

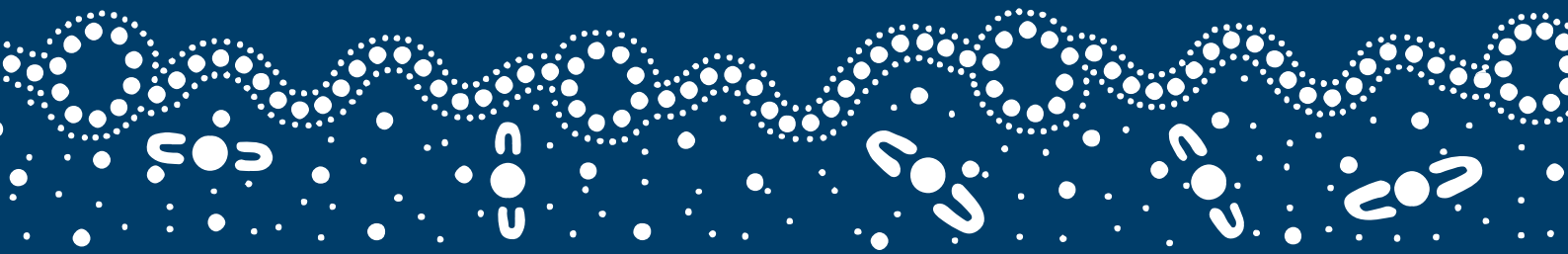


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Western NSW PHN Clinical Governance Framework



Western Health Alliance Ltd (WHAL)

Clinical Governance Framework

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Western Health Alliance Ltd

Clinical Governance Framework

1. Introduction

1.1 Purpose

This Framework is to define the Clinical Governance operational and commissioning requirements for Western Health Alliance (WHAL) trading as Western NSW Primary Health Network (WNSW PHN) to ensure that:

- The clinical and related services delivered and commissioned by WNSW PHN are clinically and culturally safe, effective, appropriate, consumer focused, accessible and efficient.¹
- High quality primary health care programs and services are developed to provide safe and effective care by ensuring commissioned providers have an overarching clinical governance framework for the programs and services they deliver to the people living in the communities within our region.²
- The WNSW PHN commissioning principles as identified in the [WHAL Commissioning Framework](#) are clearly set out and communicated to our organisation members, partners and key stakeholders, including; the WNSW PHN's five advisory Councils, two Local Health Districts, Aboriginal health services (Aboriginal Community Controlled Health Organisations and Aboriginal Medical Services) and primary health care providers.
- There is an established framework that enables WNSW PHN to meet its legal and ethical responsibilities; for the provision of integrated quality, safe programs and services provided by staff, contractors and sub-contractors in accordance with the Clinical Governance Framework.
- Clinical Governance is effectively facilitated across the WNSW PHNs activities, consistent with the Strategic Plans purpose of social justice, access and equity in quality primary health and the Strategic Plans goals (see Table 1 for a summary of the WNSW PHN Strategic Goals).

¹ The six dimensions of quality in health care in McNeil J. and Boyce, N. (1997) Quality and Outcome indicators for Acute Healthcare Services for The Commonwealth Department of Human Services and Health. Canberra. Australia

² WNSW PHN Towards a Healthier 2021, WHAL Strategic Plan

Table 1: A Summary of WNSW PHN Strategic Plan Goals

Goal 1	Work in partnership to improve Aboriginal and Torres Strait Islander health outcomes
Goal 2	Improve health outcomes through service integration
Goal 3	Develop high quality primary health care programs and services
Goal 4	Support the development of a sustainable primary health workforce
Goal 5	Ensure a sustainable and accountable organisation

Reference: WNSW PHN Towards a Healthier 2021, Strategic Plan

The Framework is intended to guide how clinical quality, safety, risk management and performance is planned, measured and reported by WNSW PHN. 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.

1.2 Background

Consistent with the Commonwealth's PHN Guidelines, the WNSW PHN is expected to:

- Have an influential role on clinical governance in the primary care sector (in particular general practice and Aboriginal Community Controlled Health Organisations (ACCHOs)). 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.
- 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 commissioning activities are characterised by ongoing assessment to monitor the quality of services and ensure compliance with relevant contractual standards.

1.3 Objectives

WNSW PHN is expected to use commissioning to achieve its objectives of:

- Increasing the availability, efficiency and effectiveness of culturally appropriate primary health care services for patients, particularly those at risk of poor health outcomes including; Aboriginal people and communities; and
- Improving coordination of care to ensure patients receive the right care in the right place at the right time.

WNSW PHN must establish and maintain appropriate clinical governance and quality assurance arrangements for all components of Commissioning with a particular focus on the services commissioned. Building on the requirements of the PHN Grant Programme Guidelines (1.3 PHN Governance Arrangements) this must include:

- Ensuring a high-quality standard of culturally appropriate service delivery which is supported by appropriate quality assurance processes;
- Ensuring the workforce is practicing within their area of qualification and competence;
- Ensuring appropriate clinical supervision arrangements are in place;
- Ensuring appropriate risk assessment and management procedures are in place;
- Establishing and maintaining appropriate consumer feedback procedures, including complaint handling procedures;
- Ensuring appropriate crisis support mechanisms are in place to provide information to patients on how to access other services in a crisis situation, noting it is not the role of the PHN to provide or commission this type of service; and
- Ensuring transition pathways are in place that allow consumers to seamlessly move to an appropriate alternate service should their circumstances change.

1.4 **Scope**

The scope of prioritised activities that actively require clinical governance are articulated in the range of approved Activity Work Plans and associated documents. Table 2 lists the WNSW PHN's range of priority areas within its plans.

Table 2: A Summary of WNSW PHN Priority Areas

- | |
|---|
| <ul style="list-style-type: none"> • Aboriginal Health • Chronic and Complex Care • Older Persons Care • Maternal and Child Health • Mental Health & Substance Abuse • Risk Factors / Prevention • Workforce • Access to Services • Coordination Integration Collaboration |
|---|

Reference: WNSW PHN Towards a Healthier 2021, Strategic Plan

2. **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 advisory Clinical, Community and Aboriginal Health Councils.

This is reflected in the WNSW PHN Towards a Healthier 2021 Strategic Plan - Goal 3 Developing High Quality Primary Health Care Programs and Services, Strategy 3.3: Develop and implement Clinical Governance Frameworks has an aim of safe and effective care which will be measured by the number of accredited GP practices and the number of commissioned services with clinical governance frameworks.

2.1 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.

2.1.1 Clinical Councils

- Reporting to the Board of Directors, the WNSW PHN Clinical Councils 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 Councils.
- With a commitment to quality improvement, the Clinical 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 Councils will reach agreement to any amendments of the Clinical governance framework document.

2.1.2 Community Councils

- Reporting to the Board of Directors, the WNSW PHN Community Councils provide advice to the Board on community engagement.
- The Community Councils role in Clinical Governance is to provide feedback to the Clinical Council, 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.

2.2 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.

2.3 Executive

WNSW PHN Executive 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 will clearly articulate organisational and individual accountabilities for safety and quality throughout the WNSW PHN.

2.4 Management

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

2.5 WNSW PHN Staff

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

2.6 WNSW PHN Contract Liaison Officer

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

The Contract Liaison Officer 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 Executive Manager.

2.7 Contract Manager

Contract / agreement manager is responsible for:

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

2.8 Procurement Coordinator

The Procurement Coordinator is responsible for:

- 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 Service Provider.

2.9 Commissioned Providers

The Commissioned Providers are responsible for:

- 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 Contract Liaison Officer 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.

3. Clinical Governance Framework Definition

The Australian Commission on Safety and Quality in Health Care (the Commission) defines clinical governance as: *“a system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care; achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish”*. (1998 Scally and Donaldson)³

It's often thought of in terms of the seven pillars of clinical governance—clinical effectiveness, risk management, patient experience and involvement, communication, resource effectiveness, strategic effectiveness, and learning effectiveness.

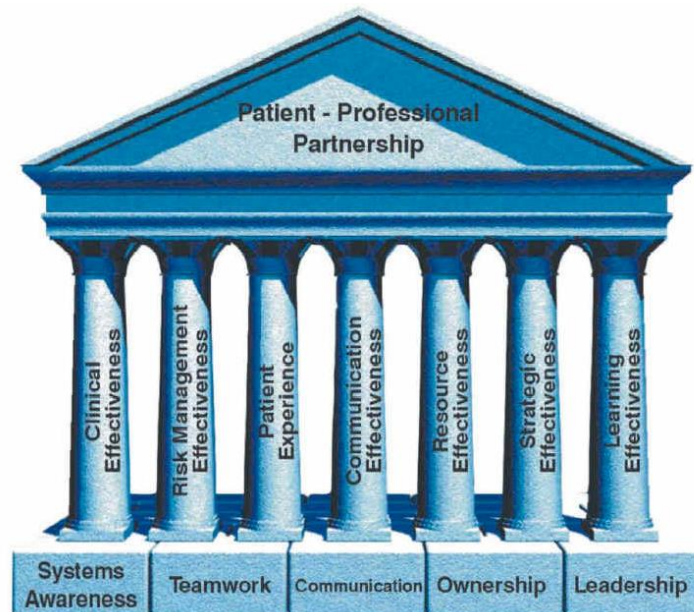


Figure 1: Seven Pillars of Clinical Governance

4. Key Elements

The WNSW PHN approach to Clinical Governance is built on the following elements:

Evidence Based Practice

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

Service Access

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

Service providers will look at various options of communication tools to use for the improved access to the targeted population groups.

Endeavour to have workforce resources available to perform services.

Clinical Accountability

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

³ Scally G, Donaldson LJ. Clinical governance and the drive for quality improvement in the new NHS in England *BMJ* 1998;317:61

Competency

Evidence of a robust induction for new clinical staff an essential component of clinical supervision.

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

Risk Management

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

Use of Information

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

Compliance

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

Consumer and Community Engagement

Communities and key community organisations are actively engaged in the planning and evaluation of programs and services.

Service Provider Engagement

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

Service Evaluation, Quality Improvement and Innovation

Robust tools underpin quality improvement strategies, including evaluation of service effectiveness and promotion of service innovation. Examples include Patient Selection tools, Patient Reported Measures (PROMS) and Patient Reported Outcome Measures (PREMS).

5. What do we mean by a Clinical Governance Commissioning Framework

The commissioning of clinical services is the process of arranging continuously improving services that deliver the best possible quality and outcomes for patients, meet population health needs and reduce inequalities within the resources available.

Commissioning requires us:

- To understand intrinsically and intimately the evolving needs of the community as well as key priorities we need to deliver
- To design and deliver appropriate services to meet these needs, utilising full capabilities of the WNSW PHN Clinical, Community and Aboriginal Health Councils
- To identify and maximise opportunities for collaboration, challenge accepted thinking and encourage innovation about the right way to meet needs.

It is a process which can be defined as:

- Assessing needs and determining desired outcomes
- Setting priorities
- Determining how the desired outcomes can be achieved
- Identifying and allocating resources
- Monitoring and quality improvement implementation and service delivery
- Evaluating impact and learning from the process.

Monitoring and evaluating strategies are integral to all programs, projects or services and ultimately to the WNSW PHN strategic plan. They ensure that the objectives of any of the WNSW PHN funded services, programs and support services are measured in terms of quality, timeliness, cultural acceptability, and how and whether targets and outcomes are met. Critically, monitoring and evaluation builds a platform for continuous quality improvement for the WNSW PHN, our programs and processes and for the funded services.



Figure 3: depicts the PHN Commissioning Framework. There are three phases in the cycle – strategic planning, procuring services, and monitoring and evaluation

Reference: Australian Government Department of Health, Needs Assessment Guide, December 2015, pg. 1.

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⁴ The commissioning cycle is most commonly presented in a diagram. This diagram is based largely on that developed by the NHS Information Centre and used to support World Class Commissioning between 2000 and 2010. See the [NHS Information Centre archive](#) and [Commissioning Handbook for Librarians](#). Another model that is used extensively, with variations, was developed by the Institute for Public Care. First developed in 2003 and since adapted by a number of different agencies, the IPC cycle shows the relationship between strategic commissioning (the outer circle) and procurement, contracting and purchasing (the inner circle). This model follows the 4 step Plan-Do-Study-Act cycle first developed by Deming and used as the basis for many quality control and continuous improvement programmes. See: Institute of Public Care. *Commissioning for Health and Social Care*. Oxford Brookes University 2014, pp.11-13. Bovaird T et al. *Commissioning across government: review of evidence*. Third Sector Research Centre Research Report 86: for the UK National Audit Office. August 2012, pp.48-49.

6. Clinical Governance Principles

Commissioning is most effective in achieving the best outcomes when partners work to a set of common values and principles.

The key Clinical Governance Commissioning values for WNSW PHN are:

- To provide services that are socially inclusive, accessible, clinically and culturally safe, timely and affordable.
- To provide services that are patient centred and based on population health needs.
- To provide services that are well integrated, coordinated and provide continuity of care, particularly for those with multiple ongoing and complex conditions.
- To provide services that are safe, and of a high quality and which are underpinned by relevant research and innovation.
- To provide services that are efficient and cost effective to ensure financial sustainability.

Whilst the priority may differ from service to service, it is important that the following principles and criteria clearly inform commissioning decisions and service development:

- Clear alignment with the WNSW PHN Strategic Plan and the Health Planning Framework and /or the regions health priorities, the WNSW PHN operational budget and the PHN Grant Programme Guidelines.
- Initiatives must strive to achieve best value for money and support long term sustainability.
- Investment will be targeted at the most appropriate services and clinical interventions and innovative models of care.
- Emphasis will be placed on developing good quality services and continually improving clinical quality, outcomes and experience for service users.
- Emphasis will be placed on improving access and patient choice.
- Emphasis will be placed on developing integrated services and improving integration, coordination and continuity of care.
- Decision making will be evidence based, open and transparent.
- Interested parties have been actively engaged, recognising the skills, knowledge and expertise that will strengthen commissioning activities and shaping of services.
- Clinicians will be an integral part of planning processes, accountability and governance arrangements as they have a direct impact on outcomes.
- The organisation and clinicians are both committed to improving the quality of patient centred care.
- Service development is patient centred and engages local communities in planning and decision making to ensure our strategies meet local needs and priorities.
- Enable feedback in order to review effectiveness of the commissioning process in meeting local needs.
- Continuous monitoring of performance and evaluation of current and developing services to ensure that they represent best practice as outlined in national guidance, and have a clear impact on outcomes.

7. Implementation of the Clinical Governance Framework

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

Appendix B provides a checklist of the key elements for the WNSW PHN to apply when procuring providers to deliver clinical activities (including provider contracts plus other tools and instruments that the WNSW PHN may use to engage providers). The checklists (Appendix A & B) can be modified at the discretion of the WNSW PHN on a case by case basis depending on the tender requirements.

Providers will be required to present evidence to the WNSW PHN Service Development and Performance Team of their compliance to the Clinical Governance Framework.

Definitions

Clinical Governance	<i>A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care; achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.</i>
Consumer	<i>Patients and potential patients, carers and organisations representing consumers' interests.</i>
Serious Incident	<i>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.</i>
Quality Improvement	<i>Actions taken throughout the organisation that increase the effectiveness of activities and processes and provide added benefits to both the organisation and its customers.</i>

Related Policies and Procedures

This Framework should be read in conjunction with the WHAL Commissioning Framework and the WHAL Procurement Policy

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.

Review

This Framework is to be reviewed annually by the WNSW PHN Clinical Councils. Recommendations for amendment and/or revision are to be presented to the Board of Directors for approval.

Acknowledgement

WNSW PHN acknowledge the South Western Sydney PHNs Clinical Governance Framework as a resource document to inform the development of the WNSW PHN Clinical Governance Framework.

References

- [Social Inclusion Principles for Australia 2009](#)
- 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](#)
- [Clinical Governance for Primary Health Networks](#), Deeble Institute Issues Brief, No. 22, April 2017
- [WNSW PHN Towards a Healthier 2021, Strategic Plan](#)
- WHAL Culturally Safe Practice Framework
- [Western Health Alliance Ltd Commissioning Framework](#)
- [Western Health Alliance Ltd Procurement Policy](#)

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

<i>Essential (E):</i>	<i>Absolutely necessary</i>	<i>Desirable (D):</i>	<i>Useful and advantageous</i>
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Appendix B: Provider 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 implemented	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 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>
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Bathurst

Bourke

Broken Hill

Orange



We acknowledge that we work on the traditional lands of many Aboriginal clans, tribes and nations. We commit to working in collaboration with our region's Aboriginal communities and peoples to improve their health, emotional and social wellbeing in the spirit of partnership.

