



# Quality, Safety, and Clinical Governance Framework

Neami National  
March 2024



# 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](http://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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# Introduction

Neami National is a not-for-profit organisation delivering services across:

- primary mental health care,
- community psychosocial supports,
- suicide prevention,
- housing and homelessness,
- children and young people,
- family and domestic violence,
- step-up and step-down services,
- information and assessment phone services,
- alternatives to emergency for people in mental health crisis.

These services are delivered via outreach, place based, residential, pro-active engagement, in home supports and via phone and telehealth.

Neami has more than 1000 staff supporting over 32,000 people across Australia. Neami services are delivered by clinical, non-clinical and lived experience teams who are well supported by National business units across quality, consumer experience, design, participation, inclusion, human resources, consumer data, advocacy, evaluations and governance and assurance.

Our vision is *full citizenship for all people living with mental health challenges 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 relational 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 Quality, Safety and 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 our organisational governance arrangements, supporting staff to go about their work in a way that is ethical, accountable, and promotes safety.

Clinical governance means promoting and ensuring good practice, monitoring risks, meeting all relevant legislation and standards, and the development of a workforce that has the skills, knowledge, and professional suitability to go about their roles in a way that is accountable and consistent with their disciplines and ways of working. Neami's clinical governance involves all aspects of service delivery and is relevant to all staff.

The Quality, Safety, and Clinical Governance Framework is aligned with Neami Strategic Directions, 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.

Quality, safety, and clinical governance are collective responsibilities that each individual can uphold through their skills and performance. The Framework supports systems in place to ensure that everyone is accountable and responsible for the delivery of safe, effective, high quality and continually improving services.<sup>1</sup>

This document outlines Neami's quality management system. A quality management system is a collection of business processes focused on consistently meeting consumer requirements and enhancing their satisfaction. Neami's quality management system is aligned with an organisation's purpose and strategic direction (ISO9001:2015). It is documented through organisational goals and frameworks, policies, procedures & guidelines. A quality system integrates various internal processes and enables the organisation to identify, measure, control and improve the processes that will ultimately lead to improved business performance and therefore, customer experience.

This document is a controlled document that has been reviewed and endorsed by the Neami Board. This document is reviewed every 36 months or as the landscape across Neami changes in relation to future service provision.

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

This document applies to all services provided by Neami National, and applies to all personnel, including staff, Directors, students, volunteers, and subcontractors.

This framework applies all the requirements of the ISO 9001:2015 International Standard as applicable within the determined scope of Neami's quality management system.



# Clinical Governance

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

## Purpose of the Quality, Safety, and Clinical Governance Framework

Neami National created a Quality, Safety and Clinical Governance Framework to provide a structured and consistent approach to quality, safety, and clinical governance, with clearly defines 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 Quality, Safety, and Clinical Governance Framework:

- Defines clinical governance,
- Defines and establishes the quality management system
- Outlines and incorporates the findings from Neami's Great Consumer Experience.
- Describes the key components of the Quality, Safety, and Clinical Governance Framework (based on the National Safety and Quality in Health Care Standards and the ISO 9001:2015 Quality Management 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 Board, managers, staff and consumers.
- Describes the Quality, Safety and Clinical Governance committee and communication structures in place across Neami.

## Application and use of the Quality, Safety, and Clinical Governance Framework

This Clinical Governance Framework will be used by the Board, managers, and staff to support effective clinical governance and improve the overall safety and quality of care for consumers that access Neami National services.

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

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

- Quality, Safety and Clinical Governance Committees (operational and board level).
- A document management system for frameworks, policies, procedures and guidelines.
- Training modules
- Risk management
- Incident management
- Complaints and feedback processes
- Accreditation
- Internal audit program
- Continuous Improvement

## The Great Consumer Experience and the Quality, Safety, and Clinical Governance Framework

### **What is the Great Consumer Experience?**

The Great Consumer Experience (GCE) is a transformative Neami framework that informs the way we operate as an organisation. Rather than basing quality systems and structures on external frameworks, standards and funding requirements alone, we have proactively defined what it means to have a great service by speaking to those who know best – the people who access our 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 Quality, Safety and Clinical Governance Framework?

The Quality, Safety, and 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 support Neami services to provide the best quality care.

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

CARE IS CONNECTED	
About the pillar	QSCGF components in which pillar is reflected
<p>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</p>	<p>Partnering with consumers</p> <ul style="list-style-type: none"> <li>• Partnering with consumers in their own care</li> <li>• Partnering with carers and families</li> </ul>

## CARE IS CONNECTED

organisation supports families and carers. Advocacy and care coordination also feature here.

- Safe environment for the delivery of care
- Culture of collaboration

## GENUINELY CARING AND SAFE

### About the pillar

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.

### QSCGF components in which pillar is reflected

Consumer safety and quality improvement systems

- Complaints and feedback system
- Partnering with consumers
- Partnering with consumers in their own care

## I GET WHAT I NEED

### About the pillar

This pillar includes the themes of the 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).

### QSCGF components in which pillar is reflected

Safe environment for the delivery of care

- Culture of collaboration

Partnering with consumers

- Partnering with consumers in their own care
- Health literacy

## THE SERVICE KNOWS WHAT IT'S DOING AND HAS THE RESOURCES

About the pillar	QSCGF 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 organisation will provide staff and managers the resources and tools to deliver a great consumer experience, including having staffing levels where staff can be available, responsive and consistent in their care.</p>	<p>Governance Leadership and Culture</p> <p>Consumer safety and quality improvement systems</p> <ul style="list-style-type: none"> <li>• Risk and incident management system</li> <li>• Internal audits</li> <li>• Accreditation</li> </ul> <p>Safe environment for the delivery of care</p> <ul style="list-style-type: none"> <li>• Safe and healthy workplace</li> <li>• Partnering with consumers</li> <li>• Partnering with consumers in their own care</li> </ul>

## STAFF ARE ABLE, AND KNOW HOW, TO HELP

About the pillar	QSCGF 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"> <li>• Credentialing and scope of practice</li> <li>• Professional development</li> <li>• Performance management</li> </ul> <p>Safe environment for the delivery of care</p> <ul style="list-style-type: none"> <li>• Diversity of experience</li> <li>• Reconciliation Action Plan</li> </ul>



# Clinical Governance Framework

## Overview of the Quality, Safety, and Clinical Governance Framework Components

The components of Neami’s 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.
- Focus on integrated clinical governance systems.

As reflected in the NSQHS Standards, Quality, Safety, and Clinical Governance Framework has five components (Figure 1).

### 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 to, and know how to help

### CLINICAL GOVERNANCE FRAMEWORK COMPONENTS

- Governance, leadership and culture
- Consumer safety and quality improvement systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers

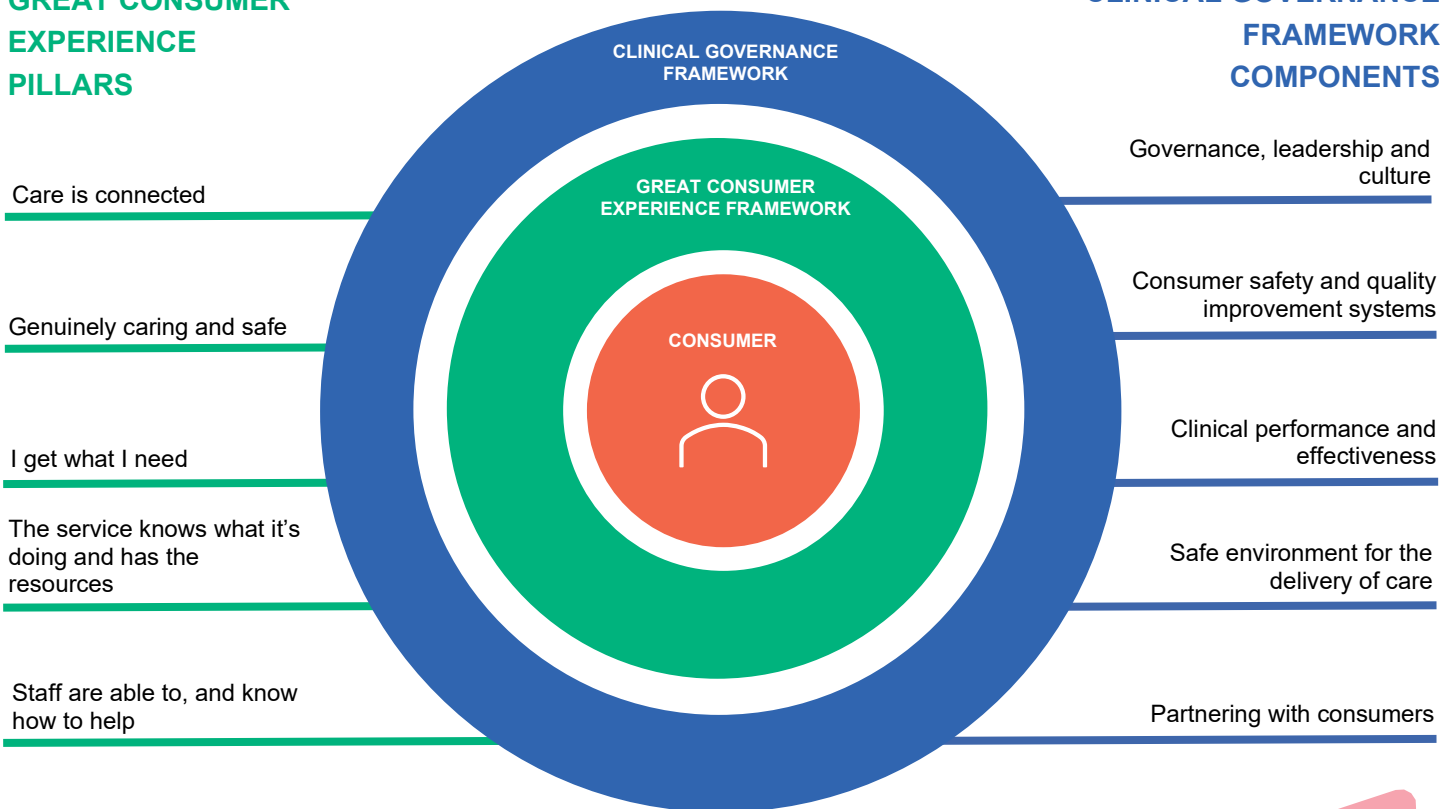


Figure 1. Relationship between the Quality, Safety, and Clinical Governance Framework, Great Consumer Experience Framework, and consumers.

The pivotal component relates to consumers (partnering with consumers), who are at the centre of the Quality, Safety, and 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 for consumers.

### **Consumer Safety and Quality Improvement Systems**

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

### **Clinical Performance and Effectiveness**

The workforce has the right qualifications, skills and supervision to carry out their work in a safe, ethical, and accountable way.

### **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.*

## Quality, Safety and Clinical Governance and Corporate Governance

Quality, Safety and Clinical governance at Neami is conceptualised as a system within a system – a clinical governance system within a corporate governance system.

Neami recognises that:

- Quality, Safety and Clinical governance is a critical part of Neami’s Risk Management Framework.
- Decisions about other aspects of corporate governance can have a direct impact on clinical governance and vice versa.
- The Board are ultimately responsible for good corporate governance.
- All staff have individual and collective responsibilities carry out their work in a way that is ethical, accountable, and promotes safety

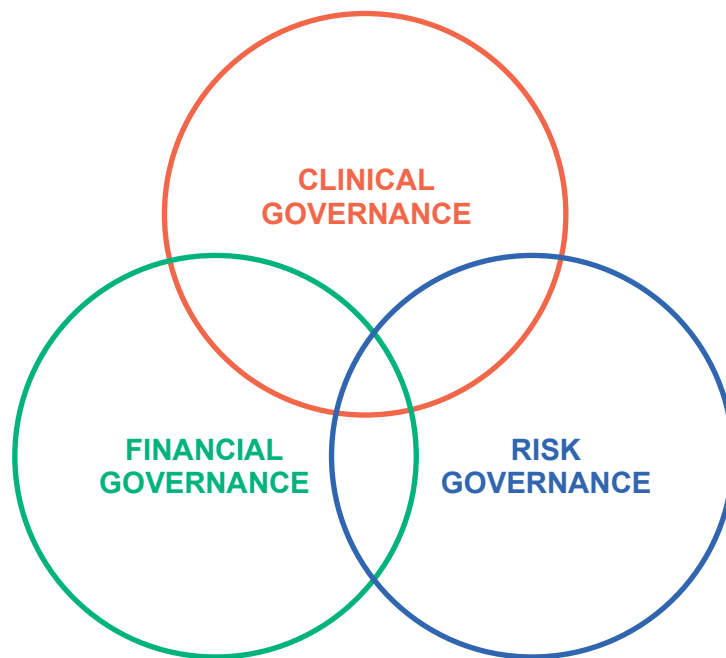


Figure 2. Corporate Governance

## Governance, Leadership and Culture

Neami's Quality, Safety and Clinical Governance Framework sets clear foundations for the establishment of safe, high-quality, and continually improving services. The implementation of this Framework does not in itself guarantee safety and quality in our services. The function of the Framework relies equally on the culture of the organisation and the performance of all staff.

Neami endeavours to foster a culture that recognises and promotes the importance of staff, consumer and carer communication and engagement. All of which are 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 Neami's 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 care for consumers.

- Neami's quality management system is setting up continuous improvement cycles within the organisation that give the governance body and managers a way of:
- Collecting feedback and other evidence of how well the organisation is performing its role

- Using external regulations, standards and requirements as guides to good practice
- Engaging frontline staff in identifying where and how improvements can be made
- Taking action to improve practice and outcomes
- Monitoring the impact of improvements

Neami seeks to create an organisational environment and culture where innovation and continuous improvement is actively encouraged and supported. We believe 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.

Neami has several safety and quality systems in place to continually improve the quality of services 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 and Consumer Experience (QCE) teamwork 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 Neami's Quality, Safety and Clinical Governance Committee and other Board and operational committees to ensure appropriate oversight and improvement of performance. Neami is committed to learning from the information derived and embedding meaningful change.

## **Risk Management Framework**

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

Neami seeks to provide and maintain safe work environments and ways of working, and Neami staff take all reasonable steps to take care of the health, safety, and wellbeing of everyone affected by what happens during service delivery. Neami uses multidisciplinary and evidence-based



approaches to assessing and responding to considerations about safety in the course of service delivery.

The organisation adopts a coordinated and integrated approach to risk management which is consistent with ISO 31000:2018 Risk Management Guidelines. System level risk mechanisms are supported and safeguarded by Neami's risk management framework.

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 Neami's quality and assurance activities. Neami also assesses and manages strategic risks at an Enterprise level through the Enterprise Risk Management Register.

## **Incident Management System**

A key part of Neami's safety culture and a cornerstone to our mission to continuously improve how we do things, is an incident reporting culture that is restorative and just.

Neami is committed to promoting a safe reporting culture where employees can report incidents and near misses, without fear of retribution.

Neami recognises the importance of effectively identifying, responding and reporting all incidents in line with legislation, funding and regulatory body policies, and relevant Australian standards.

Incident management practices within Neami include:

- Maintaining a central repository of all incidents, hazards and near misses in our incident management system, RiskMan.
- Reviewing and investigating all incidents to understand the contributing factors, support effective system improvements and the prevention of similar harm.
- All serious incidents are subject to thorough review processes. The learnings and outcomes from these reviews are compiled and shared with the relevant committees, groups and cascaded through to all levels of the organisation. Through this approach, our focus is on learning from our experiences and using that knowledge to make Neami a safer workplace and environment for consumers accessing our services.

## 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 staff member or manager.
- 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 Victorian Mental Health and Wellbeing Commission. At a service level, the feedback and complaints process is explained to consumers during their first meeting with the service. Feedback and complaints processes are also explained in the Welcome to Neami Booklet (provided to every person accessing our services), encouraging all consumers and carers to provide feedback on the care and services they receive.

Feedback is also encouraged through surveys and other opportunities to participate in service planning and evaluation.

All formal feedback from consumers and carers is recorded in the National Feedback Register and allocated to a Responsible Manager within 1 business day. Feedback is explored in consultation with the person who provided it and is used to inform continuous improvement of our 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 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 Neami's 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 holds accreditations against the following standards:

- ISO 9001:2015 Quality Management Systems Requirements
- National Standards for Mental Health Services (NSMHS)
- Australian Service Excellence Standards (ASES) NSW only
- National Safety and Quality Health Service (NSQHS) (Urgent Mental Health Care Centre only)

## **Continuous Improvement**

Continuous improvement is embraced as part of our everyday work and is supported by organisational structures and systems.

Continuous improvement is responsive to consumer and stakeholder feedback.

Neami has a commitment to the ongoing improvement of services and processes through continuous improvement systems which are embedded in the organisational ways of working.

These include the identification, implementation, and evaluation of quality improvements through the maintenance of continuous improvement registers. Quality improvements are shared through committees.

## Clinical Performance and Effectiveness

The workforce has the right qualifications, skills and supervision to carry out their work in a safe, ethical, and accountable way.

Neami has extensive strategies and plans for recruiting, allocating, developing, engaging, and retaining high performing staff. These strategies and processes support consumers to have access to the right people with the right skills at the right time. This includes:

- Formal processes for credentialing and scope of practice including a Credentialing and Scope of Practice Committee.
- Agreement to the National Code of Ethics.
- Consumer representative on all service delivery recruitment panels.
- Professional development.
- Performance 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.

### **Credentialing and Scopes of Practice**

Neami has systems in place to ensure that all staff employed have the skills, knowledge, and professional suitability to go about their roles in a way that is accountable and consistent with their discipline and ways of working. Scopes of practice are defined through a discipline-specific, evidence-based process which is appropriately designed, resourced, maintained, and reviewed. All staff must also undergo appropriate screening checks prior to commencing employment including for example, National Police Record Checks and Working with Children Checks. A formal credentialing process occurs during the recruitment process, whenever a substantive change is anticipated to a staff member's position description, when there is a change to the service context that has implications for staff members' credentialing requirements, and at regular intervals where required. Credentials include all professional attributes that provide evidence of a staff member's suitability to carry out their work, including qualifications, registrations, skills,

background checks, professional indemnity insurance, and professional standing. Neami runs regular reports to ensure that professional registrations are maintained and advise managers/staff when a registration is due.

The Credentialing and Scopes of Practice Committee provides oversight to ensure a consistent approach in reviewing and confirming staff credentials and scopes of practice for the workforce.

## **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 programs alongside our own internal induction.

Staff and managers are supported to have the skills, knowledge and required training to perform the tasks expected of them and to support them to understand the concept of clinical governance. Neami delivers training modules in an online environment. These online modules enable us to develop tailored training and education that can be delivered in a time effective way while allowing 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, Neami supports 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 for the amount of hours of CPD required each year, what constitutes CPD, and what evidence of CPD staff need to provide.

## **Performance Management**

Neami provides all staff 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
- 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 opportunities to receive practice supervision from others who have worked in a designated lived experience role.

### **Clinical and Allied Health Staff**

Neami provides 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 is committed to providing high-quality services 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 collaboration, care, 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.

Consumer safety is another key aspect of maintaining a safe workplace. Consumers are supported to identify potential safety concerns that relate to themselves and their care and are encouraged to develop and review safety plans with staff as required.

## **Culture of Collaboration**

Neami encourages environments and ways of working that support and affirm the consumer's perspectives, priorities, and values. Staff work in a positive framework and promote consumers' rights, autonomy, and dignity. Consumers are supported to achieve a greater sense of meaning and purpose in life based upon their own values.

Neami recognises the important role others can play in consumers' lives and respects the wishes of the consumer in relation to the level of contact or involvement they would like from natural supports and other service providers. Consumers are encouraged to identify people they would like to have involved in their support at any stage during their engagement with the service.

## **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, transdisciplinary 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 or living experience of mental health challenges, service use, or experience supporting someone through mental health challenges. Lived experience staff support consumers through their own mental health challenges with shared understanding, 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, Neami is focused 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.

We pride ourselves on partnering with consumers in the planning, design, measurement, and evaluation of our 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 Improvement Systems to Support Partnering with Consumers**

Partnering with consumers is a foundation of service delivery and the key contributor to Neami achieving our 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 Board.
- Consumers are provided with the opportunity, information and training to fully participate in consumer participation opportunities.

### **Partnering with Consumers in their Own Care**

Our services are underpinned by Collaborative Relational Practice, an evidence- informed model operationalised through a collaborative, coaching-style working alliance between staff and consumers. Through this approach, we partner with consumers to:

- Connect with their strengths, values and wellbeing vision.
- Build resilience, capacity and strength.
- Develop and work towards identified 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 to tailor the consumer's supports and leads to better consumer outcomes.

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

### **Health Literacy**

Appropriate communication mechanisms support effective consumer partnerships. We are constantly evaluating the way that communication is delivered across the organisation and tailoring it as required to meet the diverse needs 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 that people with lived experience contribute significant time, effort, and knowledge when participating in service design, planning, delivery, and evaluation. As such, consumers are paid for their participation in these processes.

## **Partnering with Carers and Families**

Neami recognise the positive impact that carers and families can have on the outcomes for individuals accessing Neami services. Neami also recognise that carers can often benefit from accessing support themselves. 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 to support positive 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).

- Facilitating access to external carer support services if needed.
- 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 Neami employee (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 Team<sup>2</sup>

The Board 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><b>Care is Connected</b></p> <p>I will foster an environment of collaboration to increase opportunities for consumers</p>	<ul style="list-style-type: none"> <li>• Ultimate accountability for the quality and safety of the care provided by the organisation</li> </ul>
	<p><b>Genuinely Caring and Safe</b></p> <p>I ensure there are frameworks and systems to support consumers and staff</p>	<ul style="list-style-type: none"> <li>• Establishing and supporting robust clinical governance structures and systems across Neami that are designed in collaboration with staff and empower them to provide high-quality care.</li> <li>• Understanding key organisational risk and ensuring controls and mitigation strategies are in place</li> </ul>
	<p><b>I Get What I Need</b></p> <p>I support the organisation to look beyond traditional models of care</p>	<ul style="list-style-type: none"> <li>• Overseeing and evaluating the care provided through regular thorough reviews of benchmarked performance data and information</li> </ul>


<sup>2</sup> The National Leadership Team comprises Neami’s CEO, Executives and Stream Directors

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p><b>The Service Knows What It's Doing and Has the Resources</b>            Organisation systems and resources are prioritised towards consumer care</p>	<ul style="list-style-type: none"> <li>• Setting a clear vision, strategic direction and 'just' organisational culture that promotes consistently high-quality care and facilitates effective employee and consumer engagement and participation</li> <li>• Seeking to ensure that they (the Board) have the necessary skill set, composition, knowledge and training to actively lead and pursue quality and excellence in care</li> <li>• Actively evaluating performance on quality and safety</li> </ul>
 <p><b>Staff are Able, and Know How to Help</b>            I create a culture that values professional development for staff</p>	<ul style="list-style-type: none"> <li>• Staying engaged, visible and accessible to staff</li> </ul>


## Managers

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p><b>Care is Connected</b>            I will source opportunities for myself and staff to develop local links and partnerships. I will equip my services (s) and staff to provide links and options to consumers</p>	<ul style="list-style-type: none"> <li>• Set up effective relationships with relevant health services to support good outcomes</li> </ul>

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p><b>Genuinely Caring and Safe</b> I balance the needs of consumers and staff based on the guidance provided by Neami</p>	<ul style="list-style-type: none"> <li>• Provide a safe environment for both consumers and staff that supports and encourages productive partnerships between staff and consumers</li> <li>• Expect and drive action to co-create safety and improve care</li> </ul>
 <p><b>I Get What I Need</b> I am open to opportunities to make services more flexible</p>	<ul style="list-style-type: none"> <li>• Understand the barriers for consumers to understand and use health services, and develop strategies to improve the health literacy environment of the organisation</li> <li>• Support consumers to fully engage in planning, designing, reviewing and evaluating organisational systems</li> </ul>
 <p><b>The Service Knows What It's Doing and Has the Resources</b> I support, resource and guide staff to do their best work</p>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Be skilled in staff management, foster productive and open cultures, and promote multidisciplinary teamwork</li> <li>• Systemically monitor safety and quality performance across services</li> <li>• Actively identify, monitor and manage areas of key risk and lead</li> </ul>

Great Consumer Experience Pillar		Clinical Governance Responsibilities
		<p>appropriate escalation and response where safety is compromised</p> <ul style="list-style-type: none"> <li>Promote staff safety and wellbeing/self-care</li> </ul>
 <p><b>Staff are Able, and Know How to Help</b></p> <p>I ensure staff have the knowledge, training and professional development they need</p>	<ul style="list-style-type: none"> <li>Create a safe and open culture that empowers staff to speak up and raise concerns</li> <li>Provide useful performance data and feedback to staff and committees and engage staff to identify and take appropriate action in response</li> </ul>	

## Staff

Great Consumer Experience Pillar		Clinical Governance Responsibilities
 <p><b>Care is Connected</b></p> <p>I will work with the consumer to connect them to the services they need</p>	<ul style="list-style-type: none"> <li>Share information and learnings with relevant health services</li> </ul>	
 <p><b>Genuinely Caring and Safe</b></p> <p>I provide a safe space for consumers to share their experiences and goals</p>	<ul style="list-style-type: none"> <li>Go beyond compliance to pursue excellence in care and services</li> <li>Provide high-quality care as a priority</li> <li>Demonstrate a commitment to the great consumer experience</li> </ul>	

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p><b>I Get What I Need</b> I tailor my approach to meet consumer goals</p>	<ul style="list-style-type: none"> <li>• Support consumers to share decision-making about their own care</li> <li>• Actively take part in the development of an organisational culture that enables, and gives priority to, consumer safety and quality</li> </ul>
 <p><b>The Service Knows What It's Doing and Has the Resources</b> 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"> <li>• Work with care standards and protocols</li> <li>• Contribute to a culture of safety, transparency, teamwork and collaboration</li> <li>• Participate in regular evaluation of performance to identify areas for improvement</li> <li>• Actively monitor and improve the quality and safety of care and services</li> <li>• Identify, respond and report consumer incidents</li> </ul>
 <p><b>Staff are Able, and Know How to Help</b> I work with my strengths and commit to professional and personal growth</p>	<ul style="list-style-type: none"> <li>• Regularly update skills and knowledge to provide and support the best care and services possible</li> <li>• Comply with professional regulatory requirements and codes of conduct</li> <li>• Work within the scope of practice</li> </ul>




## Consumers

For consumers that access services through Neami, clinical governance means they can be confident that staff are trained and supported to use 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><b>Care is Connected</b> I will work with the consumer to connect them to the services they need</p>	<ul style="list-style-type: none"> <li>• Understand and implement plans, including connecting with funded supports, community and mainstream services</li> </ul>
 <p><b>Genuinely Caring and Safe</b> I provide a safe space for consumers to share their experiences and goals</p>	<ul style="list-style-type: none"> <li>• Participate in own healthcare and the types of support and service accessed</li> <li>• Provide feedback, ideas and personal experience about the services to drive organisational wide change</li> </ul>
 <p><b>I Get What I Need</b> I tailor my approach to meet consumer goals</p>	<ul style="list-style-type: none"> <li>• Participate in conversations regarding the preferred type of support and desired goals</li> </ul>
 <p><b>The Service Knows What It's Doing and Has the Resources</b> 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"> <li>• Participate in organisational wide quality and safety improvement</li> <li>• Participate in organisational wide planning and policy development</li> <li>• Communicate potential safety and quality risks</li> </ul>

Great Consumer Experience Pillar	Clinical Governance Responsibilities
 <p><b>Staff are Able, and Know How to Help</b></p> <p>I work to my strengths and commit to professional and personal growth</p>	<ul style="list-style-type: none"> <li>• Consider participating in recruitment processes for the workforce, when opportunities exist</li> </ul>



# How We Communicate Clinical Governance

The Quality, Safety, and Clinical Governance Framework supports a consistent approach to safety and quality and reiterates that at Neami everyone takes care for the health, safety, and wellbeing of those that are affected by what we do.

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 quality, safety and 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 Board holds ultimate responsibility for the sound functioning of Neami through the employment of the CEO, setting the strategic directions and are responsible for governance, compliance and monitoring.

The Board are supported by the following quality, safety, and clinical governance committees:

- The Board Quality, Safety and Clinical Governance Committee (QSCGC) subcommittee – this committee is appointed by and reports directly to the Board of Directors, to assist the Board 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.
- The National Operational Quality and Safety Committee (NQ&S)– this committee sets and monitors standards and performance, solve problems, and implement strategies in relation governance and practice leadership at Neami. It reports through to the Executive Leadership Team, and sends reports and matter for discussion to the Board QSCG Committee. Membership includes the CEO, Executive Directors Operations, Quality and Consumer Experience, Stream Directors, National Practice Lead, National Lived Experience Lead, WHS, National First Nations Lead.
- Stream Quality and Safety Committees – these committees (one across each of the four Neami streams) foster connection and drive excellent service delivery and stream ‘health’ in line with contractual obligations and best practice, Neami expectations of quality and safety, research and evidence, and strategic directions.

Neami also have a range of local quality and safety committees. These committees are supported by and feed into the stream quality and safety committees.

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 3) 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.

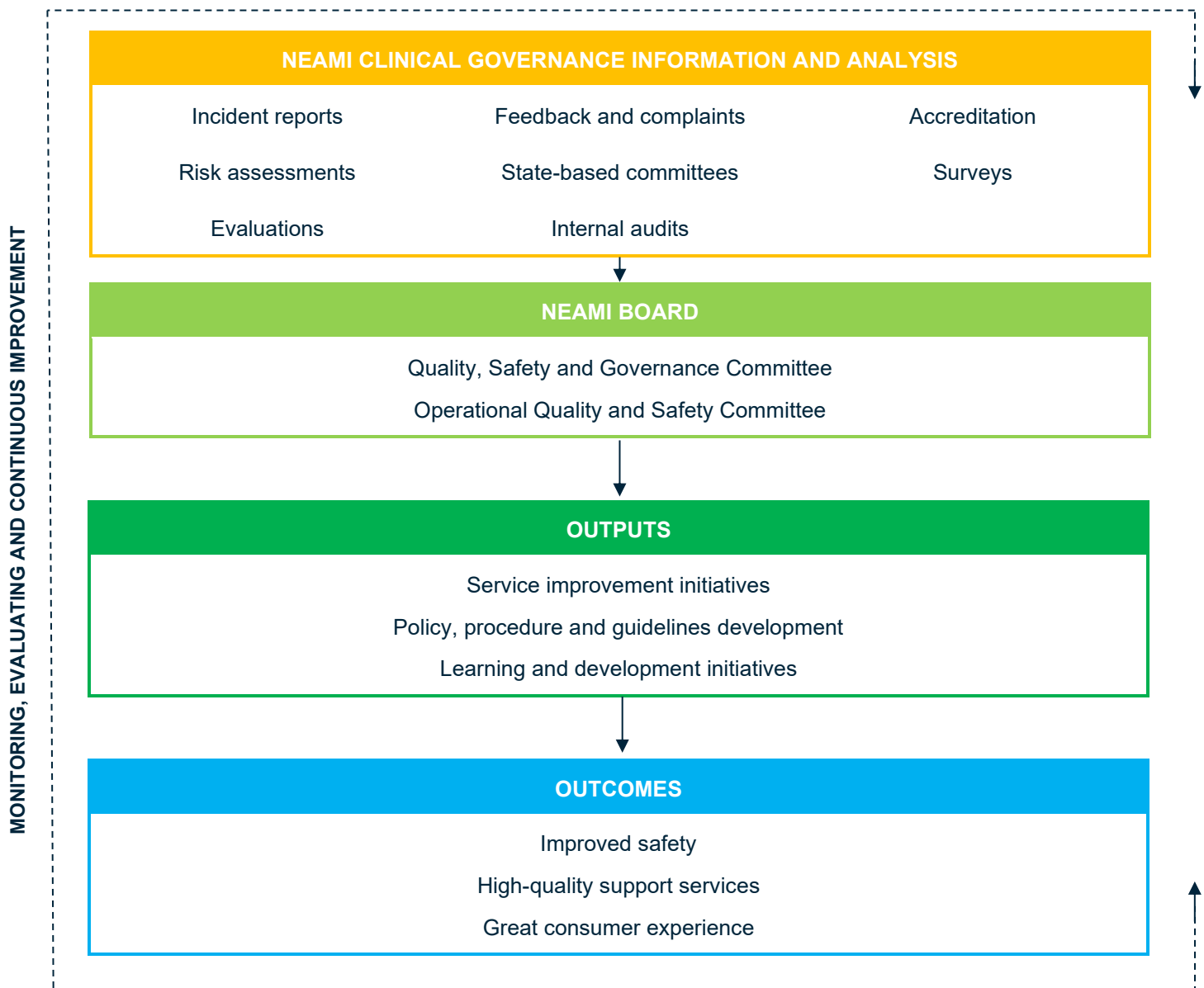


Figure 3. Neami Clinical Governance Information Flow



# Performance Monitoring

Neami’s 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"> <li>• Organisational confidence</li> <li>• Leadership (at local level and across Neami)</li> <li>• Staff engagement, alignment and involvement</li> <li>• Annual analysis of staff engagement survey</li> </ul>	Staff are able, and know how to help
Exit Survey	Quarterly review and report on staff exit survey data: <ol style="list-style-type: none"> <li>a. Number of exit survey undertaken</li> <li>b. Reason for leaving</li> <li>c. Would you recommend Neami as a good place to work</li> <li>d. Would you work for Neami again</li> </ol>	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 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 content	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 training 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"> <li>• Total number of claims</li> <li>• Total number of psychological / mental injuries</li> <li>• New WorkCover claims for the report period</li> <li>• Number of claims closed in the report period</li> </ul>	The service knows what it's doing and has the resources
Staff Incidents	Quarterly Report and analysis of: <ul style="list-style-type: none"> <li>• Total number of staff related incidents by category (1,2,3) and by type of incident</li> </ul>	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

SAFE ENVIRONMENT FOR THE DELIVERY OF CARE		
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 and 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	Quarterly Report on: <ul style="list-style-type: none"> <li>Carer/Family Involvement You had opportunities for your family and friends to be involved in your support or care if you wanted (CES).</li> <li>Connection to Community Supports How would you rate your ability to access specialist and general community services</li> </ul>	Care is connected



## PARTNERING WITH CONSUMERS

	now, compared to when you first came to Neami? (EXIT)	
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	Quarterly Report on Satisfaction with level of support from staff  How would you rate the level of support provided by the team during your stay? (Sub-acute)	Staff are able, and know how to help

## For More Information

If you have any questions or comments, please contact the Neami Head Office.

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