

Pinarc Disability Support Clinical Governance Framework

Purpose

The purpose of this document is to outline Pinarc's approach to ensuring that its vision, mission, values and commitment to people with disability are upheld by a strong robust Clinical Governance Framework that focusses on ensuring the provision of physically and emotionally safe engagement and service environments.

Pinarc Disability Support is a community not-for-profit organisation providing services to around 1,000 children and adults with disability, their families, and carers across the Central Highlands and Melton Regions.

Pinarc is a registered NDIS provider offering individual and group therapy interventions, support coordination, financial plan management, kindergarten support programs, parent support, group activities, holiday programs, camps, music and art programs, independent living skills, volunteering support, job search skills, complex communication, positive behaviour support and complex customised home automation.

Pinarc's Vision is *a community in which people with disability are equal and valued* and its Purpose is *enriching and empowering lives within the disability community*. The organisation achieves its outcomes through staff acting according to their shared values of *Passion, Empowerment, Innovation and Integrity*.

Pinarc's commitment includes supporting and empowering Aboriginal and Torres Strait Island people, those from culturally and linguistically diverse backgrounds, those identifying as gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ). Pinarc actively promotes the safety of children.

Pinarc treats each person with dignity and respect and believe strongly that everyone should have choice and control over the decisions about their own life. Pinarc's many partnerships with other organisations and local businesses give participants opportunities to participate in community activities, to take on valued roles and make meaningful friendships.

Pinarc's Clinical Governance Framework

The National Disability Insurance Agency requires all registered Disability Service Providers to meet the requirements of the National Quality and Safeguarding Framework (NQ&SF) and to demonstrate how they comprehensively manage the risk and complexity of the supports they deliver. The NQ&SF requires Disability Service Providers to address how they adhere to the requirements associated with the rights and responsibilities of participants and their families, organisational governance and operations, the provision of supports and the support provision environment.

Pinarc's Clinical Governance Framework (CGF) connects its Quality Management System to the NQ&SF, in particular its processes for ensuring quality, risk management, safety and service excellence. The CGF provides the mechanism for ensuring that participant rights and responsibilities are central to Pinarc's governance and operational decision-making and underpin the provision of person-centred supports.

The CGF organises Pinarc’s clinical governance commitment to safe, effective, connected, person-centred services under five **Pillars**:

- ❑ Leadership and Culture
- ❑ Participant and Family Partnerships
- ❑ Workforce
- ❑ Best Practice
- ❑ Quality, Clinical Practice and Best Practice

The CGF focusses Pinarc on ensuring service co-design with participants and families, continuous improvement and evidence-based decision making, leadership, skills and an empowering and transparent culture.

The Framework is underpinned by the following **Principles**:

Positive participant and family experiences	Compliance with legislative and ethical obligations
Clear accountability and ownership by all staff	Person centred co-design, planning and delivery
Strong clinical engagement and leadership	Effective resource allocation
Build, maintain and enhance staff skills	Data informed decision making, benchmarking and improvement strategies

The CGF also outlines the **Roles and Responsibilities** involved in delivering on the Clinical Governance Pillars and Policies and Systems that promote and support consistent quality service delivery and shared accountability.

The design of Pinarc’s Clinical Governance Framework has been informed by the Victorian Government, *Community Services Quality Governance Framework, 2018* “Safe, effective, connected and person-centred community services for everybody, every time” (refer Figure 2). The *Community Services Quality Governance Framework* recognises that “effective quality governance is fundamental to consistently delivering safe, effective, connected and person-centred community services.”

Figure 2: Quality governance domains



Roles and Responsibilities: Shared Accountability

Participants & Families	Board	CEO	Leaders	Staff
<p>Participate in their own service planning and review with Pinarc;</p> <p>Participate in system-wide quality and safety improvement through feedback mechanisms;</p> <p>Participate in governance, planning and policy development;</p> <p>Advocate for the best possible safe services and supports and outcomes for themselves and others;</p> <p>Provide feedback, ideas and personal experience to drive change.</p>	<p>Sets a clear vision, strategic direction and ‘just’ organisational culture;</p> <p>Drives consistently high-quality and safe supports:</p> <p>Supports effective engagement and participation;</p> <p>Sets expectations for quality and excellence in disability services;</p> <p>Understands key risks and ensures controls and mitigation strategies are in place;</p> <p>Monitors and evaluates services and supports through regular reviews of performance data and information (qualitative and quantitative);</p> <p>Ensures robust governance structures and systems.</p>	<p>Provides leadership in delivering on Pinarc’s strategic direction;</p> <p>Creates a safe, just, fair and empowering culture for staff;</p> <p>Works with the Board to achieve value and deliver on Pinarc’s vision for quality and safety;</p> <p>Ensures roles are allocated the necessary knowledge, tools and resources to deliver the organisation’s core business;</p> <p>Ensures the customer is central to all decision making;</p> <p>Focuses the organisation on continuous improvement;</p> <p>Reports to the Board on clinical risks, support processes, outcomes and areas for improvement and progress towards excellence;</p>	<p>Support the delivery of Pinarc’s vision for safe, quality services;</p> <p>Support staff to pursue high-quality, safe support for each participant;</p> <p>Ensure regular and transparent analysis and reporting of safety and quality of supports;</p> <p>Monitor key risk areas, ensure response actions where safety may be compromised;</p> <p>Ensure a safe environment for participants and staff;</p> <p>Encourage partnerships between different clinical groups and clinicians and participants;</p> <p>Foster an open culture, and promote teamwork;</p> <p>Ensure staff are accountable and are supported with resources, standards, systems, knowledge and skills development.</p>	<p>Prioritise high-quality safe supports in service provision;</p> <p>Pursue excellence in support and service provision;</p> <p>Speak up and raise concerns and issues, promoting a culture of transparency;</p> <p>Share information and learnings regarding clinical safety;</p> <p>Regularly update their skills and knowledge to provide and support the best possible supports and services;</p> <p>Work within standards, policies and procedures;</p> <p>Contribute to a culture of safety, transparency, teamwork and collaboration.</p>

Pinarc’s Clinical Governance Pillars, Policies and Systems, Committees and Working Groups

1. Leadership and Culture

Clinical Governance Commitment	Policies and Systems	Committees and Working Groups
<p><i>Principle: Strong Clinical Engagement and Leadership</i> <i>Principle: Compliance with legislative and ethical considerations</i> <i>Principle: Clear accountability and ownership by staff</i></p> <p>Pinarc is committed to fostering leadership across and deep into the organisation to support a culture where participants, families and staff are inspired to work collaboratively with others to become their best selves, continually building their skills and achieving goals along the way. Leadership and culture at Pinarc is manifest every day in the decisions staff, managers and directors make and the ethical considerations that drive accountability and ownership for processes and outcomes.</p>	<p>Key Documents Organisational Values Board Succession Plan Board Code of Ethics & Proper Practice Board Confidentiality Board Governance Board Member Recruitment and Induction Conflict of Interest Board Member-Position Description</p> <p>Supporting Documents Board Support Consent Agenda Board Skills Matrix</p>	<p>Pinarc Board Governance Sub-Committee Quality and Risk Sub-Committee Leaders Leaders Quality and Risk Group OH&S Group</p>

2.0 Participant and Family Partnerships

Clinical Governance Commitment	Policies and Systems	Committees and Working Groups
<p><i>Principle: Person-centred co-design, planning and delivery</i> <i>Principle: Positive participant and family experiences</i></p> <p>Pinarc is committed to ensuring participants and families are empowered to meaningfully partner with Pinarc in the co-design and implementation of their service. We systematically evaluate the impact and extent of the participant voice in planning and reviewing their service and supports and the extent to which we are supporting the facilitation of safe, effective and person-centred goals for every participant.</p>	<p>Consultation and Co-Design Policy & Procedure Choice and control Promoting and protecting human rights Specialised Care Support Advocacy Behaviour Support Consent Service Access Commitment to Child Safety</p>	<p>Pinarc Board Leaders Leaders Quality and Risk Group Quality and Risk Sub- Committee OH&S Group Team Meetings Project Specific Working Groups</p>

3.0 Workforce

Clinical Governance Commitment	Policies and Systems	Committees and Working Groups
<p><i>Principle: Build, maintain and enhance staff skills</i> <i>Principle: Clear accountability and ownership by all staff</i> <i>Principle: Positive participant and family experiences</i></p> <p>Pinarc commits to providing a workplace where staff feel supported to create consistently safe, person-centred and effective supports. Pinarc invests in recruiting, retaining and developing its workforce so that all staff are appropriated skilled, engaged and empowered to provide safe, high-quality, person-centred services and supports. Pinarc staff are committed to children’s and cultural safety. Pinarc has a clear instrument of delegation and strong accountability systems so that staff clearly understand and operate within their level of authority. Pinarc does not tolerate behaviours that are intimidating and/or inappropriate and supports staff to recognise and address unconscious bias within the workplace.</p>	<p>Key Documents Induction Manual and Workplace Orientation Code of Conduct Conflict of Interest Complaints Management and Resolution System Whistle Blowers Policy Volunteers Recruitment & Engagement Privacy and Confidentiality Professional boundaries Recruitment Policy and Procedure HR Mandatory Role Specific Education and Training Requirements Delegation of Authority Key Behaviour Expectations Commitment to Child Safety</p> <p>Supporting Documentation Internet Email and Computer Use Social Media Cultural & Linguistic Diversity Interim Working from Home Voluntary and Involuntary Exit Training Matrix Policies and Procedures to read</p> <p>Supporting Initiatives Employee Assistance Program (EAP) Training Records NDIS Worker Module DFFH Zero Tolerance Code of Conduct Infection Control online training Manual Handling training Incident Management training</p>	<p>Pinarc Board Leaders Leaders Quality and Risk Group Quality and Risk Sub- Committee OH&S Group Team Meetings</p>

4.0 Best Practice

Clinical Governance Commitment	Policies and Systems	Committee and Working Groups
<p><i>Principle: Data informed decision making, benchmarking and improvement strategies</i></p> <p><i>Principle: Effective resource allocation</i></p> <p><i>Principle: Clear accountability and ownership by all staff</i></p> <p>Pinarc is committed to transparent, evidence-based decision making with a robust system of internal auditing driving service and operational improvements and informing a cyclical planning process.</p> <p>Pinarc allocates appropriate resources to support its commitment to best practice and measures the return on investment through the level of achievement of participant goals, trend data on services, the level of innovation throughout the organisation and the accountability of staff for continuous improvement and progress.</p>	<p>Key Documents</p> <p>Incident Reporting - Customer instrument of Delegation</p> <p>Continuous Improvement Cycle</p> <p>Internal Audit Schedule</p> <p>Reporting and Accountability Framework</p> <p>Data collection and reporting</p> <p>Supporting Documentation</p> <p>Investments</p> <p>Expenditure & Payments</p> <p>Obtaining quotes</p> <ul style="list-style-type: none"> • Pinarc Asset Management • Budget & Strategic Management • Fraud • Environmental Sustainability 	<p>Pinarc Board</p> <p>Governance Sub-Committee</p> <p>Quality and Risk Sub-Committee</p> <p>Leaders</p> <p>Leaders Quality and Risk Group</p> <p>Team Meeting</p> <p>Project Specific Teams</p>

5.0 Quality, Clinical Practice & Risk Management

Clinical Governance Commitment	Policies and Systems	Committees and Working Groups
<p><i>Principle: Compliance with legislative and ethical obligations</i></p> <p><i>Principle: Strong clinical engagement and leadership</i></p> <p><i>Principle: Clear accountability and ownership by all staff</i></p> <p><i>Principle: Data informed decision making, benchmarking and improvement strategies</i></p> <p>Pinarc is committed to providing high quality, safe and effective services and supports. Staff are accountable for their actions in seeking to continually improve service quality. Pinarc engages in data informed governance and operational decision-making and benchmarking to ensure best practice in clinical practice and risk management.</p>	<p>Key Documentation</p> <ul style="list-style-type: none"> Conflict of Interest Complaints Management and Resolution System Commitment to Child Safety Customer Images - Recording, Storing and Using. Extreme Weather & Bush Fire Freedom from Abuse and Neglect Handling Cash for Customers Conflict of Interest in Service Delivery Incident Reporting - Customer Medication Management Privacy and Confidentiality Professional boundaries Customer Feedback Risk Management Framework/Register <p>Supporting Documentation</p> <ul style="list-style-type: none"> Media Contact and Representation Producing communication/information for external sources Email Retention Policy Release of Customer File Information Developing, reviewing policy/procedure and forms 	<ul style="list-style-type: none"> Pinarc Board Governance Sub-Committee Quality and Risk Sub-Committee OH&S Committee Leaders Leaders Quality and Risk Group Team Meeting Project Specific Teams

External Agency Reporting and Accountability Requirements

In addition to its internal reporting and accountability, Pinarc meets its external reporting and compliance obligations to:

- National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission
 - TTP provider benchmarking
 - Monthly behaviour support reports
 - NDIS Provider compliance
- Commission for Children and Young People (CCYP)
- Department of Education and Training (DET)
- Department of Families, Fairness and Housing (DFFH), including but not limited to:
 - COVID
 - Child Protection
 - Parent Support Group reporting
 - Emergency and Bushfire preparedness
- Work Safe Vic
- Safe Work Australia
- Workplace Gender Equality Agency (WGEA)
- Victorian Disability Workers Commission (VDWC)
- Transport Safety Vic
- Victorian Building Authority (VBA) re pool
- Home and Community Care Program (HACC)
- Department of Social Services (DSS)
- As well as Departments, funding agencies and trusts for one off project funding.