



KARITANE[®]

Partnerships made for parents

Clinical Governance Framework

Table of Contents

REVIEW PROCESS	2
APPROVAL PROCESS	2
REVISION HISTORY	2
1. EXECUTIVE SUMMARY	3
1.1 COMMITMENT TO FIRST NATIONS COMMUNITIES AND THEIR HEALTH	3
1.2 STATEMENT OF DIVERSITY AND INCLUSION	4
1.3 KARITANE VALUES	4
2. THE AIMS / PURPOSE OF THE FRAMEWORK	5
2.1 KARITANE CONTINUUM OF CARE	5
FIGURE 1: KARITANE'S CONTINUUM OF CARE	6
2.2 EARLY ENGAGEMENT	7
2.3 EARLY INTERVENTION	7
2.4 INTENSIVE SUPPORT	8
3. KARITANE CLINICAL GOVERNANCE PRINCIPLES	8
FIGURE 2: KARITANE'S CLINICAL GOVERNANCE PRINCIPLES	8
3.1 PARTNERING WITH CONSUMERS	8
3.2 LEADERSHIP & ORGANISATIONAL CULTURE	9
3.3 COMMITTEES	12
FIGURE 3: KARITANE'S COMMITTEE STRUCTURE	13
3.4 RESEARCH, EDUCATION AND FAMILY PARTNERSHIP	14
3.5 INCIDENT AND RISK MANAGEMENT	15
3.6 LEGISLATIVE COMPLIANCE AND POLICY	16
3.7 SAFETY AND QUALITY SYSTEMS	18
3.8 CLINICAL PERFORMANCE AND EFFECTIVENESS	19
3.9 SAFE ENVIRONMENT FOR THE DELIVERY OF CARE	20
3.10 WORKFORCE MANAGEMENT AND TRAINING	21
3.11 QUALITY IMPROVEMENT	22
4. DEFINITIONS AND ACRONYMS	23
5. EVALUATING THE EFFECTIVENESS OF THE FRAMEWORK	25

REVIEW PROCESS

Policy Lead Reviewer	Director Governance and Corporate Services
Policy Owner	Clinical Governance Board Subcommittee
Policy Sponsor	Chair, Board Clinical Governance Subcommittee
Contributing Stakeholders	Director Education and Business Development Director Clinical Services Safety, Quality and Risk Manager
Broad Consultation	Governance, Performance and Review Committee
Search Terms for Policy	Karitane Clinical Governance Framework

APPROVAL PROCESS

Committee Name	Endorsement/Approval Date
Clinical Governance Board Subcommittee	June 2025

REVISION HISTORY

Version	Policy Lead Reviewer	Amendment Notes
May 2025 KAR_PD2025_COR216	Dinethra Nandakoban	Acknowledgement, Commitment to First Nations Communities and their Health, Statement of Diversity and Inclusion, major edits to purpose of the framework section to align to clinical governance board sub-committee Terms of Reference; add new section align to continuum of care; add research as a pillar; new systems and structures section and tables; and update of all clinical governance pillars.
June 2019	Karen Edwards	First version, Endorsed by Board

1. EXECUTIVE SUMMARY

Karitane delivers high quality, comprehensive, evidence-based parenting services for families in addition to research-driven education and training to healthcare professionals and non-government organisations. Karitane is a respected and trusted service leader in parenting and early intervention across NSW.

Our Vision and Purpose

Karitane's vision is “our impact will enable children to have the best start in life” and **our purpose** being “trusted early parenting experts empowering families and children to be healthy, confident and resilient.” We provide leading specialist early parenting services that empower families and children to be confident, safe, and resilient.

Our Purpose is to provide accessible, evidence-based services that support families to parent confidently. Through research, advocacy and collaboration we promote excellence in our care across a diverse community.

1.1 COMMITMENT TO FIRST NATIONS COMMUNITIES AND THEIR HEALTH

Karitane acknowledges the Traditional and Continuing Owners of the land and waters of Australia, pays its respects to Elders, past and present. We pay tribute to the wisdom, richness, diversity, and resilience of First Nations peoples and cultures.

At Karitane, we are dedicated to fostering an environment where innovation and reconciliation walk hand in hand and we are committed to building a future that acknowledges our history, honours First Nations peoples and cultures, and creates opportunities for a united and impactful future. We strive and work towards ensuring-

First Nations families are empowered during the early years of their children's lives to be healthy, confident, and resilient, enabling their children to have the best start in life. They experience Karitane as a respectful and trusted early parenting support service.

Karitane has authentic, reciprocal partnerships with First Nations communities and organisations, and is highly capable at both following and taking ambitious leadership initiatives when appropriate. Planning and delivery of Karitane services is informed and continuously guided by First Nations peoples' voices and experiences. Karitane is an inclusive and culturally safe employer of First Nations staff. Every member of the Karitane team plays a part in working in culturally respectful ways, creating culturally safe spaces for First Nations families in our clinics and programs.

1.2 STATEMENT OF DIVERSITY AND INCLUSION

At Karitane, we prioritise the Rights of the Child, placing them at the centre of all our work. We aim to foster a values-driven organisational culture, underpinned by robust governance, contemporary systems, and service delivery models. Karitane is committed to providing equitable, accessible, and effective services for children and families, recognising that diversity extends beyond culture and language to include LGBTQI+ families, fathers, and families with disabilities.

We strive to create a culturally aware and safe workplace, advocating for the rights of all children and parents, regardless of background, circumstances, or abilities. Our commitment to diversity, equity, inclusion, and belonging guides both our service delivery and organisational culture (NSW Health, 2019; NSW Health, 2022a; NDIS, 2024; Public Service Commission NSW, 2024; Commonwealth of Australia, 2024).

Karitane also seeks to expand strategic partnerships to promote growth, new opportunities, and community recognition. In line with our commitment to the National Agreement on Closing the Gap, and our Reconciliation Action Plan, Karitane delivers holistic, family-centred care, with strong inter-agency collaboration to ensure seamless support from early intervention to intensive support.

1.3 KARITANE VALUES

Respect - Our Relationships

Our relationships are characterised by respect, support, and a recognition of the value of every individual. Each family and child, colleague and care partner is important to us. We value our diverse backgrounds and professional approaches that contribute equally to Karitane's success in providing care.

Innovation - Our future focus

We commit to creative and innovative approaches to our work informed by ongoing research, increasing knowledge, evidence-based practice, and contemporary approaches to care. We seek new opportunities for delivering services that are sustainable and transforming for the families we serve.

Collaboration - Our partnership approach

We seek to collaborate with families, our colleagues and care partners to achieve our purpose. We build our partnerships through effective teamwork, shared decision making, our caring and supportive approach and appropriate and timely communication.

Excellence - Our standards

We strive for excellence in our work supported by effective leadership, professional, transparent, and accountable practices, cultural awareness, and a commitment to continuous learning through evidence-based work.

2. THE AIMS / PURPOSE OF THE FRAMEWORK

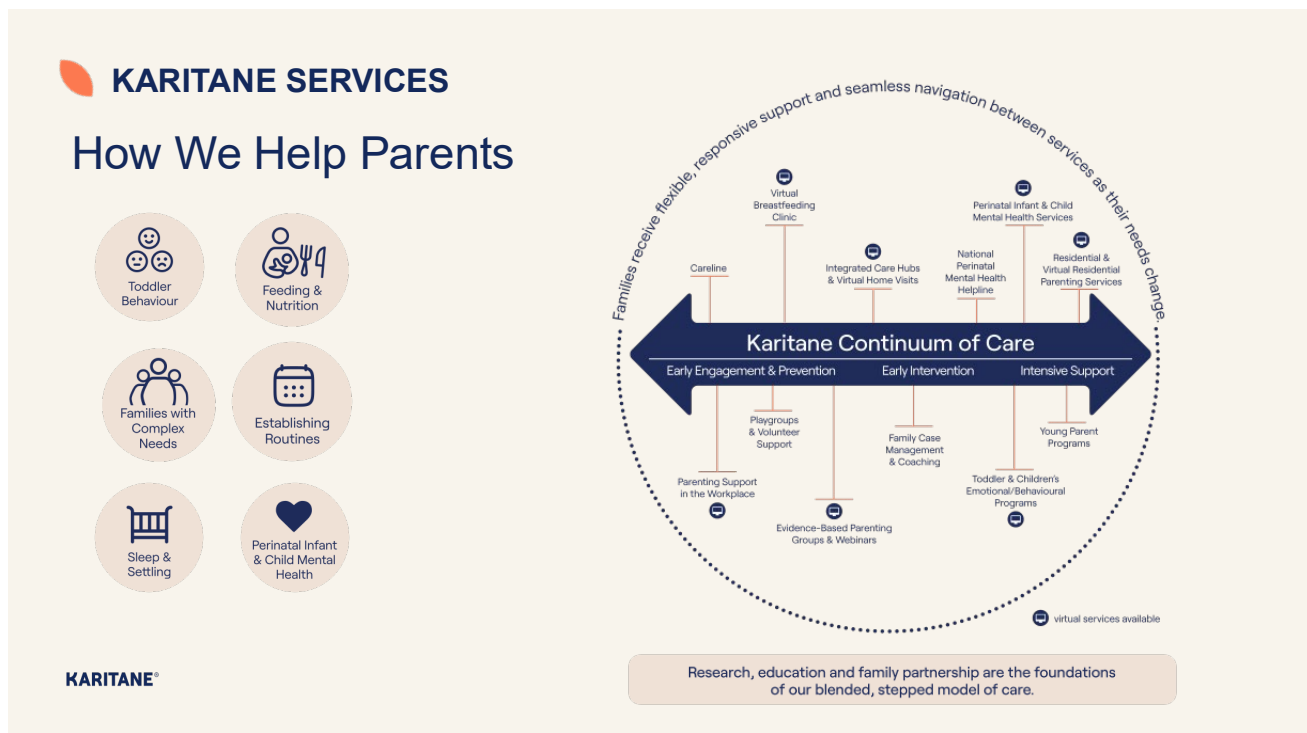
The Karitane clinical governance framework has been developed to deliver a strong safety culture with effective clinical governance systems supporting high quality, person-centred care to families. Through the provision of evidence-based Karitane services and continuous improvement, Karitane strives to implement and refine innovative models of care which provide equity, accountability and transparency in service delivery.

- Monitor and make recommendations to the Board, where appropriate, on matters related to the quality of care, clinical risks, patient safety, consumer engagement, organizational culture, research and education.
- Ensure systems are designed and operate effectively to support clients, carers, families and consumers to be partners in care planning, design, measurement and evaluation.
- Reference the Strategic Quality Improvement Plan with long term and annual improvement targets to drive a culture of continuous quality improvement.
- Support clinical leadership and ongoing staff development, including the review of clinical practices or clinical competences
- Monitor standards of care and outcomes compliance with quality- and safety-related accreditation standards so that families receive the right care at the right time at the right place
- Define roles, responsibilities and reporting pathways for issues, concerns or incidents
- Effectively manage safety and quality in service delivery, including effectiveness of operational policies, procedures and processes.
- Identify and manage risk in all aspects of service operation.

2.1 KARITANE CONTINUUM OF CARE

The performance of the clinical Governance framework is aligned to the Karitane's Continuum of Care model (Figure 1), strategically to organisational directions, and monitored by benchmarking and trends. At the core of our service model is the child and the family, as they are always the focus – at the centre of everything we do. Their needs and wellbeing are paramount, guiding our approach to service delivery.

FIGURE 1: KARITANE'S CONTINUUM OF CARE



Karitane’s clinical governance framework sits within the corporate governance structure and recognises the interdependence of these systems, and the individual and collective responsibilities of members of the Board, the Executive, management and staff in executing good governance.

The clinical governance framework is built around partnering with consumers with a focus on:

- Strong leadership with top-down and bottom-up communication
- Individual accountability and responsibility
- An organisational culture of continuous improvement
- A commitment to excellence and leadership in evidence-based parenting practice
- Openness and transparency in dealings with all stakeholders
- Evidence led evaluation, monitoring and direction setting
- Clear lines of authority, delegation and scope of practice

The Karitane clinical governance framework includes the following key systems and structures which establish both the clinical and corporate elements of responsible governance across the organisation.



2.2 EARLY ENGAGEMENT

<p><i>Careline</i> <i>Website and Social Media</i> <i>ForWhen</i> <i>Intake and Preadmission Interviews</i> <i>Parenting Workshop Webinars</i> <i>Parenting Support in the Workplace</i></p>	<p>Service navigation linking individuals and families to Karitane services.</p>
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2.3 EARLY INTERVENTION

<p><i>Virtual Breastfeeding Clinic</i> <i>Integrated Care Hubs</i> <i>Evidence based Parenting Programs</i> <i>Volunteer Family Connect</i> <i>Young Parents Program</i> <i>Integrated Care Hubs</i> <i>Parenting Centres and Virtual Home Visits</i> <i>Village Connect</i> <i>Karitane Linking Families</i></p>	<p>These services provide more targeted support, and work in close connection with external services fostering community engagement and support.</p>
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2.4 INTENSIVE SUPPORT

<p><i>Residential Services & Virtual Residential Stay</i> <i>Perinatal Infant Mental Health Service</i> <i>Toddler Clinics – PCIT and Internet PCIT</i> <i>Virtual Residential Parenting Service</i></p>	<p>Specialised tertiary support services, short-term or longer-term, which are more intensive for those needing specialised help. Families may access these supports intermittently, depending on their needs, with some services requiring waiting lists or brief engagements.</p>
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3. KARITANE CLINICAL GOVERNANCE PRINCIPLES

FIGURE 2: KARITANE’S CLINICAL GOVERNANCE PRINCIPLES



3.1 PARTNERING WITH CONSUMERS

Partnering with consumers is essential for improving healthcare and community outcomes and driving continuous improvement. It is a cornerstone of care delivery, and as such needs to be promoted across the organisation, guiding policy, planning, training and service delivery.

Consumer engagement and participation is embedded in all levels of governance within Karitane with systems designed to support clients, carers and consumers to be partners in care planning, design, measurement and evaluation. Karitane aims to deliver person-centred care to a diverse community by partnering with individuals and representative groups in developing and implementing the right care at the right time.

At the service level, consumer feedback is collected and used to inform policy and practice. Consumer reviews of key changes in service delivery are invited through both formal and informal consumer engagement processes.

At Board level, consumer participation in governance, leadership and culture will provide consultation around strategic planning, corporate culture and identity, models of care and clinical governance. Karitane also maintains compliance as a Child Safe Organisation. Key consumer feedback is also obtained through complaints and compliments management, incident management, focus groups and consumer surveys.

Key documents, systems and structures for partnering with consumers include:

Consumer & Community Participation Guideline	Comprehensive care plan
Family partnerships training	Child Safe Organisation compliance
Compliments & Complaints management	Australian Charter of Healthcare Rights
Identification of substitute decision maker	Rights and responsibilities posters
Consumer feedback	Consumer representatives
Karitane policies & procedures	Rights of Every Child in Healthcare
Client surveys	Health Literacy Readability testing for key messages
Informed consent	Informed financial consent
Shared decision making	Respecting the Difference training
MoH and SWSLHD policies	

3.2 LEADERSHIP & ORGANISATIONAL CULTURE

Karitane provides a leadership culture that sets clear expectations, accountabilities and responsibilities across the organisation. The Karitane leadership culture is developed through purposeful communication of the organisation’s vision, mission, values and strategy and establishes the principles underpinning operational performance.

The Board is responsible for:

- Setting the strategic direction of the organisation
- Providing leadership and stewardship
- Monitoring and managing associated performance, conformance and alignment
- Establishing the policy framework for governing the organisation

- Evaluating and reviewing the effectiveness of governance processes
- Ensuring compliance with relevant legislation, regulation and policy
- Managing and evaluating risk
- Promoting a culture of safety, quality and clinical excellence
- Reviewing sentinel events, root cause analyses and corrective plans for negative variances and serious errors; if appropriate, recommend corrective action.

The Clinical Governance Board Subcommittee and the Executive Team are responsible for:

- Developing and overseeing the clinical governance framework
- Resourcing and evaluating the implementation of the clinical governance framework
- Establishing well designed systems to support good governance
- Providing leadership and direction in operationalising the strategic plan
- Developing a clear code of conduct and values that underpin the governance framework
- Reporting to the Board on activities and outcomes
- Providing robust and transparent evaluation and review of service delivery
- Reviewing and recommending to the Board strategic quality and safety related policies and standards.

Governance Performance and Review Committee is responsible for:

- Providing support to the Board in fulfilling its governance responsibilities through the establishment and monitoring of clinical reporting, risk and incident management, legislative compliance, policies and procedures, internal and external audit functions, continuous improvement activities and key performance indicators.
- Approving and monitoring a dashboard of key performance indicators compared to organisational goals and industry benchmarks.
- Flagging any major discrepancies versus target to the board and together with the executive team suggesting corrective actions

Service Managers are responsible for:

- Communicating the clinical governance framework to their teams
- Translating the governance framework to service level operations
- Implementing operational guidelines and workplans that reflect the strategic direction of the organisation
- Reporting on activities and outcomes

All staff are responsible for

- Understanding their roles, responsibilities and scope of practice
- Incorporating safety and quality into their work practice
- Their own professional development and education
- Complying with relevant legislation and following local policies and procedures
- Complying with professional standards and registration requirements
- Participating in shared decision making with clients
- Working collaboratively with key stakeholders
- Reporting and escalating concerns regarding safety, quality, conduct or standards
- Complying with NSW Health Code of Conduct & Karitane values

Clients and consumers are encouraged to:

- Participate in shared decision making to the extent they choose, to the best of their ability
- Actively engage in their clinical journey to optimise treatment outcomes
- Ask for assistance or support in managing or escalating their own care
- Provide feedback and identifying opportunities to improve service delivery
- Follow local procedures that promote safety and quality within the healthcare setting
- Communicate with staff regarding concerns about safety and quality in service delivery at either an individual or organisational level.

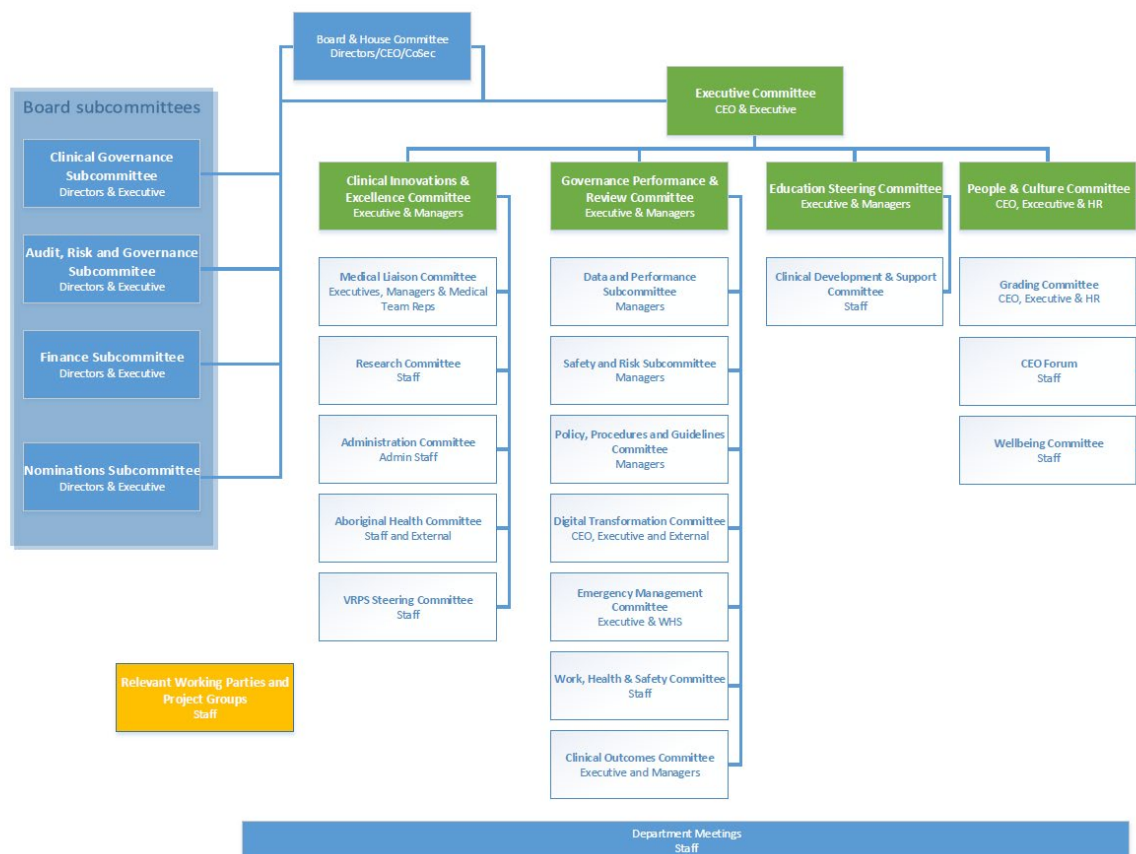
Key documents, systems and structures for managing and monitoring leadership include:

Board Constitution	Strategic Direction 2022-2026
Vision, Values Statements	NSW Health Code of Conduct
Biannual Workforce Survey	Role & Position Descriptions
Workforce Plan	Annual performance appraisal
Leadership KPIs	CEO Forum
Values Project	Annual Report
MoH and SWSLHD policies	Karitane policies & procedures

3.3 COMMITTEES

The Karitane committee structure provides a process for the effective risk escalation pathway and governance response for risks that are above thresholds. The committee structure also defines the key channels of communication operating within the organisation to ensure strategic directions filter down and operational issues filter up.

FIGURE 3: KARITANE’S COMMITTEE STRUCTURE



The Karitane Board has overarching responsibility for establishing the governance framework of the organisation.

The Board sub-committees sit under the Board and review key governance processes within the organisation. They report to the Board on both compliance and performance. Karitane has five Board sub-committees. These are: Finance; Audit, Risk & Corporate Governance; Clinical Governance and the Nominations committee. The Board sub-committees report directly to the Board via the sub-committee Chairs.

Karitane’s peak internal committees report to the Board via the CEO (as Chair of Executive Committee). These committees are responsible for reviewing operational performance and monitoring implementation of governance functioning across the organisation. Karitane currently has the following peak committees:

- Clinical Innovation and Excellence Committee - reviews clinical practice variations and quality improvement
- Governance Performance Review Committee – monitors organisation-wide governance and performance
- Education Steering Committee - directs education, training and development

- People and Culture Committee – supports workforce development
- Executive Committee – operational and strategic escalations

Peak committees are supported by a range of working parties and subcommittees with specific focus areas. These committees are responsible for exploring operational matters in detail and developing systems and processes to manage governance at the service implementation level:

- Aboriginal Health – Advises on service delivery and support for Aboriginal clients
- Digital Transformation – Reviews information and technology integration
- Policy, Procedure and Guidelines– Oversees policy and form development and implementation
- Medical Liaison – Provides a forum for review of medical practice within Karitane
- Work Health and Safety – Promotes workplace safety
- Data and Performance Subcommittee
- Safety, and Risk Subcommittee
- Research
- VRPS Steering Committee – Guides technology-based service delivery
- Grading Committee
- ICT Management
- Clinical Outcomes Committee
- Emergency Management Committee

Key documents, systems and structures for managing and monitoring committees include:

Board and committee minutes	Committee KPIs and Executive sponsorship
Standing agenda items	Committee participant surveys
Consumer participation	Terms of reference
Committee schedule	Membership & attendance monitoring
Communication strategies	Organisational committee structure
Board & committee reviews	Team meetings
MoH and SWSLHD policies	Karitane policies and procedures

3.4 RESEARCH, EDUCATION AND FAMILY PARTNERSHIP

The Karitane Practice Framework outlines the key principles for practice, aiming to guide professionals in delivering high-quality care that meets the diverse needs of children and their families across services. Research, Education and Family Partnership are the foundations of practice, interventions and care strategies and underpin the Karitane stepped continuum of care model. This evidence base supports continuous improvement and informed decision-making in service delivery and family partnerships model, which supports attachment-based

relationship. Current, new, and emerging research or evidence-based decision making informs the change to practice through a child-centred framework and trauma-informed practice.

Implementation of research is undertaken from completing Karitane clinical trials and programs, evaluation of service provision, or analysis of clinical outcomes. This research contributes to wider knowledge and ensures families receive the best interventions, advice and support. As a research-informed organisation, Karitane can develop a progressive and impactful organisation using data driven decision-making.

All Karitane services have standardised outcome measures in place to measure clinical variations. The measures chosen are suitable for the service outcomes, data collection methods and analysis, for value-based care. Karitane has embedded into clinical practice digital tools to enable data collection for depression, anxiety and psychosocial risk factors in pregnant and postnatal women. These automated reports, resources and data collection are tabled at the Clinical Outcomes Committee and variations in clinical practice are escalated to the Clinical Excellence and Innovations Committee.

Key documents, systems and structures for managing and monitoring research, education and family partnership include:

Clinical Outcomes committee	Digital tools
Preadmission screening questionnaires	Client post-discharge questionnaires
Consumer participation	Digital Platform screening
Research committee	Electronic Medical Record
Data dashboards	Data and Performance Subcommittee
Clinical Excellence and Innovations Committee	Departmental and Organisational MDT

3.5 INCIDENT AND RISK MANAGEMENT

Incident and risk management is embedded into governance at all levels across Karitane, utilising both proactive and reactive strategies. Risk and incident management is aligned with Ministry of Health and SWSLHD policies with clear reporting and escalation pathways. Karitane operates under a policy of openness and transparency in relation to incident and risk reporting.

Incidents are reported, monitored and managed through the incident information management and monitoring system (IMS+), with all staff able to report via this system. Service level managers manage all HARM Score 3 and 4 incidents, with escalation via direct notification to the governance team and through peak committee review. Management of these incidents can be supported through SWSLHD Clinical Governance Unit, as needed. All HARM Score 2 and 1 incidents are escalated to the Board via the CEO, and the Chairs Audit Risk and Governance and Clinical Governance Board Subcommittees.

Risk management is monitored at the service level by service managers and their department risk registers. Identification is via direct notification and monitoring is through team meetings. Escalation is via direct notification to the governance team and through peak committee review. Both the risk and incident management processes identify the responsibilities of staff, managers, executive and Board in responding to both clinical and corporate risk and actioning mitigation strategies to eliminate, reduce or control risk. Karitane is committed to proactive and timely identification and reporting of risk and ongoing evaluation, monitoring and management of known risks.

Karitane’s incident and risk management processes establish a standard approach to incident and risk management which identifies the responsibilities of management and staff in investigating, eliminating, minimising, managing and monitoring incidents and risks with a view to optimising organisation wide safety and quality, and legislative compliance.

Key documents, systems and structures for incident and risk management include:

IMS+ incident information monitoring system	Reportable Incident Brief
Root Cause Analysis	Enterprise & Departmental Risk Registers
Board briefing notes	Risk assessments
Maintenance register	Maintenance schedule
Policy register	Consumer surveys
HR, WHS and financial dashboards	Service dashboards & KPIs
Mandatory training matrix	Vaccination database
HR compliance matrix	Audit schedule
ASIC & ACNC	External Financial Audit
Business continuity plan	WHS audit
Fire safety statements	External security audit
Policies, procedures & guidelines database	Compliments & complaints management
Governance Performance Review committee	Work Health & Safety committee
MoH and SWSLHD policies	Karitane policies & procedures
SWSLHD Clinical Governance Unit	Emergency Management Plan
Safety Quality and Risk Subcommittee	Data and Performance Subcommittee
Audit Risk and Governance Board Subcommittee	Clinical Governance Board Subcommittee

3.6 LEGISLATIVE COMPLIANCE AND POLICY

The Karitane Board and Executive members must be cognisant of all legislation governing the establishment and operation of the organisation. As the governing body and leadership team they play a key role in assessing and monitoring compliance with applicable Commonwealth and State legislation and NSW Health directives, and in developing local policies and procedures to support safe, high-quality care. The Karitane legislative compliance and policy registers ensures the legal

and policy obligations of the organisation are identified, understood and implemented at all levels of governance, by all members of staff.

As an organisation involved in the delivery of public health services, Karitane is required to comply with legislative obligations regulating the functioning of health-related bodies, and to ensure this compliance extends to all persons engaged by the organisation, including contractors, volunteers and students. Robust monitoring and reporting processes supported by definitive lines of authority and accountability and a clear communication strategy underpin all aspects of compliance. The Governance Performance Review Committee provides a conduit for the dissemination of information on legislation and compliance across the organisation via communication pathways embedded in the Karitane Committee structure. This ensures promulgation of policies and procedures to both the governing body, and frontline staff.

Key documents, systems and structures for legislation and policy compliance include:

Commonwealth and State legislation	MoH Legislation Compliance Compendium
SWSLHD Service Level Agreement	Legislative Compliance Register
Policies, procedures & guidelines database	Policy register
NSQHS Standards	Credentialing & scope of practice
Supervision & professional development	Delegations' authority
Mandatory training	Orientation procedures
Professional registration	HR compliance matrix
Working with children checks	Criminal record checks
Governance Performance Review committee	Work Health & Safety committee
MoH and SWSLHD policies	Karitane policies and procedures



3.7 SAFETY AND QUALITY SYSTEMS

The Chief Executive Officer (CEO) is responsible for ensuring an organisational commitment to safety and quality improvement. The accountability of Safety, Quality & Risk is delegated to senior managers of all departments. This achieved by promoting the identification of quality improvement (QI) projects/activities as the responsibility of all staff, allocating appropriate staff and resources to support QI projects and ensure appropriate staff education & training is available and supporting the development, implementation and evaluation of policies and procedures applicable to the service.

Karitane is committed to ongoing improvement of client care. A culture of delivering high quality, safe care is promoted at all levels within the organisation and shapes service delivery, models of care, monitoring and oversight.

Safety and quality in client care is integrated throughout the clinical governance model, with a focus on continuous quality improvement and consumer satisfaction at the centre of this. The systems in place define processes for: monitoring compliance and performance against agreed safety and quality standards, including the National Safety and Quality in Health Service Standards (2nd Edition), 2017 identifying areas of improvement and actioning these, communicating expected standards, responding to incidents and risks, and managing breaches or failings incorporating open disclosure processes. The unique risks in delivering our virtual care services are aligned to the National Safety

and Quality Digital Mental Health (NSQDMH) standards to ensure a consistent, comprehensive, and robust framework for safe and high-quality virtual care delivery.

Requirements for client safety and quality are considered in all business decisions, models of care, policies and procedures, the allocation of resources and the development of the workforce. Assurance of quality and safe care is through escalations of key safety and quality indicators tabled at the quarterly Clinical Governance Board Subcommittee, and the clinical outcomes datasets in dashboards across the Karitane Continuum of Care.

Key documents, systems and structures for safety and quality improvement include:

Assessment against the National Safety and Quality Health Service Standards	Data and Performance Subcommittee
IMS+ incident reporting & monitoring	Compliments & complaints management
Customer Experience surveys	Audit schedule
Quality Improvement Processes	WHS Committee
Comprehensive Care Plans	Safety & quality KPIs
Business Continuity Plan	Infection control
Policies and procedures database	External food safety audit
HACCP food safety certification	Benchmarking with AAPCH
Health promotion	Quality boards
Clinical Innovations & Excellence committee	Governance Performance Review committee
MoH and SWSLHD policies	Policies and procedures
Safety and Risk Subcommittee	Clinical Governance Board Subcommittee
People & Culture Committee	Education Steering Committee

3.8 CLINICAL PERFORMANCE AND EFFECTIVENESS

The practice framework describes the way in which the performance of the services provided by Karitane are measured, monitored and managed. Through performance monitoring the Board ensures that the organisation is functioning at an optimal level and meeting its policy, planning and operational objectives. Performance monitoring facilitates appropriate resource allocation to ensure overall effectiveness, recognising that both the quality of interventions and the occurrence of omissions can impact health outcomes. Performance monitoring also ensures governance arrangements and practices meet compliance requirements, while supporting continual improvement in clinical care.

An effective performance framework requires that there are mechanisms in place from the service level through to the Board level for supporting, managing and governing all aspects of health service delivery. Establishing and enforcing explicit standards of performance for service delivery and clinical outcomes informs expectations for consumers and clinicians, driving excellence and improving consistency in treatment approaches and health outcomes.

Key performance indicators for clinical care are monitored through the Clinical Excellence and Innovations Committee with models of care evaluated using clinical indicators, consumer satisfaction, best practice benchmarking and internal auditing to monitor effectiveness.

Key documents, systems and structures for managing clinical performance and effectiveness include:

IMS+ incident management	Audit schedule
Dashboard reporting & KPIs	Operational plans
Research framework	Clinical record audits
Budget and resourcing	Universal screening
Clinical outcomes tools	Domestic Violence screening
Clinical skills assessments/ competencies	Benchmarking with AAPCH
Multidisciplinary team meetings	Case reviews
Consumer surveys	Individual, service & organisational KPIs
Clinical Innovations & Excellence committee	Safety, Risk Subcommittee
MoH and SWSLHD policies	Karitane policies & procedures

3.9 SAFE ENVIRONMENT FOR THE DELIVERY OF CARE

Across all sites and services, Karitane is committed to providing a safe environment for care. All buildings and surrounds are well maintained with established routine and preventative maintenance schedules, clear signage and direction, appropriate fittings and fixtures, monitored fire and security systems and scheduled cleaning and waste management services. All equipment is maintained in good working order, tested at regular intervals and removed from service if faulty or in need of repair.

Karitane regularly conducts environmental audits to monitor safety, identify hazards, risks and maintenance requirements and ensure compliance with WHS legislation, Fire safety regulations, food safety standards and infection control guidelines. Karitane is responsible for the implementation of personal duress alarms for staff to work safely in the community and also undertake home-visit checklists and risk assessments.

Where possible, building design supports patient care, providing functional and aesthetic spaces which minimise adverse events and optimise client wellbeing. The use of active and passive safety measures, security features and accessibility aids coupled with a level of comfort, cleanliness and amenity contribute to a physically and emotionally safe environment for the delivery of care.

Key documents, systems and structures for ensuring a safe environment for the delivery of care include:

Internal audit schedules	HACCP food safety certification
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Smoke detectors & fire alarms	Security system with 24-hour monitoring
Cleaning & Maintenance schedules	Security staff
Pest control & fumigation	Equipment testing & monitoring
Safe work practices	First aid kits
Orientation and induction processes	Mandatory training & education
External audits for fire, security & WHS	Maintenance register
Duress alarms	Aggression Minimisation training
MoH and SWSLHD policies	Karitane policies & procedures

3.10 WORKFORCE MANAGEMENT AND TRAINING

Every staff member has a role in the clinical journey. However, the Board has ultimate accountability for ensuring the safety and quality of care provided within the health service. The Karitane workforce management plan supports the Board in ensuring all staff are appropriately qualified and skilled to safely deliver the services provided using best practice models of care. It establishes the systems and processes to support a skilled, competent, motivated and proactive workforce through comprehensive strategies which drive recruitment, engagement and retention of appropriately qualified, high performing employees across all levels of the organisation.

Each work role at Karitane is clearly defined in a position description (PD) which outlines the essential skills, knowledge and qualifications required to undertake the role, and the scope of practice associated with the role. Recruitment and selection criteria are derived directly from the position description with competitive interview process guided by EEO principles used to distil high calibre applicants who possess the appropriate experience and expertise to match the responsibilities of the position. Credentialing occurs prior to employment to ensure minimum requirements have been met and to verify the authenticity of evidence provided. Once employed, all staff undertake orientation to support transition to the workplace and facilitate an understanding of the organisation, its operations and the responsibilities of the individual within their role, and the organisational framework.

A comprehensive workforce education strategy has been developed to address the training required to support a skilled and competent workforce capable of delivering on the goals and objectives of the strategic plan. Access to professional development, clinical skills training, supervision, mentoring and leadership training is designed to develop and promote existing talent, creating a well-resourced pool of capable staff to support current operations and organisational growth.

An annual performance management system is also in place to encourage and motivate all staff to identify development needs and opportunities, and to assist the organisation in supporting individuals to strive for and achieve their professional goals.

Key documents, systems and structures for workforce management include:

Code of conduct	Clear role descriptions & lines of reporting
Set delegation authority	Annual performance reviews
Credentialing and scope of practice	Clinical skills assessments
External supervision	Mandatory training matrix
Education calendar	Orientation
Enterprise Agreement	HETI on-line training
People & Culture Committee	Talent management plan
Clinical Development & Support Committee	Grading Committee
MoH and SWSLHD policies	Karitane policies & procedures

3.11 QUALITY IMPROVEMENT

Karitane aims to improve all aspects of performance through robust review of safety and quality indicators embedded in client care, staff performance, infection control and monitoring and risk and incident management. To that end Karitane has implemented a culture of continuous improvement.

Quality Improvement at Karitane is embedded in clinical and corporate processes. Improvement science methodology is used to address identified problems in a clinical or corporate area from audit results, client feedback, staff feedback, clinical and corporate or no person incidents, incident near misses, adverse clinical outcomes, via update or review of a policy document or as a result of an update to a clinical intervention approach. Tools include use of the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles. Quality Improvement projects are monitored by executive sponsorship and are reported into the relevant Subcommittee relating to the improvement. There are also strong links with the Governance Unit of SWSLHD via education and training in the Clinical Excellence Commission Applied Safety and Quality Program and submission for Quality awards at the District and State level. The Karitane Quality Champions conduct local, small scale quality improvement projects reporting into their manager, with support from the Safety, Quality and Risk Manager. Quality projects are reported on periodically in the Safety, Quality and Risk Management report and tabled at the Safety and Risk Subcommittee and at both the Governance and Performance Review and Clinical Innovations and Excellence peak committees.

Key documents, systems and structures for safety and quality improvement include:

IMS+ incident reporting & monitoring	Compliments & complaints management
Customer Experience survey	Audit schedule
Safety & Quality Management Plan	Quality Improvement Plan
Comprehensive Care Plans	Safety & quality KPIs
Business Continuity Plan	Infection control
Policies and procedures database	External food safety audit
HACCP food safety certification	Benchmarking with AAPCH

Health promotion	Quality boards
Clinical Innovations & Excellence committee	Governance Performance Review committee
MoH and SWSLHD policies	Policies and procedures
Safety and Risk Subcommittee	Clinical Governance Board Subcommittee



“At the core of our service model is the child and the family, as they are always the focus – at the centre of everything we do.”

4. DEFINITIONS AND ACRONYMS

Term	Definition
AAPCH	Australian Association of Parent and Child Health services
ACNC	Australian Charities and Not-for-Profit Commission
ASIC	Australian Securities and Investments Commission
CEO	Chief Executive Officer
HACCP	Hazard Analysis Critical Control Point for food safety
HETI	Health Education and Training Institute
HR	Human Resources
IMS+	Incident Information Management System
KPI	Key Performance Indicator
MOH	Ministry of Health
SWSLHD	South West Sydney Local Health District
WHS	Work, Health & Safety

Related Policy Directives / Guidelines

Karitane Practice Framework [in development]
Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. <i>The Improvement Guide: A Practical Approach to Enhancing Organizational Performance</i> (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
Ministry of Health Complaints Management PD2020_13
Ministry of Health Incident Management PD202_047
National Safety and Quality Health Service Standards (NSQHS) 2nd Edition 2017
National Safety and Quality Digital Mental Health (NSQDMH) Standards 2020

5. EVALUATING THE EFFECTIVENESS OF THE FRAMEWORK

Clinical Governance Principle	Measure of Success
Partnering with Consumers	The clinical and care needs, goals and preferences of clients are recorded in their care plans and regularly updated. Consumers report positively about their experience of involvement in their own care and in service improvements.
Leadership and organisational culture	Staff report positively about their experience of working at Karitane and confidence in performing their roles, through the two-year staff satisfaction survey.
Committees	Key risk areas are known and escalated through the structure and addressed in policies and procedures. The workforce is aware of key policies and procedures for clinical quality and safety and operate within the,
Research, Education and Family Partnership	Information about a client's care needs, goals and preferences is easily available to staff and is used to guide care delivery.
Incident and Risk Management	Clinical and corporate quality and safety measures are monitored.
Legislative Compliance and Policy	The Board and Executive have an active plan to achieve the strategic goals and priorities for clinical and care quality and safety that are known and understood throughout Karitane.
Safety and Quality Systems	Key clinical and corporate risk areas are known and addressed in policies and procedures.
Clinical Performance and Effectiveness	Information about quality and safety performance is used by the Executive and Board to make decisions about improvement.
Safe Environment for the Delivery of Care	The workforce is aware of key policies and procedures for quality and safety, and operate within them
Workforce Management and Training	Orientation and training for the workforce outlines clear goals and expectations for the quality and safety of care to be delivered.
Quality Improvement	The success of strategic initiatives are measured and reported to the Executive and Board.