

Clinical Governance Framework

August 2020



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From our Chair



Marathon Health is committed to assisting people to thrive through improved health and wellbeing. We are committed to developing and delivering high-quality health and wellbeing services, in partnership with the communities in which we live and work.

At Marathon Health, we deliver needs based, high-quality services which are supported by our organisational values. Our values are embedded into our culture, and are integral to the way we deliver our services:

- Integrity and trust
- Collaboration and innovation
- Achievement and excellence
- Respect and empowerment
- Empathy and understanding

We apply an evidence-based approach to our service delivery, and embrace innovation and creativity in our services to better meet the changing needs of our consumers and their communities.

This document is the framework which enables organisation-wide accountability and the delivery of quality services. It provides principles which promote continuous improvement of safe, high-quality care; high standards of clinical performance; sustainable management of risks and adverse events; and encourages ongoing professional development and service evaluation.

Annette Crothers

Chair, Marathon Health Board

From our CEO



Marathon Health delivers a range of health and wellbeing services in partnership with communities in NSW, ACT and South Australia. We're passionate advocates for equal access to quality health services for people wherever they choose to live—and are recognised for our expertise in mental health, disability and chronic disease management.

We are proud of our diverse workforce that includes Aboriginal and Torres Strait Islander peoples, people with disability and people with lived experience of mental illness. This diversity reflects the communities we serve, and helps us connect through empathy and understanding.

Marathon Health employs over 260 staff across our footprint. Our workforce brings a broad range of clinical and non-clinical expertise and experience—and we collaborate both within our organisation and externally, to provide the best possible care for the people we work with.

We know that every interaction with Marathon Health is important for the people we work with. This framework governs the way we work with our consumers—from the first call or visit, through to a supported transition to wellness and self-managed care.

As defined in our strategic vision, the following three priorities will help us to deliver quality health and wellbeing services together with the communities in which we work:

1. **Quality workforce:** Grow a skilled health and wellbeing workforce within our communities
2. **Quality knowledge:** All services measure their impact and continuously build knowledge to improve the health and wellbeing of our communities
3. **Quality services:** Advocate for, and collaborate with, communities to grow investment in health and wellbeing services

Megan Callinan

CEO, Marathon Health

“Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.”

National Model Clinical Governance Framework¹

Australian Commission on Safety and Quality in HealthCare (2017)

Governance context

The Australian Commission on Safety and Quality in Health Care (ACSQHC) defines 'clinical governance' as "an integrated component of corporate governance of health service organisations. It ensures that everyone—from frontline clinicians to managers and members of governing bodies, such as boards—is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services".

Clinical governance, as part of Marathon Health's broader governance system, helps to ensure that the services that Marathon Health delivers are of high quality, based on best practice evidence and knowledge, and delivered by a workforce that is qualified, experienced and supported. As part of its assurance process, Marathon Health retains accreditation against the National Standards for Safety and Quality in HealthCare², the National Standards in Mental Health Services³, the headspace Model Integrity Framework⁴ and the NDIS Practice Standards⁵.

This Clinical Governance Framework articulates the level of quality and safety that people who seek Marathon Health's services should expect. The Framework guides the decisions and actions of all staff, and provides our Board and management with a mechanism to monitor how effectively consumer goals are achieved, manage risk to reduce the likelihood of unfavourable events, and promote continuous quality improvement and safe innovation.

Clinical governance is located within the broader system of corporate governance, and the partnerships with our consumers are at the centre of our framework, as illustrated in Figure 1.



Figure 1: Corporate and Clinical Governance

Purpose of this document

This document outlines the principles and mechanisms that drive safety, quality and continuous improvement across all services and programs delivered by Marathon Health. This framework provides a structure for the development and implementation of the policies and procedures that drive safe and high quality practice, as outlined in Figure 2.

Policies and procedures, along with tools and templates, are used by the workforce to guide everyday practice.

In designing this framework, Marathon Health has considered the needs of the people we work with, their families and carers, our workforce, and our partners and funders.

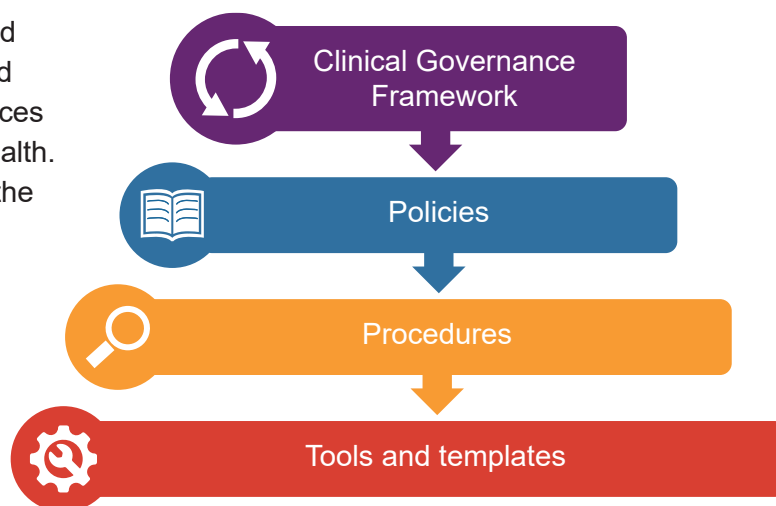


Figure 2: Clinical governance structure



**The people we work with,
their families and carers**



Our workforce



**Our partners
and funders**

Marathon Health delivers a broad range of programs, some of which are subject to robust funder driven governance and operational regulation. This Clinical Governance Framework will be implemented alongside funder driven governance and regulation where it exists.

Principles

Marathon Health recognises that the delivery of safe and high quality services is largely dependent on maintaining a culture of continuous quality improvement. Service delivery is influenced by the goals of the people we work with, best practice evidence and knowledge, and resource availability and operating constraints, as outlined in Figure 3.

Our workforce often make 'on the spot' decisions about the way services are delivered. These decisions are guided by the following principles:

- Always act in accordance with Marathon Health's **values**.
- Always **partner with the people we work with** to design and deliver services.
- **Collaborate** with peers, leaders and external partners to build knowledge and expertise, deliver safe and high-quality services and continuously improve.
- Work in partnership with other services to establish effective **referral pathways** that meet the needs of the people we work with.
- Consider the **environments** in which the people we work with live, work and study.
- **Be transparent** about capacity and consider the **long-term sustainability** of our organisation and our workforce.



Figure 3: Factors impacting service provision

Leadership and accountability

Leadership

Strong collaboration between clinical leaders, operational managers and the people we work with underpins the overall leadership of the organisation, as outlined in Figure 4. This interaction creates a helpful balance of thinking styles and ideas. Each of these three groups should be involved in the design and delivery of services so that continuous improvement and innovation is carefully balanced against the operational, compliance and regulatory requirements.



Figure 4: Organisational leadership

A culture of leadership and learning

Practice leads are a group of senior clinicians who lead the culture of quality, safety and learning. These are strategic roles—key drivers for building great knowledge within the organisation. They foster a culture of continuous improvement and evidence-based best practice. They develop and oversee relationships with partners, including tertiary education stakeholders, to support the development of a future workforce through an education framework and workforce pipeline strategy.

Accountability

The overall responsibility for clinical governance within Marathon Health rests with the Board of Directors, with advice provided by the Clinical Governance and Quality Committee. The Board delegates operational accountability to the CEO, who is supported by an Executive and Senior Leadership Team (SLT). The Senior Leadership Team includes practice leads and operational

managers so that both clinical and operational expertise is included in the highest levels of the organisation's structure.

The delivery of safe and high-quality clinical services for Marathon Health is the responsibility of all staff. Marathon Health observes the advice Clinical Governance roles and responsibilities outlined in the ACSQHC National Model Clinical Governance Framework¹ about roles and responsibilities for clinical governance. Figure 5 illustrates the structure relevant to clinical governance and accountability.

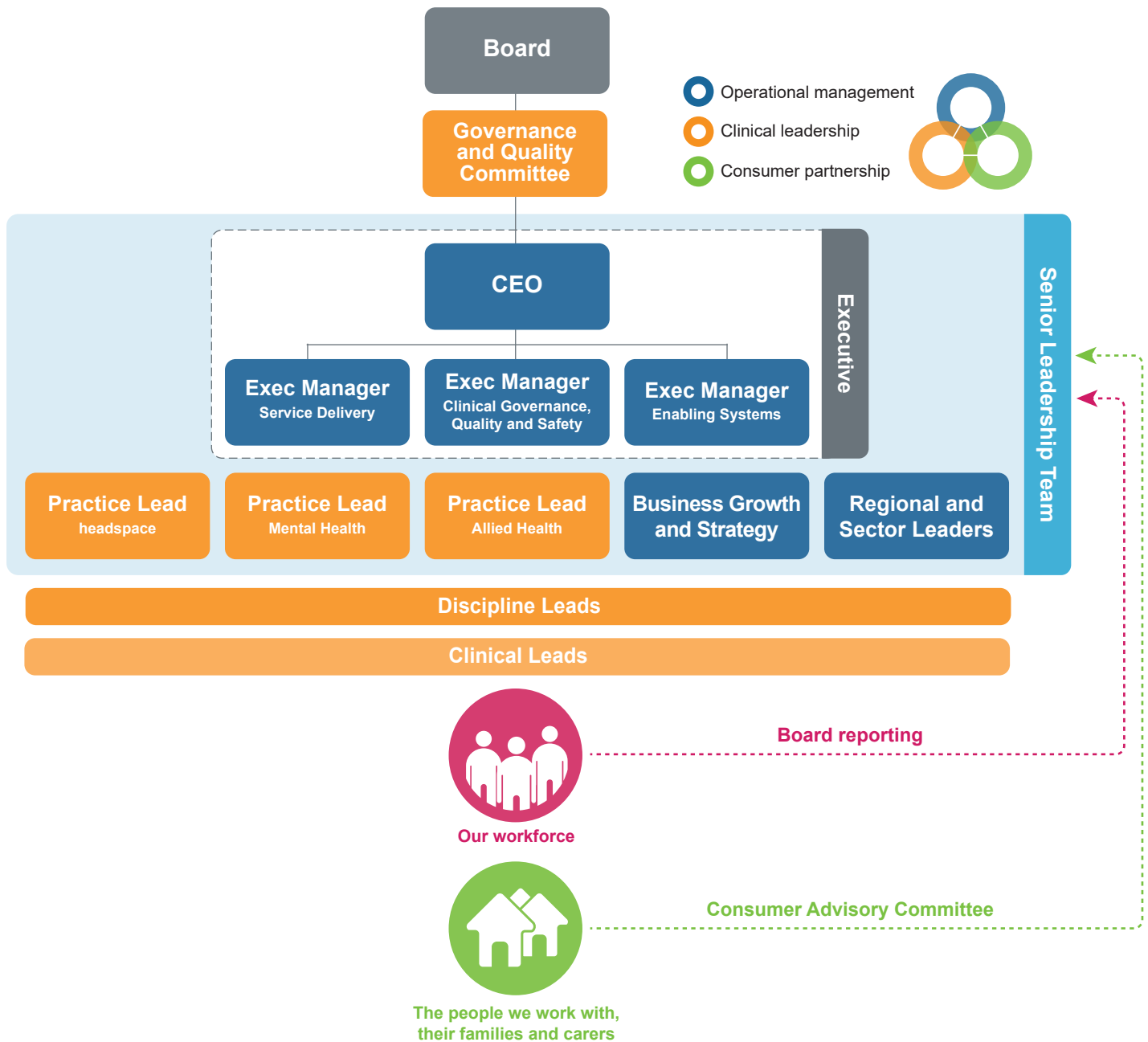


Figure 5: Structure relevant to clinical governance and accountability

A consumer journey with Marathon Health

This section outlines Marathon Health's approach to delivering service. The journey illustrated in Figure 6 applies to all programs and services delivered by Marathon Health. The people we work with can expect Marathon Health staff to partner with them to deliver safe and high-quality care at each stage of their journey.

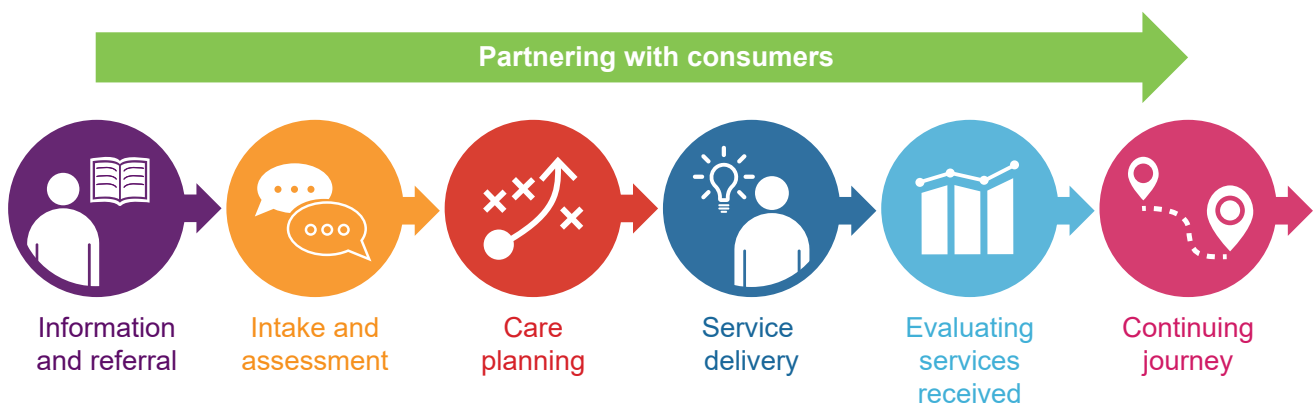


Figure 6: A consumer journey with Marathon Health

The six stages of the journey are described below.



Information
and referral

The ways that people find out about and connect with Marathon Health services.



Intake and
assessment

The steps we take to understand the goals of the people we work with, and to collect the information needed to plan and deliver the right service.



Care
planning

The collaborative process involving the people we work with, their families, carers and other providers, to explore options and agree on the most appropriate service plan.



Service
delivery

The way we deliver against the agreed plan, ensuring evidence-based, safe and high-quality services that meet the goals of the people we work with.



Evaluating
services
received

The mechanisms we use to test whether the services we deliver are effective and are relevant to the goals identified in the care plan. We use this information to improve the service for the people we work with and to improve the overall performance of our organisation.



Continuing
journey

The way we build resilience, independence and sustainable support networks, to enable the people we work with to thrive during and beyond their journey with Marathon Health.

The table below defines the way that our workforce, partners and funders each contribute to ensuring quality for the people we work with, at each stage in their journey. The way we work reflects our strategic objectives with quality workforce, quality knowledge and quality services.



The people we work with,
their families and carers



Our workforce



Our partners
and funders



Information
and referral

We will give you, and the people who support you, easy to understand information about our programs and services. If we can't offer you a service that meets your needs, we will help you find a more appropriate service.

We work collaboratively with a range of providers to enable appropriate referral pathways.

We work with a range of providers to enable appropriate and integrated care for people in the communities we serve. We have a 'no wrong door' approach so that people are connected with the right service to achieve their goals.



Intake and
assessment

We will first ask you what you would like to achieve so that we can understand your goals.

We aim to collect information in a way that means you only need to tell your story once.

We seek to understand the goals of the people we work with through our intake and assessment processes. We understand the importance of the environments in which the people we work with live, work and learn. We collect and use information in ways that respect the time and privacy of the people we work with.

Our intake and assessment processes are streamlined and secure, and the people we work with are informed about how their personal information will be recorded and used.

We monitor consumer journeys over time and across programs so that our services are as efficient and effective as possible.



Care
planning

We will talk with you about options for your services and will work with you and your family, carers and other service providers to plan your journey.

We offer service options that are evidence based and partner with the people we work with, their families, carers and other service providers to plan integrated service delivery.

Care planning is collaborative, involving the people we work with, their families and carers and other service providers. It is conducted by experienced staff and is subject to regular monitoring and review.



The people we work with,
their families and carers



Our workforce



Our partners
and funders



Service
delivery

We will provide high quality services, based on the best available knowledge, to meet your goals.

We deliver the best possible service, using evidence-based models of care. We are supported and supervised to consult with peers and colleagues as part of our commitment to continuous improvement.

We use established evidence-based practices alongside new and innovative solutions so that our services are both contemporary and effective.

We invest in our workforce, we build quality knowledge and we strive to be recognised as leaders in the delivery of health and wellbeing services.



Evaluating
services
received

We will check regularly to make sure our service is helping you to meet your goals. We will change your care plan as required to help you achieve your goals.

We monitor consumer experience and outcomes, and use this information to continuously improve our performance at an individual, program and organisation level.

Our Monitoring and Evaluation Framework guides the collection and analysis of data so that we can measure performance at the consumer, program and organisational level.

Consumer reported outcome and experience measures and stories directly inform quality improvement.



Continuing
journey

We will support you to better manage your wellbeing, independently or with the ongoing supports you choose.

We strive to build independence and support networks so that the people we work with exit from our programs with improved self-management capability

Recognising the resource constraints in the broader service environment, we aim to build self-management capability, help seeking behaviour and sustainable support networks so that the people we work with exit from our programs with the skills and supports to improve their health in their daily lives.

Clinical Governance Framework elements

Marathon Health has adopted the five components that underpin the National Model Clinical Governance Framework, published by the ACSQHC in 2017, as the foundation for our Clinical Governance Framework. The National Model Clinical Governance Framework is based on the National Safety and Quality Health Service (NSQHS) Standards (second edition)², particularly the Clinical Governance Standard (Standard 1) and the Partnering with Consumers Standard (Standard 2). As part of the complete set of NSQHS Standards, these two standards constitute a complete and robust Clinical Governance Framework.

Standard 1 describes the safety and quality systems required to improve consumer outcomes. The four components of NSQHS Standard 1 are listed below. These components have been adapted by Marathon Health to reflect our context:

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

Standard 2 describes the systems and strategies to create a person-centred health system by including the people we work with in shared decision making, to enable consumers to be partners in their own care, and that the people we work with are involved in the development and design of quality health care.

The National Model Clinical Governance Framework is contemporary, evidence based and aligned with accreditation requirements. The ACSQHC's strong focus on partnering with the people we work with is closely aligned with Marathon Health's strategic focus.



Figure 7: Five elements described in the National Model Clinical Governance Framework (2017)



The following reflects the requirements of Standard 2 (Partnering with Consumers)² and NSQHS Standard 1 (Clinical Governance).

Partnering with consumers

Systems are designed and used to support the people we work with, families and carers to be partners in service planning, design, measurement and evaluation.

What this means for Marathon Health

- We support the people we work with to be partners in service planning, design, measurement and evaluation
- The people we work with are partners in their own care to the extent that they choose
- We communicate with the people we work with in ways that support effective partnerships
- The people we work with participate in the design and governance of Marathon Health

What this means for our stakeholders



The people we work with,
their families and carers

I am treated with respect. I am empowered to make informed choices about the services I receive. Marathon Health staff are compassionate and professional, and they help me to achieve my goals.



Our workforce

We empower the people we work with to participate in every aspect of the design and delivery of services. We are compassionate and real in every engagement with the people we work with, their families and carers.



Our partners
and funders

Marathon Health has a culture of respect and empowerment. We collaborate with the people we work with, their families and carers and have mechanisms in place to enable the client voice to be present in decision making at all levels of the organisation.

Governance, leadership and culture

Leaders at all levels in the organisation set up and use clinical governance systems to improve safety and quality.

What this means for Marathon Health

Governance, leadership and culture

- Our Board is committed to a culture of safety and quality improvement. Our Board leads by example and expects this culture throughout the organisation
- Our Board leads the partnership with the people we work with, their families and carers, and expects this partnership at all levels of the organisation
- Our Board actively monitors the identification of, and response to, risks, incidents, feedback and complaints
- Our Board ensures that our quality and safety priorities address the specific needs of Aboriginal and Torres Strait Islander peoples and communities

Organisational leadership

- Safe and high-quality care is core to our organisational strategy

Clinical leadership

- Operational management, clinical leadership and consumer partnership each drive the direction of the organisation

What this means for our stakeholders



**The people we work with,
their families and carers**

I feel confident that the organisation is well governed. The staff who deliver my service feel valued, and in turn value me.

I feel empowered to provide positive and negative feedback in relation to the service I receive.



Our workforce

We feel confident in the way our organisation is governed. Our working environment is collaborative, respectful and we are encouraged to strive for excellence. We feel well supported by operational managers and clinical leaders.



**Our partners
and funders**

Marathon Health retains an independent skills-based Board and a dedicated Clinical Governance and Quality sub-committee. We recognise culture as the key driver of safe and high-quality clinical care and actively monitor and manage our reputation within the sector and the communities in which we work.

Consumer safety and quality improvement systems

Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of services.

What this means for Marathon Health

Policies and procedures

- Approve, review and maintain policies and procedures
- Monitor and take action to improve adherence to policies and procedures
- Review compliance with legislation, regulation and jurisdictional requirements

Measurement and quality improvement

- Measure safety and quality, and have systems to identify and respond to opportunities for improvement
- Involve the people we work with in the review of safety and quality performance and systems
- Provide reports and information on safety and quality to our Board, workforce and the people we work with

Risk management

- Identify, document and mitigate or reduce risk
- Monitor the effectiveness of our risk mitigation strategies
- Provide reports and information on risk to our Board and workforce
- Plan for internal and external emergencies and disasters

Incident management systems and open disclosure

- Support our workforce, the people we work with and the communities we service to recognise and report incidents or concerns
- Involve our workforce and the people we work with in the review of incidents and provide timely feedback on the review of incidents to our Board, the people we work with and our workforce
- Use information from the review of incidents to improve safety and quality, and regularly monitor the effectiveness of our incident response system
- Ensure our disclosure program is consistent with the Australian Open Disclosure Framework

Feedback and complaints management

- Seek **feedback** from the people we work with, their families and carers about their experience in our services
- Seek feedback from our workforce on their understanding and use of safety and quality systems and we use this information to improve our systems
- Encourage and support the people we work with, their families and carers to report complaints

- Involve our workforce and the people we work with in the review of complaints, and resolve complaints in a timely manner
- Provide feedback to our Board, our workforce and the people we work with about complaints and actions taken
- Use complaints information to improve the safety and quality of our service

Diversity and high-risk group

- Identify and respond appropriately to people and groups in our communities who are at higher risk of harm

Healthcare records

- Allow service providers to access information at the point of care, complies with security and privacy regulations, and supports analysis and audit of service information
- Enable safe sharing of information to appropriate platforms (eg. the *My Health Record System*) to optimise the safety and quality of care

What this means for our stakeholders



**The people we work with,
their families and carers**

I feel confident that the service I receive is safe, effective and contemporary. I am confident that the information I share will be kept securely.

The feedback I provide is used to continuously improve Marathon Health's services.



Our workforce

Our leaders expect and support us to deliver safe and high-quality services. We actively use feedback and collaborate with peers to continuously improve our services.



**Our partners
and funders**

Marathon Health has Frameworks, policies procedures in place to measure and improve quality, manage risks and incidents, respond to feedback and complaints and ensure secure records management.

See appendix 1 for a list of relevant frameworks and policies.

Clinical performance and effectiveness

Our workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to the people we work with.

What this means for Marathon Health

Safety and quality training

- Provide safety and quality orientation and training for all staff
- Assess competency and training needs, implement appropriate training responses, and monitor participation in mandatory training
- Improve the cultural awareness and cultural competency to meet the needs of Aboriginal and Torres Strait Islander peoples and communities

Performance management

- Conduct regular review of performance, including identification and response to training and development needs

Credentialing and scope of clinical practice

- Define the scope of practice for all clinical and non-clinical staff and ensure that staff operate within their designated scope of practice
- Review the scope of practice periodically and whenever a new service, procedure or technology is introduced or substantially altered
- Ensure staff are appropriately trained and credentialed, and continually monitor the effectiveness of our credentialing process

Safety and quality roles and responsibilities

- Support our workforce to understand and perform their roles and responsibilities for safety and quality
- Provide supervision and support to our workforce so that they can deliver service safely

Evidence based care

- Provide our workforce with access to best-practice guidelines and decision support tools relevant to the services they deliver
- Support our workforce to use the best available evidence to guide the design and delivery of services

Variation in clinical practice and health outcomes

- Monitor variation from agreed service design and review performance against anticipated outcomes
- Support our staff to reflect on their own practice

What this means for our stakeholders



**The people we work with,
their families and carers**

My service is provided by people who are appropriately qualified, supervised and good at their jobs. I am satisfied with the professionalism of the people who support me.



Our workforce

We use contemporary knowledge and evidence to design and deliver effective services in partnership with the people we work with. Our front-line staff are actively supported and supervised by skilled clinical leaders and we work collaboratively to leverage the strengths of each staff member. As a team, we have a shared commitment to the delivery of safe and high-quality services.



**Our partners
and funders**

Marathon Health has Frameworks, policies procedures in place to ensure our staff are appropriately trained, credentialed, and performance managed. We monitor variation in service delivery and outcomes and respond quickly to poor performance.



Safe environment for the delivery of care

A safe environment promotes safe and high-quality health care for the people we work with.

What this means for Marathon Health

- Provide a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people
- We maximise the safety and quality of care delivered in public or private spaces, online or via telehealth
- We strive to provide a calm and quiet environment whenever possible. We identify environments or situations that may pose high risk of unpredictable behaviours and develop strategies to minimise the risks of harm for the people we work with, carers, families, and our workforce.
- We facilitate access to services and facilities by providing information and using signage and directions that are clear and fit for purpose

What this means for our stakeholders



The people we work with,
their families and carers

Wherever I receive my services, whether online or face to face, I feel safe, respected and empowered.



Our workforce

We are confident that Marathon Health is committed to our safety. We have the resources and support to offer a safe service delivery environment for the people we work with, their families and carers. We have mechanisms in place to protect the privacy and security of the data we collect.



Our partners
and funders

Marathon Health is committed to ensuring that face to face and online environments are safe for our workforce and the people we work with, their families and carers. We have environmental risk identification and management policies and procedures in place and regularly audit work health and safety indicators.

Application of the Clinical Governance Framework

The hierarchy of policies, procedures, tools and templates outlined in Figure 8 describes the mechanisms that will enable the delivery of safe and high-quality care and continuous improvement.

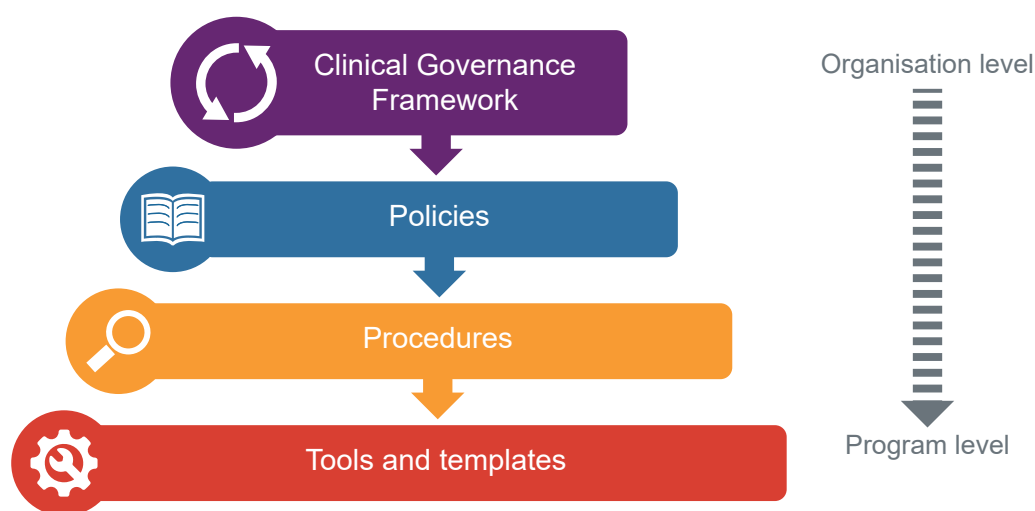


Figure 8: Application of the Clinical Governance Framework

Wherever possible policies, procedures, tools and templates are standardised across the organisation to support consistency, and to enable effective oversight, monitoring and assurance. In exceptional circumstances (eg headspace) policies, procedures, tools and templates are tailored to individual programs or services.

The authority and mechanisms for development and review are outlined below.

	Purpose	Owner	Author	Review
Clinical Governance Framework	High level framework for clinical governance	Board (per recommendation from Governance and Quality Committee)	Delegated by Board or CEO	Bi-annual review
Policies	Operational directives at the organisation or service level	Board and SLT (per delegations)	Delegated by Board or SLT	One–three year review cycle Revision outside review cycle as directed by Board or SLT
Procedures and practice guidelines	A consistently structured set of resources to guide the application of policies at the service level	SLT / practice leads	Directed by SLT or practice leads	Annual review. Revision outside review cycle as directed by SLT or practice leads
Tools and templates	A consistently structured set of resources, with some modification at program level, to support delivery of consistent and high quality services	SLT / practice leads / service managers	Approved by SLT / practice leads	Modification by exception only with authority of SLT or practice leads

References

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1	National Model Clinical Governance Framework	Australian Commission on Safety and Quality in HealthCare (2017)	https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf
2	National Standards for Safety and Quality in HealthCare	Australian Commission on Safety and Quality in HealthCare	https://www.safetyandquality.gov.au/standards/nsqhs-standards
3	National Standards in Mental Health Services	Australian Commission on Safety and Quality in HealthCare	https://www.safetyandquality.gov.au/our-work/mental-health/national-standards-in-mental-health
4	headspace Model Integrity Framework	headspace National Youth Mental Health Foundation (2014)	https://headspace.org.au/assets/EOI/ATTACHMENT-C-headspace-Clinical-Governance-Framework.pdf
5	NDIS Practice Standards	National Disability Insurance Agency	https://www.ndiscommission.gov.au/providers/ndis-practice-standards

Appendix 1:

Relevant frameworks and policies

Frameworks

170	Quality Improvement Framework
	Monitoring and Evaluation Framework
	Accountability Framework

Policy

116	Duty of Care and Dignity of Risk Policy
047	Risk Management Policy
015	Critical Incident Policy and Procedure
034	Feedback and Complaints Policy
084	Consumer Health Care Records Policy
027	WHS Incident and Hazard Management Policy
068	WHS Due Diligence Policy
162	Root Cause Analysis Policy and Procedure
820	Training and Professional Development Policy
056	Clinical Credentialing Policy
296	Telepractice Policy

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Marathon Health is a not-for-profit, registered charity delivering high quality health and wellbeing services to people in country NSW and the ACT.

1300 402 585

marathonhealth.com.au