

Clinical Governance Policy

Changes and Impacts

Commissioned Service Provider Webinar
13 August 2024

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We acknowledge the Kurna peoples who are the traditional Custodians of the Adelaide Plains. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present. We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kurna Country.

Marni Naa Pudni - Welcome

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Housekeeping

- This webinar will be recorded and made available via the website.
- There will be an opportunity to ask general questions at the end or you can post in the chat and we will address at the end if appropriate.
- If you have specific questions related to your organisation or how this Policy might affect you, post them in the chat and then we can respond to you outside of the webinar.
- A FAQ document will be being developed to support organisations.

Clinical Governance Policy Overview

New Policy Approved: Clinical Governance Policy endorsed May 2024
by APHN Board

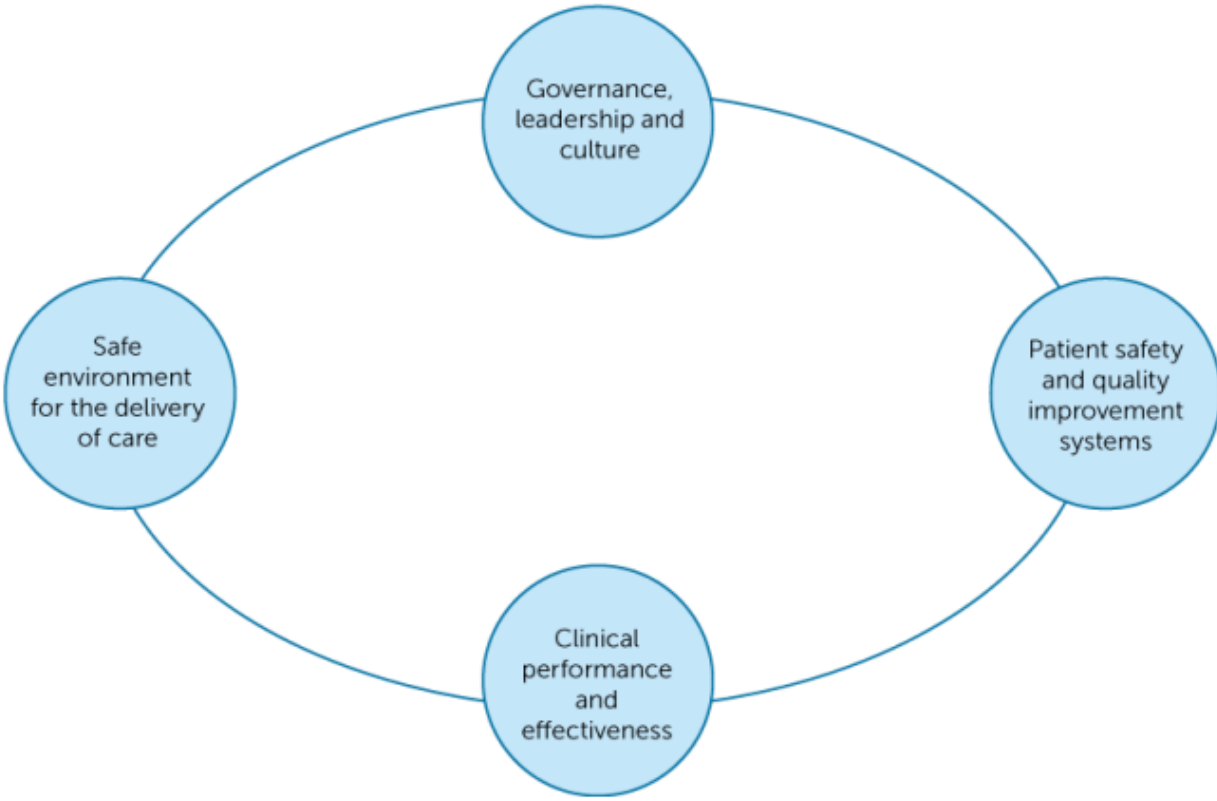
Scope: Applies to all providers with PHN contracts delivering services direct to members of the community and includes both **clinical** and **non-clinical** service provision

Policy Objectives

Implementation: Ensure providers have robust clinical governance

Goals: Safe, high-quality care, minimise clinical risk, and comply with best practices while clarify responsibilities

Principles of Clinical Governance



PHN Role and Responsibilities

- Ensure programs support safe, high-quality care.
- Ensure understanding of roles and responsibilities.
- Seek assurances meeting Clinical Governance requirements.
- Foster continuous improvement
- Promote a culture of safety and quality internally and with CSPs

Commissioned Service Providers Responsibilities

- Accountable for Clinical Governance of services
- Develop and maintain a Clinical Governance Framework
- Submit regular reports on service activities and outcomes.
- Report Critical Incidents and Clinical Governance Risks to the PHN and aggregated quarterly reporting.
- Participate in any audit or performance process.
- Deliver best practice, safe, high-quality care

Assurance in Clinical Governance

Purpose: To confirm that services meet predefined standards of quality and safety.

Goal: To identify and mitigate risks, enhance patient outcomes, and ensure compliance with regulatory and organisational standards.

Benefits of Assurance

- Ensures that services meet high standards and improve care.
- Identifies and mitigates risks associated with provider services.
- Ensures compliance with requirements & contract obligations.
- Provides data-driven insights to inform decisions and resources.
- Builds trust by demonstrating a commitment to quality and safety.

Assurance & Compliance Requirements

Annual Attestation: CSPs must attest to compliance & submit evidence

Required Evidence: Accreditation, insurance, incident reporting, feedback and complaints, professional credentialing

Audits: PHN may conduct audits to assess compliance

Action Required: Completed assurance documentation by **COB Monday 30 September**

Note: Correspondence has been sent to CEO (or equivalent) by Michelle McKay, Friday 3 August with submission details

Annual Assurance Statement

Safety and Quality Indicators

- Governance, Leadership and Culture
- Patient Safety and Quality Systems
- Clinical Performance and Effectiveness
- Safe Environment for the Delivery of Care

Annual Assurance Statement			
Safety and Quality Indicators	Evidence required	CSP self-assessment (Yes/No)	Comments on self-assessment
Governance, Leadership and Culture			
• Accreditation certification	Yes		
• Code of Conduct policy	No		
• Communication strategy for staff	No		
• EAP program	No		
• A system that ensures access for staff to HR Policies	No		
• Lived Experience/Carer Framework	No		
• Process for reporting APHN deliverables	No		
• Professional Liability Insurance	Yes		
• Risk management procedures/risk register	No		
• Embedded processes that ensure clinical practice is evidence-based, relevant and current.	No		
• Workplace Culture program	No		
• Whistleblower Policy	No		
Patient Safety and Quality Systems			
• Client and carer/family participation strategies established	No		
• Clinical Audit procedures	No		
• Clinical Record Management system policy and documentation process	No		
• Confidentiality and Privacy policy	No		
• Consent policy	No		
• Critical incident policy and process/system for management	Yes		
• Data security management systems and policy	No		
• Demand Management/Wait List policy	No		
• Effective intake, assessment, referral, and escalation processes	No		
• Documented process for response, management and resolution of feedback and complaints	Yes		
• Multilingual client information/education on illness management/wellbeing strategies and/or culturally safe services for people from a non-English speaking background	No		
• Culturally safe and responsive services for Aboriginal and Torres Strait Islander peoples.	No		

Credentialing and Workforce Development

Change: Credentialing Exemption & Workforce Development process ceased

Requirement: Adhere to credentialing requirements as per the contract or supporting documentation

Non-Compliance: Discuss issues with CCBCs

Head Agreement Update

Upcoming Change: Revised Head Agreement in the next few months

Support and Information

Contact:

CSPs with questions are encouraged to reach out to either the relevant PHN operational manager or your Contract and Capacity Building Coordinator who can link you in with the appropriate supports

Operational Manager Contacts

Mental Health- Reg Harris rharris@adelaidephn.com.au

AOD- Allan Trifonoff- atrifonoff@adelaidephn.com.au

Care Finder- Helen Exley- hexley@adelaidephn.com.au

Primary Care/Integration- Wendy Saunders
wsaunders@adelaidephn.com.au

Recap - APHN Clinical Governance Policy (May 2024)

- Applies to all providers with PHN contracts delivering services direct to members of the community (both clinical and non-clinical service provision) with clear roles and responsibilities for the PHN and Commissioned Service Providers
- Providers to attest that services meet predefined standards of quality and safety via an annual assurance statement (AAS) with supporting evidence, and signed off at the CEO level (or equivalent)
- Note: Adhere to the credentialing requirements of the specified workforce as defined in the contract or supporting documentation
- Head Agreement revision = work in progress

Where to from here?

- **Action Required:** Completed assurance documentation by COB Monday 30 September submitted via email
- **Need Support:** contact the PHN operational manager relevant to your organisation or Contract and Capacity Building Coordinator



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