

# CLINICAL GOVERNANCE FRAMEWORK

NOVEMBER 2021  
VERSION 2



Leadership



Collaboration



Knowledge



Innovation



Accountability

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## Document Control

Date	Author	Modification	Version
20/09/2018	Janice Radrekusa	Original framework developed	1
30/11/2021	Janice Radrekusa, Director of Operations Tessa Moriarty, Consultant	Overall changes to update with commonwealth changes/directions; restructure of sections; reference to National Framework and inclusive of new Primary Health Standards	2
22/12/2021	Janice Radrekusa, Director of Operations	Quad aims diagram updated, front cover updated	2.1

## 1. Executive summary

### 1.1. Why a Clinical Governance Framework for Murray PHN

Murray PHN has responsibility for increasing the effectiveness and efficiency of primary health care services for consumers; particularly those at risk of poor health outcomes. In addition, Murray PHN has a role in improving the coordination of care to improve consumer access to the right care, in the right place, at the right time.

While Murray PHN is not directly involved in the provision of clinical services across our region, we recognise our responsibility to ensure that our organisational effort is aligned to support safe and high-quality health care through our commissioning and coordination activities. In doing so, we are also committed to addressing injustices of colonisation across our region and to listening to the wisdom of our First Nations communities, who hold the knowledge to enable healing.

Access to safe and high-quality health care is implicit to achieving our purpose and explicit in how we govern our organisation and develop enduring partnerships with stakeholders who share our commitment to improve health outcomes and consumer experience, particularly for underserved populations. The Clinical Governance Framework has been created to support these functions.

### 1.2. Purpose

This document provides a clinical governance framework (the framework) to guide the company in maintaining and continuously improving our commissioning and coordination activities and support a culture of shared accountability and transparency in the provision of safe and high-quality health care services and initiatives.

The framework outlines a whole-of-organisation approach that focuses on consumer-centred and recovery-oriented care, driven by contemporary evidence and organised to safely deliver quality care.

The framework describes the context and our role in clinical governance, where a multiplicity of stakeholder relationships, health system characteristics and commissioning priorities impact the quality and safety of care and therefore, consumer experiences.

## 2. Defining clinical governance

The Australian Commission on Safety and Quality in Health Care (ACSQHC) National Model Clinical Governance Framework (2017) describes clinical governance as:

- *The set of relationships and responsibilities established by a health service organisation. It ensures that the community and health service can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.*
- *Clinical governance is an integrated component of corporate governance of health service organisations, it ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high-quality, and continuously improving.*

These definitions are the foundation of our Clinical Governance Framework, recognising that clinical risks, delivered through commissioned and non-commissioned arrangements must be effectively managed.

## 2.1. Guiding principles

Table 1 outlines the clinical governance guiding principles for Murray PHN and summarises the scope, context, and accountabilities relevant to our role in clinical governance as a commissioning and coordinating organisation.

Our organisation seeks feedback and input from clinical reference groups and leaders, consumers, and key stakeholders to confirm and embed these principles into action. We do this through a collaborative, co-design process to ensure it is fit-for-purpose relative to our role, activities, people, and partners.

Table 1: Clinical governance guiding principles

Principle	What this means
<b>Focus on the consumer experience</b>	We understand that consumer experience is critical to improving the quality of services across the health care system. Consumer participation, engagement and input is actively sought and facilitated to better understand experience. We will maintain structures and mechanisms that place consumer experience at the forefront.
<b>Alignment with strategic priorities</b>	This framework provides a rigorous approach to achieving our strategic priorities, while managing the safety and quality of commissioned and non-commissioned activities.
<b>Culture of safety and quality improvement</b>	Organisational culture guides how our staff act in their roles and how we partner with and develop relationships with health services, general practice, and other stakeholders. Organisational values are exemplified in all of our interactions. While policies, processes and procedures define the optimal pathway for the management of risk, the organisation's commitment to a culture of safety and continuous quality improvement plays a role in how risk is managed practically.
<b>Effective leadership and accountability</b>	Good clinical governance is founded on effective leadership and defined roles of responsibility and accountability. Key elements of leadership and accountability include: <ul style="list-style-type: none"> <li>• Clear outline of responsibilities and accountabilities – promoting ownership</li> <li>• Leadership positions across Murray PHN are proactive in their roles</li> <li>• Clear documentation of clinical governance processes and systems</li> <li>• The skills base of our people is aligned to Murray PHN business needs and the scope of role responsibilities</li> </ul>
<b>Strong clinical engagement and leadership</b>	Ownership of clinical processes and outcomes is promoted and practised by all staff. Clinical networks and leaders actively participate and contribute expertise and experience through collaborative and co-design approaches.
<b>Integrated and responsive risk management</b>	Proactive, transparent, and responsive risk and incident monitoring and management processes are essential to Murray PHN in managing the safety and quality of commissioned and non-commissioned activities, and mitigating risk.
<b>Openness, transparency, and accuracy</b>	Health service reporting, reviews and decision-making are underpinned by transparency and accuracy.
<b>Evidence-based models of care</b>	Evidence-based models of care underpin our investment in health system capacity building and improved health outcomes for priority populations. Our research and evaluation program ensures that our investment is framed and reflects high-quality evidence and models of care that are relevant to clinical and community contexts across the Murray PHN region.

## 2.2. Clinical governance domains

Fundamental to the scope of this clinical governance framework is its orientation to clinical governance domains drawn from the ACSQHC National Model Clinical Governance Framework (2017) and National Safety and Quality Primary and Community Healthcare Standards (2021).

Collectively, these frameworks form the basis of how we understand and scope clinical governance obligations across our commissioning processes. The clinical governance domains of both frameworks have been adapted to integrate other key influences on the Murray PHN context, such as the Royal Australian College of General Practitioners (RACGP) Standards for General Practice (5th edition).

Murray PHN's clinical governance domains are outlined in Table 2.

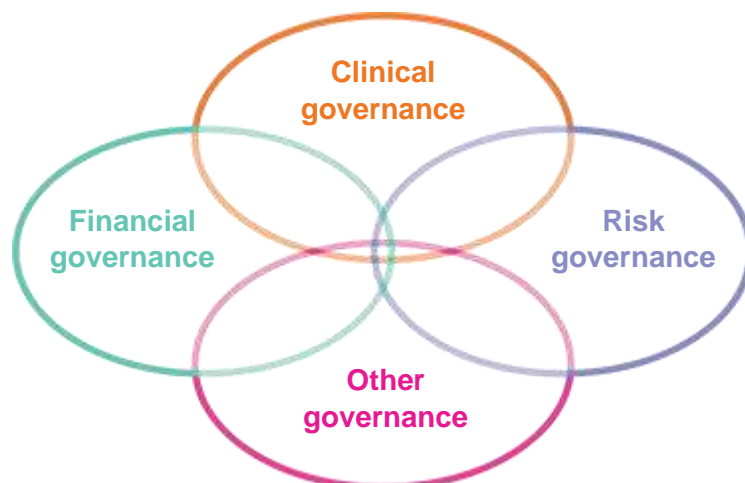
Table 2: Murray PHN clinical governance domains

Domain	What this means to Murray PHN
<b>Leadership and culture</b>	Integrated corporate and clinical governance systems are established and used to improve the safety and quality of health care for consumers.
<b>Partnering with consumers</b>	Systems are designed and used to support patients, carers, families, and consumers to be partners in health care planning, design, measurement, and evaluation.
<b>Patient safety and quality improvement systems</b>	Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.
<b>Workforce/ clinical performance and effectiveness</b>	The workforce has the right qualifications, skills, and supervision to provide safe and high-quality health care to patients.
<b>Safe environment for the delivery of care</b>	The environment promotes safe and high-quality health care for patients.

## 2.3. Clinical governance as a component of corporate governance

Murray PHN's Clinical Governance Framework is conceptualised as a system within a system – a clinical governance system *within* the corporate governance system of the organisation. This is illustrated in Figure 1.

Figure 1: Clinical governance as a system within corporate governance<sup>1</sup>



Central to viewing clinical governance as an integrated component of corporate governance are the following points:

- Clinical governance is of equivalent importance to other areas of governance for the company
- Decisions about other aspects of governance can have a direct impact on safety and quality of care
- Governing bodies are ultimately responsible for good corporate (including clinical) governance
- Governing bodies cannot govern clinical services well without the meaningful engagement of skilled clinicians working at all levels of the organisation
- All levels of staff in the organisation and members of governing bodies have individual and collective responsibilities for ensuring clinical governance.

### 3. The framework at a glance

The framework outlines the people, structures, systems, and processes that ensure services and initiatives commissioned by Murray PHN are both safe and of high quality.

It draws on the components of the ACSQHC Clinical Governance Framework and Primary and Community Healthcare Standards and applies these across the commissioning cycle of the organisation to build a cohesive, whole-of-company orientation to improved quality and safe health care services.

Implicit to safe and high-quality health care provided through commissioned providers is the collaboration with health services and shared vision to work to high standards of safety, quality, and care.

<sup>1</sup> Australian Commission for Safety and Quality in Health Care, 2017. *National Model for Clinical Governance*. [www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Model-Clinical-Governance-Framework.pdf](http://www.safetyandquality.gov.au/wp-content/uploads/2017/11/National-Model-Clinical-Governance-Framework.pdf)

Key functional components of the framework include:

- Murray PHN clinical governance principles
- Clinical governance domains for Murray PHN activity
- Clinical governance as an integral component of corporate governance
- Organisational structures to support improved safety and quality across the range of Murray PHN activity
- Alignment to other relevant Murray PHN frameworks
- Organisational strategies matrixed against clinical governance domains and commissioning processes of Murray PHN
- Clinical risk, clinical incident reporting and monitoring
- Clinical governance roles and responsibilities
- Alignment to the First Nations Health and Healing Strategy.

#### 4. Alignment to other Murray PHN frameworks

The framework is closely aligned to our Strategic Plan. To achieve its strategic goals and purpose, Murray PHN has five distinct focus areas, depicted in Figure 2.

Figure 2: Murray PHN Strategic Plan 2018-2022 focus areas



The focus areas support a whole-of-organisation approach to clinical governance and strengthen our commitment to develop, implement and embed a clinical governance framework that supports consumers' experience and outcomes.

Murray PHN's Health Systems Framework and the Quadruple Aims for providers allow us to more comprehensively understand the impact of commissioned and coordination activity relative to cost per capita, population health, workforce health, consumer experience and value for money.

Figure 3: Murray PHN Health Systems Framework

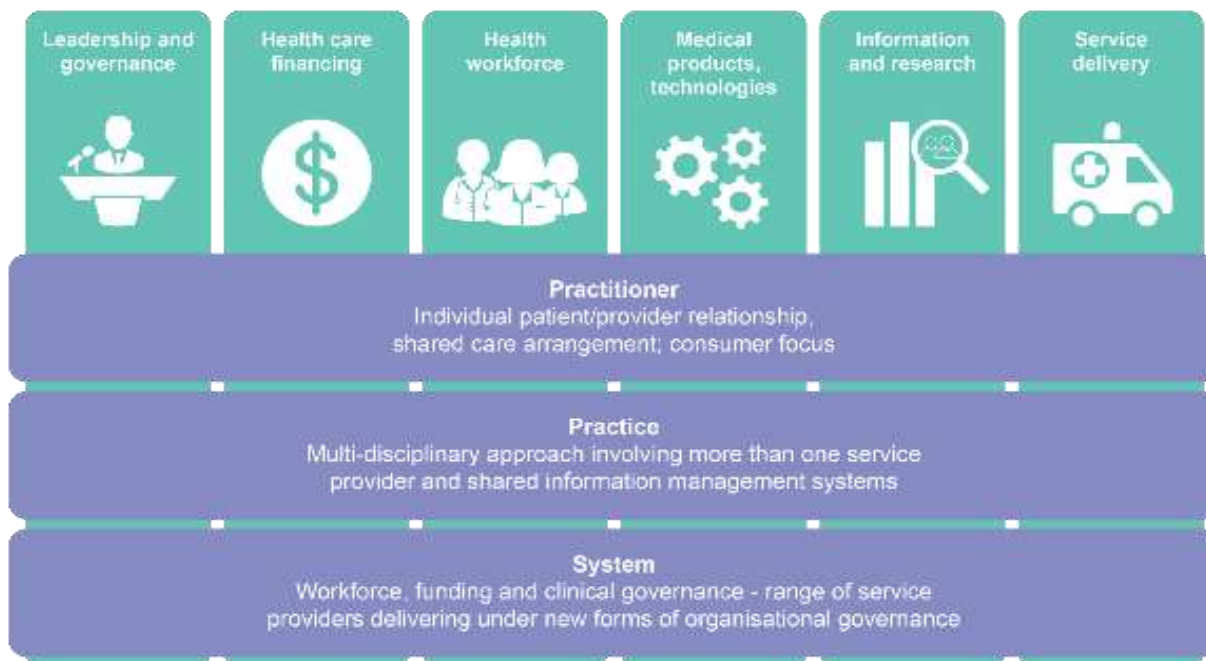
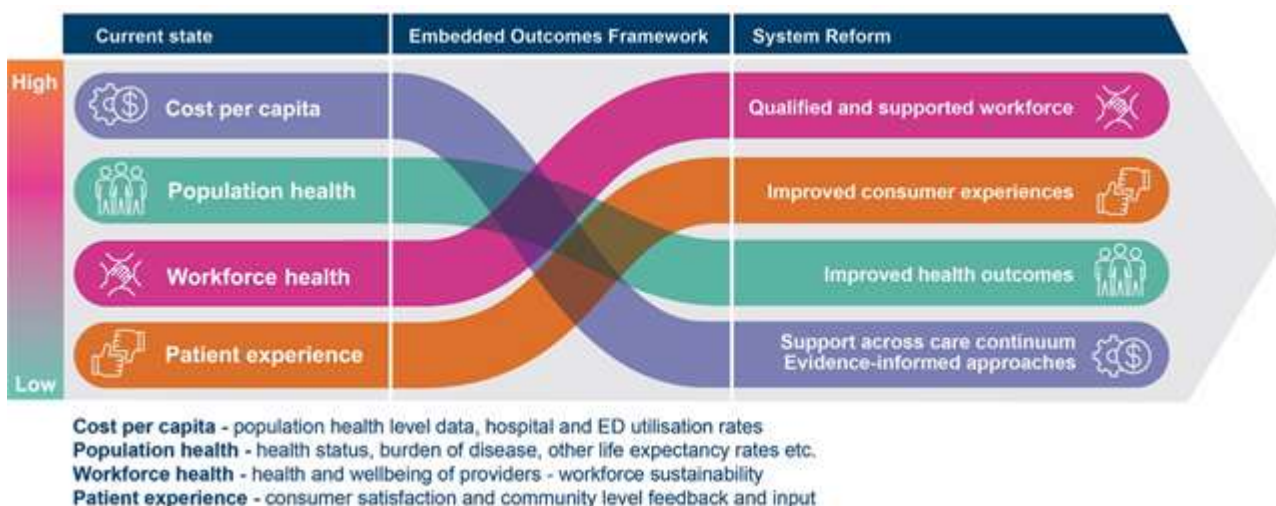


Figure 4: Murray PHN Quadruple Aims



Murray PHN’s Enterprise-wide Risk Management Framework describes the structures and processes the company uses to manage risks. The systematic processes described in the framework apply to all work performed by Murray PHN. It considers all risks and can be applied to any risk, regardless of severity.

Murray PHN is committed to a Performance & Reporting Framework (2020) that addresses the broad range of reporting needs of the company.

Murray PHN’s Commissioning Framework (2020) provides a high-level outline that is applied across a continuum of mental health and alcohol and other drug (AOD) services; services for people living with chronic conditions; and new models of care to suit the local context and setting. It also provides investment to support quality improvement initiatives in general practice and system-level change through workforce strengthening and uptake of new technology.



## 5. Clinical governance and clinical risk

While PHNs are responsible for promoting safe and high-quality health care, there are limits on their capacity to control health outcomes where commissioning arrangements are in place. Therefore, monitoring safety and quality requires a multi-focused approach across the breadth of PHN activities. In the Clinical Governance for Primary Health Networks (2017), the Deeble Institute identifies that:

- Clinical governance involves articulating and monitoring the quality of health care processes and outcomes; and
- PHNs have a role in system improvement, workforce development and influencing the uptake of quality improvement activities.

Taking this approach to clinical governance across the breadth of PHN activity, the framework recognises distinct areas of focus, including:

- Commissioning processes that drive the delivery of safe, high-quality evidence-based health care
- Design and delivery of effective tools and other supports to assist commissioned providers (including general practice) to deliver safe and high-quality health care
- Internal systems and processes to ensure these are consistent with the principles of good clinical governance
- System leadership and capability building to support development of clinical governance capability among primary health care organisations.

### 5.1. Supporting safe and high-quality health care

Continuous improvement in health care is a core clinical governance obligation and commitment of Murray PHN. Our ability to support improved health outcomes, experience, safety, and quality of care is supported through:

- Contractual requirements with organisations we fund to provide health services and/or health system improvements
- Performance monitoring and feedback throughout the life of the contract
- The influence we exercise through collaborative approaches and partnerships with health services
- Provision of program guidelines to support the requirements and delivery of commissioned and coordination services
- Conducting due diligence across the stages of commissioning
- Consumer surveys, feedback, and complaints processes
- Commissioned provider performance reporting
- Application of Murray PHN's Health Outcomes and Experience Framework
- A relationship management approach.

## **5.2. Clinical risk**

Murray PHN has a responsibility to understand the clinical context relevant to the framework and how it is incorporated into its overall governance system and processes. Commissioned activities that have a clinical impact (distinct from business or other activity) are associated with a degree of clinical risk. This clinical risk is understood and managed through the commissioning of health and clinical services and how Murray PHN leads and supports the delivery of safe and high-quality health care.

## **5.3. Clinical incident monitoring and reporting**

Murray PHN acknowledges that commissioned providers have clinical governance systems and processes in place to report and manage clinical incidents. Commissioned providers also have incident reporting requirements in accordance with their Victorian or New South Wales Government funding agreements.

Murray PHN requires that commissioned providers comply with the reporting requirements outlined in:

- Murray PHN contracts/service agreements and work plans
- Murray PHN's Clinical Incident Reporting Policy and Procedure for Commissioned Providers
- Primary Mental Health, Psychosocial Recovery and Alcohol and Other Drug Services Program Guidelines, where relevant.

Murray PHN will monitor, through its Governance and Program Quality Committee, commissioned provider clinical incidents of a serious or major impact. Incident activity and trends are tracked as an element of incident and systems learning and reported back to commissioned providers when appropriate.

The Clinical Incident Reporting Policy and Procedure for Commissioned Services supports safety and quality of care and ensures a process of system learning and continuous quality improvement. The policy and procedure provide a framework for Murray PHN to process and monitor clinical incidents and outcomes and identify best practice.

## **5.4. Clinician registration and credentialing**

Commissioned providers' recruitment processes must ensure qualified staff are employed where discipline-specific qualifications and training are a requirement of the funded program. Providers must have procedures to verify registration and qualification requirements annually and provide evidence of this.

To ensure a high standard of service delivery, staff engaged to deliver services under commissioned programs must (where appropriate and required):

- Be qualified, trained and have relevant and appropriate experience to meet the requirements of the role, position description and program scope of practice
- Maintain currency of registration with state or national practicing authorities and continuing professional development requirements
- Have membership with their discipline-specific professional association
- Abide by their discipline-specific professional code of ethics and code of conduct
- Demonstrate compliance with relevant discipline-specific professional practice and competency standards requirements
- Receive line management and clinical supervision.

## 6. Clinical governance in the commissioning cycle

Clinical governance is integral to the business of Murray PHN and is embedded in all facets of the business process. As a commissioning entity, business processes reflect a continuous quality improvement cycle that moves from needs assessment and design, through to delivery, monitoring, and evaluation. Our commissioning mindset, informed by the clinical governance domains, informs the scope of our clinical governance and execution of responsibilities. See Figure 5 which maps clinical governance across the Murray PHN commissioning cycle.

Figure 5: Strategy matrix - Clinical governance mapped across the Murray PHN commissioning cycle

Commissioning cycle					
Clinical governance domains	Assess and design	Commissioning and Coordination activity	Performance and relationship Management	Risk/ incident identification and management	Review and evaluation
<b>Governance leadership and culture</b>	Strategic planning and development ensure relationships and investment are targeted to populations in need.	Providers have policies, procedures, and safety and quality systems to support the investment.	Governance and Accountability Framework and Reporting and Performance is adhered to.	Contracts are reviewed to reflect clinical governance principles and obligations.	Organisational evaluation framework incorporates clinical governance.
<b>Partnering with consumers</b>	Consumers and community networks and advisory councils are supported to provide input to local needs. Commissioned activities specify cultural inclusion, self-determination, and consumer participation.	Providers demonstrate capability to partner with consumer and cultural groups. Complaints and feedback systems are established.	Consumer complaints and feedback, including cultural dimensions are obtained, analysed, and actioned. Contract management ensures a relational approach with the provider and early recognition, management and escalation of quality and safety concerns.	Consumer feedback tools identify risk/incidents. Risks/incidents reported by consumers are obtained, analysed, and actioned.	Consumers and community are engaged in review and evaluation of programs and services.

Clinical governance domains	Assess and design	Commissioning and Coordination activity	Performance and relationship Management	Risk/ incident identification and management	Review and evaluation
<b>Patient safety and quality improvement systems</b>	<p>Reporting and evaluation mechanisms are specified within commissioned activity.</p> <p>Quality and safety performance indicators and standards of care are included in contract schedules and are culturally respectful.</p>	<p>Providers produce evidence that they have relevant clinical governance systems and hold relevant licenses and accreditation.</p> <p>Standards of care and clinical outcomes are articulated.</p>	<p>Standards of care and safety requirements are attested to and clinical outcomes are reported on.</p> <p>Required licenses and accreditations are maintained.</p> <p>Performance monitoring and reporting ensures risks are monitored and managed.</p>	<p>Contract structure and terms are reviewed to consolidate clinical governance and quality and safety.</p>	<p>Comprehensive review of contracts to align with Clinical Governance Framework.</p> <p>Achievement against anticipated health outcomes and experience is reviewed and evaluated</p>
<b>Clinical performance and effectiveness</b>	<p>Clinicians, subject matter experts, clinical advisory councils and networks are involved in the design of evidence-based proposed investments.</p>	<p>Workforce capacity and capability supports the investment.</p> <p>Commissioned providers maintain workforce credentialing, qualification, registration systems and requirements.</p> <p>Alternative models of delivery are identified and developed.</p>	<p>Ongoing workforce credentialing and scope of practice systems are attested to.</p> <p>Alternative models of service delivery, if implemented, are monitored and managed.</p>	<p>Commissioned providers demonstrate contractual workforce line and clinical supervision, performance monitoring and management systems.</p>	<p>Project review and evaluation includes workforce clinical performance and effectiveness measures.</p>
<b>Safe environment for the delivery of care</b>	<p>Critical elements of safety and quality of service delivery for proposed investment is determined prior to the investment.</p>	<p>Environment standards required for provision of safe and high-quality clinical care are met.</p> <p>Annual audit framework/plan is specified and safety requirements for commissioned providers are specified including reporting of notifiable clinical incidents.</p>	<p>Environment standards adherence is attested to.</p> <p>Internal and external audit activities are undertaken, reported and managed.</p>	<p>Effective environmental risk notification processes are evident including whistleblower policies and procedures.</p>	<p>Project review and evaluation includes assessment of environmental safety.</p>

## 6.1. Commissioning clinical services

Murray PHN is responsible for:

- Undertaking a comprehensive health needs assessment that guides decisions about clinical activities aligned with health and service needs.
- Ensuring that all clinical activities that are designed and implemented are informed by contemporary evidence and in partnership with consumer and clinical experts and advisory councils.
- Designing evidence-based service models that are accessible and appropriate for all population groups.
- Ensuring the procurement process involves an assessment of the potential provider's record of engagement and support of staff.
- Ensuring that contracts for clinical activities include expectations about:
  - Collecting relevant output and outcome measures
  - Credentialing and defining scope of clinical practice
  - Clinical education, training, and professional development requirements
  - Service accreditation (where appropriate/required)
- Establishing and monitoring arrangements to ensure that commissioned provider governance and safety and quality expectations are met.
- Responding promptly and effectively to indications of clinical underperformance and concerns about safety and quality of clinical activities.
- Systematically monitoring safety and quality performance across all clinical activities and reporting outcomes to the Executive, CEO and Board as required.

## 6.2. Contracting

Clinical governance expectations are an integral part of PHN commissioning arrangements. The obligations outlined in provider contracts and workplans include:

- Maintaining an effective quality improvement framework.
- Maintaining appropriate and effective risk management frameworks, policies, and procedures.
- Maintaining an appropriate and effective incident management system.
- Notifiable clinical incidents reporting.
- Analysing notifiable incidents and complaints.
- Supplying the analysis to Murray PHN, including resultant quality improvement activities.
- Maintaining appropriate consumer feedback procedures and complaints handling procedures.
- Ensuring commissioned provider staff are practising within their area of qualification, competence, and scope of practice, and compliant with registration and credentialing requirements.
- Undertaking regular clinical audits and ensuring safe and accessible clinical environments.
- Providing services and programs in accordance with the Australian Charter of Healthcare Rights ensuring rights of access, safety, respect, communication, participation, privacy, and comment for consumers to ensure quality service is provided.

## 7. Clinical governance in action – roles and responsibilities

Clinical governance must be observed in action, be measured, and contribute and account for organisational performance. Implementation of our clinical governance system involves contributions by individuals and teams at all levels of the company. The roles and responsibilities for clinical governance are summarised in the following sections.

### 7.1. Committee structures and organisational responsibilities

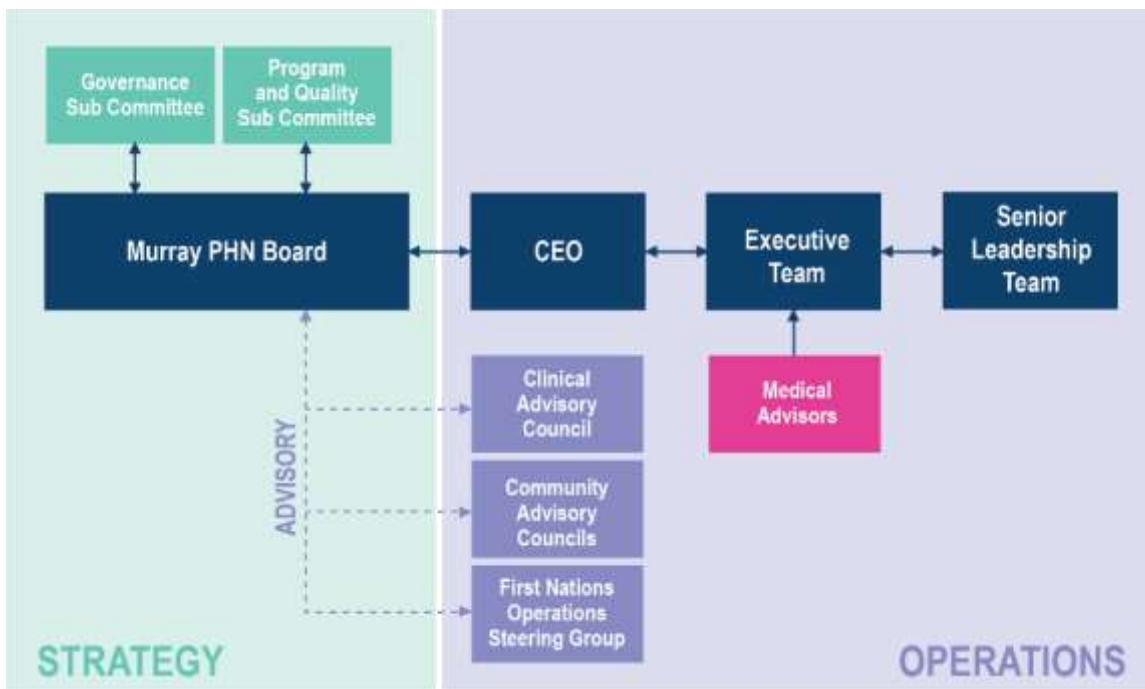
#### 7.1.1 Murray PHN Board

Murray PHN's Board is accountable for setting the company's strategic direction and overseeing its performance against stated objectives. The skills and areas of expertise of the Board span general practice, community needs, population health planning, the health system and clinical governance. The Board approve key organisational frameworks, including this framework, and are ultimately responsible for establishing a strong culture of safety and quality in health care through clinical governance. In addition, the Board responsibilities for clinical governance include:

- Establishing a strategic plan that incorporates clinical governance considerations and aspirations for the company;
- Setting the policy, performance, and reporting requirements for the company and
- Ensuring organisational compliance with policy, performance and reporting frameworks, and relevant legislative and regulatory requirements.

The Board also draw from a company structure that provides strategic and operational advice, as shown in Figure 6.

Figure 6: Murray PHN governance structure



### **7.1.2 CEO and Executive team**

The Chief Executive Officer (CEO) has the delegated responsibility for the implementation of the Board's strategy and policy. The Executive team, which includes the CEO, brings together the senior level of management across Murray PHN with key areas of responsibilities including annual planning and monitoring of performance across program areas, emerging risks, and issues.

The CEO and Executive team operate the organisation within the strategic and policy parameters endorsed by the Board and are responsible for ensuring that the clinical governance systems support the delivery of safe and quality care. In addition, the clinical governance responsibilities of the CEO and Executive team include:

- Actively communicating the commitment of the Board to a culture of safe and high-quality care;
- Ensuring the policy and strategy frameworks established by the Board are effectively operationalised;
- Ensuring the Board is provided with sufficient information to discharge its clinical governance responsibilities and
- Monitoring organisational compliance and performance.

### **7.1.3 Governance and Program and Quality committees**

The Board has established a Governance Committee and a Program and Quality Committee to support the governance, risk management, audit, and financial oversight of the company.

The purpose of the Governance Committee is to assist the Board to fulfil legal, ethical, and functional responsibilities including governance, financial reporting, compliance, and oversight of the risk management and internal audit processes.

The Program and Quality Committee assists the Board by ensuring robust and effective processes for evaluation of services, projects, engagement processes and activities that are funded by Murray PHN. Specific areas of focus include planning and needs assessment, service commissioning, stakeholder and community engagement, clinical governance, and quality.

The overall monitoring and oversight of clinical governance across the company is assigned to the Program and Quality Committee.

### **7.1.4 Senior leadership team**

The senior leadership team brings together the senior staff from across the company's operations to ensure operational integration, monitor progress and make relevant operational decisions, including approval of operational policy. The senior leadership team is also responsible for ensuring that the company's clinical governance systems and that of commissioned providers support the delivery of safe and quality care that is well designed and meets performance and contractual requirements.

### **7.1.5 Staff**

Staff work within, and are supported by, clinical governance systems to support the delivery of safe, high-quality care. Staff are responsible for the safety and quality of their own professional and work practice, and compliance with professional codes of conduct that align with the Murray PHN Clinical Governance Framework. In addition, staff are expected to:

- Support commissioned provider adherence to performance and reporting requirements
- Deliver initiatives that support improved commissioned provider and system performance.

### **7.1.6 Medical Advisors**

Murray PHN Medical Advisors provide clinical and health professional advice as representatives of the company's clinical and general practice expert panel. Medical Advisors maintain relationships with key external clinical networks and forums across the region. Murray PHN has four Medical Advisors, located in each regional office across the catchment.

### **7.1.7 Clinical and community advisory councils**

Murray PHN's vision is for better health and wellbeing for our community through better care and better systems. We understand that we will achieve this vision when we work with communities, clinical and government organisations, networks, and leaders who have a shared stake in making a difference to improving health outcomes for individuals, families, communities, and populations.

Murray PHN is governed by a skills-based Board, who are supported through Board-approved advisory councils. Advisory councils provide advice and recommendations to the Board. Advisory councils draw from member expertise, local knowledge, and connection to clinical and community networks, which enable and inform the Board to identify and support place-based, practice and system level improvements.

Murray PHN has clinical and community advisory councils, whose activity is in accordance with company strategic objectives and obligations and members act in accordance with Murray PHN values.

### **7.1.8 First Nations voice**

The voice of our First Nations people is supported through the engagement of Aboriginal Community Controlled Health Services (ACCHOs) and the Murray PHN Operations Steering Group. The purpose of this group is to enable senior management staff from ACCHOs to partner with Murray PHN with the intent to improve health outcomes through privileging First Nations voices in decision-making around future health directions across the Murray PHN region.



### 7.1.9 Commissioned providers

Commissioned providers are responsible for the delivery of safe and high-quality clinical services. They are responsible for maintaining safe and high-quality clinical governance systems that are compliant with national standards and legislation. Murray PHN expects that all commissioned service providers have a clinical governance framework aligned with the [ACSQHC National Model for Clinical Governance Framework](#) and maintain up-to-date clinical and practice policies, aligned with the [ACSQHC National Standards 2021](#) and the [National Primary and Community Healthcare Standards 2021](#). In addition, commissioned providers must:

- Maintain appropriate and effective risk management frameworks, plans and policies;
- Maintain effective reporting, record-keeping and clinical data management processes and systems;
- Maintain an appropriate and effective incident management and reporting system;
- Maintain and manage feedback and complaints management processes and
- Ensure clinical environments are safe and accessible.

## 8. Relevant policies and procedures

Murray PHN maintains policies and procedures to complement its Clinical Governance Framework including:

<b>Title</b>	<b>Location</b>
Privacy Policy	<a href="#">Murray Docs</a>
Clinical Incident Reporting Policy	<a href="#">Murray Docs</a>
Clinical Incident Reporting Procedure	<a href="#">Murray Docs</a>
Contract Management Policy	<a href="#">Murray Docs</a>
Performance and Reporting Framework	<a href="#">Murray Docs</a>
Compliments and Complaints Policy	<a href="#">Murray Docs</a>

These policies and procedures provide guidance on the roles and responsibilities of commissioned providers and relate to the obligations included in commissioned services contracts and funding agreements.