CLINICAL GOVERNANCE FRAMEWORK

Quality Client Experience

- Clinical Accountability
- Worforce Culture & Development
- Innovative Leadership
- Organisation Management System

2023- 2025

Introduction

- The SydWest Multicultural Clinical Governance Framework is considered a ***Shared Mission*** for all Stakeholders committed to delivering high quality, evidence-based, safe, accessible, and accountable services. It brings together several essential elements designed to review, monitor, measure and promote quality services to all Clients across various services by encompassing the FIVE pillars of the Clinical Governance Framework.

- <mark>Pillar 1 - Quality Client Experience</mark>

- <mark>Pillar 2 - Workforce Culture & Development</mark>

- <mark>Pillar 3 - Organisation Management System</mark>

- <mark>Pillar 4 - Innovative Leadership</mark>

- <mark>Pillar 5 - Clinical Accountability</mark>

- The Clinical Governance Framework (referred to as the **CGF**), provides clarity for Board Members, Leadership, Employees, Clients, Volunteers and Contracted Providers by:

   - Minimising the risks to people operating and accessing services through responsible and accountable work practices for consumer care.

   - Continuously monitoring and improving the quality of care and clinical services to be in line with the quality standards

   - Creating a balance between the Lifestyles and social welfare by meeting the clinical needs of Clients.

- The CGF can be viewed as a shared Mission and process that provides the means of developing organisational capacity to deliver sustainable, person centred and quality measured services.

- The CGF outlines the context of a combined quality assurance & integrated care governance framework for SydWest Multicultural Services. It provides a definition of what is meant by quality assurance & integrated care governance, as represented by the CGF Logo. The CGF identifies where responsibility lies in the SydWest Multicultural Services environment, and how quality assurance & integrated care governance fits within the individual's role and programs and services across the organisation, monitored by the CGF.

- A few existing SydWest Multicultural Services frameworks and resources are highlighted to identify how the CGF is supported at the organisational and aged care service level. This document also includes a brief description of how the CGF is implemented and utilised throughout the different levels of service. This document further explains and outlines the guiding principles that have been developed to support the implementation process and to ensure it remains in line with the objectives of the SydWest Multicultural Services strategy over time.

- The Five Pillars of Governance were identified as applicable for SydWest Multicultural Services programs as a Shared Mission for Quality & Clinical Excellence and the standards that hold a strong value to the Aged Care & NDIS services Stakeholders.

Our Pillars of Clinical Governance

- Each Pillar contains an explanation of how the core elements contribute to quality assurance & clinical excellence, it provides a number of activities and strategies that are underpinned by a set of core elements and outlines how these core elements should be met. The Pillars are supported by Internal Audits to assist services, sites, and their management teams in assessing their capacity to maintain the CGF over time, at the SydWest Multicultural Services.

- Our CGF is represented by the Logo's below:

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Defining the Clinical Governance & Integration with Service Delivery

- **Clinical Governance Framework** - A governance system for healthcare organisations that promotes an integrated approach towards management of inputs, structures, and processes to

- improve the outcome of healthcare service delivery where health staff work in an environment of greater accountability for clinical quality.

- The Transactional Leadership model for SydWest Multicultural Services is based on the Document Management Framework. Consisting of a cascading set of quality control documents inclusive of:

    - Manuals

    - Policies.

    - Procedures.

    - Flow Charts/ Work Instructions

    - Forms

    - Handbooks

- This Document Management Framework is necessary to ensure that quality in all services is being maintained, monitored, and enhanced. It requires actions internal to the organisation but may also involve actions of external bodies. It includes services design, staff development and the collection and use of feedback from key stakeholders and employers. Quality assurance is also used as a general term to refer to the range of possible approaches to addressing concern for quality in care services *(Based on the definition provided by the Australian Universities Quality Agency—refer www.auqa.edu.au).*

- Quality & Clinical Governance is a term created by SydWest Multicultural Services, designed as the framework for health-related services to reach and maintain excellent standards of service and to minimise risks, errors, or mistakes in the delivery of care to Clients. Best practice integrated care governance embraces a learning culture through continuous improvement, while swiftly responding to gaps identified across all related business elements.

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- The need to provide such a holistic proactive and reactive care model for people who are vulnerable is in great demand. SydWest Multicultural Services supports independence, empowerment, and the achievement of aspirations for Client's, carers, families, and communities through a comprehensive network of programs and services.

Utilising the Framework

- The framework was developed as a matter of best practice, for all services involved in quality delivery. Overall accountability of the CGF is the responsibility of the SydWest Multicultural Services Leadership & Management, ensuring the appropriate legislations and guidelines are understood and reflected within all levels of service. The intention of the framework is to further guide and uphold this accountability at all levels of service delivery, based on organisational expectations, industry standards for qualifications, and mutual understanding at the time-of-service agreement with the Client and their family.

- The SydWest Multicultural Services CGF is represented in a diagram of the SydWest Multicultural Services Logo that is underpinned by the Pillars of clinical governance that represent each area of focus and the systems & processes we utilise towards achieving overall clinical governance. It represents the multi-faceted teams of people in our partnerships of care and our systems and processes that support the CGF.

- The elements of the CGF are underpinned by a set of guiding principles (Our Values) that inform the organisations approach to safe, quality, and excellent service delivery of Client services. The representation of the values leadership model of SydWest Multicultural Services and the CGF is achieved through the presentation of the CGF symbols that govern the silos of the business.

CLINICAL GOVERNANCE COMMITTEE

- Is the integrated systems, processes, leadership, and culture that are at the core of providing effective, accountable, and person-centred care underpinned by continuous improvement?

- Implementation of the clinical governance framework is focused on the following domains of quality and safety:-

  - Leadership and culture – visible and accountable leadership which encourages the engagement of staff and clients in strategy planning and review

- Client partnerships – increased awareness and understanding of the Client perspective and designing systems and processes to enhance their participation; and to respond to the resident's voice

- Workforce – supporting and protecting a skilled, competent, and proactive workforce with strategies for recruiting, allocating, developing, engaging, and retaining staff

- Risk Management – safeguarding against clinical risk through a structured approach to safety

- Clinical Practice – the development of a clinical practice system which focuses on Client inclusion, Client centredness and integration of care

- The Clinical Governance Committee is responsible to the SydWest Multicultural Services Board for ensuring that there is leadership, focus, direction, and support for ongoing development of a quality improvement structure and culture within the organization. The Committee will provide prompt and constructive reports and feedback directly to the Board through FARC (Finance Audit & Risk Committee) , particularly when issues are identified that could present a material risk or threat.

- The Committee will demonstrate a solution-orientated, proactive role in advising on clinical issues and encourage best practice and innovation.

CLINICAL GOVERNANCE COMMITTEE DUTIES AND RESPONSIBILITIES:

- The Committee's duties and responsibilities are to ensure:

- Oversee an effective clinical governance system

- Clients are central to identifying safety and quality issues

- Appropriate systems are in place to mitigate clinical risk and enhance the quality, safety, and Client experience of care

- All staff employed with SydWest Multicultural Services have the appropriate skills, knowledge and attitude required to fulfil their roles and responsibilities

- Strategies and systems are in place to encourage the pursuit of continuous improvement and excellence

- Risk Management

- The Clinical risk management framework identifies, monitors, and manages significant risk

- A common understanding of the key clinical risks to SydWest Multicultural Services

- A Clinical Risk register is developed and maintained; risk controls and implementation of risk treatments are monitored

- An assessment of and contribution to the audit processes relating to clinical risks

- Reviews of effectiveness of the SydWest Multicultural Services system for identifying and escalating risks

- Compliance

- Management has considered legal and compliance risks as part of SydWest Multicultural Services risk assessment and management arrangements

- The effectiveness of systems for monitoring SydWest Multicultural Services compliance with relevant laws, regulations, and government policies

- A full review of the findings of any examinations by regulatory agencies, and any auditor observations is undertaken and reported to the FARC Committee as necessary

Methods

The CGC members will undertake investigation through collaboration of skills within the team and utilising the resources available within the organisation. The CGC will provide a recommendation to the chair that will provide direction for improvement and planned course of action. This direction (if taken) will be formally audited by the relevant Manager for feedback to the CGC that:

- The issue has been resolved or actioned and outcomes achieved; or

- The issue is not resolved and will go back for further review by the CGC for extension and consolidation for new directive.

- The action for improvement, resolution or development has been documented and implemented into a plan or process of change and version controlled and logged.

Reporting

The CGC will formulate a report for each issue that is raised to the team.
The report should detail:

- The originating issue and action/outcome details.

- The delegated required action taken by the review team.

- The outcome of the investigation utilising the executive's recommendations and auditing systems; and

- The CIP (detailed actions, responsibilities, budgets, and timelines).

Deliverables

The CGC will be working with the implementation of a Quality Auditing and management system for future process management that consists of three key audit areas:

- Compliments and Complaints mechanisms.

- Key Performance Indicators in care.

- Incident Management

- Internal Audits (site specific).

- External Audits (Dept. & benchmarks).

Success Criteria

Success will be measured by the outcomes of the audits on recommendation from the CGC.

Assumptions & Dependencies:

- The CGC will depend on transparency in all documentation, issues, and concerns.

- Direct communication with key stakeholders, and collaboration from all personnel.

- The CGC will need the expert advice and support from a senior clinical advisor with high skills.

Key Milestones:

- A CGF QMS should be delivered in the first 12 Months of implementation of new single system

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PILLAR 1: QUALITY CLIENT EXPERIENCE

FEEDBACK
- Rights and responsibilities
- Client participation in the program
- Client Choice and decision making

SERVICE DELIVERY
- Culturally appropriate care and support
- Recognising significant others in their life
- Person centred planning

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- At SydWest Multicultural Services we acknowledge that our principal activity is the provision of high-quality care and services, to each one of our clients. The right of people to participate in their choice of services, personal care and mental health or disability programs is well established in Australian society. The best quality care and support service is achieved when it is planned, delivered, and evaluated in collaboration with the service user. This refers not only to the resident, but extends to include family members and visitors, and where appropriate, community members and agencies.

- Our commitment to being person centred also extends to our internal consumers, our staff. Striving to ensure all staff are fully engaged with our mission and philosophy of care by offering them an extraordinary experience, with a view to becoming the leading employer of choice in the sector.

OUR CONSUMERS

- SydWest Multicultural Services consumers are from various ethnic, socioeconomic, and cultural backgrounds. The age and frailty of our consumers also varies - naturally some consumers require more assistance and focus on specific care needs than others. Irrespective to this, all consumers have chosen us because they believe we will provide high quality services, support, and care. We value the consumer experience and have a focus on assisting them to maintain control over their lifestyle where they can. The consumers family or significant others in their life are also considered partners in the delivery of appropriate service and are represented through pillar ONE.

- For the value we hold in placing the **Person First** in our care service, SydWest Multicultural Services has undertaken a range of feedback audits to establish that our consumers would prefer to be identified as **clients** and as such, this identity will influence our culture and use of language within our communication directives documents and frameworks.

- CLIENT EXPERIENCE: FEEDBACK

- Extraordinary, as the term states, means 'more than' ordinary. More importantly however, it implies exceeding expectation. What this essentially means in daily practice is to not simply 'do what needs to be done', just as a matter of satisfying the bare minimum. Rather, doing what needs to be done as a matter of being extraordinary. This requires all staff to remain cognizant of your clients and family's responses to you and your team's service delivery.

- We utilise tools such as reflective practice to regularly shift your perspective to view the services you deliver 'through the consumers eyes', essentially person-centred care. Combined with expertise and integrity, you will reduce the number of negative interruptions to your commitments, while creating and enhancing their extraordinary Client experience. Our focus is to ensure that services are meeting the needs of the person and that they feel safe and secure in their control and directive for better care.

- The CGF operates with the philosophy that the Client is the core focus of the services provided by the organisation and this is clearly stated throughout the vision, mission, and values statement of SydWest Multicultural Services. The philosophy of Person-Centred Care is the underpinning principle that provides the focus for empowerment and independence for Client s to remain in control of their lives and have a sense of purpose to goal achievement in wellness and/or re-abolement. We achieve this by 'working with' the Client rather than 'working for'. It is our partnership in care.

RIGHTS AND RESPONSIBILITIES:
- SydWest Multicultural Services has comprehensive policies and procedures in place to maintain its commitment to upholding the relevant standards outlined within the following:

- The single set of Aged Care Quality Standards (2019)

- 2014/15 Principles Consumer Rights and Responsibilities outlined in the Aged Care Act.

- The National Disability Service Standards of 2012

- The National Standards for Mental Health Services 2010

- The function of the CGF is to support and reflect the guidelines outlined by the Australian Aged Care Quality and Safety Commission for ease of meeting the Accreditation Standards and to assist in quality auditing during a Commission visit.

- The Consumers Rights and Responsibilities for specific services and programs is presented to the Client in the following formats:

- The Welcome Pack

- The Home File

- Client Resources

- Client Agreements

- Access to associated policies and procedures.

- Regular Communications via emails/letters

CLIENT SURVEYS

- SydWest Multicultural Services has a comprehensive plan to establish and maintain the Survey Calendar to regularly perform the Surveys and perform the analysis of these surveys.

- All the Surveys are conducted considering the following :

- Purpose of survey

- Participation group of survey

- Survey Design (Mode/Method of Survey)

- Duration of Survey

- Compilation of Survey Results

- Presentation and Analysis of Survey Results.

COMPLAINTS MECHANISM:

- SydWest Multicultural Services has a comprehensive complaints management system that is reflective of its commitment to the contemporary practices outlined within the Aged Care, Disabilities and mental health Acts and their amendments. Within the Acts are the Quality Standards that outline the standards of care and services and in particular standards for managing complaints and feedback from the Client under Standard Six.

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- The SydWest Multicultural Services' Quality Risk & Compliance Manager will ensure that Feedback Audit Tools are utilised and trained to all relevant staff for execution in the CQI framework and access to the data is accessible to the CGC. This is to align the Governance to Standard 6.

- The following is followed to manage the complaints:

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CLIENT PARTICIPATION IN THE PROGRAM:

- Partnerships in the services offered by the SydWest Multicultural Services are an important factor in delivering quality care directed as the Client has indicated. SydWest Multicultural Services maintains that the Client should be encouraged at all times to be the director of their care and services in partnership with the Management of the organisation.

- SydWest Multicultural Services provides opportunities for Client's, families, and their advocates to influence the services provided by SydWest Multicultural Services. Client participation may take many different forms. Client s can participate by:

- Providing feedback.

- Taking part in a survey.

- Attending a Case assessment.

- Participation in committee meeting; and/or

- Participation in a quality review or audit when requested by the Client or asked by SydWest Multicultural Services.

- SydWest Multicultural Services is committed to partnering with our client's to help us deliver quality services that meet Client and community need. The Client should be engaged in a transparent and open way through the introduction, explanation, and use of the person focused tools of assessment that are recommended for applying Client focused care. The Person Focused Tools are available in the Electronic Care Management System *Procura.*

- The initial assessments conducted by Aged Care & Disability Services Team assist the Care Coordinators to establish the holistic focus to be undertaken in the initial interview and assessment process. The Clinical care manager would be best served to have the information from these assessments already in analysis for establishing an understanding of the potential partnership in care.

CHOICE AND DECISION MAKING:

- Choice and decision making are a core belief for all Clients and their loved ones. SydWest Multicultural Services as a service provider maintains the principle that all Client s are supported and encouraged to maintain their empowerment and control over the choices and decisions they make in respect to their care and services.

- The purpose of any SydWest Multicultural Services program is to enable or re-able the Client to plan an achievable set of personal goals in relation to their individual wellness and maintaining an active and empowered lifestyle .

- The person-centred focus tools utilised by the SydWest Multicultural Services care coordinators are designed to engage the Client in conversations that assist them to identify and prioritise their personal needs and the goals that they can work towards in their Care Support Plan. Clients that are unable to make independent decisions in the delivery or direction of their care will be given advocacy through the respective guardianship.

CULTURALLY APPROPRIATE CARE AND SUPPORT:

- At SydWest Multicultural Services all aspects of culture and diversity are valued and embraced as an underlying principle of the business. We believe that cultural diversity (multiculturalism) is based on the idea that everyone's cultural identity should not be discarded or ignored; rather celebrated and valued.

- With respect to culturally competent care, SydWest Multicultural Services has implemented mandatory training requirements of employees into the induction and orientation process outlined in *"CCP Cultural Value Training.* All employees that are recruited and inducted into SydWest Multicultural Services will undergo thorough skills assessment and competency-based training that will enhance their personal growth and professional development regarding providing culturally sensitive and specific care to CALD Clients.

- At SydWest Multicultural Services there is an expectation for Executives, Managers, Employees, Volunteers, and Contractors to adopt and foster a mindset that acknowledges, accepts, values, and even celebrates the various ways that people live and interact. This principle applies to acknowledge and understand that within our various cultural differences, we all aspire to many of the same things including security, well-being, acceptance, individualism, esteem, and equity, whether it is physical, spiritual, or emotional. Some characteristics of diversity embraced at SydWest Multicultural Services include (but are not limited to):

Age; Cognitive style; Culture; disability (mental, learning, physical); Economic background; Education; Ethnicity; Gender identity; Geographic background; Language(s) spoken; Marital/partnered status; Physical appearance; Political affiliation; Race; Religious beliefs; and Sexual orientation.

- The application of a sound principle embracing culture and diversity at SydWest Multicultural Services provides the business with an ethical foundation upon which to build and maintain diversity in clinical governance that allows some flexibility within implementing the SydWest

Multicultural Services systems and processes and apply these across all aspects of the organisation. The duty of care is considered a principle and core value to the organisation and employee responsibilities are defined.

INDIVIDUAL ADVOCACY:

- All Client s that are engaged with SydWest Multicultural Services are supported by the fundamental principle of individual advocacy and the rights for advocacy services. Advocacy can be arranged in numerous ways that are generally performed by the individual themselves or their most trusted and significant person in their life.

- SydWest Multicultural Services employees by professional practice and employment are well positioned to be an immediate advocate for the person they care for and specifically in the assessment and development of the individual's Care Support Plan. It is also important to note that the role of SydWest Multicultural Services employees in Client advocacy may also include the role of Health Professionals and Senior Managers, that on occasions will need to advocate the rights and responsibilities for respecting the duty of care we take for best outcomes in care for the client and the consideration for partnerships and legal boundaries. External Clinical support hold a mandatory advocacy position when SydWest Multicultural Services is facing matters of crisis in care for the protection of the vulnerable Clients.

RECOGNISING SIGNIFICANT OTHERS IN THEIR LIFE:

- Together with placing the Client first as a pillar of the CGF is the acknowledgment of the significant others in their lives. The application of recognising the significant others in the lives of our client is the utilisation of the assessment tools in Procura**.** The tools are designed for the Care Coordinators to draw out from the conversation, at initial interview, the significant people of influence and benefit to the client.

- The tools also identify the people that are noted as significant, however not positive as an influence and someone that might be a barrier in empowerment and wellness for the individual. This is important when focusing on what influences the daily lives of our client and reaching the individual goals in care and support.

MAPPING TO STANDARDS OF ACCREDITATION

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SydWest Multicultural Services Clinical Governance Framework Standards Matrix (2023)						
PILLAR	Element	Single System Accreditation	NDIS Standard	DSS Standard	ACIS Standard	NMHSP Standard
Client Experience	Rights and Responsibilities:	All standards	1, 3, 4, 5, 6.7	1, 2, 12	1.1, 1.2, 1.3, 1.4, 1.5, 2.2, 2.5, 3.1, 3.2, 4,	1, 3, 4. 6, 7
	Client Participation in the Program:	All standards	1, 3, 4, 5, 6.7	1, 2, 3, 5	1.1, 1.5, 1.6, 2.1, 2.4, 2.5, 3.2, 3.7,	1, 3, 4, 5, 6
	Choice and Decision Making:	All standards	1, 3, 4, 5, 6.7	1, 2, 3, 5	1.1, 1.2, 1.4, 1.5, 1.6, 3.1, 3.2, 4,	1, 3, 4, 6, 7
	Culturally Appropriate Care and Support:	All standards	1, 2.6, 3, 4, 5	6, 10 11, 12	1.1, 1.2, 2.7, 3.1, 3.5, 3.6,	1, 3, 4, 5
	Individual Advocacy:	All standards	1, 2, 3, 4, 5	1, 2, 3, 6, 12	1.1, 1.3, 1.5, 1.6, 2.7, 3.1, 3.2, 4,	1, 3, 4, 6, 7, 9
	Recognising Significant Others in Their Life:	All standards	1, 2, 3, 4, 5, 6.7	1, 2, 3, 6, 12	1.1, 1.3, 1.5, 1.6, 2.5, 2.7, 3.2, 3.5, 3.6, 3.7, 4,	1, 3, 4, 6, 7
	Person Centred Planning	All standards				

PILLAR UTILISATION 2: WORKFORCE CULTURE & DEVELOPMENT

PEOPLE
- Human Resources Leadership & Management
- Our Employees & Workforce
- Service Delivery Philosophy
- Induction & Orientation
- Position Descriptions
- Mandatory Trainings
- Learning & Development/ Career Pathways

CULTURE
- Our VALUES:
  Accountability, Collaboration Excellence Trust, Positivity
-

HUMAN RESOURCES LEADERSHIP & MANAGEMENT

- The Human resources leadership and Management is integral to the daily operations and efficacy of practice. The policy of *Central Management* is utilised through the Document Management Framework that consists of the overarching policies and procedures needed to fulfil the needs of the organisation, its service employees and maintain the philosophy of Client focused care.

- The CGF operates from the philosophy that our consumers are the core focus of the services provided by the organisation and this is clearly stated throughout the vision, mission, and values of SydWest Multicultural Services. The philosophy of consumer experience underpins our goal to empower Clients, maintaining a sense of purpose, choice, and control. We achieve this by 'working with' the Client rather than 'working for' them. It is our partnership in care that we value most.

- All employees are taken through a rigorous recruitment, induction and probationary period that consists of review and feedback mechanisms to ensure we are employing and maintain a level of staff that best fits the organisation and Client needs.

- The Human Resources at SydWest Multicultural Services is managed by the Executive Manager Corporate Services with HR Team.

- The Human Resources Manager holds a position in the CGC for leadership and collaboration on issues that are affected by non-compliance, human resources, and administrative frameworks. Specific tools and resources such as Electronic HR systems and processes are integrated with the electronic document framework to reach the benchmarks set by industry and workforce. Together this constitutes our mission to build and maintain the choice of workplace for having a focus on "People & Culture".

OUR EMPLOYEES & WORKFORCE

- SydWest Multicultural Services employees are from various ethnic, socio economic and cultural backgrounds too. Many have chosen our industry as a career, others to support their family, some as a steppingstone for their personal journey. Either way, we are committed to all employees who share our values. The age of our workforce ranges from young adults to senior citizens, bringing unique and personal perspectives, contributing to the support of others. We embrace this diversity to create a positive team spirit.

- Our employees are supported by a volunteer workforce, who have committed to 'giving back' to the SydWest Multicultural Services community and as such are considered equally in respecting key stakeholders. The staff are broken down to full time, part time and casual staff.

- Through the support of HR leadership and Management we take the value that our people are our culture, and we share in the responsibility of providing an optimal service to our clients.

SERVICE DELIVERY PHILOSOPHY

- SydWest Multicultural Services has a strong service delivery philosophy that encompasses:

- Client directed and focused service and care

- Person centred approach to shared decision making

- No violence or aggression in interactions (NOVAG)

- Prevention & reporting of elder abuse

- Adherence to professional boundaries

- Respect for others

- Client Directed and focused service and care involves:

- Providing choice to decide on and have preferences for the service, support and care they wish to receive.

- Transparency of information.

- A refocus to a person's ability to perform a task rather than their inability to perform a task.

- Person Centred Approach to shared decision making involves:

- An appreciation that not all Client s are the same, nor will they all respond the same to our interactions with them.

- Consideration for a person's background, their history and their preferences when interacting.

- Being polite, courteous, and respectful in communication, manner and actions that show consideration to each individual circumstances.

- Encouragement toward informed choices and shared decision making.

- No violence or aggression in interactions (NOVAG) means:

- No employee will speak to or interact with a client or another employee against our mission and values and

- Employees and Client s and or their family should report and respond to any allegations of or witnessed situations that would be deemed violent or aggressive.

- Prevention & reporting of Elder Abuse involves:

- Identifying persons such as other Client s, family members and employees that may be preventing one of our client s from living a secure, safe, and dignified life, supporting their independence as much as possible.

- It could be classified as financial, verbal, sexual, emotional, and physical.

- Reporting is mandatory and should be actioned quickly and discreetly.

- Adherence to professional boundaries

- The day to day and ad hoc interactions employees have with our clients.

- A breach of professional boundaries may include entering a relationship with a client or their family; the sharing of private, personal and or confidential information; the

accepting of a gift from a client or their family; and involving oneself in personal matters not relating to a resident's service, support, or care.

- Employees and Client s and or their family should report quickly and discreetly on any allegations or witnessed breaches of professional boundaries; and

- Respecting the rights and professional boundaries of all the workforce.

LEARNING AND DEVELOPMENT

- SydWest Multicultural Services lays huge emphasise on the staff development right from onboarding of staff.

- Induction and Onboarding:

- At SydWest we have a robust system to ensure that all staff have right qualifications specific to the role. Various set of documents are collected and maintained by Human Resources Department to ensure that all the required qualifications are met and timely renewed as per the requirement of the role.

- The position descriptions of each staff have been created with immense brainstorming, process reviews and robust discussion within the teams and are finally reviewed by management for approval.

- Ongoing training:

- All SydWest staff have been provided equal opportunity and platform to undergo the trainings which are relevant to their job and in alignment with their career path.

- All staff have been guided and supported across their work tenure by the supervisors and management to undergo various Internal and External trainings. These trainings are offered to staff on a regular basis, and it is ensured that they are provided support in terms of rostering and financially supported where possible.

- All the training material is centrally pooled and shared with staff with which these trainings and knowledge resources is relevant.

INDUCTION, ORIENTATION AND PROBATION PERIODS:

- Within the first three months of commencing employment, every employee should have completed a formal process of Induction and Orientation within SydWest Multicultural Services, as outlined in the HR Manual policies and procedures. The probation period (6

months) is constructed to allow performance management review points that focus on the transition of the employee, and goal setting the pathway to successful completion and employment into the service delivery team.

- *Induction* is the process by which employees familiarise with their new immediate work unit and environment, including local work practices, standards, safe work procedures, administrative procedures, and training in relevant systems. It also includes mandatory training programs specific to the role of the direct care worker (both office and on ground staff). Some topics may be common to orientation and induction, requiring both local and broader application to all employees within the service.

- The induction process involves a range of resources, information, and local support to ensure that new employees feel welcome, motivated, and equipped to perform their work roles effectively. Care is to be taken to ensure the range of training needs has been identified for each category of employment, and the components of the programs are structured accordingly. The CGC will have specific input to the development of the induction process to ensure the integrated care governance framework has been fulfilled.

- *Orientation* is the process by which employees are welcomed to the organisation and obtain information about the organisation's mission, strategic objectives, corporate initiatives, and specific information including structure and scope of operations. Orientation contains both workplace and organisational elements of training and knowledge transfer. The best practice is that employees undergo Induction and Orientation as a combined process that will take approximately five working days to complete.

- When competencies or mandatory training is to be completed prior to taking up certain duties (e.g., feeding competency and medication administration), the employee is not to perform those duties until their training is completed and they are competent in that field. It is essential that every employee completes each mandatory training element, and it is recorded and signed off.

- Competencies and training attendance are to be recorded locally to allow for reporting and monitoring. Existing employees who are transferred, seconded, or promoted into another role within the SydWest Multicultural Services are to be included in the local orientation and/or refresher program where required and local induction will need to be carried out.

- Temporary and casual employees engaged for less than three months are to undertake mandatory training as per the timeframes stated in the SydWest Multicultural Services organisational HR Policies. The CGC will have specific input to the development of the orientation process to ensure the integrated care governance framework has been integrated.

POSITION DESCRIPTIONS:

- The SydWest Multicultural Services CGF will require descriptive position descriptions for employees that are involved in the provision of care and is a collaborative function of the corporate structure and management lead. The CGC will have specific input to the development of the position descriptions to ensure the efficacy of the integrated care governance framework. All position descriptions within SydWest Multicultural Services will be aligned to reflect the Core Principles and the roles and responsibilities outlined in the leadership model of SydWest Multicultural Services as an organisation. Performance management, counselling and discipline, annual reporting and feedback documents will align to reflect the principles and Key Performance Indicators for each role.

MANDATORY TRAINING:

- SydWest Multicultural Services remains vigilant in providing mandatory training to all employees, to ensure the best quality of services to Clients. This is achieved through a matrix of mandatory training for all employees (identified as 'core skills') and a cascaded set of mandatory training for various roles (identified as specialised skills). Mandatory training exists to ensure that all workers are qualified to the appropriate level, to protect and safeguard all people receiving care and support. The CGC will have specific input to the development of the Training Matrix to ensure the integrated care governance framework has been implemented appropriately.

Specialised Training Matrix:

• Specialized Skill	• Learning Outcomes
• Client Manual Handling	• MH Fundamentals • Using Mechanical Lifting Devices • Transfers and Locomotion
• Infection Control	• Hand Hygiene

	• IC Fundamentals • Standard Precautions • Waste Disposal
• Dementia Specifics	• Dementia Fundamentals • Managing Responsive Behaviors • End Stage Dementia & Palliation
• Safe food Handling	• Safe Food Handling
• Medication Handling	• Administrating Medicines • Prompting Medicines
• Equipment Handling	• Right method & steps
• Documentation	• Basics of Documentation
• Leadership	• Understanding Leadership • Applying Leadership at work • Transformational Leadership

OUR CULTURE

- SydWest Multicultural Services nurtures and aspires to have a culture that demonstrates:

  - A person-centred service focus in all interactions

  - Empathy toward its Client s and employees

  - Trust and respect of others property, views, backgrounds, and diversity

  - Taking responsibility for one's actions and core duties

  - Embracing innovation and change

  - Inclusion contributes to the betterment of the organisation and Client wellbeing

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OUR VALUES:

- SydWest Multicultural Services works on 5 core values:

- Accountability,
- Collaboration
- Excellence
- Trust
- Positivity

All these values are reflected in our work ethics and services towards our community.

- SydWest Multicultural Services is renowned for its diligence and solid commitment to improving performance. Operating in a significantly dynamic environment alongside other care organisations, we face both common and unique complex challenges. In response, SydWest Multicultural Services' strategy must remain aligned, agile, and fast-moving in our efforts to leverage opportunity and mitigate risk – with the objective of generating resilience and sustainable value.

- What this means in daily practice is that our operational paradigm and frontline practices will often be challenged and may also change from time to time. This requires a high degree of agility, cooperation, and ongoing flexibility in your area of expertise. Staff must also constantly revise and stay abreast of SydWest Multicultural Services' governance frameworks, communications, policies, and procedures.

EXTRAORDINARY CLIENT EXPERIENCE:

- Extraordinary, as the term states, means 'more than' ordinary. More importantly however, it implies exceeding expectation. What this essentially means in daily practice is to not simply 'do what needs to be done', just as a matter of satisfying bare minimum. Rather, doing what needs to be done as a matter of being extraordinary. This requires all staff to remain cognizant of your resident's responses to you and your team's service delivery. Utilise tools such as reflective practice to regularly shift your perspective to view the services you deliver 'through their eyes', essentially person-centred care. Combined with expertise and integrity, you will reduce the number of negative interruptions to your commitments, while creating and enhancing their extraordinary Client experience.

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MAPPING TO STANDARDS OF ACCREDITATION

SydWest Multicultural Services Clinical Governance Framework Standards Matrix (2023)						
PILLAR	Element	Single System Accreditation	NDIS Standard	DSS Standard	ACIS Standard	NMHSP Standard
People, Culture & Development	Human Resources leadership & Management	1, 2, 3, 4, 6, 7, 8	1.1, 2, 3, 4, 5, 6.1, 6.2	9, 10, 11, 12	1.1, 1.3, 1.4, 2.1, 2.4, 2.5, 2.6, 3.1, 3.2, 4,	1, 2, 3, 4, 5, 6, 7, 8, 9
	Our Consumers (Clients)	All Standards	1.1, 3, 6.1	10, 11, 12	1.1, 1.3, 2.4, 3.1, 3.2, 3.3, 3.4, 4,	1, 6, 8, 9
	Our Employees & workforce	All Standards	1.1, 2, 6.1, 6.2	10, 11, 12	1.1, 1.5, 2.2, 2.3, 2.4, 2.7, 3.1, 3.5, 3.6, 3.5, 3.6,	1, 4, 8, 9
	Service Delivery Philosophy	All standards	All standards	All standards	All standards	All standards
	Our Culture	All standards	All standards	All standards	All standards	All standards
	Diligence, agility, and resilience	1, 2, 3, 4, 6, 7, 8				
	Extraordinary Client experience	All Standards				

PILLAR UTILISATION 3 : INNOVATIVE LEADERSHIP

- Organisational structure
- The Strategic Plan
- Risk Management
- Quality Management Systems
- Accreditation and standards
- WHS Systems
- Reporting & Benchmarking:

- SydWest Multicultural Services seeks to adopt and implement innovative approaches to strategy, remaining aligned, agile, and fast-moving in our efforts to leverage industry opportunity and manage risk.

- Our strategic capability relies heavily upon network partnerships and industry positioning within the Western Suburbs and beyond. SydWest Multicultural Services therefore seeks to continually map its networks across all business, realise opportunity for the organisation.

ORGANISATIONAL STRUCTURE:

- ***Tier One: The Board of Directors*** (hereafter known as the Board). The primary role of the Board is to establish strategic goals, policies, and procedures in the organisational frameworks, allocate resources and be accountable for overall organisational performance. The Board will provide a safe and sustainable level of integrated governance to the SydWest Multicultural Services stakeholders, set direction, and mitigate risk. This will be communicated to CGF via FARC Committee (Finance Audit & Risk Committee) .

- ***Tier Two: Clinical Governance Committee*** (hereafter known as the CGC). The primary role of the CGC is to provide a safe and sustainable level of governance to support SydWest Multicultural Services on the frontline of its services and its ongoing

utilisation to optimise the Client care experience, manage continuous improvement and mitigate risk.

- The CGC meets every regularly on a defined schedule and will follow a Term of Reference (TOR) and contain a formal set of minutes and reporting.

- The Committee will comprise of the following senior key stakeholders as required to address operational and compliance gaps that cannot be closed out by the frontline workforce (Tier Three).

Chief Executive Officer
Executive Manager Corporate Services
Executive Manager Service Delivery
Community Engagement & Disability Services Manager
Aged Care Manager
Quality, Risk and Compliance Manager
Marketing & Communications Manager
Executive Assistant to the Office of the CEO

- The successful utilisation of the CGF requires the development of strong and effective internal partnerships, between service experts, clinicians, and managers. All managers and registered clinicians within SydWest Multicultural Services are considered expert professional advisors to the service or clinical consultants regarding the provision of care, respectively. At Times the CGC will require the attendance of other stakeholder representative members to address the essential core of the service when the agenda is itemised.

- Clinical Care Managers (as appropriate for agenda)

- The Client Representative (as appropriate for agenda)

- The Specific Project Team Leader (as appropriate for agenda)

- An External Clinical Expert (Clinical Leadership & EBHC as appropriate)This Committee meets Bi-monthly, and the ECSM, & QRCN reports the c proceeding to FARC Committee.

- **Tier Three:** The third tiered approach is the SydWest Multicultural Services workforce that is operating on the frontline in care and services. Clinical Leadership is considered, and organisation wide value and core principle taken for managing the implementation of the *Quality Management Systems* and processes daily.

- Training all employees in continuous improvement will ensure the workforce **(Tier 3)** are competent in managing the frontline issues through the execution of our standard practice guidelines through the policies and procedures to meet accreditation processes and then supported by the CGC **(Tier 2)** when issues are unable to be closed out or have an impact to the risk rating matrix.

- Strategy inevitably creates change, and often requires the reshaping of teams and resources including financial, human skill, production resources or information technology.

- What this means in daily practice is that service delivery requirements will change or evolve, from time to time. Flexibility and adaptability are key for these shifts to occur seamlessly. Staff are also strongly encouraged to personally maintain or develop their skills and expertise, or where possible, contribute to extracurricular activities that broaden their capability. We all do this by engaging with all systems and processes as a value and principle to good leadership in care.

STRATEGIC PLAN

SydWest Multicultural Services seeks to works on a defined strategy for a respective timeframe , for the year tenure 2021 until 2024, the strategy is as follows:

Future Aims & Objectives
2021 - 2024

SydWest
Multicultural Services
Connecting cultures. Building community.

Strategic Aim 1
Strengthen Our Current Capabilities

- Complete ISO accreditation
- Review Executive Staffing & Structure
- Increase aged care clinical capability
- Develop aged care packages capacity
- Develop capacity to match client/care worker linguistic and cultural needs
- Build qualified internal aged car training
- Increase service capability in community services and social services
- Develop an IT Strategy
- Increase internal capacity to identify and pursue funding opportunities
- Build employment services capacity with funders
- Build offer in mental health as cultural brokerage/peer cultural support to generalist providers

Strategic Aim 2
Strengthen Our Partnerships

- Engage with disconnected multicultural communities and cohorts within client communities
- Consider bilingual dementia, end of life and leisure/lifestyle brokerage

Strategic Aim 3
Strengthen Our Advocacy

- Campaign for culturally safe and appropriate domestic and family violence
- Form a coalition to develop and implement campaign for multicultural services beyond settlement

### Strategic Aim 4
Strengthen Our Future

- Explore regional settlement opportunities
- Identify and explore opportunities through mergers and amalgamations
- Identify and explore new business opportunities

Our mission as a leading community organisation is to contribute to building the social capacity of our diverse communities. We strive to empower individuals of all cultures by offering person centred direct services, skills sharing and evidence based representation. We focus on the vulnerable and the most in need across their life course.

Integrated: Risk management is an integral part of all organisational activities.

- Structured and comprehensive: A structured and comprehensive approach to risk management contributes to consistent and comparable results.

- Customised: The risk management framework and process are customised and proportionate to the organisation's external and internal context related to its objectives.

- Inclusive: Appropriate and timely involvement of stakeholders enables their knowledge, views, and perceptions to be considered. This results in improved awareness and informed risk management.

- Dynamic: Risks can emerge, change, or disappear as an organisation's external and internal context changes. Risk management anticipates, detects, acknowledges, and responds to those changes and events in an appropriate and timely manner.

- Best available information: The inputs to risk management are based on historical and current information, as well as on future expectations. Risk management explicitly considers any limitations and uncertainties associated with such information and expectations. Information should be timely, clear, and available to relevant stakeholders.

- Human and cultural factors: Human behaviour and culture significantly influence all aspects of risk management at each level and stage.

- Continual improvement: Risk management is continually improved through learning and experience.
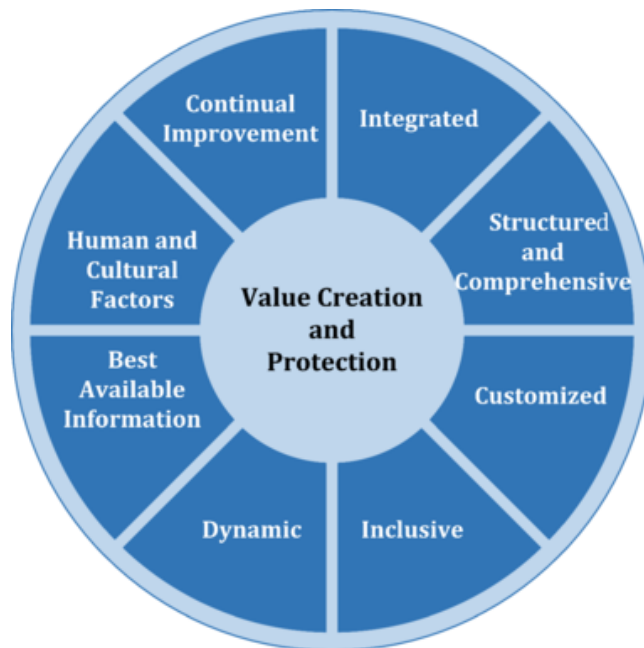
- Figure 1 - Elements of Effective Risk Management

COMPLIANCE & CONTINUOUS QUALITY IMPROVEMENT:

- Compliance refers to the conforming of rules, policies, standards, or legislation. Our services have a significant impact on the health and well-being of our client s and workforce. Consequently, our industry and sector are highly regulated by government legislation, ensuring we abide by certain rules, policies and standards that protect the Client s and employees from sub-standard practice.

- On top of this, SydWest Multicultural Services have created our own set of internal rules, policies, and standards. Many of these were originally developed for the purposes of

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meeting SydWest Multicultural Services' own mission, vision, and strategic plan, while incorporating moral, ethical, and social responsibilities.

- Combined, these internal and external rules, policies, standards, and legislations play important roles across the whole organisation, assisting us to become a 'centre of excellence' across all services. To maintain our standards of care, we must conduct regular audits across all business elements, applying solutions to identified gaps, and demonstrating these solutions in the continuous improvement plan.

- These rules, policies, standards, and legislations are forever evolving, so we must constantly respond to these changes by implementing new ways of doing business. What this means in your daily practice is you must remain adaptable and responsive to ongoing changes to rules, policies, standards, and legislations, as set forth by your managers and leaders. These changes sometimes require education and training. Your attendance is imperative for us to remain compliant.

- SydWest Multicultural Services is a leading organisation for all cultural diversity issues responding to community needs and opportunities. We offer flexible and integrated service models across the life course of refugees and migrants, supporting the self-determination and empowerment of our diverse communities.

- SydWest is an innovative employer of choice, with passionate, qualified, and experienced bilingual and bicultural staff who are sensitive to the languages and cultures of the communities we represent

- Our mission as a leading community organisation is to contribute to building the social capacity of our diverse communities. We strive to empower individuals of all cultures by offering person centred direct services, skills sharing and evidence-based representation.

- We focus on the vulnerable and the most in need across their life course.

- As a leading cultural diversity issue handling organisation, SydWest is committed to providing services that satisfy or exceeds our customer's needs and expectations and continuous improvement.

- To demonstrate our commitments SydWest shall:

- Establish objectives and targets to ensure continual performance improvement.

- Enhance customer satisfaction through the effective application of our Quality Management System by aligning the requirements of all interested parties

- Meet or exceed the agreed requirements of our customers, vendors, staff, legal, statutory, and other interested parties throughout the business operation

- Maintain all SydWest Management System frameworks, objectives and targets which are applicable.

- Ensure all personnel and interested parties are aware of SydWest Quality Framework and its objectives.

- At SydWest, teamwork, engagement, ownership, and support by everyone are vital for achieving our quality objectives. In this context, we are committed to providing the required leadership, management and resources and we will ensure that the Quality Framework is reviewed annually and communicated to employees and third parties.

- The Quality Framework is be based on the eight principles of Quality Management – Customer focus, Leadership, Involvement of people, Process approach, System approach to management, Continual improvement, Factual approach to decision making and mutually beneficial supplier relationships.

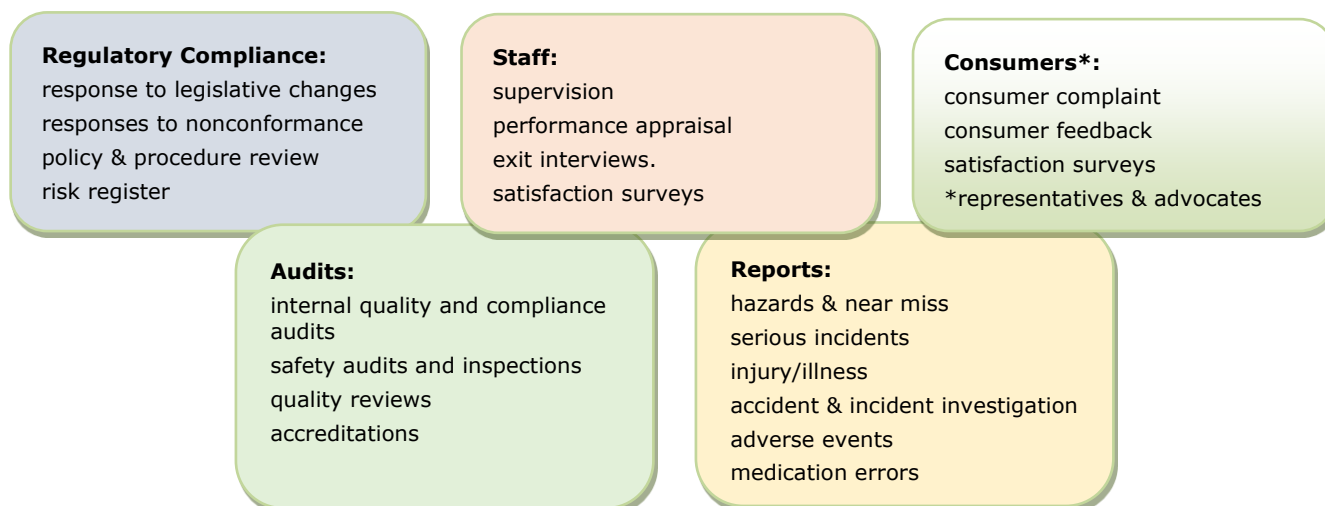**CONTINUOUS IMPROVEMENT PLANNING : Key Performance Indicators**

- Governance relies on the capacity of all employees to report on the performance of systems and processes. It requires adequate resources to ensure professional and technical requirements are met and maintained through the model of continuous improvement. Collection, review, and analysis of data is essential to the provision of feedback for monitoring the performance and quality of services. Additionally, information about safety, risk management and Client health status needs to be accessible, accurate and in a meaningful format that contributes to positive change and development. This is supported by the Quality Auditing systems & processes.

- Our Improvement process is based on partnerships with, and ongoing feedback from:

- Consumers (and representatives)

- Staff

- Management and

- Other stakeholders including funders, other service providers and community SydWest's.

- Key Steps

- A Continuous Quality Improvement process would incorporate the following steps:

- Establishment of accountability/authority

- Identification of improvement opportunities

- Registering improvements

- Evaluation of improvements

- Adoption of improvements

ACCREDITATION AND STANDARDS:

- It is the responsibility of SydWest Multicultural Services to demonstrate care and services are provided in a way that meets all legislation and standards that apply to delivering care services. The *Clinical Accountability* and its associated policies & procedures are mapped to legislation and follow the guidelines and standards directed by the Australian government at the time of publication.

- The Clinical Governance Framework (CGF) is also supported by a matrix of mapping the key elements of the framework against the standards of the industry expectations and guidelines of the following:

- The New Single system of aged care quality standards (2019)

- The Consumer Directed Care Programs

- The National Disability Insurance Scheme

- The National Mental Health Support Program

- Attendant Care Industry Standards

- This is governed and maintained through the Tier Two CGF

- Our SOURCES OF INFORMATION

- Organisation policy including Legal & Regulatory Compliance; Evaluation, Strategic Planning and Continuous Quality Improvement; Quality Management and Work Health & Safety and operational policy applicable to client services detail several sources of information about continuous quality improvements.

-

Regulatory Compliance:
response to legislative changes
responses to nonconformance
policy & procedure review
risk register

Staff:
supervision
performance appraisal
exit interviews.
satisfaction surveys

Consumers*:
consumer complaint
consumer feedback
satisfaction surveys
*representatives & advocates

Audits:
internal quality and compliance audits
safety audits and inspections
quality reviews
accreditations

Reports:
hazards & near miss
serious incidents
injury/illness
accident & incident investigation
adverse events
medication errors

WHS SYSTEMS & RISK MANAGEMENT:

- Workplace health and safety are important aspects to providing quality care and services to Clients in our community.

- SydWest Multicultural Services has significant risk management processes that are implemented as a part "***Organisational Governance"*** and need to be considered in all clinical governance framework issues. The Environmental and safety aspects can have a critical impact on Client security and safety and that of the staff in the workplace.

- Risk refers to the 'effect of uncertainty on objectives' (Governance Institute Australia, 2016). Risk can be considered as both positive and negative possibilities. A risk aware culture incorporates the way people think, communicate, and behave about all aspects of risk. Our method for managing risks is embedded within our enterprise-wide approach, encompassing activities, and captured data from the whole of SydWest Multicultural Services as they affect people at every level. This influences our strategies from the front-line of care through to the boardroom. At the core of this methodology is value enhancement.

- SydWest Multicultural Services fosters a just culture, with less focus on errors and blame and more emphasis on risk system design, and the early and pre-emptive management of behavioural choices. We seek balance between incident reporting, near misses and recognising organisational shortcomings, with correcting unacceptable behaviour by individuals and poor practice.

- What this means in your daily practice is to remain open and 'have the conversation' when a risk is identified. Whether relating to behaviour, practice, procedure, policy or even infrastructure, if you observe a particular 'way of doing things' that may

compromise or add value for the organisation, approach the appropriate work colleague and open the conversation, complete an improvement request and commence the process to mitigate the risk and simultaneously improve service delivery.

Continuous Improvement and Risk Management

- SydWest has integrated risk management into the Continuous Improvement process by:

- Delegating responsibility for risk management oversight to the QRCM.

- Including the identification and discussion of risks (including clinical risks) on the agenda for the Continuous Improvement Committee

- Delegating responsibility to the Improvement Committee for developing, maintaining, and reviewing the Risk Management Plans

- Including improvements to reduce or control risks in the improvement process and in the Improvement Plan.

REPORTING & BENCHMARKING:

- The quality of our service is highly dependent on our auditing and reporting. Auditing provides us with real-time feedback which can be utilised for continuous improvement, and overall quality. Once the audit is complete, we then report the findings and benchmark – this assists us to identify and track our own progress within the sector or industry. We do this across all scales of the business, from the individual to organisation. This ensures a level of transparency for Client s and other stakeholders, including employees and government departments, so they may observe and compare our own performance against others. If we don't report accurately, we are not providing ourselves with an authentic standpoint for auditing and continuous quality improvement. All documentation must therefore be true and accurate.

- Reporting is conducted both internally by employees and managers, and by external agencies. It is paramount that our own internal reporting matches that of external reports. Discrepancies between these reports may imply poor practice on our behalf.

- What this means in your daily practice is that all activities are to be substantiated by accurate, open, and transparent documentation and reporting. This is central to every role, and essential for the overall success and sustainability of the organisation. Our acronym is as follows:

- **R**eport **E**arly, **P**recisely, **O**penly, **R**egularly and **T**ransparently.

MEETING STANDARDS OF ACCREDITATION

SydWest Multicultural Services Clinical Governance Framework Standards Matrix (2023)						
PILLAR	Element	Single System Accreditation	NDIS Standard	DSS Standard	ACIS Standard	NMHSP Standard
Organisation Systems & Process	The Strategic Objectives	All Standards	1.6, 2, 3, 4, 5, 6.1, 6.3, 6.4, 6.7	All standards	1.1, 1.5, 1.6, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.5, 3.6, 3.7, 4,	1, 2, 3, 4, 5, 6, 7, 8, 9
	Organisational structure, resource, and change management:	All Standards	1, 2, 3, 4, 5, 6	1, 2, 3, 7	1.1, 1.3, 1.5, 1.6, 2.1, 2.2, 2.5, 2.7, 3.2,	1, 2, 3, 4, 5, 8
	Document Management Framework (FM01):	All Standards	1.9, 2, 3, 4, 5, 6.7	8	1.1, 1.4, 1.5, 1.6, 2.1, 2.2, 2.5, 3.3, 3.4, 3.7,	1, 2, 3, 6, 8, 9
	Quality Management Systems	All Standards	1, 2, 3, 4, 5, 6	1, 2, 3, 5, 6	1.1, 1.4, 1.6, 2.5, 2.6, 2.7, 3.1, 3.2, 3.3, 3.4	1, 2, 3, 4, 6, 7
	Accreditation and standards:	All Standards				
	Compliance & Quality Improvement	All Standards				
	WHS Systems (Risk Management)	All Standards				
	Reporting & benchmarking:	All Standards				

PILLAR UTILISATION 4: CLINICAL ACCOUNTABILITY

- Care & Clinical governance
- Clinical risk management
- Collaborations for care & Inter-professional health practice
- Best practice modelling & evidence-informed practice
- Service Level Committee Meetings (Aged Care & NDIS)
- Clinical end to end care
- Dignity of Risk
- Vulnerable Clients

CARE & CLINICAL GOVERNANCE:

Care & Clinical Governance refers to the "systems, processes and behaviours by which health care organisations lead, direct and control their functions in order to achieve organisational objectives, safety and quality of services and in which they relate to patients and carers, the wider community and partner organisations." (Department of Health, 2006). This reflects a 'whole-systems' approach to decision-making, accountability, and transparency, in a health care service context.

Governance refers to authority, how decisions are made, how accountability is rendered, and how others have their voices heard. Governance is practiced at every level of an organisation, from high strategic decision-making through to the interface between Clients and our front-line carers.

Clinical Governance is routinely referenced as the set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients, consumers, and other stakeholders to ensure good quality clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality care, while continuously improving services. Clinical Governance includes:

- Evidence-based models of care.

- Clinical/social care case management.

- Ensuring that the organisation meets its duty of care to consumers.

- Valuing and building a strong culture to improve safety and quality.

- Maintaining safety and quality improvement systems.

- Using appropriate clinical policies and procedures, especially in relation to antimicrobial stewardship.

- Monitoring clinical performance and effectiveness.

- Having appropriate qualifications, skills, and supervision to provide safe, high-quality care.

- A safe environment for the delivery of care.

- Partnering with consumers in their own care including health literacy.

- A multi-disciplinary approach to care teamwork; and

- Quality reporting, auditing, and accountability.

What this means in your daily practice is to understand that every decision, regardless of the level of the business, is equally important. The way you interact with stakeholders, or the decisions you make within your field of expertise for example, all have an element of ownership, transparency, and accountability. Collectively, these decisions, and the accountability accepted by each one of us, shapes the outcomes of our entire organisation.

CLINICAL RISK MANAGEMENT

Clinical risk management is governed through the evidence-based processes known in the frameworks of applying the following:

- Evidence Based Medicine.

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- Evidence Based Nursing.

- Evidence Based Healthcare; and

- Chronic Disease Management.

A framework has been developed to provide transactional leadership for all clinical service employees and contractors to maintain seamless integration of the sequence of clinical assessment of SydWest Multicultural Services' Client s from admission to the service and into an ongoing clinical review process as follows:

All Client s follow a sequence of clinical assessment that will culminate into a formal case conference attended by the key stakeholders in care to validate the findings, directives, and care plan.

On completion of the formal conference the Client is placed into a 3-monthly clinical review cycle which is informal yet takes a holistic and team-based focus on clinical review of all care domains in the care plan.

Clinical risk management is addressed throughout the focus tools on assessment and collaboration from the multidisciplinary healthcare team. A number of focused clinical assessment areas are monitored by the registered employees under their individual scopes of practice.

The specific clinical risk management for SydWest Multicultural Services CGF is broken down into the following categories:

- Falls risks and management.

- Wounds Management

- Medications Management (Risk Management).

- Responsive Behaviours Management

- Continence Care

- Chronic Disease Management (CDM).

- Complex Care.

- Dementia specific care.

- Palliative Approaches; and

- End of Life Care.

The CGC is responsible for implementing and reviewing the CGF and the issues raised through quality systems and processes in all areas of SydWest Multicultural Services. Tier 2 and Tier 3 workforce on site in the office and must be able to conduct standard CQI to close out incidents and issues where applicable.

The risk management process is designed so that all levels of the workforce are competent in the fundamentals of WHS and are able to identify risks and hazards and carry out their duty of care in order to manage the risk at the site and in time or report the risks to the incident reporting system in order for it to be categorised and actioned by a supervisor. Failure to close out the loop on improvement or identified high-risk rating incidents will be elevated to the CGC (Tier1).

SydWest Multicultural Services has the responsibility to maintain the information systems and processes that allow the organisation to manage information and communication of the quality documentation frameworks that include, but are not limited to:

- Policies

- Procedures

- Flowcharts

- Forms

- Procura

Clinical indicator performance

Clinical indictors are measured to demonstrate the safety and quality of care. Success is measured by SydWest's ability to prevent and minimise harm. The indicators are constructed to allow us to monitor performance and set targets for improvement and to support a comparison with other providers with varying numbers of consumers and levels of care provided.

The Following Clinical Indicators are maintained:

Staff accident incident report/ Non-Clinical Incident

- Client Locked at home
- Client found dead on arrival
- Client wandering on Arrival
- Medical Emergency e.g: Heart Attack,

Adverse event report/ Clinical Incident

- Needle Stick Injury
- Burns
- Cut/ Bruise
- PPE Accident
- Physical Aggression
- Verbal Aggression
- Falls & Trips

Medication error report

- Adverse Reaction
- Expired Drug
- Missed Medication
- Medication Error: Overdose
- Medication Error: Underdose
- Incorrect Medication
- Wrong Route
- Client Refusal to Medication
- Tampered Webster Pack

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COLLABORATIONS FOR CARE & INTER-PROFESSIONAL HEALTH PRACTICE

Collaborations for care refers to individuals working together with other people, their families, care providers and communities to deliver the highest quality of care and services. They are an attractive platform for service because they combine the efforts and expertise from all necessary fields for leveraging the right skills, knowledge, and resources to provide optimal care. Optimal collaboration usually takes the form of 'inter-professional collaboration'.

Inter-professional collaboration refers to the process for communication and decision-making that enables the separate and shared knowledge and skills of care providers to synergistically influence the resident/patient care provided (Victoria University, 2013). This approach embraces the integrated philosophies for care that move beyond traditional silos. The CGC will maintain an effective and positive platform of collaborating with inter-professional healthcare contacts and recourses.

BEST PRACTICE MODELLING & EVIDENCE-INFORMED PRACTICE

'Best practice' refers to the methodologies and techniques that, through research and experience, have proven to deliver reliable and optimal results. Best practice is not a static concept, rather, an organic process that evolves over time, informing practice and processes as new evidence arises. Similarly, our commitment to best practice is ongoing, utilising and leveraging available resources, including knowledge and technology, across all business elements, to continually deliver an extraordinary Client experience. What this means in your daily practice is to understand that SydWest Multicultural Services systems, operations, practices, and processes are constantly being reviewed, refined, and reinvigorated. This guides our strategy, leading to operational change from time to time.

Best practice, as an evolving tool, is a two-way street - we seek out best-practice to inform our operations, yet that same body of knowledge relies on us to operate with best-practice, offering feedback and evaluation. What this means daily is that staff must operate according to agreed, evidenced informed guidelines and procedures, and take positive value from the clinical leadership teams and individuals. This also assists for our own internal continuous improvement processes, which are regularly benchmarked against best practice.

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Planned Internal Audits:

Scheduled audits are utilised to identify any areas of our operations that may not be operating effectively and efficiently or in accordance with our documented practices and the respective Service Quality Standards. The Audit Tools cover the requirements of the standards as well as additional operational areas.

The full range of audits are conducted each year. Where the audit identifies issues, a responsive audit may be undertaken to confirm the issues, their extent and appropriate corrective action.

The Improvement Committee manages the audits. These audits will be planned annually at the first CQI Meeting of each year beginning 2022.

The frequency is predefined after consultation with Managers and TLs of respective services. The following steps will be followed in planning an Internal Audit:

- Identifying the Need / Purpose of Audit
- Discussing the content and design of the Audit with TL's and Managers
- Designing the Audit Tool
- Defining the frequency
- Assigning the resource to perform Audit
- Updating of Audit-on-Audit Calendar
- On ground implementation of Audit.

PERSON-CENTRED END-TO-END CARE:

Person centred care mandates that employees strive to understand what it is like to 'live a certain kind of life', and that this requires they have knowledge of our client s as individuals. Closely related are care models including concepts of interdependence, respect for personhood, and relationship-centred care. Having this depth of understanding, gained through observational, clinical, and interactive relationships, allows for the delivery of services suited to our resident's needs, rather than as a 'type' of resident. What this means in your daily practice is to be constantly mindful of every aspect of every resident's personal needs. Ensure that all communications and documentation are comprehensive, complete,

and up to date, allowing other employees the opportunity to equally understand our clients needs, goals, and preferences, ensuring consistency of high-quality Client service.

MAPPING TO STANDARDS OF ACCREDITATION

SydWest Multicultural Services Clinical Governance Framework Standards Matrix (2019)						
PILLAR	Element	Single System Accreditation	NDIS Standard	DSS Standard	ACIS Standard	NMHSP Standard
Clinical Accountability	Care & Clinical governance	All Standards	1.6, 3, 4, 5, 6.2, 6.3, 6.4	All standards	1.1, 2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 3.2, 3.5, 3.6,	1, 2, 3, 4, 5, 6, 7, 8, 9
	Compliance to standards	All Standards	1, 2, 3, 4, 5, 6.3, 6.4	1, 2, 3, 5, 6	1.1, 1.4, 1.5, 1.6, 2.2, 2.3, 2.6, 2.7, 3.1, 3.2, 3.5, 3.6, 4,	1, 2, 3, 4, 6, 7, 8, 9
	Clinical risk management	All Standards	1, 2, 3, 4, 5, 6.3, 6.4	1, 2, 3, 5, 6	1.1, 1.5, 1.6, 2.1, 2.5, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 4,	1, 2, 3, 4, 6
	Collaborations for care & Inter-professional health practice	1, 2, 3, 4, 8	1, 2, 3, 4, 5, 6.3, 6.4	1, 2, 3, 5, 6, 12	1.1, 1.5, 1.6, 2.2, 2.7, 3.1, 3.2, 3.3, 3.4, 4,	1, 2, 3, 4, 5, 6, 7, 9
	Best practice modelling & evidence-informed practice	2, 3, 8	1, 2, 3, 4, 5, 6.2, 6.3, 6.4	1, 2, 3, 5, 6, 11, 12	1.1, 2.5, 2.7, 3.1, 3.5, 3.6,	1, 2, 3, 4
	Clinical Governance Committee	All Standards	1, 2, 3, 4, 5, 6.2, 6.3, 6.4	1, 2, 3, 5, 6, 11, 12	1.1, 1.6, 2.1, 2.2, 2.3, , 2.4, 2.6, 2.7, 3.1, 3.2, 3.5, 3.6, 3.7, 4,	1, 2, 3, 4, 5, 8, 9
	Person centred end to end care	1, 2, 3, 8				
	Document Management System	All Standards				

PILLAR UTILISATION 5: ORGANISATION & MANAGEMENT SYSTEMS

INFORMATION MANAGEMENT

- Assets and networking
- Document Management System
- Electronic Care Management System
- Management of Client Database (Details)

COMMUNICATION

- Reporting of Environmental Satisfaction & Safety
- Compliance to standards

ASSETS & NETWORK PARTNERSHIPS:

- Assets are defined as resources or things that are owned by SydWest Multicultural Services. SydWest Multicultural Services will keep all assets up to date and ensure they operate within their intended lifespan. All assets will be maintained as per their manufacturing guidelines by qualified staff/contractors. A comprehensive list of assets is maintained on the company Asset Register.

- As an organisation, we are connected by, and belong to, a system of networks that should be viewed as 'networks of capability', including knowledge, clinical, research, financial, communication, social and technological networks to name a few. Nurturing these

partnerships is equally important as they provide a gateway to identifying conditions impacting the organisation and industry as a whole. As outlined previously, they also link us to 'best practice'

- What this means in your daily practice is to understand that all aspects of the organisation are interconnected - this forms our internal network. Acting as a silo or separate entity, by not sharing resources, knowledge, or responsibility with the organisation, no longer conforms to contemporary practice, as our decisions and actions influence all other aspects of the business. What this also means in your daily practice is to acknowledge that the way you 'transact' with people, both internally and externally, influences the organisation. We all have a responsibility to engage your network in a manner that helps the organisation grow, fulfilling its mission to be a centre of excellence in care.

PROMOTE AND MAINTAIN EFFECTIVE COMMUNICATIONS

- The strength and effectiveness of relationships are highly dependent on the methods used to engage our stakeholders. Our stakeholder identity is as follows:

  - Client

  - Management

  - Office Staff

  - Support Workers and Care Workers

  - External support - Contracted External Service Providers, Clinical & Non Clinical

  - Software / Electronic Applications providers

- SydWest Multicultural Services will continue to utilise a multi-channel approach to achieve effective communications, fulfilling marketing and public relations opportunities both internally and externally.

- Communications are enhanced via delegations of authority, allowing for appropriate communication pathways and subsequent accountability

INFORMATION MANAGEMENT:

- A Quality Information management system refers to the collection of business policies and processes utilised by an organisation in order to meet Client requirements and enhance their satisfaction consistently, efficiently, and effectively. A quality management system generally aligns with the organisation's strategy, often expressed through vision, mission and value propositions. It is realised through the implementation of policies and procedures, and the utilisation of any other resources required to fulfil the overall business objectives.

- What this means in your daily practice, is that this framework is a road map for 'how we do things' and considered an extension of our organisation's culture. Please familiarise yourself with it, uphold the practices and processes contained within so we can all stay on purpose, delivering an extraordinary Client experience.

- Our Clinical Information is maintained in our Electronic Care Management System (ECMS) Procura for ease of access to clinical accountability.

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ELECTRONIC CARE MANAGEMENT SYSTEM:

- SydWest Multicultural Services operates its contemporary practice of documentation & accountability by utilising an Electronic Care Management System (*Procura)* in conjunction with the integration of electronic and paper based clinical assessment and care planning tools found in the document management framework. The ECMS is security controlled, digitally signature and accessible to all employees in the delivery of care and clinical services. Contractors are trained and supported in utilising the functions of the ECMS in order to maintain congruency and integrity of the clinical data needed in Client care and accreditation standards.

MANAGEMENT OF THE CLIENT DATABASE

- During the procedure of admission, the SydWest Multicultural Services Care Coordinators team will undertake a sequence of assessment above, in parallel timelines to the sequence of clinical assessment undertaken by the clinical care manager. The data collected will be stored in Procura so that the information can be drawn upon by the qualified care plan designers and care management to collaborate and integrate the information and create a holistic care support plan. The data collected by the team is valuable information as it allows a focus on the clinical and social model of the care and provides a person focused set of tools when making shared decisions in care.

DOCUMENT MANAGEMENT FRAMEWORK:

- SydWest Multicultural Services has a responsibility to maintain information systems and processes. This allows the organisation to manage information and communication efficiently and accurately. Quality documentation includes, but not limited to:

- Vision, Mission & Values Statements

- Policy Documents

- Procedures Documents

- Flowcharts

- Forms

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- The focus should be to maintain a set of policies and procedures that guide and support SydWest Multicultural Services' Quality & Clinical Governance Framework. SydWest Multicultural Services already has a number of quality management systems and processes that are strategically designed to provide holistic quality management of all aspects of the services the organisation provides.

- Creation of Documents:

- SydWest ensures the control over creation, approval, distribution, usage and updates of all documents and records.

- SydWest has created procedures as per ISO guidelines to implement robust Document Management. This procedure encompasses all documents and records, stored in any forms – paper, audio, video, etc.

- The responsibility for document preparation is assigned to individuals based on their knowledge and skills. The review of all documentation is conducted by the Head of the relevant Service then sent out to all users for the option of additional feedback.

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- Policies and procedures reviews

- Each section of the Policies and Procedures is audited over a required timeframe as per the Regulatory bodies to:

- Check what is written is what occurs in practice.

- Identify improvements to practice.

- Improve the documented procedures.

- Improve any forms or other documents that support the procedures and practices.

- Reviews are coordinated by the QRCM and are conducted by a range of staff including the QRCM, Executives, Leadership Team , Team Leaders, administration staff and support workers. The QRCM identifies relevant staff for each review ensuring that staff do not review their own procedures.

- The following process applies:

- Staff print (or copy) the relevant section of the Policies and Procedures, read the contents, and familiarize themselves with relevant forms and documents.

- The staff who work in the area that the policies and procedures relate to are advised that the staff person is going to be conducting a review and will review documents and talk to relevant staff.

- The policies and procedures are used to guide the review; the staff person conducting the review:

  o Talks to relevant staff to discuss how the process/procedure works.

  o Observes the processes in action (if relevant)

  o Reviews and samples1 a selection of completed forms and records referred to in the policies and procedures for completeness and adherence to procedures.

  o Notes on the copy of the policies and procedures the documents sampled and staff who participated in the review (this is the 'evidence' that the process/procedure has been reviewed)

  o Notes on the copy of the policies and procedures where and how practices are different from the policies and procedures or where improvements to practices are identified.

  o Provides feedback to the staff participating in the review to clarify any information gained and highlight any identified improvements.

  o Completes a Survey Audit Report and attaches the copy of the policies and procedures (with notes from the review)

  o Provides feedback to the relevant Team Leader regarding the review who allocates responsibility for the actions identified.

- Staff review of policies and procedures.

- As an adjunct to the Policies and Procedures reviews, a sub-section of the Policies and Procedures relevant to staff are discussed with staff at each staff meeting to:

- Inform staff.

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1 Samples are selected depending on the number of records, consumers, and documents available. A small sample is usually chosen to test the process. For example, a review of 5 (or 10%) consumer records for completion of care plans would be randomly chosen initially. If issues are identified, a further sample of 5 records may be chosen to review. If multiple programmes are delivered, the staff person may choose to select 5 records from each programme. It is important to note your sample records (consumer initials or number or staff initials of who you spoke with) on the copy of the policies and procedures to validate the review of records.

- Obtain their feedback on whether the sub-section describes their practice and if not to identify if changes are required to practice, the policies and procedures or both.

- Identify any other improvements.

REPORTING TO ENVIRONMENTAL SATISFACTION & SAFETY

- Within the SydWest Multicultural Services, services, and client's accommodation, it is important for all to have a shared focus on environmental safety. It is also an expectation that the home and its environs will be of a suitable quality and present well as a home and safe as a workplace. The balance is considered to be a shared responsibility and one that takes teamwork and collaboration to meet our duty of care.

- It is important that our organisation maintains a clean, healthy, and safe environment for all Client s to live and our staff to engage in their safe work practices.

- It is the responsibility of our workforce to be vigilant with the safe use of equipment and the protection from harm to each other, by following the outlined WHS silo of documents and procedures, outlined in the *"Organisational Governance".*

- It is a given in the service that risk taking is always a choice made by the client, however it is an expectation that our workforce will always observe the potential for risk, engage with consumers and staff when it is present and take responsibility to manage or control the hierarchy of safety measures.

- Our home is one that is a complex shared living environment and requires the constant supervision of people to enable independence, while also considering the safety of the environment for all.

LEISURE & LIFETSTYLE PROGRAMS

- The SydWest Multicultural Services will maintain a series of weekly and monthly and yearly activities program calendars. The calendars are displayed in the shared areas of the service for all Clients and their families to see and to be informed of. Our activities programs will reflect the shared aspects of elder focused group activities that have meaning and that are collaborated with the Client groups.

- SydWest Multicultural Services will also maintain a more focused and person-centred activities program for individuals who are requiring or requesting isolated activities or culturally safe, specific activities and connections that match their diversity action plans. The organisation values and respects the ability for all Client s to remain connected through community and lifestyle and as such will also maintain a regular series of off-site excursions and a regular bus transport system for Client to utilise when requested.

COMPLIANCE TO STANDARDS:

- It is the responsibility of SydWest Multicultural Services to demonstrate care and services are provided in a way that meets all legislation and standards that apply to delivering care services. The *Clinical Accountability* and its associated policies & procedures are mapped to legislation and follow the guidelines and standards directed by the Australian government at the time of publication.

- The Clinical Governance Framework (CGF) is also supported by a matrix of mapping the key elements of the framework against the standards of the industry expectations and guidelines of the following:

- The New Single system of aged care quality standards (2019)

- The Consumer Directed Care Programs

- The National Disability Insurance Scheme

- The National Mental Health Support Program

- Attendant Care Industry Standards

- This is governed and maintained through the Tier Two CGF

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Document History

Version	Approved by	Date	Authors(s)	Reasons for Amendment
1	LT	15.11.2021	T Gupta	New
2	LT	21.09.2022	T Gupta	Updated the feedback from CCM's
3	LT & CG Committee	28.3.2023	T Gupta	Updated the pillars with new naming, new logos and position titles of committee members