8 weeks	Caboolture Hospital Quality and Safety Unit, business case for change currently out for consultation. Enhance existing governance structures (Executive Safety and Quality Committee and Safety and Quality Advisory meeting and Metro North Health Quality and Safety Community of Practice) to: • Continue to strengthen professional collaboration and support across all MNHHS facilities. • Ensure that Safety and Quality processes and onsite work patterns and	Executive Director Caboolture, Kilcoy, Woodford Executive Director, Metro North Clinical Governance, Safety, Quality and Risk Assistant Nursing Director, Safety and Quality, Caboolture Hospital Acting Director Operations Caboolture, Kilcoy, Woodford	January 2023

November 2022 Page 4 of 6

Recommendation (2021 independent review)	Action required:	Accountable Officer	Time frame
	data flow is consistent across all MNHHS facilities.		
	 Enable staff to work across sites as required in response to both Metro North and local priorities. 		
16 – Ensure that collated consumer feedback and experiences data and information is monitored and used by the Surgery and Intensive Care department to improve the safety and quality of services and care, including: Develop consumer feedback summaries across MNHHS from a range of resources including RiskMan, PREMS, OHO requests, Ryan's Rule requests, and analyse the frequencies and free text data about consumer complaints to regularly inform communication, staff attitude and timeliness with consumers and their families. Follow up review (2022) – has been actioned and is expected to become embedded in the processes.	Existing governance structures and patient safety and quality reporting processes to continue to monitor consumer feedback and experience at the Department, Directorate and Metro North level.	Executive Director Caboolture, Kilcoy, Woodford, Redcliffe, TPCH, RBHW, STARS, Mental Health, COH Director Surgery Caboolture Hospital Director Intensive Care Caboolture Hospital Assistant Nursing Director, Safety and Quality, Caboolture Hospital Director of Nursing, Surgery and Intensive Care, Caboolture Hospital Acting Director Operations Caboolture, Kilcoy, Woodford Executive Director, Metro North Clinical Governance, Safety, Quality and Risk	Actioned – require ongoing monitoring

November 2022 Page 5 of 6

Recommendation (2021 independent review)	Action required:	Accountable Officer	Time frame
17 – Consider ways to educate and address the underlying culture issues prevalent throughout Caboolture Hospital. This may include implementation or refresher empathy training, leadership mentoring, Communication and Patient Safety (CaPS) and Communication, Respect, Accountability = Safe Healthcare (CRASH). Also enhanced opportunities for collaboration with multidisciplinary teams through attendance at safety and quality committee meetings. Follow up review (2022) – has been actioned, but an ongoing program of reinforcement and continued education, particularly for new staff, will be required.	The Caboolture Hospital Review Steering Committee to monitor implementation. Ongoing processes to be included in operational planning (Caboolture, Kilcoy, Woodford Directorate and Safety and Quality unit).	Executive Director Caboolture, Kilcoy, Woodford Executive and Senior Leadership Team Caboolture Hospital Director, Clinical Skills Development Service	Actioned – require ongoing monitoring
19 – Implementation of empathy training and improved patient communication/feedback for all staff at Caboolture Hospital to enhance patient and staff health literacy skills. Follow up review (2022) – has been actioned however ongoing processes need to be instituted to ensure the continued provision of this recommendation.	The Caboolture Hospital Review Steering Committee to monitor implementation including workplace culture and communication issues. Ongoing processes to be included in operational planning (Caboolture, Kilcoy, Woodford Directorate and Safety and Quality unit).	Executive Director Caboolture, Kilcoy, Woodford Executive and Senior Leadership Team Caboolture Hospital Metro North Hospital and Health Service Chief Operating Officer	Actioned – require ongoing monitoring

November 2022 Page 6 of 6