

Quality, Safety and Clinical Governance Framework

Neami National
April 2020





Neami National

Neami National is a community-based organisation providing mental health, homelessness and suicide prevention services across Australia.

We support people to improve their health, live independently and pursue a fulfilling life based on their strengths and goals.

www.neaminational.org.au



We acknowledge Aboriginal and/or Torres Strait Islander peoples and communities as the Traditional Custodians of the land we work on and pay our respects to Elders past, present and emerging.



Neami National is committed to cultivating inclusive environments for staff, consumers and carers. We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.

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Version 1.2 | April 2020



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Introduction

Neami National is a not-for-profit organisation that provides specialist, community-based mental health, homelessness and suicide prevention services. Neami has over 30 years' experience supporting people along the continuum of mental health need, with a focus on those people experiencing severe mental ill- health and the most complex needs. We support over 9,000 people across Victoria, New South Wales, Queensland, South Australia and Western Australia each year.

Our vision is *full citizenship for all people living with a mental illness in Australian society*, which underpins an emphasis on social inclusion and community connection in the way we collaborate with people and work to our mission of improving mental health and wellbeing in local communities. We use a collaborative recovery approach which is informed by current research and person-centred practice.

Neami National is governed by a board of directors; the Neami Board. The Board is responsible for the clinical integrity of all the services provided and have established and implemented this Clinical Governance Framework, including structures and processes that enable the provision of high quality, safe and accountable services.

Clinical Governance is a key aspect of Neami National governance arrangements, ensuring that safe and high-quality mental health services are delivered to consumers each and every time.

Clinical governance means promoting and ensuring good practice, monitoring risks, meeting all relevant legislation and standards and the development of a strong and well-equipped workforce. Neami clinical governance involves all aspects of service delivery and is relevant to all staff.

The Clinical Governance Framework is aligned with Neami Strategic Directions, the organisational values of self-determination, growth, partnerships, respect, empowerment, diversity, choice, learning, change, wellbeing, hope and quality and the Great Consumer Experience Framework. It outlines a set of principles, goals and objectives which give overall direction to planning, implementation and ongoing management of clinical governance within Neami. The Framework outlines the context of clinical governance within Neami and identifies where responsibility for clinical governance lies at different levels within the organisation.

While clinical governance relies on the skills and performance of individuals, it does not rely on the individual alone to do the right thing but rather safeguards that the systems are in place to ensure that everyone is accountable and responsible for the delivery of safe, effective, high quality and continually improving services.¹

This document has been reviewed and endorsed by the Neami Board. The Framework is seen as a fluid document that allows for additional elements to be added, edits to be made and reviews conducted on an annual basis as the landscape across Neami changes in relation to future service provision.

¹National Model Clinical Governance Framework Public Health Services, Australian Commission on Safety and Quality in Health Care 2017.



Clinical Governance

Clinical governance within Neami is an integrated set of leadership behaviours, policies, procedures, responsibilities, relationships, planning, monitoring and improvement mechanisms by which the Group's Boards of Directors, Managers and staff share responsibility and are held accountable to consumers and the community for assuring the delivery of Neami services that are safe, effective, integrated, high-quality and continuously improving.

Purpose of the Clinical Governance Framework

Neami National created a Clinical Governance Framework to provide a structured and consistent approach to quality, safety and clinical governance, with clearly defined roles and accountabilities for all Neami services. The Framework is underpinned by Neami values, mission and vision and also by a set of guiding principles that inform the organisation's approach to safe and quality service delivery. The Framework aims to provide Neami with sound processes and structures to ensure effective clinical governance is embedded within the organisation, ensure compliance is maintained with all relevant legislation and standards and to support a culture of continuous improvement.

The Clinical Governance Framework:

- Defines clinical governance.
- Outlines and incorporates the findings from the Neami Great Consumer Experience.

- Describes the key components of the clinical governance framework (based on the NSQHS Standards).
- Guides all staff in their understanding and application of clinical governance structures and processes by identifying where responsibility for clinical governance lies and how clinical governance forms part of all aspects of service delivery.
- Outlines the roles and responsibilities of, and the essential partnership between the Boards, managers, staff and consumers.
- Describes the Quality, Safety and Clinical Governance committees and communication structures in place across the Neami Group.

Application and use of the Clinical Governance Framework

This Clinical Governance Framework will be used by the Boards, managers and staff to support effective clinical governance and improve the overall safety and quality of care provided to consumers that access Neami National services. This includes all services provided by Neami and those services provided under the NDIS by Me Well.

The Framework draws together the Neami principles, structures, policies and processes to provide a systematic and consistent approach to delivering quality services.

²National Model Clinical Governance Framework Public Health Services, Australian Commission on Safety and Quality in Health Care 2017.

The Framework is supported by a range of resources and structures including:

- Policies, procedures and guidelines.
- Quality, Safety and Clinical Governance Committees (operational and board level).
- Training modules.
- Risk and incident management system.
- Quality improvement systems (feedback and complaints, internal audits and accreditation).

The Great Consumer Experience and the Clinical Governance Framework

What is the Great Consumer Experience?

The Great Consumer Experience (GCE) is a transformative Neami project that reviewed the way Neami operates as an organisation. Rather than basing quality systems and structures on external frameworks, standards and funding requirements, Neami proactively defined what it means to have a great service by speaking to those who know best – the people who access the Neami services.

Consumers that access Neami services articulated the five pillars as critical in delivering a great consumer experience.

The five Great Consumer Experience Pillars



Care is connected



Genuinely caring and safe



I get what I need



The service knows what it's doing and has the resources



Staff are able, and know how to help

How does the GCE connect to the Clinical Governance Framework?

The Clinical Governance Framework has been developed not only to align with best practice and quality standards, but also to align with the GCE pillars. These pillars clearly articulate what consumers want and need, to ensure that Neami Group services are centred on the best quality of care.

The pillars are underpinned by clear statements of how they apply to consumers and different roles in the organisation (frontline staff, management and Board). The tables below illustrate how the Neami Clinical Governance Framework maps against the GCE pillars.

CARE IS CONNECTED	
About the pillar	CGF components in which pillar is reflected
This pillar groups together themes of integrated care between professionals and other services involved with the consumer and highlights the importance of the consumer's natural supports, including how the organisation supports carers. Advocacy and care coordination also feature here.	Partnering with consumers <ul style="list-style-type: none">• Partnering with consumers in their own care• Partnering with carers and families Safe environment for the delivery of care <ul style="list-style-type: none">• Culture of recovery

GENUINELY CARING AND SAFE	
About the pillar	CGF components in which pillar is reflected
This pillar represents the expectation that the consumer is not only involved in their own care but is heard and genuinely cared for by staff and the organisation. It includes feedback around the need for equity, dignity, respect and trust.	Consumer safety and quality improvement systems <ul style="list-style-type: none">• Complaints and feedback system Partnering with consumers <ul style="list-style-type: none">• Partnering with consumers in their own care

I GET WHAT I NEED

About the pillar	CGF components in which pillar is reflected
<p>This pillar includes the themes of service being individualised and available when and where consumers need it along with the flexibility to increase or decrease the level of service where required. It includes the desire for broader life-skills and social inclusion supports as well as support with mental wellbeing. Clear communication to consumers regarding what supports can be provided (as determined by the nature of the service).</p>	<p>Safe environment for the delivery of care</p> <ul style="list-style-type: none"> • Culture of recovery <p>Partnering with consumers</p> <ul style="list-style-type: none"> • Partnering with consumers in their own care • Health literacy

THE SERVICE KNOWS WHAT ITS DOING AND HAS THE RESOURCES

About the pillar	CGF components in which pillar is reflected
<p>This pillar groups the expectations Neami services will be safe and high- quality, using evidence-based service models, delivered in an efficient and effective way. It includes the expectation that the organisations will provide staff and managers the resources and tools to deliver a great consumer experience, including having staffing levels at a level where staff can be available, responsive and consistent in their care.</p>	<p>Governance Leadership and Culture Consumer safety and quality improvement systems</p> <ul style="list-style-type: none"> • Risk and incident management system • Internal audits and accreditation <p>Safe environment for the delivery of care</p> <ul style="list-style-type: none"> • Safe and healthy workplace <p>Partnering with consumers</p> <ul style="list-style-type: none"> • Partnering with consumers in their own care

STAFF ARE ABLE, AND KNOW HOW, TO HELP

About the pillar	CGF components in which pillar is reflected
<p>This pillar centres on staff, including the expectation that staff will have the training and support, as well as the personal and professional attributes and values that allow them to deliver a great consumer experience. Having services provided by staff with lived experience also features in this pillar.</p>	<p>Clinical performance and effectiveness</p> <ul style="list-style-type: none"> • Credentialing and scope of practice • Professional development • Performance monitoring and management <p>Safe environment for the delivery of care</p> <ul style="list-style-type: none"> • Diversity of experience • Reconciliation Action Plan

Clinical Governance Framework

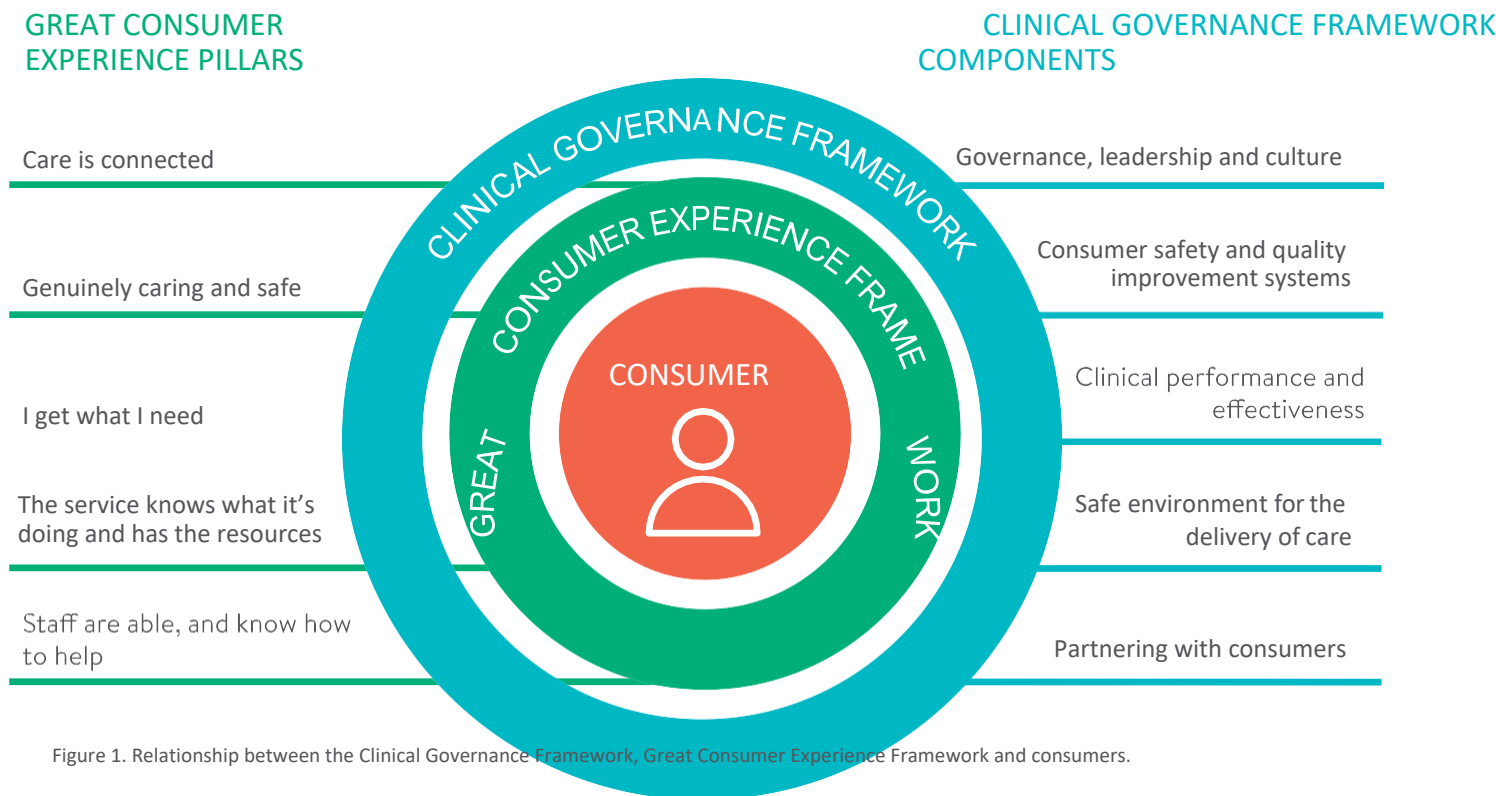
Overview of the components of the Clinical Governance Framework

The components of the Neami Clinical Governance Framework have been developed to closely align with the Australian Commission on Safety and Quality in Health Care, National Model Clinical Governance Framework Public Health Services (2017). The Framework also draws upon the Safer Care Victoria, Victorian Clinical Governance Framework (2017) and the Western Australian Country Health Service, Clinical Governance framework (2018).

These frameworks were chosen as they are all:

- Based on the National Safety and Quality Health Service Standards (NSQHS).
- Person-centred.
- Focused on integrated clinical governance systems.

As reflected in the NSQHS Standards, the Neami Group Clinical Governance Framework has five components (Figure 1).



The pivotal component relates to consumers (partnering with consumers), who are at the centre of the Clinical Governance Framework. The five components are as follows:

Governance, leadership and culture

Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of consumers.

Consumer safety and quality improvement systems

Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for consumers.

Clinical performance and effectiveness

The workforce has the right qualifications, skills and supervision to provide safe, high-quality services to consumers.

Safe environment for the delivery of care

The environment promotes safe and high-quality services for consumers.

Partnering with consumers

Systems are designed and used to support consumers, carers and families to be partners in service planning, design, measurement and evaluation; elements of this component include:

- Clinical governance and quality improvements systems to support partnering with consumers
- Partnering with consumers in their own care
- Health literacy
- Partnering with consumers in organisational design and governance

Governance, leadership and culture

Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of consumers.

Clinical governance and corporate governance

The Neami clinical governance system is conceptualised as a system within a system – a clinical governance system within a corporate governance system.

Neami National recognise that:

- Clinical governance is of equivalent importance to financial and risk governance.
- Decisions about other aspects of corporate governance can have a direct impact on clinical governance and vice versa.
- The Boards are ultimately responsible for good corporate governance.
- All staff have individual and collective responsibilities for ensuring the delivery of safe and high-quality care.



Figure 2. Corporate Governance.

Leadership and culture

The Neami Clinical Governance Framework sets clear foundations for the establishment of safe, high-quality and continually improving services. The function of the Framework relies equally on the culture of the organisation and the performance of all staff.

The implementation of this Framework does not in itself guarantee the delivery of safe services for consumers. Neami endeavours to deliver high-quality care through its culture which recognises the importance of staff, consumer and carer communication and engagement. All of which is empowered through leadership across all levels of the organisation.

The value of culture is reflected in Neami's strategic directions and the following approaches are implemented to support in building positive organisational culture:

- Positive team culture – leaders focus on building team cohesion through shared vision, freely discussing new ideas, sharing information, supporting each other, being honest and transparent, being comfortable providing and receiving feedback and linking teams to the broader organisation.
- Employee recognition and appreciation – encouraging all staff to recognise and appreciate each other's behaviour, effort and accomplishments that support the Groups goals and values.
- Managing work/life balance – encouraging staff self-care through wellness leave, purchased leave, work flexibility and a 'manage your health at work plan'.
- Annual staff engagement survey – staff are provided with the opportunity to provide feedback on the culture of the organisation and opportunities for improvement. An annual organisational action plan is developed and implemented

Consumer safety and quality improvement systems

Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for consumers.

Neami seeks to create an organisational environment and culture where innovation and continuous improvement is actively encouraged and supported. Neami believes that innovation and continuous improvement are cornerstone elements to ensuring quality outcomes for consumers and other stakeholders, and enabling the organisation to adapt to new circumstances and take up opportunities as they arise.

Continuous improvement is embraced as part of Neami's everyday work and is supported by organisational structures and systems. Continuous improvement is responsive to consumer and stakeholder feedback.

Neami has a number of safety and quality systems in place to continually improve the quality of service provided for consumers.



These safety and quality systems include:

- Risk and Incident Management System
- Complaints and Feedback System
- Data Collection
- Internal Audits
- Accreditation

A dedicated Quality, Compliance and Experience (QCE) team work with managers and other staff to ensure all the above systems are appropriately implemented and maintained. Information obtained through these systems and processes are then fed into the Neami Quality, Safety and Clinical Governance Committee and other Board and operational committees to ensure appropriate monitoring and improvement of performance. Neami is committed to learning from the information derived and embedding meaningful change.

Risk and Incident Management System

Neami's risk management system provides the foundations and organisational arrangements for designing, implementing, monitoring, reviewing and continually improving risk management throughout the organisation.


Neami attempts to minimise risk associated with service delivery while balancing our approach to encouraging consumers to take risks as part of their recovery journey.

The organisation adopts a coordinated and integrated approach to risk management

consistent with ISO 31000:2018 Risk Management – Principles and Guidelines. Neami's risk management framework ensures that system level risk mechanisms are in place which guarantees incidents are reported and investigated, risks are proactively identified, assessed and reported on and legislation and relevant Australian standards are complied with. Incident and risk management practices within Neami include:

- Incident and adverse event reporting and monitoring: Incidents are recorded in a central register on Riskman. We incorporate learning from incidents or patterns of incidents including near misses and management of serious adverse events.
- Sentinel event reporting, monitoring and investigation: Outlines the process for identification, reporting and investigating sentinel events in line with funding and regulatory body policies.
- Risk profile analysis: Includes the identification, investigation, analysis and selection of appropriate methods of correcting, eliminating or reducing identifiable risks.

In addition to managing risk Neami recognise the importance of effectively identifying, responding and reporting of all incidents. Ultimately, risk assessment and management is considered a core competency of all Neami staff. Risk management and improvement strategies are integrated within continuous improvement and quality functions and supported by a culture of open communication and reflection rather than focusing on and blaming individuals who may make errors.



An organisation-wide Operational Risk Register helps inform the Neami's quality and assurance activities. Neami also assesses and manages strategic risks at an Enterprise level through the Enterprise Risk Management Register. Neami's feedback and complaints process is also entered into the risk management software and is routinely analysed and reported on. This process also helps in identifying, minimising and addressing identified risks.

Complaints and Feedback System

Neami is committed to ensuring all consumers and carers have a great experience and have a number of informal and formal mechanisms to provide feedback and complaints to improve the quality of the services provided.

Feedback and complaints can be provided in several ways, including:

- Speaking directly to a support worker, service manager, regional manager or statemanager.
- Calling the local Neami service.
- Contacting the feedback and complaints team via email, phone, post or online.

Consumers are provided with information on their right to make a complaint directly to external bodies, such as the NDIS Commission. At a service level, the feedback and complaints process is explained to consumers during their first meeting with the service. Provision of feedback and making complaints is encouraged in the Welcome to Neami (provided to every person accessing our services) and the message is reinforced that their voice matters.

Feedback is also encouraged through surveys and invitations to participate in service annual planning cycles. All formal feedback from consumers and carers is recorded in the National Feedback Register, is allocated to a Feedback and Complaints Coordinator within 24 hours, is investigated and leads to continuous improvement of services.

“Making a complaint or providing critical feedback takes a huge amount of courage, we want to support people in exercising their rights.”

- Staff comment

Data Collection

Data collected by Neami is directly relevant to and has practical application to our delivery of services and to the continuous improvement of outcomes for consumers. We understand that different outcomes matter for different people at different times and that use of standardised measures cannot capture the range of outcomes that we value. We know there are a range of ways to evidence the changes that people make as they engage with Neami service offerings. These include the selective use of relevant outcome measures, qualitative data and by documenting the experience of consumers.



Internal Audits

Regular internal audits are conducted to provide Neami with an independent review of current practices, processes and systems. The internal audit schedule is determined by the Neami National Board and responds to strategic and operational risks identified by the Board and management through the risk management process. These audits are undertaken by an external consulting agency. Benefits of internal audit include:

- Identifies areas for continuous improvement.
- Evaluates risk and identifies ways to mitigate threats.
- Reviews compliance with legislation, regulations, funding requirements and quality standards.
- Provides assurance to the board and executives that the organisation is working effectively.
- Provides an unbiased view of the organisation.

Accreditation

To provide assurance to funders, the Board and consumers, Neami undertakes external accreditation assessments against the following standards:

- ISO 9001:2015 Quality Management Systems Requirements
- National Standards for Mental Health Services
- Human Services Standards (Vic only).

Clinical performance and effectiveness


The workforce has the right qualifications, skills and supervision to provide safe, high-quality services to consumers.

Neami has extensive strategies and plans for recruiting, allocating, developing, engaging and retaining high performing staff. These strategies and processes ensure that the services delivered to consumers are from the right people with the right skills and delivered at the right time. This includes:

- Agreement to the National Code of Ethics.
- Employment Screening Checks.
- Consumer representative on all service delivery recruitment panels.
- Credentialing and role clarification.
- Professional development.
- Performance monitoring and management.

National Code of Ethics

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



All staff must also undergo appropriate screening checks prior to commencing employment including for example; National Police Record Checks and NDIS National Worker Screening Process - Working with Children.

Credentialing and scope of practice

Neami has systems in place to ensure that all staff employed have the appropriate skills and knowledge required to fulfil their roles and responsibilities. Processes are in place to support the appropriate selection and recruitment of staff, including the involvement of a consumer representative on all service delivery recruitment panels.

Credentialing and defining the “scope of practice” (role clarification) are used to ensure staff are suitably qualified and draw upon their skills and experience in an effective manner. The credentialing and role clarification process is intended to complement existing professional registration requirements and professional standards set by relevant associations and societies.

When employing clinical and allied health staff Neami confirms that these staff have:

- Registered with the Australian Health Practitioner Regulation Agency (AHPRA) and/ or appropriate professional association.


- Registered with the NDIS Commission to provide Behaviour Support where applicable.
- Professional qualifications that been sighted and verified.
- Professional insurance coverage in place and is appropriate.

Both credentialing and role clarification are tools of clinical governance aimed at maintaining and improving the safety and quality of service delivery. These processes are completed as part of the recruitment and orientation of new staff members from the following professions: Psychology, Occupational Therapy, Nurses and Midwives, Aboriginal and Torres Strait Islander Practitioners, Medical Practitioners (including Psychiatry) Social Worker’s, Dietitians, Exercise Physiologist’s, Behaviour Support Practitioners and Counsellors.

Neami runs regular reports to ensure that professional registrations are maintained and advise managers/staff when a registration is due.

Professional development

Professional development is consistently identified as a key element of successful quality improvement. As a learning organisation, Neami promotes the on-going professional development of all staff through the provision of a comprehensive internal training program, mentoring and coaching. This includes access to industry leading short training courses and accredited programmes alongside our own internal induction.



Support is provided to staff and managers so they have the skills, knowledge and required training to perform the tasks expected of them and to guarantee they understand the concept of clinical governance.

Recently, Neami have moved training modules to the online environment. These online modules enable the Neami to develop tailored training and education modules that can be delivered in a time effective way and allow for training refresh as and when required. Online modules are delivered through an internal Learning Management System (LMS) which tracks staff completion rates.

Clinical and Allied Health Staff

Continuing Professional Development (CPD) is a requirement for maintaining AHPRA registration. To meet registration standards the Neami Group support and ensure that required staff maintain, develop, update and enhance practice knowledge, skills and performance as a means of ensuring the delivery of a professional service that is appropriate and safe.

Each professional group has specific requirements related to CPD. This means that are different requirements in the amount of hours of CPD required each year, what constitutes CPD, and requirements related to the provision of evidence.

Performance monitoring and management

Neami is committed to the provision of high quality services to consumers and

ensure all staff are provided with opportunities to reflect upon their practice, identify areas for improvement and implement plans for the ongoing development of skills and competencies. Managers provide reasonable direction to staff, provide feedback and address concerns around performance and work practices.

Neami ensure the building of staff capacity and monitoring the performance of staff occurs at both an informal and formal level, including through:


- Supervision
- Practice Development Sessions
- Team Development Exercises
- Bi-Annual Feedback and Goal Setting
- Formal Coaching
- Formal Mentoring

Peer workers employed by Neami are provided with additional support, such as practice supervision, when required.

Neami recognises that staff employed in lived experience roles value receiving practice supervision from those with experience working in a designated lived experience role.

Clinical and Allied Health Staff

Neami provide appropriate internal supervision or assist with the engagement of discipline specific external supervision (where there is no suitable internal supervision available) to support practice development for staff employed in designated allied health or clinical positions that require supervision for continued



registration. External supervision arrangements complement the guidance, direction, mentoring and coaching provided by the internal service manager.

Safe environment for the delivery of care

The environment promotes safe and high-quality services for consumers.

Neami are committed to ensuring consumers access high-quality services that are provided in a safe environment. This commitment extends beyond providing a safe physical environment, to an environment encompassing spiritual, social and emotional safety. The following systems and structures are in place to promote a safe and high-quality environment for consumers:

- Safe and Healthy Workplace (Work, Health and Safety).
- A culture and environment aimed at recovery and wellbeing.
- Diversity of experience in the workforce.

Safe and Healthy Workplace

Neami promotes a culture of timely and appropriate responses to Work Health and Safety (WHS) concerns and places a high priority on ensuring the safety of staff, consumers, carers and others, including members of the public.

Each designated workgroup has an elected Health and Safety representative, who is

encouraged to attend WHS training and is supported to consult with their colleagues and identify risks, hazards and control measures to prevent incidents or injuries in the workplace to staff, consumers, carers and others.


Neami adopts a risk assessment and management approach and uses various strategies and tools to support this approach, such as:

- Neami sites agenda WHS at staff meetings.
- Quarterly WHS meeting in each state led by the State Manager and attended by HSRs.
- Conducting regular safety audits and evacuation drills.
- Risk assessment of first aid needs and subsequently updating first aid kits.

Additionally, consumer safety when involved with Neami services is a key aspect of maintaining a safe workplace, and risk assessment and management plans are therefore also developed with consumers and updated on a regular basis or as required.

Culture of Recovery

Neami encourages environments that support and do not interfere with a person's recovery efforts. Staff work in a positive framework and assist consumers to build their skills and confidence. Consumers



are supported to achieve a greater sense of meaning and purpose in life based upon their own values.

Consumers are encouraged to identify people they wish to involve in the development and ongoing provision of their support. This includes carers, family, friends and other service providers. Neami recognises the important role others can play in the recovery process and respect the wishes of the consumer in relation to the level of contact or involvement from natural supports and other service providers in their support plans.

Diversity of experience

Neami understands that in order to achieve safe, accessible and a culturally competent service environments and workplaces, a whole-of-organisation approach that celebrates, values and includes people of all backgrounds, identities, cultures and experiences must be adopted.

Across the country, Neami values working in collaborative, multidisciplinary teams. Bringing together people with a variety of professional and personal experience enables Neami to adapt services to match the needs of consumers that access services.

Neami encourages the employment of people with a personal lived experience of mental illness and recovery. These staff assist consumers to gain their own sense of confidence and hope through their journey of recovery, resulting in better outcomes for consumers accessing services through Neami.

Reconciliation Action Plan

Neami developed an innovative Reconciliation Action Plan (RAP) with the vision of 'healing for change'. In establishing the RAP, the Neami Group are focussed on cultivating relationships, opportunities and acknowledgments that support better understandings of Aboriginal and Torres Strait Islander peoples' experiences of social and emotional wellbeing across Neami services and also as an employer.


Partnering with consumers

Systems are designed and used to support consumers, carers and families to be partners in service planning, design, measurement and evaluation.

- *Clinical governance and quality improvements systems to support partnering with consumers.*
- *Partnering with consumers in their own care.*
- *Health literacy.*
- *Partnering with consumers in organisational design and governance.*

Neami prides itself on partnering with consumers in the planning, design, measurement and evaluation of Neami services.

Consumer experience and participation are seen as fundamental indicators of quality and safety and effective consumer partnerships are vital for improving care outcomes and driving continuous improvement.



Clinical governance and quality improvements systems to support partnering with consumers

Partnering with consumers is seen as a foundation of service delivery and the key contributor to Neami achieving its strategic goals. Additionally, responding to the consumer voice is at the centre of good clinical governance. Neami has the following quality systems in place:

- Consumers are actively encouraged to provide feedback on the services they access.
- Feedback is compiled and reported to the appropriate committees, contributing to continuous improvement initiatives.
- Consumer participation numbers are recorded and reported to the Boards.
- Consumers are provided with the opportunity, information and training to fully participate in consumer participation opportunities.

Partnering with consumers in their own care

Neami services are underpinned by the Collaborative Recovery Model, an evidence-informed model operationalised through a collaborative, coaching-style working alliance between staff and consumers. Through this approach Neami partners with consumers to:

- Connect with their strengths, values and wellbeing vision.
- Build resilience, capacity and strength.

- Develop and work towards identified recovery goals.

Empowering consumers to partner in care and decision making enables Neami staff to better understand the individual consumer's specific needs, concerns and values. It supports staff in providing more appropriate support and leads to better consumer outcomes.

Neami approach inherently also seeks to engage family, carer's and other natural supports to support relationships required for recovery.

Health Literacy

Appropriate communication mechanisms supports effective consumer partnerships. Neami are constantly evaluating the way that communication is delivered across the organisation and tailoring it as required to meet the diverse need of the consumers that access services. This includes:

- Engaging consumers in the planning and development of communication material.
- Providing information that is clear, simple and easy to understand.
- Ensuring information is provided to carers/ family, as required.
- Translating material into different languages.
- Utilising different methods of communication (phone, email, text, brochures, and mobile phone applications).



Partnering with consumers in organisational design and governance

Neami is committed to partnering with consumers at all levels of the organisation and acknowledges the significant value consumers make to the development of the organisation's mission, vision, strategic directions and continuous quality improvement.

A Neami Consumer Participation Framework along with related policies and guidelines were developed to support Neami's commitment to ensuring genuine opportunities for partnering with consumers. Participation opportunities associated with organisational design and governance include:

- Consumer representation on governance committees.
- Encouragement of consumer feedback to inform and improve service delivery.
- Consumer representation on all service delivery staff recruitment panels.
- Partnering with consumers in research and the research committee.
- Partnering with consumers in service delivery planning and development activities.

Neami recognises the skills, abilities, time and other qualities people with lived experience of mental illness contribute to the service design, planning, delivery, research and evaluation of the services, and as such, consumers are paid for their participation.

Partnering with carers and families

Neami recognise the positive impact that carers and families can have on the outcomes for individuals accessing Neami services. As such, a Carer Framework was developed to support Neami's commitment to carer inclusive practice. The framework guides Neami's practice around effectively engaging carers, families and friends and support positive recovery outcomes.

Carers and families are actively encouraged to be partners in governance, service planning, design, measurement and evaluation, participation opportunities include:

- Carer representation on governance committees;
- Encouragement of carer and family feedback to inform and improve service delivery.
- Support carers and families to communicate concerns or incidents.
- Partnering with carers and families in joint care planning meetings (when suitable).
- Partnering with carers in research and the research committee.
- Partnering with carers in service delivery planning and development activities.






Clinical Governance Roles and Responsibilities

In order to achieve consistently safe and high- quality support services, the five components of the Framework apply to every employee within Neami. In addition, each employee of the

Neami (clinical and non-clinical) has specific responsibilities regarding achieving and maintaining safe and high-quality care. All key responsibilities have been aligned with the GCE Pillars.






The Board / National Leadership Team³

The Boards and the National Leadership Team are accountable for the safety and quality of care provided by Neami. Their responsibilities include:



Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p>Care is connected I will foster an environment of collaboration to increase opportunities for consumers</p>	<ul style="list-style-type: none"> • Ultimate accountability for the quality and safety of the care provided by the organisation
 <p>Genuinely caring and safe I ensure there are frameworks and systems to support consumers and staff</p>	<ul style="list-style-type: none"> • Ensuring robust clinical governance structures and systems across the Neami Group are effectively supported and empower staff to provide high-quality care and are designed in collaboration with staff • Understanding key risks and ensuring controls and mitigation strategies are in place to mitigate them
 <p>I get what I need I support the organisation to look beyond traditional models of care</p>	<ul style="list-style-type: none"> • Monitoring and evaluating all aspects of the care provided through regular and rigorous reviews of benchmarked performance data and information
 <p>The service knows what it's doing and has the resources Organisation systems and resources are prioritised towards consumer care</p>	<ul style="list-style-type: none"> • Setting a clear vision, strategic direction and 'just' organisational culture that drives consistently high-quality care and facilitates effective employee and consumer engagement and participation • Ensuring they (the Boards) have the necessary skill set, composition, knowledge and training to actively lead and pursue quality and excellence in care • Actively monitoring performance on quality and safety
 <p>Staff are able, and know how to help I create a culture that values professional development for staff</p>	<ul style="list-style-type: none"> • Staying engaged, visible and accessible to staff

³ The National Leadership Team comprises the Neami Group CEO's, Executives and State Managers

Managers

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p>Care is connected I will source opportunities for myself and staff to develop local links and partnerships. I will equip my service(s) and staff to provide links and options to consumers</p>	<ul style="list-style-type: none"> • Set up effective relationships with relevant health services to support good outcomes
 <p>Genuinely caring and safe I balance the needs of consumers and staff based on the guidance provided by Neami.</p>	<ul style="list-style-type: none"> • Provide a safe environment for both consumers and staff that supports and encourages productive partnerships between staff and consumers • Expect and drive action in response to managing risks and improving care
 <p>I get what I need I am open to opportunities to make services more flexible</p>	<ul style="list-style-type: none"> • Understand the barriers for consumers to understand and use health services, and develop strategies to improve the health literacy environment of the organisation • Support consumers to fully engage in planning, designing, reviewing and evaluating organisational systems
 <p>The service knows what it's doing and has the resources I support, resource and guide staff to do their best work</p>	<ul style="list-style-type: none"> • Ensure staff are clear about their roles and responsibilities, are supported with resources, standards, systems, knowledge and skills development, and hold them to account for the care they provide • Be skilled in staff management, foster productive and open cultures, and promote multidisciplinary teamwork • Systematically monitor safety and quality performance across services • Actively identify, monitor and manage areas of key risk and lead appropriate escalation and response where safety is compromised • Promote staff safety and wellbeing/self-care
 <p>Staff are able, and know how to help I ensure staff have the knowledge, training and professional development they need</p>	<ul style="list-style-type: none"> • Create a safe and open culture that empowers staff to speak up and raise concerns • Provide useful performance data and feedback to staff and committees and engage staff to identify and take appropriate action in response






Staff

Great Consumer Experience Pillar		Clinical Governance Responsibilities
 <p>Care is connected I will work with the consumer to connect them to the services they need</p>		<ul style="list-style-type: none"> • Share information and learnings with relevant health services
 <p>Genuinely caring and safe I provide a safe space for consumers to share their experiences and goals</p>		<ul style="list-style-type: none"> • Go beyond compliance to pursue excellence in care and services • Provide high-quality care as a priority • Demonstrate a commitment to the great consumer experience
 <p>I get what I need I tailor my approach to meet consumer goals</p>		<ul style="list-style-type: none"> • Support consumers to share decision-making about their own care • Actively take part in the development of an organisational culture that enables, and gives priority to, consumer safety and quality
 <p>The service knows what it's doing and has the resources I have clarity about what the organisation expects of me and I have the resources to do my best work</p>		<ul style="list-style-type: none"> • Work with care standards and protocols • Contribute to a culture of safety, transparency, teamwork and collaboration • Participate in regular evaluation of performance to identify areas for improvement • Actively monitor and improve the quality and safety of care and services • Identify, respond and report consumer incidents
 <p>Staff are able, and know how to help I work to my strengths and commit to professional and personal growth</p>		<ul style="list-style-type: none"> • Regularly update skills and knowledge to provide and support the best care and services possible • Comply with professional regulatory requirements and codes of conduct • Work within the scope of practice

Consumers

For consumers that access services through Neami clinical governance means they can be confident that staff are well trained and delivering support based on up to date evidence based practices. It also means consumers can be confident that quality and safety measures are in place and that opportunities are made available for consumers to make informed decisions about the support they are receiving.

Consumers are at the centre of clinical governance, and through Neami are supported to:

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p>Care is connected I will work with the consumer to connect them to the services they need</p>	<ul style="list-style-type: none"> • Understand and implement plans, including connecting with funded supports, community and mainstream services
 <p>Genuinely caring and safe I provide a safe space for consumers to share their experiences and goals</p>	<ul style="list-style-type: none"> • Participate in own healthcare and the types of support and service accessed • Provide feedback, ideas and personal experience about the services to drive organisational wide change
 <p>I get what I need I tailor my approach to meet consumer goals</p>	<ul style="list-style-type: none"> • Participate in conversations regarding the preferred type of support and desired goals
 <p>The service knows what it's doing and has the resources I have clarity about what the organisation expects of me and I have the resources to do my best work</p>	<ul style="list-style-type: none"> • Participate in organisational wide quality and safety improvement • Participate in organisational wide planning and policy development • Communicate potential safety and quality risks
 <p>Staff are able, and know how to help I work to my strengths and commit to professional and personal growth</p>	<ul style="list-style-type: none"> • Consider participating in recruitment processes for the workforce, when opportunities exist



How we communicate Clinical Governance

The Clinical Governance Framework supports a consistent approach to safety and quality, and reiterates that at the Neami keeping consumers safe is everyone's responsibility. We recognise that clinical governance must be embedded into the culture of the organisation and everyday operation of Neami.

Quality, safety and clinical governance committee structure

To support the ongoing implementation, monitoring and evaluation of the Framework Neami has established formal clinical governance committee structures.

The Neami Board of Directors have overall responsibility for providing the structures and environment to facilitate the delivery of high quality support services across the organisation. The Boards holds ultimate responsibility for the sound functioning of the Neami through the employment of the CEO's, setting the direction of the Group through the development of strategic directions and are responsible for governance, compliance and monitoring.

The Boards are supported by two clinical governance sub-committees:

- The Quality, Safety and Clinical Governance Committee (QSCGC) – this committee is appointed by and reports directly to the Board of Directors, to assist the Boards to discharge their responsibility to exercise due care and diligence in relation to the delivery of safe and

high quality support services. Membership is at least three Directors and senior Neami and Me Well management.

- The Operational Quality and Safety Committee (Ops Q&S) – this committee provides a mechanism to drive the implementation of the Framework as governed by the Board, including leading Neami's great consumer experience goals and monitoring and overseeing risk, incident analysis and continuous improvement. It reports through to the QSCG Committee. Membership includes Neami Group CEO's COO, Me Well Senior Managers, Neami State Managers, Quality, Compliance and Risk team and consumer representative.

For a complete outline of the scope, composition and roles and responsibilities of the sub-committees refer to the appropriate Terms of Reference (ToR).

Neami recognises that it requires more than committee structures to support the successful implementation of the Framework. As illustrated in the diagram (figure) the committee structure is successful when information (for example from incident reports, evaluations, surveys and audits) flows into the structure and results in meaningful outputs and outcomes that lead to improved consumer safety, high-quality service delivery and an environment of continuous improvement.

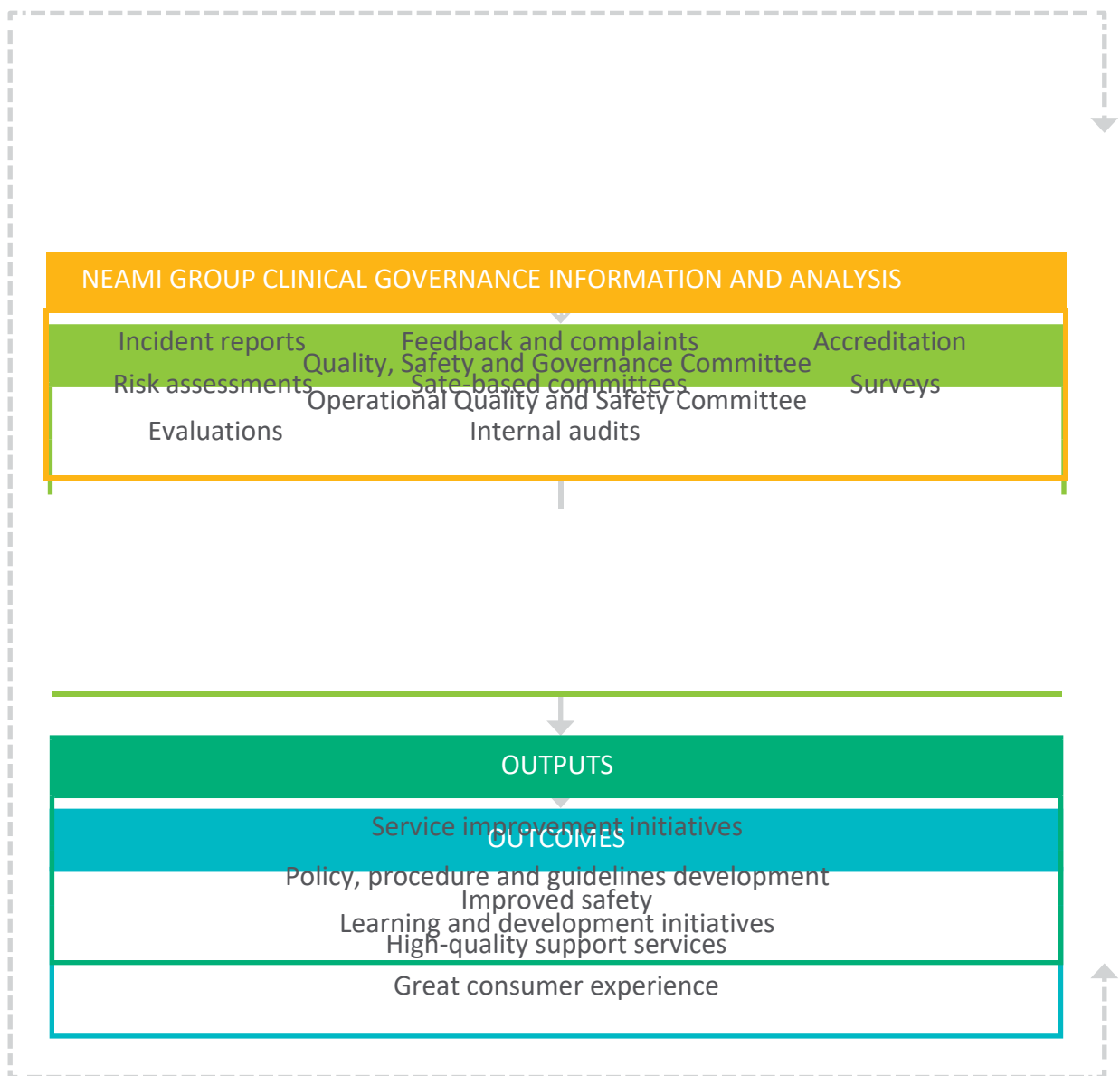


Figure 3. Neami Group Clinical Governance information flow.

Performance Monitoring

The Neami clinical governance structures and functions are evaluated regularly to ensure their effectiveness and drive ongoing continuous improvement.

The Board hold the ultimate responsibility for ensuring the effectiveness of internal clinical governance as a key aspect of their governance role. However, effective clinical governance is everyone's business and responsibility.

Measuring the ongoing performance of clinical governance activities within Neami is crucial in supporting the improvement of services being delivered while providing an avenue to escalate significant quality and safety issues where required.

Performance monitoring of clinical governance includes measuring progress against the five components of this Framework to represent all dimensions of quality and safety within the organisation. All governance elements are measured on an ongoing basis with mechanisms in place to focus on improvement in underperforming areas where necessary.

The following tables outline areas in which Neami measures its performance and success in clinical governance. These indicators align with the GCE and Head Office Key Business Indicators.

GOVERNANCE, LEADERSHIP AND CULTURE		
Indicator	Indicator description	GCE Pillar
Staff Engagement	Staff engagement survey results will measure <ul style="list-style-type: none">• Organisational confidence• Leadership (at local level and across Neami)• Staff engagement, alignment and involvement• Annual analysis of staff engagement survey	Staff are able, and know how to help
Exit Survey	Bi-annual review and report on staff exit survey data: a.Number of exit survey undertaken b.Reason for leaving c.Would you recommend Neami as a good place to work d.Would you work for Neami again	Staff are able, and know how to help

CONSUMER SAFETY AND QUALITY IMPROVEMENT SYSTEMS

Indicator	Indicator description	GCE Pillar
Feedback	Quarterly Report and analysis on complaints and compliments	Genuinely caring and safe
Consumer Incidents and After Action Reviews (AAR)	Quarterly Reports and analysis on consumer incidents x categorisation with trend line AARs – number with trend line and number with actions remaining outstanding >90 days	Genuinely caring and safe

CLINICAL PERFORMANCE AND EFFECTIVENESS

Indicator	Indicator description	GCE Pillar
Compliance Training	Compliance numbers by training type, work groups and functional areas/ Departments	Staff are able, and know how to help
Induction training completion	Percentage of permanent and contract staff invited to induction training complete training within 3 months	Staff are able, and know how to help
Quality of training provided	Percentage of staff who agreed or strongly agreed that training was useful to practice	Staff are able, and know how to help
Extension training responsiveness	Total number of extension trainings that are delivered within 3 months of request	Staff are able, and know how to help

SAFE ENVIRONMENT FOR THE DELIVERY OF CARE

Indicator	Indicator description	GCE Pillar
RAP progress	RAP deliverables are completed according to scheduled timelines	Genuinely caring and safe
Diversity and Inclusion plan progress	Diversity and Inclusion Implementation Plan deliverables are completed according to scheduled timelines	I get what I need
Number of WorkCover claims	Quarterly Report and analysis of: <ul style="list-style-type: none"> • Total number of claims • Total number of physical and medical only claims • Total number of psychological / mental injuries • New WorkCover claims for the report period • Number of claims closed in the report period 	The service knows what it's doing and has the resources

SAFE ENVIRONMENT FOR THE DELIVERY OF CARE

Indicator	Indicator description	GCE Pillar
Staff Incidents	Quarterly Report and analysis of: Total number of staff related incidents by category (1,2,3) and by type of incident	The service knows what it's doing and has the resources
Regulatory Visits	Quarterly Report of Information on the number and nature of any visits by a WHS authority	The service knows what it's doing and has the resources
Legislation Changes	Quarterly Report and analysis of information, nature, impact assessment and implications of any WHS legislation changes	The service knows what it's doing and has the resources
WHS Site Inspections	Completed for sites on an annual basis and actions closed out	The service knows what it's doing and has the resources
Fire drill report	Quarterly Report on Percentage of fire drills for a State's total number of sites (e.g. 80% of sites have completed yearly fire drills).	The service knows what it's doing and has the resources
WHS Training	Quarterly Report on WHS training completion within agreed time frames. Training completion by percentage of staff.	Staff are able, and know how to help
Employee Assistance Program (EAP)	Quarterly Report on EAP a. # session / month b. EAP sessions/ person c. EAP outcomes d. EAP sessions/ state e. Presenting concerns (personal v work related).	Staff are able, and know how to help

PARTNERING WITH CONSUMERS

Indicator	Indicator description	GCE Pillar
Consumers are connected to the people and services they need	<p>Quarterly Report on:</p> <ul style="list-style-type: none"> • Carer/Family Involvement You had opportunities for your family and friends to be involved in your support or care if you wanted (YES). • Connection to Community Supports How would you rate your ability to access specialist and general community services now, compared to when you first came to Neami? (EXIT) 	Care is connected
Consumer Participation expenditure by activity	Quarterly Report on Activities include; interview panels, participation projects, communications and marketing, research and evaluation, other.	Genuinely caring and safe
Consumer Participation project progress	Quarterly Report and analysis of information, nature, impact assessment and implications of any WHS legislation changes	Genuinely caring and safe
The support received is flexible and related to consumers' goals	Quarterly Report on Support for Recovery How would you rate the support received in assisting your recovery? (EXIT)	I get what I need
Workers have the knowledge and experience to provide the support needed	<p>Quarterly Report on Satisfaction with level of support from staff</p> <p>How would you rate the level of support provided by the team during your stay? (Sub- acute)</p>	Staff are able, and know how to help



For more information

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Applicable Framework: Quality Safety and Clinical Governance Framework	Document Owner: Service Delivery
Doc ID (assigned by QCEx): FRA-ORG-06	Implemented: April 2020
Version: 1.2	Last Review Date: April 2020

