



# ***Clinical Governance Framework***

***2020-2022***

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## Introduction

Community Living Australia (CLA) has a responsibility to the community for continuous improvement of the safety and quality of our services, and ensuring that they are client centred, safe and effective. Our aim is to ensure that there are systems in place to maintain and improve the reliability, safety and quality of service.

## What is Clinical Governance?

Clinical governance is the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred service delivery underpinned by continuous improvement.

- **a vision for the future** – clearly communicated, specific and quantifiable goals for improving care
- **client partnerships** – the client is at the centre of care and viewed as a critical partner in the design and delivery of service delivery
- **organisational culture** – a 'just' culture exists whereby service delivery staff are supported and their wellbeing prioritised in line with our organisational values
- **continual learning and improvement** –service delivery staff are provided with opportunities and encouragement to further their skill set and qualifications
- **clinical leadership** – strong, transparent, supportive and accessible leadership fosters a culture of learning, accountability and openness, with strong clinical engagement
- **teamwork** – staff are supported at all levels of the organisation by skilled management
- **quality improvement** – established methods and data are used to drive and design actions to improve safety and quality

## Clinical Governance Overview

This framework identifies the systems required to develop and maintain a high-performing organisation. The systems are organised into five domains and underpinned by continuous monitoring and improvement:

- leadership and culture
- client partnerships
- workforce
- risk management
- clinical practice

## Clinical Governance Principles

Excellent client experience	Commitment to providing a positive client experience every time
Clear accountability and ownership	Accountability and ownership displayed by all staff Compliance with legislative and departmental policy requirements
Partnering with clients	Client engagement and input is actively sought and facilitated
Effective planning and resource allocation	Staff have access to regular training and educational resources to maintain and enhance their required skill set
Strong clinical engagement and leadership	Ownership of care processes and outcomes is promoted and practised by all staff Support delivery staff actively participate and contribute their expertise and experience
Empowered staff and consumers	Organisational culture and systems are designed to train, support and enable staff to facilitate safe, high quality care, centred on client choice and control
Proactively collecting and sharing critical information	The status quo is challenged and additional information sought when clarity is required Robust data is effectively understood and informs decision making and improvement strategies
Openness, transparency and accuracy	Quality & Safeguarding reporting, reviews and decision making are underpinned by transparency and accuracy
Continuous improvement of care	Rigorous measurement of performance and progress is benchmarked and used to manage risk and drive improvement in the quality of care

In addition, the *National Disability Insurance Scheme Act 2013*, Regulations and Rules sets out the legislative standards for work performed by Community Living Australia. Community Living Australia assess performance against these standards.

### NDIS Standards

The *NDIS (Provider Registration and Practice Standards) Rules 2018* state that the rules made for the purpose of section 73T of the Act are the NDIS Practice Standards.

## Clinical Governance Role

It is critical that every member of the organisation – Board, staff and related stakeholders understands that they have a role in pursuing excellence.

For the purposes of this framework, high-quality service support delivery is defined as:

- **safe** – avoidable harm during delivery of care is eliminated
- **effective** – appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each client
- **person-centred** – people’s values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning. The support delivery is focused on building meaningful partnerships with clients to enable and facilitate active and effective participation

## Clinical Governance Responsibilities

CLA has a number of key clinical governance responsibilities including:

- Setting expectations and requirements regarding service delivery, accountability for quality and safety, and continuous improvement
- Ensuring staff have the necessary data to fulfil their responsibilities, including benchmarked and trend data
- Providing leadership, support and direction to ensure safe, high-quality support can be provided
- Ensuring staff (including Board members) have the required skills and knowledge to fulfil their responsibilities
- Proactively identifying and responding decisively to emerging clinical quality and safety trends
- Effectively monitoring the implementation and performance of clinical governance systems, ensuring the early identification of risks
- Monitoring clinical governance implementation and performance by continually reviewing key quality and safety indicators



**Figure 1 – Quality Care**

### Board

- Contributes to and approves the strategic direction and initiatives of CLA
- Considers and approves quality frameworks for managing quality, clinical risks, care processes and outcomes, areas for improvement and progress towards excellence across all services
- Maintains an ongoing dialogue with CLA auditors and where appropriate, principal regulators to provide reasonable assurance of compliance with all regulatory requirements
- Provides guidance in the future direction of CLA

### Service Quality Committee

- Monitors the provisions of quality service through reviewing analytical reports on the development and implementation of appropriate person and client centred strategies, continuous improvement activities and quality management systems
- Evaluate and report on effectiveness of the organisation's restrictive practice reduction strategies
- To ensure that the organisation consults with key stakeholders in order to make improvements to service delivery and development of programs

- To monitor strategic feedback from qualitative and quantitative sources, including the voice of the client and staff, to create a comprehensive overview of the quality of care and services
- To ensure the effective and consistent communication systems are maintained at all levels
- To ensure service outcomes are identified and outputs are confirmed, measured and reported
- Oversight functions providing recommendations to the Board on quality, clinical risks, care processes and outcomes, areas for improvement and progress towards excellence across all services
- To ensure that the Culture Action Plan supports the Clinical Governance Framework

### Chief Executive

The Chief Executive (CE) is responsible for:

- Providing leadership in delivering and supporting the strategic direction set by the Board
- Working in partnership with the Board to ensure efficient allocation of resources that achieve client centred value and deliver on the organisation's vision for quality and safety
- Elevating quality of care within the organisation, ensuring the voice of the client is at the centre of core business and that the organisation remains focused on continuous improvement
- Fostering a 'just' culture of safety, fairness, transparency, learning and improvement in which staff are empowered and supported to understand and enact their roles and responsibilities
- Delegating the implementation, review, measurement and evaluation of operational quality and safety performance to Senior Management, Managers, Regional Managers/Coordinators and Team Leaders
- Adopting a 'no surprises' partnership approach with the Board and employees in the pursuit of excellence and welcoming questions that may help identify important issues or blind spots

### Senior Executive

Senior Executive has a clearly defined role in clinical governance, including to:

- Lead and support the service delivery and support to ensure it delivers CLA's aim for safe, quality care, facilitating and ensuring effective staff and client involvement
- Creating a safe and open culture that empowers staff and clients to speak up and raise concerns.

- Develop and support safety and quality focused staff in their services and provide assurance to the Board and our stakeholders
- Ensure that staff at each level of the organisation are supported to actively pursue high-quality care for every client
- Equipping staff to fulfil their roles by providing role clarity at each level of the organisation along with the necessary knowledge, tools, training, resources and opportunities to engage and influence the organisation's core business.
- Ensure Managers are confident in handling difficult performance based conversations in a manner that reflects the values and empowers their staff.
- Ensure robust and transparent reporting, analysis and discussion of the safety and quality of care occurs regularly and is informed by qualitative and quantitative data, department structures and clinician engagement
- Understand and monitor risks and ensure escalation and response actions are taken when safety is compromised
- Regularly evaluate clinical governance systems to ascertain their effectiveness
- Ensure roles and position descriptions remain realistic and values based as the organisation grows.

### Managers / Coordinators / Team Leaders

Managers, Coordinators and Team Leaders are required to:

- Understand the challenges and complexity of providing consistent high-quality care and support service delivery through a culture of safety, transparency, accountability, teamwork and collaboration
- Provide a safe environment for both clients and staff that supports and encourages productive partnerships between health staff and clients
- Provide useful performance data and feedback to their staff and relevant stakeholders and engage staff in identifying and taking appropriate action in response
- Actively identify, monitor and manage areas of risk and lead appropriate escalation and response when safety is compromised
- Be skilled in staff management, foster productive and open cultures, and promote multidisciplinary teamwork.
- Speak up and raise concerns and issues, promoting a culture of transparency
- Ensure staff, consultants and contractors are clear about their roles and responsibilities and how they correlate. Ensure they are supported with resources, standards, systems, knowledge and skills development and hold them to account for the care they provide
- Expect and drive action in response to managing risks and improving care



## Service delivery personnel (Staff, Consultants and Contractors)

All service delivery personnel should:

- Provide high-quality care in their services as a priority
- Pursue excellence in care and services
- Speak up and raise concerns and issues, promoting a culture of transparency
- Share information and learnings regarding clinical safety
- Regularly update their skills and knowledge to provide and support the best care and services possible
- Actively monitor and improve the quality and safety of their care and services
- Work with care and industry standards and protocols
- Contribute to a culture of safety, transparency, teamwork and collaboration

## Framework and Systems

Within the five domains, key systems and processes are required to support safe, effective, person-centred care for every client, every time.

The five domains of clinical governance are interrelated (see Figure 2) and should be integrated into the CLA's broader governance arrangements (for example, clinical risk management is a component of broader risk management and therefore is represented in CLA's Risk Register).

CLA will tailor and implement these components to support clients and staff to work together to achieve high-quality care.



**Figure 2 - The five domains of clinical governance**

## Leadership and culture

High-quality support delivery requires engaged support staff and clients.

Visible, accountable and purposeful leadership at all levels of a service is required to cultivate an inclusive and just culture that will make engagement a reality. Engaged staff and clients who actively participate in organisational strategy, planning and delivery are the foundations of quality.

Culture does not just happen; it is purposeful. A strong organisational culture is required to support line managers and staff to create and maintain high-quality care. The culture should be one of fairness, respectfulness and transparency. It should be based on principles of natural justice, innovation, learning from experience and accountability for decisions and behaviours.

Creating and maintaining this culture and achieving this strategic goal requires effort, robust systems and productive working relationships between the Board, Senior Management, staff, clients and related stakeholders. These relationships support and challenge each group to achieve a shared vision for excellence in the safety and quality of care. Culture is organisation-wide, not group or workplace-specific.

- A clear vision for improving the quality of care is developed and communicated

- There is organisational alignment in achieving strategic goals and priorities for providing high-quality care for every client in a way that is seamless and integrated
- There is a supportive, transparent culture, set and led by the Board and Senior Management that assists all service delivery personnel to provide high-quality care and continuously improve
- Clear accountability is assigned for planning, monitoring and improving the quality of each service
- The Board, through the Service Quality Committee, regularly discusses where the service delivery in terms of health of clients is positioned and how best to strive for high-quality care
- The Board and Senior Management visibly engage with and support staff in their roles
- Appropriate governance and reporting structures are in place to effectively monitor and improve clinical performance
- We promote and support development and delivery of high-quality care throughout all levels of the organisation
- Staff skills and systems for achieving high-quality care and for managing change and improvement are developed across the organisation
- The organisation's safety culture identifies areas of success and areas for improvement. This sort of safety requires soft skills training in difficult conversations and how to have them in an timely and effective manner
- There is regular evaluation of the effectiveness of the Culture Action Plan and other systems for developing and supporting positive organisational leadership and culture

## Client Partnerships

Healthcare is all about the consumer. Consumer experience and participation (among clients, families, carers and community members) are crucial indicators of quality and safety.

Effective consumer partnerships are essential for improving healthcare outcomes and driving continuous improvement. Lifting and responding to the consumer voice is at the origin of good clinical governance.

Empowering consumers to partner in care and decision-making enables staff to better understand the client's specific needs, concerns and values. It supports staff in providing more appropriate treatment and care plans and leads to better clinical and client outcomes. Consumer feedback, both positive and negative, is a valuable resource and should be encouraged in all aspects of the service. Complaints should be responded to in consultation with the consumer to reach suitable resolutions; outcomes should then be used to drive improvement.

Partnering with consumers is a cornerstone of healthcare delivery and the key contributor to achieving CLA's strategic goals. Consumer partnerships should be

promoted across the organisation in planning, policy development, guidelines, training and care delivery.

Systems to include:

- Consumers and their needs are key organisational priorities
- Consumers are actively invited to provide feedback on their experiences of care
- Consumers are provided with the relevant skills and knowledge
- To participate fully in their care to the extent they wish
- Consumers are provided with the opportunity, information and training to fully participate in organisational processes for planning, monitoring and improving services
- Clear, open and respectful communication exists between consumers and staff
- Services respond to the diverse needs of consumers and the community
- Services learn from and act on the feedback on clinical care providing continual improvement
- The rights and responsibilities of consumers are respected and promoted to the community, consumers, carers, clinicians and other health service staff, as required by the HCSCC Charter of Health and Community Services Rights and the NDIS Code of Conduct
- Consumer participation processes are monitored for their effectiveness in empowering consumers to fully partner in their care
- Complaints are responded to compassionately, competently and in a timely manner, with feedback provided to all parties about the action resulting from their input
- Issues arising from complaints are analysed, reported and used to improve care and services
- The systems for empowering meaningful consumer participation are regularly monitored and reviewed

## Workforce

Systems are required to support and protect a skilled, competent and proactive workforce. This requires comprehensive strategies and plans for recruiting, allocating, developing, engaging, training and retaining high-performing staff. These strategies will ensure that CLA has the right people with the right skills at the right time to provide optimal care.

Providing a physically and psychologically safe workplace is fundamental to achieving a high-performing workforce and for addressing workplace bullying, harassment, discrimination and equal opportunity. Organisational planning and resource allocation must involve effective staff engagement.

The Board's Risk and Compliance Committee will review organisational policy and training scheduled matrix, ensuring relevant and appropriate training and information about effective change and improvement tools and methods are provided to staff. Proactive human resources systems should support staff to develop and consolidate their skill base, work within their scope, provide supervision where required and manage performance.

Systems to include:

- Planning, allocation and management of the workforce providing the appropriate personnel and skills to deliver high-quality care and to meet changing consumer needs
- The workforce has the appropriate qualifications and experience in providing high-quality care and ongoing professional development to maintain and improve skills
- A safe and fair workplace based on a 'just' culture and mutual respect is provided, with systems in place to address issues with culture such as workplace bullying
- Clear communication of role expectations, responsibilities and standards of performance is provided to staff, and staff are supported and held accountable for meeting these expectations
- Mentoring and supervision is used to support, monitor and develop staff
- Training and tools are provided so staff can monitor and improve their own practice and organisational processes
- Innovation in workforce practice supports the development and maintenance of workforce excellence
- There is a 'just' process for addressing individual performance that prioritises consumer safety
- A defined system for managing complaints or concerns is in place and is regularly reviewed for its effectiveness
- The systems for developing and supporting the workforce are regularly evaluated to ensure their effectiveness in supporting high-quality care
- Organisational structure supports collaboration and easy communication between and within different operating/ functional areas.

## Risk Management

Minimising and safeguarding against clinical risk requires a structured approach to safety that is both proactive and reactive / prevention and repair. Consistent safe practice is built on staff awareness and knowledge. It is supported by robust systems that prioritises safety.

Effective systems support staff to identify and respond appropriately when things go wrong.

Clinical risk management strategies and processes must be integrated with broader governance within CLA to identify, monitor, review and mitigate risk. CLA has developed a Risk Management Framework that defines the systematic application of identifying, minimising and managing risk across the organisation including all clinical services. Where safety is compromised, management and risk systems must support staff to initiate appropriate and timely escalation, management and corrective action. It is essential that all issues related to risk be subsequently analysed in order to inform future practice and improve safety.

Systems to include:

- A planned, proactive, systematic and ongoing evidence-based approach to creating safety for consumers and staff is in place
- The organisational culture supports staff to pursue safe practice and to speak up for safety
- Risk considerations and data inform goal and priority setting and the development of business and strategic plans
- Clinical processes, equipment and technology are designed to minimise error and support clear, unambiguous communication between staff and stakeholders
- Risks are identified, monitored and managed through an effective Risk Register with clearly understood
- Known clinical risks are addressed and all services are regularly scanned to identify risks as they emerge
- Identification and reporting of incidents is consistent with the requirements of the NDIS (Incident Management and Reportable Incidents) Rules 2018 and CLA's Incident Management System. Systems are tracked over time to monitor and identify safety issues
- Clinical incidents are investigated to identify underlying systems issues and root causes, and this information is used to improve safety
- The service complies and adheres with the *National Disability Insurance Scheme Act 2013*, risk-related legislation and relevant Australian standards.
- Systems and datasets for developing and supporting clinical risk management are regularly reviewed and monitored to ensure their effectiveness in supporting high-quality care



## Clinical Practice

The table below outlines the key features and functions of CLA’s approach at the “individual level”. It is important to recognise that entry is likely to be on a standard pathway but at any point an individuals’ needs may compel them to require additional support. Engagement and early identification are needed a system as well that is flexible and responsive.

**Figure 3 CLA’s client pathways and key considerations for individual with complex support needs**

	Assessment	Planning	Support provision	Plan management	Monitoring and review
Standard Pathway	Client induction. Timely assessment. Early identification of risks. Skilled, experience Service Development Consultant able to identify need to access to specialists.	Service Development Consultant assist individual, their families and support staff to build a support plan based on their needs, preferences and life goals. Capability for comprehensive and intensive planning. Consideration of risk and safeguards. Skilled, experience Service Development Consultant able to identify need to access to specialists.	Service Development Consultant planning and service coordination promotes multi-disciplinary, cross-agency responses to individual accessing support. Skilled and experience staff. Capability and workforce development.	Individual are empowered to choose a plan management arrangement to assist in managing individual budget and purchasing services. Safeguards for plan management arrangements. Skilled and experiences Service Development Consultant.	Support plans are monitored and reviewed for their ongoing appropriateness and effectiveness in assisting individuals to realise this goals and dreams. Identification for ongoing risks and safeguards measures. Staff comply with CLA’s Risk Management Framework and the Incident Management System.
Additional support for complex needs	Access to specialist clinical, behavioural, criminal justice and health assessments. Access to appropriate Aboriginal consultation. Advocacy to support engagement. Access to expertise to optimise communication and participant for complex clients in the assessment process.	Access to expertise to optimise communication and participation for complex clients in the planning process. Planning for crisis contingencies.	Access to specialist clinical, behavioural, criminal justice and health services. Access to additional training to meet complex needs. Access to additional support packages such as crisis support.	Provision to cover costs for higher intensity services provisions, support coordination and plan management.	Links with monitoring and reviewing panels such as for MOUs, Health Care Plans and referral clinics.

Individuals with complex support needs typically have a breadth and depth of need that requires multifaceted and complex responses from a number of practitioners, agencies and sectors. Joint support should be provided in a positive, person centred way and seek to ensure that the experience for the individual is as coordinated as possible, enabling the individual to exercise choice and control over how support is provided.

Systems to include:

- An ability for service delivery personnel working with an individual with complex support needs to be able to access specialist advice and external input into the design and delivery of specific aspects of a client's support arrangements, typically where there are challenges and risks
- Availability of one-on-one professional supervision and mentoring for service delivery personnel to develop their skills and capabilities to work with an individual with complex support needs (focussing on specific aspects of a client's support arrangements)
- Clinical consultation, advice and support needs to complement and contribute to the development or delivery of effective service responses.

## Evaluating, Improving and Monitoring

As the external and internal environments in which CLA operate are ever changing, influences on our objectives continue to evolve. Clinical Governance processes need to be monitored on an ongoing basis to ensure changing circumstances are considered – such as physical environment, CLA's strategic objectives and clinical risk management. New processes or deficiencies in existing strategies may be identified through a number of sources:

- Changes in the strategic objectives
- Audit (both internal and external)
- New legislation
- New industry standards, guidelines or information from any regulator
- Complaints
- Regulatory / Compliance breaches
- Incidents

Clinical Governance processes are to be reviewed quarterly and monitored by the responsible Manager, Team Leader or service delivery personnel on an ongoing basis.

### Symptoms of clinical governance failure

A number of common themes have emerged from reviews of healthcare organisations that have experienced high-profile failures in patient care. These include, but not limited to:



- An institutional, isolated and inward-looking culture that is unsupportive of learning and that develops and cultivates a fear of speaking up
- A disengaged board, CE and executive who are unwilling to hear bad news
- Clinical leaders who are disconnected from the organisation’s clinical governance processes and systems
- Lack of clinical leadership, staff engagement and teamwork to support safe, high-quality care
- Weak reporting format and content, particularly a lack of benchmarking and trend analysis, and a passive monitoring response
- A quality system based on compliance with standards with limited service and care improvement beyond the requirements of the standards
- A lack of robust review of clinical practice and an assumption that monitoring, performance management or intervention is ‘someone else’s responsibility’
- Tolerance of substandard care – problems are long-standing and known by many stakeholders but not actively addressed
- A lack of consumer participation and input and limited interest in consumers and their families – decisions are made in the interests of the organisation and staff over the safety and quality of patient care.

### Clinical Governance reporting

The table below indicates the reporting responsibilities and frequency.

Document Type	Document Name	Author	Recipient	Frequency (as stipulated or on an add need basis)
Framework	Clinical Governance Framework	Quality	Service Quality Committee	2 year review
Policy	Child Protection and Mandatory Reporting	Quality	Chief Executive Office	2 year review
	Client Services			
	Health and Wellbeing			
	Management of Care Concerns – Safeguarding people with a Disability			
	Restrictive Practices			
Operating Procedure	Additional Support Activities	Quality		3 year review
	Advance Care Directive			

<b>Document Type</b>	<b>Document Name</b>	<b>Author</b>	<b>Recipient</b>	<b>Frequency (as stipulated or on an add need basis)</b>
	Climatic Stress		Director Client Services	
	Complex Bowel Care			
	Complex Wound Management			
	Consent to Treatment			
	Death of a Client			
	Enteral Feeding and Management			
	Feedback			
	Human Relations and Sexuality			
	Management of Care Concerns			
	Medication Support and Administration			
	Palliative Care			
	Person centred Planning and Support			
	Respite			
	Restrictive Practices			
	Seizure Management			
	Supervision Model for Developmental Educators			
	Supporting Decision Making and Consent – Safeguarding People with Disabilities			
	Transporting Clients			
	Urinary Catheter Management			
	Water Safety			

## Supporting Materials

CLA has a wide range of resources and learning opportunities available to undertake effective Clinical Governance Management. These include, but are not limited to:

- [Strategic Plan](#)
- [Client Services Charter – Rights and Responsibilities](#)
- [Human Resources Policy](#)
- [Risk Management Framework](#)
- [Incident Management Handbook](#)
- [Hazard Management](#)
- [Feedback](#)
- [2017 Restrictive Practices Handbook](#)
- [Care Concerns Quick Reference Guide](#)
- [Interim SIL High Intensity Guidelines](#)
- [Goal Setting Toolkit](#)

Examples of external resources available are:

- [National Disability Insurance Scheme Legislation, rules and policies](#)
- [National Disability Insurance Scheme Act 2013](#)
- [NDS Zero Tolerance Framework](#)
- [Model Work Health and Safety \(WHS\) Act](#)
- [Children and Young People \(Safety\) Act 2017](#)
- [Children and Young People \(Safety\) Regulations 2017](#)
- [Interagency Code of Practice: Investigation of suspected child abuse or neglect](#)
- [Investigations: Guidance for Good Practice](#). Resource Paper for Disability Service Providers Investigations of Incidents of Alleged Staff to Client Assault or Unexplained Injuries. Disability Services Commissioner Victorian Government 2013

Approved by	Date	Signature
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