

Gippsland Health Network Ltd trading as Gippsland PHN

Clinical Governance Framework

March 2026

Gippsland PHN is committed to effective clinical governance systems and recognises that clinical governance must be tailored and scaled to suit health services' circumstances and be regularly reviewed, evaluated and amended.

The content in this updated clinical governance framework reflects the current literature on high-performing health services and best practice in clinical governance. There is a renewed and strengthened emphasis on leadership, culture and continuous improvement as being fundamental to high-quality care. The framework identifies the systems required to develop and maintain a high performing organisation.

This Framework overarches all policies, procedures, workflows and guiding documents and supports a consistent and well-regulated process across all business functions of Gippsland PHN.

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1. Introduction

1.1 Organisational Context

Gippsland Primary Health Network's (PHN's) vision is for a measurably healthier Gippsland. The strategic direction of Gippsland PHN is presented as Figure 1.

Gippsland PHN has a Board of Directors with an Audit, Risk and Finance Committee, Clinical Governance and Performance Committee, CEO Performance and Remuneration Committee and Director Independent Selection and Remuneration Committee reporting to the Board. This ensures a dynamic coverage of topics and authorities are in place to govern process and approvals for organisational documents.

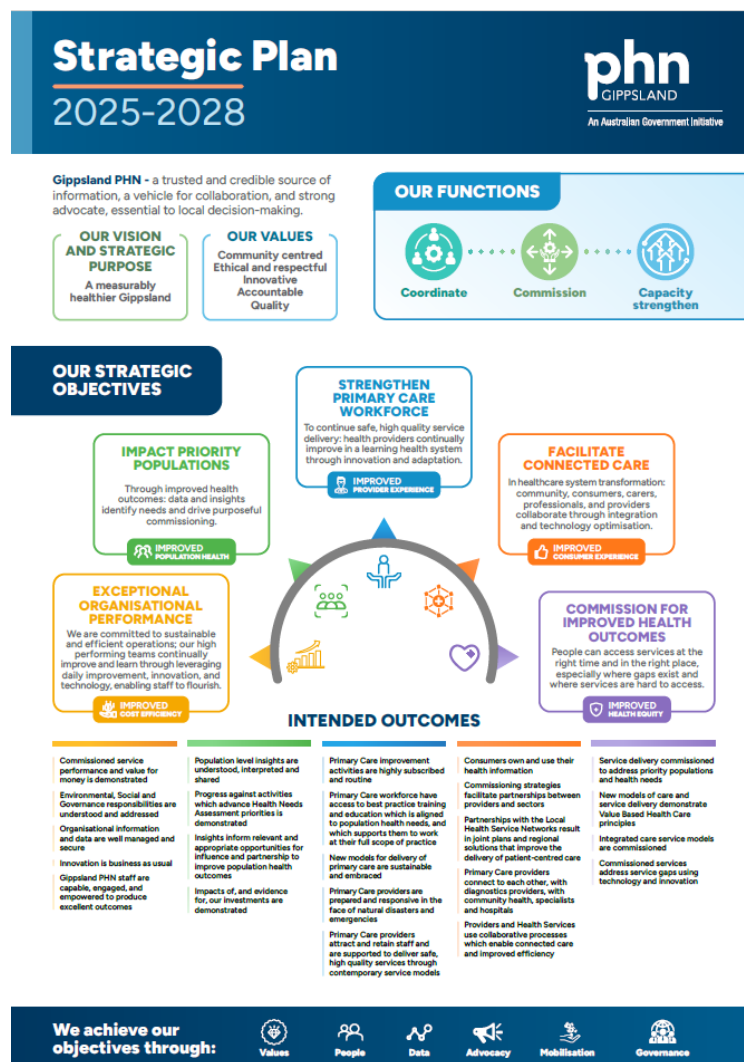


Figure 1- Gippsland PHN's Strategic Direction 2025-28

1.2 Purpose and structure of this Framework

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 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 purpose of the Clinical Governance Framework is to provide 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.

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

1.2.1 Relationship to other organisational frameworks

Gippsland PHN's framework structure is defined in the Purpose and Culture Governance Framework which is an organisational wide structure setting the purpose and functions of Gippsland PHN and embedding cultural improvement approaches as foundational strategic business elements across all areas of the organisation.

Purpose and Culture is one of two core governance framework themes in concert with Organisational Governance. It is underpinned by associated frameworks which are central to Gippsland PHN's success in achieving its strategic objectives.

The Clinical Governance Framework is designed to provide the organisation and its 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 Delivering high-quality healthcare, Victorian Clinical Governance Framework (Safer Care Victoria) August 2024, of Victoria

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



Figure 2-Gippsland PHN Organisational Frameworks

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.³

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 we all have as part of being human
- the concept of shared accountability between the organisation and an individual when adverse events occur.⁴

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

³ Victorian Clinical Governance Framework, Safer Care Victoria, August 2024

⁴ 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.

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.⁴

3. Scope

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 systems⁵; it is reflective of contemporary clinical practice codes, frameworks and standards. The five domains of the framework are:

1. Leadership and culture.
2. Partnering with consumers
3. Workforce
4. Risk Management
5. 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 leadership and culture is a component of the organisations purpose and culture governance framework).

⁴ Australian Commission on Safety and Quality in Health Care (ACSQHC)

⁵ Delivering high-quality healthcare, Victorian Clinical Governance Framework, Safer Care Victoria, August 2024

Continuous improvement is a foundational element of the clinical governance domains, systems and processes as depicted in Figure 3.

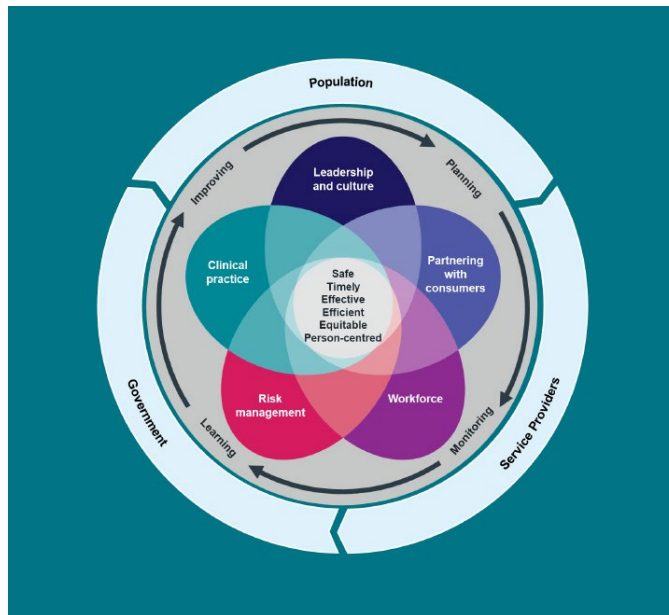


Figure 3-Clinical Governance Domains, enablers and ecosystem of clinical governance, from Delivering high-quality healthcare, Victorian Clinical Governance Framework (Safer Care Victoria), August 2024, State of Victoria

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)⁶.

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

⁶ Delivering high-quality healthcare, Victorian Clinical Governance Framework (Safer Care Victoria) August 2024

- 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 and Systems

The following description of the five clinical governance domains, systems and example measures of success are taken from and aligned to the Victorian Clinical Governance Framework (Safer

Care Victoria) and provide practical guidance on the systems and processes needed for sound clinical governance; components including the measures of success can be tailored and scaled to best suit the organisation and commissioned services to best meet the needs of the consumer and community being served.

Leadership & Culture

Strong, transparent, supportive and accessible leadership fosters a culture of learning, accountability and openness and engagement.

- Visible, accountable and purposeful leadership at all levels of a service is required to cultivate an inclusive and just culture that will make engagement a reality. Engaged staff and consumers who actively participate in organisational strategy, planning and delivery are the origins of quality.
- Culture is purposeful and does not happen by chance. The culture should be one of fairness, respectfulness and transparency. It emphasises the principles detailed within Safer Care Victoria's Victorian Safety Culture Guide (2004). Building on James Reason's safety culture model, with five subcultures – Informed, Reporting, Just, Learning and Flexible.
- Leadership support, psychological safety, employee wellbeing and employee engagement, when combined enable safety cultures to thrive.

Systems are required to ensure:

- A clear vision for improving the quality of care is developed and communicated.
- A common organisational language in safety, quality and clinical governance.
- There is organisational alignment in achieving strategic goals and priorities for providing high-quality care for every consumer in a way that is seamless and integrated.
- There is a supportive, transparent culture, set and led by the board that assists all health service staff to provide high-quality care and continuously improve.
- Clear accountability is assigned for planning, monitoring and improving the quality of each clinical service.
- The CEO, board and clinical leaders regularly discuss where the health service is positioned in relation to peer health services and seek external ideas and knowledge on how best to strive for high-quality care.
- Leaders visibly engage with and support consumers, clinicians, managers and staff in their roles.
- Appropriate governance structures, including committee and reporting structures, are in place to effectively monitor and improve clinical performance.
- There is development and support at all levels of the organisation of leaders to promote and drive high-quality care.
- Staff skills and systems for achieving high-quality care and for managing change and improvement are developed across the organisation.
- The organisation's safety culture is regularly measured to identify and act on areas of success and issues for improvement, including staff understanding at all levels of their role in creating safe care.
- There is regular and rigorous evaluation of the effectiveness of systems for developing and supporting positive organisational leadership.

Examples of success:

- Employee survey response rates reflect a diverse and engaged representation. Employees report that a safety culture exists within the service (e.g. high rates of agreement with safety culture questions in the People Matter Survey).
- Leaders conduct regular walkarounds and ask consumers and employees questions about the degree of high-quality care being experienced and delivered.
- Leaders regularly discuss progress with a plan to achieve a set of strategic goals for high-quality care.
- There is genuine consumer representation on board quality committees and service improvement working groups.
- Open disclosure and Statutory Duty and Candour reporting processes are valued, supported, and well embedded at all levels.⁷

Partnering with Consumers

Partnering with consumers relates to creating services that are responsive, accountable to consumer/care input and needs and are foster collaboration and partnership with consumers including:

- Consumer experience and participation (patients, clients, families, carers and community members) are crucial indicators of care outcomes and preventable harm.
- Consumer partnerships should be promoted across the organisation in planning, policy development, guidelines, training and care delivery.
- Effective consumer partnerships are essential for improving healthcare outcomes and driving continuous improvement.
- Listening and responding to the consumer voice is at the origin of good clinical governance.
- Empowering consumers to partner in care and decision making enables staff to better understand the individual consumer's specific needs, concerns and values; it supports staff in providing more appropriate treatment and care plans and leads to better clinical and patient outcomes.
- Consumer feedback, both positive and negative is a valuable resource and is encouraged in all aspects of service.
- Complaints should be responded to in consultation with the consumer to reach suitable resolutions; outcomes should then be used to drive improvement.
- Consumers should have representation on relevant organisational committees.

Systems are required to ensure:

- Consumers and their needs are key to organisational priorities.
- Demonstrated leadership and commitment to partnerships with consumers.
- Consumers are actively invited to provide feedback on their experiences of care.
- Consumers are provided with the relevant skills and knowledge to participate fully in their care to the extent they wish.
- Consumers are provided with the opportunity, information and training to fully participate in organisational processes for planning, monitoring and improving services.
- Clear, open and respectful communication exists between consumers and staff at all levels.
- Services and programs respond to the diverse needs of consumers and the community.
- Services learn from and act on the feedback on clinical care, service delivery, and program experiences from consumers in order to make improvements.

⁷ Victorian Duty of Candour Guidelines, October 2022, Safer Care Victoria, State of Victoria; <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>

- The rights and responsibilities of consumers are respected and promoted to the community, consumers, carers, clinicians and other organisational/health services staff as required by the Australian Charter of Healthcare Rights.⁸
- Consumer participation processes are monitored for their effectiveness in empowering consumers to fully partner in their care.
- The organisation has effective systems for consumer complaints and open disclosure and monitor effectiveness of these systems.
- Complaints are responded to compassionately, competently and in a timely manner, with feedback provided to all parties.

Examples of success:

- The ability to identify changes made in response to complaints or feedback from consumers and or consumer advisory committees whose members are trained and supported.
- Positive patient survey feedback, particularly on survey questions relating to information and involvement.
- Shared understanding of established goals relating to patient outcomes.
- Consumers on board sub-committees feel they are making useful and respected contributions to improving care.
- Consumers are encouraged and equipped to participate in organisational strategy and decision making for care/service improvement.
- Consumer engagement and input is actively sought and genuinely valued, with ideally at least two or three consumers on a board.

Workforce

Effective workforce and staff education ensures that all Gippsland PHN programs and services have a contemporary and highly skilled workforce. It also includes:

- Comprehensive strategies and plans for recruiting, allocating, developing, credentialling, engaging and retaining high-performing staff. These strategies help to ensure the organisation/health service has the right people with the right skills at the right time to deliver high-quality care.
- Providing a physically and psychologically safe workplace is fundamental to achieving a high-performing workforce and for addressing workforce bullying.
- Organisational planning and resource allocation must involve effective staff engagement.
- Staff at all levels of the organisation require access to training and information about effective change and about improvement tools and methods to review and improve their practice.
- Human resource systems should support staff to develop and consolidate their skill base, work within their scope, provide supervision where required and manage performance. Ensuring that the following organisational systems are in place, involve all members of the clinical workforce and are subject to periodic review of system performance:
 - credentialling and defining scope of clinical practice
 - clinical education and training
 - performance monitoring and management
 - whole-of-organisation clinical, and safety and quality education and training

Systems are required to ensure:

- Planning, allocation and management of the workforce provides the appropriate personnel and skills to deliver high-quality care and to meet changing consumer needs.

⁸ Australian Commission on Safety and Quality in Health Care (ACSQHC) 2008, Australian Charter of Healthcare Rights, ACSQHC, Sydney

- The health workforce has the appropriate qualifications and experience to provide high-quality care and ongoing professional development to maintain and improve skills.
- A safe and fair workplace based on a 'just' culture and mutual respect is provided, with systems in place to address issues with culture issues for example, bullying and blame.
- Promotion and support of multidisciplinary teamwork is the basis of providing high-quality care.
- Clear communication of role expectations, responsibilities and standards of performance is provided to all staff, and employees are supported and held accountable for meeting these expectations.
- Mentoring and supervision is used to support, monitor and develop clinical staff.
- Training and tools are provided so staff can monitor and improve their own practice and organisational processes more broadly.
- Clinicians lead activities to improve clinical practice, and these activities are planned, prioritised, supported by change and improvement methodology and are sustainable.
- Clinical practice variation is closely monitored and regularly reviewed to ensure quality outcomes.
- There is a 'just' process for addressing issues with individual clinician performance that prioritise consumer safety.
- Clinical quality improvement activities undergo external reviews.
- New procedures and therapies are introduced in a way that ensures quality and safety issues have been identified.
- Clinical practice is regularly evaluated to ensure its effectiveness in supporting high-quality care.
- Appropriate utilisation of healthcare is monitored and reviewed as a component of quality.

Examples of success:

- Employee engagement and satisfaction is measured and is a priority area of focus of the board and management.
- The training and development budget is fully utilised.
- Staff orientation and induction include explanation of local clinical governance systems, practices and culture.
- Employee wellbeing is prioritised, and wellbeing, job satisfaction, and employee engagement indicators are measured and monitored.
- There is a system for ensuring that critical clinical training requirements have been met.
- Resource planning and allocation provides for effective and safe employee supervision and mentoring ratios
- Evidence of clinical quality improvement activities reviewed externally.
- Evidence of staff training on monitoring and evaluating competency and quality of care provision.
- 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

Refers to the coordinated activities to direct and control an organisation with regard to risks to the consumer during a course of care or treatment provided by a health service including:

- Safeguarding against clinical risk requires a structured approach to safety that is both proactive and reactive (prevention and repair).
- Consistently safe practice is built on staff awareness and knowledge and supported by robust systems that prioritise safety.
- Effective systems support staff to identify and respond appropriately when things go wrong.
- Clinical risk management strategies and processes must be integrated with broader governance within an organisation/health service to rigorously identify, monitor, review and mitigate risk.
- Where safety is compromised, leadership and risk systems support staff to initiate appropriate and timely escalation, management and corrective action.
- All issues related to risk are subsequently analysed in order to inform practice and inform safety.

Systems are required to ensure:

- A planned, proactive, systematic and ongoing evidence-based approach to creating safety for consumers and staff is in place.
- The environment of the health service organisation promotes safe and high-quality care.
- The organisational culture supports staff to pursue safe practice and to speak up for safety.
- Risk considerations and data inform goal and priority setting and the development of business and strategic plans.
- Clinical processes, equipment and technology are designed to minimise error and support clear, unambiguous communication between staff.
- Risks are proactively identified, monitored and managed through an effective register with clearly understood, integrated risk data.
- Known clinical risks are proactively addressed, and all services are regularly scanned to identify risks as they emerge.
- Clinical incidents are investigated to identify underlying systems issues and root causes, and this information is used to improve safety.
- Clinical Incident reviews result in action and improvement plans.
- Open disclosure processes are in line with the Australian open disclosure framework.⁹
- The service complies and adheres with risk-related legislation and relevant Australian standards.
- Systems and datasets for developing and supporting clinical risk management are regularly evaluated to ensure effectiveness in supporting high-quality care.

Examples of success:

- Care quality and safety outcomes are monitored against external benchmarks.
- Trending analysis of data is conducted.
- Documented review of risks and mitigation actions are reported to the board at least quarterly.
- Performance data regarding consumer and employee experience is reviewed conjointly to better understand perception of safety culture.
- The board receives regular reports on workforce risks, ensures succession plans are in place and workforce pressures and gaps are identified.
- Trended and analysed risk and improvement data are used by the board and executive to make decisions about improvement.

⁹ Australian Commission on Safety and Quality in Health Care (ACSQHC), Sydney, viewed 9 October 2017, <https://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf>

The organisation's safety culture is measured, and strategies are implemented to improve it.

- 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

Clinical effectiveness and appropriateness ensure Gippsland PHN services and programs improve the health of the community through high quality care. It includes:

- Systems that support clinicians to provide safe and appropriate care for each consumer with the best possible outcome, working within the clinical scope of the organisation.
- Patient-centred, cohesive, integrated care at all times along the care continuum.
- A shared understanding of the care pathway between clinicians and consumers.
- Systems which ensure clinicians have the required knowledge and skills, technology and equipment to provide the best care possible.
- Clinicians must be supported and expected to regularly, rigorously review their practice, to embrace peer review and teamwork, and contribute their knowledge and experience to improving care.
- The safety, effectiveness and appropriateness of care should be regularly reviewed using appropriate measures and reporting mechanisms.
- Research and evidence should form the basis of care provision, in tandem with appropriately credentialed, experienced and competent staff.
- Clinicians at all levels of the organisation should have access to training and information about effective change and improvement tools and methods, and be supported to apply them to review and improve their practice.
- Variations in clinical quality and clinical practice will occur within the complexity of healthcare; these should be actively monitored and discussed in light of what is best for the consumer.
- Clinical practice must be closely monitored and regularly reviewed, evaluated and evolved in line with emerging evidence/technologies and changing consumer needs.

Systems are required to ensure:

- Evidenced-based clinical care is delivered within clinical scope and capability.
- Evidenced-based clinical care standards and protocols are clearly articulated, communicated and adhered to across the organisation.
- Clinicians regularly review and improve clinical care, preferably in a multidisciplinary manner.
- Credentialing, scope of practice and supervision processes support clinicians to work safely and effectively within their scope of practice.
- Active clinical partnerships are developed with consumers and include a shared understanding of the care plan.
- Consumers are transitioned across care settings and services smoothly.
- Clinicians participate in the design and review of clinical systems and processes and support clinical innovation.
- Data on the safety, clinical effectiveness and person-centeredness of care is collected, analysed and shared for the purposes of both accountability and improvement.
- Clinical care processes and outcomes are measured across all services.
- Clinicians regularly review their own performance.

Examples of success:

- Clinical services actively participate in relevant clinical registries and clinical audit activities.

- Benchmarked and trended information about the clinical effectiveness of services is available to all levels of the organisations and used by all.
- Clinicians demonstrate a commitment and sense of accountability towards their own continued learning and improvement.
- Credentialing and scope of practice processes are transparent and regularly assessed for effectiveness.
- Clinicians have clear position descriptions and defined scope of practice.

6. Roles and Responsibilities

Every member of Gippsland PHN and members of commissioned health services (clinical and non-clinical alike) have responsibilities regarding achieving and maintaining high-quality and safe care.

To achieve consistently safe and high-quality care, the following critical elements of the five domains apply to every employee, executive, and board member:

- A commitment to partnering with consumers to facilitate effective engagement and participation.
- Ownership and accountability for the quality and safety of the care provided.
- Regular evaluation of performance to identify areas for improvement.

6.1 Roles and Responsibilities Summary

Gippsland PHN roles and responsibilities	
Gippsland PHN - organisationally	<ul style="list-style-type: none"> • Setting expectations and requirements regarding commissioned health service accountability for quality, safety and continuous improvement. • Providing leadership, support and direction to ensure safe, high-quality healthcare can be provided. • Proactively identifying and responding decisively to emerging clinical quality and safety trends. • Effectively monitoring the implementation and performance of clinical governance systems, ensuring the early identification of risks and flags. • Monitoring clinical governance implementation and performance by continually reviewing quality and safety indicators. • Ensuring Gippsland PHN guidance documents, frameworks, policies and procedures are up to date with current legislation and frameworks and that these are familiarised with employees and commissioned providers. • Ensuring board members have the required skills and knowledge to fulfill their responsibility. • Ensuring Gippsland PHN employees have the required skills, training and knowledge to effectively identify clinical governance risk.

Board	<ul style="list-style-type: none"> • Setting a clear vision, strategic direction and ‘just’ organisation culture that drives consistently high-quality care/services and facilitates effective employee and consumer engagement and participation. • Overseeing the operationalisation of the Clinical Governance Framework. • Ensuring the board has the necessary skill set, capability, and structure for effective leadership and oversight, and exhibits a commitment to their own individual and collective learning and development. • Understanding key risks and ensuring controls and mitigation strategies are in place to mitigate them. • Monitoring and evaluating all aspects of commissioned services care provided through regular reviews of benchmarked performance data and information. • Ensuring robust clinical governance structures and systems effectively support and empower staff to provide high-quality services. • Delegating responsibility for the implementation, monitoring and evaluation of clinical governance systems to the CEO and working in partnership with the CEO to realise the organisation’s vision. • Regularly seeking qualitative and quantitative information from the CEO, executive and management about the status of the quality and safety of care in all commissioned services.
Clinical Governance and Performance Committee	<p>The Clinical Governance and Performance Committee assists the Board in carrying out its duties by providing oversight of the Clinical Governance Framework, including but not limited to, the following:</p> <ul style="list-style-type: none"> • Commissioned services performance in accordance with the clinical governance schedule of indicators. • Performance of commissioned clinical service providers with respect to adherence to the Gippsland PHN Clinical Governance Framework including incident reporting. • Gippsland PHN management of identified strategic risks relating to commissioning performance. • Evaluation of commissioned services in response to strategic health planning. • Oversight of the performance of Commissioned Clinical Services in the context of the Outcomes Governance Framework and underlying Value for Money Principles. • Overseeing the implementation and progress of internal audit recommendations related to clinical governance and performance.
Executive	<ul style="list-style-type: none"> • Lead and support the organisation to deliver the Board’s vision for safe, quality care, and facilitating and ensuring effective staff and consumer involvement. • Drive and sponsoring local application of the Clinical Governance Framework across the organisation to achieve high-quality care.

	<ul style="list-style-type: none"> • Ensure robust, reporting analysis and discussion of the safety and quality of commissioned services occurs regularly and is informed by qualitative and quantitative data. • Understand and monitor the areas of key risk and ensure escalation and response actions are taken where safety is compromised. • Regularly evaluate clinical governance systems to ascertain their effectiveness. • Keep up to date with relevant legislative, framework, policy and procedure changes. • Equipping employees to fulfil their roles by providing coaching, role clarity at each level of the organisation along with the necessary knowledge, tools, resources, and opportunities to engage and influence the organisation’s core business. • Provide a safe environment for Gippsland PHN that supports and encourages productive partnerships
Managers	<ul style="list-style-type: none"> • Drive local application of the Clinical Governance Framework across the organisation. • Ensure robust, reporting analysis and discussion of the safety and quality of commissioned services occurs regularly and is informed by qualitative and quantitative data. • Understand and monitor the areas of key risk and ensure escalation and response actions are taken where safety is compromised. • Keep up to date with relevant legislative, framework, policy and procedure changes. • Actively participate in training and education to further clinical governance understanding. • Provide a safe environment for Gippsland PHN that supports and encourages productive partnerships • Understand the challenges and complexity of providing consistently high-quality care; provide support through fostering a culture of safety, transparency, accountability, teamwork and collaboration. • Actively identify, monitor and manage key risks associated with clinical governance and lead appropriate escalation and response where safety is compromised. • Foster productive and open cultures and promote multidisciplinary teamwork. • Go beyond compliance to pursue excellence in care and services. • Share information and learnings regarding clinical safety. • Actively monitor and improve the delivery of high-quality care and services.
Contract Managers and Leads/Staff	<ul style="list-style-type: none"> • Understand the challenges and complexity of providing consistently high-quality care; provide support through fostering a culture of safety, transparency, teamwork and collaboration. • Provide a safe environment for both Gippsland PHN and provider staff that supports and encourages productive partnerships

	<ul style="list-style-type: none"> • Actively identify, monitor and manage key risks associated with clinical governance and lead appropriate escalation and response where safety is compromised. • Foster productive and open cultures and promote multidisciplinary teamwork. • Go beyond compliance to pursue excellence in care and services. • Share information and learnings regarding high-quality care. • Actively monitor and improve the delivery of high-quality care and services. • Keep up to date with relevant legislative, framework, policy and procedure changes. • Actively participate in training and education to further clinical governance understanding.
Commissioned Service Providers	
Commissioned Clinical Service Providers	<ul style="list-style-type: none"> • 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. • Participate in contract management meetings and service reviews with Gippsland PHN and 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. • Participate in spot check audits and clinical governance audits. • Provide evidence of continuous improvement activities based on consumer and provider feedback. • Manage clinical risks and incidents in line with the Clinical Governance Framework and report to Gippsland PHN in accordance with 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.
Commissioned Non-Clinical Service Developers and Providers including Gippsland PHN mission areas	<ul style="list-style-type: none"> • Non-clinical service developers and providers, both internal and external to Gippsland PHN are required to consult and take advice from the Clinical Governance Framework to ensure strategic consideration of the clinical aspects of the service considered specifically in relation to service development, delivery, maintenance and improvement.
Consumers	
Consumers/Carers/Community	<ul style="list-style-type: none"> • Participate in their own healthcare and treatment, and that of their family and carers, to their desired extent. • Participate in opportunities to design, develop, and test high-quality care improvements. • Partner with healthcare organisations in governance, planning and policy development to co-design and drive improvement in performance monitoring, measurement and evaluation.

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| | <ul style="list-style-type: none"> • Build health literacy, which means improving how consumers understand information about health and care; how they apply that information to their lives, use it to make decisions, and act on it. |
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7. Reference 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.¹⁰

8. Legislative context

- Commonwealth Legislation (see www.legislation.gov.au)
 - Health Records Act 2001 (Vic).
 - My Health Records Act 2012
 - My Health Records Rule 2016
 - My Health Records Regulation 2012
 - The Privacy Act 1988 (a primary function of the Office of the Australian Information Commissioner)
 - The Australian Privacy Principles (contained within schedule 1 of the Privacy Act 1988)
 - see <https://www.oaic.gov.au/privacy-law/privacy-act/>
- Health Legislation Amendment (Quality and Safety) Act 2022
<https://www.legislation.vic.gov.au/as-made/acts/health-legislation-amendment-quality-and-safety-act-2022>
- State Legislation: see www.legislation.vic.gov.au
 - Health Services Act 1988
 - Health Complaints Act 2016
 - Medical Treatment Planning and Decisions Act 2016
 - Mental Health Act 2014
 - Coroners Act 2008

9. Related Documents

- Gippsland PHN Purpose and Culture Governance Framework DOC/16/5916*
- Gippsland PHN Risk Governance Framework DOC/16/3608*
- Gippsland PHN Stakeholder Engagement and Communication Governance Framework DOC/18/1812*

¹⁰ <https://www.safercare.vic.gov.au/support-training/adverse-event-review-and-response/duty-of-candour>

- Gippsland PHN Data Governance Framework DOC/17/1349*
- Gippsland PHN Ethics and Research Governance Framework DOC/17/15979*
- Gippsland PHN Performance Monitoring and Evaluation Governance Framework DOC/16/359*
- Gippsland PHN Organisational Documentation Governance Framework DOC/17/15977*
- Gippsland PHN Clinical Governance policies, procedures and audits