

Clinical Governance Framework

A framework for the delivery of safe, high-quality services by our commissioned service providers.

phn
EASTERN MELBOURNE
An Australian Government Initiative



Acknowledgement of Country

Eastern Melbourne PHN acknowledges the Wurundjeri people and other peoples of the Kulin Nation on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present.

EMPHN is committed to the healing of country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

Recognition of lived experience

We recognise and value the knowledge and wisdom of people with lived experience, their supporters and the practitioners who work with them and celebrate their strength and resilience in facing the challenges associated with recovery.

We acknowledge the important contribution that they make to the development and delivery of health and community services in our catchment.



Clinical Governance Framework

Our vision	We are committed to improving health outcomes for our community, through the delivery of safe, high-quality care that meets consumer needs and is underpinned by a system of robust clinical governance
Purpose	This framework defines the importance of clinical governance; setting accountability, so that it is understood and enacted in all programs and services funded by EMPHN.
Scope	This framework applies to all services and programs funded by EMPHN.

EMPHN's role as a commissioner

The Framework articulates the requirements for delivery of safe, high-quality services by our commissioned service providers, and the quality assurance process designed to ensure effective process is applied to achieve the quadruple aims: improved health outcomes; better patient experience; increased value for money, and enhanced provider satisfaction.

EMPHN:

1. Defines minimum standards and expectations in relation to the delivery of high-quality services funded by EMPHN.
2. Defines the roles and responsibilities of, and essential partnerships between, EMPHN, contracted service providers and relevant governing bodies.
3. Provides a framework for continuously improving the safety and quality of programs and services funded by EMPHN.
4. Promotes an organisational culture that supports sound clinical governance, managed effectively and efficiently, and understood by all staff and contracted service providers.

EMPHN's role in primary care quality initiatives

Workforce development and influencing the uptake of quality improvement activities – including strengthening the interface between primary care, community and hospital services – are EMPHN's focus in primary care.



Definitions

Clinical governance is the system we use to continuously improve the quality of our funded services and safeguard high standards of care by creating an environment of excellence and consistency in which clinical care flourishes.

A clinical incident is any event or circumstance that results, or could result in, in unintended and/or unnecessary harm to a consumer or a clinician/provider, and/or a complaint, loss or damage relating to clinical service delivery.

Consumers are individuals receiving health care services; as well as their carers; including parents, siblings, partners, spouses, friends, neighbours, nominated persons, and naturally occurring supports.

Our principles

In line with our Risk Appetite Statement, EMPHN has a zero-to-low tolerance of the risk of harm to consumers in the clinical services we fund – either by act or omission. This framework is designed to minimise clinical risk, while maximising the safety and quality of services being delivered.

The principles are:




1. Leadership: responsibilities and accountabilities for clinical quality and outcomes are well-defined, understood and promoted.
2. Pro-active risk management: open and transparent processes that support the identification and reporting of clinical safety risks and adverse events, and effective processes to address risks and incidents, and embed learning.
3. Quality improvement: promotion of a culture of reflection, learning and continuous improvement – and of courage and receptiveness, where challenges to the status quo are welcomed.
4. Evidence-based models of care: service planning, design, delivery and monitoring is driven by evidence.
5. Equity of opportunity, access and engagement across communities: addressing barriers to opportunity, access and engagement in funded services is a priority. For our Aboriginal and Torres Strait Islander communities we use the principle of self-determination in our planning, design, delivery and monitoring of programs and services.
6. Partnerships: a whole-of-system focus that puts people first and is centred on community values and expectations.
7. Consumer experience: consumers' perspective and voice are embedded into the planning, design, delivery and evaluation of safe, high-quality care.
8. Privacy: data is protected to the highest practicable standard; compliance with privacy and confidentiality requirements is paramount.
9. Workforce: a supportive and positive working environment that is engaged, open to learning and supports effective multidisciplinary teamwork.

The underpinnings of clinical governance

The structure of this systematic, disciplined and consistent approach to clinical governance, underpins the full suite of health care services funded by EMPHN, so that:

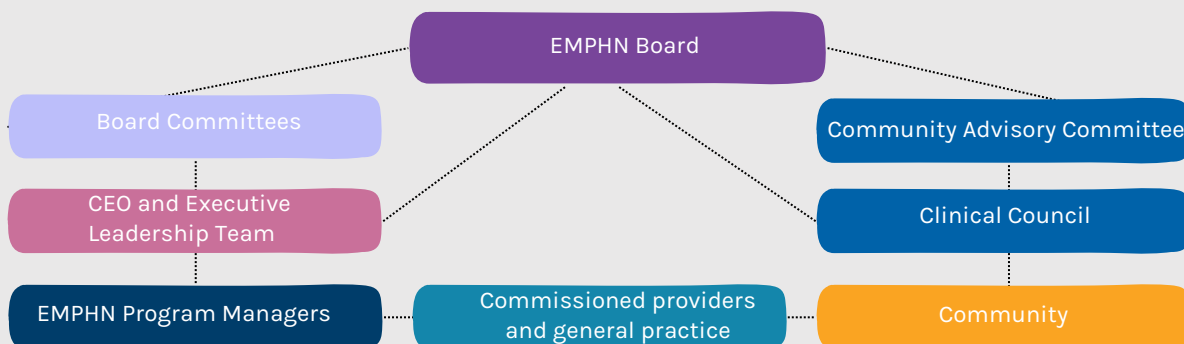
- Services provided, procured, and commissioned by EMPHN are safe, effective, accessible, consumer-centred and integrated.
- Systems and processes are evident, so clinical governance is defined, communicated and maintained to ensure capability and capacity within our funded programs and services.
- EMPHN's integrity in both commissioning clinical services and funding quality improvement initiatives is maintained at a high standard.

The framework has three key pillars.

Commitment	Implementation	Monitoring & review
		
<p>Leadership that facilitates an environment of continuous improvement focused on creating safe, effective and responsive services.</p> <p>The Board, Executive, Program Managers, and service providers understand their role and responsibility in delivering safe, and high quality care.</p>	<ol style="list-style-type: none">1. Clinical governance specification checklist to support procurement2. Third-party certification of service providers to support quality.3. Contractual terms and conditions.4. Clinical incident reporting to assure EMPHN that providers are managing clinical risk and incidents appropriately; and to improve EMPHN's service design via learning from providers' review process.5. Quality assurance program for independent assurance of safety and quality of services delivered.	<p>Monitoring performance, clinical risk management, reporting and continuous quality improvement activity are fundamental building blocks of safe, high quality health service delivery.</p> <p>EMPHN supports continuous improvement in clinical governance by:</p> <ol style="list-style-type: none">1.Ensuring providers have strong clinical governance capability.2.Monitoring third-party certification.3.Supporting capacity building4.Undertaking quality assurance5.Identifying opportunities for improvement in process.6.Using learnings for service improvement and future service design.

Governance

As a funder of health services, the responsibility for clinical governance falls across both EMPHN and its providers.



Accountabilities

EMPHN's key clinical governance responsibility is to effectively monitor the performance of clinical governance systems implemented by funded service providers to ensure accountable systems are in place, issues are addressed pro-actively in a timely manner, and continuous improvement is embedded in culture.

The EMPHN Board has ultimate responsibility for clinical governance, supported by its sub-committees. It is accountable for ensuring commissioned services meet best practice and that reputational and other risks associated with commissioned services are addressed. This includes assurance that due diligence has been applied to fulfil clinical governance obligations of clinical leadership and supervision, and risk management and quality standards.

The Board is supported by its advisory groups; the Clinical Council provides advice on matters relating to clinical governance from the clinical perspective, and the Community Advisory Committee provides advice from the consumer perspective.

The CEO and Executive Leadership Team oversee implementation of clinical governance systems within EMPHN, and monitor process to ensure quality and safety processes are effective.

Program Managers and their teams implement the clinical governance systems and processes. This includes monitoring performance, reporting and compliance of funded service providers according to the agreed contractual obligations – and addressing non-compliance, reflecting on learnings and driving learnings into planning, design and delivery improvements.

EMPHN's funded service providers' clinical governance responsibility is to deliver safe, high-quality care that minimises clinical risk to the consumer and complies with best-practice clinical governance. Service providers must comply with contractual obligations – including demonstrating clinical competence, and implementing evidence-based care with ongoing monitoring and supervision. Monitoring outcomes includes implementing a system for capturing and reporting complaints, compliments and continuous practice improvement.

EMPHN's community supports the Framework through meaningful engagement in planning, design and delivery of services, and by providing feedback about their own healthcare journey.

Where to find out more about EMPHN's Clinical Governance

For general enquiries, contact: policies@emphn.org.au

For enquires about this framework, contact: EMPHN's Chief Operating Officer
You can also provide feedback on this framework via the facility on our website.

If you contact EMPHN and have not been responded to satisfactorily within 30 days, you can file a written complaint with the Commonwealth Department of Health.



Australian Government

The Australian Government is the principal funding body for Primary Health Networks.

Annexure

Page 9

Annexure 1: Provider reporting requirements – clinical governance

Page 11

Annexure 2: PROCUREMENT – Provider requirements for clinical governance specific to the program



Annexure 1: Provider reporting requirements – clinical governance

[Please note onboarding to our risk system will occur as part of the change process.]

All providers to note

It is an essential requirement that the provider initiates their internal clinical incident management procedures, including escalation and notification to relevant Victorian State Government and other authorities, when clinical incidents occur.

Reporting is relevant only to incidents that occur within the service that EMPHN has commissioned.

Reporting to EMPHN within 24 business hours

Providers must inform EMPHN via the risk system TICKIT within 24 business hours of the following incidents:

1. Any event notifiable under the funded organisation's Professional Indemnity Insurance that is likely to give rise to a claim against the contractor delivering a service that EMPHN has commissioned. For example, abuse of a consumer by a practitioner.
2. Referral of any practitioner to the Australian Health Practitioner Regulation Authority who is delivering a service that EMPHN has commissioned. For example, a practitioner operating outside of their scope of practice.

Quarterly reporting requirements to EMPHN

The service provider will supply de-identified, aggregated incident and complaint data to EMPHN on a quarterly basis - within 30 days of the end of the quarters March, June, September and December.

Reporting is via EMPHN's risk system TICKIT. Providers can access the incident form for reporting via EMPHN's website using the login option on the top right-hand side of the home page.

Data reporting will include certifying that appropriate process was instigated to respond to, and learn from, reportable incidents.

Data to be reported is:

- Number of complaints per category relating to the service that EMPHN has commissioned:
 - Accessibility of the service
 - Breach of rights (e.g. privacy, confidentiality, consent, discrimination)
 - Competence of performance or attitude of staff member or private practitioner
 - Content or messaging of resources, campaigns or social media sites run by the service provider

If any complaints in these categories are sent to the media and/or a state or Commonwealth Member of Parliament this must be recorded where indicated on the TICKIT reporting form.

- Number of incidents per category relating to the service that EMPHN has commissioned:
 - Death of a consumer
 - Abuse or mistreatment of a consumer
 - Abuse or mistreatment of a practitioner
 - Inappropriate relationship with a consumer
 - Medical error causing physical or psychological harm to client
 - Breach of consumer privacy or confidentiality
- Key learnings from clinical and complaint incident review as relevant to the service EMPHN has commissioned which would support quality improvement at a service level, and EMPHN's work to improve the design of the services it commissions including but not limited to:
 - Need review of multi-agency safety planning arrangements
 - Need regional approach to suicide prevention
 - Need improved NDIS assessment process
 - Require capacity building regarding care coordination and collaborative care team arrangements
 - Require improved clinical information sharing between care team members, including between mental health clinicians and GPs
 - Need improved planning and timeliness of communication during transition of care
 - Require comprehensive handover documentation including a safety plan where appropriate
 - Require more regular consumer review, including risk assessment and safety plans, with the whole care team
 - Need clear processes for escalation and senior clinical/psychiatric support when consumer deterioration is noted
 - Need consistent processes for waitlist management, including escalation processes when consumer deterioration noted
 - Need consistent physical health screener by mental health workers
 - Workforce development needs identified
 - Housing instability with impact on mental health problems
 - Family violence impact on service access

Annexure 2: PROCUREMENT – Provider requirements for clinical governance specific to the program

Please consider each specification and provide evidence if required, mark 'yes' or 'no' as appropriate; if you answer 'No', please add comments to explain your response. The representations in this specification will be binding upon the provider if successful at the conclusion of the procurement process.

Essential specifications	Provider self-assessment	Evidence to be submitted to EMPHN	Comment as relevant
Accreditation and certification			
Accreditation or certification current [Dependent on the program of work]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	
Insurances			
Professional indemnity insurance current and meets or exceeds the minimum insured amount [dependent on the program of work]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	
Reporting			
De-identified records as reported to risk or relevant committee for prior 12 months:			
<ul style="list-style-type: none"> compliance breach reporting for legal, regulatory or contractual incidents rated on risk assessment as high or very high, or equivalent categories 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	
<ul style="list-style-type: none"> clinical incident reporting for ISR 1 and 2 incidents, or equivalent CIMS major impact category 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	
<ul style="list-style-type: none"> complaints handling related to complaints around service access, breach of rights, practitioner performance or behaviour, and/or information or communications provided by service 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	
<ul style="list-style-type: none"> data breach reporting for notifiable data breaches 	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	

Essential specifications (continued)	Provider self-assessment	Evidence to be submitted to EMPHN	Comment as relevant
Quality management			
Quality assurance program implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Feedback policy and complaints management processes – including how to make a complaint to the appropriate authority – established and communicated to consumers	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Frameworks and policies			
Accreditation policies and procedures, including regular review of the currency of personnel accreditations	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Risk management policy and procedure established that regularly identifies and reviews key risks (including clinical risks) and relevant treatment plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Clinical governance framework in place that: <ul style="list-style-type: none"> • Supports a culture of open disclosure, safety and quality improvement • Is compliant with Victorian Duty of Candour Guidelines as relevant to the health service • Clearly defines safety and quality roles, responsibilities and accountabilities from the Board and its sub-committees through to management and operational staff • Monitors and reviews the safety and quality of performance of services 	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Incident management policy and procedure established that supports reporting, review, analysis and quality review cycles	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Clinical audit, peer-review or alternate best-practice process in place to review and learn from major impact incidents	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Business continuity planning in place to minimise the risk of service disruption in the event of emergency or disaster	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Clinical supervision policy and process implemented – in line with relevant professional body requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Performance management policy and process in place – in line with relevant professional body standards	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	

Essential specifications (continued)	Provider self-assessment	Evidence to be submitted to EMPHN	Comment as relevant
Workplace health and safety policy established	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Code of conduct policy established	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Records management system established that supports maintenance of accurate and complete healthcare records and complies with privacy and security regulations	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Privacy policy established and communicated to consumers	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Privacy collection statement communicated to consumers to explain why information needs to be collected and how it is used	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Consent policy established and communicated to consumers – and processes in place to identify the capacity of patients to make decision about their own health care, or to identify a suitable decision-maker	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Consent forms explain circumstances in which identifying information and de-identified information is provided to funders or government	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	
Workforce			
Recruitment process include as relevant:		No	
• Police checks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
• Working with children checks	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Recruitment processes give due consideration to employing staff with the qualifications, registrations and competencies to perform their duties	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Induction process orients and supports workforce to perform their duties safely and, as relevant, to use best practice guidelines, decision support tools, and clinical standards in delivery of clinical care	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Scope of practice process established to ensure that health professionals practice safely and within their scope of experience, knowledge and skills	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	

Essential specifications (continued)	Provider self-assessment	Evidence to be submitted to EMPHN	Comment as relevant
Accreditation systems to regularly review currency of personnel accreditations. Registration with AHPRA for notifications in relation to registration changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Continuing professional development program as required by relevant professional body in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Workforce has appropriate access to cultural awareness and safety training	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Mandatory reporting obligations specified for staff as relevant	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Duty of care obligations specified for staff as relevant	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Clinical care			
Effective intake, assessment, referral and escalation processes implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Research initiatives undertaken or leveraged to support evidence-based best clinical practice that enables health professionals and those who work with them to develop new knowledge and practices that improve patient care	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Information on service availability, opening hours, cost and out of hours care is made available in language accessible to the consumer	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Rights and responsibilities are explained at commencement of service in language accessible to the consumer – with strategies in place to inform diverse and more vulnerable populations	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Information on evidence-based clinical care is provided to consumers	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Mechanisms established to ensure diverse and more vulnerable population groups are engaged with to inform planning, delivery and monitoring of healthcare	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	
Consumer and carer/family participation strategies established	<input type="checkbox"/> Yes <input type="checkbox"/> No	No	

Certification Statement

I confirm this is an accurate record of clinical governance specifications undertaken by [INSERT ORGANISATION].

I confirm and warrant that [INSERT ORGANISATION] currently complies with these clinical governance specifications and will continue to comply for the duration of the term in accordance with the contract terms provided in the procurement process.

Signature:

Date:

Name:

Job title: