CLINICAL GOVERNANCE FRAMEWORK

Version 2.0: July 2026

CLINICAL GOVERNANCE FRAMEWORK – ENSURING SAFE AND HIGH-QUALITY CLINICAL CARE

Purpose and Scope

Purpose

The purpose of this *Clinical Governance Framework (Framework)* is to ensure that as a provider of aged care personal care and clinical care services, Bilingual Care provides consumers safe and high-quality health care, by describing the essential elements that are required to achieve integrated corporate and clinical governance systems.

Bilingual Care acknowledges that it is through these systems and processes that the organisation is accountable for continuously improving the safety and quality of the services provided to consumers.

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 (domain, principles, and elements) and
- outlines the requirements for implementing effective clinical governance systems.

Scope

This *Clinical Governance Framework* applies to clinical services and interactions that Bilingual Care provides to consumers. It involves creating an environment where excellence in clinical care can flourish through planning, continuous monitoring, evaluation, learning and improvement of clinical practices.

With the aim of supporting effective clinical governance and continuous improvement in care safety and quality, the *Framework* can be used by staff (clinical and non-clinical), and the Leadership Team, in addition to other resources. It can be used as a reference point or tool when engaging with consumers and their representatives, when discussing governance processes undertaken by the organisation.

Bilingual Care acknowledges the transition of consumers across the various health services[1] and the importance of ensuring that there are effective and efficient communication systems and safe and quality processes in place that enable and foster seamless transitions, where applicable.

[1] Transition point examples may include NDIS, DVA Community Nursing and Commonwealth Home Support Program (CHSP)

Applicable Aged Care Quality Standards

In aged care, the approach to quality and safety is underpinned by ***seven standards*** that make up the strengthened *Aged Care Quality Standards:*

- *Standard 1 – The Person*
- *Standard 2 – The Organisation*
- *Standard 3 – The Care and Services*
- *Standard 4 – The Environment*
- *Standard 5 – Clinical Care*
- *Standard 6 – Food and Nutrition*

While ***Standard 3*** specifically targets the delivery of personal care and ***Standard 5*** focusses on clinical care services and reflects that a clinical governance framework is required, Bilingual Care recognises that clinical governance is relevant across ***all*** Aged Care Quality Standards.

As a Support at Home aged care provider, this *Framework* supports the organisation to meet the strengthened *Aged Care Quality Standards* and to deliver clinical and personal care services effectively and safely.

The strengthened *Aged Care Quality Standards* express:

- an older person statement and staff statement
- intent of the standard
- expectation statement for older people
- outcomes and actions (the organisational requirements necessary to demonstrate how each Standard has been met).

Strengthened Quality Standard 5 – Clinical Care as it applies to Support at Home

Standard 5 - Clinical Care

<u>Outcome 5.1 - Clinical Governance</u>
Clinical Governance incorporated into Corporate Governance to actively manage and improve the safety and quality of clinical care services delivered to consumers. This outcome is important as it ensures clinical care is safe and of high quality by developing a culture of quality improvement. Putting in place effective systems and processes to improve clinical outcomes and well-being of consumers which includes Digital Health Integration to assist with decision making, track trends, enhance care co-ordination to improve consumer outcomes.
Refer to:

- *Clinical Governance Framework*
- *Governance Policy and Procedure*
- *Continuous Improvement Policy and Procedure*
- *Risk Management Policy and Procedure*

<u>Outcome 5.2 - Preventing and Controlling Infections in delivering Clinical Care Services</u>
Care workers, health professionals and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance. Infection risks are actively minimised and if they occur are controlled effectively.

This outcome is important as it ensures systems and processes, policies and procedures are in place to effectively manage Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS).

Refer to:

- *Infection Control Policy and Procedure*
- *Antimicrobial Stewardship Policy and Procedure*

Outcome 5.3 - Safe and Quality Use of Medicines

Individuals, workers and health professionals are encouraged to use medicines in ways that maximise benefits and minimises risk of harm. Medicines are to be prescribed and reviewed by health professionals considering the clinical needs of individuals and their informed decisions.

Prescribed medications are appropriately and safely administered and recorded.

Medicine related adverse events are monitored, reported and used to inform safety and quality improvements.

This outcome is important as it ensures systems and processes for medication management, policy and procedures for medication management and working practices are in place to support correct medicine use.

Medication Management includes prescribing, supplying, storing, administering, monitoring the effect of medicines including providing information and opportunity to discuss the risks and benefits of the medicine and assisting with self-administration as required.

Refer to:

- *Medication Management Policy and Procedure*

Outcome 5.4 - Comprehensive Care

Individuals receive comprehensive, safe and quality care services that are contemporary, evidence based, person-centred and delivered by health professionals. Clinical care must encompass clinical assessment, planning, treatment, management and review to minimise harm and optimise quality of life, reablement and maintenance of function.

Systems and processes must support coordinated, multi-disciplinary clinical care services delivered to individuals in partnership with individuals and or their representatives and that is aligned with the individual's needs, goals and preferences. Early identification of and response to changing clinical needs processes to be in place.

This outcome is important as it is a key approach to the planning, delivery and evaluation of all clinical care that an individual needs. It ensures systems and processes, policies and procedures for comprehensive care that considers clinical conditions that affect the quality of life and well-being of the individual and that risks and harms are minimised and managed. It also considers substitute decision makers (family, carers, others) informed consent and dignity of risk.

Refer to:

- *Initial Assessment and Care Planning Policy and Procedure*
- *Inclusion, Diversity and Culturally Safe Service Delivery Policy and Procedure*
- *Feedback and Complaints Policy and Procedure*

Outcome 5.5 Safety of Clinical Care Services

High impact and high prevalence risks to be identified, monitored and managed to ensure the delivery of safe, quality clinical care services and to reduce the risk of harm to individuals.

This outcome is important as it is essential for individuals to receive clinical care that optimises function, minimises harm and is of high quality, safe, person centred, evidence based and coordinated. Clinical areas of risk that are a priority include choking and swallowing,

continence, falls and mobility, nutrition and hydration, mental health, oral health, pain, pressure injury and wounds, sensory impairment.
It ensures systems and processes including policies and procedures are in place for assessing, identifying, monitoring and responding to changes in clinical care, including coordinated care from relevant specialists and allied health professionals in collaboration with the individual for shared and supported decision-making that may involve risk to their health.
Refer to:

- *High Impact and High Prevalence Risk Policy and Procedure*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Open Disclosure Policy and Procedure*

Outcome 5.6 - Cognitive Impairment

Individuals who experience cognitive impairment (acute, chronic or transitory) receive comprehensive clinical care services that optimize clinical outcomes and are aligned with their clinical needs, goals and preferences. Situations that may lead to changes in behaviour are identified.

This outcome is important as it ensures systems, processes and guidelines that highlight the need for a multi-disciplinary team approach are in place for safe and quality clinical care for individuals living with cognitive impairment. It makes sure workers and health professionals know how to identify and respond to signs of cognitive impairment / deterioration or changed behaviours, how to refer or carry out comprehensive assessments. Policies and procedures are to be in place in how to identify signs of cognitive deterioration and what actions to take when these are identified, monitoring, review and response processes.
Refer to:

- *Cognitive Impairment and Dementia Policy and Procedure*
- *Protecting Consumers from Harm Policy and Procedure*
- *Elder Abuse Policy and Procedure*
- *Use of Restrictive Practices Policy and Procedure*

Outcome 5.7 Palliative Care and End-of-Life Care

Goals and preferences of individuals for Palliative and End-of-Life care are recognised and addressed to preserve their dignity in those circumstances. Pain and other related symptoms are actively managed with access to specialist palliative and end-of-life care, when required.

Families of individuals and other support persons of the individual are kept informed and supported, including during the last days of life. This outcome is important as it ensures policies and procedures are in place for end-of-life care to be comprehensive and coordinated, timely, person centred and culturally safe. It includes Advance Care planning, End-of-Life care, pain and medication management, multi-disciplinary approach, identification for when an individual would benefit from specialist palliative care and to facilitate timely access to these services

Workers to have the appropriate knowledge and skills to recognise when an individual is approaching the end of their life and need to be able to perform their role within their scope of clinical care and where they deliver care. Feedback obtained from family and others on how the workers supported and prepared the individuals end-of-life care will assist in continually improving how the organisation recognizes palliative care and end-of-life.
Refer to:

- *End of Life Care Policy and Procedure*
- *Palliative Care Policy and Procedure*

Definitions

Clinical care - health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical wellbeing.

Clinical Governance Framework (CGF) – describes the overarching organisational approach to ensuring quality and safe clinical care is provided to recipients of that care. It is based on the *National Model Clinical Governance Framework* and provides a consistent framework in line with the *National Safety and Quality Health Safety Standards (NSQHS).*

Clinical governance –

- an integrated component of corporate governance comprising risk governance, financial governance, other business governances (e.g. human resources).
- a systematic approach to maintaining and improving quality of care. It involves the relationships and responsibilities of the governing body, clinicians, organisational leaders/managers/executives, consumers, carers and other stakeholders in developing high standard quality care and clinical safety for consumers requiring this care.
- being accountable to consumers in the delivery of health services via integrated systems, processes strong leadership and culture which are the core of providing safe, effective, accountable and holistic care whilst promoting continuous improvement.

Policy

Bilingual Care is committed to delivering excellence in quality care and providing the highest possible level of clinical safety for consumers.

The Leadership Team holds ultimate responsibility for ensuring effective clinical governance is in place, through accountability, transparency, and active participation in sponsoring and promoting clinical governance as a quality and safety strategy.

With a consumer-centred focus and a culture of continuous quality improvement, the Leadership Team 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 *Framework* is to improve consumer outcomes in relation to clinical care:

- quality
- safety
- experience, and
- outcomes.

The organisation's commitment to maximise the consumer experience and foster a culture of quality and safety is based on ensuring that all staff and the Leadership Team are accountable to consumers in assuring the delivery of effective, high-quality, safe, and continuously improving services.

In doing so, Bilingual 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, and appropriately, and in a timely way

- engages in ongoing and active partnerships with consumers which focus on positive clinical quality and safety outcomes that can be demonstrated, and that aim to optimise the individual's health, wellbeing, and quality of life
- understands and respects that all consumers are individual in their needs, encouraging diversity, inclusion and empathy
- engages with its workforce to ensure staff understand their roles and responsibilities and are supported and appropriately trained, and work within their scope of practice or role to deliver safe, high-quality care
- adopts rigorous systems and process which supports the identification, measuring, and reporting of clinical safety risks and opportunities for improvement
- demonstrates accountability related to partnering with other organisations and contractors and
- provides confidence to the community and workers that systems are in place to support the delivery of safe and high-quality care.

Procedures

Clinical Governance and Corporate Governance

This *Clinical Governance Framework* aligns with Bilingual Care's *Governance Policy and Procedure to* support its overall organisational governance.

The diagram below shows how Clinical Governance forms part of the broader Corporate Governance Framework as well as how it intersects with other related governance frameworks, such as financial, risk and other governance, whilst placing the older person (consumer) at the centre of care.



Diagram 1: Corporate Governance Responsibilities [2]

Components of Clinical Governance

[2] Aged Care Quality and Safety Commission (2025) Provider Governance Policy (Version 1, April 2025), Australian Government, Aged Care Quality and Safety Commission, accessed 28 July 2025, https://www.agedcarequality.gov.au/resource-library/provider-governance-policy

Bilingual Care is committed to providing excellence in consumer-centred care. With a strong emphasis on leadership, culture and improvement as being fundamental to achieving high quality care, consumers of personal care and clinical care services are at the core of this *Framework*.

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

These domains work together to ensure safe, effective person-centred care.

The five domains are:

Domain 1: Governance, Leadership and Culture
Domain 2: Safety and Quality Improvement Systems
Domain 3: Clinical Performance and Effectiveness
Domain 4: Safe Environment for the Delivery of Care
Domain 5: Partnering with Consumers

In achieving the elements within each domain, Bilingual Care will continue to place consumers first and foremost, partnering with them in every aspect of care planning, evaluation, and delivery. This will be achieved by:

- understanding how to measure the quality and safety of services
- identifying, measuring, and analysing clinical indicators and outcomes that provide evidence of risks, improvements, and satisfaction
- comparing clinical and care outcomes as a method of internal and external benchmarking
- capturing, discussing, and communicating what is learned from each care experience, and actively encouraging and engaging with consumers, the workforce, and other key stakeholders
- ensuring everyone is clear about their roles and responsibilities and working only within their scope of practice 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’.

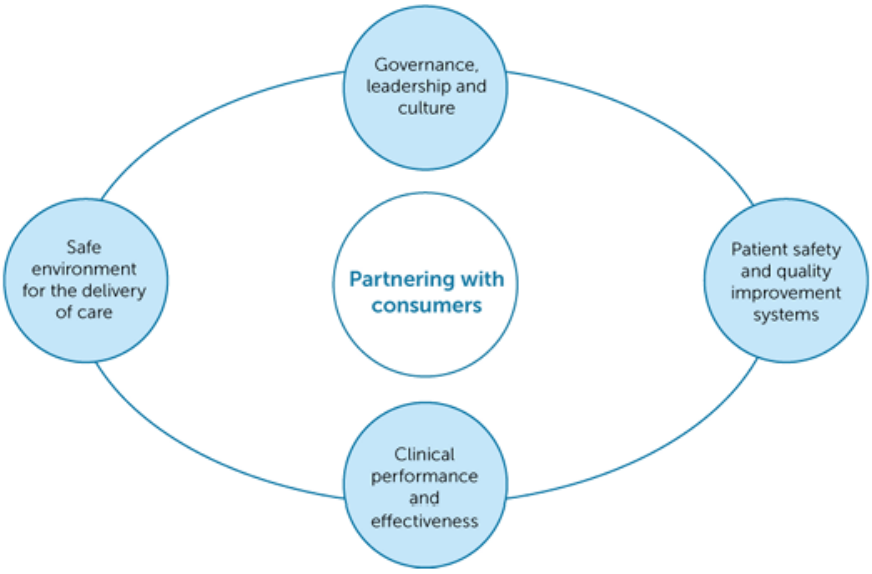


Diagram 2: Clinical Governance Responsibilities [3]

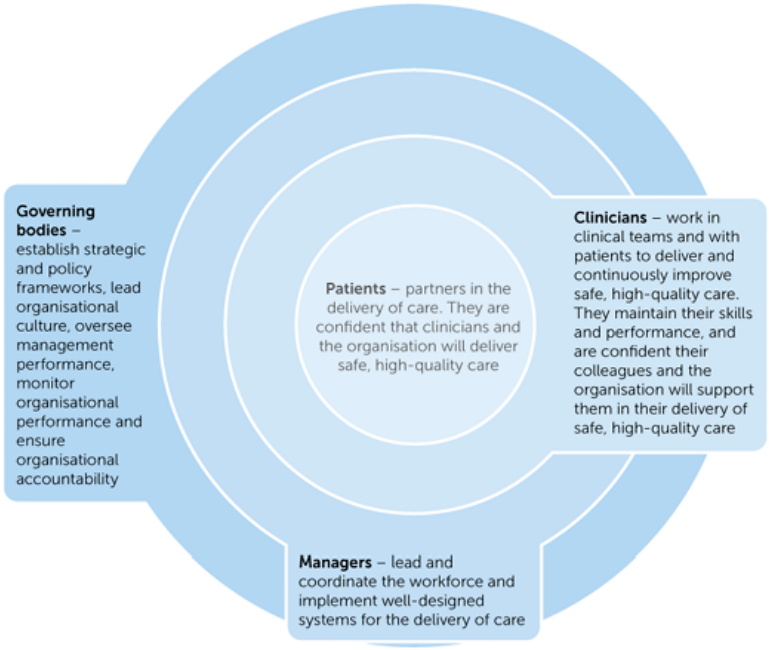


Diagram 3: Clinical Governance Roles[4] **(Patients = Consumers)**

[3] National Model Clinical Governance Framework, November 2017 [p7]
[4] National Model Clinical Governance Framework, November 2017 [p10]

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

DOMAIN	PRINCIPLES	ELEMENTS
1. Governance leadership and culture • Clinical Governance is integrated as part of Corporate Governance to ensure accountability at all levels and to actively manage safety and quality of care • Ensuring that leaders at all levels establish and use Clinical Governance Systems to improve the safety and quality of healthcare • Everyone involved in Clinical care has a role in Clinical Governance	Clear accountability, leadership, and ownership that supports and promotes consistent safe and quality consumer centred care Strong safety culture; culture of openness, learning and continuous improvement Focus on continuous improvement	• Accountability, integrity and ownership to be displayed by all staff and Leadership Team • The Leadership Team endorses the Clinical Governance Framework • The Leadership Team are trained to understand their responsibilities in Clinical Governance • Appointment of a Clinical Governance lead to monitor and oversee clinical compliance and CI • Priorities and strategic directions in place for quality clinical care and communicated to staff • Systems and processes in place for staff and others to access information in compliance with legislative requirements • The organisation and health professionals involved agree on their respective roles, responsibilities and protocols for providing quality clinical care services • Implementation of a clinical digital information system that integrates clinical information into nationally agreed digital health and aged care records and supports interoperability with digital health standards • Safety practices strictly adhere and comply with legislative, current regulations and organisational policy requirements • Quality improvement is embedded in the culture of the organisation and supported through integrated clinical systems (plans, strategies, policies) for safe and quality care delivery • Resources are allocated to support safety and quality of care • Training, ongoing education and professional development opportunities provided to all staff • Staff providing clinical care are qualified and competent and work within their scope of practice and their role • Time, attention and resources allocated to safety and quality issues • Improvement opportunities captured and acted upon
	Empowered consumers and staff	• Organisational culture and operational systems are designed to facilitate safe and quality care • The consumers receiving services are always the central focus. • Staff are empowered and encouraged to have input into service improvements and re-design that benefit consumer outcomes • Management actively engages with staff on issues of safety and culture through survey's and focus groups

DOMAIN	PRINCIPLES	ELEMENTS
	Openness, transparency, and accuracy	• Systems and processes in place that facilitate safe, quality practices by all staff • Reporting, reviews, and decision-making are underpinned by transparency, accuracy, and open disclosure and communication. • All individuals are treated fairly and a “blame free” accountable and learning culture is in place
2. Safety and quality improvement systems • Improved quality care • Integrated safety and quality systems for evaluating performance, identifying risks and continuously improving services	Clinical Risk Management	• Implementing evidence-based practices to ensure consistent high-quality care • Monitoring clinical risk proactively to identify, assess, manage and mitigate risks and reducing errors to prevent reoccurrence in the future e.g. medication errors, falls • Antimicrobial Stewardship (AMS) and Infection Prevention Control (IPC) measures in place that complies with contemporary evidence-based practice.
	Audit program	• Performance monitoring e.g. audits, risk/incident management, complaints and feedback from stakeholders to be monitored and tracked and any emerging trends to be reviewed, analysed and actioned • Internal audit program to monitor quality systems for quality assurance via regular clinical audits and consumer surveys • Data driven decision making in care delivery to maintain high standards
3. Clinical Performance and Effectiveness • Consumer Safety and Quality Improvement System integrates safety and quality systems with Clinical Governance process to actively improve care	Strong leadership and clinical engagement Effective Workforce	• Workforce to have the right qualifications and skills to provide the required and high quality and safe care • Induction and orientation include clinical governance roles and responsibilities at all levels • Staff have access to regular training and educational resources to maintain and enhance the required skill set for their role • Ongoing education on clinical governance principles • Peer leaning and mentorship to improve clinical skills • Job descriptions and workplans incorporate clinical governance responsibilities relevant to each role including contracted staff accountabilities are made clear and documented • Teamwork (multidisciplinary and interdisciplinary) is encouraged and fostered within a culture of mutual trust and respect • Regular performance assessment to gauge training needs of staff to be incorporated into the organisations training program
	Clinical Practices Accountability and	• Clinical services are evidence based and adhere to best practice requirements and practiced by all staff • Consumers safeguarded through planning, implementation and review processes

DOMAIN	PRINCIPLES	ELEMENTS
	engagement Planning and resource allocation Continuous Improvement of care Risk Management Proactively collecting and sharing information	• Open disclosure is encouraged and fostered to ensure errors are reported and acknowledged without fear of reprisal • Appropriate action is taken in relation to reporting and triaging in response to the quality of care services provided • Care Services are allocated so that it enables care services to be provided by staff with the appropriate and required qualifications and experience • Measurement of performance (both qualitative and quantitative) 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 directed to those areas where the greatest clinical improvements are needed • Collection of feedback informs decision-making and improves clinical outcomes • Positive change is implemented through identified risks, trend analysed to make decisions on areas of improvement • Incidents, including critical incidents are prevented where possible, handled effectively and analysed to minimise/eliminate reoccurrence into the future • Appropriate action is taken in relation to reporting, triaging and actions taken in response to the quality and safety of care and services provided • Staff survey feedback to be actively sought as it can provide important information relating to their experience and expertise in the field to inform decision making and improvement strategies
4. Safe Environment for the delivery of care • Promoting a safe, quality health care environment for consumers • Digital health integration	Creating an environment that supports safety and high-quality care	• Consumers, staff and other stakeholders involved with care, feedback actively sought encouraging contributions about potential quality and safety risks, innovations, suggestions for service enhancements • Identified opportunities for improvements raised, reported actioned appropriately in a timely manner and feedback provided • Resources are allocated to ensure that the environment supports safety and quality at all times
	Secure and reliable technology that encompasses clinical governance operational	• Privacy and data security obligations (e.g. cyber security measures to protect sensitive health information) are met, understood and clearly stated in related policy and procedures including staff training as required (where used) • Implementation of data driven decision making processes to track trends, enhance care coordination

DOMAIN	PRINCIPLES	ELEMENTS
	management (where used)	and improve clinical outcomes
5. Partnering with Consumers • Engaging consumers in their care to ensure their needs and expectations	Partnering with consumers and building strong relationships for better consumer experience and outcomes	• Care practices are inclusive of consumers and consumer engagement, feedback and input are actively sought, reported and actioned (when appropriate, specific advisory committee to the governing body to be set up) • Consumers are actively involved in their care planning and decision making to achieve personalised care and effective treatment • Consumer rights and responsibilities are always respected • Effective systems for feedback and complaints management to monitor performance and implement improvements • Complaints addressed collaboratively and suitable resolutions and outcomes to be used to drive improvements
	Excellent consumer experience	• Commitment to providing a positive consumer experience each time which is consistent and personalised • Open Disclosure is promoted to enhance trust and accountability • Consumer feedback is encouraged and influence service improvements, strategic and operational re-design where required • Timely and appropriate services match individual consumer care needs, including provision of culturally sensitive services • Timely and appropriate services match individual consumer care needs. Focus is on personalised care, including provision of culturally sensitive services and acknowledging diversity to ensure unique needs, beliefs and cultural background is considered and incorporated in all aspects of care.

Roles in Clinical Governance

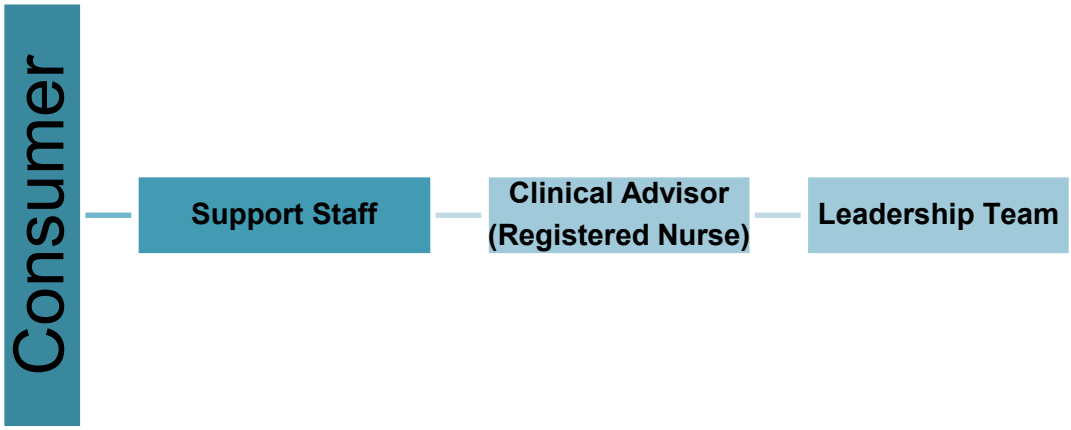
Bilingual Care strives to foster and achieve an environment where consumers feel confident that services are of the highest quality, safe, and being delivered by a competent, skilled workforce who reflect professionalism and organisational values.

For effective clinical governance to occur, Bilingual Care acknowledges the importance of ensuring 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 there is accountability for evidence-based care that is delivered safely, efficiently, and appropriately, and in a timely way.

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

- Consumers
- Clinical and non-clinical staff
- The Leadership Team

Bilingual Care has the current clinical structure in place for clinical services, monitoring and escalation.



It is acknowledged that these roles collectively work together to meet legislative, regulatory and compliance obligations and have a personal accountability for the delivery of safe, high-quality care.

Additional to ensuring Bilingual Care has clear accountability regarding roles and responsibilities, the organisation

This helps to protect consumers by setting minimum standards for conduct and practice, and clear expectations that shape the behaviour and culture of the workforce (including brokered providers). This also empowers consumers in relation to their rights. All staff and Leadership Team members are accountable to the responsibilities of each role, and this enables the organisation to identify and exclude any individual who commits an unacceptable breach of their duties.

The Consumer

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

Clinical and Non-clinical Staff

Clinical staff: as health practitioners, whether employed directly or contracted, clinical staff are responsible for the delivery of high quality and safe clinical care to consumers, working within this *Framework*. They are also responsible for meeting their registration and professional requirements, undertaking ongoing professional development, and practising within their registration scope and requirements.

Non-clinical staff: those who provide care and services to consumers may at times be involved in the delivery of clinical and care services where they are not directly responsible (i.e., they take direction and are under the supervision of a clinician or health practitioner). However, they remain responsible for working within the scope and qualifications of their role, and in promoting and supporting safe and quality clinical and care services when providing personal care and clinical care under delegation or supervision of the Clinical Advisor (RN).

The Clinical Advisor

The Clinical Advisor is primarily responsible for overseeing excellence in consumer service delivery and clinical care outcomes. They do this by keeping the Leadership Team advised and informed about the systems and processes that support safe and quality services. This includes:

- ensuring compliance with legislation, regulations, and Standards
- meeting accreditation requirements
- reporting on incident and complaints and trends
- ensuring staff are supported and delivering consistent, high-quality, and safe clinical and personal care to consumers and
- continuously reviewing the quality and outcomes of the services provided.

The Clinical Advisor is also responsible for the appropriate delegation of care to support staff according to their competence and scope of practice. This includes:

- delegating aspects of care according to the worker's role, functions, capabilities and learning needs
- monitoring aspects of care delegated to others and providing clarification/assistance as required
- recognising their own accountabilities and responsibilities when delegating aspects of care to others
- delegating to and supervising others consistent with legislation and Bilingual Care's policies and procedures.

Leadership Team

Bilingual Care's Leadership Team holds ultimate responsibility for establishing an ongoing culture that promotes and expects excellence in quality and safety, while ensuring there are rigorous systems and processes in place to support excellence in service delivery and outcomes for consumers.

Responsibilities in Clinical Governance

The **Leadership Team** is responsible for:

- ensuring Bilingual Care has appropriate systems and policies in place which support excellence in clinical governance (quality and safety)
- identifying, evaluating, and mitigating risks to Bilingual Care, its staff and consumers

- establishing and maintaining a healthy and safe work environment
- monitoring Bilingual Care's compliance requirements and ensuring these are met and
- continuous quality improvement

The **Clinical Advisor** is responsible for:

- implementing Bilingual 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 **Clinical Advisor** is responsible for:

- monitoring and overseeing Bilingual Care's day-to-day operations regarding clinical services
- maintaining the service's integrity and service delivery quality
- comprehensively assessing consumer nursing care requirements, taking a holistic approach and including the consumer's home environment
- developing a tailored *Care Plan* for each consumer, that is informed by their Support at Home assessment and Support Plan
- delegating aspects of consumer care to support staff according to their respective role, scope of practice, competencies and capabilities
- monitoring, supervising and providing assistance to support staff as and when required, and providing feedback to improve efficiency and effectiveness
- responding to consumer feedback and inclusion in continuous quality improvement initiatives and
- ensuring care and clinical notes and assessment documentation are legible, current, based on industry best practice standards

The **Clinical Advisor** is responsible for undertaking care management activities with consumers, including:

- building rapport and maintaining effective working relationships with consumers, their families, and registered supporters through respectful, person-centred engagement
- reviewing consumers' support plans and understanding their needs, preferences, cultural considerations, communication styles, and personal goals
- developing a personalised *Care Plan* for each consumer in collaboration with them, ensuring alignment with their aged care assessment
- identifying risks to consumers' health, safety, or wellbeing and working collaboratively with them to implement appropriate strategies and supports
- reviewing *Care Plans* and service agreements with consumers at least annually, or sooner where needs or preferences change
- coordinating referrals to allied health, clinical, or community-based services where appropriate
- monitoring consumer outcomes and adjusting services in line with changes in need or reablement goals
- liaising regularly with family, informal carers and other providers to support continuity of care and promote consumer wellbeing
- responding to consumer feedback, concerns and complaints in a timely and respectful manner, and contributing to quality improvement activities
- supporting consumers with advance care planning and referrals to restorative or end-of-life care pathways where appropriate
- coordinating transitions into and out of other care settings (such as hospital, respite or

residential aged care) or to other providers and ensuring appropriate continuity of care

The **Clinical Advisor** is responsible for undertaking restorative care management activities with consumers, including:

- planning and managing clinical and restorative care supports to ensure delivery is coordinated, evidence-based and aligned with the consumer's reablement goals
- completing assessments within scope of practice and coordinating multidisciplinary input where needed
- supporting the consumer's selection and coordination of services through a multi-disciplinary approach, with a focus on allied health and nursing involvement
- evaluating consumer progress, care outcomes and service quality, and using this information to guide updates to the goal plan and service delivery
- engaging in regular communication with consumers, carers, registered supporters and other professionals to monitor progress and goal attainment
- coordinating with the broader multidisciplinary team and relevant stakeholders to optimise care outcomes and respond to changing consumer needs
- participating in internal and external case conferencing, including discussions with consumers, family members, health professionals and care team members
- finalising and submitting consumer exit plans when restorative care services are concluding
- promoting wellness and reablement by supporting the delivery of appropriate services and interventions
- providing consumers and their carers with independent advice, resources and information related to age-related health conditions and supports

Systems and Processes Supporting Clinical Governance

As a provider of clinical and care services for consumers, Bilingual Care can demonstrate that it has systems and processes in place that support excellence in clinical governance in:

- workforce – screening and suitability
- building capacity – education and training
- complaints management
- improving clinical practice
- incident management
- antimicrobial stewardship
- eliminating and minimising the use of restraint
- information management and digital systems
- complying with relevant legislation, rules, and policies and
- self-assessment

Clinical Procedures

Bilingual Care will develop clinical procedures for each individual consumer based on the consumer's assessed clinical needs, in consultation with their treating medical practitioner and/or specialist. Each procedure will be prepared by Bilingual Care's Clinical Advisor and will be reflective of contemporary evidence-based and/best practice processes, taking into account the consumer's:

- needs, goals and preferences
- beliefs, cultural and religious practices
- ability to perform their daily living activities and routine
- capacity, mental health and cognitive functioning
- identified risks and preventative care strategies

Clinical and care procedures include elements related to:

- the purpose and process of undertaking the activity
- relevant clinical definitions
- identification of signs, symptoms and/or adverse events related to the clinical support, and management
- relevant assessment, interventions, evaluation, monitoring and reassessment requirements
- strategies on how to manage and prevent risks and emergencies
- workforce skills, knowledge and training that enables the delivery of complex supports, safely to consumers
- linkage with the strengthened *Aged Care Quality Standards*
- where available, linkages with best practice and/or evidence-based practice.

With their consent, each consumer and their supporters must be involved in the assessment and development of the clinical procedures and associated *Care Plan* required for their care and clinical services.

Communication with the consumer must be in the most appropriate way that meets their individual communication needs. Written information can be provided in different languages and Easy English or be explained verbally by staff. Staff can also help consumers to access interpreters or advocates where required.

Consumer's clinical procedures identified in their *Care Plan* must be explained to staff providing services to the consumer and a copy must be kept in the consumer's home, easily accessible by staff.

Clinical procedures and *Care Plans* must be reviewed in accordance with Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure* by the Clinical Advisor and in consultation with the consumer's health practitioner or specialist and their Care Workers.

Where staff are concerned that the clinical care procedure for the consumer is ineffective, or they observe a change in the consumer's response, this must be immediately reported to the Clinical Advisor. The Clinical Advisor may then instigate a review of the consumer's clinical needs in collaboration with their treating health practitioner/s or specialist and in accordance with the *Initial Assessment and Care Planning Policy and Procedure.*

At any time, if staff are uncertain about the instructions or requirements in a consumer's clinical procedures or *Care Plan*, they must contact the Clinical Advisor immediately for advice and guidance before proceeding.

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

Where a staff member is unable to follow up or it is outside of their scope of practice, they must seek further advice from the Clinical Advisor who can allocate an alternate worker according to the consumer's needs.

Workforce Requirements

Worker Screening

Bilingual Care ensures that key personnel and staff who provide specific supports and services have appropriate clearance, with the focus on protecting the rights of consumers.

Bilingual Care maintains updated records including registers that list compliance (name, role, date of compliance, date due for renewal) for all staff.

See the *Worker Screening and Pre-Employment Checks Policy and Procedure for* more information.

Workforce Suitability

Bilingual Care recognises that there are certain aspects of clinical care and services that need to be provided by staff with specific qualifications and experience, to ensure quality, safety, and positive consumer outcomes. This is particularly relevant in the support of more complex clinical and care needs, for example, end-of-life care, high-impact, or high prevalence risks associated with care, and antimicrobial stewardship.

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
- keeping documented evidence of these qualifications, experience, attendance at induction and completion of ongoing mandatory training.

For more information refer to Bilingual Care's:

- *Recruitment and Selection Policy and Procedure*
- *Position Descriptions and Duties Policy and Procedure*
- *Training and Development Policy and Procedure and*
- *Performance Management Policy and Procedure*

Staff Qualification and Training Requirements

All staff providing clinical supports must first meet the minimum prerequisite and training requirements for the management of medication, as outlined in Bilingual Care's *Medication Management Policy and Procedure:*

- a minimum of a Certificate III or Certificate IV in an appropriate course
- education within Bilingual 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 *Care Plan* and the requirements contained within it. This should cover:
  - the specific needs and risks of the consumer and
  - individual emergency and escalation processes

Finally, staff must be assessed as competent by the Clinical Advisor in providing the support

required, before commencing services. The location of the assessment should be in the consumer's home and ideally conducted while the worker is with that consumer.

Staff will be re-assessed by the Clinical Advisor at minimum on an annual basis, or sooner if there are concerns raised about the staff member's competence, or if the staff member requests additional training.

Training and Competency Documentation

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

The Clinical Advisor 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 consumer. A copy of the *Clinical Competency Assessment Tool* must be kept on the consumer's file and another copy on the staff member's file.

Building Capacity – Education and Training

Bilingual Care recognises the importance of all staff understanding the concept of clinical governance and what their role and responsibilities are in relation to it. All staff including Leadership Team must receive Induction and undertake a training program that ensures they are provided with the necessary assistance for them to undertake their roles.

Screening of employees pre- and during employment is monitored and reported to the Leadership Team, including oversight of any subcontractors delivering clinical and care services.

Staff must be agile and able to respond to the changing needs of consumers as well as changes made within or external to the organisation. Staff must be competent in their roles, hold relevant qualifications, complete mandatory competencies, and comply with the required continuing professional development requirements (subject to AHPRA registration, where applicable).

The Clinical Advisor will provide regular supervision, oversight and guidance for non-clinical staff performing clinical care services, as well as for ENs and RNs as required. The Clinical Advisor may also delegate supervision of non-clinical staff to suitably qualified clinical staff who are responsible for supervising, delegating, and overseeing care and services provided.

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

Bilingual Care has a learning and development system in place for staff which identifies, plans, facilitates, records, and evaluates the effectiveness of training and education to ensure staff can respond to consumer needs and have the ability to respond to more complex clinical and care needs.

Induction is provided upon commencement and includes mandatory competencies and training. Professional development and training are adjusted to meet the learning needs of staff in addition to the changing and identified needs of consumers. Trending from incidents and complaints also influences the training and education provided to staff.

Professional development and training are adjusted to meet the learning needs of staff in addition to changing or identified needs of consumers. Outcomes of incidents and complaints also influences the training and education Bilingual Care provides to staff.

For further information refer to Bilingual Care's *Training and Development Policy and Procedure.*

Antimicrobial Stewardship in Clinical Governance

Bilingual Care recognises and has processes in place for undertaking a systematic approach to optimise the use of antibiotics and other anti-microbials, aiming to minimise antimicrobial resistance (where used). The focus is on a multidisciplinary approach in the appropriate use of antimicrobials, surveillance and monitoring for potential overuse issues. This includes:

- relevant staff are provided with ongoing education and training on appropriate antimicrobial use to promote best practice
- policies and procedures regarding antimicrobial use protocols for specific infections are developed where needed
- antimicrobial stewardship is incorporated into Bilingual Care's broader quality improvement system to address any systemic issues related to antimicrobial use.

For further information see Bilingual Care's *Antimicrobial Stewardship Policy and Procedure.*

Behaviour Support and Minimising Restrictive Practices

Bilingual Care has systems and processes in place that set out behaviour support requirements to safeguard the quality of life of consumers. Wherever possible, the use of restrictive practices is eliminated or minimised. To support this, Bilingual Care:

- will only use restrictive practices:
  - as the last resort
  - in the least restrictive way and for the shortest time needed
  - with the informed consent of the consumer
- monitors and regularly reviews the use of restrictive practices
- provides education and information for staff and consumers, and any other decision-makers about what restrictive practices are and when they may be required
- ensures that all clinical staff are trained in and understand 'restrictive practice' to effectively support consumers who have challenging behaviours and restrictive practices in their *Behaviour Support Plan* or *Care Plan.*
- identifies trends and patterns through incident reporting and feedback and complaints processes
- evaluates and regularly reviews with the consumer their *Behaviour Support Plan* or *Care Plan with* the focus on eliminating or minimising restrictive practices

For further information refer to Bilingual Care's *The Use of Restrictive Practices Policy and Procedure.*

Improving Clinical Practice

Bilingual Care reviews, reports on, and analyses clinical care outcomes that provide important information about consumers' experiences. This helps the 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
- falls and
- other (e.g., reportable) events.

Bilingual Care monitors variation in clinical practice against expected health outcomes and uses information on unwarranted or adverse clinical variation to make improvements to clinical practice.

Staff who provide direct services to consumers have the capability and capacity to improve clinical practice through the organisation's:

- 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 underpin clinical service improvements and documentation improvements (e.g., assessment and use of validate tools) and
- integrated systems of governance (overarching corporate governance, integrating clinical, risk, operations, and financial governance).

For further information refer to the *Continuous Improvement Policy and Procedure.*

Complaints Management

Bilingual Care complies with the *Aged Care Act 2024 (Cth)* (in effect 01 November 2025)*, Aged Care Quality Standards and* strengthened *Aged Care Quality Standards* by having a robust complaints management process in place that includes a resolution and feedback component. Its supports consumers to understand how they can provide feedback, including making a complaint.

Bilingual Care acknowledges that the Aged Care Quality and Safety Commission is responsible for handling complaints when consumers:

- are unable to resolve issues with their provider or
- do not feel empowered to make a direct complaint to their provider.

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

- there is procedural fairness and natural justice
- consumers are central to the complaints process
- the process of making a complaint is easy and accessible, and includes anonymity
- 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
- processes align with Aged Care Quality and Safety Commission expectations and rules.

For more information see the *Feedback and Complaints Policy and Procedure.*

Incident Management

All incidents must be reported and responded to as per Bilingual Care's *Incident Management Policies and Procedures*.

Bilingual Care has internal management and reporting 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. The incident management system:

- is part of Bilingual Care's culture of excellence, including open, transparent disclosure
- is an important part of staff induction and ongoing education and training
- is tailored to the size and complexity of the services Bilingual Care delivers and
- includes robust systems for reporting and response.

Clinical Incident Management

Clinical incidents are to be followed up on an individual basis by the Clinical Advisor. These incidents must be recorded and analysed at Leadership Team meetings so they can monitor for trends and identify improvements.

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

Depending on the severity of the incident, it may also be reportable to the Aged Care Quality and Safety Commission under the *Serious Incident Reporting Scheme (SIRS)*. For more information refer to Bilingual Care's *Consumer Incident Management Policy and Procedure.*

Care Plan Review

Where an incident is a result of a consumer's health deterioration, their *Care Plan must* be reviewed immediately, as per the *Initial Assessment and Care Planning Policy and Procedure.*

Open Disclosure

Open disclosure is having discussions with a consumer, their family and carers about adverse events that result in harm – or could have resulted in harm – to the consumer. Harm may be physical, psychological, or social, resulting in loss of quality of life, impairment, suffering, injury, disability, or death. As per Bilingual Care's *Open Disclosure Policy and Procedure,* any time an incident or near-miss occurs and open disclosure is enacted, opportunities for learning are to be identified so that continuous improvement activities can been planned.

Self-Assessment

Bilingual Care assesses its compliance with its legislative, regulatory, and Standard requirements as part of regular self-assessments, as well as triennial Quality Reviews against the *Quality Standards* conducted by the Commission. Self-assessments are completed using the Aged Care Quality and Safety Commission's self-assessment resources.[5]

Reporting

The Clinical Advisor provides monthly clinical care reports to the Leadership Team which include at minimum:

- feedback and complaints related to clinical care
- clinical risks and incidents, including SIRS incidents and near misses, as well as how they were managed and resolved

[5] Aged Care Quality and Safety Commission 2023, Self-assessment, Australian Government, accessed 29 July 2025, <https://www.agedcarequality.gov.au/providers/assessment-processes/self-assessment>.

- hospital transfers and the reasons for transfer
- clinical trends observed
- data collected from internal audits and
- relevant recommendations for improving effectiveness of the clinical governance system in supporting quality care and managing clinical risk

The Leadership Team must critically evaluate all clinical data presented in its reports to ensure that trends, risks, and opportunities to improve care outcomes are identified. Where the data highlights concerns, variations, or potential non-compliance with procedures, the Leadership Team must ensure timely action is taken. This may include:

- directing management to investigate
- implementing corrective measures
- allocating necessary resources and
- monitoring the effectiveness of any changes.

Key decisions, follow-up actions, and outcomes must be documented in Meeting Minutes and/or Bilingual Care's *Continuous Improvement Plan*.

Quality Care Advisory Body

Bilingual Care has in place a Quality Care Advisory Body (QCAB) that provides independent advice and critical feedback to the Leadership Team about the quality of care being delivered to consumers. It plays a key role in monitoring clinical risks, reviewing care outcomes, and promoting continuous improvement across the organisation to ensure that supports are safe and tailored to the individual.

The QCAB reports to the Leadership Team and is an essential source of feedback, as it forms a critical link between frontline care and strategic direction. The QCAB provides quarterly reports which inform organisational planning, policy development, and workforce capability, and helps to embed a culture of safety, learning, and accountability.

For more information about the composition, purpose and reporting requirements of the QCAB see Bilingual Care's *Governance Policy and Procedure.*

Information Management Systems

Bilingual Care uses EziHealth to enter, store and retrieve consumer clinical information. Information entered into the system must be accurate, accessible and timely to support effective communication between authorised staff, external providers and consumers.

Where possible, and with the consumer's consent, Bilingual Care will enable sharing of information across care settings (e.g. GPs, hospitals, allied health) and support consumers with connection to *My Health Record*.

See also Bilingual Care's *Records and Information Management Policy and Procedure.*

Legislation, Rules, and Policies

As an approved Support at Home Aged Care provider, Bilingual Care must comply with legislation, Rules, Determinations, policy, and Standards. This includes the *Aged Care Act 2024 (Cth) (in effect 01 November 2025)*, strengthened *Aged Care Quality Standards*, the *Aged Care Code of Conduct* and the *Statement of Rights*.

For more information, see the *Compliance Policy and Procedure* .

Supporting Documents

Documents relevant to this policy and procedure include:

- *All Bilingual Care Policies and Procedures, and in particular:*
  - *Governance Policy and Procedure*
  - *Feedback and Complaints Policy and Procedure*
  - *Continuous Improvement Policy and Procedure*
  - *Consumer Incident Management Policy and Procedure*
  - *Open Disclosure Policy and Procedure*
  - *Compliance Policy and Procedure*
  - *Performance Management Policy and Procedure*
  - *Position Descriptions and Duties Policy and Procedure*
  - *Recruitment and Selection Policy and Procedure*
  - *Training and Development Policy and Procedure*
  - *Antimicrobial Stewardship Policy and Procedure*
  - *Infection Control Policy and Procedure*
  - *Medication Management Policy and Procedure*
  - *High Impact and High Prevalence Risks Policy and Procedure*
  - *Use of Restrictive Practices Policy and Procedure*
- *Quality Care Advisory Body Terms of Reference*
- *Position Descriptions*
- *Performance Review documentation*
- *Staff Training and Development Calendar*
- *Staff Training and Development Register*
- *Staff Training Plans*
- *Competency Assessments*

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Monitoring and Review

This Policy and Procedure will be reviewed at least every two years by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Annual satisfaction surveys will assess consumer and staff satisfaction with Bilingual Care's clinical governance processes and provide stakeholders with the opportunity to provide feedback on areas for improvement.

Bilingual 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 Bilingual Care's service planning and delivery processes.

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