

Clinical Governance Guidance for Commissioned Services
March 2026



Contents

1. Introduction.....	3
2. Definitions	3
3. Scope.....	4
4. Clinical Governance Principles	4
5. Clinical Governance Domains.....	5
6. The role of commissioned service providers	8
7. Clinical Incident reporting	8

1. Introduction

Clinical governance ensures accountability and transparency across all disciplines of health care, supporting staff to ensure patients and the community receive high standards of quality care and service provision, and quality improvements are continuously reviewed, monitored and implemented.

Good clinical governance ensures that the community and the health service organisation can be confident that systems are in place to deliver safe and high-quality care and continuously improve services.

The Gippsland PHN Clinical Governance Framework provides best practice guidance in clinical governance with strong emphasis on leadership, culture and improvement as being fundamental to high-quality, safe care and service. The framework identifies the five domains and systems required to develop and maintain a high performing organisation and service.

Gippsland PHN requires our providers to have formal clinical governance structures and functions in place. However, effective clinical governance is everyone's responsibility.

The Framework aligns closely with the Victorian Clinical Governance Framework¹ and the National Model Clinical Governance Framework².

This guidance document is designed to provide commissioned health service organisations practical guidance on the systems and processes needed for sound clinical governance and can be tailored and scaled to best suit health services circumstances and best meet the needs of their consumers.

1.2 Reference and Resource Documents

- National Model Clinical Governance Framework 2017, Australian Commission on Safety and Quality in Health Care, Sydney.
- Australian Commission on Safety and Quality in Health Care (ACSQHC) 2008, Australian Charter of Healthcare Rights, ACSQHC, Sydney.
- Delivering high-quality healthcare, Victorian Clinical Governance Framework (Safer Care Victoria) August 2024, State of Victoria.
- Victorian Duty of Candour Framework: an implementation guide, October 2022, Safer Care Victoria, State of Victoria.
- Victorian Duty of Candour Guidelines, October 2022, Safer Care Victoria, State of Victoria.³

2. Definitions

Clinical Governance: the integrated systems, practices and culture underpinned by a cycle of continuous planning, monitoring, learning and improvement. Clinical governance is central to the provision of high-quality care. ⁴

¹ Delivering high-quality healthcare, Victorian Clinical Governance Framework (Safer Care Victoria) August 2024, State of Victoria

² National Model Clinical Governance Framework 2017, Australian Commission on Safety and Quality in Health Care, Sydney

³ <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>

⁴ Victorian Clinical Governance Framework, Safer Care Victoria, August 2024

High-quality care: defined as safe, timely, effective, efficient, equitable, and person-centred care.

Consumer: there are a variety of words to describe people who use and engage with the health sector. The term 'consumer' was selected for its broad definition and its consistency with the Australian Commission on Safety and Quality in Health Care. This framework uses the term 'consumer' to include people from all health sectors, including patients, residents, clients, families, supporters, those with lived and living experience, carers, advocates, representatives, volunteers and communities who may be past, current, or potential users of the healthcare system.

A just culture: part of safety culture with the major features being:

- a systems-thinking mindset to adverse event review and improvement
- provision of a psychologically safe workplace where employees feel safe to report adverse events and near misses
- acknowledging and managing the innate cognitive biases that we all have as part of being human
- the concept of shared accountability between the organisation and an individual when adverse events occur.⁵

Statutory Duty of Candour (SDC): the statutory duty of candour set out in section 128ZC of the *Health Services Act 1988*, section 22I of the *Ambulance Services Act 1986* and section 345B of the *Mental Health Act 2014*. It is a legal obligation for Victorian health service entities to ensure that patients and their families or carers are apologised to and communicated with openly and honestly when a serious adverse patient safety event (SAPSE) has occurred. It builds on the Australian Open Disclosure Framework currently utilised for all cases of harm and near miss.

Clinical Incident: A clinical event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person. An incident may be a near miss. Clinical incidents may also be associated with omissions where consumers are not provided with a medical intervention from which they would have likely benefited.⁶

3. Scope

This guidance document applies to all Gippsland PHN clinical commissioned health service organisations.

4. Clinical Governance Principles

The following principles will guide effective clinical governance systems and are adopted from the Victorian Clinical Governance Framework (Safer Care Victoria)⁷.

- **Consumers consistently receive high-quality care**
 - Commitment to providing a positive consumer experience every time

⁵ Safer Care Victoria (2022). Just Culture Guide: For health services. [SCV-Just-Culture-Guide-for-Health-Services.pdf \(safercare.vic.gov.au\)](#). Victorian Department of Health, Melbourne.

⁶ Australian Commission on Safety and Quality in Health Care (ACSQHC)

⁷ Delivering high-quality healthcare, Victorian Clinical Governance Framework, Safer Care Victoria, August 2024

- Commitment to monitor and evaluate consumer experience for the purpose of continuous learning and improvement
- **Clear accountability and ownership**
 - All employees demonstrate accountability and ownership for their professional development
 - Compliance with legislative and appropriate departmental policy requirements
- **Partnering with consumers**
 - Consumer engagement and input is actively sought and facilitated, and used to drive system change to improve consumer experience and outcomes
- **Effective planning and resource allocation**
 - Employees have access to regular training and educational resources to maintain skill set and enhance their capability
- **Strong engagement and leadership**
 - Leaders cultivate safe and positive working environments for employees
 - Ownership of care processes and outcomes is promoted and practised by all employees
 - Health service employees actively participate and contribute their expertise and experience
- **Valuing the experience and expertise of employees and consumers**
 - Consumers are empowered to genuinely partner and contribute at all levels of the organisation with formal reporting avenues to executive and governing teams
 - Organisational culture and systems are designed to facilitate the pursuit of high-quality care by all
 - Care delivery is centred on and developed from consumer and workforce sentiment
- **Proactively collecting and sharing critical information**
 - Clinicians are provided with relevant performance data to drive improvement and enable individual learning and development
 - Diverse data is collected and shared with the board to inform decision making and improvement strategies that reduce unwarranted variations
- **Openness, transparency and accuracy**
 - Health service reporting, reviews and decision making are underpinned by transparency and accuracy
- **Continuous improvement of care**
 - Performance and progress are rigorously measured, benchmarked, and used to manage risk and drive improvement in each dimension of high-quality care.
 - Clinical outcomes data is regularly reviewed to understand what is working well and where care could be enhanced so that this complete picture then informs quality improvement strategies.
 - There is evidenced individual accountability for furthering learning and development and changing practice to improve care outcomes.

5. Clinical Governance Domains

The Gippsland PHN Clinical Governance Framework and associated policies and procedures are the system of safeguards that govern clinical practice within programs commissioned and/or delivered by Gippsland PHN. The Clinical Governance Framework responds to five domains of

Clinical Governance and corresponding systems⁸; it is reflective of contemporary clinical practice codes, frameworks and standards. The five domains of the framework are:

- Leadership and culture
- Partnering with consumers
- Workforce
- Risk management
- Clinical practice

Within the five domains, key systems and practices are required to support safe, effective, person-centred care for every consumer. The domains are interrelated and integrated into the organisation's broader governance arrangements (for example clinical risk management is a component of broader risk management; leadership and culture are a component of the organisations purpose and culture governance framework).

Continuous improvement is a foundational element of the clinical governance domains, systems and processes as depicted in Figure 1.

⁸ Delivering high-quality healthcare, Victorian Clinical Governance Framework, Safer Care Victoria, August 2024

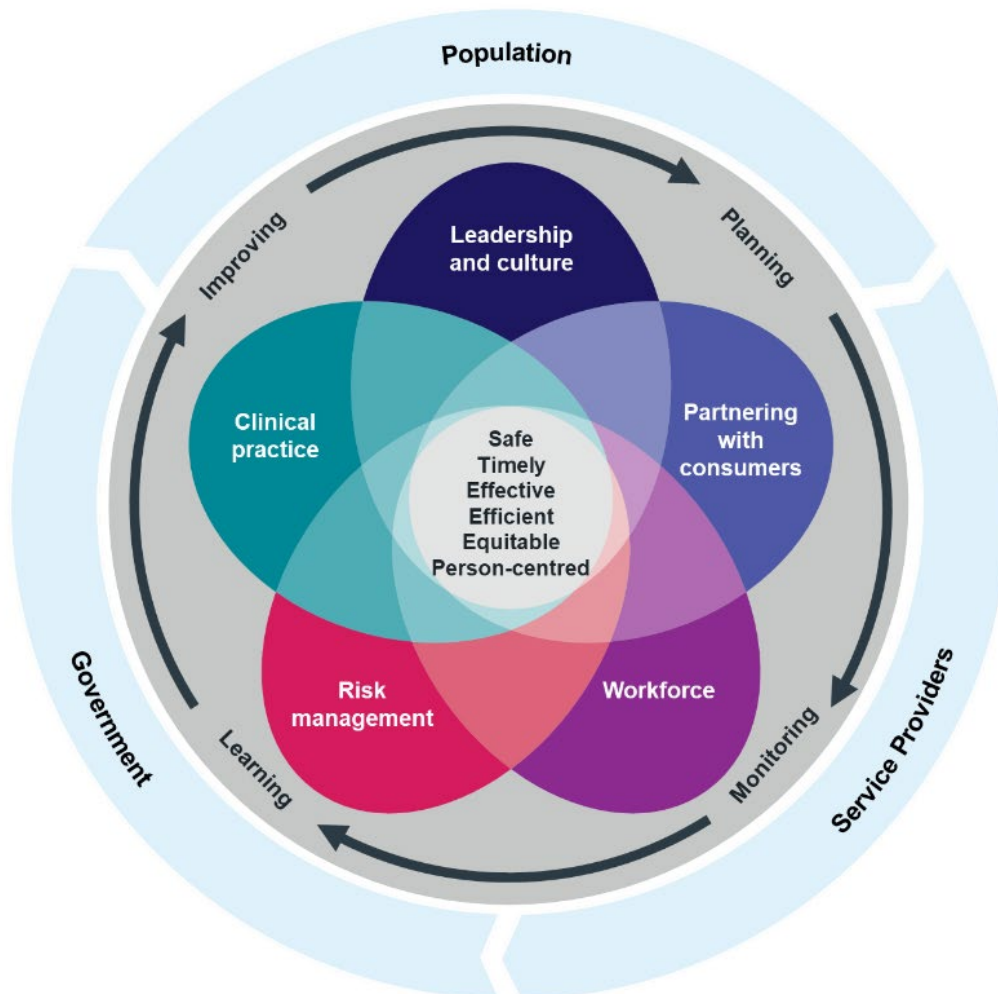


Figure 1: Domains, enablers, and ecosystem of clinical governance Victoria

The Victorian Clinical Governance Framework provides several examples of signs of success for each of the five clinical governance domains in application. Below are examples of these.

- **Leadership and culture**
 - Evidence of strong safety culture
 - Employees report that a safety culture exists within the service (e.g. high rates of agreement with safety culture questions in annual staff surveys)
 - Open disclosure and Statutory Duty and Candour reporting processes are valued, supported, and well embedded at all levels.
- **Partnering with consumers**
 - Consumer partnership is evident in organisation actions
 - Consumer engagement and input is actively sought and genuinely valued, with ideally at least two or three consumers on a board.

- **Workforce**
 - Workforce capability and performance are monitored to identify improvement opportunities.
 - Clinicians have a defined scope of practice built on their competency with measures to track scope of practice and detect outlier cases.
 - All employees have access to regular training and educational resources relevant to their role to maintain and enhance their required skill set and progression.
- **Risk Management**
 - Risk identification is used to drive continuous learning and improvement
 - Risk and improvement data is trended and analysed by the board and executive to make decisions about improvement efforts.
 - Key improvement initiatives are tracked, monitored, and supported by the board.
- **Clinical practice**
 - Systems and processes assure consistently high-quality care
 - Credentialing and scope of practice processes are transparent and regularly assessed for effectiveness.
 - Clinicians have clear position descriptions and defined scope of practice.

6. The role of commissioned service providers

- All commissioned clinical services contracted by Gippsland PHN are required to have in place a Clinical Governance Framework that reflects Gippsland PHN's Clinical Governance Framework and to have effective structures, systems and processes to implement that framework.
- Service providers will be expected to participate in contract management meetings and service reviews with Gippsland PHN and to provide regular reports on the quality and performance of their service to Gippsland PHN including evidence and examples of how structures, systems and processes support the Clinical Governance Framework.
- Service providers will be expected to participate in spot check audits and clinical governance audits.
- Gippsland PHN expect providers to provide evidence of continuous improvement activities based on consumer and provider feedback.
- Service providers manage clinical risks and incidents in line with the Clinical Governance Framework and report to Gippsland PHN in accordance with their clinical service order agreement and in alignment with the agreement Terms and Conditions.
- Adhere to relevant professional standards.
- Adhere to relevant accreditation standards where applicable.

7. Clinical Incident reporting

Providers must:

- Ensure processes exist for monitoring Consumer Experience including service quality evaluation and management of consumer complaints.

- Keep a register of significant clinical incidents and provide details to Gippsland PHN upon request including how clinical incidents are managed, resolved and contribute to organisational learning.
- Inform Gippsland PHN by phone or in writing within 24 hours of an incident, issue or complaint such as:
 - Any notifiable event under the provider's insurance or an individual Health Professional's professional indemnity insurance
 - Any action or event in which the media is likely to have the potential to subject the organisation to high levels of public or media scrutiny; and
 - Any event or adverse clinical incident which may result in adverse publicity for the provider or for Gippsland PHN
 - Serious adverse clinical events which will involve an internal review or Root Cause Analysis investigation by the provider
 - Notification that the relevant National Board or other accrediting body has decided to investigate either the provider or a health professional employed by the provider
 - Conditions, limitations or restrictions are imposed by the relevant National Board in relation to a Health Professional's practice
 - Cancellation, or threat of cancellation, of accreditation status of the provider
 - Cancellation of a health professional's registration by the relevant National Board or other accrediting body
 - An adverse finding made against a provider or Health Professional by any registration, disciplinary, investigative or professional body;
 - Provider or Health Professional is charged with or convicted of a breach of any Law that regulates the provision of health care or health insurance;
 - Serious adverse clinical incidents must be reported via the [Feedback reporting form](#).