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| Clinical Governance |
| Non emergency patient transport |
| OFFICIAL |

# Reference

Non-Emergency Patient Transport Regulations 2016 Part 5

# Introduction

The amended Non-Emergency Patient Transport Regulations 2016 include the requirement for Non Emergency Patient Transport (NEPT) licence holders to establish robust clinical governance procedures. This is designed to align the NEPT sector with other health care settings to increase accountability and provide additional safety for users of NEPT services. A clinical governance committee provides a mechanism of communication between clinicians, management and relevant regulatory bodies.

## Establishing a Clinical Oversight Committee

Each licence holder must establish a clinical oversight committee (committee) comprised of people from within the organisation who are representative of the clinical level of the organisation. Regulations specify that the committee must include at the least:

* One representative of the management of the licence holder
* If the licence holder employs Registered Paramedics then a registered paramedic must be on the committee
* If the licence holder employs Registered Nurses then a registered nurse must also be on the committee
* If the licence holder does not employ any registered health professionals then there still must be at least one registered health professional on the committee

This committee must meet at least once every three months and must maintain records of these meetings including any decisions made and reasons for these decisions.

## Responsibilities of a Clinical Oversight Committee

Regulations specify that the clinical oversight committee has responsibility for and oversight of:

* reviewing each sentinel event
* the escalation in patient care processes
* the scope of practice of the service to ensure that it does not provide services beyond competencies and abilities
* the scope of practice of all clinical staff and review of the relevant clinical practice protocols, processes and operating procedures of the organisation
* verification and credentials of all registered medical practitioners engaged by the organisation (in any way) when they are engaged and subsequently every three years
* auditing of patient care records and reviewing any measures taken as a result of the audits
* staff surveys including review of the data and taking responsibility for measures taken as a result of results of a survey
	+ staff surveys must be conducted annually
	+ the primary purpose of the survey is to canvass the views of staff on patient safety matters
* Review all complaints relating to patient experience
* Oversight of processes that assess the capacity of the organisation to provide safe and patient-centred care.

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