Neami Quality, Safety and Clinical Governance Framework

Contact us

Neami National
Head Office
4-8 Water Road
Preston Vic 3072
p 03 8691 5300
f 03 8678 1106
admin@neaminational.org.au

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1. Introduction

Clinical governance at Neami refers to the systems put in place by which the Board of Directors, Executives, Managers and staff share responsibility and are held accountable for safe and high quality support services, minimising risks to consumers and continuously monitoring and improving the provision of services.[1]

Clinical Governance is a key aspect of Neami's governance arrangements, ensuring that safe and high quality health services are delivered to consumers each and every time. Clinical governance means promoting and ensuring good practice, monitoring risks, meeting all relevant legislation and standards and the development of a strong and well equipped workforce. At Neami, clinical governance involves all aspects of service delivery and is relevant to all staff, not just those working in hospitals or clinics or in defined clinical or allied health disciplines, such as Nursing, Aboriginal and Torres Strait Islander Health, Occupational Therapy, Psychology, Social Work or Psychiatry roles. Whilst some elements of clinical governance such as professional registration, credentialing and professional accreditation, are only relevant to staff in these disciplines, quality and safety involve all aspects of service delivery and are relevant to all staff.

Neami has created a Framework to provide a structured and consistent approach to quality, safety and clinical governance, with clearly defined roles and accountabilities. The Framework is underpinned by Neami's values, mission and vision and also by a set of guiding principles that inform the organisation's approach to safe and quality service delivery. This Quality, Safety and Clinical Governance Framework aims to provide Neami with sound processes and structures to ensure effective clinical governance is embedded within the organisation and compliance is maintained with all relevant legislation and standards. The purpose of this Framework is to guide all staff in their understanding and application of clinical governance structures and processes by identifying where responsibility for clinical governance lies and how clinical governance forms part of all aspects of Neami service delivery. The establishment of clear clinical governance structures focuses Neami on monitoring performance and benchmarks and enables future growth in all service areas to occur with confidence, knowing that robust quality and safety mechanisms are in place.

The Governance Framework is aligned with Neami's Strategic Directions 2014-2017 and the organisational values of self-determination, growth, partnerships, respect, empowerment, diversity, choice, learning, change, wellbeing, hope and quality. It outlines a set of principles, goals and objectives which give overall direction to planning, implementation and ongoing management of clinical governance at Neami. The Framework outlines the context of clinical governance within Neami and identifies where responsibility for clinical governance lies at different levels within the organisation. This document has been reviewed and approved by Neami's Quality, Safety and Clinical Governance Committee and CEO. The Framework is seen as a fluid document that allows for

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[1] This definition has been adapted from the clinical governance definition developed by the Australian Council on Healthcare Standards (2004).

additional elements to be added, edits to be made and reviews conducted on an annual basis as the landscape at Neami changes in relation to future service provision.

The Clinical Governance Flow Chart at Figure 1 outlines how the five key components of clinical governance, informed by a number of guiding principles enable the organisation to meet its key clinical governance objectives. The diagram demonstrates how the guiding principles, components and key objectives of clinical governance are all mechanisms to enable Neami services to be delivered in accordance with the dimensions of Quality; Safety, Effectiveness, Appropriateness, Access, Acceptability and Efficiency. [2]

Figure 1 – Clinical Governance flow-chart

Dimensions of quality

Safety   Effectiveness   Appropriateness

Guiding Principles

- Being consumer centred
- Being supported by clear leadership and supportive involvement
- Using evidence based practices
- Being accountable and sustainable

- Having access to timely information and data
- Promoting a learning culture
- Establishing partnerships and promoting teamwork

Governance Components

| Effectiveness of Services | Consumer Participation | Effective Workforce | Risk Management | Information Management and Reporting |

Key Objectives

- Documented and clearly communicated priorities and strategic directions
- Compliance with legislative requirements and relevant standards
- Established quality and safety and clinical governance committees at both an operational and board level
- A commitment to ongoing staff training and professional development

- Workplace culture built on trust and honesty which is supportive of openly disclosing and addressing adverse events as they occur
- A commitment to continuous improvement of quality and safety through ongoing performance measurement and risk management
- Clearly defined and understood roles and responsibilities of all levels of governance

Access   Acceptability   Efficiency

2 The dimensions of quality have been adapted from St Vincent's clinical governance framework (2010).

2. Role of the Board in Quality, Safety and Clinical Governance

Clinical governance places the responsibility on the Neami Board of Directors through the Chief Executive Officer to have effective mechanisms in place for monitoring and managing the quality of service provision and meeting identified targets for quality. The Board engagement emphasises the link between safety and quality and the organisational values.

The Neami Board of Directors and associated sub-committees have responsibility for providing the structures and environment to facilitate the delivery of high quality support services across the organisation. The Board of Directors holds ultimate responsibility for the sound functioning of Neami as a mental health organisation. The Board employs the Chief Executive Officer (CEO), sets the direction of the organisation through the development of strategic directions and is responsible for governance, compliance and monitoring. The Board has three sub-committees formed to fulfil specific functions: the Finance, Assurance and Risk Management sub-committee (FARMS), the Governance Review sub-committee (GRS) and the Quality, Safety and Clinical Governance Committee (QSCGC).

The Board's role in clinical governance is articulated in the Quality, Safety and Clinical Governance Committee Terms of Reference[3] including:

- Demonstrate sound strategic and policy leadership in clinical safety and quality

- Incorporate information about risk into strategic and business planning

- Oversee processes to ensure compliance with relevant legislation, regulations and standards

- Ensure organisational accountability is clearly articulated and the CEO, senior management and staff understand their responsibilities

- Provide guidance and recommendations on any related matters of clinical governance significance

- Ensure appropriate and confidential mechanisms are in place to review and monitor the effectiveness and quality of support services delivered across Neami

- Monitor safety and quality by seeking, analysing and questioning relevant information from the Quality and Safety Governance Committee

The Quality, Safety and Clinical Governance Committee is committed to evaluating its performance on an annual basis. This is achieved via the completion of a self-evaluation checklist, with the process used to identify performance strengths and weaknesses and to identify priority areas in the upcoming year.

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[3] As adapted from "The Board's role in Clinical Governance", AICD (2011).
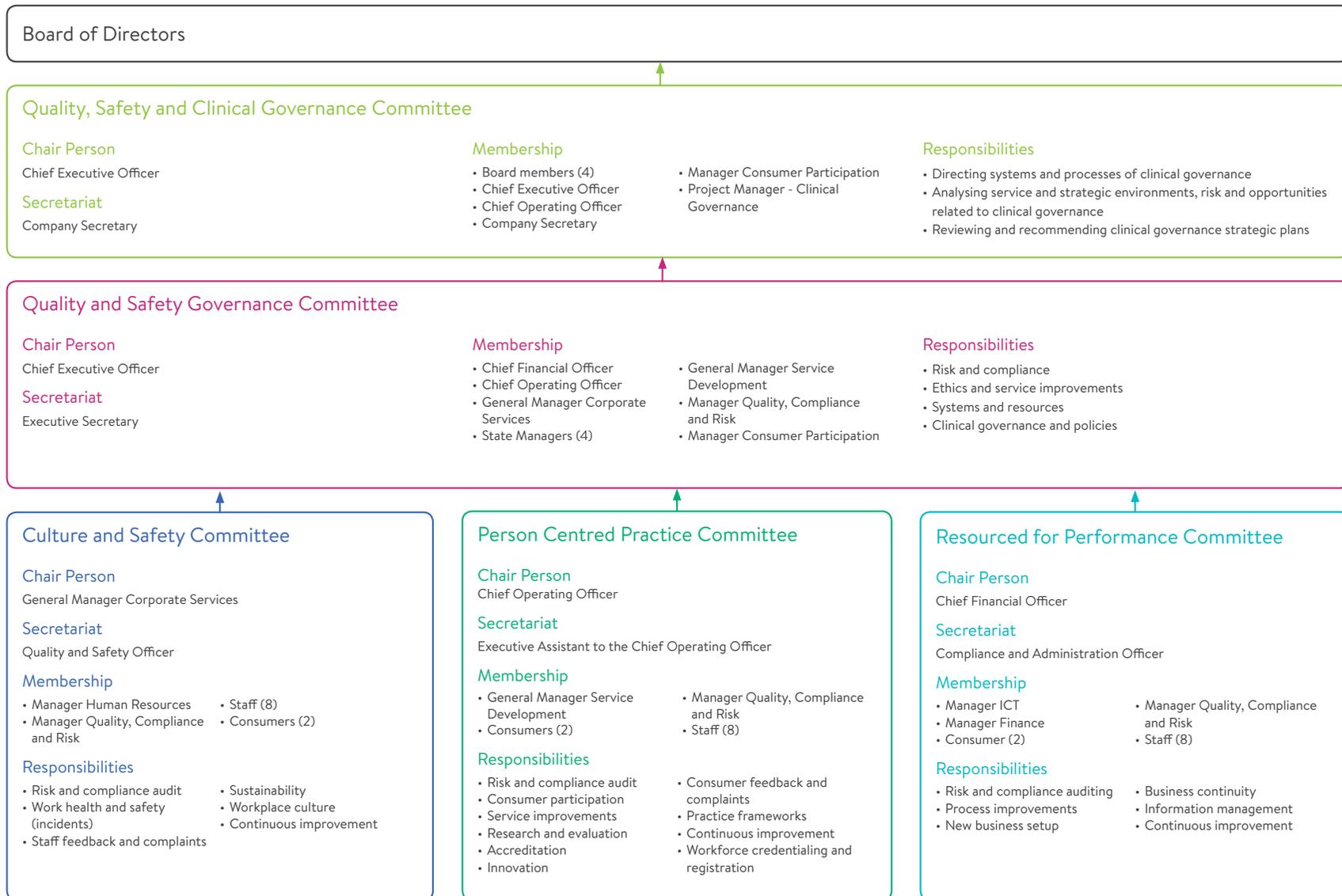
3. Clinical Governance Committee Structures

In addition to the Board Quality, Safety and Clinical Governance Committee, the Quality and Safety Governance Committee is established at senior management level, with clearly defined reporting lines and Terms of Reference to ensure that effective clinical governance structures and processes are present within Neami. To achieve the delivery of safe, high quality services and programs, Neami's Quality and Safety Governance Committee holds responsibility for ensuring processes are in place to identify improvements, development improvement plans, implement changes, review the outcomes and identify the next steps.

Although their individual roles vary slightly, each committee contributes to effective clinical governance by:

- Providing strategic direction and support for clinical governance

- Ensuring there is an integration between clinical governance and other organisational priorities

- Reviewing and approving any organisational plans or projects related to clinical governance

- Working closely with the Quality, Compliance and Risk Department to oversee compliance with policies, procedures and regulations related to safety and clinical quality

- Monitoring risk, complaints and feedback and operational issues across all Neami services

- Reviewing the Quality, Safety and Clinical Governance Framework on an annual basis

Figure 2 – Quality and Safety Committee Structures

Board of Directors

Quality, Safety and Clinical Governance Committee

Chair Person
Chief Executive Officer

Secretariat
Company Secretary

Membership
- Board members (4)
- Chief Executive Officer
- Chief Operating Officer
- Company Secretary
- Manager Consumer Participation
- Project Manager - Clinical Governance

Responsibilities
- Directing systems and processes of clinical governance
- Analysing service and strategic environments, risk and opportunities related to clinical governance
- Reviewing and recommending clinical governance strategic plans

Quality and Safety Governance Committee

Chair Person
Chief Executive Officer

Secretariat
Executive Secretary

Membership
- Chief Financial Officer
- Chief Operating Officer
- General Manager Corporate Services
- State Managers (4)
- General Manager Service Development
- Manager Quality, Compliance and Risk
- Manager Consumer Participation

Responsibilities
- Risk and compliance
- Ethics and service improvements
- Systems and resources
- Clinical governance and policies

Culture and Safety Committee

Chair Person
General Manager Corporate Services

Secretariat
Quality and Safety Officer

Membership
- Manager Human Resources
- Manager Quality, Compliance and Risk
- Staff (8)
- Consumers (2)

Responsibilities
- Risk and compliance audit
- Work health and safety (incidents)
- Staff feedback and complaints
- Sustainability
- Workplace culture
- Continuous improvement

Person Centred Practice Committee

Chair Person
Chief Operating Officer

Secretariat
Executive Assistant to the Chief Operating Officer

Membership
- General Manager Service Development
- Consumers (2)
- Manager Quality, Compliance and Risk
- Staff (8)

Responsibilities
- Risk and compliance audit
- Consumer participation
- Service improvements
- Research and evaluation
- Accreditation
- Innovation
- Consumer feedback and complaints
- Practice frameworks
- Continuous improvement
- Workforce credentialing and registration

Resourced for Performance Committee

Chair Person
Chief Financial Officer

Secretariat
Compliance and Administration Officer

Membership
- Manager ICT
- Manager Finance
- Consumer (2)
- Manager Quality, Compliance and Risk
- Staff (8)

Responsibilities
- Risk and compliance auditing
- Process improvements
- New business setup
- Business continuity
- Information management
- Continuous improvement

As outlined in Figure 2, the Quality and Safety Governance Committee is supported by three sub-committees. The Culture and Safety Sub-Committee's purpose is to have oversight in the area of organisational safety, risk mitigation, legislative compliance and achieving relevant industry standards. The Culture and Safety Sub-Committee actively seeks feedback from stakeholders and contributes to planning and review processes, makes recommendations to address risk and safety issues and promotes a culture of safety amongst staff.

The Resourced for Performance Sub-Committee's purpose is to review systems, processes and resource allocations and make recommendations for improvements. This Committee also monitors changes in legislation, regulations and industry standards and make recommendations to ensure compliance. The Person Centred Practice Sub-Committee is a key strategy in supporting Neami National to meet its objectives and Strategic Directions, whilst fostering an organisational environment that is responsive, consumer focused and demonstrates a commitment to consumer participation and evidence based practice.

In addition to the committees detailed in Figure 2, a site level governance committee is operational at the Joondalup Mental Health Sub-Acute Service (JMHSS). The Joondalup Clinical Governance Committee is responsible for operational decisions related to the clinical governance arrangements within the Joondalup Mental Health Sub-Acute Service. The Joondalup Committee has a reporting line to the Person Centred Practice Committee. It is then through the CEO that reporting lines between the Quality and Safety Governance Committee and the Board Quality, Safety and Clinical Governance Committee are maintained.

4. Clinical Governance Accountabilities and Responsibilities

Responsibility and accountability for quality and safety mechanisms is shared by all staff members, management and the Board of Directors, consistent with their defined roles and responsibilities. Effective reporting and feedback mechanisms within Neami allow governance information to be easily disseminated throughout the organisation, ensuring that any issues affecting clinical governance are identified and addressed as soon as possible.

The ultimate goal of any clinical governance program is to make the improvement of safety and quality an integral part of everyday management and service delivery.[4] This can only be achieved through clearly articulated accountability arrangements.

Neami's key clinical governance accountability components include:

- Development and implementation of clinical governance policy and strategy
- Ensuring services are delivered in accordance with the parameters outlined in this framework

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[4] See Clinical Governance Standards for Western Australian Health Services (2005).

- Having a board level clinical governance committee to complement operational level governance committees within the organisation
- Documented and implemented reporting, compliance and auditing processes
- Systems to ensure all necessary pre-employment checks are undertaken and that all clinicians and allied health staff are registered or accredited with an appropriate professional body

a. What does it mean for consumers?

Within any healthcare organisation, clinical governance is vital to achieving safe, accountable and high quality health care standards. For consumers, clinical governance means they can be confident that staff are well trained and delivering support based on up to date evidence based practices. It also means consumers can be confident that quality and safety measures are in place and that opportunities are made available for consumers to make informed decisions about the support they are receiving.

b. Role of National Leadership Team

Neami's National Leadership Team plays a key role in helping to lead the organisation in its clinical governance. This responsibility ensures that:

- Neami complies with all relevant organisational standards relevant to the safe and effective delivery of all services
- Training and support are available to support staff involvement in clinical governance activities
- Sufficient resourcing is in place for the safety and effectiveness of all services
- Quality and file audits are routinely conducted and improvements are implemented where necessary

c. Regional and Service Managers

Managers within Neami contribute to effective clinical governance by:

- Supporting staff in their day to day roles and leading the team in alignment with organisation policies and procedures
- Ensuring staff attend all relevant training and are provided with opportunities for continuing professional development
- Ensuring clinical and allied health staff maintain their required professional registration and credentialing
- Ensuring staff are provided with supervision (Internal/external) and practice development
- Implementing all aspects of Neami's quality and safety policies and procedures

- Providing feedback to senior management in relation to issues or problems which may impact on overall safety and quality

- Promoting a culture that supports learning and encourages staff to report errors

- Overseeing completion of quality and file audits and routinely reviewing quality indicators to ensure their relevance to service delivery

d. Quality, Compliance and Risk Department

The Neami Quality, Compliance and Risk team play a key role in contributing to effective clinical governance in a variety of ways, including:

- Working with service managers to ensure appropriate quality improvement processes are implemented and maintained

- Supporting service managers to identify and report incidents and risks

- Overseeing organisational standards and legislative compliance and accreditation processes

- Overseeing quality and safety policy development

- Overseeing risk management policies and procedures

e. Human Resources Department

The Neami Human Resources team play a key role in contributing to effective clinical governance in a variety of ways, including:

- Monitoring and reporting to Service Managers the registration status of staff in clinical and allied health roles

- Ensuring appropriate governance structures exist for credentialing, including a register of staff who have been credentialed and processes to ensure scheduled reviews occur in a timely manner

- Ensuring up to date policies and procedures are in place to guide staff who require external supervision

f. All Staff

Clinical governance for staff means having clearly defined roles, responsibilities and accountabilities and being provided with ongoing training and development opportunities. Neami has a diverse workforce including clinical and allied health staff, Community Rehabilitation Support Workers (CRSW), Peer Support Workers (PSW), Partners in Recovery Support Facilitators, Health Promotion Officers and Intake and Assessment Workers, as well as a range of other staff roles. With such diversity in staff roles it is essential for all staff to have an understanding of governance, quality and safety and have the appropriate skills and knowledge to fulfil the responsibilities of their role. Neami staff remain responsible for the safety and quality of their own practice.

Clinical governance provides the structures to ensure that staff in clinical and allied health roles remain responsible for and are up to date in relation to their credentialing and professional registration. Clinical governance structures and processes also require staff to engage in continuous improvement, risk management and quality and safety initiatives on an ongoing basis. Support and engagement of staff in these activities and a workplace culture based on trust and honesty are integral to effective clinical governance.

The individual role of staff in ensuring effective clinical governance is in place includes:

- Being aware of and complying with all relevant policies and procedures

- Maintaining requirements for professional registration and accreditation and advising management when conditions of professional registration change in any way (where applicable)

- Participating in risk management and continuous quality improvement activities

- Taking all necessary care and precautions in the performance of their daily duties

- Engaging in supervision, practice development and pursuing training and further professional development opportunities

- Working collaboratively with consumers, team members and management in providing quality support to consumers

- Recording incidents in alignment with Neami and relevant Department reporting requirements

- Adhering to codes of conduct of relevant profession, practicing within the scope of their agreed practice/clarified role

5. Governance Processes and Levels

Both corporate and clinical governance structures provide the framework for ensuring safe and quality services are provided to consumers, who are at the centre of both. It is evident through the diagram below that corporate governance structures enable effective clinical governance structures, while both are bound by the mission, vision, values and strategic directions of the organisation.

Figure 3 – Governance Levels

In addition to the Governance Committee structures, Neami acknowledges that clinical governance activities occur at both an individual and organisational level. The individual level relates to the practices and behaviours of staff members, while the organisational level relates to the systems and processes in place, which governs the way in which staff work. Across these two levels are three major functions of clinical governance – certification, development and monitoring and reporting processes[5]. Information regarding the processes and governance levels is presented in the table below.

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[5] As adapted from the Queensland Health Allied Health Clinical Governance Framework (2011)

Table 1 – Governance Processes and Levels

Governance Processes	Individual Level	Organisational Level
Verification processes are related to checking and approving competencies, standards and qualifications.	Verifying that an individual is registered or accredited Verifying that an individual has evidence of completed professional development and relevant training activities Verifying qualifications as part of credentialing and re-credentialing	Ensuring standard practice guidelines are evidence based and up to date Ensuring that services and facilities have the resources, equipment and required staffing levels to support service delivery
Development processes ensure that competencies, standards and practices are reviewed and plans for development are documented.	Utilising education and training opportunities to demonstrate ongoing professional development Engaging in continuous professional development through registration and credentialing program Engaging in supervision, coaching and practice development	Ensuring quality and file audits and subsequent reviews of the findings are occurring Reviewing critical incidents with the aim of improving quality and safety Managing feedback and complaints and making any changes to systems and processes where necessary
Monitoring & Reporting processes ensure the functions of endorsement and development are occurring as intended.	Providing information on registration and credentialing status Identifying and recordings risks Engaging in continuous improvement and quality activities	Quality improvement reports Quality audit and review reports Quality indicator reports Incident monitoring reports Risk register and RiskMan reports Exit and satisfaction survey reports

6. Framework components

The components of Neami's Quality, Safety and Clinical Governance Framework have been developed in close alignment with key West Australian and Victorian Health Department clinical governance policy frameworks.[6] These Frameworks were chosen for adaptation as they were both developed for mental health organisations as well as a range of clinical service settings including acute, sub-acute, community and aged care.

6.1. Consumer participation

Neami's existing Consumer Participation Framework provides a coordinated approach for consumer participation to be integrated into the quality and safety systems and processes of Neami. Effective consumer engagement and participation in planning and quality improvement activities is essential to ensure services remain consumer oriented with a focus on positive and meaningful outcomes. Strategies are in place to ensure that consumers are:

- Members of quality and safety committees

- Provided with opportunities to provide feedback and complaints

- Empowered to participate in all aspects of the support they receive

- Active participants of strategic planning and continuous improvement activities

Further details on consumer participation within Neami can be found in Neami's Consumer Participation Framework, policy and associated procedures.

6.2. Effectiveness of Services

Consumers engaged with Neami can expect that the support they receive will produce measurable benefits in improving their quality of life. Fundamentally, as well as providing a means against which the quality of services can be measured, effective service delivery implies that the practice of staff is based on the best available evidence.[7] Effective service delivery is essentially about ensuring appropriate support is provided in a meaningfully and relevant way to consumers. Effectiveness refers to the extent to which any support provided or intervention delivered achieves the desired outcome. [8] Within Neami, consumers must be informed and involved in the support they receive from appropriately trained and qualified staff members. Support must be delivered in a way that utilises knowledge of evidence based practices whilst maintaining respect for the consumer at all times. It is

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6 See Clinical Governance Standards for West Australian Health Standards (Department of Health, 2005) and Victorian clinical governance policy framework (Department of Human Services, 2008).
7 See Adams (1999a).
8 See Victorian clinical governance policy framework (2009).

essential that all staff fulfil their accountabilities to delivering effective services by participating in the required quality and safety activities within Neami.

The three processes which assist Neami in achieving effective service delivery include: Quality Standards, Quality Indicators and Quality and File Audits. Other aspects of ensuring the effectiveness of services include continuous and quality improvement activities such as accreditations, critical incident monitoring, risk identification and management, complaints and feedback management, fostering innovation and ongoing review and enquiry through research and evaluation activities.

Information gathered via feedback and complaints are seen as learning opportunities for staff and the organisation more broadly. Any feedback or complaint submitted is directly responded to in order to resolve any outstanding issues in a timely manner. A summary of the Neami feedback and complaint process can be found in the Feedback and complaints section of Neami's website.[9]

Quality Standards

To demonstrate effective service provision, Neami delivers support to consumers across all service types in alignment with various evidence based practices. All support provided to consumers is done so in alignment with the Collaborative Recovery Model.[10] Effective service delivery includes defining standards of support and continuously reviewing our practice against relevant standards. The organisation is currently accredited under numerous standards.[11] Accountability to the required standards and effective service provision is maintained through the following strategies:

- Staff are empowered to improve the delivery and quality of support services
- Service delivery processes and outcomes are measured, results analysed and data reported on an on-going basis
- Compliance schedules are adhered to
- Innovation is fostered and supported
- Service delivery is evidence based and quality standards are clearly articulated and communicated
- Support provided is aligned with ongoing quality improvement activities.

Quality Indicators

Neami has an existing Minimum Data Set (MDS) which includes a series of detailed items that capture key information on items including but not limited to consumer demographics, types of referrals and length of time engaged with the service. In addition to collecting this key information which enables

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[9] See http://www.neaminational.org.au/get-support/feedback-and-complaints
[10] See http://www.neaminational.org.au/our-approach/mental-health-recovery/collaborative-recovery-model
[11] Including National Mental Health Standards, Victorian Department of Human Services Standards, Queensland Disability Service Standards, Queensland Human Services Standards and the Quality Improvement Council Core Health and Community Service Standards.

the organisation to understand in detail the consumers receiving support services, the use of quality indicators further strengthens our information and reporting mechanisms.

Quality indicators serve two main purposes across Neami service delivery. They are internal measures used to measure performance and compare changes over time against agreed priority areas and also indicators for benchmarking that enable the organisation to compare against similar health services. To facilitate ongoing improvement of Neami services the indicators chosen for use must remain meaningful whilst also reflecting high standards of practice. The quality indicators are intended for use in quality improvement strategies and not designed to serve as performance indicators. To ensure their relevance and ability to generate meaningful data, the quality indicators within Neami are clearly defined, supported by a clear rationale and easily collected from existing databases.

The indicators chosen for use within Neami have been adapted from a number of sources.[12] As quality is complex and multidimensional, a broad range of indicators are used within Neami, with a focus on the experience of service and outcome measures, consumer and workforce incidents and human resource processes. Full details of Neami's quality indicators can be found in the accompanying quality indicator and audit guideline document. These indicators will be reviewed by the Quality, Safety and Clinical Governance Committee on an annual basis to ensure they remain meaningful and relevant.

Quality and File Audits

Quality and file audits are a central component of maintaining high standards of clinical governance. They provide a method of evaluating and continually improving service delivery by analysing the quality of consumer outcomes. The purpose of quality and file audits within Neami is to ultimately improve the overall standard of services being provided, provide reassurance to staff and consumers of the quality of services, enable staff to reflect on and develop their practice and to identify and minimise potential risks.

In addition to the site based quality audit completed on a six monthly basis, as part of continuous improvement practices at Neami, audits of all consumer files occur on an annual basis to ensure all information is accurate and up to date. This process involves reviewing initial assessment forms, referral processes, demographic details and outcome measures both in the hard copy file and the information stored in the consumer database. Further to the consumer file audit, a review of the completion rates of all routine outcome measures including the CRM protocols across all service sites is also completed on a six monthly basis.

Full details of Neami's quality audit programme can be found in the accompanying guideline. [13]

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[12] See Victorian Community Health Indicators Project, Indicator Operational Manual (2014)
[13] See Neami Quality Audit and Indicator Guideline

6.3. Effective workforce

Within Neami, the National Code of Ethics guides all staff practice. The code applies to all staff and details that an ethical and safe working environment relies on each staff member taking responsibility for their professional behaviour through a commitment to social justice, confidentiality and privacy, maintaining high standards of professional conduct and consumer self-empowerment. It also details the expected behaviour of staff in their day to day roles.

All staff employed within Neami must have the appropriate skills and knowledge required to fulfil their roles and responsibilities. This means that support is provided to staff and managers so they have the skills, knowledge and required training to perform the tasks expected of them and to guarantee they understand the concept of clinical governance. Processes are in place to support the appropriate selection and recruitment of staff, credentialing of clinical and allied health staff and the completion of annual performance reviews.

Strategies in place to support an effective workforce within Neami include:

- Ensuring staff have relevant qualifications and maintain required professional registration and accreditation

- Providing staff with relevant training, coaching, mentoring and other professional development as required

- Ensuring expectations and standards of performance are clearly communicated

- Promoting a culture which encourages continuing professional development through membership of accreditation programs

- Supervision being made available to support the work of staff in clinical and allied health roles

- Adherence to an annual professional support program as part of performance appraisal and development process

As far as possible, Neami aims to ensure that existing professional development and management processes, including training, coaching and practice development and supervision, support staff in meeting the demands that bodies such as Colleges, licensing boards, accrediting organisations and universities place upon clinicians and allied health workers. In cases where an individual cannot receive discipline specific supervision from their Neami Manager, external/clinical supervision is made available to support their practice and ongoing professional development. [14] A further element of developing and maintaining an effective workforce is the process of credentialing and defining the scope of practice, also known as role clarification. Credentialing and defining the scope of practice are tools of clinical governance aimed at maintaining and improving the safety and quality of service delivery. [15]

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[14] See Neami's Clinical Supervision Policy.

[15] See Neami's Clinical Supervision Procedure and Credentialing, Role Clarification and Continuing Professional Development Guideline

Continuing education and training is another feature of maintaining an effective workforce and is a fundamental component of professional development within Neami. Education and training are consistently identified as key elements of successful quality improvement. As a learning organisation, Neami promotes the on-going professional development of staff through the provision of a comprehensive internal training program, mentoring and coaching. This includes access to industry leading short training courses and accredited programmes alongside our own induction. Core training at Neami, delivered by either the Learning and Development team or qualified external providers is mandatory for all staff and includes all training deemed essential to perform the daily duties of respective roles. In addition to completing the required core training, staff in clinical or allied health roles are also required to complete discipline specific training to ensure they maintain their registration and accreditation status.

6.4. Risk and Incident Management

Risk and incident management within Neami integrates the management of organisational, financial, staff, occupational health and safety and consumer safety risk. Neami attempts to minimise risk associated with service delivery whilst balancing our approach to encouraging consumers to take risks as part of their recovery journey. The organisation adopts a coordinated and integrated approach to risk management consistent with ISO 31000:2009 Risk Management – Principles and Guidelines. Neami's risk management framework ensures that system level risk mechanisms are in place which guarantees incidents are reported and investigated, risks are proactively identified, assessed and reported on and legislation and relevant Australian standards are complied with. Incident and risk management practices within Neami include:

- Incident and adverse event reporting and monitoring: Incorporates learning from incidents or patterns of incidents including near misses and management of serious adverse events.

- Sentinel event reporting, monitoring and investigation: Outlines the process for identification, reporting and investigating sentinel events in line with funding and regulatory body policies.

- Risk profile analysis: Includes the identification, investigation, analysis and selection of appropriate methods of correcting, eliminating or reducing identifiable risks. [16]

In addition to managing risk it is vital that all incidents are also effectively identified and responded to.[17] The key steps to effective incident management within Neami include:

- Identifying the incident and taking immediate action to reduce any associated risk to the consumer or staff member

- Depending on the category incident, notifying relevant staff and funding bodies

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[16] See Clinical Governance Standards for Western Australian Health Services. Department of Health. (2005) & Neami's Risk Management Framework
[17] See Neami's Guideline: Responding to Critical Incidents, Consumer Incident Reporting Procedure and Incident Reporting Policy.

- Determining the priority level for the required investigation

- Conduct an analysis of the incident

- Developing recommendations to address the incident

- Reporting on the outcomes of the investigation

- Implementing the developed recommendations and monitoring their progress. [18]

Ultimately, risk assessment and management is considered a core competency of all Neami staff. Risk management and improvement strategies are integrated within continuous improvement and quality functions and supported by a culture of open communication and reflection rather than focusing on and blaming individuals who may make errors. An organisation wide risk register, stored within risk management software is regularly monitored and reported on. Neami's feedback and complaints process is also entered into the risk management software and is routinely analysed and reported on. This process also helps in identifying, minimising and addressing identified risks. Risk and incident management strategies in place within Neami ensure that:

- Risks and incidents are proactively identified, assessed and reported on

- Risks and incidents are investigated and underlying issues and causes identified

- The organisational culture supports open communication and a systems approach to learning from incidents

- Risk information is considered in setting goals, priorities and strategic plans.

6.5. Information management and reporting

Effective clinical governance relies on timely access to information to assist in monitoring and evaluation of safety and quality at all levels. Access to reliable and valid information is critical to effective and efficient decision making. Information management relates to anything that involves the collection and application of data to inform and improve safety and quality. The ongoing collection and review of data and information is essential to provide systematic feedback and monitoring of Neami's performance. Information management and reporting also includes benchmarking, sourcing and implementing relevant standards.

Neami's Minimum Data Set (MDS) provides a key link between data collected and outcomes for consumers. This information is routinely analysed and reported on to identify any risk areas and ensure any trends in service delivery and consumer outcomes are identified to ensure improvements can be made where necessary. Neami's MDS enables the organisation to understand the quality of services being provided and ensures evidence-based practices are delivered, provides a clear process of what data is required to be captured, provides staff with the ability to use and compare data to

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[18] These incident response steps have been adapted from the Western Australian Department of Health (2011) Clinical Incident Management Toolkit

inform better practice, enables service delivery innovations to be identified and provides accountability to funding bodies.

In addition to Neami's MDS and monitoring and review processes, data from a number of other sources is also recorded in our online database including; formal complaints and feedback mechanisms and risk management information systems for managing and controlling risks. All information on funding contracts is also recorded in the online risk database to ensure reporting deadlines, key dates and contractual obligations are adhered to. The online database records incident reports to assist with risk management, incident prevention and quality system development. All information collected is routinely analysed, reported on and made available to staff, management and the Board of Directors for the purposes of review, analysis and action planning.

7. Performance monitoring

7.1. Performance areas

Measuring the ongoing performance of clinical governance activities within Neami is crucial in supporting the improvement of services being delivered while providing an avenue to escalate significant quality and safety issues where required. Performance monitoring of clinical governance includes measuring progress against the five components of this Framework to represent all dimensions of quality and safety within the organisation. All governance elements are measured on an ongoing basis with mechanisms in place to focus on improvement in underperforming areas where necessary. Minutes of Quality, Safety and Clinical Governance Committee meetings are also reviewed to ensure agreed action items have been addressed accordingly.

Performance monitoring is embedded as far as possible within existing data collection methods and database reporting mechanisms used within routine service delivery. Neami has developed and implemented a number of key performance indicators to demonstrate the use and effectiveness of clinical governance arrangements. Quality, Compliance and Risk and Human Resources teams and the Board of Directors also have clinical governance plans which are reviewed against defined targets. Compliance with Neami's clinical governance policy and Framework and overall governance effectiveness is also included in the organisation's Annual Report.

The following table outlines areas (but not limited to) in which Neami measures its performance in clinical governance. [19]

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[19] These performance monitoring areas have been adapted from the Victorian clinical governance policy framework: A guidebook (2009)

Table 2 – Clinical Governance Performance Monitoring Areas

Consumer Participation
Information resources are up to date and available to support active consumer involvement in all aspects of support received
Consumers participation in safety and quality initiatives is mandated and reported on
Consumers participation in governance meetings, priority setting and strategic and quality planning is mandated and reported on
Consumers experience and perspective is considered when undertaking quality and safety initiatives
Audit of consumer participation activities undertaken on an annual basis

Effectiveness of Services
Priority areas for safety and quality improvement are documented and reviewed
All staff are involved in quality and safety initiatives
Quality improvement programs are used to improve service delivery
Services are delivered in accordance with best practice standards
Safety and quality indicators are defined, monitored, reported and managed
Quality and file audits are conducted on an annual basis
Organisation complies with accreditation standards

Effective Workforce
Clinical governance roles and responsibilities are clearly defined across the organisation
Performance appraisal systems include a review of participation in safety and quality activities
Induction training includes comprehensive information on clinical governance
Practice development, supervision and coaching is made available for all staff
Staff are provided with ongoing training and professional development to ensure the provision of high quality support services
Mechanisms are in place for ensuring credentialing and registration of staff members

Risk Management
Risk and incident register is utilised to report and categorise all incidents and risks throughout the organisation
Complaints and feedback are reviewed, resolved and reported on with findings utilised to inform service improvements
Near misses are routinely reported and analysed
A transparent and open, honest culture supports open disclosure and blame free incident reporting
Risk information is integrated into strategic planning

Information Management & Reporting
Quality and file audit data is routinely analysed and reported on
Minimum Data Set is maintained for all consumers with reports generated and provided to management for review
Registers of information are accurately maintained to ensure privacy and confidentiality and legislative requirements are adhered to
Quality Indicator reports are routinely analysed and reported on

7.2. Review checklists

A number of checklists developed by the Victorian Quality Council are utilised by Neami to review clinical governance processes.[20] Two of the checklists are self-assessments; one is for completion by those within management and leadership positions and the other is completed by the Board of Directors. The third is an assessment of the organisation and is completed by a member of the Quality, Compliance and Risk Department as a guide to generic structural and process elements essential in achieving effective clinical governance. Completed on an annual basis, these checklists enable the organisation to reflect on our performance and identify areas for improvement as part of an ongoing commitment to continuous improvement.

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[20] See Leading clinical governance in health services. Department of Human Services (2005). – Appendix B, The Healthcare Board's role in clinical governance. Department of Human Services (2004), Developing the clinical leadership role in clinical governance. Department of Human Services (2005) – Appendix A.

8. Summary and Conclusion

The Neami Quality, Safety and Clinical Governance Framework outlines how clinical governance is the responsibility of all staff and reinforces that the term is simply about ensuring services are delivered in a safe and competent manner. The Framework has outlined the major components which are considered priorities for maintaining safe and quality service provision within Neami; including consumer participation, having a suitably qualified and trained workforce, delivering effective services, managing risk and incidents and utilising information through data collection and reporting to inform service delivery. These five components ensure that appropriate organisational structures, processes and resources are in place to manage and improve the quality of Neami service delivery.

This Framework guarantees that clinical governance receives the same emphasis throughout the organisation as financial management and other corporate governance arrangements. It also ensures that quality and safety considerations are linked to all strategic planning processes. Ultimately, the development and implementation of a Quality, Safety and Clinical Governance Framework within Neami provides assurances to staff, consumers and funding bodies that service delivery is informed by a commitment to all facets of safety, quality and continuous improvement.

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