

LEADERSHIP

SWSPHN-LE-02

Clinical Governance Framework

The focus of this Framework is to support robust decision making that informs SWSPHN clinical commissioning and service support activities.

Table of Contents

Introduction	2
Purpose	2
Background	2
Scope	3
Key Elements	4
Related Policies and Procedures	7
Review	8
Roles and Responsibilities	8
Definitions	9
References	9
Appendix A: Organisation Checklist	11
Appendix B: Provider Procurement & Contract Checklist	12

CLINICAL GOVERNANCE FRAMEWORK

Introduction

Good clinical governance is achieved by South Western Sydney PHN (SWSPHN) when the SWSPHN Board, Clinical Council, Executive and Management consider safety and quality implications in their decision-making processes. This is reflected in the Service Standard Aim of the [SWSPHN Strategic Plan](#), which states:

“To support and shape primary care services so all residents in our region can access the right care, at the right time, by the right people, at the right location”.

The focus of the Clinical Governance Framework (the Framework) is to support robust decision making that informs SWSPHN clinical commissioning and service support activities.

Purpose

The purpose of this Framework is to facilitate effective clinical governance across the SWSPHN's activities, consistent with its Strategic Plan (see Table 1).

Table 1: A Summary of Strategic Goals from SWSPHN's Strategic Plan

Goal 1:	A Healthier and more enabled Community
Goal 2:	A better health system, experienced by General Practitioners and primary care providers
Goal 3:	An integrated health system that is fit for purpose
Goal 4:	Primary health care that demonstrates value
Goal 5:	A trusted and socially responsible organisation

The Framework is intended to guide how clinical quality, safety, risk management and performance is planned, measured and reported to the satisfaction of the Clinical Council, Chief Executive Officer and Board of Directors. In particular, this Framework informs two (2) key functions for the organisation:

- Requirements for commissioning clinical services; and
- Systematically supporting the primary care sector, in particular general practice

Background

Consistent with the [Commonwealth's PHN Guidelines](#), SWSPHN is expected to:

- Have a persuasive role on clinical governance in the primary care sector (in particular general practice). It is intended that this will be achieved through:
 - *Supporting attainment of the highest standards in safety and quality*
 - *Showcasing and disseminating research and evidence of best practice*
 - *Collecting and reporting data to support continuous improvement.*

Noting that a hierarchical reporting relationship between general practice and PHNs does not exist that would assist in oversight of clinical governance.

- Act as a regional commissioning agent. The focus is on contracting services that measurably improve health outcomes for local communities relevant to needs. To achieve this, it follows that as a commissioner the PHN needs to utilise contract levers to ensure the quality and safety of commissioned services. This includes ongoing assessment to monitor the quality of services and ensure compliance with relevant contractual standards.

SWSPHN-LE-02

Scope

The scope of SWSPHN activity is determined by matching the resource capacity of the local health system with a robust assessment of the local population needs for primary health care. In turn, this informs subsequent prioritisation processes and planning.

Subsequently, the scope of prioritised activities that actively require clinical governance are articulated in a range of approved Activity Work Plans and associated documents.

Table 2: SWSPHN Priority Areas lists SWSPHN's current range of priority areas within its plans. Priority areas are aligned with the [SWSPHN Needs Assessment](#) and reviewed annually.

Table 2: SWSPHN Priority Areas

Aboriginal Health
After Hours Medical Care
Aged Care
Chronic Disease Management
Culturally and Linguistically Diverse Populations
Drug and alcohol treatment
Digital health and information
Integration
Mental Health
Prevention
Pregnancy and Early Childhood
Service Supports
Stakeholder Engagement
Workforce Development

The scope of this policy relates primarily to:

- Improving quality of primary care, in particular general practice and;
- The commissioning of health services.

Key Elements

SWSPHN's approach to clinical governance is built on the following elements:

1. Evidence Based Practice

Incorporation of a robust evidence base is evident in the design, development and implementation of activities.

2. Service Access

Planned and commissioned services are made accessible to targeted population groups according to need.

3. Clinical Accountability

Accountabilities are explicit through the use of contracts, sub-contracts, partnership agreements and position descriptions.

4. Competency

Processes ensure the maintenance of recognised professional standards and clinical credentialing requirements are registered and documented.

5. Risk Management

A whole-of-system approach is designed to minimise any potential harm to patients, clinicians and the SWSPHN.

6. Use of Information

Sensitive information is collected, stored and securely shared with a focus on maintaining confidentiality and privacy for clients involved in service provision.

7. Compliance

Focused strategies enable compliance with delivery timeframes and requirements of funding bodies.

8. Communication

Enabling effective communication between healthcare providers to support planning and delivery of comprehensive care.

9. Consumer and Community Partnership

Communities and key community organisations are actively engaged in the planning, design and evaluation of programs and services. Commissioned services provide consumers with the ability to partner in their care and to actively make informed decisions regarding their care.

10. Service Provider Engagement

Health service providers, including general practitioners, allied health providers and Local Health District staff, are actively engaged in the planning, design and evaluation of programs and services.

11. Service Evaluation, Quality Improvement and Innovation

Robust processes underpin quality improvement strategies and service evaluation, including evaluation of effectiveness, value for money and promotion of service innovation. Consumer outcomes and experience measures are included in all consumer facing clinical services.

Appendix A provides a checklist of the key elements for SWSPHN in an organisational approach to clinical governance.

Appendix B provides a checklist of the key elements for SWSPHN to apply when procuring providers to deliver clinical activities (including provider contracts plus other tools and instruments that the SWSPHN may use to engage providers).

SWSPHN-LE-02

Clinical Risk mitigation in Commissioned Service Providers

Although the PHN is not a direct service provider, the PHN has an obligation to the community to ensure that services commissioned are safe, effective, appropriate and value for money. This is achieved through contract compliance, monitoring and relationship management. Individual providers remain responsible for mitigating any risks related to adverse clinical outcomes, although the PHN maintains vicarious liability. In order to prevent or control clinical risk in commissioned services SWSPHN maintains the following practices:

- **Contract terms and conditions**
Contract terms and conditions outline minimum requirements for each service provider and are tailored to the type of clinical service that is being delivered. Generally this will include:
 - Requirement for a clinical governance framework that reflects best practice. This should include descriptions of roles and responsibilities, complaints handling, evidence based practice, service review and evaluation, partnering with consumers and ongoing quality improvement.
 - Collection and assessment of staff credentials by the service provider. This may be subject to SWSPHN audit at any time
 - Provider insurances are outlined in contracts and records are maintained by SWSPHN. General requirements are:
 - Public liability with a minimum limit of \$20 million per claim
 - Professional indemnity with a minimum limit of \$10 million per claim
 - Workers compensation insurance
 - A Risk Assessment and Management Plan template is included in tender applications and attached to contracts for service providers to complete. The plan highlights key risks associated with the individual service and outlines the providers mitigation strategies.
 - Risk discussions are included within regular service review meetings with providers, this allows the PHN to identify emerging risks and for the provider to proactively highlight risks, issues and challenges.
 - Patient experience and patient outcome measures contribute to service evaluation and determine whether the service is achieving the anticipated outcomes.

Compliance with SWSPHN Incident Management policy

The Incident Management policy which requires providers to have mechanisms to identify incidents and collect feedback and complaints. Critical incidents must be reported to SWSPHN. The provider is required to undertake review processes on each incident to respond to immediate issues and mitigate future risk.

Reportable incidents classified as 'catastrophic' or 'Major' (category 1 and 2) will be reviewed by SWSPHN to ensure that appropriate mitigation strategies are in place and that any impacted clients have been followed up. Incidents with a clinical consequence will be reported to the Clinical Council. There is no further action for the Clinical council once they have been briefed on the incidents and how we have managed them. Incidents with a corporate consequence will be reported to the Audit and Risk Management Committee.

- Compliance with SWSPHN Mental Health Governance Suite – mental health service providers are required to comply specifically with the Mental Health Clinical Governance Framework. This framework provides tailored advice to the provision of primary mental health services and is a standard contract attachment for applicable services. Mental health providers may also find the information within this Clinical Governance Framework helpful in the establishment of their own clinical governance guidelines.

Further guidance for commissioned service providers is provided via a self assessment in appendix B

Capacity Building Services in Primary Care

SWSPHN delivers a number of programs and services aimed at improving the quality of primary care, in particular General Practice. Examples include, but are not limited to:

- Integrated Real-time Active Data (iRAD)
- My Care Partners
- Quality In Primary Care
- Continuing Professional Development (CPD) program

Programs are developed and delivered in line with the Key Elements outlined in the Framework. In the delivery of some programs, SWSPHN has access to identified patient data. Access and use of this data is governed by SWSPHN's Data Governance Framework although general principles relating to clinical governance include:

- Limiting access of data to staff with a defined role or purpose, e.g. identified mental health intake data is only accessible to intake workers.
- Including informed consent in data collection processes. Informed consent is generally collected by the referring provider with a recommended form or script that describes the purpose of collection.
- Limited to information that is relevant to support the consumer's care via the care team
- Complying with state and national requirements regarding storage, use and disposal

Related Policies and Procedures

- **Commissioning Framework**

This Framework should be read in conjunction with the SWSPHN Commissioning Framework and its accompanying Procurement Manual. The planning and co-design of outcome-based service specifications is an opportunity to promote a culture of continuous improvement through the subsequent procurement, monitoring and evaluation of health care services. Robust governance, reporting and escalation processes should be in place to track the performance of providers, monitor quality issues and proactively identify safety risks.

- **Contract Management and Compliance Policy and Procedure**

To ensure commissioned services agreements and other contractual arrangements are performance managed effectively to achieve SWSPHN strategic objectives, best value for money and a high level of compliance to stated objectives and outcomes.

- **Stakeholder Satisfaction Policy & Procedure**

Receipt and prompt investigation of complaints and concerns from users and carers is an opportunity to improve the quality of services and to protect patient safety. Refer to Stakeholder Satisfaction Policy and Procedure.

- **Work Health and Safety Policy and Procedures Manual - Incident Notification Policy & Accident and Near Miss Investigation Policy**

Systems to quickly detect adverse events (including early reporting of errors and near misses) and implementation of risk mitigation strategies are necessary to prevent their reoccurrence. Refer to Incident Notification Policy and Accident, Illness and Near Miss Investigation Policy.

- **Commissioning Incident Management Policy and Procedure**

Outline of responsibilities of commissioned service providers in identifying, monitoring and reporting incidents, and the steps SWSPHN in the investigation and remediation of incidents.

SWSPHN-LE-02

- Open Disclosure Policy & Procedure**
 Where an adverse event occurs, the risk of reoccurrence is minimised by frankly using knowledge of the event to generate systems improvement and to promote a culture that prioritises health care safety. Refer to Open Disclosure Policy
- Strategic Research Framework**
 Provides a systematic approach to how the PHN makes decisions around participation in research project. The framework includes revision of a project’s governance and conduct to ensure it is ethical, high quality and aligned with SWSPHN’s strategy,
- Mental Health Governance Suite**
 Aligned with the overarching Clinical Governance Framework, the Mental Health Clinical Governance Framework provides greater detail on the management of intake, file auditing and expectations of commissioned service providers.
- Risk Management Framework**
 Provides the foundations and organisational arrangements for effectively designing, implementing, monitoring, reviewing and continually improving risk management throughout the organisation.

Review

This Framework is to be reviewed at least every three years by the SWSPHN Clinical Council. Recommendations for amendment and/or revision are to be presented to the Board of Directors for approval.

Roles and Responsibilities

Board	The Board is responsible for ensuring that the overall governance system is implemented, which includes clinical governance. The Board is ultimately accountable for the performance and outcomes of the organisation.
Clinical Council	Reporting the Board of Directors, the SWSPHN Clinical Council is responsible for the oversight of clinical governance systems across the organisation. Decisions related to changes in clinical practice which impact on organisational governance are the province of the Clinical Council. With a commitment to quality improvement, the Clinical Council will invite open disclosure in a spirit of co-operation to achieve best possible health outcomes.
Executive	SWSPHN Executive has a responsibility to plan and review integrated governance systems that promote clinical safety and quality. The Executive will clearly articulate organisational and individual accountabilities for safety and quality throughout the SWSPHN.
Management	SWSPHN Management have responsibility for implementing and maintaining systems, materials, education and training that ensure the safe, effective and reliable delivery of health care activities.
SWSPHN Staff	Under the guidance of the Executive and Management, SWSPHN staff are required to adhere to this Framework as it applies to their respective role function and responsibility.
Commissioned Service Providers	Commissioned Service Providers have responsibility and liability for clinical governance of services provided to consumer, therefore must Maintain processes and systems for ensuring good clinical governance is implemented. Providers are required to implement relevant elements of this framework, related policies and adhere to any contractual requirements relating to clinical governance

SWSPHN-LE-02

Definitions

Word/Term	Definitions
Clinical Governance	A set of activities supporting, maintaining and improving the quality of care. This is achieved by utilising a combination of tools, techniques, skills and attributes designed to enhance clinical care, systems and processes.
Consumer	Patients and potential patients, carers and organisations representing consumers' interests.
Serious Incident	Includes adverse events that result in harm plus near misses and errors likely to have led to harm. This may be of a clinical or non-clinical nature.
Quality Improvement	Actions taken throughout the organisation that increase the effectiveness of activities and processes and provide added benefits to both the organisation and its customers.

References

- Australian Government Department of Health 2015 Primary Health Networks Grant Programme Guidelines Standard Funding Agreement Schedule, Annexure C, March 2015
- Royal Australian College of General Practitioners (RACGP) 2015 Clinical indicators for Australian general practice, Melbourne
- Australian Commission on Safety and Quality in Health Care (ACS&QHC) 2012 Draft national set of practice-level indicators of safety and quality for primary health care, Sydney
- Australian Commission on Safety and Quality in Health Care (ACS&QHC) 2021 National Safety and Quality Primary and Community Healthcare Safety Standards, Sydney
- South Western Sydney PHN (SWSPHN) Commissioning Framework
- South Western Sydney PHN (SWSPHN) Procurement Manual

SWSPHN-LE-02

Document control

Policy review every (choose most applicable) 1 year 2 years ✓ 3 years

Version	Date Commenced	Document Owner	Change Description	Review Date	Approver
V1.0	December 2016	Director of Planning & Performance	New policy	December 2019	CEO
V1.1	August 2017	Director of Planning & Performance	Policy Review	August 2020	CEO
V2.0	June 2020	Director of Planning & Performance	Policy Review	June 2023	CEO
V2.1	April 2023	Director of Planning & Performance	Policy Review	April 2026	CEO

This policy and/or procedure will remain in effect until replaced.

Appendix A: Organisation Checklist

<i>Clinical Governance Element</i>		<i>Requirement Essential (E) Desirable (D)</i>	<i>Self-assessment</i>
Competency	Relevant professional development is provided for staff	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
Risk management	A clinical risk management process is implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Complaints policy, procedure & reporting form are implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Serious incident policy, procedure & reporting form are implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Code of conduct is implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Mandatory reporting obligations are specified for staff	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Use of Information	Policies & procedures implemented: <ul style="list-style-type: none"> Clinical information security Privacy Confidentiality Open disclosure 	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Information on evidence-based clinical pathways are provided for clinicians	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Information on evidence-based clinical pathways are provided for consumers	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
Consumer & Community engagement	Stakeholder relationships are managed effectively	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Consumers are involved in service planning, development and evaluation	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Consumer information provided is clearly written, accessible and easy understand	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Patient experience measures are collected and reflected on	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Needs of vulnerable groups are documented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service Evaluation, Quality Improvement & Innovation	Quality Improvement Framework in Primary Care is implemented	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Guidelines for conducting clinical quality improvement activities are implemented	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Research and innovation initiatives are undertaken	D	<input type="checkbox"/> YES <input type="checkbox"/> NO

Essential (E) Absolutely necessary / Desirable (D) Useful and advantageous

Appendix B: Provider Procurement & Contract Checklist

<i>Clinical Governance Element</i>		<i>Requirement Essential (E) Desirable (D)</i>	<i>Self-assessment</i>
Clinical Accountability	Appropriate intake, triage and referral processes are in place	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Competency	Currency of provider credentials, & registration and CME are confirmed	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Adequate systems for clinical supervision and performance management are in place for clinicians and students	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Scope of practice is adequately described in job descriptions or procedure manuals	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Risk management	Complaints policy, procedure & reporting form are implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Serious incident policy, procedure & reporting form are implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Mandatory reporting obligations are specified for staff	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Clinical Governance Framework established	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Procedures to recognise and respond to serious deterioration, or distress (mental, physical, cognitive)	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Use of Information	Policies & procedures implemented: <ul style="list-style-type: none"> • Clinical information security • Privacy • Confidentiality • Patient handover 	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Information on evidence-based clinical care is provided for consumers	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
Compliance	Standard SWSPHN contract terms are established	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Certificates of currency are evident	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Contract reporting deliverables are specified	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Contract review procedure in place	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Patient/consumer feedback form is provided	E	<input type="checkbox"/> YES <input type="checkbox"/> NO

Consumer & Community Engagement	Consumers are involved in service planning, development and evaluation	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Consumer information provided is clearly written, accessible and easy understand	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Patient experience measures are collected and reflected on	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Vulnerable groups are known to the service with access options available	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service Evaluation, Quality Improvement & Innovation	Service accreditation is current, where required	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Systems for conducting clinical quality improvement activities are implemented	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Research and innovation initiatives are undertaken	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Variations in delivered care are identified and reviewed	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Evaluation framework for service developed and measurement tools implemented	E	<input type="checkbox"/> YES <input type="checkbox"/> NO