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WESTERN NSW

An Australian Government Initiative

WNSW PHN

Clinical Governance Framework

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1.0 Clinical Governance Overview

Clinical Governance is an integrated component of corporate governance of health service organisations. It ensures accountability to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving. It ensures that organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.¹

Good clinical governance creates a 'just' culture that supports reporting, service improvement and embeds the experience of consumers into service design and delivery.²

The critical areas for consideration in ensuring clinical governance include³:

- Consumers having opportunities to manage their own health and participate in innovation and value creation.
- A clinically led effective workforce that enables the Primary Health Network (PHN) to make informed decisions about commissioning health services with providers who have the appropriate capacity and expertise to deliver safe care.
- Ensuring the delivery of safe quality care through creating a culture that supports reporting, service improvement and embeds the experience of consumers.
- Commissioning health services that can articulate and deliver required standards of care as well as identify and correct poor-quality care.
- Clinical risk management is in place to ensure that service providers have the capacity to meet legislative and accreditation requirements. This includes the development of a system that can identify practices that put consumers at risk of harm and take action to prevent or control those risks.

2.0 Clinical Governance in the PHN Environment

PHNs are leaders for change and while they are responsible for creating a culture of safety and quality there are boundaries to their capacity to control health outcomes. The Western New South Wales Primary Health Network (WNSW PHN) is not a direct service provider; however it does have a responsibility for clinical governance in articulating safety requirements and monitoring the quality of processes and outcomes. PHNs also have a role in primary health care workforce development and influencing the uptake of quality improvement activities including the interface between primary care, acute care and community services. Clinical governance principles are a critical element of health commissioning frameworks and can be built into established models.³

The WNSW PHN aims to incorporate an effective, efficient, and 'just' Clinical Governance environment.

Vision: Lead, support and strengthen person-centred primary health care for our region.

Purpose: Quintuple Aim

- Better health outcomes
- Improved consumer experience
- Improved provider satisfaction
- Sustainable costs
- Equity

Scope: The Clinical Governance Framework applies to the WNSW PHNs delivered services, commissioned services and the initiatives that support and develop primary care.

2.1 Commissioned Services

With oversight from the WNSW PHN, the Clinical Governance Framework will articulate requirements for safe and effective services to be delivered by commissioned service providers to consumers, and the monitoring and evaluating of quality of processes and outcomes. Where required, capacity of providers to self-manage clinical governance will be developed. Collaborative approaches and principles of evidence-based models of care will incorporate clinical governance requirements in the design and planning of services.

2.2 Primary Care Support and Development

The WNSW PHNs role with the primary healthcare workforce is to develop and influence the uptake of quality improvement activities, and drive good healthcare outcomes for consumers, including the interface in communicating and transferring care between primary, secondary and acute care services.

WNSW PHN is committed to the development of Health Pathways to ensure best practice clinical care is available to General Practices (GPs) and Primary Care Providers and the relevant referrals and providers are known to general practice ensuring patients get the right care at the right time in the right place.

2.3 Guiding Principles

The WNSW PHN has a role as a commissioner of health services and an influencer of primary care, to prevent risk of clinical care causing injury or harm to consumers.

The National Model for Clinical Governance Framework developed by the Australian Commission for Safety and Quality in Healthcare⁴ describes five components of the Clinical Governance Framework. The WNSW PHN Clinical Governance Framework is underpinned by those guiding principles that incorporate:

- **Governance, leadership and culture** – integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients.

- **Patient safety and quality improvement systems** – safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.
- **Clinical performance and effectiveness** – the workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients.
- **Safe environment for the delivery of care** – the environment promotes safe and high-quality health care for patients.
- **Partnering with consumers** – systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation; elements of this component include:
 - clinical governance and quality improvement systems to support partnering with consumers
 - partnering with patients in their own care
 - health literacy
 - partnering with consumers in organisational design and governance.

3.0 Clinical Governance Framework

3.1 Overview

This Framework defines systems, structures and processes that enable organisational accountability for the delivery of high quality, safe care including:

- Services provided, procured, and commissioned by WNSW PHN are safe, effective, appropriate, consumer focused, accessible, and efficient.
- Clear and effective systems and processes through which clinical governance is defined, communicated, and maintained to ensure capability and capacity is evident within our delivered and commissioned services, ensuring commissioned providers have an overarching clinical governance framework for the programs and services they deliver to people in the WNSW region.
- WNSW PHNs integrity in both delivering and commissioning clinical services is maintained at a high standard.

This framework aims to drive organisation wide behaviour that leads to better consumer care. This includes principles that underpin high standards of clinical performance, clinical risk management, clinical audit, and ongoing professional development to ensure that well developed processes to manage adverse events are in place.

Leadership commitment to creating safe, effective, and responsive services ensures The Board, Executive Leadership Team, Managers, Service Providers and Health Care Providers understand their

roles and responsibilities for the safety and quality of care they commission or provide. It builds on a 'just' culture that makes certain there is clear accountability that supports reporting and continuous quality improvement within all clinical services.

Working with consumers is central to ensure their experience in identifying safety and quality issues, and solutions to design and delivery, is incorporated in all services.

Clinical Governance is effectively facilitated across the WNSW PHN's activities, consistent with the Strategic Plan's purpose of better health outcomes, improved consumer experience, improved provider satisfaction and sustainable costs and in alignment with the Strategic Plan goals.

Strategic Plan Goals:

1. Engage with communities and stakeholders to improve health and well-being in our communities.
2. Strengthen health system reform through service integration, innovation and place-based initiatives.
3. Lead evidence-based commissioning.
4. Support high-quality, sustainable primary health care.

WNSW PHNs Strategic Plan underpins our commitment to the delivery of safe services.

Our vision: Lead, support and strengthen person-centred primary health care for our region

Our values: Integrity, Collaboration, Professionalism, Respect, Innovation.

Consistent with the Commonwealth's PHN Guidelines⁵, the WNSW PHN key objectives are to:

- increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improve coordination of care to ensure patients receive the right care in the right place at the right time.

These objectives will be achieved by:

- understanding the health care needs of the WNSW PHN community through analysis and planning to help identify and address service gaps where needed, including in rural and remote areas;
- providing practice support services so that General Practitioners (GPs) and other Primary Care Providers are better placed to provide care to patients subsidised through the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS);
- providing assistance to GPs to ensure that management of conditions that are most effectively managed in the Primary Care setting is supported, eliminating avoidable presentations to emergency departments;

- supporting General Practices in attaining the highest standards in safety and quality through showcasing and disseminating research and evidence of best practice. This includes collecting and reporting data to support continuous improvement;
- assisting general practices in understanding and making meaningful use of eHealth systems, in order to streamline the flow of relevant patient information across the local health provider community; and
- working with other funders of services and purchasing or commissioning health and medical/clinical services for local groups most in need, including, but not limited to, patients with complex chronic conditions or mental illness.

4.0 Roles and Responsibilities

Good Clinical Governance is achieved by the WNSW PHN when the organisation considers safety and quality implications in its decision-making processes as informed by key stakeholders including the Clinical, Community and Aboriginal Health Advisory Councils.

The Western Health Alliance (WHAL) Board has ultimate responsibility for the governance of clinical care delivered, commissioned and/or supported by the WNSW PHN.

4.1 Board of Directors

- The Board has ultimate responsibility for the governance of clinical care within the WNSW PHN.
- The governance of clinical quality is within the context of the broader governance role of the WHAL Board.
- Oversee appropriate governance structures are in place to lead the Commissioning processes including needs assessment and service planning.

4.2 Clinical Advisory Councils

- Reporting to the Board of Directors, the WNSW PHN Clinical Advisory Councils are 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 Advisory Councils.
- With a commitment to quality improvement, the Clinical Advisory Councils will invite open disclosure in a spirit of co-operation to achieve best possible health outcomes.
- In the spirit of consensus, the WNSW PHN Clinical Advisory Councils will reach agreement to any amendments of the Clinical Governance Framework document.

4.3 Community Advisory Councils

- Reporting to the Board of Directors, the WNSW PHN Community Advisory Councils provide advice to the Board on community engagement.
- The Community Advisory Councils role in Clinical Governance is to provide feedback to the Clinical Advisory Councils, about the experiences of patients, health consumers, carers and community members that have accessed health care programs and or services.
- Have a role in implementation of Clinical Governance through meaningful engagement in decision-making about health policy and planning, care and treatment, and the wellbeing of the community.

4.4 Chief Executive Officer

- Provides the organisational framework for effective clinical governance.
- Responsible to implement and provide oversight in the implementation of quality systems within the organisation.

4.5 Executive Leadership Team

- WNSW PHN Executive Leadership Team has a responsibility to plan and review integrated governance systems that promote clinical safety and quality, including developing and implementing a system of monitoring that provides a mechanism to confirm that quality and safety systems and processes are functioning effectively.
- The Executive Leadership Team will clearly articulate organisational and individual accountabilities for safety and quality throughout the WNSW PHN.

4.6 Management

- WNSW PHN Management has responsibility for implementing and maintaining systems, materials, education and training that ensure the safe, effective and reliable delivery of health care activities.

4.7 WNSW PHN Employees

- Under the guidance of the Executive Leadership Team and Management, WNSW PHN employees are required to adhere to this Framework as it applies to their respective role function and responsibility.

4.8 WNSW PHN Commissioned Service Business Partners (CSBP)

- Monitor reporting, performance and compliance of the commissioned service providers according to the agreed contractual obligations.

- The CSBP is responsible for:
 - Preparing the Contract Management Plan
 - Ensuring the contract outcomes are achieved
 - Managing and addressing service performance
 - Identifying and addressing opportunities for improving the contract
 - Maintaining good relationships with the supplier
 - Scheduling regular service provider relationship meetings
 - Communicating with users, stakeholders and clients
 - Ensuring that performance measures are met
 - Providing performance reports to senior managers
 - Addressing problems and conflicts that may arise
 - Assessing and (where required) seeking approval for any variations to the contract
 - Manages risks associated with the scope and service plan being delivered
 - Providing post contract evaluation report to the relevant Executive Manager.

4.9 Manager Contracts and Service Performance

- Overseeing the responsibilities of the CSBP in the Contract Management Plan
- Assisting with problems and conflicts that are escalated from the CSBP.

4.10 Contracts and Procurement Team

- Preparing contract documentation
- Contract amendments
- Managing and addressing contract risks
- Maintaining the contract documents and storage
- Maintaining service provider compliance e.g. insurances
- Addressing contract problems and conflicts that may arise
- Formal Contract Correspondence between WHAL and the Service Provider.

4.11 Commissioned Service Providers

- Develop an organisational clinical governance framework that conforms to WHAL Clinical Governance Framework.

- If the Provider sub-contracts services (on the agreement of WNSW PHN), processes for sub-contracting should meet appropriate clinical governance standards.
- Provide to WNSW PHN CSBP evidence of best practice clinical policies and procedures are in place, including supporting evidence that clinicians are appropriately credentialed to deliver commissioned service.
- Provide information as requested by the WNSW PHN.

5.0 Clinical Risk and Incident Management

5.1 Introduction

Clinical risk management is component of a broader risk management framework. The aim is to commission and support primary health services that are both safe and effective.

It is fundamental to a culture of systematic and continuous quality improvement and patient safety.

Clinical risk identifies care or system issues that put consumers at risk of harm or poor quality care and then identifies strategies to prevent or control those risks. The role of PHNs as commissioners is different from direct service provision and establishing the right level of oversight to match this role, rather than a day-to-day operational role is important.⁶

The purpose of incident management is to understand and address system issues with the aim of improving clinical care and management.

Clinical incident management is an essential component of organisational incident reporting and risk management.

Whilst the WNSW PHN acknowledges this risk, this procedure is to support the reporting processes and effective management of those clinical incidents when they occur, with the aim of a timely and appropriate review of the incident (SAER – Serious Adverse Event Review) and promoting and embedding a learning culture.

There is an essential requirement to mitigate preventable harms to consumers, carers, employee(s), community members and visitors that may be identified, and to embed incident management as a critical component of the continuous improvement of quality and safety mechanisms related to the services the WNSW PHN contract, to ensure excellent and safe care to all consumers, employee(s) and the wider community.

Actual or potential risk of adverse outcomes from clinical services funded by the WNSW PHN fall into two categories:

Patient Outcomes – Risks associated with patient outcomes arise from the delivery, or non-delivery of care, through a service funded by the WNSW PHN. The level of risk, and the appropriate management of that risk, is determined by the severity of any injury or illness sustained (the consequence) and the likelihood of that risk recurring.

Patient Experiences – Risks associated with patient experiences arise from a patient’s or carer’s interaction with a service funded by the WNSW PHN. The level of risk, and the appropriate management of that risk, is determined by the severity of the risk to, or impact on, the patient’s or carer’s physical or emotional safety (the consequence) and the likelihood of that risk recurring.

5.2 Clinical Risk Mitigation

The WNSW PHN is committed to ensuring that all consumers of our commissioned services and programs are provided with safe, quality, timely and effective care. To prevent or control clinical risk, as recommended by the National Safety and Quality Health Service Standards⁷, the WNSW PHN has implemented the following processes and controls:

- a) Contract terms and conditions – documented to include specifications regarding:
 - Clinical Governance.
 - Handover Procedure.
 - Complaint Handling.
- b) Automated collection of provider insurance via Folio:
 - Public Liability Insurance with a minimum limit of \$20,000,000.
 - Professional Indemnity Insurance with a minimum limit of \$10,000,000.
 - Workers’ compensation and employers’ liability insurance.
- c) Collection of credentials
 - Clinician qualifications uploaded into Folio.
 - Statutory Declaration is required from providers annually declaring all clinician credentials are appropriate and current.
- d) Dashboard performance monitoring
 - Report data delivered and received via Folio, with providers given access to upload relevant information and documentation.
- e) Data Requirements – data is collected and reported through Folio including:
 - Complaints and incidents are documented and managed including designated responsibilities, escalations and deadlines.
 - Identified risks in relation to provider performance reported to the Finance, Audit, Risk Management Committee (FARM) bi-monthly and then to the WHAL Board.
 - Activity data and information about service challenges or successes are also included in reports which are overseen by the FARM.
 - All data collection and storage complies with the Australian Privacy Principles.

5.3 Service Provider Reportable Incidents

All contracted Service Providers are required to report details of any serious adverse events (complaints or incidents) to the WNSW PHN via Folio, in writing, and provide a copy of any written notice provided to the Regulator **as soon as possible** but **no later than 2 days** after the complaint or incident has occurred and a report detailing the circumstances of the incident, the results of the investigations into its cause, and any recommendations or strategies for prevention in the future, **within 40 days**.

There are 3 key groups of Service Provider Reportable Incidents that require formal notification by the Service Provider to the WNSW PHN, these are:

1. Critical Incident;
2. Notifiable Complaint; and
3. Notifiable Incident (Employee).

5.3.1 Critical Incident

A critical incident is an event that involves the harm or potential harm to a client, including:

- Death of a client.
- Death of a client – suspected suicide.
- Self-harm or harm to a client, whether intentional or accidental, resulting in professional medical or psychological attention.
- Abuse or mistreatment of a client.
- Inappropriate relationship with a client.
- Medical error causing physical or psychological harm to a client.
- Near miss (medical error with potential to cause physical or psychological harm but did not actually cause physical or psychological harm).
- Employee(s) breach of privacy or confidentiality which is not a response to a concern for safety.
- Significant legal, regulatory or internal policy failure.

Any preventable risk event involving harm/ potential harm to a employee(s) including:

- Near miss (medical error with potential to cause physical or psychological harm but did not actually cause physical harm).
- WHS incident or injury.

5.3.2 Notifiable Complaint

Any serious complaint involving:

- Accessibility of the service e.g. cost, eligibility, geographic access, physical access for those with a disability.
- Breach of rights e.g. privacy, confidentiality, consent, discrimination – this would include breaches in person and via social media and use of clinical records.
- Competence of performance or attitude of employee(s) member or private practitioner.
- Content or messaging of resources, campaigns or social media sites run by the Provider
- The media and/or a State or Federal Member of Parliament.

A serious complaint will usually contain one or more of the following:

Complexity	Multi factorial with potentially several issues of concern raised by the complainant or concerns directed towards, or about, multiple people (clients or employee(s)), multiple services, and identifies system or process issues.
Impact	Significant impact on the individual or the service.
Risk	High risk of harm or significant impact to an individual or high risk of negative impact to the service.

Where complaints or incidents are reported directly to service providers the WNSW PHN requires service providers to acknowledge unresolved complaints in writing (this includes email) within five working days, providing a reference number and outlining the process that will be taken to assess and report on the complaint.

5.3.3 Complaints/Incidents Raised with the WNSW PHN

Where complaints or incidents regarding a service provider are received directly by WNSW PHN the complainant will be referred in the first instance to discuss their concerns with the relevant Service Provider. If uncomfortable to raise a complaint or incident directly with a Service Provider or if, after raising the issue, the complaint or incident has not been resolved, the WNSW PHN will address the issue directly with the Service Provider. All complaints or incidents received directly by WNSW PHN will be recorded via the Service Provider Reportable Incident Form in Folio. For matters of sufficient concern, where the Service Provider response does not alleviate concerns about patient/client safety, referral to the relevant authority (in most cases Health Care Complaints Commission - HCCC) will be considered.

5.3.4 Notifiable Incident (Employee)

A notifiable incident, as defined by the Work Health and Safety Act 2011 and Work Health and Safety Regulations 2011 is:

- the death of a person;
- a 'serious injury or illness'; or
- a 'dangerous incident' that exposes someone to a serious risk, even if no one is injured.

Notifiable incidents may relate to any person – whether an employee, contractors or member of the public.

If a notifiable incident occurs, you must:

- report it to the regulator immediately.
- preserve the incident site until an inspector arrives or directs otherwise. This doesn't prevent you helping an injured person or make the site safe.

Notifications need to be made directly to the New South Wales Safety Regulator: SafeWork NSW.

5.3.5 Notification

When submitting notification of a complaint or incident the Service Provider will supply the following information via the online Folio reporting form:

- Date of incident.
- Details of the incident.
- Consequences of the incident.
- Action taken – immediate and planned (including ongoing risks).
- Date of notification to the Provider.
- Any other details that may provide further information.

5.4 Reporting Requirements

In the event of a Reportable Incident, Service Providers are required to report details of the event to the WNSW PHN:

- Within 24 hours of becoming aware of the event (48 hours if it's a Work Health and Safety Legislation Notifiable Incident).

Please note that for WHS Legislation Notifiable incidents, the initial report must be made immediately to the SafeWork Regulator and then reported to the WNSW PHN.

- In writing via the Service Provider Reportable Incident Form in Folio.

5.4.1 Information Required

Reporting Requirements – Folio Online Form Critical Incident, Notifiable Complaint, Notifiable Incident (Employee)
Date of incident / Complaint
Type of Incident/ Complaint (from list above, including “other option”
Deidentified Client Details (as applicable) <ul style="list-style-type: none"> • Gender • Age (optional) • Diagnosis (if applicable)
Date of last service contact with client
Date of initial referral to service
Date of first contact with client
Method of first contact with client
Was a safety plan required for the client? Yes/No Is Yes, was one in place?
Was a support plan required for the client? Yes/No If Yes, was one in place?
Summary of Incident and what is currently known about the incident and any potential contributing factors:
Has the incident been reported to SafeWork NSW?
When was the incident report?
Who was responsible for making the report?
Please upload copy of any written report submitted to SafeWork NSW
Estimated Date of Internal Investigation Completion (Notifiable Incident) Note: Report must be completed within 10 days for Notifiable Incidents
Immediate actions taken to reduce risk / harm
Planned actions to mitigate against critical incident occurring in the future.

Policies and Procedures that may be relevant to the investigation / SAER (Serious Adverse Event Review) (upload copies)
Estimated Date of internal investigation completion (understanding full report is required to be submitted to the PHN within 40 days)
Service provider contact details leading the investigation. Name Email Phone
Additional Notes (e.g. media interest / support provided to family / employee(s) etc)
Are you reporting this on behalf of another party?
Who informed you of this matter?
Details of person submitting the form

5.4.2 Reporting Roles and Responsibilities

Service Providers are responsible for reporting critical incidents, notifiable complaints and notifiable incidents (Employee) to WNSW PHN within the timeframes in their contract and this document.

Notifiable incident reports must be completed within 10 days of the notifiable incident.

Reports for critical incidents including Serious Adverse Risk Events and Notifiable Complaints must be completed within 40 days of the incident or complaint.

WNSW PHN is responsible for monitoring the details of the event, reporting details to the Board and the Department of Health and Aged Care.

5.4.3 Internal Changes

The Service Provider is required to undertake any internal or systemic changes required within 60 days of a Reportable Incident to ensure that the risk has been mitigated and the likelihood and/or consequences of the incident or complaint recurring is sufficiently reduced.

5.4.4 Risk Assessment Matrix

A Risk Assessment Matrix will be required for contracted services.

Risk Matrix

LIKELIHOOD	Almost Certain	Low	Moderate	High	Extreme	Extreme
	Likely	Low	Moderate	High	High	Extreme
	Possible	Low	Moderate	Moderate	High	Extreme
	Unlikely	Low	Low	Moderate	Moderate	High
	Rare	Low	Low	Low	Moderate	Moderate
		Insignificant	Minor	Moderate	Major	Extreme
CONSEQUENCE						

Definition of Likelihood - chance of something happening.

Rating	Threshold Definition
Rare	The event will only occur in exceptional circumstances or as a result of a combination of unusual events
Unlikely	The event may occur at some time but not likely to occur in the foreseeable future
Possible	The event may occur within the foreseeable future or medium term
Likely	The event will probably occur in most circumstances
Almost Certain	The event will occur in most circumstances

Definitions

Consequence – outcome of an event affecting objectives, see next page for definitions of consequence.

Risk – the effect of uncertainty on objectives.

Inherent risk – the level of risk that would be posed if no controls or other mitigating factors were in place. Determined by rating the inherent likelihood and inherent Consequence.

Residual risk – the level of risk remaining after risk treatment (e.g. implementing controls). Determined by rating the residual likelihood and residual consequence.

Risk Treatment

Accept - Retain the risk by informed decision.

Eliminate – Remove the risk source.

Reduce – Changing the likelihood or consequences.

Transfer – Sharing the risk with another party or parties.

6.0 Clinical Governance Activities for Providers

The WNSW PHN requires contracted Service Providers to meet the elements of Human Resource Management, Quality Management and Clinical Risk Management as part of their Clinical Governance compliance.

6.1 Human Resource Management

- Recruitment and credentialing: Ensuring that employee(s) have the necessary professional qualifications, registration, training, experience and skills for the job.
- Defining the scope of the work of the health professional within the organisation (clinical privileges) where relevant.
- Ensuring that essential requirements such as registration are maintained (and the consideration of the need for re-credentialing after a set period).

6.1.1 Provider Education, Training and Development

- Employee(s) are appropriately orientated and trained to perform their duties.
- There is a code of practice in place to guide appropriate conduct.
- Employee(s) are engaged in continuing professional development to maintain and develop their skills. This can include ongoing and regular education and research.
- The relevant clinicians have access to cultural sensitivity training.
- Clinical leaders are identified, developed and supported.

6.1.2 Performance Review/Monitoring

Systems for monitoring and review of employee(s) performance in their clinical duties. This can be based on:

- Clinical supervision.
- Performance appraisal.
- Peer review.
- Routinely collected data relating to performance.

6.1.3 Performance Management

Systems for management of performance where issues arise.

6.2 Quality Management

6.2.1 Consumer Engagement

- There is active consumer participation enabling consumer input into planning and evaluation of services.
- Systems and processes are in place to ensure that consumers, carers and other agencies are involved, consulted and able to provide feedback in relation to planning, monitoring and improving service delivery.
- Consumers are informed about consent, confidentiality, how their personal information will be recorded and used, and their rights regarding access to their personal information.

6.2.2 Knowledge and Information Management

There are a range of strategies and practices used to identify key sources of knowledge (e.g. from individuals or processes), capture it, share it, and then enable adoption of it to enhance the efficiency of services and support activities. Information management involves:

- Implementing systems that provide information and reports that ensure that all necessary parties have access to information required to support decision-making, and support monitoring of organisation performance and quality improvement.
- Identifying and adopting health enabling technologies (e.g. My Health Record) that are relevant to the service being provided.
- Ensuring relevant, accurate and up-to-date information is available to stakeholders (e.g. via website).
- Ensuring the security and confidentiality of personal information is in line with current legislation.

6.2.3 Clinical Service Performance Monitoring

Monitoring and reporting of clinical service performance, where appropriate, against Key Performance Indicators. This may be based on routinely collected data and relate to service processes that impact on the patient experience (e.g. waiting time) or quality of care (e.g. % patients referred).

6.2.4 Audit/Quality Improvement Activity

Formal and informal methods are used to monitor and evaluate services, with the aim of promoting innovation, service development and reform. This can include the use of targeted clinical audits to assess specific performance (e.g. clinical record audit to assess appropriate prescribing of antibiotics), and full quality improvement cycles. Where appropriate the results of these evaluations are made available to the relevant clinicians.

6.2.5 Effectiveness

Effectiveness is a measure of whether an intervention works. It can apply to patient treatments, appropriateness of site of care and the cost-effectiveness of an intervention or model of care. Clinical governance of this type includes:

- Review of the evidence as relates to the services provided, both in terms of services to individual patients as well as models of service delivery.
- Development and implementation of guidelines related to clinical service delivery, including:
 - The appropriate promotion of service information to the intended client group(s).
 - The accessibility of services to the intended client group(s).
 - Intake, referral and assessment systems that enable appropriate referrals and transitions.
 - Evidence-based interventions.
 - Modification/reform/innovation of service delivery systems to improve the effectiveness of service delivery with available resources.

6.3 Clinical Risk Management

The service provider also needs systems for the active identification and management of risks to clients, and the associated risks to the organisation.

6.3.1 “No Blame” culture

There is an open and responsive approach to clinical risk assessment and management, with a shared systemic responsibility.

6.3.2 Feedback and Incident Management

Processes are in place for the capture and management of feedback and incidents that:

- Prioritise the immediate safety of clients, carers and employee(s).
- Mitigate the effects of an incident.
- Identify opportunities to improve clinical service delivery.

6.3.3 Risk Management Systems

Systems are in place to ensure:

- Relevant legislation, regulations, codes and standards that apply to the service provider operations are identified.
- The contracted Service Provider complies with such identified legal and other obligations (e.g. mandatory reporting).
- Planning for risk management occurs at a management level and informs organisational objectives and priorities.
- Risks and hazards are identified at strategic and operational levels and systems are in place to flag and manage the risks identified (e.g. a risk register).
- Information and learning generated from dealing with risk management scenarios are utilised to reduce further risk and foster a learning culture.
- The effectiveness of the risk management framework is reviewed on a regular basis and changes can be made to enhance the overall risk management framework.

6.3.4 Risk Management Plans

Service Providers are required to develop a Risk Management Plan in relation to all Commissioned Services with documented risk assessment and mitigation strategies. The WNSW PHN provides a risk plan template as part of the Request for Tender and quarterly reporting templates. It is expected that this Risk Management Plan is a working document that is revisited regularly throughout the contract period to ensure that risks are being adequately mitigated and any new risks are identified and managed.

6.3.5 Service Continuity Plan

It is recommended that Service Providers also develop a Service Continuity Plan (also referred to as a Business Continuity Plan) in relation to all commissioned services. A Service Continuity Plan involves contingency planning or recovery in the case of an unforeseen disaster or event were to seriously affect or destroy service provision. It also involves risk analysis and implementation of counter measures to minimise the likelihood of such an event happening in the first place.

7.0 Appendix

Service Provider Clinical Governance/ Organisation Checklist

Appendix A: Organisation Checklist

Clinical Governance Element		Requirement Essential (E)/ Desirable (D)	Self-assessment
Competency	Relevant professional development is provided for staff	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Clinical Supervision Framework established (where appropriate)	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Robust induction for new clinical staff an essential component of clinical supervision (where appropriate)	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Risk Management	A Risk Management System in line with National Standards	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	A Clinical Risk Management process is implemented (including clinical audit)	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
	A Work Health and Safety process that meets legislation	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 	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
Culturally Safe Practice	Uses the WHAL Cultural Safety Framework, the Cultural Safety Evaluation Tool User Guide and the Self-Assessment Tool to transition the organisation, to deliver culturally safe services and programs	E	<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
Service Evaluation, Quality Improvement & Innovation	Quality improvement framework is implemented	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Guidelines for conducting clinical audits 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

Appendix B: Provider Procurement Checklist

Clinical Governance Element		Requirement Essential (E)/ Desirable (D)	Self-assessment
Clinical Accountability	Appropriate intake, triage and referral processes are in place	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Clinical audit policies and procedures	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	A system to seek consumer/ staff/ stakeholder feedback which is used to improve and develop the service	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
	A system for clinical supervision where necessary	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Competency	Currency of provider credentials, & registration and CME / CPD 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
	Evidence of a robust induction for new clinical staff an essential component of clinical supervision	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
	Work Health and Safety policy, procedure & reporting form are	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Use of Information	Policies & procedures implemented: • Clinical information security • Privacy • Confidentiality	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 WNSW PHN 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
Consumer & Community Engagement	Patient/consumer feedback form is provided	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Culturally Safe Practice	Comply with the requirements of the WHAL Cultural Safety Framework	E	<input type="checkbox"/> YES <input type="checkbox"/> NO
Service Evaluation, Quality Improvement & Innovation	Service accreditation is current	D	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Systems for conducting clinical audits 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
<i>Essential (E):</i>		<i>Absolutely necessary</i>	<i>Desirable (D):</i>
			<i>Useful and advantageous</i>

8.0 References

¹ Australian Commission on Safety and Quality in Health Care; '*National Model Clinical Governance Framework*' November 2017 available at:

<https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>

² Safer Care Victoria, 2024. Victorian Clinical Governance Framework, available at:

<https://www.safercare.vic.gov.au/publications/victorian-clinical-governance-framework>

³ Deeble Issues Brief No. 22: Clinical governance for Primary Health Networks, available at:

<https://ahha.asn.au/resource/clinical-governance-for-primary-health-networks/>

⁴ Australian Commission on Safety and Quality in Health Care; '*National Model Clinical Governance Framework*' November 2017 available at

<https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>

⁵ Australian Government Department of Health Primary Health Networks 'Grant Programme Guidelines' Feb. 2016 – Version 1.2 available at

<https://www.health.gov.au/resources/publications/primary-health-networks-phn-grant-program-guidelines>

⁶ Hunter New England PHN Clinical Governance Framework 2019 available at:

<https://hneccphn.imgix.net/assets/src/uploads/resources/frwk-clinical-governancepdf.pdf>

Wentworth Healthcare, Nepean Blue Mountains PHN Clinical Governance Framework available at:

<https://www.nbmphn.com.au/NBMPHN-Library/Commissioned-Services-and-Clinical-Governance-Fram>

National Safety and Quality Primary and Community Healthcare Standards available at:

https://www.safetyandquality.gov.au/sites/default/files/2021-10/national_safety_and_quality_primary_and_community_healthcare_standards.pdf

NSW Health Principles of Allied Health Governance

<https://www.health.nsw.gov.au/workforce/alliedhealth/Publications/principles-ah-governance.pdf>

9.0 Document Control

Version	Date	Author
1.0	July 2017	Far West Councils and Integrated Care Manager
2.0	February 2025	Manager Governance and Company Secretary

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