

CLINICAL GOVERNANCE FRAMEWORK

JUNE 2024
VERSION 4



Leadership



Collaboration



Respect



Accountability



Innovation

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A Word About Terms Used In This Document

‘Patient,’ ‘client,’ ‘person’ or ‘consumer’

In this Framework document we have used the terms ‘patient,’ and ‘consumer’ interchangeably to refer to people who have had or are receiving healthcare from a primary health care or community service.

1. Executive summary

1.1. Why a Clinical Governance Framework for Murray PHN

Murray PHN requires a Clinical Governance Framework to ensure the health services it commissions meet high standards of quality and safety. This framework provides a structured approach for monitoring and evaluating the care delivered by contracted providers, fostering accountability, risk management, and continuous improvement. It also guides efforts to promote equity and culturally competent care, with a focus on addressing health disparities and engaging First Nations communities. With this framework, Murray PHN ensures its commissioning activities align with the broader goal of improving health outcomes and consumer experiences, particularly for underserved and vulnerable populations.

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, improved health outcomes 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.

1.3 Workforce

Murray PHN will ensure clinical expertise is engaged at critical stages of the organisation planning cycle and commissioning of services to ensure evidence best practice and safety is incorporated into the design and delivery of services.

Service design will address the expected workforce capabilities for funded services in line with the clinical service delivery expectations.

2. Defining clinical governance

The Australian Commission on Safety and Quality in Health Care (ACSQHC) [National Model Clinical Governance Framework \(2nd edition 2021\)](#) describes clinical governance as:

- *The set of relationships and responsibilities established by a health service organisation between its department of health (for the public sector), governing body, executive, clinicians, patients, consumers, and other stakeholders to ensure good clinical outcomes.*
- *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 advisory and reference groups, medical advisors 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
Focus on the consumer experience	We understand that consumer experience is critical to improving the quality and safety 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.
Alignment with strategic priorities	This framework provides a rigorous approach to achieving our strategic priorities, while managing the safety and quality of commissioned and non-commissioned activities.
Culture of safety and quality improvement	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.
Effective leadership and accountability	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"> • Clear outline of responsibilities and accountabilities – promoting ownership • Leadership positions across Murray PHN are proactive in their roles. • Clear documentation of clinical governance processes and systems • The skills base of our people is aligned to Murray PHN business needs and the scope of role responsibilities
Strong clinical engagement and leadership	Ownership of clinical processes and outcomes is promoted and practiced by all staff. Clinical networks and leaders actively participate and contribute expertise and experience through collaborative and co-design approaches.
Integrated and responsive risk management	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.
Openness, transparency, and accuracy	Health service reporting, reviews and decision-making are underpinned by transparency and accuracy.
Evidence-based models of care	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

Murray PHN's clinical governance domains are outlined in Table 2. These reflect the clinical governance domains of the ACSQHC National Model Clinical Governance Framework (2017) the National Safety and Quality Primary and Community Healthcare Standards (second edition 2021), the National Safety and Quality Primary and Community Health Care Standards (2021) and the Royal Australian College of General Practitioners (RACGP) Standards for General Practice (5th edition). Other frameworks and standards may be applicable depending on program area.

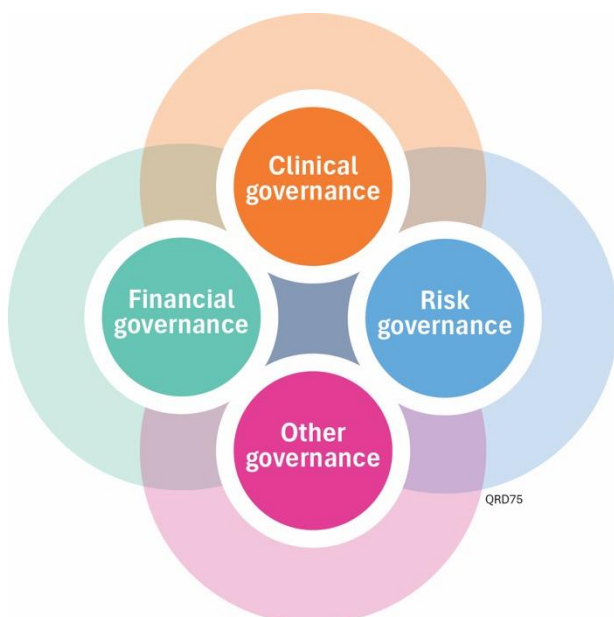
Table 2: Murray PHN clinical governance domains

Domain	What this means to Murray PHN
Governance, Leadership and Culture	Integrated corporate and clinical governance systems are established and used to improve the safety and quality of health care for consumers.
Partnering with consumers	Systems are designed and used to support patients, carers, families, and consumers to be partners in health care planning, design, measurement, and evaluation. There are feedback mechanisms in place, and this supports continuous improvement.
Patient safety and quality improvement systems	Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.
Workforce/ clinical performance and effectiveness	The workforce has the right qualifications, skills, and supervision to provide safe and high-quality health care to patients. We have structured performance and reporting systems in place.
Safe environment for the delivery of care	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 aligns with the National Model of Clinical Governance Framework (2017), integrating clinical governance into the broader corporate governance system of the organisation, as depicted in Figure 1.

Figure 1: Clinical governance as a system within corporate governance



This approach highlights that:

- 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 consumers and 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

This 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 (2017), the National Standards (2021) and the National Safety and Quality Primary and Community Healthcare Standards (2023) 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 healthcare provided through commissioned providers is the collaboration with health services and shared vision to work to high standards of safety, quality, and care.






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 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 and our Values, with its strategic goals and purpose supporting the delivery of high-quality programs (Figure 2).

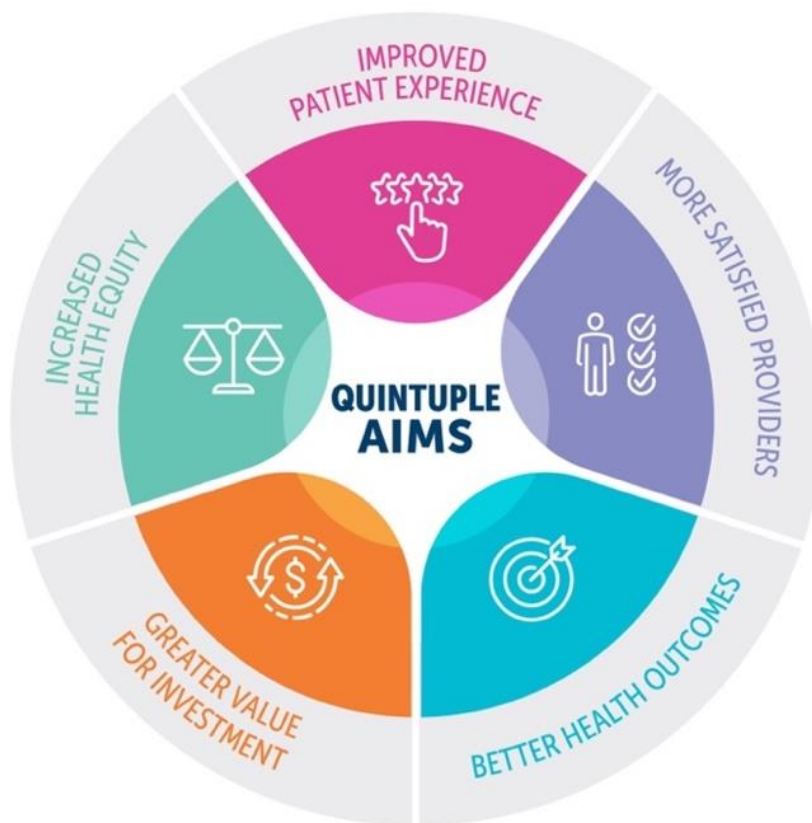
Figure 2: Murray PHN Values - Strategic Plan 2023-2025

	LEADERSHIP: We commit to lead effective change in primary health care and the broader health system
	COLLABORATION: We build enduring relationships that lead to better health outcomes
	RESPECT: We value the voices and participation of every individual and respect the knowledge and wisdom our communities hold about their health needs
	ACCOUNTABILITY: We are accountable to our communities, partners, funders and co-workers
	INNOVATION: We foster new and better ways to improve health outcomes

The values 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 approach and the Quintuple Aims for providers allow us to understand the impact of commissioned, coordination and capacity building activity more comprehensively to patient experience, population health, improved cost efficiency, workforce experience and equity.

Figure 3: Quintuple Aims



The aim 'More Satisfied Workforce' is described as committed to supporting workforce well-being and improving overall quality of care for staff and consumers. In the context of the Murray PHN Clinical Governance Framework, we have the responsibility for this domain and require reporting against indicators to measure impact of commissioned activity on workforce satisfaction.

Murray PHN's Enterprise-wide Risk Management Framework (2023) 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 (2024) that addresses the broad range of reporting needs of the company.

Murray PHN's Commissioning Framework (2023) 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 performance technology.

5. Clinical governance and clinical risk

PHNs are responsible for promoting safe and high-quality health care, but funded health services hold primary responsibility for delivery of safe and effective clinical services. In Clinical Governance for Primary Health Networks (2017), the Deeble Institute highlighted 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 medical practices, to deliver safe and high-quality health care
- Internal systems and processes to ensure they 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 evident 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 commissioning, coordination, and capacity building activities
- Conducting due diligence across the stages of commissioning to ensure clinical governance policies and systems are in place and ensure continuous improvement activities are captured
- Consumer surveys, feedback, and complaints processes
- Commissioned provider performance reporting
- Aligning output and outcomes to the Quintuple aims
- Application of Murray PHN's Performance Reporting Framework (2024) A relationship management approach to contracting.
- All Murray PHN staff must or develop the necessary skills and knowledge required to fulfill their roles and responsibilities within the organisation.

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 informs 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 and requires 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 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 service requirements in relation to these outcomes.

5.4. Clinician registration and credentialing

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

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

- Be qualified, trained, credentialled where applicable 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.

Monitoring will include a mechanism for providers to promptly notify Murray PHN of any changes to clinical credentialing or clinical staff delivering clinical services we commission and be subject to audits of the same.

6. Clinical governance in the commissioning cycle

Figure 4: Commissioning Cycle




Commissioning is a continual and iterative cycle involving the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring, and evaluation. Commissioning encompasses this full range of activities, not simply the procurement of services. [DoHAC Commissioning Cycle 2019](#).

Murray PHN uses the [PHN Commission Framework](#) developed by the Department of Health and Aged Care (DoHAC, updated February 2019), to guide its approach to commissioning that results in consistent, comparable and measurable outputs and outcomes to support the company to achieve our vision for commissioning.

The DoHAC PHN Commissioning Framework depicts the continual and iterative cyclical nature of commissioning while also demonstrating the forward movement of this process.

As a commissioning entity, Murray PHN business processes reflect a continuous quality improvement cycle that moves from needs assessment and design, through to delivery, monitoring, and evaluation. See Table 3 which maps clinical governance across the Murray PHN commissioning cycle.

Table 3: Strategy matrix - Clinical governance mapped across the Murray PHN commissioning cycle

Commissioning cycle					
Murray PHN Commissioning	Strategic Planning	Procuring Services	Monitoring and Evaluation		
	Need Assessment and annual planning	Designing and contracting services, shaping the structure of supply	Managing performance and consumer relationship management	Risk/ incident identification and management	Review and evaluation
Governance leadership and culture	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. Performance and reporting
Partnering with consumers	Consumers and community networks and advisory councils are supported to provide input into local consumer needs. Commissioned activities specify cultural inclusion, self-determination, and consumer participation.	Providers demonstrate capability to partner with consumer and cultural groups. Consumer and community complaints and feedback systems are established. Complaints and feedback systems are used to inform service design.	Consumer complaints and feedback, including cultural dimensions are obtained, analysed, and actioned. Patients are informed and consent is obtained to participate and share information. 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. Feedback is used for continuous improvement to safety and quality care.	Consumers and community are engaged in review and evaluation of programs and services.

<p>Patient safety and quality improvement systems</p>	<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 and renew relevant licenses and accreditation.</p> <p>Standards of care and clinical outcomes are articulated.</p>	<p>Standards of care and safety requirements are attested, 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 of care is reviewed and evaluated</p>
<p>Clinical performance and effectiveness</p>	<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>Clinical performance and effectiveness are reported</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> <p>Clinical performance and effectiveness are reviewed and monitored</p>
<p>Safe environment for the delivery of care</p>	<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. Clinical governance of commissioned clinical services

In 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, delivery, including support of staff – clinical supervision and professional development.
- Undertaking and reviewing counterparty risk assessments of potential and current commissioned service providers.
- 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)
 - Workforce satisfaction is measured
- 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.
- Commissioned services will ensure their workforce have the right qualifications, skills and supervision to provide safe, high quality healthcare for patients.

6.2. Contracting

Clinical governance 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 (2020), and the Australian Privacy Principles <https://www.oaic.gov.au/privacy/australian-privacy-principles>(APP) ensuring rights of access, safety, respect, communication, participation, privacy, and comment for consumers to ensure quality service is provided.

6.3 Coordination and Capacity Building

Approved by: [Approval Body]

Maintained by: [Lead Author]

Review Date: [Review]

Approved: [Approved]

Released: [Released]

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Murray PHN delivers many primary health coordination and capacity building activities to increase access to quality primary care services for our communities. Murray PHN applies the principals of this clinical governance framework such that planning and evaluation of these activities are developed and delivered using:

- Local data and knowledge including but not limited to health needs assessments and workforce analysis
- Evidence based guidelines and frameworks to build models of care, drive quality improvement, engagement plans and resources
- Industry experts and other subject matter experts to support engagement and capacity building activities
- Relevant stakeholders and organisations accreditation guidelines and standards
- A continuous application of a systematic process for reviewing activities and gaining valuable learning and knowledge to ensure the continual improvement of activities
- Murray PHN will address the workforce capability of primary health providers through communication, engagement and programs, policy advice and from the Commonwealth and State based clinical advisors.

The Program Quality Committee will

- Review the commissioning activities and service provider quality and performance at least twice a year and reports this to the Board.
- Reviews and reports on significant clinical risks via clinical incident reports and internal case review investigation summaries
- Ensure information about commissioning risks are incorporated into strategic and business planning.
- Ensure appropriate systems are in place to manage risks associated with the introduction of new clinical services.

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

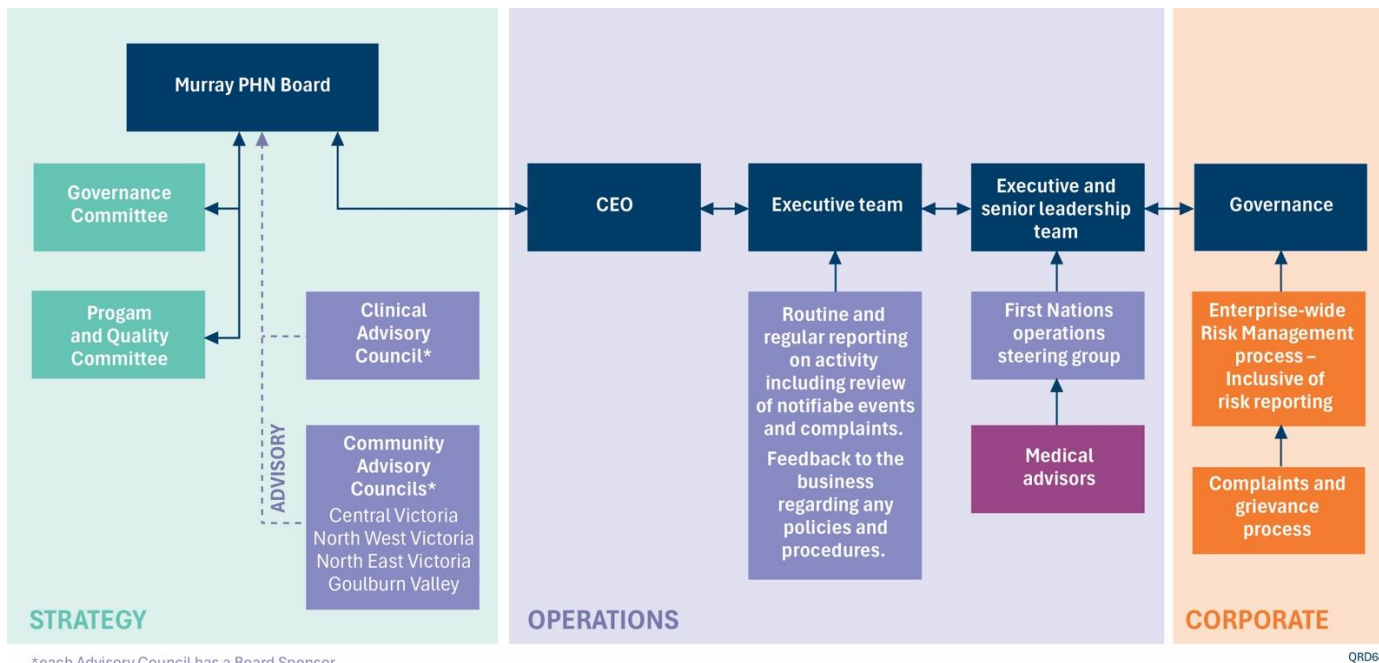
Murray PHN's Board is accountable for setting the company's strategic direction and overseeing its performance against stated objectives. The skills and areas of expertise of the Board span general practice, community needs, population health planning, the health system and clinical governance. The Board 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 5.

Figure 5: 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, policy and funding 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 high-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 three Medical Advisors, available across the Murray PHN 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. Our 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

Murray PHN has developed a *First Nations Message Stick to Murray*, which guides Murray PHN in accessing First Nations voice. The voice of our First Nations people is supported through the engagement of Aboriginal Community Controlled Health Services (ACCHOs) and the ACCHO and 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 also 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 (2017) and maintain up-to-date clinical and practice policies, aligned with the ACSQHC National Standards (second edition 2023) 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.
- Where applicable maintain the appropriate accreditation standards relevant to their organisation

8. Relevant policies and procedures

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

Title	Location
Privacy Policy	<u>Murray Docs</u>
Clinical Incident Reporting Policy	<u>Murray Docs</u>
Clinical Incident Reporting Procedure	<u>Murray Docs</u>
Contract Development Policy	Murray Docs
Contract Management Policy	<u>Murray Docs</u>
Contract Management Guidelines	Murray Docs
Performance Reporting Framework	<u>Murray Docs</u>
Compliments and Complaints Policy	<u>Murray Docs</u>
Client Consent	To be developed

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.