Leadership and culture
CLINICAL GOVERNANCE

Clinical governance supports aged care organisations to deliver high-quality care so that those receiving care achieve good health and care outcomes. [1] Although there is no 'one-size fits all' approach to clinical governance in the aged care setting, [1] the Aged Care Quality and Safety Commission (ACQSC) suggests six core, interrelated elements to clinical governance which together promote optimal health and wellbeing outcomes for people receiving aged care services. [2] Governing bodies need to consider each of these and set up systems to manage, operationalise, and monitor success against them. One of these elements is the combination of leadership and culture. The other core elements are covered in our clinical governance themes on the ARIIA website.

Why are leadership and culture important to clinical governance?

Clinical governance is integral to organisational governance. It requires a culture of safety and quality of care across the whole aged care organisation. This means establishing excellence in care as one of the foundational goals of all staff, as part of the organisation's corporate governance, since any care (including non-clinical) can impact a person's clinical outcomes. [1] Achieving a strong culture of care requires the governing body and frontline managers to actively promote and openly pursue quality goals while supporting the workforce to do the same. [2] The senior leadership team define the culture of an organisation, communicating its values and establishing a strong strategic direction for care quality. They implement systems for monitoring performance against tangible, realistic goals. [3] The governing body that leads an organisational culture focused on safety can demonstrate

at all levels an ability to learn from incidents and complaints, in the spirit of continuous improvement. [2] Addressing performance issues with transparency and encouraging the workforce to view them as learning opportunities also helps create an organisational culture that embraces psychological safety to support continuous improvement. [3] Where there is a strong culture focused on safety and quality of care, compliance with quality standards and attention to minimising risks (required under a duty of care) become business-as-usual and there is respect for the role and work of regulators within the system. [3]

Leadership, culture, and the regulation of Australian aged care

The underpinning importance of leadership and culture to optimise personal and clinical care outcomes is reflected across the current (2019) Aged Care Quality Standards, particularly within Standard 8 which addresses organisational governance. [4]

Leadership and culture

The Standards state that governing bodies of aged care organisations must:

- Be accountable for delivering safe and quality care and services (8(2))
- Demonstrate that they promote a culture of safe, inclusive, and quality care and services (8(3)(b))
- Have in place effective organisation-wide governance systems for continuous improvement, regulatory compliance, feedback and complaints, and the assignment of clear responsibilities and accountabilities to the workforce (8(3)(c)). [4]

The Royal Commission found a clear need for the sector to establish a 'robust culture of diligent and authentic service quality and safety'. [3] However, recent (2022) Aged Care Quality and Safety Commission (ACQSC) sector performance reports reveal that among the top 10 standards that are most frequently unmet, three relate to governance. These are:

- Effective governance systems (8(3)(c))
- Clinical governance framework (8(3)(e)) and
- Assessment and planning inform safe and effective services (2(3)(a)). [5, 6]

Less than optimal performance against these Standards inevitably contributes to the most common area of non-compliance: Safe and effective personal and clinical care (3(3)(a)). [5, 6]

In response to recommendations of the Royal Commission into Aged Care Quality and Safety, [7] the government has passed the *Aged Care and Other Legislation Amendment (Royal Commission Response) Act 2022*. [8] This includes legislative changes aimed at strengthening organisational governance, culture, and accountability relating to clinical care quality. Specifically, providers are now required to:

- Include at least one person on the governing board with experience in providing clinical care (Section 63-1D, (2)(b))
- Establish a Quality Care Advisory Body to support and inform the governing body (Section 63-1D, (6)). It is up to the organisation to decide how this body will operate within the broader corporate governance structure.

The Revised Aged Care Quality Standards (2023) strengthen the relationship between organisational leadership and culture and the quality and safety of care. [9] Leadership and culture are more broadly the focus of Standard 2—The organisation. The intent of Standard 2 is to 'hold the governing body responsible for meeting the requirements of the Quality Standards and delivering safe and quality care and services.' [9 p11] While leadership and culture are central to most of the outcomes within this section, the two outcomes that cover them most precisely are:

- Quality and safety culture (Outcome 2.2)
- Accountability and quality systems (Outcome 2.3).

These outcomes make governing bodies explicitly accountable for creating a culture of quality, safety and inclusion in delivering care, including clinical care, as part of their oversight of all aspects of the organisation's operations. [9]

In these Revised Aged Care Quality Standards, clinical governance now sits under Standard 5: Clinical care (Outcome 5.1) which clearly defines the duties and expectations of governing bodies and highlights the importance of integrating clinical governance into broader corporate governance structures, systems, and processes.

As individual values, attitudes and behaviour are important indicators of culture, the newly introduced Code of Conduct for Aged Care forms a further part of the government's strategy to improve the safety and quality of life of people receiving aged care services. [10] The Code makes clear how aged care workers, providers and governing bodies are required to act towards care recipients. This includes showing respect for privacy, dignity, diversity, and a person's right to self-determination. It also provides explicit examples of behaviours that are unacceptable. Enforcing compliance with the Code is the responsibility of the ACQSC. [10]

Components of strong leadership and culture

Strong leadership and organisational culture are needed to support the workforce to deliver consistently safe, high-quality care. [2] There are multiple components to establishing effective leadership and culture within an organisation, including effective board structure and membership, a workplace focused on quality and safety, an accountable culture, and an environment that supports staff wellbeing and psychological safety.

An effective leadership

Everyone in aged care has a role to play in the delivery of safe, quality care, including clinical care. [11] However, the governing body is the person or group of people who is ultimately responsible and accountable for the organisation's quality and safety performance, including the strategic and operational decisions that impact personal and clinical care. [3, 11] The governing body is charged with understanding and minimising the risks associated with care, monitoring performance, and driving quality improvement. [2] This means taking ultimate responsibility for the quality and safety of the care delivered by employees. [11]

The ability of senior managers to create a clinical or care governance structure, or framework, and to define and delineate roles and responsibilities across the organisation has been linked to an organisation's quality of care. [12] In appointing a governing body and leadership team, it is therefore important for service providers to ensure applicants have the appropriate skills required to effect clinical governance. [12] These include:

- The ability to develop a workforce with an appropriate mix of clinical skills
- Human resource management skills such as being able to negotiate well with staff
- Relational skills in building and sustaining positive relationships with colleagues, workforce, and care recipients and their families
- Effective communication abilities, including being able to listen to and empathise with others

Leadership and culture

- Having the knowledge to create a clinical or care governance structure with clearly defined roles
- Capacity to create a positive workplace culture and team cohesiveness. [12]

Aged care organisations also need leaders who can interpret and respond to the many regulatory changes taking place within the sector. [12, 13] While members of aged care governing bodies are not all expected to be clinical experts, individually and collectively they need enough knowledge of care matters to ask appropriate questions of the clinical governance subcommittee, a quality care advisory body, or members with experience in providing clinical care. [14] This knowledge (or 'clinical literacy') will support them to form accurate judgements on care quality and safety concerns and how they should be addressed. [14] In the residential aged care setting, it will also support leadership to work together with visiting health professionals to develop policies that safeguard the clinical care of residents. [15] It is therefore important that leaders who do not possess strong governance skills or an appropriate level of clinical literacy undertake professional development and training in these areas. [14]

The literature identified several characteristics of governing bodies that might negatively impact clinical governance. These governing bodies:

- Set quality and safety priorities and goals without making available sufficient resources for meeting them [3]
- Focus on reacting to operational priorities rather than dedicating adequate time to planning and operationalising clinical governance [16]
- Present and implement clinical governance 'in a vacuum' so that staff view it as extra work, rather than understanding its purpose [17]
- Only recruit members who live locally or already work within the organisation rather than drawing from the broadest pool of skilled candidates. [18]

What might effective leadership for clinical governance look like?

Aged care providers whose governing bodies provide strong clinical care leadership and achieve a culture of quality and safety are likely to agree with the following statements.

The governing body and its sub-committees in my organisation:

- Have the right skill mix amongst members to drive the transformational change needed to achieve the organisation's quality and safety goals [8, 16]
- Have the quality and safety of care delivery as its highest priority. This is reflected in board and subcommittee agendas, how the leadership communicates with staff and care recipients, and the clinical governance framework. [14]
- Set out the expected standards for care quality and safety and how they might be achieved [14]
- Monitor the organisational culture for how well it puts quality and safety first [14]
- Model a culture of openness, partnership, learning and continuous improvement. [2, 14]

- Have established and communicated roles and lines of responsibility and accountability for clinical care within the organisation [12]
- Are actively informed on quality and safety matters by a clinician who is a member of the governing body, as well as a care quality advisory body. [8]
- Have a clear leadership succession plan in place to ensure continuity of clinical oversight and performance. [14, 18]

An effective clinical governance framework

It is a regulatory requirement that every aged care organisation that provides clinical care has an overarching clinical governance framework in place. [19, 20] However, it is suggested that all providers should have such a framework, appropriate to its context, even if they do not provide clinical care. This is because any care can potentially impact a person's clinical outcome and wellbeing. This documented framework serves several purposes. It:

- Makes transparent the organisation's commitment to delivering high-quality, safe care to the people it serves [21]
- Describes the organisation's approach—the systems and processes it will implement—to ensuring the standard of care to which it aspires can be met. [2] This includes integrated operational systems and processes for monitoring, reporting, and continuously improving on how risk is managed, as well as areas of underperformance against industry-regulated quality standards and indicators. [22]
- Provides guidance on how clinical governance is implemented across the organisation [23]
- Underpins all care plans, policies and procedures [20]
- Includes processes for its own review to ensure it remains up to date, effective, and fit for purpose. [20]

It is the governing body's responsibility to develop this single overarching framework, [9, 24] which will reflect the nature of the aged care service as well as the specific characteristics and needs of the population it serves. [11, 20] The framework should be comprehensive enough to cover all relevant areas of oversight and flexible enough to be inclusive of all people receiving care, including those with complex care needs, physical or cognitive abilities, levels of social connectedness, or cultural needs. [3] It should also be reviewed frequently and when important change occurs such as the emergence of a new risk, a change in leadership, or if certain activities are no longer fit for purpose. [25] Failure to align the clinical governance framework to changes in the external environment might impact the safety and quality of clinical care. [26]

Developing the framework could involve bringing together clinical governance systems and activities already in operation across the organisation. [20] The framework document might describe all roles across the organisation that provide care and their associated responsibilities while mapping the relationships between these roles, including clinical and non-clinical roles, alongside lines of accountability within the organisational structure. [1, 27] The framework's content should be founded on, and

Leadership and culture

clearly linked to, the important principles, regulations, and standards governing the sector. [26] It might be structured within the document using the core elements of clinical governance set forward by the ACQSC. [2]

Ensuring care 'quality' and 'safety' should be the core purpose of the overarching framework. However, it cannot be assumed everyone within the organisation understands what these terms mean or how they apply to the work they do. People may also interpret them differently. [1] The framework provides an opportunity for the organisation to define what these terms mean for its own context, purpose, and strategic goals. These definitions might incorporate the language of the current Aged Care Standards by defining quality care as 'person-centred', 'coordinated', 'effective', 'respectful', and 'evidence-based'. [19] The Revised Aged Care Quality Standards include additional terms that reflect diversity and inclusion, for example, 'trauma aware', 'healing informed', and 'culturally safe'. [9]

To ensure a clinical governance framework is effective, the literature suggests it should be simple, realistic, and have the older person at its core. [28] Staff also need to be aware of the framework and understand its purpose. [26]

What might an effective clinical governance framework look like?

People working in an aged care organisation with an effective clinical governance framework in place may be more likely to agree with the following statements about the framework's role and purpose:

- The framework clearly sets out strategic goals and priorities for clinical care quality and safety across all levels of the organisation as well as the governing body's commitment to achieving them [3]
- The framework constitutes a realistic, achievable plan for how quality and safety goals will be achieved. [28]

They will also be able to state that the framework itself:

- Defines what their organisation means by 'high quality' and 'safety', linking these concepts to the organisation's fundamental purpose and mission and outcomes for people receiving care
- Details how the organisation will monitor risks to health and wellbeing and quality of care and make improvements when gaps, failures, or opportunities are identified
- Has been introduced, explained, and promoted to everyone within the organisation who provides care (either directly or indirectly). This includes contracted and visiting clinicians
- Clearly defines responsibilities for care quality and safety for each role within the organisation, as well lines of accountability
- Has proven effective in supporting the service to meet quality and safety goals
- Is flexible enough to be responsive to changes, including emerging risks such as a pandemic or changes to regulatory requirements
- Describes how and when it will be reviewed and by whom. [2]

A strong quality and safety culture

In the Revised Aged Care Quality Standards, the governing body is responsible for promoting a 'positive culture' of safe, inclusive, and quality care and demonstrating that this culture exists in the organisation (Action 2.2.1). [9] This 'positive culture' might be interpreted as one where all staff consider high-quality and safe care as simply 'the way we do things here.' Within this culture, all organisational priorities, policies, and processes would be scrutinised through a quality and safety lens, and compliance with regulations would be viewed positively as an important check on the quality of care provided.

The first step in creating a quality and safety culture is to define what this looks like to those expected to contribute to it. Managers might, therefore, start by communicating to the workforce the standard of care they are expected to deliver, along with how the organisation will support them to achieve it. [29] Strong clinical governance will also contribute towards creating a culture attuned to matters of safety and quality. It achieves this through a documented commitment to:

- Establishing quality and safety as a key priority for the organisation
- Implementing integrated systems for monitoring and reporting on quality and safety performance
- Being responsive to performance and feedback data so that the organisation achieves continuous quality improvement
- Strengthening risk management systems and processes across the organisation, especially in clinical areas of high impact risk such as medication safety, infection control, pain and delirium management, wound care, and restrictive practices [30]
- Providing staff with the training and education they need to understand their roles and responsibilities and to deliver high-quality, evidence-based and person-centred care
- Monitoring 'organisational culture' and regularly discussing progress towards goals at board level. [3]

What might a strong quality and safety culture look like?

People supported by their organisation to provide high-quality, safe care may be more likely to agree with the following statements.

- I understand the quality of care expected of me and why a strong quality and safety culture is important.
- I am clear on my roles and responsibilities and accountable for my performance.
- I understand what is meant by clinical governance and how the clinical governance framework guides my work and protects me. [25]
- I am supported by effective and accessible policies and processes to meet the standard of care I am expected to provide.
- I am encouraged to undertake appropriate training to improve my capacity to provide high-quality, safe care.
- There is a strong risk management culture in my workplace.

- There is a culture of continuous improvement in my workplace.
- Management takes staff underperformance seriously and there are processes in place to support individuals to improve their standard of care.
- Regulatory processes are viewed positively as providing feedback on areas of strength and weakness.
- Feedback from care recipients and performance data are reported to staff and used to improve services.
- I believe my organisation provides high-quality, safe care to those it serves.

A strong culture of accountability

Clinical governance is about being accountable for the outcomes for people receiving aged care. [1, 25] This includes individual experiences of care as well as clinical outcomes. [31] According to the ACSQC, everyone working in aged care, from members of the governing board to staff who have a very indirect role in providing care or services 'is accountable for their contribution to clinical quality and safety.' [27 p3] However, the onus is on leadership to help people understand their role and responsibility in relation to care quality and safety. [27] Under the strengthened Aged Care Quality Standards, [9] providers are required to set out accountabilities and responsibilities (Action 2.3.1(a)) alongside expectations for the organisation's performance. The governing body is then responsible for monitoring performance and ensuring improvements are made (Action 2.3.2).

What might an accountable culture look like?

In an accountable culture:

- The governing body has established lines of accountability for all care. These are documented in the organisation's clinical or care governance framework and staff position descriptions [27]
- Everyone across the organisation is aware of their responsibility to provide care that is high-quality and safe. This includes leaders, clinicians (including visiting health professionals), and personal care workers [15, 25, 31]
- Staff are adequately trained in policies and procedures supporting care quality and safety [25], especially in areas of high impact clinical risk. [13]

A culture that supports worker wellbeing

Aged care in Australia is highly dependent on its workforce. [13] However, this workforce is in short supply with services experiencing challenges in recruiting and retaining staff. [32] The Royal Commission into Aged Care Quality and Safety exposed workplace problems such as heavy workloads, understaffing, a lack of sufficient caregiving skills, and poor worker remuneration. [7] Around this same time, the COVID-19 pandemic placed the sector workforce under increased strain and negative public scrutiny. [33] Australian aged care workers report a workplace culture of bullying and harassment that is not addressed by management. They also express feeling undervalued by their organisations

which propagate a 'culture of fear.' Staff are not incentivised to perform at a high level through rewards and recognition systems and many fear retribution if they raise concerns. [13] Workplace stress may impair aged care worker mental health. [34] It can also lead to burnout which is known to impact clinical and personal care quality and safety. [35]

As part of its requirement to create a quality and safety culture, the Revised Aged Care Quality Standards direct governing bodies to prioritise the rights, safety and well-being of its workforce, in addition to care recipients, and to consider workforce needs in strategic and business planning (Outcome 2.2). [9] This means openly engaging with workers, considering their personal safety needs, and valuing their contribution to the organisation.

What might a culture that supports worker wellbeing look like?

Aged care workers for organisations that support worker wellbeing may be more likely to agree with the following statements.

- Staff are incentivised to improve the safety and quality of care.
- Staff workplace health and safety is an organisational priority and there are programs in place, such as an Employee Assistance Program, to support staff [13].
- The governing body understands that high workloads, burnout, and staff turnover constitute a risk to care safety and quality and has a plan to address these issues.
- Staff are encouraged and feel safe to raise concerns and admit mistakes, and there are mechanisms in place for them to do so. This includes a transparent whistle-blowing policy.
- Bullying, harassment, and poor quality and safety performance are not tolerated and are actively addressed by management.
- Staff are recognised and rewarded for good performance. [13]

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