

59. CLINICAL GOVERNANCE FRAMEWORK – Ensuring Safety and Quality in Clinical Care

Approval Date: 19 Dec 2024	Review date: 19 Dec 2025	Version: 1
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Purpose

The purpose of this Clinical Governance Framework is to ensure that as a provider of High Intensity Daily Personal Activity (HIDPA) NDIS services, Australian Quality Care’s participants receive safe and high-quality health care. It does this by describing the essential elements that are required to achieve integrated corporate and clinical governance systems.

Australian Quality Care acknowledges that it is through these systems that our organisation is accountable for continuously improving the safety and quality of the services received by the participants who we engage with in the provision of clinical services.

This Clinical Governance Framework:

- defines clinical governance
- provides context to how clinical governance is an integral component of the organisation’s overarching corporate governance
- describes the components of clinical governance and
- outlines the importance of implementing effective clinical governance systems.

Scope

This Clinical Governance Framework applies to clinical services and interactions that our organisation provides to participants.

Along with the *NDIS Practice Standards (November 2022)* and the *NDIS Practice Standards: Skills Descriptors (November 2022)*, this Clinical Governance Framework outlines the components of a clinical governance framework (domain, principles, and elements). Our organisation continues to develop and use established resources that support application of this Framework¹ for specific purposes e.g., High Intensity Daily Personal Activities procedures, and outsourced documents based on best practice (e.g., from local hospital or other specialised sources).

With the aim of supporting effective clinical governance and continuous improvements in safety and quality of care, this Framework can be used by our staff and our Advisory Board, in addition to other resources.

The transition of participants across the differing health services² requires our organisation to ensure that there are seamless processes in place that support any potential safety and quality risks that may exist at these transition points. Our organisation acknowledges the importance of ensuring that there are effective and efficient communication systems in place that enable and foster seamless transitions, where applicable.

¹ The singular term “Framework” when used in this document, refers to the organisation’s Clinical Governance Framework

² Transition point examples may include early childhood early intervention, child and adolescent services, adult services, and potential transition into the Commonwealth Aged Care program (older adults)

Applicable NDIS Practice Standards and NDIS High Intensity Support Skills Descriptors

Complex Bowel Care

Outcome

Each Participant requiring complex bowel care receives appropriate support relevant (proportionate) to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the Support Plan for their specific complex bowel care management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including timely supervision, support equipment and resources and a training plan for workers, that relate to the support provided to each participant receiving complex bowel care.
- All workers working with a participant requiring complex bowel care have the pre-requisite skills and knowledge and have received training, relating specifically to each participant's needs, type of complex bowel care and high intensity support skills descriptor for providing complex bowel care, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex bowel care.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Enteral Feeding Support

Outcome

Each participant requiring enteral feeding supports including naso gastric tube,- Jejunum or Duodenum supports receives appropriate nutrition, fluids, and medication, relevant and proportionate to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific enteral feeding and or dysphagia support. It includes supporting a participant who depends on enteral feeding tubes also called Home Enteral Nutrition (HEN) and includes Naso-gastric Tube Feeding (NGT), Gastrostomy feeding and Percutaneous Gastrostomy (PEG) or Jejunostomy. With their

consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The support plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

- Appropriate policies and procedures are in place, including timely supervision support equipment and resource and a training plan for workers, that relate to the support provided to each participant who has enteral feeding needs and may also require dysphagia support.
- All workers working with a participant who requires enteral feeding and or Dysphagia support have completed training, relating specifically to each participant's needs, type and method of enteral feeding and regime, appropriate use of equipment, stoma care and additional skills and knowledge when supporting participants to take medications through feeding tube, and other high intensity support skills descriptor for enteral feeding and dysphagia support, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for enteral feeding.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Dysphagia Support

Outcome

Each participant requiring dysphagia support receives appropriate support that is relevant and proportionate to their individual needs and preferences, including participants who rely on enteral feeding and also need dysphagia support.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific dysphagia support, including participants on enteral feeds also requiring dysphagia support. With their consent the participants health status is subject to regular and timely review by a qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing, and includes the following:
 - Participants individual needs and preferences (such as for food, fluids, preparation techniques and feeding equipment),
 - Enteral feeding requirements.
- Appropriate policies and procedures are in place including timely supervision, support resources and equipment that relate to each participant requiring dysphagia and / or enteral feeding support, and training plan for workers supporting them.
- All workers have completed training, relating specifically to each participants needs for managing any dysphagia related incidents and high intensity support skills descriptor for dysphagia support and or enteral feeding support delivered by an appropriately qualified health practitioner or person that meets the high intensity supports descriptor for dysphagia and / or enteral feeding support.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Tracheostomy Support

Outcome

Each participant with a tracheostomy (i.e. both fenestrated and non-fenestrated) receives appropriate suctioning and support of their tracheostomy relevant and proportionate to their individual needs, including ventilation support as needed and related equipment e.g. stoma appliances, heat / moisture exchange machines, humidifiers, nebulisers, suction bags and dressings and any required ventilator equipment.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific tracheostomy suctioning and support and ventilator use where required. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including timely supervision, support, resources, equipment and a training plan for workers, that relate to the support provided to each participant with a tracheostomy and those who require related ventilator support e.g. ventilator appropriate use of equipment and troubleshooting.
- All workers have completed training, relating specifically to each participant's needs for, managing any tracheostomy related incident and high intensity support skills descriptor for providing tracheostomy care (without ventilation) and supporting a person dependent on a ventilator, responsibilities include supervision, delegation arrangements and activities, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for tracheostomy suctioning / support and ventilator support.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and

workers experience.

- Audit records to be maintained.

Urinary Catheter Support (In-dwelling Urinary Catheter, In-out Catheter, Suprapubic Catheter)

Outcome

Each participant with a catheter receives appropriate catheter support relevant and proportionate to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for specific support needs of their catheter which includes insertion and removal of an intermittent catheter with oversight by a health practitioner. **NOTE** – insertion of indwelling and suprapubic catheters to be undertaken by a health practitioner.
With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place including timely supervision, support, resources and equipment, and a training plan for workers, that relate to the support provided to each participant with a catheter (includes types of catheters, main components and functions e.g. catheter bags, infections and other use of catheter related issues).
- All workers have completed training, relating specifically to each participant's needs, type of catheter and high intensity support skills descriptor for catheter changing and management, delivered by an appropriately qualified health practitioner or a person that meets the high intensity support skills descriptor for urinary catheter changing and management.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Ventilator Support

Outcome

Each participant requiring ventilator and / or tracheostomy support receives the appropriate support i.e. participants who require support to use ventilation and accessory equipment such as Bi level Positive Airway Pressure (BiPAP) support, Continuous Positive Pressure Airways (CPAP) machines, humidifiers, airway clearance devices manual ventilation devices and oxygen relevant and proportionate to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific ventilator management. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The support plan identifies how risks,

incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.

- Appropriate policies and procedures are in place, including timely supervision, support resources and equipment and a training plan for workers, that relates to the support provided to each participant who is ventilator dependent and also may require tracheostomy support.
- All workers have completed training, relating specifically to each participant's ventilation needs, and /or their tracheostomy needs, appropriate use of equipment and troubleshooting managing a related incident and the high intensity support skills descriptor for ventilator management, delivered by an appropriately qualified health practitioner or person who meets the high intensity support skills descriptor for ventilator and tracheotomy support.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Subcutaneous Injections

Outcome

Each participant requiring subcutaneous injections receives appropriate support relevant and proportionate to their individual needs and specific subcutaneous injections and medication administered.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific subcutaneous injections which includes dosage measurement and calculation (where required). With their consent, each participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how risks, incidents and emergencies will be managed, including required actions and escalation to ensure participant wellbeing.
- There are documented written or phone orders by the health practitioner prescribing the medication that trained workers may administer by subcutaneous injection.
- Appropriate policies and procedures are in place, including timely supervision and support resources and equipment and a training plan for workers, that relate to the support provided to participants requiring subcutaneous injections and related medication.
- All workers have completed training, relating specifically to the participant's injection and medication needs and high intensity support skills descriptor for subcutaneous injections, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for subcutaneous injections. Workers must also have a basic understanding of the participant's related health condition.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.

- Workers who support participants to manage their diabetes to complete participants specific training in the methods and related equipment required to administer diabetes medication including injectable medications devices, syringes, pens and pumps, responsibilities and procedures to adjust and double-check medication dose, equipment and devices to use on how to monitor glucose levels, rotation of injection site and factors that effect blood glucose levels.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.
- Audit records to be maintained.

Complex Wound Support

Outcome

Each participant requiring complex wound management receives appropriate support relevant and proportionate to their individual needs.

Indicators (NDIS Practice Standards)

- Each participant is involved in the assessment and development of the support plan for their specific wound support. With their consent, the participant's health status is subject to regular and timely review by an appropriately qualified health practitioner. The plan identifies how incidents and emergencies will be managed, including what risk factors to look for, techniques to support prevention of pressure injuries, classification of wounds and basic trouble shooting procedures and required actions for escalation to ensure participant wellbeing.
- Appropriate policies and procedures are in place, including timely supervision support, resources and equipment and a training plan for workers, that relate to the support provided to each participant requiring complex wound management.
- All workers working with a participant requiring complex wound management have received training, relating specifically to the participant's needs that are affected by their wound management regime (for example, showering, toileting and mobility) and high intensity support skills descriptor for providing complex wound management, delivered by an appropriately qualified health practitioner or person that meets the high intensity support skills descriptor for complex wound management.

Indicators (NDIS Skills Descriptors)

- All workers to maintain open communication, seek regular feedback and work closely with participants to understand their specific needs, when and how to best deliver supports that meets with their timing, frequency and type of support required.
- All workers to deliver supports in ways that are least intrusive or restrictive and that fits into the participants daily routines and preferences and actively involves the participant in their support as outlined in their support plan to the extent they choose.
- Annual competency assessment of workers by appropriate qualified health professionals to be undertaken to ensure currency of skills and knowledge, awareness and understanding of the relevant support plan.
- Refreshers / assessments of competency by appropriately qualified health practitioners to be undertaken and successfully completed by the worker when the participants support plan changes, best practice requirements change or when the worker has not provided the required support in the last 3 months. Timeframe for refreshers and re-assessments can vary on the nature of supports and workers experience.

- Audit records to be maintained.

Definitions

Clinical Governance Framework – describes the overarching organisational approach to ensuring quality and safe clinical care is provided to recipients of that care.

Clinical governance –

- the system by which the governing body, organisational leaders/executives, clinicians, and non-clinical staff are committed to delivering excellence in quality care and providing the highest possible level of clinical safety for the participants of this care³ and
- the integrated systems, processes, leadership, and culture that are at the core of providing safe, effective, accountable, and person-centred healthcare underpinned by continuous improvement.⁴

Policy

Australian Quality Care is committed to delivering excellence in quality care and providing the highest possible level of clinical safety for NDIS participants⁵.

We acknowledge that our Advisory Board holds ultimate responsibility for ensuring that effective clinical governance is in place through accountability, transparency and by their active participation in sponsoring and promoting clinical governance as a quality and safety strategy.

With a participant-centred focus and a culture of continuous quality improvement, our Advisory Board holds a clear understanding that corporate and clinical governance are integrated and that within a clinical governance framework both corporate and clinical risks are reviewed in an all-inclusive way.

The purpose of this Clinical Governance Framework is to improve participant outcomes⁶ in relation to clinical care:

- quality
- safety
- experience and
- outcomes.

Our commitment to maximise the participant experience and foster a culture of quality and safety is based on ensuring that everyone – from frontline staff to our Advisory Board – are accountable to the participants in receipt of our care services and in assuring the delivery of health services that are effective, high quality, safe and continuously improving.

In doing so, Australian Quality Care:

- demonstrates effective leadership through an understanding of roles and responsibilities, monitoring and responding to performance and ensuring risk is identified and managed
- fosters an organisational culture of accountability for ensuring evidence-based care is delivered safely, efficiently, timely and appropriately
- engages with our workforce to ensure they are supported and are delivering safe, high-quality care, adopts rigorous systems and process which supports the identification, measuring and reporting of clinical safety risks and opportunities for improvement and

³ Adapted from: Calvary Care. *Clinical Governance Framework: Performance and Accountability* (2017)

⁴ State of Victoria, Department of Health and Human Services. *Delivering high-quality healthcare. Victorian clinical governance framework* (June 2017)

⁵ *Participant* refers to the individual directly receiving NDIS services, and this term can also include, where the individual is supported by them, a nominee or decision maker (such as a family member)

⁶ Refer to the *NDIS Practice Standards: NDIS Practice Standards and Quality Indicators (November 2022) - Core Module 2: Provider Governance and Operational Management*

- demonstrates accountability related to partnering with other organisations and contractors.

Components of Clinical Governance

Australian Quality Care is committed to providing excellence in participant-centred care. With a strong emphasis on leadership, culture and improvement as being fundamental to achieving high quality care, participants of our clinical services are at the core of this Clinical Governance Framework.

Through the identification of **five domains**, this Framework identifies the systems, which provide our organisation the ability to achieve high performance through continuous monitoring and improvement.

The five domains are:

- Domain 1: Leadership and culture
- Domain 2: Consumer (participant) partnerships
- Domain 3: Effective workforce
- Domain 4: Risk management and
- Domain 5: Clinical practice.

Within the broader corporate governance of our organisation, these five clinical governance domains are inter-related. Together they link and provide the framework for Australian Quality Care to effectively provide quality and safe care to all participants in receipt of our care services. This fosters the continuous improvement focus that is embedded into the performance of all staff and Advisory Board members so that there is a continuous cycle of safety and quality improvement through the mechanisms of monitoring, evaluation, and identification of ways to consistently improve our practice and services.

In achieving the elements within each domain, our organisation will continue to place our participants first and foremost, partnering with them in every aspect of care planning, evaluation, and delivery. We will be able to do this by:

- understanding how we measure quality and safety of our care services.
- identifying, measuring, and analysing clinical indicators and outcomes that provide us with evidence of risks, improvements, and satisfaction.
- comparing clinical outcomes as a method of internal and external benchmarking
- capturing, discussing, and communicating what we learn from each care experience – actively encouraging and engaging with participants, our workforce, and other key stakeholders and
- continuing to embed a culture that is transparent, where everyone assumes responsibility and accountability for establishing and maintaining an environment where excellence is considered 'business as usual' i.e., 'the norm'.

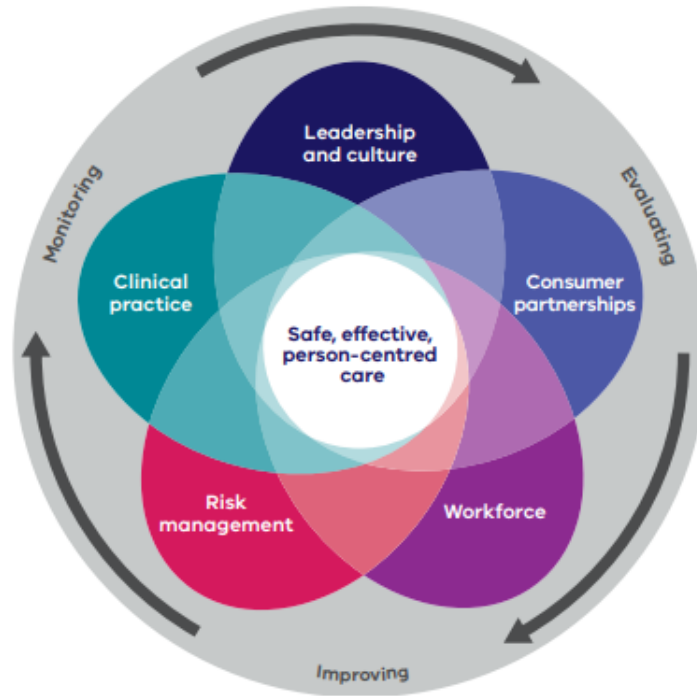


Diagram 1: Clinical Governance Domains ⁷

⁷ State of Victoria, Department of Health and Human Services, Delivering high-quality healthcare: Victorian clinical governance framework, June 2017 [p11]

TABLE 1: COMPONENTS OF CLINICAL GOVERNANCE: DOMAINS, PRINCIPLES AND ELEMENTS

DOMAIN	PRINCIPLES	ELEMENTS	SELF-ASSESSMENT
1. Leadership and culture	Clear accountability and ownership	<ul style="list-style-type: none"> Accountability and ownership displayed by all staff and Advisory Board Safety practices consistently comply with legislative, current regulations and departmental policy requirements Quality improvement is embedded in the culture of the organisation and supported through integrated clinical systems 	
	Empowered staff	<ul style="list-style-type: none"> Organisational culture and operational systems are designed to facilitate the pursuit of safe and quality care The participants receiving services are always the central focus. Staff are empowered and encouraged to have input into service improvements and redesign that benefit participant outcomes 	
	Openness, transparency, and accuracy	<ul style="list-style-type: none"> Available systems facilitate safe, quality practices by all staff Reporting, reviews, and decision-making are underpinned by transparency, accuracy, and open disclosure⁸ Fairness to all - individuals are treated fairly and are not blamed for the failures of the system 	
2. Consumer (Participant) partnerships	Partnering with consumer	<ul style="list-style-type: none"> Care practices are inclusive of participants and participant engagement, feedback and input are actively sought and reported Participant rights and responsibilities are always respected Partnerships influence strategic and operation re-design 	
	Excellent participant experience	<ul style="list-style-type: none"> Commitment to providing a positive participant experience every time Participant feedback is encouraged and influence service improvements Timely and appropriate services match individual participant care needs, including provision of culturally sensitive services 	
3. Effective workforce	Effective planning and resource allocation	<ul style="list-style-type: none"> Staff have access to regular training and educational resources to maintain and enhance the required skill set Allocation is made that enables care services to be provided by staff with the appropriate and required qualifications and experience Clinical services are informed by available evidence-based practices 	

⁸ Participants may choose to raise a concern to the NDIS Quality and Safeguards Commission

DOMAIN	PRINCIPLES	ELEMENTS	SELF-ASSESSMENT
	Accountability and engagement	<ul style="list-style-type: none"> Individual staff and contractor accountabilities are clear and enacted Teamwork (including multidisciplinary and interdisciplinary collaboration) is recognised as the key to achieving high quality care, and it is encouraged and fostered within a culture of trust and mutual respect 	
4. Risk management	Proactively collecting and sharing critical information	<ul style="list-style-type: none"> Participation and staff feedback are actively sought encouraging contribution related to their expertise and experience Accurate and robust data is effectively understood and informs decision making and improvement strategies Incidents, including critical incidents are prevented where possible, handled effectively and analysed to minimise/eliminate reoccurrence into the future 	
	Continuous improvement of care	<ul style="list-style-type: none"> Rigorous measurement of performance and progress is benchmarked and used to manage risk and drive improvement in the quality of care provided Systems and processes are in place that embrace continuous learning, including learning from mistakes Prioritisation of actions and resources is directed to those areas where the greatest clinical improvements are possible Collection of data informs decision-making and improved participant outcomes Innovation is encouraged through identified risks and areas of improvement 	
5. Clinical practice	Strong leadership and clinical engagement	<ul style="list-style-type: none"> Safeguarding participants through planning, implementation, and review processes⁹ Open disclosure is encouraged as errors are reported and acknowledged without fear or inappropriate blame Ownership of clinical processes and outcomes is promoted and practised by all staff with a focus on following researched best practice where available Health service staff actively participate and contribute their expertise and experience Appropriate action is taken in relation to reporting, triaging and actions taken in response to the quality and safety of care and services provided 	

Adapted from State of Victoria, Department of Health and Human Services, *Delivering high-quality healthcare: Victorian clinical governance framework June 2017*

⁹ NDIS Quality and Safeguards Commission (NDIS Commission)

Risk Analysis

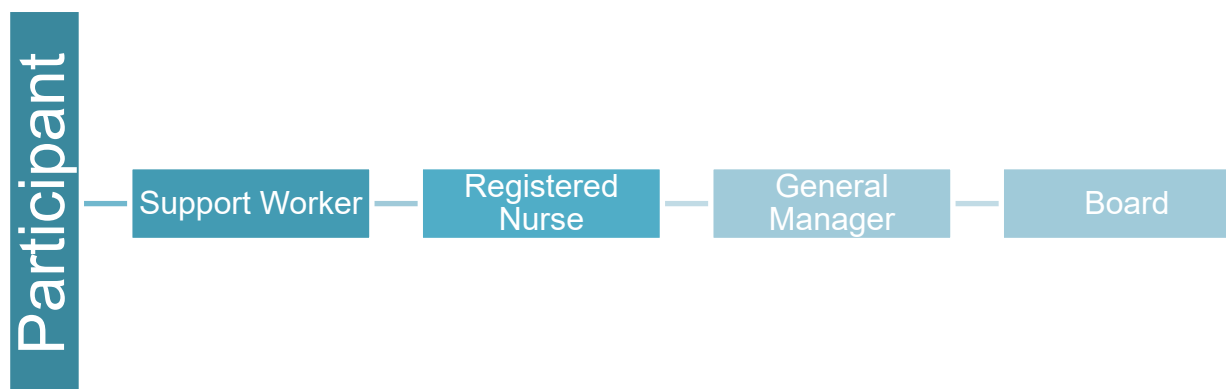
Australian Quality Care strives to foster and achieve an environment where the recipients of the NDIS services feel confident that the services they are receiving are of the highest quality, that they are safe, and they are being delivered by a competent, skilled workforce who reflect professionalism and our organisational values.

For effective clinical governance to occur, Australian Quality Care acknowledges the importance of ensuring that there is a clear understanding of roles, responsibilities, and accountabilities. This also includes clear lines of reporting and responsibility between partnering organisations and contractors to ensure that there is accountability for evidence-based care that is delivered safely, efficiently, timely and appropriately.

Broadly, the roles responsible for ensuring excellence in clinical governance are:

- participants
- clinical and non-clinical staff
- the Advisory Board.

Australian Quality Care has the current clinical structure in place for clinical and personal delivery, monitoring and escalation.



Participant clinical care is provided by support staff with oversight from the Registered Nurse.

Should staff identify any clinical issues, complications, concerns or emergencies in relation to a participant when delivering support (such as deterioration in health or signs of infection), they must report to the Registered Nurse immediately, who will take action following the participant's individual Support Plan for the tailored emergencies related to their needs.

Participants' documented Support Plans are to include what clinical care needs they have with strategies on how to manage and prevent risks and emergencies. In the absence of a Support Plan, the Registered Nurse must follow the appropriate clinical policy and procedure emergency process relevant to what the participants' needs are (e.g., Subcutaneous Injections, Tracheostomy Care etc).

Where the Registered Nurse is unable to follow up or it is outside of their scope of practice, they are to seek further advice from the General Manager or the participants' medical practitioner (after hours medical practitioner if necessary).

If it is a medical emergency or the participant's health is deteriorating, emergency services must be called immediately (Dial 000).

Clinical Incidents

Clinical incidents are to be followed up on an individual basis by the Registered Nurse. These incidents must be recorded and analysed at monthly Advisory Board meetings so they can monitor for trends and identify improvements.

When clinical incidents are actioned individually and analysed, participants risk strategies must also be reviewed and altered depending on the findings. This is to be documented in participants' Support Plans.

The Participant

It is important to engage in partnerships with participants which encourage, empower, and inform them about the role they play in clinical quality and safety. This enables the participant to communicate their preferences about clinical care and care services, provide information that influences the assessment and planning of care, and share decision-making responsibilities.

Our Workforce – Clinical and Non-clinical

Clinical workforce: As health practitioners – whether employed directly by our organisation or contracted, they are responsible for the delivery of high quality and safe clinical care to participants working within the clinical governance framework. They are also responsible for ensuring they meet registration and professional requirements, ongoing professional development and practising within their registration scope and requirements.

Non-clinical workforce: Those who provide care and services to the participants may at times be involved in the delivery of clinical services where they are not directly responsible (i.e., they take direction and are under the supervision of a clinician/health practitioner), but they remain responsible for working within the scope and qualifications of their role.

Managers and Advisory Board

Australian Quality Care's Advisory Board is ultimately responsible for establishing an ongoing culture that promotes and expects excellence in quality and safety whilst ensuring there are rigorous systems and processes in place that support excellence in service delivery and outcomes for participants.

The Advisory Board is comprised of the Directors, General Manager and Accountant. The team oversees excellence in participant service delivery and clinical care outcomes by keeping advised and informed about the organisation's systems and processes that support safe and quality services.

This includes:

- ensuring compliance with standards
- meeting accreditation requirements
- reporting on incident and complaints and trends and
- addressing the need to continuously review the quality and outcomes of the service provided.

Additional to ensuring that Australian Quality Care has clear accountability regarding roles and responsibilities, our organisation will comply with the *NDIS Workforce Capability Framework* and the *NDIS Code of Conduct* requirements specific to these different roles. This helps to protect participants by setting minimum standards for conduct and practice, and to set clear expectations that shape the behaviour and culture of our workforce (including any other service providers we use).

This also empowers participants in relation to their rights. We are accountable to the responsibilities of each role, and this enables our organisation to identify and exclude any individual who commits an unacceptable breach of the code.

Documents which support this element includes:

- *Employment contracts*
- *Employee Position Descriptions*
- *Terms of Reference*
- *Professional Development training including induction registers*
- *Skills Checklists*
- *Policies and Procedures and their relevant documents*
- *Performance Appraisal documentation*
- *NDIS Code of Conduct (NDIS Providers)*
- *Australian Health Practitioner Regulation Agency (AHPRA)*
- *Registration Requirements, Process and Timeline – NDIS*
- *NDIS Practice Standards: NDIS Practice Standards and Quality Indicators (November 2022)*
- *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 – registered version 16 November 2021*
- *NDIS Practice Standards: High Intensity Support Skills Descriptors - Guidance for NDIS Providers and Auditors (November 2022)*
- *NDIS Code of Conduct Guidance for Workers (March 2019)*
- *The NDIS Code of Conduct – Summary for Workers (December 2020)*
- *NDIS Quality and Safeguards Commission - Legislation, Rules, and Policies*
- *NDIS Workforce Capability Framework.*

Responsibilities

The **Advisory Board** is responsible for:

- ensuring Australian Quality Care has appropriate systems and policies in place which support excellence in clinical governance (quality and safety)
- identifying, evaluating, and mitigating risks to Australian Quality Care, its staff and participants
- establishing and maintaining a healthy and safe work environment and
- monitoring Australian Quality Care's compliance requirements and ensuring these are met.

The **Operations Manager** is responsible for:

- implementing Australian Quality Care's human resources policies, procedures and practices including the development of job descriptions for all staff
- ensuring all staff receive an induction to the service and that appropriate ongoing training and education is provided and
- implementing a performance management process for staff which includes monitoring performance on an ongoing basis and conducting regular performance reviews.

The **Registered Nurse** is responsible for:

- monitoring and overseeing Australian Quality Care's day-to-day operations regarding clinical services
- maintaining the service's integrity and service delivery quality
- supervising staff and providing feedback to improve efficiency and effectiveness and
- responding to participant feedback and inclusion in continuous quality improvement initiatives.

Systems and Processes: Supporting Clinical Governance

Developing Clinical Procedures

Australian Quality Care will develop clinical procedures for each individual participant based on the participant's assessed clinical needs, in consultation with their treating medical practitioner, specialist and/or hospital.

The development of each procedure will be overseen by Australian Quality Care's Registered Nurse and will be reflective of contemporary evidence-based and/best practice processes, where they are available.

Support Plans must be contained within the participants' *High Intensity Support Plans* and relate to the specific clinical support they require for:

- Complex Bowel Care Support Plan
- Complex Wound Care Support Plan
- Enteral Feeding Support Plan
- Dysphagia Support Plan
- Tracheostomy Support Plan
- Urinary Catheter Support Plan
- Stoma Management Support Plan
- Ventilator Support Plan
- Subcutaneous Injection Support Plan and

Where a participant requires multiple clinical supports, *High Intensity Support Plans* must include multiple clinical plans.

Clinical and care procedures include elements related to:

- the purpose of undertaking the activity
- relevant clinical definitions
- identification of signs, symptoms and/or adverse events related to the high intensity activity, and management
- relevant assessment, interventions, evaluation, monitoring and reassessment requirements
- workforce skills, knowledge and training that enables the delivery of complex supports, safely to participants
- linkage with the NDIS Practice Standards High Intensity Support Skills Descriptors appropriate to each participant's clinical needs and
- where available, linkages with best practice and/or evidence-based practice.

With their consent, each participant and their supporter/s must be involved in the assessment and development of the plan for their clinical services.

Participants' clinical procedures must be explained to staff providing services to the participant and a copy must be kept in the participant's home, easily accessible by staff (including any subcontracted staff).

Clinical procedures must be reviewed 6-monthly, or sooner if required, by the Registered Nurse and in consultation with the participant's health practitioner or specialist and their supporters.

Where staff are concerned that the clinical care procedure for the participant is ineffective, or they observe a change in the participant's response, this must be immediately reported to the Registered Nurse. The Registered Nurse may then instigate a review of the participant's clinical needs in collaboration with their treating health practitioner or specialist.

At any time, if staff are uncertain about the instructions or requirements in a participant's clinical care procedure, they must contact the Registered Nurse immediately for advice and guidance before proceeding.

As a provider of clinical services for participants, Australian Quality Care can demonstrate that it has systems and processes in place that support excellence in clinical governance in:

- building capacity – education and training
- complaints management
- improving clinical practice
- incident management including alignment with the *National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018*

- legislation, rules, and policies
- NDIS Practice Standards
- *NDIS Code of Conduct*
- provider registration
- self-assessment and
- workforce – screening and suitability.

Building Capacity – Education and Training

Australian Quality Care recognises the importance of all workers understanding the concept of clinical governance and what their roles and responsibilities are in relation to it. All staff including Advisory Board members need to ensure they are inducted and undertake a training program that ensures they are provided with the necessary assistance for them to undertake their roles.

Australian Quality Care will review and assess participants' needs to determine the most appropriately qualified staff member to provide their services. Where a staff member's experience or qualifications in a specialised clinical area (e.g., Complex Bowel Care, Enteral Feeding Support, Tracheostomy Support, etc.) has not been in practice for 6 months or more, then Australian Quality Care will provide the necessary competency training/refresher training, or broker appropriately qualified clinical staff prior to the delivery of these clinical services.

Screening of employees pre- and during employment is monitored and reported. There is also a process in place to ensure the same compliance is met should Australian Quality Care engage with contractors to provide any clinical care services.

The performance of all staff is managed, developed, and documented, including providing feedback and development opportunities.

We have a learning and development system in place for our staff which identifies, plans, facilitates, records, and evaluates the effectiveness of training and education to effectively have a workforce that can respond to the needs of participants. This includes agility to respond to more complex clinical needs, for example, high intensity support activities.

Induction includes completion of:

- the mandatory *NDIS Worker Orientation Program* covering human rights, respect, risk, and the roles and responsibilities of NDIS workers. The e-learning module is available on the NDIS Commission website
- the Australian Government Department of Health's *Infection Prevention and Control for COVID-19* training module
- the areas listed in Australian Quality Care's *Induction Checklist* and
- all relevant policies and procedures.

Professional Development and training are adjusted to meet the learning needs of our staff in addition to changing or identified needs of participants. Outcomes of incidents and complaints also influences the training and education we provide our staff. For further information refer to Australian Quality Care's *Human Resources Policy and Procedure*.

Registered Nurse Qualification and Training Requirements

To provide the necessary skills and support required to support participants, our workforce needs to be agile and able to respond to the changing needs of the participant as well as changes made within our organisation or external to our organisation.

Australian Quality Care's Registered Nurse must have and maintain current AHPRA and comply with the required continuous professional development requirements of their registration.

Staff Qualification and Training Requirements

Supervision of non-medical staff must be provided by the Care Managers.

All staff providing clinical supports must first meet the minimum prerequisite and training requirements for the management of medication, as outlined in Australian Quality Care's *Management of Medication Policy and Procedure including education* within Australian Quality Care on the organisations' policies and procedures around medication management and clinical governance, and pass an online medication administration unit (re-assessed annually).

They must also participate in a group training session in the clinical area they will be providing support in, that includes:

- training in the clinical procedure/s they will be implementing and
- training in the participant's Support Plan and the Clinical Plan/s contained within it. This should cover:
 - the specific needs and risks of the participant and
 - individual emergency and escalation processes

Finally, staff must be assessed as competent by the Care Manager and/or Registered Nurse in providing the support required, before commencing support provision.

The location of the assessment should be based on the nature of the support required, but where the assessment relates to administering clinical support to a particular participant in a particular way it should be conducted while the Support Worker is working with that participant.

Staff will be re-assessed by the Registered Nurse on at least an annual basis.

Training and Competency Documentation

As per the *Human Resources Policy and Procedure*, all training should be planned and recorded using Australian Quality Care's *Staff Training Plan, Training and Development Calendar, and Staff Training and Development Register*.

The Registered Nurse will use a *Clinical Competency Assessment Tool* to formally sign off on staff competency in the specific clinical areas they have been trained in, once they can competently demonstrate their ability in that area when providing support to a participant. A copy of this tool must be kept on the participant's file and another copy on the staff member's file.

Coronavirus (COVID-19) Pandemic Requirements

Any new staff who commence work with Australian Quality Care during the Coronavirus pandemic will be required to complete additional training on infection control and use of PPE using the following resources:

- Department of Health COVID-19 Infection Control Training for staff, including those in the disability sector, about infection prevention and control for COVID-19
- Department of Health *Personal Protective Equipment (PPE) for the Health Workforce* and other COVID-19 resources and
- NDIS Commission *COVID-19 Information for Providers*

Complaints Management

Our organisation can demonstrate that we are compliant with the *NDIS Code of Conduct* by having a robust complaints management process in place that includes a resolution and feedback component. Australian Quality Care support participants to understand how they can provide feedback, including making a complaint and we see this as a very important aspect of demonstrating how we meet our responsibilities to delivery safe and high-quality services.

Australian Quality Care acknowledges that the NDIS Commission is responsible for handling complaints when the participant:

- is unable to resolve issues with their provider and
- does not feel empowered to make a direct complaint to us as an NDIS provider.¹⁰

Australian Quality Care also recognises that there are other avenues for handling complaints that are about the NDIA, the NDIA plan access and NDIS participant plans and that these can include involvement with the NDIA itself, or the Commonwealth Ombudsman.

Australian Quality Care has in place a *Complaints and Feedback Policy and Procedure* that ensures that:

- there is procedural fairness and natural justice
- the participant is central to the complaints process
- the process of making a complaint is made both easy and accessible and includes anonymity.
- our staff are inducted and receive ongoing training on recognising, reporting and documenting complaints.
- the necessary support mechanisms are in place for any person who wishes to make, or has made, a complaint and
- our processes align with the *NDIS Quality and Safeguards Commission (NDIS Commission)* expectations and rules.

Improving Clinical Practice

Our organisation continues to review, report and analyse clinical care outcomes that provide important information about the participant's experience. It also helps our organisation drive improvements based on any adverse outcomes from incidents related to:

- infections
- medications
- loss of skin integrity (e.g., pressure sores, peri-stomal issues)
- clinical deterioration, unplanned/adverse
- falls and
- other e.g., reportable events.

Australian Quality Care will monitor variation in clinical practice against expected health outcomes and will use any information on unwarranted / adverse clinical variation to identify the need for improvements to clinical practice.

Our workforce has the capability and capacity for improving clinical practice as supported by our:

- leadership, which includes clinicians trained at leading change by applying clinical practice improvement methodologies
- teamwork and partnerships, including relationships with clinical specialist groups
- clinical practice supervision, mentorship, and ongoing professional development
- use of best practice and research to base clinical service improvements, documentation improvement (e.g., assessment and use of validate tools) and
- integrated systems of governance (overarching corporate governance – integrating clinical, risk, operations, and financial governance).

Incident Management

Our organisation has internal management and reporting policy and processes in place that ensure all incidents, including reportable incidents, are reported, documented, analysed, and responded to. This includes reviewing them from a safety and quality improvement lens to prevent such incidents from occurring again, and in striving to demonstrate the learning and improvements that arise from this analysis.

¹⁰ NDIS Quality and Safety Commission. *Your Guide to Complaints Management*.

Our incident management systems:

- are part of our culture of excellence including open, transparent disclosure?
- an important part of our workforce induction and ongoing education and training
- is tailored to the size and complexity of the services that we deliver and
- include robust systems for reporting and response, including recording and escalating reportable incidents to the NDIS Commission.

For more information refer to Australian Quality Care's *Reportable Incident, Accident and Emergency Policy and Procedure*.

Legislation, Rules, and Policies

Our organisational systems and processes which support clinical governance align with the following NDIS Legislation, Rules, Guidelines and Policies:

Legislation:

- *National Disability Insurance Scheme Act 2013 (Cth)*

Rules:

- *NDIS Code of Conduct*
- Provider Registration and Practice Standards
- Restrictive Practices and Behaviour Support
- Specialist Disability Accommodation Conditions
- Quality and Safeguards Commission and Other Measures
- Incident Management and Reportable Incidents
- Complaints Management and Resolution
- NDIS Provider Definition
- Protection and Disclosure of Information - Commissioner
- Practice Standards – Worker Screening
- Transitional Rules

Policies:

- Infringement Notice Policy
- Compliance and Enforcement
- NDIS Quality and Safeguarding Framework
- Procedures for determining breaches of the Australian Public Service Code of Conduct and for determining sanction

For other related documents, refer to sections: *Roles and Responsibilities*, and *Supporting Documents* within this document.

NDIS Practice Standards

The NDIS Practice Standards provide a benchmark for how Australian Quality Care demonstrates high quality and safe care services for participants. Additionally, to ensure we meet the appropriate level of clinical governance, Australian Quality Care provides our clinicians with best practice guidelines including relevant clinical care standards, clinical pathways and decision-support tools which enable the provision of care services that are evidence-based.

Compliance with selected best practice guidelines is monitored through an annual internal Clinical Audit, clinical incident management processes, and review of adverse participant outcomes which are reported at Advisory Board meetings.

This includes ensuring our workforce are suitably trained, supervised and mentored which enables them to

provide, where relevant, any of the clinical services listed under the High Intensity Daily Personal Activities Module.

Self-Assessment

In supporting a culture of excellence in clinical governance, our Registered Nurse uses the following parameters as a method of undertaking an annual self-assessment when reviewing the core elements described within the five clinical governance domains. Identified areas that score #1 or #2 must be escalated to the Advisory Board to ensure strategies and timeframes are put in place to remedy the issue/s. For more information refer to Table 1: *Components of Clinical Governance: Domains, Principles and Elements*).

Element not yet addressed	Addressing some essential elements	Addressing all essential elements	Addressing all essential practices, and some additional elements identified
1	2	3	4

Table 2: Adapted from the NDIS Provider Toolkit 2015

Workforce

Worker Screening

Australian Quality Care ensures that key personnel¹¹ and staff who provide specific supports and services have appropriate clearance, with a focus on protecting the rights of participants.

All relevant staff who are working with, or are in contact with, participants are appropriately screened for that purpose. This includes meeting our obligations as an NDIS provider when engaging another organisation (e.g., as a subcontractor) to perform work on our behalf.

More detail is provided in our *Human Resources Policy and Procedure*. As per this Policy and Procedure, Australian Quality Care maintains updated records including registers that list compliance (name, role, date of compliance, date due for renewal) for all staff.

Workforce Suitability

Australian Quality Care recognises that there are certain aspects of clinical care services that need to be provided by persons with specific qualifications and experience to ensure quality, safety and positive participant clinical/care outcomes. This is particularly of relevance in the support of High Intensity Daily Personal Activities and the associated skill descriptors that detail the skills and knowledge required when delivering these complex supports.

The necessary qualifications and experience are screened at employment and ongoing as required during employment, and include:

- annual review of professional registration for those staff regulated under AHPRA where applicable
- ensuring qualifications meet relevant industry requirements e.g., Certificate III, Certificate IV, Diploma, or Advanced Diploma in Disability and
- keeping documented evidence of these qualifications, experience, attendance at induction and completion of ongoing mandatory training.

For more information refer to Australian Quality Care's *Human Resources Policy and Procedure*.

¹¹ The term "key personnel" means individuals who hold key executive, management, or operational positions in an organisation, such as directors, managers, board members, chief executive officer or chairperson. (*Suitability assessment process guide: Information for NDIS Providers and their 'key personnel'* July 2018)

Supporting documents

- *Corporate Governance Policy and Procedure*
- *Support Planning Policy and Procedure*
- *Continuous Improvement Policy and Procedure*
- *Independence and Informed Choice and Decision-Making Policy and Procedure*
- *Complaints and Feedback Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Reportable Incident, Accident and Emergency Policy and Procedure*
- *Infection Prevention and Control Policy and Procedure*
- *Management of Medication Policy and Procedure*
- *Privacy and Dignity Policy and Procedure*
- *Client Protection - Violence, Abuse, Neglect, Exploitation and Discrimination Policy and Procedure*
- *Responsive Support Provision and Support Management Policy and Procedure*
- *Access to Supports Policy and Procedure*
- *Information Management Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Transition or Exit Policy and Procedure*
- *Restrictive Practices Policy and Procedure*
- *Work Health and Safety Policy and Procedure*
- *Organisation Chart*
- *Local High Intensity Procedures*
- *High Intensity Support Plans*
- *Staff Training Plan*
- *Training and Development Calendar*
- *Staff Training and Development Register*
- *Clinical Competency Assessment Tools*
- *Employment contracts*
- *Position Descriptions*

Legislative References

- *National Disability Insurance Scheme Act 2013 (Cth)*
- *Privacy Act 1988 (Cth)*
- *Work Health and Safety Act 2011 (Cth)*

NDIS Supporting Documents

- *NDIS Practice Standards: High Intensity Support Skills Descriptors - Guidance for NDIS Providers and Auditors (November 2022)*
- *NDIS Code of Conduct (Guidance for NDIS Providers). June 2021*
- *NDIS Code of Conduct (Guidance for Workers) March 2021*
- *Factsheet: The NDIS Code of Conduct (July 2022)*
- *Factsheet: NDIS Code of Conduct – Summary for Workers*
- *NDIS Workforce Capability Framework (2021)*
- *Positive Behaviour Support Capability Framework (February 2021)*
- *NDIS Quality and Safeguards Commission. Factsheet: NDIS Commission – What Does This Mean for providers? (November 2022)*
- *NDIS Commission Practice Alert: Comprehensive Health*

- *NDIS Commission Practice Alert: Epilepsy Management May 2022*
- *NDIS Commission Practice Alert: Lifestyle Risk Factors*
- *NDIS Commission Practice Alert: Oral Health*
- *NDIS Commission Practice Alert: Polypharmacy March 2022*
- *NDIS Commission Practice Alert: Dysphagia, Safe Swallowing and Mealtime Management November 2021*
- *NDIS Commission Practice Alert: Medicines Associated with Swallowing Problems*
- *NDIS Commission Practice Alert: Transitions of Care Between Disability Services and Hospitals*
- *Findings: Scoping Review of Causes and Contributors to Deaths of People with Disability in Australia*

Refer to other sources listed throughout this document and in the Bibliography.

Glossary

Act	The <i>National Disability Insurance Scheme Act 2013</i> .
Approved restrictive practice	A restrictive practice that is used by a provider in relation to a participant, following a process through which the provider has sought, and obtained, formal permission to have the restrictive practice included in the participant's positive behaviour support plan, through the relevant state or territory approval process. (See also 'restrictive practice', 'unapproved restrictive practice').
Behaviours of concern	Behaviours of such intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit the use of, or result in, the person being denied access to ordinary community facilities.
Behaviour support plan	Refers to <ul style="list-style-type: none"> • A comprehensive behaviour support plan or • An interim behaviour support plan.
Blue Card	Means the blue card issued by the Commission for Children and Young People and Child Guardian once it has carried out the blue card check to see if a person is eligible to work in the areas of child-related work covered by the Commission's Act. If a person is eligible, they are issued a positive notice letter and a blue card. The Blue Card systems applies to Queensland only.
Capability (individual)	Understanding, skills, and knowledge which enable individuals to exercise choice and control, and to participate in the community.
Clinical	A bodily procedure or intervention that requires a measured level of competency.
Clinical care	Health care provided by health practitioners e.g., nursing, and allied health. Organisations that deliver or host the delivery of clinical care are expected to make sure it is best practice, meets the participant's needs, and optimises the

participant's health and well-being.

Clinical governance

The system by which the governing body, organisational leaders/executives, clinicians, and non-clinical staff are committed to delivering excellence in quality care and providing the highest possible level of clinical safety for the participants of this care.

Clinical governance framework

The overarching organisational approach to ensuring quality and safe clinical care is provided to participants of that care - in the case of NDIS services, the "participant".

Clinical quality and safety

Quality and safety of clinical care. This includes ensuring that clinical care is safe, effective, timely and appropriate.

Clinical Leadership

Strong, transparent, supportive, and accessible leadership fosters a culture of learning, accountability, and openness, with strong clinical engagement.

Complaint

Is when someone expresses dissatisfaction, in this instance, with an NDIS support or service i.e., it is an expression of dissatisfaction with an NDIS support or service, including how a previous complaint was handled, for which a response or resolution is explicitly or implicitly expected¹².

Connected

When services work together to achieve shared goals and people experience service and support continuity as they move through the service system.

Continuous improvement

Ongoing, conscious efforts to identify opportunities to improve service provision, learn from problems that arise, and implement positive changes to operational and governance processes. The aim is to enhance safe, high-quality provision of supports to participants.

Corrective measures

Actions under the NDIS Quality and Safeguarding Framework that providers and governments need to take to respond to incidents or service failures after these have occurred.

Credentialing

A formal process used by the organisation to assess qualifications and skills of members of non-clinical workforce who are not health practitioners to provide aspects of clinical care.

Critical risk

Any uncontrolled risk which may impact on a participant safety including the 'incidents that must be covered' as described in section 9 of the *National Disability Insurance Scheme (Incident Management and Reportable Incident) Rules 2018*.

¹² Complaint – as defined in the NDIS Quality and Safeguards Commission – Effective Complaint Handling Guidelines for NDIS Providers

Decision making

Participants make choices about their lifestyle and activities of daily living, their care, their services. Supported decision making is the process of enabling a person who requires decision making support to make, and/or communicate, decisions about their health and wellbeing.

Decision making supports

Activities, strategies, and other supports (such as appropriate use of communication supports) designed to maximise participants' ability to exercise choice and control and to facilitate more opportunities for a participant to engage in decision-making in their everyday lives.

Effective

Appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each participant.

Functional behavioural assessment

The process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop and understanding of the relationship of events and circumstances that trigger and maintain the behaviour.

Governance

The rules, practices, processes, and systems an organisation uses to direct and manage that organisation and services.

Governing body

The individual or group of people with overall responsibility and ultimate accountability for the organisation. This includes responsibility for the strategic and operational decisions that affect the safety and quality of care and services.

Incident

An event or circumstances that resulted or could have resulted in unintended or unnecessary harm, loss, or damage to a person.

Key personnel

Individuals who hold key executive, management, or operational positions in an organisation, such as Directors, Managers, Advisory Board members, Chief Executive Officers or Chairpersons.

NDIS participant plan

The plan approved by the agency CEO which contains the participant's statement of goals and aspirations, and statement of participant supports.

NDIS provider

Has the meaning under section 9 of the Act.

NDIA

The National Disability Insurance Scheme Launch Transition Agency (NDIA) is an independent statutory agency established under the *National Disability Insurance Scheme Act 2013* whose role is to implement the National Disability Insurance Scheme.

NDIS	National Disability Insurance Scheme.
Non-clinical workforce	Members of the workforce who are not health practitioners. They can have a variety of roles providing care and services to participants. Some members of the non-clinical workforce such as personal care workers, may be involved in the delivery of care.
Open disclosure	Open discussions with participants, their nominee and/or substitute decision maker/s and other support persons of incidents that have caused harm or had the potential to cause harm to the participant. It involves an expression of regret and a factual explanation of what happened, the potential consequences and what steps are being taken to manage this and prevent it from reoccurring.
Outcomes	The elements of quality support which should be achieved for people with disability receiving support, identified through the NDIS Practice Standards.
Participant	Has the meaning given under section 9 of the Act. Note: For the purposes of the Scheme and the NDIS Practice Standards, where a participant is supported by a nominee or decision maker (such as a family member), where the context requires the term 'participant' should be read as including the nominee or decision maker.
Partnership	A working relationship between two or more people. In this context, partnering between the organisation and participants to jointly plan care and services that are safe and of quality.
Person-centred	A person's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning. The health service is focuses on building meaningful partnerships with participants to enable and facilitate active and effective participation.
Planner	A person employed by the NDIA to assist a person with disability through the planning process and in the development of an individual support plan.
Plan Nominee	A person approved by the NDIA to undertake all activities that a participant would undertake under the NDIS, including the preparation, review, or replacement of the participant's plan, and/or the management of the funding for supports in the participant's plan, with the exception of any acts relating to the plan for which the NDIA has ruled must be done by the participant personally.

Police Check

Means a formal inquiry made to the relevant police authority in a State or Territory and designed to obtain details of an individual's criminal conviction or a finding of guilt in each State and Territory of Australia and in all non-Australian jurisdictions known to you where the Person has resided.

Positive behaviour support

A range of proactive strategies implemented to identify and address the underlying causes of behaviours of concern through an individual functional behavioural assessment and development of a positive behaviour support plan. Positive behaviour support strategies may include implementing changes to the environment and psychological interventions such as cognitive behavioural therapy.

Positive behaviour support plan (PBSP)

A positive behaviour support plan for a person with an intellectual or cognitive disability is a plan that describes the strategies to be used to:

- meet that person's needs
- support that person's development of skills
- maximise opportunities through which that person can improve their quality of life and
- reduce the intensity, frequency and duration of behaviour that causes harm to the person or others.

The plan should also specify the conditions under which restrictive practices (if required) may be used.

Positive behaviour support practitioner

Someone who has been approved as an NDIS registered provider to provide complex behaviour supports to NDIS participants. Will have to demonstrate the ability to meet competency requirements relating to the development, implementation, review, and monitoring of the positive behaviour support plan.

Preventative measures

Actions under the NDIS Quality and Safeguarding Framework designed to prevent harm being caused to people with disability.

Proportionate to risk

This means any regulatory arrangements implemented under the NDIS Quality and Safeguarding Framework that are appropriate based on the risk to participants associated with the service or support type.

Provider

See 'registered' and 'unregistered' provider definitions.

Quality

The extent to which a support being delivered by a provider is able to meet or exceed a participant's needs and expectations, and the extent to which that provider is meeting or exceeding the relevant NDIS requirements as implemented under the scheme's quality and safeguarding arrangements.

Quality Improvement

Established methods and data are used to drive and design actions to improve safety and quality.

Registered provider	A person or organisation registered with the NDIS to provide supports to participants or to manage the funding for supports for participants.
Registration	Providers of supports need to apply and be approved by the chief executive officer of the NDIA to be registered with the NDIA, in accordance with the requirements set out in the <i>National Disability Insurance Scheme Act 2013</i> .
Registration classes (sometimes known as registration groups)	The classes (or groups) of supports and services being delivered under the NDIS categorised into registration classes depending on the type of service or support delivered to the participants by the NDIS provider as set out in the table at section 20 of the <i>National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018</i> .
Regulatory arrangements	Requirements designed to improve the safety and quality of support delivery that may include a combination of policies, registration, legislation, worker screening, supervision and development and monitoring and reporting.
Responsive regulation	An approach to regulation that applies a regulatory response to an incident or issue that is in proportion to its impact on participants and implications for the NDIS market. Typically involves a hierarchy of responses, ranging from education and advice, through to deregistration and sanctions.
Reportable incidents	<p>These incidents include the death, serious injury, abuse, or neglect of a person with disability and the use of restrictive practices in particular circumstances. Subsection 73Z(4) of the Act provides that reportable incident means:</p> <ul style="list-style-type: none"> • the death of a person with disability • serious injury of a person with disability • abuse or neglect of a person with disability • unlawful sexual or physical contact with, or assault of, a person with disability • sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity and • the use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation (however described) of a State or Territory in relation to the person.
Restrictive practice	Any intervention which restricts the rights or freedom of movement of a person with disability who displays behaviours of concern, where the primary purpose of that intervention is to protect them, or others, from harm. It is

a last resort intervention that occurs in the context of a positive behaviour support plan and should be used in proportion to the risk posed by the behaviour it is intended to address (see also ‘approved restrictive practice’ and ‘unapproved restrictive practice’).

Risk

Any internal or external situation or event that has the potential to have a negative impact by causing harm to people associated with the organisation, preventing the organisation from successfully achieving its outcomes and delivering its services, reducing the organisation’s viability, or damaging its reputation. From a Risk Management perspective, risk is the combination of the likelihood (chance) of an event occurring and the consequences (impact) if it does.

Risk analysis

The process to understand the nature, sources and causes of risks to determine the degree of risk. The degree and consequences of risk together inform risk evaluation and decisions about risk treatment.

Risk assessment

The overall process for identifying, analysing, and evaluating risks. Risk assessments assist in determining:

- what levels of harm can occur
- how harm can occur and
- the likelihood that harm will occur.

Risk-based

See ‘Proportionate to risk’.

Risk evaluation

The process of determining whether a risk is tolerable or whether it requires ‘risk treatment.’

Risk identification

The process of finding, recognising, and describing risks.

Risk to participants

Risk to participants is principally about the potential of supports to cause harm or be unsafe in some way.

Risk (managed)

The level of risk remaining after risk treatment plans have been put in place and are being followed.

Risk (unmanaged)

The level of risk before any action has been taken to manage it.

Risk Treatment

A measure, work process or system used to eliminate a risk, or if this is not possible, reduce the risk so far as is practicable.

Options include:

Avoiding the Risk – where the level of risk is unacceptable, and the means of risk control are either not viable, not worthwhile, or not actionable, risk could be eliminated by not proceeding with the activity that could generate the risk

Changing the Risk Consequence – undertake actions

aimed at reducing the impact of the risk

Changing the Likelihood – undertake actions aimed at reducing the probability of the risk occurring

Retaining the Risk – Responsibility for treating the risk can be transferred or allocated to other parties best able to manage it. For example, using insurers

Safe

Avoidable harm during delivery of care is eliminated

Free from preventable harm including neglect or isolation

Safeguarding

Actions designed to protect the rights of people to be safe from the risk of harm, abuse, and neglect, while maximising the choice and control they have over their lives.

Scheme

The National Disability Insurance Scheme

Self-managing

Refers to a participant who chooses to be responsible for finding and arranging their supports, making payments to their chosen providers, and managing their plan expenditure in accordance with the provisions of the *National Disability Insurance Scheme Act 2013*.

Serious incident

An event which threatens the safety of participants or others, or that involves an act of fraud. Some jurisdictions use the term 'participant incident' or 'critical incident'.

Support coordinator

A role providing participants with more targeted support to coordinate, implement and manage their NDIS plan, where this has been identified as a need for the individual participant and approved by the NDIA.

Supported decision-making

A range of processes to support individuals to exercise their legal capacity and make their will and preferences known – see also "Decision making supports".

Supports

Different forms of assistance offered to a person with disability to enhance their quality of life and assist them to meet their goals. Supports can include, for example, personal care or transport, as well as activities of the NDIA provided in relation to a participant such as local coordination and referral.

Teamwork

Staff are supported at all levels of the organisation by skilled management

Unapproved restrictive practice

A restrictive practice that is used by a provider in relation to a participant when approval (through the relevant state or territory approval process) has not been obtained to include it in the participant's positive behaviour support plan. This is classified as a serious incident for reporting purposes.

Unregistered provider

A provider supports an NDIS participant but is not registered as an NDIS provider.

Verification

Involves an independent check that a provider seeking to obtain or retain registration meets the defined criteria relevant to their scope of service. May include, for example, verifying that insurance is current and appropriate to the service offering, and that staff have appropriate qualifications pertaining to their intended service offering, where professional qualifications are required.

Vulnerable Person

Means:

- a Child or Children or
- an individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation by reason of age, illness, trauma or disability, or any other reason

Worker screening

Involves arrangements for deciding whether an individual worker (or prospective worker) will pose an unacceptable risk to people receiving a service.

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Monitoring and review

This Framework will be reviewed by Australian Quality Care’s Advisory Board annually, or sooner if changes in legislation occur or new best practice evidence becomes available. Reviews will incorporate staff, participant, and other stakeholder feedback, and identified continuous improvement as relevant.

Review of procedures will assess if the implementation is efficient, effective, and able to be actioned.

Australian Quality Care’s *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Australian Quality Care’s future service planning and delivery processes.

Document Control

Version No.	Issue Date	Document Owner
1	19/12/2024	Kelly Masterton
Version History		
Version No.	Review Date	Revision Description