Clinical Governance Framework

An overview of the clinical governance framework employed by HNECC PHN in the PHN environment.

phn
HUNTER NEW ENGLAND AND CENTRAL COAST

An Australian Government Initiative

Huntern New England and Coentral Coast Primary Health Network (HNECC PHN is a not-for-profit organisation funded primarily by the federal government.

PHNs are responsible for improving the health of their communities by working cooperatively with hospitals (both public and private), general practitioners, specialists and allied health professionals like psychologists, optometrists, physiotherapists and dietitians.

We cover a diverse geographical area reaching from the Queensland border in the north to Gosford in the south, and west past Narrabri and Gunnedah.

We respectfully acknowledge the traditional owners and custodians of the land in the region that it covers which include the traditional nations of the Awabakal, Biripi, Darkinjung, Geawegal, Kamiliroi, Wonnarua and Worimi people.

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Introduction

Clinical Governance has been defined as “a framework through which… organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”.

It’s a strategic approach which seeks to consolidate often disparate quality activities that occur in health and emphasises a culture of accountability and responsibility at every level of the organisation.

Typically, these frameworks focus on direct service provision, including community service providers and the public health sector.

There has been less emphasis on clinical governance for organisations, such as Primary Health Networks, that do not deliver direct services.

Despite this, effective clinical governance requires a set of principles, and a framework of rules, relationships, systems and processes.

in much the same way that corporate governance does, and there are shared elements across the whole health system regardless of where care is delivered.

Common elements of clinical governance

A recent review of clinical governance processes, practices and initiatives, including Australia, and other OECD countries, divided the common elements of clinical governance into four themes.

Advocating for positive attitudes and values about safety and quality, starting from the Board and cascading throughout the organisation

- Maintaining appropriate levels of accountability
- Continually improving clinical services
- Identifying key learnings after errors, adverse events or near misses
- Promoting continuous professional development
- Focusing on ethics to deliver quality timely care, that is also in alignment with current resourcing.

Planning and operationalising a governance structure for safety and quality

- Identifying and assessing risk, then reactively and proactively managing the risk within defined acceptable limits
- Appropriately managing and reporting critical incidents or near-misses
- Credentialing clinicians to ensure care is provided only by qualified professionals whose performance is maintained at an acceptable level
- Managing performance in a constructive manner
- Applying relevant standards
- Actively participating in accreditation.

Organising and using data and evidence to improve the effectiveness of services

- Turning data into information and intelligence
- Sharing information and intelligence more widely
- Encouraging clinical effectiveness via promotion of evidence-based practice
- Using meaningful clinical indicators which have a focus on the six domains of quality, to benchmark and reduce clinically inappropriate variation
- Regularly using clinical audit to improve patient outcomes.

Sponsoring a patient focus

- Encouraging consumers participation in decision making around their care
- Focusing on patient safety and risk prevention
- Supporting open disclosure
- Obtaining patient consent
- Dealing with complaints effectively and diligently.

Clinical governance then typically requires a framework to bring together and operationalise these individual elements. Frameworks generally include defining principles which are enacted through a robust committee set-up, a comprehensive set of policies and a performance and reporting structure.

Performance can be usefully measured by reviewing the provision of service using the six domains of quality: safety, effectiveness, efficiency, appropriateness, patient-centredness, accessibility and equity.

Clinical governance is more easily implemented when the right culture is present within the organisation. A shift in paradigm, with clinicians adopting both a population health view and evidence-based medicine, has helped drive this cultural change.

Strong board, clinical and managerial leadership will also facilitate a quality focused and organisational learning culture.

CLINICAL GOVERNANCE IN THE PHN ENVIRONMENT

PHNs are tasked to increase the efficiency and effectiveness of healthcare services for communities, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time.

The establishment of PHNs in July 2015 signalled a policy intention to utilise commissioning for primary health care in Australia. The Department of Health defines commissioning as:

"a strategic approach to procurement that is informed by the baseline needs assessment and associated market analysis. Commissioning will enable a more holistic approach in which PHNs can plan and contract medical and health care services that are appropriate and relevant to the needs of their communities. Commissioning is further characterised by ongoing assessment to monitor the quality of services and ensure that relevant contractual standards are fulfilled."
(Australian Government Department of Health (2014) - Primary Health Network Programme Guidelines).

PHNs require a clinical governance framework that ensures quality and safety in all activity undertaken in order to achieve its objectives. The challenge is to convert the current evidence base around clinical governance into a working quality and safety framework fit for the PHN environment, with its mixed group of stakeholders: commissioned providers, general practice and the Local Health Networks. This is a multipronged challenge when compared to other international health organisations for three distinct reasons.

Firstly, the PHN is not a direct service provider with a variety of levers to effect change. Instead as a commissioner, it needs to utilise contractual levers, using the appropriate level of monitoring and relationship management to determine if services are safe and appropriate, and to promote improvement in care delivery. PHNs must also consider how clinical governance should be supported in any commissioning undertaken, specifically for contract development, management, monitoring and compliance.

Secondly, improving quality of care in general practice and other contracted services, remains complex. The majority are small independent, private businesses, directly funded by the patient/ Medicare and are not members of the PHN. Subsequently, a hierarchical relationship does not exist between primary care providers and the PHN, that would assist in setting an agenda for change. Instead, many GPs perceive their accountability is directly to the patients and the community that they serve.

Additionally, there are limited quality frameworks which specifically apply to primary care. Instead, a jigsaw of voluntary initiatives exists, such as achieving accreditation through compliance with the RACGP Standards of Practice and participating in quality initiatives such as the Federal Practice Incentives Program. These more influential examples of quality and safety initiatives currently occur outside of the PHN remit.

Finally, the public hospital sector is a complex adaptive system which has been financially, structurally and culturally separated from primary care for many years. Consequently, forming strong alliances with Local Health Districts and a move to a whole-of-system approach with joint planning, co-commissioning and clinical governance will take time to mature.

As a result of these challenges, the PHN requires different structures and processes to drive improvements in each of these areas, developing a version of clinical governance that is fit for purpose.

Establishing the right level of oversight to match the emerging role of a PHN is also important.

The following framework provides the structure that HNECC needs, to maximise the delivery of safe and high quality primary care services in the region. Whilst the focus of this framework will be on commissioning of health services, given the increased risk to the organisation from this activity, the concepts outlined are applicable to work with primary care and the Local Health Districts.

The critical areas for consideration in ensuring clinical governance using this framework include:

- **Consumers** having opportunities to manage their own health and participate in innovation and value creation.

- Ensuring the delivery of **safe quality** care through creating a culture that supports reporting, service improvement and embedding 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.

CLINICAL GOVERNANCE FRAMEWORK

Purpose

The purpose of this document is to define a clinical governance framework for HNECC PHN as a health services commissioner for the Hunter, New England and Central Coast regions of NSW. When systematically connected, the components of clinical governance contribute to the achievement of the quadruple aim: improved health outcomes, better patient experience, increased value for money and enhanced provider satisfaction.

This framework is a practical and realistic outline of the requirements for clinical governance for the commissioning of services. It is expected that it will evolve over time and incorporate other areas, including general practice and primary care services as well as service and system integration.

Aim

To provide a Clinical Governance Framework that guides HNECC and its contracted service providers to deliver high quality patient outcomes through clinical leadership and accountability.

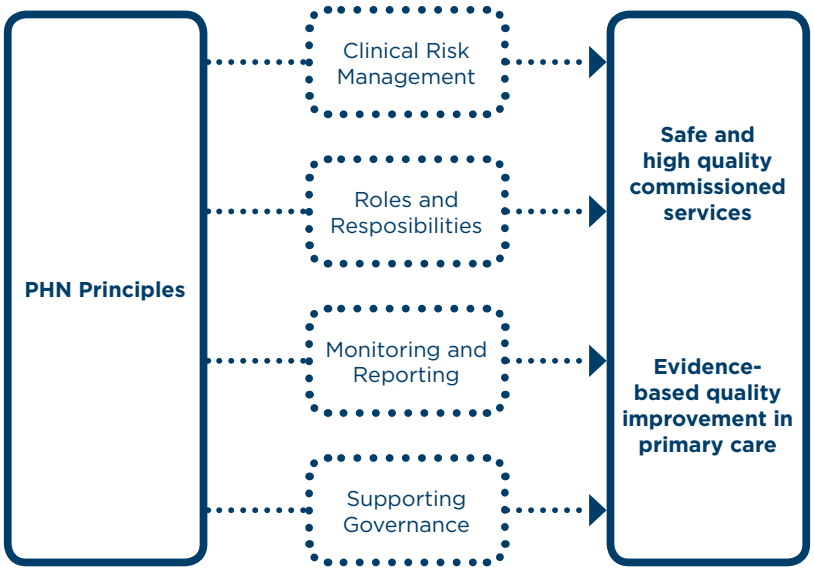

Figure 1 - Outline of Clinical Governance Framework

PRINCIPLES

The following principles, which align with HNECC's vision for Healthy People and Healthy Communities, ensure that we deliver better health outcomes that are efficient, effective, equitable and sustainable by:

1. Having a whole-of-system focus that puts people and communities first
2. Being responsive to the diversity of, and differences in, our communities and address health inequalities
3. Helping people understand and care for their own health, and supporting them as partners in a better health system
4. Supporting and being guided by GPs, and other clinicians, as leaders in a better health system
5. Aiming for the best use of health resources, with locally relevant services that are high quality and cost-effective collaborating with others to enable and coordinate timely and appropriate health care, so that people can stay well in their communities.

CLINICAL RISK MANAGEMENT

Clinical risk management is part of the broader risk management. 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.

HNECC is indirectly exposed to a range of risks through contracted providers. Each provider is responsible for any risks related to adverse clinical outcomes, or physical and/or emotional harm experienced by those accessing, seeking to access, or providing health services including those funded by HNECC.

It is HNECC's responsibility to ensure that actual or potential clinical risk associated with both patient outcomes and patient experiences related to commissioned services is identified and managed consistently in line with this policy. The Clinical Risk Management Policy provides a guideline for managing actual or potential risk of adverse outcomes from clinical services funded by HNECC. These risks usually 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 HNECC. 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 HNECC. 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.

Clinical Risk Mitigation

In order to prevent or control clinical risk, as recommended by the National Safety and Quality Health Service Standards, HNECC has taken the following steps.

CONTRACT TERMS AND CONDITIONS
Terms and conditions include specifications regarding the following:

Clinical Governance
All Providers contracted by HNECC are required to have in place a Clinical Governance Framework that reflects best practice. All providers are also required to have effective structures and processes to implement that framework, along with complaints handling and incident management policies and procedures. Providers will be expected to participate in service review and improvement meetings with HNECC and to provide regular reports on the quality of their services to HNECC.

Handover Procedure
All care services will ensure client/patient notes are maintained in a manner which is compliant with the standards of the RACGP, or the relevant professional body. Written feedback will be provided to the referrer or the Patient/Client's primary health care provider.

Complaint Handling

Where a Provider receives complaints directly from service users, HNECC requires service providers to:

- Acknowledge unresolved complaints in writing (this includes email) within five working days, outlining the process that will be taken to assess and report on the complaint
- Provide a reference number to allow for feedback and follow-up of complaints
- Resolve the complaint within 35 working days or provide an explanation of why a longer period is required
- Make any internal changes required as a result of the complaint investigation, within 60 days.
- Provide actual numbers of all complaints and all unresolved complaints in the Quarterly Report to HNECC

Where complaints regarding a provider are received directly by HNECC:

- The complainant will be referred, in the first instance, to discuss their concerns with the relevant provider.
- If uncomfortable to raise a complaint directly with a provider or if, after raising the issue, the complaint has not been resolved, HNECC will address the complaint directly with the provider
- For matters of sufficient concern, where the provider response does not alleviate concerns about patient/client safety, referral to the relevant authority (in most cases HCCC) will be considered.

AUTOMATED COLLECTION OF PROVIDER INSURANCE

Delivered and received via the Folio Contract Management system

- 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.

COLLECTION OF CREDENTIALS

Appropriate clinician qualifications are uploaded directly into the Folio Contract Management System. A Statutory Declaration is required from Providers annually declaring that all clinician credentials are appropriate and current.

DASHBOARD PERFORMANCE MONITORING

HNECC report data is delivered and received via the Folio Contract Management system. Providers are granted a soft licence in order to provide the required report data to HNECC.

DATA REQUIREMENTS

Data is collected and reported through the Folio online risk management system as follows:

- Complaints and Incidents are documented and managed including designated responsibilities, escalations and deadlines. Information is collated and reported bi-monthly to the Board Safety, Quality and Performance Committee (SQP).
- Identified Risks in relation to provider performance are reported bi-monthly through the SQP, then on to the Board
- Activity data and information about service challenges or successes are also included in reports which are overseen by SQP.

REPORTING

Mandatory Reporting – Notifiable Risk Events

All contracted service providers are required to report details of any serious risk events (complaints or incidents) in writing to HNECCPHNContracts@hneccphn.com.au within 24 hours of becoming aware of the event.

Serious complaints or incident types are outlined below.

Complaints

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 use of clinical records
- Competence of performance or attitude of staff 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 national Member of Parliament.

Incidents

Any preventable risk event involving harm/ potential harm to a client including:

- Death of a client (from any cause)
- 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 client
- Near miss (medical error with potential to cause physical or psychological harm but did not actually cause physical harm)
- Staff breach of privacy or confidentiality which is not a response to a concern for safety
- Breach of privacy or confidentiality due to a systems or process error 40.3

Notification

When Submitting notification of a complaint or incident the Provider will supply the following information:

- 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.

ROLES AND RESPONSIBILITIES

While PHNs are leaders for change and are responsible for creating a culture of safety and quality, there are boundaries to their capacity to control health outcomes.

Although Commissioners do not directly deliver services, they have responsibility for clinical governance in articulating safety requirements and monitoring the quality of processes and outcomes. In general practice, PHNs have a role in workforce development and influencing the uptake of quality improvement activities, including the interface between primary care, community and hospital services.

The Department of Health lays the foundation for clinical governance in legislative, policy and funding frameworks. The PHN Grant Programme Guidelines with annexures for Primary Mental Health and Drug and Alcohol treatment outline the details.

Organisational commitment is required to ensure the quality, safety and continuous improvement of all activity undertaken by HNECC. There are differing levels of responsibility and accountabilities in achieving clinical governance in these activities dependent on role, and these need to be clearly defined for specific individuals, groups and committees.

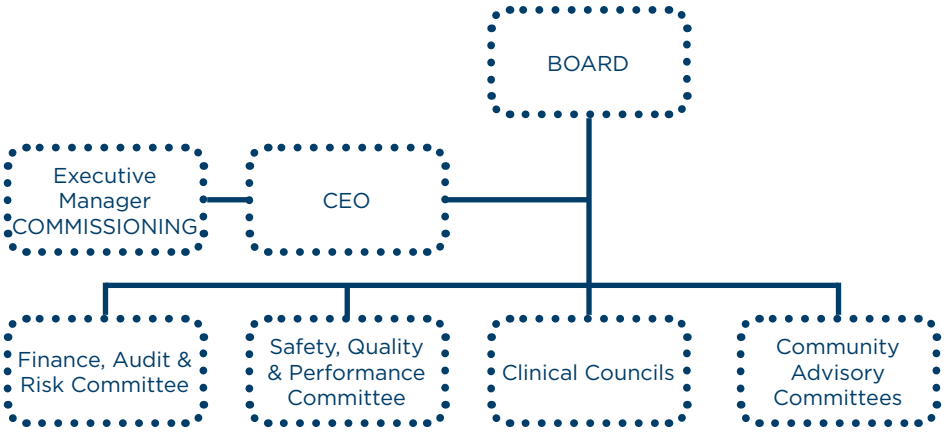

Figure 2 Clinical governance structure for HNECC.

HNECC PHN BOARD
The Board has ultimate responsibility for clinical governance within the PHN. The Board appoints the CEO, who provides oversight of management, assists in developing strategy and ensures the achievement of strategic objectives. The Board is assisted in its governance role by their sub-committees.

The Board is responsible for:
- Demonstrating strategic and policy leadership in ensuring that the quality and safety of all PHN activity is a priority,
- Establishing an organisational culture where all PHN activities, including commissioned services, are safe, appropriate, effective, efficient, consumer focused and equitable, with a commitment to continuous quality improvement.
- Ensuring adequate clinical governance systems are in place, implemented, and resourced appropriately.
- Ensuring that the CEO, executive, and other PHN staff clearly understand and enact their responsibility in their roles for clinical governance in the organisational structure.

The Board is assisted by the Safety, Quality and Performance Committee to fulfil this responsibility.

SAFETY, QUALITY AND PERFORMANCE (SQP) COMMITTEE
The role of the internal SQP Committee is to provide a quality assurance process for all commissioned activities including commissioning, de-commissioning and co-commissioning activities.

Membership of this Committee currently has four Directors with the clinical expertise to oversight clinical risk.

The SQP monitors all complaints and incidents, interacting with the internal Finance, Audit and Risk (FAR) Committee to ensure identification and management of high-level risks, associated with commissioning/provider performance, are documented and acted upon with an identified risk owner.

CLINICAL COUNCILS
The Clinical Councils are vehicles for clinical leadership for the HNECC. The Councils provide advice to the PHN Board and Executive from a clinical perspective.

This will include advice and input regarding:
- Strategic direction based on clinical knowledge and experience
- Priority setting and advice on effective measures to meet priorities
- Clinical care pathways including cross border flows
- Health system integration, innovation and models of care.

CONSUMER ADVISORY COMMITTEES
Formed to bring together diverse, locally relevant perspectives on community health issues, the purpose of Consumer Advisory Groups is to represent the communities of the region and assist the PHN with strategic input, planning and communication.

The CAGs provide recommendations to the PHN Board to ensure investments and innovations are patient-centred, cost-effective, locally relevant and aligned to local expectations.

CLINICAL EXPERT GROUPS/ADVISORS
Whilst our work is informed by three GP led Clinical Councils and the Community Advisory Committees who provide broad sector engagement, additional clinical governance expert groups/advisors may be utilised on occasion.

This could be to assist with specific pieces of service design or evaluation, or where the clinical expertise on a matter is not available from within the Clinical Councils.

EXECUTIVE TEAM
The CEO and Executive Team have the overall role of implementing the Board's strategic and policy direction in ensuring the quality and safety of all PHN activity, through their role in management, decision making and strategy development.

They have the ultimate responsibility for ensuring that the appropriate policies, processes and practices are in place to support the implementation of clinical governance and there are enough resources and skilled personnel to enact the components of the framework.

The Executive Manager Commissioning has a key role, providing oversight of contract development and review of performance, ensuring that any risks identified are managed and resolved or escalated to the SQP and/or FAR Committees, as required.

COMMISSIONING COORDINATORS
The Commissioning Coordinators have responsibility to ensure provider compliance against agreed contractual obligations and to report concerns and performance issues using the incident management system. Non-resolution results in escalation to the SQP Committee.

COMMISSIONED SERVICE PROVIDERS
Providers have the responsibility and the liability for clinical governance of services provided to consumers through their contract with the PHN.

They are responsible for developing their own internal clinical governance framework that meets the clinical governance requirements of HNECC PHN, as reflected in their contract, Service Level Agreements and schedules, and should have appropriate processes and structure in place to implement these.

Compliance against these safety requirements will be included in the Commissioning Provider Report Cards.

They are also responsible for the provision of regular reports to HNECC PHN on the activity and outcomes of services and are required to participate in regular reviews with HNECC PHN staff in order to assess quality of services, identify issues and any improvements required.

Despite the commissioned provider carrying the responsibility and liability of service provision, HNECC PHN still maintains a level of liability and has a duty of care to ensure it provides effective guidance on services, contractual content, management and monitoring.

MONITORING AND REPORTING

The performance and reporting requirements of commissioned services are designed to incorporate measures that reflect the building blocks of a safe and quality health service.

The Board must be provided with assurance that the systems and processes are in place to assess the performance of commissioned clinical services and proactively manage any performance issues identified.

Key domains include safety, effectiveness, efficiency, consumer acceptability, accessibility and appropriateness. Alongside this, organisational capability and capacity of commissioned providers requires monitoring.

Core components of organisational capability and capacity include: workforce, accreditation with appropriate bodies, compliance with relevant standards and legislation, robust risk management and the development of a quality improvement activities and culture.

It has been challenging in the initial phases of commissioning to construct performance measures to meet all these domains. However, all reported performance measures should be specific, easily measurable, achievable, relevant and timely.

It is expected that with time and maturation, of both the organisation and commissioned providers, that measures will move from predominately process to outcome based and more comprehensively reflect each of the domains.

From this, a reporting framework reflecting these domains and core components of organisational capability and capacity should be utilised.

This will enable the Safety, Quality and Performance Committee, and the Board, to understand the key service issues and develop, or endorse, any actions required to mitigate risk and improve outcomes.

Clinical Reporting Requirements

RISK EVENTS
Contracted Service Providers are required to report any complaints, incidents or risks which are assessed as High or Extreme using the definitions below.

These events cover clinical care, confidentiality and safety concerns, and include near misses.

COMPLAINTS/ INCIDENTS RAISED WITH PROVIDER
Where complaints or incidents are reported directly to service providers, HNECC 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.

COMPLAINTS/ INCIDENTS RAISED WITH HNECC
Where complaints or incidents regarding a service provider are received directly by HNECC the complainant will be referred in the first instance to discuss their concerns with the relevant provider.

If uncomfortable to raise a complaint or incident directly with a provider or if, after raising the issue, the complaint or incident has not been resolved, HNECC will address the issue directly with the provider.

For matters of sufficient concern, where the provider response does not alleviate concerns about patient/client safety, referral to the relevant authority (in most cases HCCC) will be considered.

MANDATORY REPORTING TIMELINES
Extreme risk events must be reported to the PHN within 24 hours.

High risk events must be reported within 5 working days.

Actual numbers of all complaints and incidents must be provided in the Quarterly Report to HNECC.

ACKNOWLEDGEMENT AND RESOLUTION
Service providers must acknowledge complaints and incidents with the person/s involved within five working days and resolve the complaint or incident within 35 working days or provide an explanation as to why more time may be required.

INTERNAL CHANGES
The provider is required to undertake any internal or systemic changes required within 60 days to ensure that the risk has been mitigated and the likelihood and/or consequences of the incident or complaint recurring is sufficiently reduced.

RISK ASSESSMENT MATRIX
A Risk Assessment Matrix will be required for contracted services.

SUPPORTING GOVERNANCE

To operationalise the Clinical Governance Framework and ensure that the guiding principles and strategic directions of the organisation are met, the following policies and procedures outline the processes required to ensure safety and quality in all activity undertaken or commissioned by HNECC.

Specific frameworks, policies, or terms of references that relate to clinical governance include the following.

Policies

- Clinical Risk Management Policy
- Contract Development and Management Policy
- Risk Management Policy
- Privacy Policy
- Incident Management Policy.

Frameworks

- Risk Management Framework
- Quality Management Framework
- Stakeholder Engagement Framework
- Privacy Management Framework.

Terms of Reference

- Local Health District's Strategic Alliance TOR
- Clinical Council TOR
- Consumer Advisory Committee TOR
- HealthPathways TOR and MOU
- Safety, Quality and Performance Committee TOR.

CLINICAL GOVERNANCE ACTIVITIES FOR PROVIDERS

The elements of Clinical Governance that HNECC PHN requires from contracted providers can be categorised into three domains – Human Resource Management, Quality Management and Clinical Risk Management – which encompass the major areas of clinical governance activity. Activities falling into these three domains are summarised below.

Human Resource Management

RECRUITMENT/ CREDENTIALING

- Ensuring that staff 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).

PROVIDER EDUCATION, TRAINING AND DEVELOPMENT

- Staff are appropriately orientated and trained to perform their duties
- There is a code of practice in place to guide appropriate conduct
- Staff 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.

PERFORMANCE REVIEW/ MONITORING

Systems for monitoring and review of staff performance in their clinical duties. This can be based on:

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

PERFORMANCE MANAGEMENT

Systems for management of performance where issues arise.

Quality Management

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.

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. PCEHR) 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.

CLINICAL SERVICE PERFORMANCE MONITORING

Monitoring and reporting of clinical service performance, where appropriate, against KPIs. 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).

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.

EFFECTIVENESS

Effectiveness is a measure of whether an intervention works. It can apply to patient treatments such as the choice of antibiotics for presumptive UTI. It can also apply to appropriateness of site of care and to 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.

Clinical Risk Management

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

Core elements here are:

"NO BLAME" CULTURE
There is an open and responsive approach to clinical risk assessment and management, with a shared systemic responsibility.

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 staff
- Mitigate the effects of an incident
- Identify opportunities to improve clinical service delivery.

RISK MANAGEMENT SYSTEMS
Systems are in place to ensure:

- Relevant legislation, regulations, codes and standards that apply to the service provider operations are identified, and
- 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.

RISK PLANS
Risk plans are developed in relation to all services with documented risk assessments and mitigation strategies. HNECC provides a risk plan template as part of the Request for Tender.

It is expected that this risk 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.

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- *Primary Health Networks Opportunities, Challenges and Recommendations*, AHHA and PHAA, 2014 , Communique 17 October 2014. Australian Healthcare and Hospitals Association and Primary Healthcare Association of Australia.
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