APMHA HealthCare Ltd

Clinical Governance Framework

Version 3 – Dec 2020

Clinical Governance Framework

1. 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].
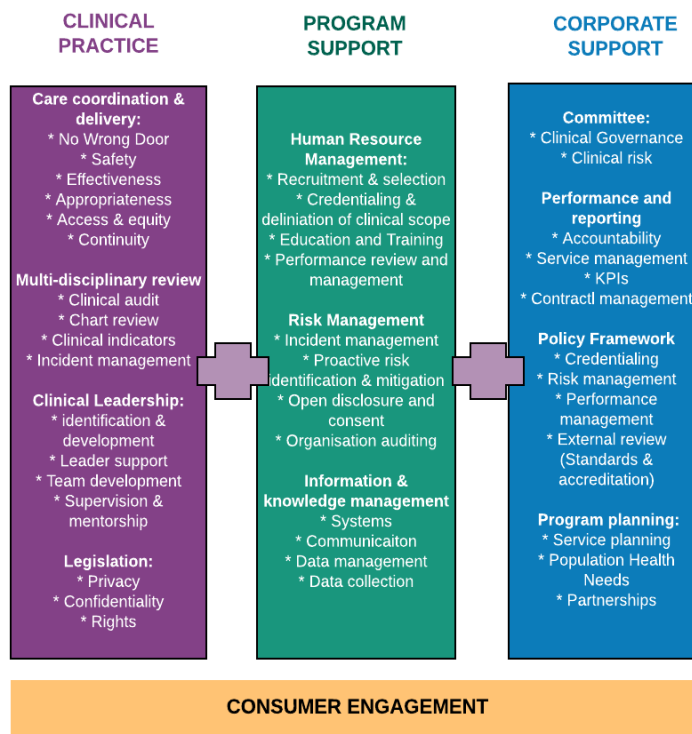

Figure 1:The APMHA HealthCare Ltd Clinical Governance Framework

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[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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2. Principles

APMHA embeds and monitors clinical governance across the domains of quality, safety and equity. The following principles support 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** provides the right care, delivered in the right way (e.g. culturally, age appropriate), to the right consumer (who is informed and involved in their care), at the right time with the right clinician, in a cost-effective manner. Consumer directed care is the starting point for clinical effectiveness.

- **Education, training and Continuing Professional Development**.

- **Use of information:** Effective clinical governance depends on access to up to date information, information technology and best practice resources.

- **Human resource management:** Clinical care is provided by credentialed and qualified practitioners.

- **Clinical file audit** promotes clinical effectiveness. By systematically reviewing aspects of the structure, process or outcomes of care against explicit 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.

3.2 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

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- 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 seeks consumer input via our consumer feedback survey (the Your Experience of Service (YES) Survey) and lived experience Board representation.

3.4   Quality Management System

APMHA's Quality Management System (QMS) documents the organisation's business practices that 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.

Figure 2: Clinical Governance Roles and Processes

Level	Role	Process
APMHA Clinical Governance Committee - meets bi-monthly	Oversight and direction of all areas. Deliver strategic directions and monitor performance.	Ensure quality Review risk and audit. Approve human resources. Ensure legislative compliance.
APMHA General Managers	Implementation, monitoring, and reporting	Action quality improvement activities including safety, access, effectiveness, appropriateness, equity, efficiency and acceptability. Oversee clinical risk management. Other functions listed below.
	Quality Management and Operations	Continuous improvement Clinical risk management including: • incident reports, investigation and management, and • response to known clinical risks e.g. provider selection and credentialing. Consumer satisfaction and experience. Audits and Accreditation. Complaints and compliments.

4. Embedding Clinical Governance

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

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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

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 and 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.

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 staff to provide safe, high quality care and for ensuring service providers participate in governance. The General Managers set the organisational agendas for governance, monitor the quality of care, ensure that identified quality targets are met and risks are identified and mitigated.

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 staff deliver programs and services as outlined in the Clinical Governance Framework and the relevant Service Delivery Manual. These staff maintain their contracted qualifications and remain committed to ongoing performance improvement.