



Clinical Governance

Policy and Framework

Whiddon

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Document Review

Date	Description of review	Initiated by	Version
20/1/2016	Circulated to the Exec and GM team for comment	GMCG	Draft
13/10/2017	Review of document and changes to: <ul style="list-style-type: none"> • Exec GM Care title to Deputy CEO • GM roles and responsibilities • Changes to format • Addition of navigation page 	GMCG	1.1
13/3/2019	Reviewed and changes to: <ul style="list-style-type: none"> • DCEO removed-Title Exec GM Care Services included • Removal of GM Residential and Community Care • Inclusion of Regional and Facility Manager Roles • Removal of the Whiddon Group and replaced with Whiddon • Removal of the word client and resident and replaced with consumer • Inclusion of strategic plan in the matrix • Minor changes to sentences to improve structure • Removal of Logo and replaced with the new brand • Inclusion of a benchmarking graph as a sample • Changes to the Working Groups – Quality and innovation • Now known as the Clinical Outcomes and CI working Group (new working Group) • Inclusion of the Terms of Reference for the Clinical Governance Committee • Inclusion of the Annual Audit -Self – Assessment □ (benchmarking) Managers Compliance Statement Included 	GMCG	1.2
22/4/2019	<ul style="list-style-type: none"> • Inclusion of the WERF framework overview • Review against the Australian Commission on Safety and Quality in Health Care Framework • Inclusion of Open Disclosure 	GMCG	1.3

Date	Description of review	Initiated by	Version
11/5/2020	<ul style="list-style-type: none"> • Inclusion of new position titles • Removal of QPS references and charts • Review of document • Review of Clinical Governance Matrix with inclusions • Inclusion of vaccinations in credentialing requirements • Update to add aged care standards and NDIS/ACIS • Removal of graphs and internal governance audit tool 	GMQCC (Formerly GMCG)	1.4
Jan 2023	Changes to the Clinical Governance Working structure	GMQCC	1.5
Nov 2024	NDIS inclusions / scheduled review	GMCR&C	1.6

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Clinical Governance Policy and Framework

Introduction

Whiddon is committed to continuously improving the quality of services by promoting excellence in care and services; we do this by embracing our Model of Care, where our commitment is to our consumers foremost. Clinical Governance is the framework through which Whiddon reviews, monitors and actions clinical incidents, practices and risks. This policy also ensures that we fulfil our statutory obligations outlined in the Aged Care Act 1997 (the Act) and subsequent amendments, including all relevant state and Commonwealth legislation, industry standards and guidelines.

Application of Policy

This policy applies to all Clinical and Care employees of Whiddon.

Definition

Clinical Governance is based on the principle that organisations, managers and care providers are jointly accountable for consumer care by taking action to minimise risks, for continuously monitoring and improving the quality of care delivery.

Policy

To maintain clarity and consistency throughout the policy, the terms "consumers," "residents," "clients," "elders," and "NDIS participants" will collectively be referred to as "consumers," all such references encompass these groups equally.

Whiddon is proactive in promoting a clinical governance structure that is responsive to consumer needs, expectations and to our regulatory requirements.

All care services undertake all relevant external reporting and review requirements when required such as accreditation management, quality standards reporting, continuous improvement management, applying safe systems and meeting legislative reporting requirements.

Whiddon promotes a culture that is transparent. This is achieved by regularly evaluating and reporting key indicators of performance in care and services. Whiddon team members demonstrate accountability by responding to identified risks, system errors and performance issues.

All care services: systems, policies and practices are compliant with relevant legislative requirements

Governance Framework

Whiddon Board and CEO is the 'approved provider', and they have the responsibility for the development of the organisational systems to support safety and quality of care including:

- Development of an overarching clinical governance strategy
- Standards for Whiddon quality and care delivery systems
- Development of organisational policies regarding quality and safety
- Oversight of organisation- wide governance issues
- Identification of a clinical risk system in relation to quality and consumer safety and the approval of mitigation strategies as per delegations of authority

Roles and Responsibilities

The Deputy Chief Executive Officer (DCEO) reports directly to the CEO and the Board. The DCEO is responsible for incorporating Clinical Risk Management by ensuring.

- That there is an endorsed system that ensures that care and services are safe and evidence based
- Care and services are delivered according to best available evidence
- Staff have the appropriate skills and knowledge to perform their delegated duties
- Staff monitor, report and actively improve care and services
- All services supplied by or in partnership with, external service providers are subject to appropriate contracts, review and reporting
- Demonstrates leadership via the promotion of a culture that supports innovation, continuous improvement and research-based practice and ideas

The General Manager Quality, Care and Compliance reports directly to the DCEO and is responsible for ensuring;

- That clinical systems facilitate the monitoring and reporting of clinical data
- That relevant employees are supported to utilise care systems to full capacity
- Reporting on organisational care indicators
- Oversight and guidance as appropriate in issues of high risk- e.g. critical clinical investigations, identified care system gaps, identified clinical areas for improvement
- The provision of education and training in quality and consumer safety programs as identified and required
- Adverse clinical care outcomes are investigated, and lessons learnt are shared and drive change as required via the incident management process
- Leads and promotes a culture that is innovative, understands and applies continuous improvement and research-based practice

Regional Managers, Facility Managers, Regional Quality Care and Compliance Managers, Directors of Care Service and Regional Managers Community Care

The Regional Managers et al report directly to DCEO and ensure that the GM Quality, Care and Compliance is consulted as required when there are clinical risks, recommendations for policy reviews or when support is required with clinical directives/procedures, clinical incidents etc.

- The Regional Managers of residential and community services, directors of care, deputy directors of care, service managers/coordinators are responsible for service level risk management via monitoring and reporting local clinical or care issues ,they are responsible and accountable for facilitating corrective actions , investigations and mitigation strategies and the application of continuous improvement principles.
- All residential and community managers/coordinators are responsible for the application of eQstats as the reporting and monitoring system.
- All residential and community managers/coordinators are responsible for overseeing the provision of relevant education at their services to promote evidenced based practice.
- Each service manager/coordinator provides a report in a timely and accurate manner according to organisational requirement
- The group summary reports are prepared monthly and any care issues, safety issues, actions arising, improvements and outcomes are reported to the Clinical Governance Committee

Clinical Governance Framework

Whiddon has a commitment to ensuring that all residents and consumers experience an Enriched Quality of Life. In 2015 Whiddon launched My Life Care Model. The My Life Care model is based on seven outcomes aimed towards achieving wellbeing for our consumers. It is a holistic approach where we integrate the emotional, social and physical aspects of a person to deliver care, we understand to know our consumers is central to supporting their wellbeing. Whiddon acknowledges that to achieve these outcomes the organisation will require a culture and structure that promotes the My Life Outcomes. The development and establishment of the Clinical Governance framework that is designed to contribute to the quality of life our consumers experience when they live in Whiddon homes or when they are provided services and care in their own homes. The Clinical Governance framework has four key elements that work towards improving the health outcomes and personal experience of individuals

1. Consumer Value
2. Clinical Performance and Evaluation
3. Clinical Risk
4. Professional Development and Management

It is with the application of our systems as articulated in the framework and the promotion of a person centred culture that we deliver the Our My Life Care Model approach to care. The Whiddon approach care model promotes a culture that is proactive, a model that puts our consumers in the centre of our care approach.

Our My Life Care Model



Clinical Governance requires a multifaceted approach and the use of indicators to identify clinical and or performance outcomes of care delivery.

Continuous Improvement

Continuous improvement means to consistently strive to improve products or service according to the highest standards. It is a process which in the long term, achieves:

- Consumer focus
- Enhanced quality of service delivery
- Simplified processes and procedures
- Attitudinal change
- Recognition of consumers both internal and external
- Embraces feedback, both positive and negative

Through continuous assessment and enhancement of processes, procedures and attitudes Whiddon creates an environment where all team members strive for greater levels of quality and consumer service.

Quality

Quality is normally defined in terms of what the consumer needs or expects. This may include:

- **Timeliness:** how long a consumer must wait for service and if it is completed on time; and whether a product is available when it is required
- **Completeness:** providing everything the consumer asked for or expected.
- **Courtesy:** behaviour of the service-provider toward clients
- **Consistency:** expectation that the service will be provided the same way each time
- **Accessibility and convenience:** ease of obtaining the service
- **Accuracy:** correctness of the service performed, or information provided (particularly important for professional services, like accounting, physician, allied health and care)
- **Responsiveness:** reaction of service-provider to unusual or unexpected consumer requests
- **Cost:** associated with the products or service and whether it is perceived 'value for money'

Whiddon Enterprise Risk Management Framework (WERF)

The WERF provides the necessary foundations and organisational arrangements for managing risk. The Framework outlines how Whiddon ensures that it manages risks effectively and efficiently.

It illustrates how risk management is embedded in our organisational systems to ensure it is integrated at all levels and work contexts. It describes the key principles, elements and processes to guide all staff in effectively managing risk, making it part of our day-to-day decision-making and business practices.

Whiddon applies risk management across the entire organisation, as well as specific functions, programs, projects and activities. Implementation of the Framework contributes to strengthening management practices, decision making and resource allocation.

Implementation of the Framework requires all staff to apply risk management principles to fulfil their responsibilities, to ensure cost-efficient and effective safe service delivery.

What is risk management?

A risk is defined as the effect of uncertainty (either positive or negative) on business objectives. Risk management is the coordination of activities that Whiddon direct and control with regard to risks. It is commonly accepted that risk management involves both the management of potentially adverse events as well as the realisation of potential opportunities. In performing our daily activities and responsibilities, risk management can be described as the collection of deliberate actions and activities that we carry out at all levels to identify, understand, and manage risks to the achievement of our objectives.

Benefits of risk management

The benefits of embedding risk management at all levels of Whiddon are:

- effective management of adverse events or opportunities that impact on our purpose and objectives
- ability to make informed decisions regarding management of potential negative effects of risk and take advantage of potential opportunities
- improved planning and performance management processes — enabling us to focus on core business service delivery and implement business improvements
- ability to direct resources to risks of greatest significance or impact
- greater organisational efficiencies through avoiding 'surprises'
- Creation of a positive organisational culture in which people understand their role in contributing to the achievement of objectives.

Clinical Risk Management

Whiddon Clinical Risk Management strategy will target preventable adverse events and encourages a systems approach in examining root cause factors leading to events. The focus is the conditions under which adverse events occur and investigation is seen as an opportunity to improve practice and enhance consumer safety.

Whiddon has developed the Whiddon Enterprise Risk Framework (WERF) this document includes a summary of all of the systems and processes in Whiddon that are required to meet legislative requirements, corporate governance and risk mitigation strategies. This document is located on the intranet.

Clinical Indicators

Clinical Indicators are the measures of clinical outcome and make an important contribution to performance and safety management. To facilitate improvement, clinical indicators must be meaningful and reflect clinical practice standards and have the ability to be compared or benchmarked against all Whiddon services and external services as appropriate. Whiddon has a risk management system that facilitates internal benchmarking. The benchmarking results are published monthly, results are analysed providing direction for desk top reviews, continuous improvement activities, education and training. Whiddon has a system in place to evaluate clinical incident at any time as required.

Systematic Risk Screening

While incidents and indicators reveal some aspects of risk, systematic screening of consumer details via care systems or other systems gives further avenue to identify and improve care delivery. The review of consumer assessments, care planning and evaluations is to be monitored and analysed using components of care system data.

Auditing

Audits are an internal activity undertaken to review systems and practices against a set of principles and /or processes. Whiddon care teams undertake a set of scheduled audits developed by Whiddon. All care managers/coordinators are required to submit their results monthly. Managers are required to interrogate their results which will provide direction for

the implementation of corrective actions, continuous improvement activities, education and training.

End of Life Reviews

Clinical review of potential, preventable unexpected deaths or deaths reported to the coroner are investigated and documented in Whiddon risk management system. All deaths must have a death screening assessment completed.

Aged Care Standards /Attended Care Industry Standards and National Disability Insurance Scheme Practice Standards

Whiddon is required to comply with a number of different standards. In residential aged care the aged care standards are applied and consequently all aged care homes can expect Accreditation Site Audits, Support Contacts, Unannounced visits and Review audits, these are activities that are undertaken by The Commission these are designed to review compliance against the aged care standards or responding to public /consumer /family concerns that may impact on consumer care and consumer safety.

Community care services are also required to meet the Aged Care Standards and in addition the Attended Care Industry Standards (ACIS) and National Disability Insurance Scheme Practice Standards (NDIS) as Whiddon delivers a number of different service offerings across Whiddon.

Suggestions, Concerns and Complaints

Whiddon encourages consumer feedback and views all concerns, suggestions and compliments as an opportunity to improve care and or acknowledge the good things we do and the level of satisfaction our consumers have with care and services. Whiddon provides all consumers and interested persons with a number of ways to communicate, email address dedicated to hearing from consumers, brochures with a dedicated comments section, internal 'Have Your Say system', consumer meetings, focus groups, surveys etc.

Credentialing

The employing residential or community care manager must ensure that employees delivering care are assessed in terms of their competencies, capacity to meet service expectations and requirements commensurate with their role delineation at the time of employment and ongoing as appropriate. This includes Proof of Vaccinations, Criminal Record check clearance, current registrations and enrolments, qualifications and fit for work clearance.

Learning and Development

All service managers have a responsibility to ensure that clinical, care staff, hospitality and administration employees and community care coordinators are up to date with their practices and skills. That there are systems in place to monitor the effectiveness of

educational support and that they represent contemporary practice. This includes compliance with all mandatory training requirements.

Performance Management

Responsibility for managing diminished performance by individuals rests with appropriate community or residential managers in partnership with the People and Culture subject matter experts. Performance management must be timely, follow internal procedures and be supported by the People and Culture team.

Consumer Engagement

Consumers and carers are to be encouraged to be involved in their communities in maintaining and improving performance and planning for the future. This can be achieved by consumer consultation, satisfaction surveys, complaint management, focus groups, providing information regarding services and supporting informed decision making. At Whiddon we have developed an information brochure and poster specific to Clinical Governance, this was produced with the aim of informing all stakeholders on our commitment to ensuring that clinical care, consumer safety strategies and personal care are provided to a high standard.

Open Disclosure

Whiddon supports a culture that applies Open Disclosure practices. Open disclosure is designed to enable appropriately skilled Whiddon employees to communicate responsively with residents, clients and their substitute decision makers when care and services do not go to plan.

Open disclosure is:


- A consumer's right
- A core professional requirement and institutional obligation
- A normal part of an episode of care should the unexpected occur, and a critical element of clinical communications
- An attribute of high-quality care and services for Whiddon and is an important part of continuous quality improvement.


Whiddon Clinical Governance Review

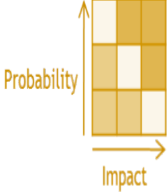
Whiddon has taken a new approach to have an external consultant to assess the Clinical Governance policy and Framework. This is undertaken every second year or as systems and processes change.


Clinical Governance Matrix

(Consumers refers to residential care residents, community care clients)

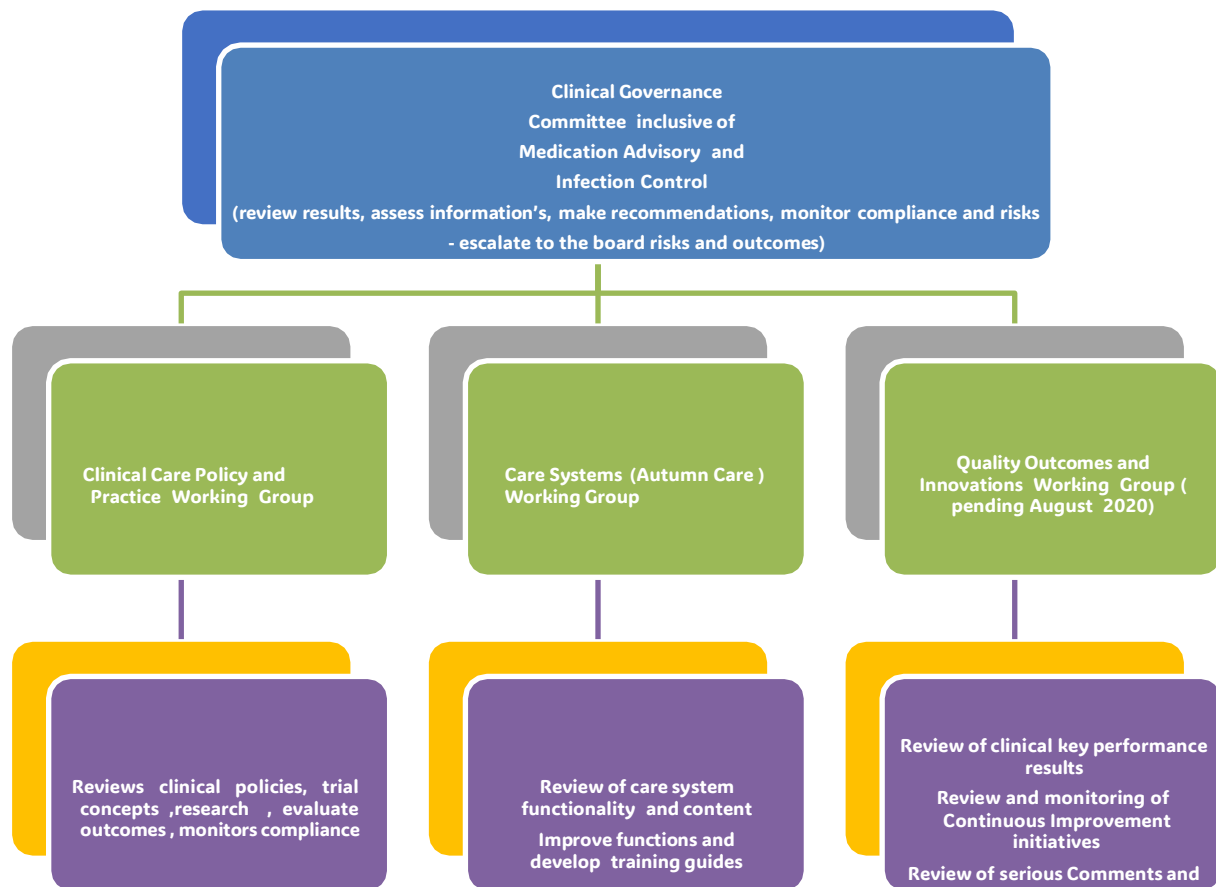
Clinical Governance Key Elements	What do we want to achieve	How do we do this	What do we have	How do we know how we are performing
Consumer Value 	<p>We understand what our consumers want and when they want it</p> <ul style="list-style-type: none"> Our consumers and the community have the opportunity to participate in the decisions we make regarding services we provide Our consumers and the community have confidence in the care and services we provide Our consumers have improved health and wellbeing outcomes and express that they have positive experiences. Our consumers who are at the end of their life journey will die with dignity. We ensure that we are accountable and responsible for the viability and sustainability of the organisation so that our consumers can experience optimal care and service outcomes 	<p>Communicate and engage via:</p> <ul style="list-style-type: none"> Policies, systems and activities that enhance consumer participation in decision making. We support our consumers to be part of the admission process and care planning process Internal Comments and Complaints policy and system to hear - what our consumers want Consumer Directed Care policies to articulate what services our consumers have asked for Privacy and confidentiality policy to ensure that our consumers feel safe in sharing their information Validated and benchmarked consumer surveys- a non-biased approach to obtaining consumer feedback Media coverage- keeping people informed Providing an opportunity to consumers to articulate what wellbeing means to them and how they need to be supported 	<ul style="list-style-type: none"> Contracts Handbooks Facebook/Twitter Newsletters <input type="checkbox"/> Satisfaction Surveys Comments and Complaints forms Focus groups Charter of Aged Care Rights printed information Consumer Directed Care contracts Privacy and Confidentiality agreements Complaints registers and management system - 'Have Your Say' email Policies that guide care and services to a standard and to articulate regulatory compliance requirements and obligations Rosters that support care needs Advance Care Directive process We have budgets and systems that support the delivery of optimal care We train our staff in culture diversity including LGBTIQ awareness programs We have a Strategic Plan that 	<ul style="list-style-type: none"> Consumer satisfaction survey results are positive and or provide us with opportunities to engage and improve Feedback and complaints data demonstrates satisfaction with outcomes Consumer and consumer meetings are held Occupancy targets are met Waiting list data is contemporary Positive and or adverse media coverage is monitored and responded to in a timely manner Compliance with aged care standards and other standards we aim to achieve quality outcomes for our consumers We meet our budget targets and manage resources competently We have consumer diversity We have employee diversity We have a Strategic Plan that is a living document We have a growth strategy to meet consumer needs We have the Whiddon Way to ensure our people are focused

Clinical Governance Key Elements	What do we want to achieve	How do we do this	What do we have	How do we know how we are performing
		<ul style="list-style-type: none"> Our consumers will have the opportunity to discuss their advance care directives with appropriately skilled staff An enablement approach to care delivery. We use resources intelligently, judiciously and respectfully We have an inclusive, nondiscriminatory culture and respect the rights of all peoples. 	is inclusive of what our customers say	
Clinical Performance and Evaluation 	<ul style="list-style-type: none"> We promote a culture that delivers evidence based clinical practices that are safe, consistent and contemporary Our consumers have improved health and wellbeing outcomes We promote a culture that continually looks for opportunities to improve Our Consumers have appropriately skilled and qualified people Our consumers will have choice in how they want to die We measure clinical performance We act to mitigate risks 	<ul style="list-style-type: none"> Contemporary policies and procedures to guide and support care employees in the delivery of care and services Clinical care auditing system to monitor , review , evaluate clinical practices and consumer outcomes Clinical care indicators that have evidence based criteria for the consistent collection of data to facilitate continuous improvement and informs training and education direction Conduct critical incident investigations Transparent systems that are reported to all stakeholders including the Executive Team and Board of Directors 	<ul style="list-style-type: none"> <input type="checkbox"/> Clinical position statements <input type="checkbox"/> Access to evidence based clinical practices via the care system or web based (JBI) Clinical Indicator data is collected via the care system and collated each month Continuous improvement registers are developed <input type="checkbox"/> Critical investigations manual guides process and compliance Training provided to senior managers in incident investigation <input type="checkbox"/> Performance management processes Audit schedules <input type="checkbox"/> <input type="checkbox"/> 	<ul style="list-style-type: none"> Compliance against the aged care standards and Attended care and NDIS standards Internal Benchmark results for all clinical key performance indicators Trending and impacts of quality improvements The number and type of adverse outcomes Quality improvement initiatives Mortality rates and investigations as indicated Complaints made to external stakeholders regarding concerns about care (AHPRA) Staff not performing in accordance with professional standards were performance managed and or reported to the appropriate regulatory body Audit results and actions taken

Clinical Governance Key Elements	What do we want to achieve	How do we do this	What do we have	How do we know how we are performing
	<input type="checkbox"/> We act when things go wrong	<input type="checkbox"/> We internally benchmark and assess data	<ul style="list-style-type: none"> Position descriptions Recruitment of the right people End of Life monitoring 	
Clinical Risk 	<ul style="list-style-type: none"> We promote and support a culture that is transparent We will identify, investigate, report all incidents and risks and monitor strategies to reduce or mitigate adverse outcomes We undertake internal reviews of our services to ensure that we are compliant with legislation, industry standards and guidelines and organisational policies. 	<ul style="list-style-type: none"> We work towards having contemporary policies, position statements and processes to guide and support care employees, professional employees and management in accessing risks There is a system that monitors and tracks clinical incidents Provide training to key staff on incident management Managers are responsible for promoting a culture that assesses risks and when possible implements risk management strategies. Transparent systems that are reported to all stakeholders including the Executive Team and Board of Directors A process to undertake internal self-assessments that are reactive and proactive An investigation process has been established 	<ul style="list-style-type: none"> Incident reporting system to monitor and track incidents An alert system that notifies key personal of a critical incident A rating system to categorise risks The establishment of a Clinical Governance Committee to oversee policy, practices and outcomes Position descriptions that articulate accountability and responsibility of managers, senior staff and all care support staff A care documentation system An incident management system An internal care auditing system Criminal Record Checks for all staff Whiddon Enterprise Risk Framework Strategies (WERF) A register of professional registrations Mandatory vaccination program 	<ul style="list-style-type: none"> Clinical incidents are reviewed, and actions taken Quarterly clinical trend reports are produced for the organisation by a benchmarking group Monthly board reports Monitoring of adverse outcomes Compliance with Criminal Record Checks Compliance with the relevant accreditation standards and home care quality standards Complaints are monitored regarding care, investigated, reported and documented. Compliance with professional registration authorities Access to a on line training platform Mandatory training modules are available and updated as required.

Clinical Governance Key Elements	What do we want to achieve	How do we do this	What do we have	How do we know how we are performing
Professional Development and Management 	<ul style="list-style-type: none"> We demonstrate commitment to enhancing the skills and knowledge of professional clinicians We demonstrate commitment to enhancing the skills and knowledge of our workforce Our people have improved job satisfaction We demonstrate that our workforce has the appropriate skills and knowledge to do their jobs We provide opportunities for team members to undertake additional training 	<ul style="list-style-type: none"> Professional development commitment-partnership with external providers to provide clinical leadership programs to all registered nurses annually Education and training programs for all employees Recruitment processes to ensure the right people are employed Staff development is discussed during annual appraisals Maintain external partnerships with learning and development institutions Ensure all professional staff have contemporary registrations/enrolments and the opportunity to remain contemporary in clinical practice. Ensure all care staff are competent in the tasks that they perform 	<ul style="list-style-type: none"> Scholarships application and policy documentation Dedicated allocation of educational resources and budget Position selection criteria Staff credentialing requirements Appraisal system Staff recognition system-awards Staff exit interviews and surveys Relationships with Universities and TAFE and registered training organisations Competencies and skills assessments Research partnerships that enhance clinical practice and knowledge 	<ul style="list-style-type: none"> Participation rates in education and training programs Number of scholarships funded per annum Number of staff nominated for awards both internally and externally Workforce satisfaction will be evaluated by key indicators-sick leave, unplanned leave, turnover, years of service, consumer care outcomes and complaints. Positive and productive partnerships via graduations, completion of courses

Clinical Governance Working Structure



Grievances

Concerns relating to the implementation of this policy and any associated guideline or procedure should be addressed under the *Grievance Handling Policy*.

Related policies/documentation

This policy should be read in conjunction with the My Life Care Model, Complaints Management Policy and The Whiddon Enterprise Risk Framework.

Service area initiating policy

This policy has been initiated by the Clinical Governance Team

Policy approval

This policy and any related guidelines or procedures are released under the authority of the Clinical Governance Committee

References:

- Clinical Governance :The Masonic Care Tasmania 2015
Acknowledgement: Clinical Governance Standards for Western Australia Health Services
- Victorian Clinical Governance Policy Framework-A Guide 2009
<https://www.safercare.vic.gov.au/publications/victorian-clinical-governance-framework>
- Clinical Governance NSW health [Clinical Governance Manual NSW Health](#)
- Victorian Department of Human Services Acute Health Division Clinical Risk Management Strategies
–State Governance Vic 2001
- Queensland Health .2006 a New Framework for Clinical Governance in Queensland Health – a discussion paper