

Clinical and Care Governance Framework 2023



**MISSION
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Clinical and Care Governance Framework

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Section One – Overview

Chairman's Foreword

As Chairman of Mission Australia, I am pleased to introduce our revised Clinical and Care Governance Framework. This comprehensive framework embodies our commitment to excellence in clinical and care governance and the highest standards of person-centred care. It is imperative that we, as an organisation that serves many Australians in need, remain steadfast in our pursuit of safe, effective, connected and person-centred services.

Clinical and care governance is of paramount importance in ensuring the highest standards of quality and safe practice with the people who use our services. Several Royal Commissions have shed light on how shortcomings in some providers' practices can have devastating impacts on people's lives; they underscore the need for continuous improvement in systems and processes, and for governance that drives best practice.

This revised framework builds upon our previous work and introduces new core domains and principles that reflect our Founding Purpose and our values. It reinforces that clinical governance is essential to promoting accountability and transparency and reiterates our commitment to providing the best possible care to the people we serve.

I would like to acknowledge the many staff and leaders who have contributed to the review of this framework, through their ideas, collaboration, key insights and commitment. Incorporating our practitioners' expertise and our service users' experiences into the continuous refinement of our guiding documents – like this framework - maximises their effectiveness. I'd also like to thank Jill Linklater, our Clinical Advisor, for her valuable input.

I invite every member of our organisation to embrace this framework and its principles, as we work collectively to enhance the health and wellbeing of those we are privileged to serve. Thank you for your dedication, your unwavering commitment and your support in realising our vision for excellence.

Sincerely,

Ian Hammond
Chairman
Mission Australia

Executive Summary

Mission Australia (MA) is committed to delivering high quality, safe and effective services which strengthen communities and reduce homelessness.

MA's Clinical and Care Governance Framework (the 'Framework') is a part of the overall operational framework which includes corporate governance and service-based policies and procedures. Quality clinical and care governance is achieved through a whole-of-organisation approach. This framework details the five foundational domains and principles of clinical and care governance and is implemented through MA's Clinical and Care Governance Committee structure.

Throughout Australia MA delivers a diverse range of health, education and community services. Each of these services respond to unique local needs with people who are vulnerable and experiencing significant disadvantage. To ensure that this framework applies to these diverse services it incorporates both clinical and care governance.

The MA National Clinical and Care Committee (NCCC) coordinates the review of this framework periodically for continuous quality improvement.

Context

MA supports over 140,000 people annually, including children and families, young people, older adults, people impacted by disability, people involved in the criminal justice system, people who are homeless or at risk of homelessness, and those with mental health and/or alcohol and other drug related issues.

MA aims to empower and improve the lives of marginalised people with complex needs and high levels of disadvantage, who may be particularly vulnerable to risks or inadvertent harm. MA supports people who access our services to progress towards independence and sustainable change.

Our Purpose

Inspired by Jesus Christ, MA exists to meet human need and to spread the knowledge of the love of God.

Our Vision

An Australia where all of us have a safe home and can thrive.

Our Goal

End homelessness and ensure people and communities in need can thrive.



Compassion

We are sensitive, understanding and caring in our service of all people.



Integrity

We are honest and transparent in our work and relationships and are accountable for our performance.



Respect

We treat people with respect, recognising them as they are and always offering compassionate support.



Perseverance

We are dedicated to serving and helping people to overcome their challenges, no matter how hard it is.



Celebration

We readily celebrate the efforts and successes – large and small – of the people we help, our volunteers, supporters and colleagues.

Purpose

This Framework provides guidance to all levels of the organisation to deliver services aligned to standards for safe quality care in Australia. Specifically in relation to child and family, youth, aged care, disability, homelessness, mental health and alcohol and other drugs services.

This Framework aligns with relevant national quality and safety requirements, licencing and accreditation cycles that are reflected in MA's policy and procedures. It supports staff working with members of the community to readily adapt and consistently apply appropriate clinical and care practice at the service level.

High quality and safe service delivery are achieved by meeting the following goals:

1. That people receive supports without experiencing preventable harm.
2. That people receive high quality, safe, coordinated, effective and person-centred support.
3. That there are effective partnerships between consumers and service providers and organisations at all levels of support planning, provision and evaluation.

Effective clinical and care governance helps us achieve the following **outcomes**:

- MA consumers and their support network feel safe and confident that they are being supported to achieve their intended outcomes.
- MA staff competently and confidently undertake their roles in a safe and supportive environment, in accordance with MA policies and procedures.
- MA staff have clear responsibility and accountability to consumers, funders, governing bodies, partners and key stakeholders.

This Framework provides direction that supports consistency in:

- Delivery of culturally safe and accessible services that promote health literacy and consumer empowerment.
- Systems that proactively identify and prevent circumstances that put individuals at risk of harm.
- Planning, measuring and reporting of quality and safety measures.
- Compliance with statutory, regulatory and ethical responsibilities.
- Undertaking consumer and partnership feedback to improve the experience of accessing supports.

Definitions

MA defines '**Clinical and Care Governance**' as:

'The integrated systems, processes, leadership and culture that are at the core of safe, effective, connected, person-centred community services underpinned by continuous improvement'¹.

Clinical and care governance ensures that integrated and multidisciplinary services delivering direct care have accountability to ensure safe, high-quality support that seek to achieve the best possible outcomes for consumers.

Quality clinical and care governance is:

- **Safe** - free from preventable harm including abuse, neglect or isolation.
- **Effective** - incorporates contemporary best practice evidence, providing appropriate services in the right way, at the right time and supporting the right outcomes for every person.
- **Person-centred** - people's values, beliefs and situations guide how services are designed and delivered. People are enabled and supported to meaningfully participate in decisions and to form partnerships with their service providers.
- **Connected** - services work together to achieve shared goals; people experience service and support continuity as they move through the service system.

Consumer refers to people, families and carers who access health/community services. This includes people who have accessed a health/community service in the past or who could potentially access the service in the future. The term 'consumer' is used throughout this framework and is interpreted within MA services by other terms, such as 'participant', 'resident' or 'client'.

Duty of Care is a common law concept that refers to the responsibility of MA to provide people with an adequate level of protection against harm. It is the duty of MA to protect children from all reasonably foreseeable risk of injury.

The term **Family** means different things to different people. It means any person(s) who plays a significant role in an individual's life. Members of family include carers and guardians, peer

¹ Safer Care Victoria, 2017, Delivering high-quality health care – Victorian clinical governance framework. Victoria. State Government of Victoria, Melbourne.

and social networks. Within Aboriginal and Torres Strait Islander culture, the term Kinship is used.

A **Just Culture** refers to a system of shared accountability in which organisations are accountable for the systems they have designed and for responding to the behaviours of their employees in a fair and just manner. Just Culture is part of the safety culture, with the key features being:

- A systems-thinking mindset to incident review.
- Provision of a psychologically safe workplace where employees feel safe to report adverse events and near misses.
- Managing the cognitive biases, we all have as part of being human.
- The concept of shared accountability between the organisation and an individual when adverse events occur.

Open Disclosure refers to having an open discussion with a consumer about an incident that may have resulted in harm during the course of receiving services. Elements to open disclosure include an apology or expression of regret, a factual explanation of what happened, an opportunity for the consumer to discuss their experience of what occurred, and an explanation of the steps being taken to manage the event prevent this from occurring again. Open disclosure is a discussion and an exchange of information that may take place over several meetings.

Safeguarding refers to the rules that are in place to help protect a person from harm, abuse, neglect or exploitation. Ensuring the appropriate safeguards are in place is critical to ensuring the protection of a person's right to be safe and to receive quality services.

Principles

This Framework is underpinned by 8 key principles that reflect our values and guide effective, high-quality clinical and care governance systems.

Table 1: Clinical and Care Governance Principles

Principle	What this looks like
Excellent consumer experience	<ul style="list-style-type: none"> • Commitment to a positive experience for consumers every time (safe, coordinated, effective and person-centred).
Clear accountability and ownership	<ul style="list-style-type: none"> • Accountability and ownership for quality and safety is demonstrated by all staff. • A culture of staff owning and contributing to service outcomes is promoted and practised by staff. • Compliance with legislative, standards, funder and organisation policy requirements.
Safeguarding and wellbeing	<ul style="list-style-type: none"> • Practice and governance promotes the safety and wellbeing of consumers. • The environment promotes safe and high-quality care and support for consumers and staff.
Innovation and continuous learning and improvement	<ul style="list-style-type: none"> • Staff have access to regular supervision, training and educational resources to maintain and enhance their required skill set. • Staff actively participate and contribute expertise and experience. • Continuous quality improvement tools that promote reflective practice are embedded into workplace practice and service provision. • Measurement of performance and progress is benchmarked, used to manage risk and drive improvement in the quality of services.
Proactive collection and sharing of information	<ul style="list-style-type: none"> • Adherence to information sharing, confidentiality and privacy policies and regulations including mandatory reporting responsibilities and informed consent.

	<ul style="list-style-type: none"> • Clear and transparent communication with consumers about information sharing including access to records. • Robust data is collected, shared and informs decision making, practice improvement, review and evaluation.
Openness, transparency and accuracy	<ul style="list-style-type: none"> • Reporting, reviews and decision making are underpinned by transparency and accuracy and are clearly linked to decision making.
Partnerships with consumers and families	<ul style="list-style-type: none"> • Consumer engagement is actively sought and supported at all levels, from engagement in direct service provision, service design and delivery to governance and oversight.
Empowered staff and consumers	<ul style="list-style-type: none"> • Organisational culture and systems are designed to promote and support safe services. • Staff and consumers feel comfortable to speak up about quality and safety concerns and are listened to. • Service delivery places consumers and families at the centre of decision making.

Roles and Responsibilities

Consumers and Families

People who access MA services are the central focus of clinical and care governance. Their experiences of, and participation in, services are a fundamental indicator of quality and safety.

Consumers and families are able to:

- Participate to their desired extent in the services that they choose and communicate their preferences about how their care is provided.
- Share their experience, provide feedback and offer suggestions to support improvement.
- Participate in service design and redesign processes.
- Communicate about potential safety and quality risks and participate in the review of incidents when they occur.
- Advocate for or represent other consumers or peers in focus groups and meetings to identify improvement areas for the care that is provided.
- Provide direct support for other consumers by participation in the lived expertise workforce.

Frontline Staff and Volunteers

The people who have direct contact with, and deliver services to, our consumers are the face of service quality. Frontline staff and volunteers:

- Model professional conduct with a commitment to safety and quality at all times.
- Speak up and raise concerns about quality and safety related to their colleagues and consumers.
- Work within relevant policies and procedures, standards, protocols and guidelines.
- Take responsibility for the safety and quality of their own professional practice, regulatory requirements and codes of conduct.
- Actively contribute to the organisational culture that enables, and gives priority to, consumer safety and high-quality care.
- Engage in ongoing learning and development to update their skills and knowledge about safety and quality.
- Work collaboratively as part of coordinated teams, other services and partner agencies to deliver safe, high-quality care.
- Monitor and review their services and focus on continuous improvement.
- Support consumers to exercise their voice and advocate on their behalf where needed.
- Engage with family and carers to support good consumer outcomes.
- Take part in the design and implementation of systems within the organisation for: quality improvement; risk and incident management; open disclosure; feedback and complaints management.

Clinical Practitioners

All clinical practitioners whether they are employed, contracted or visiting, are accountable for delivering clinical care that meets relevant professional standards. For visiting clinical practitioners, roles, responsibilities and accountabilities are to be described following the collaborative development of agreements and protocols about the provision of clinical care. Clinical practitioners have responsibilities to:

- Maintain their professional registration, accreditation or membership.
- Work within their defined scope of practice.
- Practice in accordance with relevant legislation, professional standards and codes of conduct.
- Be aware of MA's Clinical and Care Governance Framework and practice within it.
- Deliver clinical care that aligns with evidence-based best practice and agreed and documented clinical guidelines, pathways and standards.
- Work with MA's services to ensure that the service environment supports them to provide clinical care in accordance with relevant professional standards.

Service Delivery Managers and Team Leaders

Service Delivery Managers and Team Leaders:

- Actively communicate the commitment of the organisation to the delivery of safe, high-quality care.
- Provide a safe environment for staff and consumers that supports a culture of respect, collaboration, teamwork and transparency.
- Ensure that staff and volunteers are clear about their roles and responsibilities.
- Support and develop staff and volunteers to deliver the best possible service.
- Proactively identify and manage risks.
- Lead and model behaviour consistent with organisational values in support of continuous learning.
- Report, follow up, and act upon quality and safety concerns.
- Promote a culture of continuous improvement through sharing information and supporting and enabling staff and consumers to contribute to and lead improvement efforts.
- Recognise and respond to power imbalances when seeking feedback from consumers.
- Contribute to the development and ensure the implementation of policies and procedures relevant to safety and quality, with active participation of staff and consumers.
- Maintain effective relationships with services and key stakeholders to support good consumer outcomes.
- Ensure availability of data and information to staff to support quality assurance and improvement.

- Systematically monitor performance across all safety and quality systems and report to the appropriate Leaders/governing body/bodies.

CEO and Executive

Responsibilities of the CEO and the Executive Committee are to:

- Provide visible leadership and demonstrate a commitment to delivering the organisation's strategic direction.
- Create and promote a safe and open culture that empowers staff to speak up and raise quality and safety concerns.
- Foster a 'just' culture of safety, fairness, transparency, learning and improvement in which staff are empowered and supported to deliver their roles and responsibilities.
- Proactively seek information from qualitative and quantitative sources including staff and consumers to question and understand the quality of all areas of service delivery.
- Drive a culture that is committed to hearing directly from consumers.
- Maintain a focus on the quality of services, ensuring that listening to and acting on the voice of consumers is at the centre of the organisation that remains focused on continuous improvement.
- Regularly report to the board or board sub-committees on risks, outcomes, areas for improvement and progress on achieving the best service across all areas of service delivery.

Board

The Board is ultimately responsible for safe, quality services. It does this by cultivating and prioritising a strong safety culture through an effective clinical and care governance system. The key responsibilities of the Board are to:

- Set a clear vision, strategic direction and strong organisational culture that drives consistently safe and high-quality care.
- Provide an overarching commitment to safe, coordinated, effective and person-centred care for people accessing services within Mission Australia.
- Actively communicate this commitment.
- Lead an organisational culture that is an accountable, open and transparent 'just culture', by communicating the organisation's values and being engaged, visible and accessible to the workforce.
- Remain engaged, visible and accessible to staff.
- Ensure they have the necessary skill set, composition, knowledge and training to actively lead and pursue quality and excellence in service delivery.
- Understand key risks and ensure controls and strategies are in place to mitigate them.
- Monitor and evaluate all aspects of services provided through regular and rigorous reviews of benchmarked performance data and information.

- Ensure robust quality governance structures and systems across the organisation effectively support and empower staff to provide high-quality services and are designed in collaboration with staff expectations.
- Take advice from the Clinical Quality and Safety Committee about the status of quality and safety across clinical and care aspects of service delivery.

Section Two – Clinical and Care Governance Domains

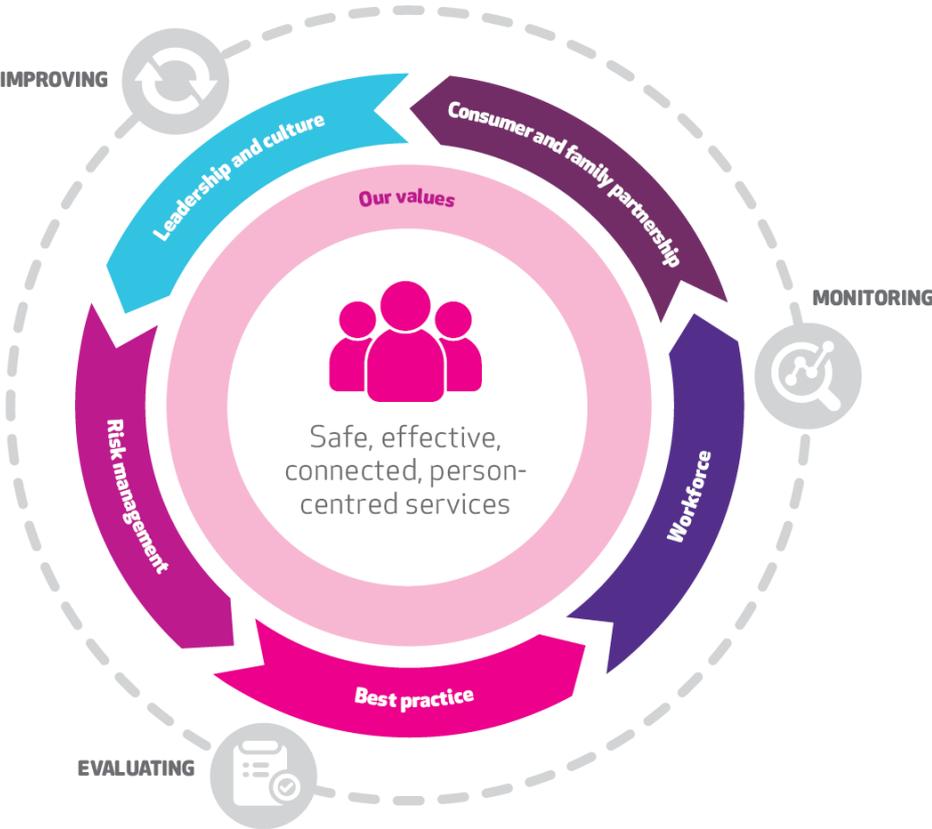
Quality clinical and care governance exists within the system of MA's broader governance, oversight, strategy and assurance arrangements. This ensures both a future and accountability focus, and that the appropriate corporate governance arrangements such as financial, risk and business mechanisms are in place, aligned to support the delivery of safe, effective, connected, person-centred community services.

MA's systems are organised into five domains of quality clinical and care governance that are underpinned by continuous monitoring, evaluation and improvement:

1. Leadership and culture
2. Consumer and family partnerships
3. Workforce
4. Best practice
5. Risk management

These five domains identify the main quality goals of safe, effective, connected, person-centred services. They are interconnected and interdependent. Quality clinical and care governance is achieved through a whole-of-organisation approach and is supported by systems and processes that are proportionate to the risk, size and complexity of the organisation.

Figure 1: Clinical and care governance domains



Domain 1: Leadership and Culture

The culture of an organisation is shaped, fostered and enhanced by its leaders.

The MA Board, leaders and managers are accountable for, and lead action to ensure services are delivering safe, quality care to consumers and for communicating the key message that quality and safety is everyone's business.

MA's quality and safety culture is supported by:

- Systems that promote productive working relationships between all levels and across the organisation.
- Visible, accountable, inclusive and purposeful leadership at all levels.
- Engaged staff and consumers who are enabled to actively participate in organisational strategy, planning and service delivery.
- A 'just' culture that values learning and continuous improvement when things go wrong.
- A 'speak up' culture where staff are supported to raise concerns about safety.
- A commitment to fairness, transparency and accountability.
- The integration of clinical and care governance into corporate governance.

Systems are in place to ensure:

- A clear vision and expectations about the safety and quality of services is communicated throughout the organisation and reflected in strategic, policy and corporate governance documents.
- Organisational alignment in strategic goals and priorities for providing safe high-quality services and experience for every consumer in a way that is seamless and integrated.
- A supportive, transparent culture that is set and led by the Board, communicated as a whole-of-organisation responsibility, and that assists all staff to provide high-quality services and to continuously improve.
- Clear accountability is assigned for planning, monitoring and improving the quality of each service or program.
- The CEO, Board and leaders regularly review their quality and safety performance and take action for improvement.
- The Board and Executive visibly engage with and support staff in their roles.
- Appropriate governance structures, including committee and reporting structures, are in place to effectively monitor and improve quality performance.

- The development and support of leaders at all levels of the organisation who promote and drive high-quality services.
- The development of staff skills and systems for achieving high-quality services, managing change and improvement across the organisation.
- Effective supports are in place for staff who identify quality and safety issues.
- Identified roles, responsibilities and accountabilities for clinical quality and safety.

Domain 2: Consumer and Family Partnerships

The experience of consumers and their participation in services are fundamental indicators of quality and safety.

MA aims to promote a culture where consumers are encouraged and supported to express their wishes and make decisions about their care. Effective consumer, family/guardian/carer engagement enables MA to better plan, design, deliver and evaluate services that meet the needs of our consumers.

There are processes in place to ensure that the needs, wishes and safety of consumers about the extent to which their family, kin or social networks are engaged, are recognised and acted on.

Engagement and participation is about involving consumers in key decision-making and the monitoring of the quality of services provided. Effective engagement involves communicating, listening and responding. Open Disclosure processes are used to communicate with consumers, and with their families and carers where appropriate and safe to do so, when there are incidents of concern.

Processes are in place to ensure informed consent occurs and that consumers are supported by substitute decision making when needed. Care provided supports the concept of Dignity of Risk, and the need to balance this with the duty of care that the service and staff have for individuals.

Feedback (including both compliments and complaints) is proactively sought throughout all aspects and phases of service delivery, in ways that are appropriate to the consumer's needs and preferences. Feedback is used to drive improvement for individuals, the design of services and supporting systems. Complaints are responded to compassionately, within policy timeframes, and viewed as an opportunity for improvement.

Systems are in place to ensure:

- Consumers and their individual needs are key organisational priorities.

- The organisational culture supports clear, open and respectful communication and partnership between consumers and the workforce at all levels of service delivery.
- Policies and procedures ensure that the individual needs, goals and preferences of consumers are the priority, and are identified, communicated, recorded and used to guide practice.
- Services respond to the diverse needs of consumers and the community.
- Consumers are provided with the opportunity and supported to participate in organisational processes for planning, monitoring and improving the delivery of services.
- Consumer participation processes are monitored for their effectiveness.
- Clear, open and respectful communication exists between consumers and staff at all levels of the organisation.
- Consumers are actively invited and supported to provide feedback. Services learn from and act on consumer feedback on service delivery to make improvements.
- Complaints are responded to compassionately, competently and in a timely fashion, with feedback provided to all parties about the action resulting from their input.
- Issues arising from complaints, compliments or other forms of feedback are analysed, reported and used to improve services.
- Consumers' rights and responsibilities are discussed, respected and promoted as described in relevant Charters.
- Consumers are made aware of oversight bodies available to assist and advocate for them.
- Information is provided to consumers, families, carers and representatives to inform their decision making and support safe, quality practice.
- Processes are in place to ensure informed consent occurs and supported and substitute decision making when needed.
- Open disclosure processes are in place to communicate with consumers, families, carers and representatives when things go wrong.

Domain 3: Workforce

Staff must have the appropriate skills and knowledge to effectively fulfil their roles and responsibilities for the provision of safe quality care. Systems must support a skilled, competent and proactive workforce, built through a comprehensive approach to recruiting, allocating, developing, engaging and retaining staff.

MA's informed workforce approach enables services to have the right people in the right place with the right skills to deliver the right service.

Ensuring that MA as an organisation seeks and responds to the experience of its staff enables the organisation to clearly understand the strengths and weaknesses of its workforce, promoting a workplace that is physically and psychologically safe with a focus on building a culture that tackles discrimination, bullying and enhances staff engagement.

MA complies with the relevant legislation regarding probity checks to ensure suitability to work, and reporting requirements when allegations are made about the professional conduct of a worker.

All staff are provided with access to information and training on effective approaches to continuous service improvement and how they can contribute to delivering high-quality services. Human resource systems support staff to develop and consolidate their skills, work within their roles and responsibilities and manage performance.

Systems are in place to ensure:

- Strategic planning, allocation and management of the workforce provides the appropriate personnel and skills to deliver high-quality services and to meet changing consumer needs.
- MA's workforce has the appropriate registrations, qualifications and experience to provide high-quality services and participates in ongoing professional development to maintain and improve skills.
- Employed and contracted health practitioners have appropriate qualifications and experience to provide clinical care. The status of Australian Health Practitioner Regulation Agency (AHPRA) registrations are monitored for currency.
- A safe and fair workplace based on a 'just' culture and mutual respect is provided, with systems in place to address issues with culture such as workplace bullying, unconscious bias and discrimination.
- Clear communication of role expectations, responsibilities and standards of performance is provided to all staff, and employees are supported and held accountable for meeting these expectations.
- There is a fair and equitable process for addressing individual performance that prioritises consumer safety and protection from harm.
- Reflective practice, mentoring and supervision is used to support, monitor and develop staff.
- Evidence informed training and tools are provided so staff can monitor and improve their own practice and organisational processes more broadly.
- Staff feedback is sought and used in a visible way to improve services.
- Policies and procedures are in place for managing complaints or concerns about a staff member.
- The appropriate supervision or direction by health practitioners when personal care staff provide clinical care under delegation.

- Agreements and protocols are developed with visiting health practitioners about the provision of clinical care, including communication processes.

Domain 4: Risk Management:

Conscious and considered management of risk is everyone's responsibility.

MA's Risk Management Framework is the totality of systems, structures, policies, processes and people within Mission Australia that identify, evaluate, monitor, report and control or mitigate all internal and external sources of material risk. It exists to help us achieve the most favourable outcome for our key stakeholders, in particular our clients and consumers and to reduce uncertainty in the course of delivering our strategic objectives. Risk is managed within the Board-approved Risk Appetite which is aligned with MA's strategy.

Risk and incident management policies and procedures are in place to guide how business risks, incidents, new opportunities and significant decisions are managed. The policies and procedures provide a consistent and structured approach for; the identification, assessment, internal notification, risk treatment, incident response and reporting of risks and incidents.

MA's risks are categorised into four main categories; Strategic, Client Outcomes, Financial and Operational risk. The Client Outcomes risk category more specifically includes the management of risks related to service quality and outcomes, harm prevention and complaints management.

Risks and Incidents identified and occurring throughout the course of service delivery are recorded in MA's online Risk and Incident Management System. Staff, Leaders and supporting business units have access to reports, outlining trends in risk and incident data for review and identification of areas requiring corrective action.

MA policies and procedures also cover clinical risk areas (such as infection control), clinical practice (such as assessment, diagnosis, planning, treatment and review), and processes that support the effective delivery and continuity of clinical care (such as record keeping). These policies and procedures are based on evidence and best practice, are reviewed and updated as needed, and ensure that services meet their legislative and compliance requirements.

MA staff are aware of and understand the policies, procedures and systems, and use them to provide safe and quality care. Ensuring the appropriate safeguards are in place is critical to ensuring the protection of a person's right to be safe and to receive quality services within protective environments that protect people from exploitation and abuse of all kinds.

Systems are in place to ensure:

- The organisational culture supports staff to pursue safe practice and promotes a 'speak up' culture for safety.
- A planned, proactive, systematic and ongoing evidence-based approach to creating safety for consumers and staff is in place.

- Organisational risk considerations and data inform goal and priority setting and the development of business and strategic plans.
- The identification, reporting and management of consumer risks and incidents is undertaken in accordance with the organisation's risk and incident policy framework.
- Policies and procedures address core aspects of quality and safe service provision, and key clinical risk areas, including medication management, infection control, anti-microbial stewardship, minimising the use of restraint, end of life care, and deterioration in mental, cognitive and physical health.
- Risks and incidents are proactively identified and recorded and monitored through the organisation's risk and incident system.
- Known consumer risks are proactively addressed. Services use effective risk management templates to identify consumer and service level risks and risk mitigation strategies. Risk management plans are well communicated and periodically reviewed.
- Consumer incidents are investigated to identify underlying practice and systems issues and any root causes; this information is used to make improvements in relation to quality and safety.
- The organisation complies and adheres with risk-related legislation and relevant Australian standards.
- Systems and datasets for developing and supporting consumer risk management are regularly and rigorously evaluated to ensure their effectiveness.
- A program of regular and routine reporting of quality and safety information to the MA Board, the workforce and consumers.
- Regular review of quality and safety information to identify trends, emerging issues or risks, areas of excellence, opportunities for improvement, and the impact of improvement actions.

Domain 5: Best Practice

MA's policies, processes and systems that are embedded in the broader corporate governance arrangements support staff to actively manage, guide and improve the quality and safety of care in line with best practice.

Staff are effectively supported to continuously improve the safety and appropriateness of the support they provide through person centred, evidence-informed best practice.

A person centred approach ensures that the consumer is at the centre of the decision making and planning process, encouraging their active participation. A person centred approach requires working collaboratively with consumers to identify their goals, needs and strengths, as they perceive them, to stand alongside people as they work to achieve them.

Evidence-informed best practice involves decision-making which is based on the integration of practitioner expertise, consumer expertise and values and the best available evidence-based

research evidence to promote positive outcomes with consumers. It aims to guide highest quality practice by incorporating evidence and contemporary research findings to support quality outcomes that enhance consumer capacity, competence and safety.

Opportunities for professional development and training are provided, in order to incorporate new approaches and strategies, reflect on professional practice and support continuous improvement, learning and growth.

MA has effective processes and efficient systems to collect, review and communicate information which is used to drive practice improvement and strategic planning.

Systems are in place to ensure:

- Evidence-informed services are provided within the scope of funding and service agreements.
- Service standards and protocols are clearly articulated, communicated and adhered to across the organisation.
- Practitioners regularly review and improve their service.
- Clearly defined roles, scope of practice and supervision processes support practitioners to work safely and effectively.
- Active partnerships are developed with consumers, with a shared understanding of consumer goals.
- Consumers experience smooth, connected transitions across settings and services.
- Staff participate in the design and review of service systems and processes, supporting innovation.
- Data on the safety, effectiveness and person-centeredness of services is collected, analysed and shared for the purposes of both accountability and improvement.
- Formal relationships are established with external health practitioners, healthcare organisations, and other specialist services.
- Staff regularly review their own performance.
- Clear procedures are in place for the sharing of information when consumers are transferred to or from external providers.
- Best practice record keeping is in place within service level consumer information management systems and required funder systems.
- Effective implementation of the MA Quality Assurance Framework (QAF) across in scope services.

Monitoring, Evaluating and Improving

Quality Assurance Framework

MA's Quality Assurance Framework is an internal compliance and continuous quality improvement program which supports staff to provide high quality and safe services in accordance with policy, standards, accreditation, legislation and safety requirements.

Staff are supported to complete quarterly self-assessment activities, and plan and complete improvement actions at the service level. Performance reporting provides visibility to staff, leaders, the executive and board about how services are performing against a range of criteria mapped to sector standards of practice and management, and internal compliance requirements.

Internal Audit

MA's Internal Audit function provides independent, objective assurance and consulting services designed to add value and improve the organisation's operations. It helps MA accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

The scope of work of the internal audit function is to determine whether the governance, risk management and control processes of MA are adequate and functioning in a manner to provide a reasonable level of confidence. This includes that:

- significant key risks are appropriately identified and managed;
- employees' actions are in compliance with policies, standards, procedures, applicable laws and regulations; and
- programs, plans and objectives are achieved.

Monitoring, Evaluation and Learning Plans

MA has an outcomes driven strategy and has identified the data that matters most to measure through a layered Monitoring, Evaluation and Learning (MEL) data architecture, informed by evaluation theory and approaches. A layered theory-led approach generates insights about how our services are contributing to our strategic goals by assessing the causal mechanisms between activities and outcomes using Flagship Service Model Theories of Change and service-level Program Logics. Undertaking MEL activities provides MA with rich insights and a holistic understanding of the effectiveness, quality and safety of MA's services.

MA's MEL architecture includes:

- An outcomes-focused 20-25 Strategy supported by an organisational outcomes hierarchy and Strategy Scorecard.
- Common outcome domains and headline indicators for our Foundational Service Categories.

- Flagship Service Models Theories of Change and MEL cycles. MA's Flagships Service Models provide national best practice quality and safety guidelines that can be adapted to local context. The models contain a Theory of Change, client journeys, operating models, sector standards and accreditation plans, MEL plans and implementation guidance.
- Service-level program logics using MA's standardized template.
- Impact Measurement program to collect and report on outcomes.

Section Three – Measures of Success

Table 2 outlines how MA measures success against the Clinical and Care Governance domains.

Success measures describe the ways in which MA is successful in establishing and maintaining effective clinical and care governance and ensuring the quality and safety of practice.

Table 2: Clinical and care governance domains – measures of success

Domain	Success Measures
<p>ONE</p> <p>Leadership and Culture</p>	<ul style="list-style-type: none"> • The MA Strategic Plan includes strategic goals and priorities for safe, effective, connected and person-centred services that are known and understood throughout the organisation. • Appropriate governance structures, including committee and reporting structures, are in place to effectively monitor, improve and report on quality performance. • Regular reports on clinical quality and safety performance are provided to governing bodies. • Leaders create systems for staff and consumer feedback about the quality and safety of services and demonstrate action in response. • MA Staff Survey results report positively about the quality and safety culture of the organisation.
<p>TWO</p> <p>Consumer and Family Partnerships</p>	<ul style="list-style-type: none"> • Consumers participate in the planning, design, delivery and evaluation of services. • The voice of consumers is represented at all quality and safety governance levels of the organisation. • Consumers are represented on clinical and care committees where appropriate. Consumers feel they are making a useful and respected contribution to improving care.

	<ul style="list-style-type: none"> • Consumers are engaged in proactive projects at the service level to participate in service improvement initiatives. • Consumers and their families and representatives report positively about their experience of involvement in their own clinical care and service improvements. • The clinical and care needs, goals and preferences of consumers are recorded and regularly updated and guide the delivery of clinical care. • Services afford consumers the right (or dignity) to take reasonable risks. • Consumer feedback is responded to within policy timeframes, and trend data analysed to inform improvements.
<p>THREE</p> <p>Workforce</p>	<ul style="list-style-type: none"> • Staff orientation and training includes quality and safety systems and outlines clear goals and expectations for the quality and safety of clinical care to be delivered. • Mandatory training requirements have been met. • Position Descriptions include clear responsibilities and accountabilities in relation to quality and safety. • Staff participate in professional and clinical supervision as required. • Participation in employee performance reviews meet policy guidelines. • Indicators of staff satisfaction and wellbeing captured by the MA Staff Survey demonstrate improvement over time. • Employee turnover rates are within target ranges for service/industry. • Clinical staff professional registrations align with position requirements and are current. • There is 100% compliance with probity Checks across the organisation.

	<ul style="list-style-type: none"> • Staff ratios/appropriate staff levels and skills mix targets are in place and adhered to, and meet quality and accreditation standards. • The employment rate of Lived Expertise roles demonstrates improvement over time. • Incidents of workplace harm are investigated and corrective actions implemented where gaps or areas of improvement have been identified.
<p>FOUR</p> <p>Risk Management:</p>	<ul style="list-style-type: none"> • The workforce is aware of key policies and procedures for clinical quality and safety and operate within them. • Policies and procedures are in place to address key clinical risk areas (e.g infection control, deterioration in mental, cognitive and physical health). • Clinical risk registers are in place and up to date, risks are reviewed in line with review dates. • Clinical performance and risk reporting is provided to the Clinical Quality and Safety Committee (CQSS) in line with the CQSS workplan. • Risks and incidents are recorded in the MA risk and incident system, escalated and managed in accordance with policy and procedure. • Regular reviews of incident data are undertaken by staff, managers, senior leadership and the Board to identify trends, improvements and emerging issues.
<p>FIVE</p> <p>Best Practice</p>	<ul style="list-style-type: none"> • Practitioners work within their approved roles/professional scope of practice. • Services participating in accreditation audits meet all required standards. • Clinical services actively participate in relevant clinical registries and clinical audit activities. • Benchmark and trend information about the clinical effectiveness of services is available to and used by clinicians and by the board.

	<ul style="list-style-type: none"> • Improved performance over time against the MA Quality Assurance Framework program. • Staff engage in reflective and best practice initiatives such as communities of practice, practice reference groups, complex case review, multidisciplinary meetings. • Clinical quality and safety measures are reported to and monitored by relevant committees. • Quality Plans and Quality audit schedules are in place and adhered to • Processes are in place to review and introduce new procedures/treatments/therapies safely • Information about clinical quality and safety performance is available and used by the executive and board to make decisions about improvement, safety and risk management. • Performance indicators and outcomes measures are established and communicated with key stakeholders.
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Section Four – Clinical and Care Committee Structure

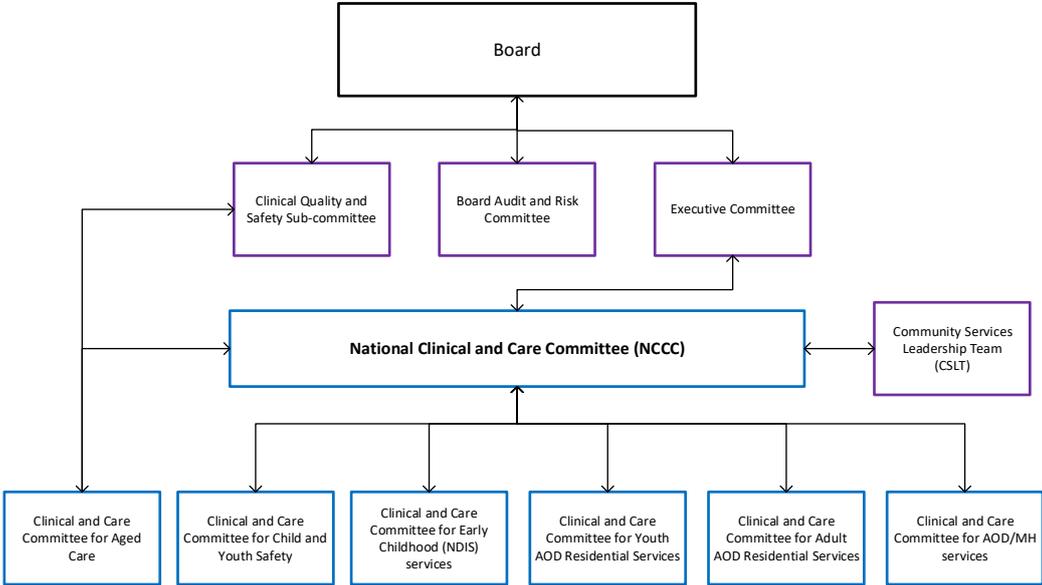
Clinical and Care Committee Structure

The MA Board is ultimately responsible for safe, quality services.

Mission Australia’s Clinical and Care Governance structure supports practical application and ongoing support to operationalise the core components of this framework. MA’s integrated committee governance structure prioritises a strong safety culture and commitment to quality governance of our clinical and care practices, with reporting lines through to the board.

Figure 2 outlines MA’s Clinical and Care Governance structure.

Figure 2 – MA Clinical and Care Governance Structure



Section Five – Resource Documents

Legislation and Standards

Legislation

Aged Care Act 1997
Aged Care Quality and Safety Commission Act 2018
Australian Human Rights Commission Act 1986 (Cth)
Community Services Act 1993
Care and Protection of Children Act 2007 (NT)
Child Protection Act 1999 (Qld)
Children and Young Persons (Care and Protection) Act 1998 (NSW)
Children, Young Persons and their Families Act 1997 (Tas.)
Children, Youth and Families Act 2005 (Vic.)
Children and Community Services Act 2004 (WA)
National Disability Insurance Scheme Act 2013 (NDIS Act)

Standards and compliance requirements

Aged Care Quality Standards
Australian Service Excellence Standards
Australian Council for Healthcare Standards /EQUIP
Human Services Quality Framework (QLD)
National Aged Care Mandatory Quality Indicator Program
National Principles for Child Safe Organisations
National Standards for Mental Health Services
NDIS Practice Standards
NDIS Quality and Safeguarding Framework
QIC Health and Community Services Standards
QIP Human Services Standards Victoria
WANADA - Alcohol Other Drugs and Human Services Standard
WA Specialist Homelessness Services Standards

Mission Australia Supporting Documents

Code of Conduct
Enterprise Risk and Assurance Framework
Enterprise Risk and Assurance Strategy
Enterprise Risk Appetite Statement June 2021
Privacy Policy

Strategic Plan (2020-2025)
Work Health and Safety Policy
Work Health and Safety Charter

Recognising and Responding to Risk of Harm Children & Young People Policy
Responding to Concerns or Allegations of Misconduct towards Children & Young People
Policy

Clinical and Care Committee Charters
Clinical Quality and Safety Committee Charter
National Clinical and Care Committee Charter

Learning from Lived Experience: A Framework for Client Participation
Lived Expertise Practice Framework
National Case Management Approach
Partnership Framework
Quality Assurance Framework
Recovery Oriented Practice Framework

References

[Community Services Quality Governance Framework \(DHHS, Victorian Government\)](#)

[Safer Care Victoria Clinical Governance Framework \(DHHS, Victorian Government\)](#)

**We stand together
with Australians in
need, until they can
stand for themselves**

Contact us

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