



APMHA HealthCare Ltd

Clinical Governance Framework

1. Version 2 – Jan 2020

Clinical Governance Framework

2. Introduction

Governance is “the system by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control, exercised in an organisation”¹. Governance influences how the objectives and strategy of an organisation are set and achieved, how risk is monitored and assessed, how compliance is achieved and how performance is optimised.

Clinical governance seeks to ensure a standard and compliance of clinical performance of a health care organisation, which provides assurance to all stakeholders about safety, quality and continuous improvements of those services provided. Consumers and partnerships are central to identifying safety and quality issues and the solutions that must be implemented.

Clinical governance places a responsibility on the Company General Managers to establish effective mechanisms for monitoring and managing the quality of clinical care and service delivery and for meeting identified targets for quality. It is a component of their corporate accountability, both external and internal, to manage clinical performance throughout a health service organisation.

1. Our Clinical Governance Framework

The APMHA Clinical Governance Framework (the Framework) aims to strengthen our programs and activities to support and promote consumer safety, quality and manage risk. It seeks to guide employees, subcontractors and our stakeholders as to their role and participation in governing our clinical programs and services.

As seen in Figure 1, the Framework supports the more contemporary notion of “integrated governance”, a concept that links “systems, processes and behaviours by which health care organisations lead, direct and control their functions to achieve organisational objectives, safety and quality of service and in which they relate to patients, carers, the wider community and partnerships with other organisations”².

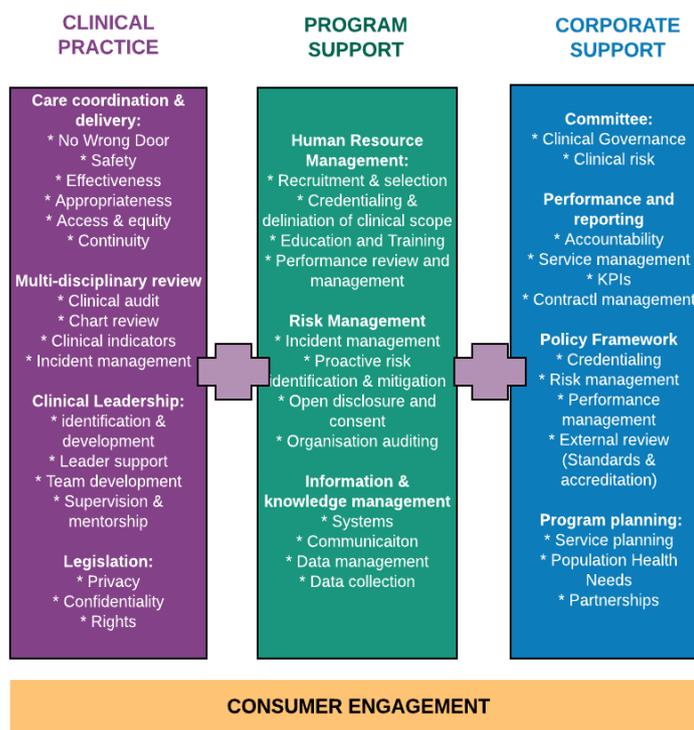


Figure SEQ Figure * ARABIC 1: The APMHA HealthCare Ltd Clinical Governance Framework

2. Principles

¹ Joint Committee of Public Accounts and Audit, Report 372, Corporate Governance and Accountability Arrangements for Commonwealth Government Business Enterprises, Canberra, Canprint, 1999, p. 7

² The Department of Health (2006) “Integrated Governance. A Handbook for executives and non-executives in health care organisations.”

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APMHA embeds and monitors clinical governance across the domains of quality, safety and equity. The following principles are the basis for supporting sound governance and person-centred practice of clinical care:

- **Risk management** is supported by an integrated risk management system comprising organisational, financial, occupational health and safety, plant, equipment and clinical risk.
- **Clinical effectiveness** relates to health service provision and is designed to provide the right care, to the right patient (right patient who is informed and involved in their care), at the right time with the right clinician (a clinician with the right skills), delivered in the right way (culturally, age appropriate) in a cost-effective manner. It also includes consumer feedback and consultation in service development, implementation and evaluation. Consumer directed and centred care is the starting point for clinical effectiveness.
- **Equity Focused Health Impact Assessment (EFHIA)³**: APMHA HealthCare Ltd embeds the Equity-Focused Health Impact Assessment (EFHIA), a tool that uses health impact assessment methodology to produce a structured way of determining the potential differential and distributional impacts of a policy or practice on the health of the population as well as on specific population groups and determines whether the differential impacts are equitable.
- **Education, training and Continuing Professional Development.**
- **Use of information:** Effective clinical governance is dependent on the availability and access to up to date information, information technology and best practice resources.
- **Employees and employee management:** Clinical care is provided by appropriately credentialed and qualified clinical practitioners. Credentialing of employees prior to appointment and working within their scope of practice is ensured.
- **Clinical file audit** is a method employed as an essential tool for promoting clinical effectiveness. By undertaking a systematic review of aspects of the structure, process or outcomes of care against explicit evidence-based criteria, issues are identified, changes implemented and performance is monitored to ensure improvement occurs.
- **Consumer and carer engagement and participation** improves the way services are delivered by increasing awareness and understanding of the consumer (and carer) perspective, their needs, what matters most to them in their journey through the health system and how the systems and processes of care can be designed to enhance their participation, experience and health outcomes. It is also about understanding, and working with consumers' expectations of their health care.
- **Research** ensures APMHA can identify opportunities to improve the services provided to ensure evidence-based practice is delivered throughout our current and emerging programs.

3. Clinical Governance Mechanisms

3.1 Audit

APMHA regularly audits programs and our workforce records as part of our commitment to the delivery of quality clinical services. The process involves comparing information in the consumer or provider records (or files) and other systems against the standards, protocols or specific criteria for delivering a given care item, or individual program. The data collected through this process is used to identify what is needed to improve care, and to assess changes over time.

³ <http://www.harrisroxashealth.com/wp-content/uploads/2011/08/Ben-Harris-Roxas-Thesis-Public-Version.pdf>

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3.2 Supporting Clinical Governance with Folio

APMHA has invested in a fit-for-purpose system called Folio as part of our commitment to strong clinical governance. We use Folio to control clinical governance across our business, including:

- Clinical service provider application vetting and credentialing processes
- Clinical contracts and subcontracts
- NDIS participant service agreements
- Reporting to the CEO, Board and our funders
- Clinical program review and continuous improvement
- Reporting, monitoring and managing clinical incidents
- Responding to feedback and complaints from service users, partners and stakeholders
- Compliance with legislation, standards and best practice
- Developing and reviewing the clinical quality document management suite

3.3 Consumer Voices

The voice of consumers and their natural supports is a fundamental principle of Clinical Governance Framework. APMHA implements our consumer feedback survey (the Your Experience of Service (YES) Survey). We will establish the Your Voice Consumer Committee in 2020 to facilitate regular consumer input into service planning, development, delivery, monitoring and evaluation.

3.4 Quality Management System

APMHA has developed and implemented a Quality Management System (QMS) to document the organisation's best business practices and meet the requirements and expectations of the funding bodies, other agencies, stakeholders and consumers to improve the overall management of the organisation. This includes specific policies and procedures, based on the National Standards for Mental Health Services (2010) and NDIS National Quality and Safeguarding Framework (2016), that guide workforce credentialing, service delivery, promote recovery oriented, person-centred principles and protect privacy and confidentiality.

Figure 2 (over) summarises the roles and responsibilities and the processes that support strong clinical governance.

4. Embedding Clinical Governance

There are three key steps for embedding the Clinical Governance Framework when designing and reviewing APMHA programs and services:

3. Identify service needs and gaps.
4. Review findings from evaluation and feedback mechanisms
5. Develop/refine service delivery/program plans

4.1 Identify service need and gaps

Program staff refer to findings from local PHN's Comprehensive Needs Assessment and other key needs assessments to direct APMHA program activity towards identified health service needs and gaps. Programs and services are reassessed each time a local needs assessment is released

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4.2 Review findings from evaluation and feedback mechanisms

Program staff consider findings from evaluation and feedback mechanisms, including:

- Consumer satisfaction survey
- Consumer and workforce file audits
- Consulting stakeholders and consumers
- Feedback survey
- Incident reports and reviews

4.3 Develop/refine service delivery/program plan

Staff develop a new or refine an existing service/program plan, based on the findings arising from the previous steps for the endorsement of Clinical Governance Committee and the Board.

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Figure 2: Clinical Governance Roles and Processes

Level	Role	Process
APMHA Clinical Governance Committee - meet quarterly	<p>Oversight and direction of all areas.</p> <p>Deliver strategic directions and monitor performance.</p>	<p>Ensure quality</p> <p>Review risk and audit.</p> <p>Approve human resources.</p> <p>Ensure community participation.</p> <p>Ensure legislative compliance.</p>
APMHA General Managers	Implementation, monitoring, and reporting	<p>Action quality improvement activities including safety, access, efficiency and acceptability.</p> <p>Oversee clinical risk management.</p> <p>Other functions listed below.</p>
	Quality Management and Operations	<p>Continuous improvement and innovation initiatives/audits</p> <p>Clinical risk management including:</p> <ul style="list-style-type: none"> • incident reports, investigation and management, and • response to known clinical risks e.g. infection control, selection <p>Drugs and therapeutics.</p> <p>Clinical safety and quality including death review/ morbidity and m</p> <p>New technologies and procedures.</p> <p>Consumer satisfaction and experience.</p> <p>Consumer participation, including the YES survey and Your Voice</p> <p>Accreditation.</p> <p>Complaints and compliments.</p> <p>Clinical audit.</p> <p>Legislative compliance.</p>

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5. Responsibility and Accountability

APMHA CEO

Responsible for exercising corporate accountability, both externally and internally, throughout APMHA.

APMHA General Managers

APMHA General Managers are accountable for the systems and processes that support employees and clinicians in providing safe, high quality care and for ensuring clinicians and service providers participate in governance. The General Managers set the organisational agendas for governance; vigilantly monitor the quality of care, and ensure that identified targets for quality are met and risks are identified and mitigated.

The General Managers set the organisational agendas for APMHA's programs and services, including:

- Mental health services E.g. Psychological Services Programme – stepped mental health care
- National Disability Insurance Scheme (NDIS) services
- Education and training
- Employees Assistance Program
- Workforce support services

General Manager Clinical

Ensures effective mechanisms are in place for streamlined monitoring, implementation and management of quality clinical care and the meeting identified targets for quality standards.

APMHA Clinical Governance Committee (CGC)

As defined in the Terms of Reference, APMHA established the CGG to ensure clinical leadership, monitoring, culture, evaluation, learning and provide a strong link between clinical and corporate governance.

Program managers, employees and contractors

These staff are responsible for applying clinical governance to program and service delivery.

Program employees and contractors must deliver programs and services as outlined in the Clinical Governance Framework and Procedure and the relevant Service Delivery Manual. Program employees and contractors are responsible for maintaining their contracted qualifications and remain committed to ongoing performance improvement.

6. References and Interdependencies

APMHA Interdependencies

- Clinical Audit Procedure
- Clinical Governance Committee Terms of Reference
- Our Voice Committee Terms of Reference
- APMHA's Quality Management System, specifically quality documents and Folio processes relating to:
 - Service Delivery
 - Workforce and credentialing

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- Consent and privacy
- Feedback, compliments and complaints
- Incidents and risks

Legislative or statutory interdependencies

- [Program and funding guidelines of contracting primary health networks](#)
- Australian State and Territory Mental Health and Disability Acts
- [Privacy Act 1988](#)
- Human rights legislation including [Disability Discrimination Act 1992](#), [Age Discrimination Act 2004](#), [Racial Discrimination Act 1975](#), [Sex Discrimination Act 1984](#)
- [National standards for mental health services 2010](#)
- [NDIS Quality and Safeguarding Framework 2016](#)
- [A National framework for recovery-oriented mental health services](#)
- [ISO 9001:2016 – quality management systems](#)

7. Version control

Version	Date	Owner (title)	Approver (title)	Nature of change
02	06/01/2020	J Craggs (GMC)	R May (GMQ)	Updated for NDIS
01	6/05/2019	J Craggs (GMC)	R Hayden (CEO)	N/A