

CLINICAL GOVERNANCE POLICY

POLICY NO. OR02

ACT CORRECTIVE SERVICES



ACT
Government

Justice and Community Safety

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1 PURPOSE

The purpose of this policy is to describe the mechanisms in place to ensure ACT Corrective Services' Offender Reintegration teams deliver quality services, are accountable, and manage individual, community, and organisational risk, in collaboration with key stakeholders.

2 SCOPE

This policy applies to all Offender Reintegration staff. This policy acknowledges that while not all Offender Reintegration teams provide clinical or direct services to clients, the application of clinical governance processes and principles is fundamental to quality reintegrative correctional practice.

This Policy also applies to ACT Corrective Services staff outside of Offender Reintegration in respect of the Programs and Services Committee (as per 7.4).

Where required, the Assistant Commissioner, Offender Reintegration will establish operating procedures under this policy.

3 DEFINITIONS

Clinical governance Clinical governance is a necessary part of the corporate governance of organisations that provide health and wellbeing services to clients. It ensures that these services are safe, effective, high quality, accountable, and continuously improving.

Corporate governance The systems and processes that shape the strategic direction of an organisation to ensure appropriate accountability and risk management arrangements are in place. These systems also monitor the performance of an organisation, with a focus on improvement.

Case management The process of supporting offenders to meet identified goals within the broader agency's objectives of rehabilitation and reducing recidivism. The cycle of case management includes:

- assessment
- planning

- implementation and referral
- review and evaluation.

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| Programs | Group interventions intended to reduce criminogenic risks, or to address health and wellbeing issues that are linked to offending. |
| Interventions | Group or individual engagement around health (including mental health), wellbeing, disability, and other biopsychosocial issues, intended to manage behaviour, trauma, and improve access to other programs, services and supports. Interventions may be clinical and/or linked to offending. |
| Services | Other services provided to clients that are distinct from those provided through Offender Reintegration. These are primarily provided by external agencies and individuals and managed through Detainee Services, at the Alexander Maconochie Centre (AMC). These may not have direct links to offending. There are other services that clients may access independently from ACT Corrective Services, including those where ACT Corrective Services may not have ongoing oversight or communication. |
| Supervision | The processes by which Offender Reintegration staff are line-managed, supported, and developed, to meet individual and organisational objectives. There are links to Performance and Development Plans (PADPs) and staff training. |
| Client | For the purposes of this policy, the term client refers to both detainees in custody and those receiving a service, program, or intervention in the community. This language is chosen to reflect that not all clients of Offender Reintegration have been found guilty of an offence, nor may they be subject to detention or supervision. |
| Integrated Offender Management Framework (IOM) | A coordinated approach to case management of offenders through the sentence continuum, being responsive to trauma, gender, disability, age and LGBTIQ+ issues. The IOM is applicable to all business areas of ACTCS. |
| Data | Information regarding workflow and service provision. |

Key Performance Indicators (KPIs)

A measure of performance against set targets and outcomes and tracked over time.

4 PRINCIPLES

- 4.1 Offender Reintegration is committed to best practice in the services it provides to clients.
- 4.2 Offender Reintegration is committed to supporting staff to deliver quality services, through supervision, training, and guidance.
- 4.3 Offender Reintegration practice is governed by policies and procedures, with additional practice guidance.
- 4.4 Offender Reintegration is committed to practicing collaboratively with stakeholders, including clients and their families.
- 4.5 Offender Reintegration's practice will be informed by principles of inclusion, cultural safety, gender responsiveness, and an awareness of trauma.
- 4.6 Clinical services provided will be outlined within documented Models of Care (MoC).
- 4.7 Standards and expectations must be clear for staff, clients, and stakeholders to ensure transparency of practice and strategic direction.
- 4.8 Offender Reintegration is committed to continuous improvement through quality assurance and evaluation.
- 4.9 All Offender Reintegration activity must adhere to the key principles of accountability and risk management.
- 4.10 Programs, interventions, and services delivered must be evidenced based, meet standards and program integrity requirements.

5 OFFENDER REINTEGRATION UNITS

- 5.1 The Offender Reintegration division consists of the following work units/teams:
 - a. AMC Case Management Unit (CMU)
 - b. Sentence Administration Section (SAS)
 - c. Corrections Programs Unit (CPU)
 - d. Alcohol and Other Drug Treatment Team (AODTT)
 - e. Supports and Interventions Unit (SIU)
 - f. Reintegration Unit
 - g. Transitional Release

- h. Justice Housing Project (JHP)
 - i. Offender Reintegration Projects (OR Projects).
- 5.2 There are other positions within Offender Reintegration that work across individual teams, including the Assistant Commissioner and Senior Director positions.
- 5.3 The principles of clinical governance apply to each work unit and position, with data collection and performance targets relevant to service delivery.
- 5.4 There may be work unit specific considerations for supervision and line management.

6 CLINICAL GOVERNANCE APPROACH

- 6.1 Offender Reintegration's approach to clinical governance includes the following key areas:
 - a. program integrity
 - b. clinical interventions
 - c. staff supervision and line management
 - d. quality assurance and evaluation
 - e. record keeping.

7 PROGRAM INTEGRITY

- 7.1 Program integrity is a fundamental principle of *What Works*, and the *Risk, Need and Responsivity* models of offender management (Andrews, Bonta and Hoge, 1990, 2003). The principle of program integrity states that a program must be delivered in accordance with the evidence base upon which it was developed.
- 7.2 ACT Corrective Services faces challenges in ensuring program integrity due to the nature and size of the ACT jurisdiction. There is a lack of ACT based data and evaluation to support jurisdiction-specific criminogenic programs, therefore these are primarily sourced from other jurisdictions. Program integrity considerations such as maintaining recommended group numbers are also challenging in a small jurisdiction.
- 7.3 Staff who deliver programs, interventions, and services must have the appropriate skills, experience, and training, and meet all individual program delivery requirements.

- 7.4 Offender Reintegration is committed to transparency and accountability in the selection of externally sourced programs and services, and ongoing evaluation of how these relate to the ACT context.
- 7.5 The Programs and Services Committee provides a governance function in respect of programs, services, and interventions, both internal and external, except those that are accessed independently from ACT Corrective Services, or where there is no ongoing oversight by ACT Corrective Services (ACTCS Programs and Services Committee Terms of Reference).
- 7.6 The Programs and Services Committee will not interfere with other governance systems or legislated procurement processes, however, will consider proposals for programs, interventions, and services, prior to procurement commencing.
- 7.7 Ongoing program, intervention, and service evaluation must occur to ensure program integrity and efficacy are maintained. This may include, but is not limited to the following:
- a. observation and assessment of programs
 - b. audits against KPIs in service contract or agreement
 - c. analysis of outcomes, with pre and post measures
 - d. client and/or staff feedback
 - e. other contract management activities.
- 7.8 Programs arranged or provided by Offender Reintegration must be included in the Programs Compendium. This must include the name and overview of each program, eligibility requirements, and referral pathway.
- 7.9 External services not procured through Offender Reintegration will not be included in the Programs Compendium, but a record of these must be maintained by the Programs and Services Committee secretariat.
- 7.10 The Corrections Program Unit (CPU) Team Leader must update the Programs Compendium as soon as program offerings change.
- 7.11 The Programs Compendium must be available on the ACT Corrective Services Intranet and external website and be distributed to internal and external stakeholders.
- 7.12 The Alcohol and Other Drug Treatment Model of Care provides details regarding Alcohol and Other Drugs (AOD) specific treatment and programs, referral pathways and intersection with Custodial Health Services (CHS), Winnunga Nimmityjah Aboriginal Health and Community Services, and other external stakeholders.

- 7.13 The CPU and Alcohol and Other Drugs Treatment Team (AODTT) Team Leaders must maintain and follow the Referral Process to Corrections Programs Operating Procedure to ensure transparency and appropriateness of services offered and withdrawn.
- 7.14 The CPU, and the AODTT Team Leaders (or responsible Directors) must meet fortnightly to review referrals, allocations, and program closures, except those related to sex offending.
- 7.15 The CPU Team Leader must review service referrals, allocations, and closures fortnightly in respect of sex offender treatment, and determine recommendations at each sex offender treatment team meeting. This will occur on the alternate week to the general programs/AOD related meeting and will not include the AODTT Team Leader/Director.
- 7.16 All decisions relating to referrals, assessment and program/intervention provision must be recorded as per the Case Note Policy.
- 7.17 The Director, Programs and Interventions, and Director, AOD Treatment have ongoing responsibility to ensure appropriate quality assurance of referral practices and decisions made, in accordance with 11.4.

8 CLINICAL INTERVENTIONS

- 8.1 The Supports and Interventions Unit (SIU) provides a broad range of services that includes clinical interventions with detainees at the AMC. Please refer to the Supports and Interventions Model of Care for full information.
- 8.2 Moderate to severe mental health provision in the AMC is provided by ACT Health Custodial Mental Health Services, with the SIU having a remit to support clients with mild to moderate concerns.
- 8.3 Offender Reintegration does not provide a crisis management service through any of its teams.
- 8.4 Responsibilities relating to the management of clients requiring a crisis response are detailed in the Detainees at Risk of Suicide or Self-harm Policy, and Detainees at Risk of Suicide or Self-harm Operating Procedure, which apply equally to all ACT Corrective Services, Canberra Health Services, and Winnunga Nimmityjah Aboriginal Health Community Services staff, operating in the AMC.

8.5 There are multi-agency forums in place to review plans and to make decisions relating to the care and management of clients who may pose significant risk to themselves, others, and the safety and security of the AMC, including:

- a. High Risk Assessment Team Standing Committee (HRAT)
- b. Intensive Case Management Group (ICMG)
- c. Segregation Review Meeting.

Please refer to the *High Risk Assessment Team Standing Committee Terms of Reference*, and the *Intensive Case Management Group Terms of Reference*.

8.6 Decisions relating to mild to moderate mental health care and provision are made within the SIU team at the local level. These decisions must be guided by the *Supports and Interventions Unit Operating Procedure* to ensure appropriateness of services offered and withdrawn.

8.7 The SIU must meet weekly, chaired by the Team Leader, to review referrals, allocations, and case closures. Where identified, additional oversight of complex decisions may be sought from an Offender Reintegration Director, Senior Director, or external expert, with appropriate skills and experience.

8.8 All decisions made under 9.5, including the rationale, must be recorded as per the *Case Note Policy*.

9 STAFF SUPERVISION AND LINE MANAGEMENT

9.1 Supervision and line management are essential components to ensure individual and organisational objectives are met.

9.2 Supervision and line management must be provided in each Offender Reintegration work unit.

9.3 Effective supervision and line management supports staff to develop skills and experience, maintain accountability and resilience, and meet performance standards.

9.4 Effective supervision and line management are vital to manage individual and organisational risk.

9.5 Supervision and line management discussions must be appropriately recorded.

9.6 Supervision and line management discussions must be aligned to the Performance and Development Plans.

9.7 Supervision and line management must support staff and consider development and training needs and opportunities.

- 9.8 The Offender Reintegration Supervision Policy describes how Offender Reintegration will meet its obligations in respect of supervision and line management.

10 RECORD KEEPING AND DECISION MAKING

- 10.1 Record keeping has significant implications for accountability and risk management.
- 10.2 All ACT Corrective Services staff must comply with the obligations arising from the Territory Records Act 2002, the Information Privacy Act 2014, the Privacy Act 1988 (Cth) and other relevant legislation.
- 10.3 All records must comply with principles of confidentiality, noting there are limits to this. Any record may be subject to release under subpoena, freedom of information request (FOI), or other lawful mechanism. This includes client and staff supervision records.
- 10.4 All records must be made in consideration of 10.3, above.
- 10.5 All ACT Corrective Services records must be made and kept in accordance with ACT Corrective Services' policies and procedures, including the Case Note Policy.
- 10.6 Records must reflect all decision making, including what was considered and the rationale. This includes all case management decisions, staff management and supervision decisions, and decisions relating to service provision, refusal, or closure. The impact of decisions on any person or groups, including human rights issues must also be considered and recorded.
- 10.7 All decisions must be made by a person with appropriate knowledge, skill, qualification, lawful authority, and delegation.
- 10.8 All decisions must comply with legislation and ACT Corrective Services' policies and procedures.
- 10.9 Decision making must include consideration of the impact of the decision on an individual, group, organisation, and the community.

11 QUALITY ASSURANCE AND EVALUATION

- 11.1 Quality assurance (QA) and evaluation ensure standards are met and maintained, promote improvement, and ensure efficacy and value of programs, interventions, and services.

- 11.2 Each work unit must maintain accountability and transparency in its practice and decision making. This includes maintaining accurate records relating to clients and staff.
- 11.3 Each work unit must set KPIs and report on performance against these for the Offender Reintegration monthly reports.
- 11.4 The Director of each work unit must determine a quality assurance (QA) schedule and undertake quality assurance (QA) activities inclusive of quantitative and qualitative measures. Examples of this may include, but are not limited to:
 - a. case plan, caseload reviews
 - b. periodic audits of information taken as a sample
 - c. program, intervention, and service evaluation
 - d. audits of client contact levels
 - e. senior/expert oversight of program delivery
 - f. audits of records
 - g. live supervision/observation of client interactions
 - h. implementation of review recommendations
- 11.5 Quality assurance (QA) activities will be recorded on the Offender Reintegration Quality Assurance (QA) Register.
- 11.6 A register of recommendations from internal and external reviews will be maintained by the Executive Officer, Offender Reintegration.

RELATED DOCUMENTS

- ACTCS Integrated Offender Management (IOM) Framework 2021
- Case Management Policy
- AOD Treatment Model of Care
- Supports and Interventions Model of Care
- Management of Detainees at Risk of Suicide or Self-harm Policy
- Case Note Policy
- Programs and Services Committee Terms of Reference
- High Risk Assessment Team Standing Committee Terms of Reference
- Intensive Case Management Group Terms of Reference
- Management of Segregation and Separate Confinement Policy

- Segregation Review Meeting Terms of Reference
- Territory Records Act 2002
- Programs Compendium

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 A/g Commissioner
 ACT Corrective Services
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