Clinical Governance Framework

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phn
WESTERN VICTORIA

An Australian Government Initiative

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1) Introduction

a) What is Clinical Governance?

The Australian Council for Safety and Quality in Health Care (ACSQHC) is recognised as the leading national authority to provide advice on safety and quality in healthcare.

They define clinical governance as:

'A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is 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.'

Furthermore, Safer Care Victoria provides specific leadership for state funded programs and defines clinical governance as '*the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement*'.

This definition is accepted by the Western Victoria Primary Health Network (PHN) as a foundation for our framework, recognising that any clinical risk associated with commissioned programs and practice engagement activities and services must be effectively managed.

b) Why do we have a clinical governance framework?

While the Western Victoria PHN is not a direct provider of clinical care to our community or a regulator of primary care, it has a responsibility to ensure the safety and quality of services we commission, facilitate and support is managed.

Essentially, clinical governance is the exercise of corporate accountability, both external and internal, for the management of clinical performance throughout a health service organisation. It therefore places a responsibility on the Board, through the Chief Executive Officer, to have effective mechanisms in place for monitoring and managing the quality of the clinical services that are provided and for meeting identified targets for quality. This document defines how the Western Victoria PHN will govern clinical safety and quality.

In short, Western Victoria PHN is responsible for creating a culture of safety and quality both internally, and with its commissioned agencies. Fair oversight of quality and safety contributes to improved health outcomes for the community. When implemented well, this clinical governance framework will provide the Board and the Executive and indeed the community with an assurance that health services, whether delivered by the Western Victoria PHN, contracted from other providers, or supported through engagement strategies are both safe and of a high quality.

c) The Role of Primary Health Networks

Primary health networks (PHNs) were established by and are principally funded by the Commonwealth Government. PHNs are secondary commissioners of services, who strategically commission services to work toward specific sets of objectives. PHNs also provide a range of practice support functions across the primary care domain.

The overarching objectives of PHNs are:

(1) Increasing the efficiency and effectiveness of primary care services for patients, particularly those at risk of poor health outcomes; and

(2) Improving coordination of care to ensure patients receive the right care, in the right place, at the right time

The Commonwealth Government has also set seven key national health priorities for targeted work by PHNs. These are:

- mental health
- Aboriginal and Torres Strait Islander health
- population health
- health workforce
- eHealth
- aged care
- alcohol and other drugs

d) Alignment of Clinical Governance with our Strategic Plan

Each Primary Health Network is an individual business entity with their own Board of Directors. As such Western Victoria PHN has a Strategic Plan and an annual Business Plan which outlines activities to be undertaken and performance metrics for individual programs and activities to monitor performance toward overall high level objectives.

The Western Victoria PHN has 5 Strategic Priorities which underpin our approach to the programs we are funded to deliver. This includes the safety and quality, as well as efficiency and effectiveness of services, outcomes and impact.

Our Strategic Priorities are:

1. Building Effective Relationships
2. Strong vibrant primary health care system focused on wellness and health outcomes
3. Accessible and locally responsive services
4. Sustainable, efficient and effective services
5. High performing PHN governance, systems and staff

Good clinical governance is founded on effective leadership and defined roles of responsibility and accountability. This document lays out responsibilities of different parties across the PHN and its stakeholders to build effective systems and manage clinical risk.

2. Enacting the 5 Domains of Clinical Governance

The Victorian clinical governance framework which guides *Safer Care Victoria*'s leadership consists of five domains and provides the key principles on which good clinical governance is based. These are leadership and culture, consumer partnerships, workforce, risk management and clinical practice.

While PHNs are responsible for creating a culture of safety and quality, there are boundaries to their capacity to control health outcomes. The complexities of implementing safety and quality focuses on two key areas, that is as direct commissioners of primary care services and through our role as a system facilitator.

1. Commissioners are responsible for the design, procurement and monitoring of services to address priority health needs/service gaps and involves responsibility in articulating the clinical specifications/requirements and monitoring the clinical quality of delivered services to ensure safe and equitable health outcomes.
2. In the clinical governance for primary care providers including general practice and GPs, PHNs have a role in system improvement, workforce development and influencing the uptake of quality improvement activities including the interface between primary care and community services.

For the purposes of this framework, high-quality care is defined as:

- safe – avoidable harm during delivery of care is eliminated
- effective – appropriate and integrated care is delivered in the right way at the right time, with the right outcomes, for each consumer
- Person-centered – people's values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning.

Domain	Key Elements	Western Victoria PHN as a commissioner	Western Victoria PHN as a system leader in primary care
Leadership and culture	Integrated corporate and clinical governance systems are established and used to improve the safety and quality of healthcare commissioned by the PHN Visible, accountable and purposeful clinical leadership at all levels of the organisation is required to cultivate an inclusive and 'just' culture and facilitate the commissioning of	The Western Victorian PHN Leadership team will champion clinical governance as a key consideration to all planning, design, procurement and monitoring of clinical/service delivery programs e.g. Subject matter/clinical expertise sign off processes embedded in to all stages of the commissioning cycle. The PHN will proactively identify potential clinical risks and embed in to overall business processes e.g. clinical risk as a core category in enterprise risk management framework including thresholds and clear escalation process to	The effectiveness of any tool is reliant upon the culture of a primary health care service. Building a culture where open discussion of risk is embedded in everyday practice is essential and will be modelled and supported through the PHN engagement activities. This will include targeted communications and education programs. The Regional Integrated Councils are critical in helping to build clinical leadership and a culture of learning and open disclosure that supports

	high-quality healthcare	mitigate/manage clinical risk/s. The PHN will at every stage be transparent, accountable and fair. It will define and make available clear processes for review, complaint management and feedback in relation to all components of our commissioning endeavours A culture of reliable communication and engagement with clinical leaders and stakeholders leading service delivery in the PHN priority areas with a view to maintaining a position as a high quality and integrity clinical service commissioner who can be trusted. Policy and procedures associated with clinical governance oversight will be audited and reviewed, made transparent and communicated reliably and routinely. The Board will create a strong clinical governance environment and culture in relation to quality and safe care.	reflective practice, feedback loops and routine review.
Consumer partnerships	Effective consumer partnerships are crucial for improving healthcare outcomes, organisational design and the patient experience	The PHN will design a Consumer Participation Framework that will outline the role of consumers at all levels of the organisation eg, organisational planning, commissioned service design and monitoring, evaluation of service experiences that the PHN is commissioning. The PHN is committed to engagement and partnership with consumers and their families and communities at all key phases of the	Consumers of primary health care services are the beneficiaries of PHN supported services as well as commissioned services. Whilst not directly engaged with the PHN itself they nonetheless provide a critical enabler for continuous improvement and service development. At the interface with the primary health care system the PHN challenges services to attend to consumer

		commissioning cycle (needs assessment, service design, service procurement, service implementation and monitoring). The organisational planning approach and Commissioning Framework articulates the role of consumers, how they will be informed resourced and supported to be involved. An evaluation plan to monitor the experiences and impact of consumer input in critical PHN processes will be developed and reported to the Board.	relationships and build reciprocal feedback systems for improving patient outcomes and experience.
Workforce	The PHN will ensure clinical experts are engaged in critical stages of the organisational planning cycle and any commissioning of services to ensure clinical best practice and safety is incorporated in to the design and delivery of services. The workforce of any commissioned service will ensure staff have the right qualifications, skills and supervision to provide safe, high quality health care for patients. All PHN staff must have the appropriate skills and knowledge required to fulfil their roles and responsibilities within the organisation	Service design will carefully address the expected workforce capabilities for funded services in line with the clinical service delivery expectations. This may include setting parameters for credentialing or registration of clinical staff and should be included in the service specifications when procuring services as well as in contract terms and conditions to awarded providers delivering commissioned services. . Monitoring will include a mechanism for providers to promptly notify the PHN of any changes to clinical credentialing of clinical staff delivering clinical services we commission and be subject to audits of the same.	The PHN will address the workforce capability needs of the primary health providers through communication, engagement and CPD programs linked to the RACGP practice standards, policy advice from the Commonwealth Chief Medical Officer and state based clinical advisors.

Risk management	All health services must have in place a broad-based risk management system that integrates organisational, financial, occupational health and safety and clinical risk	The Risk Management Framework directly addresses matters of clinical governance embedded in the commissioning work including the Board appetite for risk tolerance in funded programs, and required management strategies to identify and mitigate clinical risk and promote safety. It is expected that program design, contracting, developing service level agreements and monitoring delivery will address clinical risk management directly in contracted agreements. This will include at all times attention to individual patient risk through referral and transfer processes across funded services.	The PHN will support and promote the RACGP Guidelines on managing clinical risk and will ensure that through any engagement and program related activities within primary care settings risks are systematically identified and managed. This will include building relationships with providers that both challenge and support them to systematically identify and address particularly clinical risks.
Clinical practice	Staff must be effectively supported to continuously improve the safety and appropriateness of clinical care through evidence-based best practice.	Service design for funded services must meet the highest of evidence based clinical standards. This includes ensuring performance standards are set to meet standards of safe and quality care and acting on indicators that do not demonstrate quality and safe care. This will include ensuring funded service providers and those who refer to or access these services have clear articulated processes by which feedback and complaints may be managed and reported to the PHN	The PHN will actively ensure all internally delivered programs (e.g. HealthPathways, CPD, Learning Hub) will address the highest of evidence based clinical standards. The PHN will promote best practice through all engagement activities with the general practice community including prioritising the introduction of quality programs which are expected to impact on clinical effectiveness, safety and improve clinical outcomes.

3. Roles and Responsibilities in Clinical Governance

These role definitions should be read in conjunction with the Board Charter for the PHN, the Performance Framework and the Commissioning Framework for the PHN. Other relevant policies include the Complaints Policy, Incident Reporting and Management Policies, Delegations Policies and Risk Management.

Role of the Board - The Board appoints the CEO, provides oversight of operations and performance, assists in developing strategy and ensures the achievement of strategic objectives. The Board is assisted in its governance role by the Commissioning and Tenders, Safety and Quality, and Finance, Audit and Risk sub-committees. Organisational culture guides how employees think and act in their roles, and how the organisation and its people interact and build relationships with internal and external stakeholders. Culture is widely recognised as being a core building block to an effective and successful organisation and the Board leads the setting of a strong culture aligned with key quality and safety domains.

Role of the CEO, Executive and senior management - To implement and provide oversight in the implementation of quality systems within the organisation including 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. This will include the initiation of a Continuous Improvement Leadership Committee.

Furthermore, where the implementation of clinical governance activities is delegated, a system of monitoring should be in place that provides a mechanism to confirm that quality and safety systems and processes are functioning effectively. Monitoring outcomes includes implementing a system for reporting complaints, compliments and identifying practices that need quality improvement intervention and reporting these and solutions to the relevant Board sub-committees forms part of the responsibility of the Executive.

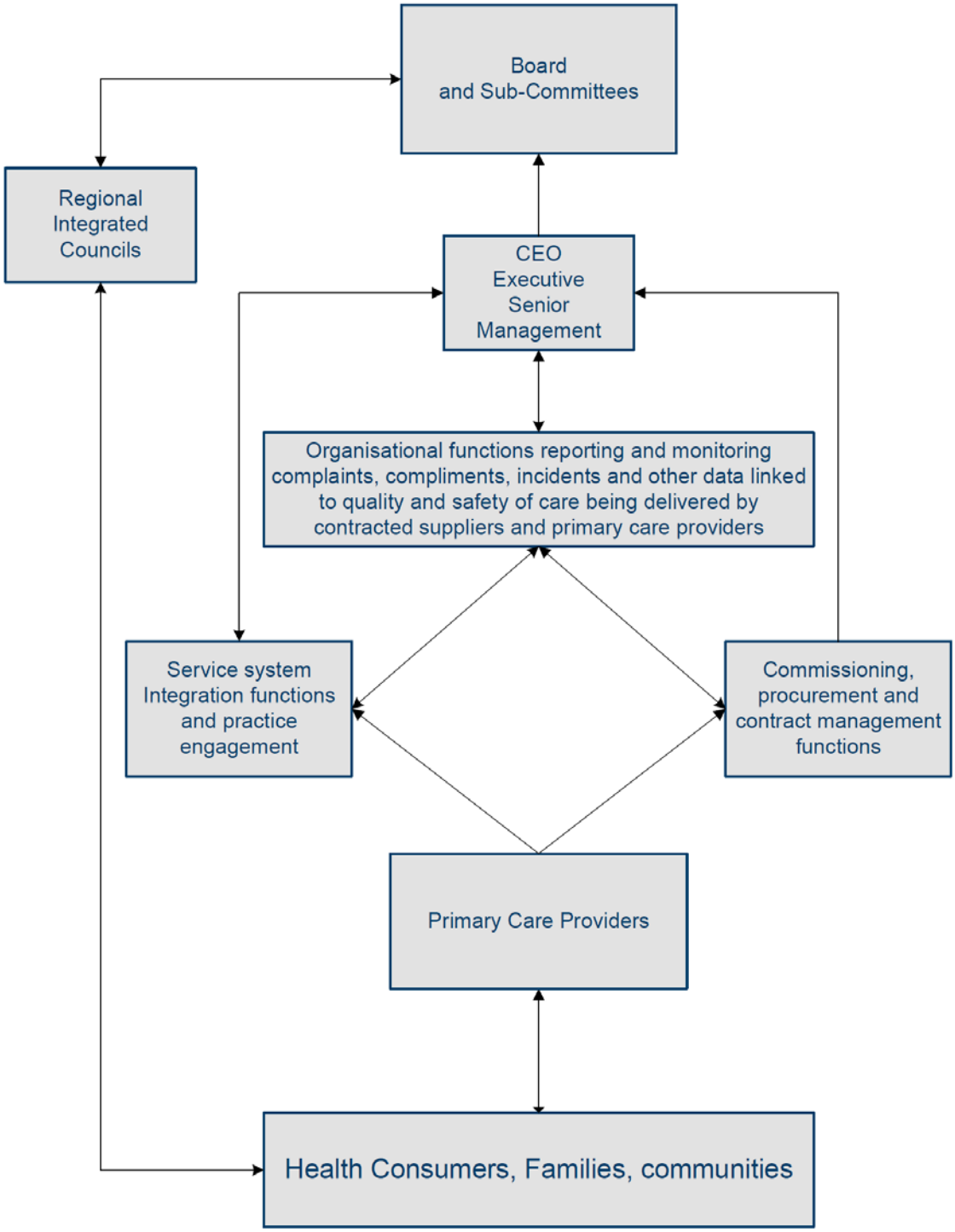
Role of PHN Staff – To understand their responsibilities within the clinical governance framework, implementing quality and safety activities within their scope of practice, facilitating feedback, supporting routine review of programs and providing timely data for monitoring outcomes.

Role of Regional Integrated Councils (RICS) – To provide clinically and community informed advice to the Board in relation oversight of clinical governance systems including identifying risks, monitoring outcomes and reviewing feedback for continuous improvement.

Role of commissioned and contracted health service managers and health care teams – To facilitate the effective implementation of the framework through the establishment of clinical competence in their services, demonstrate evidence based safe and quality care and participate in ongoing monitoring and supervision where indicated. It is expected that where the commissioned supplier sub-contracts services (on the agreement of Western Victoria PHN), processes for sub-contracting should meet appropriate clinical governance standards and will be articulated in writing.
Role of consumers, carers and community members - To implement through meaningful engagement in decision-making about health policy and planning, care and treatment, and the wellbeing of themselves and the community.

4. Integrated Clinical Governance across the PHN

The following map demonstrates connections between the various elements of leadership, delivery and monitoring of clinical governance activities.



5. Monitoring Effectiveness of Clinical Governance

The PHN Performance and Quality Framework 2018 requires Western Victoria PHN to report on a range of quality and performance indicators. In addition to these the PHN gathers internal data routinely to monitor quality and safety in the five domains of clinical governance and these are overseen through the Board and Committee processes of the organisation.

Domain	Examples of Indicators	Oversight Provided
Leadership and Culture	**Internally** monitored through a range of activities including staff surveys, regular reviews, Climate Committee and exit interviews **Externally** monitored through the clinical leadership program, targeted CPD and sector development in leadership capability and support for accreditation of practices. Reported to the Board	Board and CEO RICS
Consumer partnerships	**Internally** to date has included program based consultation and advice as part of the development of service models. This area requires further development. **Externally** this has relied on the RICS and on examining publicly reported consumer feedback data. This area requires further development.	Board via Quality and Safety Sub-committee RICS CEO
Workforce	**Internally** monitored through routine review matching role with capability requirements and building capability through professional development programs. Diversity of expertise across clinical, project management, research and corporate domains strengthens quality outputs. **Externally** monitored at multiple levels through data gathered and reported including through partners such as RWAV, universities and peak bodies.	Board via Commissioning and Tenders Sub-committee, and Quality and Safety Sub-committee Portfolio of SSI Directorate
Risk Management	**Internally** monitored through the Risk Management Framework. **Externally** set and monitored through the commissioning framework including procurement and contracting process.	Board via FAR Sub-committee Portfolio of FCS Directorate
Clinical Practice	**Internally** monitored through the appropriate application of clinical leadership advice at program design and provider level. All program delivery must be appropriately clinically oriented in line with best practice and evidence based. **Externally** monitored through performance and data reports generated both through the PHN and externally	Board via Commissioning and Tenders sub-committee Portfolio of CP Directorate

Together the functions and processes described above will give the Board and Executive confidence that all activities undertaken by the Western Victoria PHN have been designed and delivered to the highest possible quality and safety standards.

Western Victoria PHN acknowledges source documents provided by *Safer Care Victoria*, AHHA, Gippsland PHN, WNSW PHN and the Western Australia PHN

6. Legislative Framework and References

- Occupational Health and Safety Act 2004
- Fair Work Act 2009
- Fair Work (Transitional Provisions and Consequential Amendments) Act 2009
- Independent Contractors Act 2006
- Privacy Act 1988 Victoria
- Victorian Equal Opportunity Act 1995
- Information Privacy Act 2000
- Health Records Act 2000
- Charter of Human Rights and Responsibilities Act 2006
- Freedom of Information Act 1982
- Public Records Act 1973
- Surveillance Devices Act 1999
- Telecommunications (Interception) (State Provisions) Act 1988
- Working with Children Act 2005
- Chronic Care and Supplementary Services Guidelines – Department of Health
- National Health Prevention Strategy 2010
- National Standards for Mental Health Services. (2001) Commonwealth of Australia
- Standards Australia, AS-ISO15489.1-2002 Records management – General
- Standards Australia, AS-ISO15489.2-2002 Records management – Guidelines
- Standards Australia, AS4390.1-1996 Records management – General
- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards.
- Australian Commission on Safety and Quality in Health Care, National Model Clinical Governance Framework
- Safer Care Victoria – Clinical Governance Framework 2017
- Australian Hospital and Healthcare Association – Clinical Governance in Primary Health Networks