



Government of **Western Australia**
Department of **Health**

Clinical Governance Framework

Patient Safety & Quality Directorate

Clinical Excellence Division

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Summary

The core business of the WA health system is to deliver safe, high quality sustainable care that supports and improves the health of all Western Australians. This requires a culture based on excellence, respect, integrity, teamwork and leadership along with a commitment to continuous learning and improvement. Health care is inherently complex. A robust and integrated system of clinical governance is fundamental to achieving a healthcare system that delivers high quality, safe, culturally secure and timely health services.

Clinical governance is defined as “the set of relationships and responsibilities established by a health service organisation between its state or territory department of health, governing body executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes” (Australian Commission on Safety and Quality in Health Care, 2017).

The *WA Clinical Governance Framework* (the Framework) emphasises leadership, culture, continuous learning and improvement as fundamental to developing and maintaining a high-performance organisation. Good clinical governance creates an environment that is transparent and accountable. It works in harmony with corporate, financial, risk and other governance processes in a complex set of integrated systems.

The Framework describes the current clinical governance systems in WA. It seeks to enhance patient safety and clinical quality in health care delivery by outlining the System Manager’s view of clinical governance roles and responsibilities along with current core mechanisms for implementation. Clinical governance, as outlined in the *National Model Clinical Governance Framework* (the National Model) (Australian Commission on Safety and Quality in Health Care, 2017) has five components:

1. Governance, leadership and culture
2. Patient Safety and quality improvement systems
3. Clinical performance and effectiveness
4. Safe environment for the delivery of care
5. Partnering with consumers.

This update to the Framework (last published in 2005) reflects the commitment to continuous learning and acknowledges the changes to the WA health system since

the introduction of the *Health Services Act* in 2016. Clinical governance has a strong relationship to safety and quality, and the Framework is owned and maintained by the Department of Health's Patient Safety & Clinical Quality Directorate.

Introduction

The provision of safe, effective, timely care which meets the needs of the individual patient and our communities is the highest priority of the WA health system. Additionally, we have a responsibility for the current and future care needs of Western Australians through ensuring efficient and equitable delivery of care. To ensure continuation of our current standards of health care, we must also seek to continuously improve. Finally, the quality of the health care we provide is strongly predicated on the capability and wellbeing of our workforce.

Health Service Providers (HSPs) are required to be accredited via the *Australian Health Services Safety and Quality Accreditation Scheme*. The Clinical Governance Standard (Standard 1) of the *National Safety and Quality Health Service Standards 2nd Edition* (the National Standards) requires health service organisations to implement a clinical governance framework that ensures patients and consumers receive safe and high quality care (Australian Commission on Safety and Quality in Health Care, 2017). The *Health Services Act 2016* (the HSA) specifies that Health Service Provider Boards hold overall accountability for the quality of care provided within their services and section 32(2)(i) specifies that it is a function of each HSP to develop and implement corporate and clinical governance arrangements for the HSP. Locally, this is supported by the clinical governance responsibilities of individual clinicians. The Director General (DG) as the System Manager has responsibility for the overall management of the WA health system and is supported in this role by the Department of Health (the Department).

Purpose

The Framework seeks to enhance patient safety and clinical quality in health care delivery by describing clinical governance roles and responsibilities and the regulatory mechanisms by which these are currently implemented in WA. All components of the clinical governance system should be reviewed and evaluated on a regular basis to ensure that they are meeting the needs of the organisation and that they are continuously driving quality improvement and excellence in the delivery of health care.

What is Clinical Governance?

Clinical governance is defined as “the set of relationships and responsibilities established by a health service organisation between its state or territory department

of health, governing body executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes” (Australian Commission on Safety and Quality in Health Care, 2017). The National Standards contain eight standards including *Standard 1: Clinical Governance* which describes the requirements of a clinical governance system and safety and quality systems that are required to maintain and improve the reliability, safety and quality of health care, and improve health outcomes for patients. The National Standards set requirements for delivering comprehensive care for all patients and includes actions related to health literacy, end of life care, care for Aboriginal and Torres Strait Islander people and care for people with mental illness or cognitive impairment. Clinical governance processes must work in harmony with financial, risk and other corporate governance processes in a complex set of integrated systems, processes, leadership behaviours and culture.

Figure 1: Elements of Corporate Governance (adapted from the National Model Clinical Governance Framework)

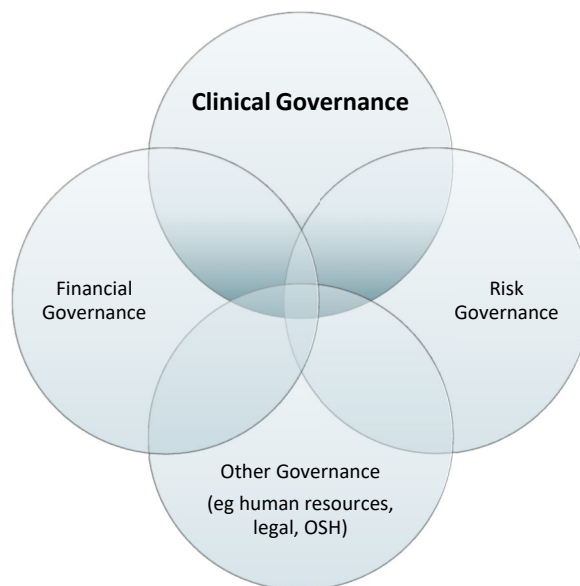


Figure 1 illustrates that clinical governance is a component of a broader system of corporate governance and has an inter-relationship to other governance systems.

Clinical Governance Components

To be effective the Framework needs to be implemented at the organisational, service, clinical and consumer level.

Clinical governance as outlined in the National Model and Figure 2 has five components:

1. Governance, leadership and culture
2. Patient safety and quality improvement systems
3. Clinical performance and effectiveness
4. Safe environment for the delivery of care
5. Partnering with consumers

This update to the *Clinical Governance Framework 2005* seeks to build on our patient safety and quality journey and work previously undertaken. Key pillars and principles identified in 2005 have been refreshed to recognise subsequent changes to the WA health system's approach to clinical governance and the development of the National Model. The components are summarised in Appendix 1, along with their defining principles, suggested actions and desired outcomes.

The processes in place are only as effective as the people who operate within them. Open communication, transparency, trust, integrity, collective leadership and collective community awareness are required to build collaborative working relationships. HSPs and the Department, together with staff and consumers across the WA health system, are responsible for clinical governance and ultimately for the safety and quality of the health care we receive and deliver.

Figure 2: Components of Clinical Governance (adapted from the National Model Clinical Governance Framework)



Clinical Governance Roles and Responsibilities

Clinical governance is everyone's business.

The *Review of Safety and Quality in the WA health system: a strategy for continuous improvement (2017)* stated that there should be clear roles, responsibilities and accountabilities at all levels within a system and within individual providers (Mascie-Taylor, 2017). This section of the Framework makes this explicit with a full description of clinical governance roles and responsibilities presented in Table 1.

The HSA established the DG as the System Manager with responsibility for the overall management of the WA health system. The DG is supported by the Department in the performance of all legislative functions. As the System Manager, the DG must hold the Chief Executives and Boards of each HSP accountable for the governance, operational outcomes, patient safety and quality of care in their organisation.

There needs to be a clear emphasis on the primacy of the HSP Board and the central role it plays in clinical governance. HSPs are statutory authorities and as such have a broad accountability framework within the public sector, including but not limited to:

- *Health Services Act 2016*
- *Mental Health Act 2014*
- *Financial Management Act 2006*
- *Public Sector Management Act 1994*
- *State Supply Commission Act 1991*
- *Industrial Relations Act 1979*
- *Corruption Crime and Misconduct Act 2003*
- Premiers Circular
- Australian National Accreditation Scheme.

Thus, HSPs are also accountable to other agencies that oversee and review HSPs and their staffs' performance, for example the Public Sector Commission, the Chief Psychiatrist and the office of the WA Ombudsman.

Table 1: Clinical Governance: Roles and Responsibilities

Roles	Key Clinical Governance Responsibilities
Director General - System Manager	<ul style="list-style-type: none"> • Provides strategic leadership, oversees, monitors, and promotes improvements in safety and quality. • Assists the Minister for Health in the development and implementation of system wide planning. • Monitors performance and takes remedial action if required. • Issues policy frameworks and directions. • May investigate, inspect, audit, or conduct an inquiry with the assistance of the Department of Health or other appropriate entity. • Requires financial information from HSPs and can recommend to the Minister amounts that may be allocated from the monies appropriated from the State Budget. • Enters into service agreements with HSPs for setting the health services that an HSP must provide. • Is the employing authority of the Chief Executives. • Enters into, and uses best endeavours, to attain the performance objectives agreed with HSP Boards. • Sets expectations and requirements regarding accountability for safety and quality, and continuous improvement. • Sets the vision and priorities for the WA health system in collaboration with internal and external stakeholders.
Department of Health	<ul style="list-style-type: none"> • Ensures that the System Manager and HSPs have timely, accurate, and necessary information to fulfil their responsibilities to monitor and evaluate safety and quality within the system and the organisation, including benchmarked and trend data. • Provides leadership and stewardship to ensure safe high-quality care. • Proactively identifies, assesses, analyses and responds decisively to emerging clinical quality and safety trends and population needs through horizon scanning, monitoring international, national and local trends in health, and facilitating the sharing of information across the system. • Monitors the implementation and performance of clinical governance systems. • Proactively facilitates the development and maintenance of a continuous learning, transparent, accountable, and compassionate culture in collaboration with HSPs. • Demonstrates and promotes the growth of a collective leadership model in collaboration with HSPs.

Roles	Key Clinical Governance Responsibilities
	<ul style="list-style-type: none"> • Proactively facilitates clinician engagement in the development, implementation and evaluation of safe, high quality health care in collaboration with HSPs. • Proactively facilitates consumer engagement in the development, implementation and evaluation of safe, high quality health care. • Seeks to work with HSPs in the development of a workforce plan that addresses the capacity, capability and wellness of the workforce to support the changing needs of health into the future. • Defines the goals and priorities of the health system which align with the vision for the health system, and guide development, planning, implementation and evaluation of work processes and structures and allocation of resources into the future.
Health Service Provider Boards¹	<ul style="list-style-type: none"> • Are ultimately responsible and accountable for the safety and quality performance of their organisation. • Promote a strong message through the organisation that safety and quality are priority issues including by the allocation of appropriate resources. • Is committed to shared learnings from critical events within and with other HSPs in a spirit of collaboration, continuous learning and without judgement establishing a “no blame” culture. • Set a clear vision, strategic direction and transparent, collaborative organisational culture that continuously drives high quality care and facilitates employee and consumer engagement at every level of the organisation. • Are visible, engaged and accessible to staff as part of a strong, authentic leadership model. • Encourage partnerships with their consumers and community regarding reporting and discussing and addressing quality and safety issues. • Ensure that members, including those representing the HSP Board on subcommittees, have the necessary skill set, composition, knowledge and training to proactively lead the organisation and drive quality and excellence in healthcare. • Oversee the key risks present in the organisation and ensure controls and mitigation strategies are in place to address the risks.

¹ It should be noted that PathWest and the Quadriplegic Centre are Chief Executive (CE) governed HSPs where the CE has the same responsibilities as the Board.

Roles	Key Clinical Governance Responsibilities
	<ul style="list-style-type: none"> • Guide all aspects of service and care delivery provided through rigorous review of benchmarked performance and safety and quality data and information. • Ensure robust clinical governance structures and systems that support and empower staff to provide high quality care are implemented across the organisation in collaboration with staff. • Enter into and use best endeavours to attain agreed performance objectives. • Guides long term planning to meet the future health needs of the community in collaboration with the Chief Executive and Health Service Executives. • Ensure effective partnerships are in place and collaborate with primary and community health care providers. • Ensure safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
Chief Executive and Health Service Executives².	<ul style="list-style-type: none"> • Provides visible, innovative and compassionate leadership. • Contributes to and undertakes service planning. • Creates a safe, just, open, accountable, and continuous learning culture where the well-being of staff and patients is paramount. • Is committed to shared learnings from critical events with leadership, staff and consumers in a spirit of collaboration, continuous learning and without judgement promoting a “no blame culture”. • Provides clarity for roles at each level of the organisation to enable and empower staff to fulfil their roles and responsibilities in a supportive environment. • Engages with staff through resources, training, and opportunities to influence the organisations core business. • Ensures the organisation is focused on continuous improvement by elevating safety and quality to a core value of the organisation’s systems and processes. • Works with consumers and consumer groups to ensure that core business remains consumer-centred. • Appropriately delegates the implementation, review, measurement and evaluation of operational quality and safety performance to executive and clinical leaders.

² It is acknowledged that Health Service Executives support the Chief Executive who has overall accountability to the Board and the Director General.

Roles	Key Clinical Governance Responsibilities
	<ul style="list-style-type: none"> • Reports to the HSP Board on clinical risk, care processes and outcomes using internal and external benchmarked data to identify areas for improvement and progress towards achieving safe and high-quality care across all clinical services. • Implements and monitors strategies to meet the service safety and quality priorities for Aboriginal and Torres Strait Islander people including through an ATSI employment program.
Clinical Leaders and Managers	<ul style="list-style-type: none"> • Lead and support the provision of health services delivering the Board's vision for safe, quality care, facilitating and ensuring effective staff and consumer involvement. • Develop and support safety and quality leaders in their services. • Provide assurance to the Chief Executive that staff at every level of the organisation are supported to actively deliver high quality care for every consumer. • Ensure robust and transparent reporting, analysis, and discussion of the safety and quality of care is informed by qualitative and quantitative data, committee structures and clinical engagement. • Identify, understand and monitor the key areas of risk, and ensure escalation and response actions are taken where safety is compromised. • Share information and learnings regarding safety and clinical quality. • Regularly evaluate clinical governance systems to ascertain their effectiveness. • Understand the challenges and complexity of providing consistently high-quality care. • Support clinicians in the delivery of high-quality care by promoting a culture of safety, transparency, integrity, accountability, compassionate care and teamwork. • Promote a safe environment that values productive partnerships, collaboration and innovation between different clinical groups, and between clinicians and consumers. • Assist in the development of systems and processes that provide useful performance data and feedback to clinicians and relevant committees that engage clinicians in continuous improvement strategies. • Work with clinicians and consumers to collect, analyse and act on timely and accurate performance data on the safety and quality of care.

Roles	Key Clinical Governance Responsibilities
	<ul style="list-style-type: none"> • Ensure all staff are clear about their roles and responsibilities and are supported by resources, standards, systems, and knowledge and skill development. • Drive action in response to managing risk and improving care.
All Health Staff	<ul style="list-style-type: none"> • Always provide high quality care and are empowered to go beyond compliance to pursue excellence in care and services. • Share information and learnings regarding safety and clinical quality. • Promote a culture of transparency and accountability by speaking up and raising concerns regarding issues and risks in their service. • Are committed to lifelong learning and regularly update their skills and knowledge. • Actively engage in the development, implementation, monitoring and collection of safety and quality data. • Are actively involved in developing, implementing and evaluating action plans to improve areas of risk that compromise the delivery of safe, high-quality care. • Work within their scope using evidenced-based practice, standards and protocols. • Contribute to the development and sustainability of a safe, transparent, collaborative, and accountable culture. • Understand how health literacy may affect the way a health consumer gains access to, understands and uses health information.
Health Care Consumers	<ul style="list-style-type: none"> • Provide feedback to health service organisations on their experience including via patient experience surveys, complaints and compliments. • Consider being involved in quality improvement activities. • Consider taking a role in health service planning and governance activities when an opportunity exists. • Ask for more information or a translator if required.

System Manager Current Clinical Governance Process

The Review of Safety and Quality in the WA health system (2017) delineated three functions for the System Manager: regulation, assurance, and facilitation. This document seeks to outline current regulatory and assurance functions and notes that facilitation is undertaken regarding specific clinical issues at the agreement of the HSP/s and the System Manager.

The governance structures recognise these roles and seek to emphasise that:

- There is respect for the integrity of the HSPs: local governance issues are managed at a local level. The System Manager will only intervene where intervention is required. As part of the facilitation role, the System Manager can assist HSPs in a local governance issue if required or invited to do so.
- The System Manager sets standards through the Service Agreements, Mandatory Policy Frameworks and Accreditation using the National Standards.
- The System Manager's approach to intervention should have strong links to audit, system compliance monitoring and risk assessment.
- A collaborative learning culture is a hallmark of good governance.

Regulatory Mechanisms Related to Clinical Governance

At the System Manager level, clinical governance for safety and quality is demonstrated through the relationships and responsibilities legislated by the HSA. It is implemented operationally by an effective performance framework and monitoring process as defined by:

Service Agreements

The [Performance Management Policy](#) prescribes the performance management component of the Service Agreements. Under Section 20(1)(m) of the HSA, the System Manager is required to monitor and evaluate the performance of the HSPs and take remedial action when performance does not meet expected standards.

National Safety and Quality Health Service Standards

The primary aim of the National Standards is:

- To protect the public from harm
- To improve the quality of health service provision.

The [Accreditation Policy](#) outlines the requirements of mandatory accreditation as a measurement of the safety and quality of health services provided by HSPs under the HSA. It is a requirement under this policy that HSPs are accredited using the assessment based on the *Australian Health Services Safety and Quality Accreditation Scheme*. The DG delegates the responsibility and accountability for regulation of accreditation to the Licensing and Accreditation Regulatory Unit (LARU).

Mandatory Policy Frameworks

Under the HSA mandatory policies are issued by the DG in his/her capacity as the System Manager. The System Manager has overall responsibility and accountability for the management of WA health system. As such the DG has issued binding Policy Frameworks. (WA Department of Health). These policy frameworks ensure a consistent approach to a range of matters undertaken by HSPs. Individual mandatory policies within each policy framework have compliance and reporting requirements.

The Policy Frameworks that are relevant to clinical governance include:

- **Clinical Governance, Safety and Quality Policy Framework**

The purpose of this policy framework is to ensure:

- Patients receive care that is safe, effective, appropriate to their needs, timely and efficient
- Minimum standards and consistency are maintained with continuous improvement across the WA health system
- Clinical governance structures and processes are maintained across the WA health system.

- **Mental Health Policy Framework**

The purpose of this policy framework is to ensure:

- Compliance with the legislative requirements under the HSA and the *Mental Health Act 2014*
- Service coordination and integration in the provision of mental health services
- The appropriate reporting of information to the Minister for Health, the Minister for Mental Health, the Mental Health Commission, the Chief Psychiatrist, the Health and Disability Services Complaints Office, and the System Manager.

- **Clinical Services Planning and Programs Policy Framework**

The purpose of this policy framework is to ensure:

- Consistency of priorities and strategic directions for clinical service planning across the WA health system
- Coordination and integration of clinical services
- Clinical service programs are person-centred, based on evidence and within a culture of continuous improvement
- Efficiency and effectiveness in the provision of clinical services.

○ **Clinical Teaching and Training Policy Framework**

The purpose of this policy framework is to ensure:

- Clinical teaching and training activity is at a level that ensures future workforce capability and is not limited to current workforce requirements
- Teaching and training structures and systems are maintained across the WA health system.

○ **Risk, Compliance and Audit Policy Framework**

The purpose of this policy framework is to ensure:

- Good governance and outcomes through effective risk management, compliance management and audit assurance in and across the WA health system
- The DG, having overall management responsibility for the WA health system, is appropriately informed of material risks, compliance and audit findings.

○ **Public Health Policy Framework**

The purpose of this policy framework is to ensure:

- The prevention of disease before it occurs
- The control of infectious disease transmission
- The prevention of the complications of chronic disease
- The management of risk, whether natural or manmade
- To identify and respond to opportunities to reduce inequities in health status.

○ **Information Management Policy Framework**

The purpose of this policy framework is to ensure:

- optimise the value and quality of information to support the realisation of the WA health system's vision to deliver a safe, high quality, sustainable health system for all Western Australians
- maximise access and use of information to achieve the System Manager and Health Service Provider functions in accordance with the *Health Services Act 2016* and other written laws

- enhance transparent public reporting and real-time access to information to support better services and outcomes, and a more accountable WA health system
- minimise misuse and inappropriate disclosure of information
- provide employees with the ability and knowledge to safely secure and protect sensitive, confidential and appropriately classified information
- promote appropriate fit-for-purpose information management governance models and mechanisms
- support the effective, efficient and consistent management of information through each stage of the information lifecycle
- foster the adoption of contemporary best practice for data integrity and information management related processes, procedures and policies across the WA health system

○ **Employment Policy Framework**

The purpose of this policy framework is to ensure:

- HSPs will each be the employing authority accountable for the discharge of all employment functions in relation to their staff
- all HSP staff members are subject to and able to access consistent employment policies and standards across the WA health system.

○ **Performance Policy Framework**

The purpose of this policy framework is to ensure:

- Clear accountabilities, interventions and escalation processes including mechanisms for remediation when performance does not meet expected standards
- The roles, functions and powers legislated in the HSA are understood
- The WA health system has a common set of performance objectives and targets for each HSP
- Alignment of the Performance Management Policy (the PMP) with the Service Agreements, Performance Agreements and the Operational Plan performance reporting is available to support effective performance management
- Toolsets and business rules are in place to support consistent results in performance monitoring and evaluation
- A clear understanding of performance levels and performance improvement opportunities.

As per the PMP, HSPs are required to attend formal performance review meetings as requested by the System Manager. The PMP is supported by the Health Service Performance Report (HSPR) Indicators. In assessing an HSP's

performance against the performance indicator targets and thresholds, consideration may be given by the System Manager where it is recognised that the HSP does not have sole responsibility or control for the delivery of the performance indicator.

The System Manager has the discretion to escalate or de-escalate concerns to higher or lower levels of intervention based on an assessment of performance.

Escalation and de-escalation through the five levels identified below and discussed further in the PMP may not be sequential and are not limited to the actions listed here:

- Level 1 Intervention: Under Review
- Level 2 Intervention: Performance Concern
- Level 3 Intervention: Sustained Performance Concern
- Level 4 Intervention: Performance Failure and
- Level 5 Intervention: Sustained Performance Failure.

The System Manager may commission an investigation, inspection, audit or inquiry into an HSP's governance and operation, to determine the appropriate intervention level, in accordance with parts 13 and 14 of the HSA. The intervention levels and recovery plans are directly related to an individual performance indicator or a performance concern.

○ **Statutory Board Operations Policy Framework**

This policy framework specifies the governance and operations of statutory health boards. It ensures that:

- Statutory boards are provided with information regarding System Manager expectations and minimum standards for board governed HSPs
- The functions, roles, responsibilities and accountabilities for health service boards are clear.

Under this policy framework HSPs must comply with all mandatory requirements outlined in the Health Service Provider Board Governance Policy. HSP boards are statutory authorities. They are accountable to the public for their operations and are subject to a range of legislation. This policy outlines the governance framework under which HSPs operate. It defines the functions

and role of the Board under section 34 of the HSA. It provides the current WA Health Governance model for HSPs.

This policy also requires compliance with Board Assurance Guidelines. These guidelines outline the processes and activities that will be used to provide assurance to the DG that the HSP Boards are governed effectively, and act impartially and in the public interest at all times. HSPs Boards are required to complete an Annual Governance Attestation Statement that assures the System Manager that key minimum governance requirements are in place. The Department on behalf of the DG as System Manager will undertake a governance review of each HSP Board within the scope of the Assurance Guidelines.

Assurance Mechanisms Related to Clinical Governance

Assurance functions include closer monitoring and confirmation of the issue. The Department's approach³ is focused upon:

- Risks to patient safety and quality care
- Assurance against policies and standards
- Early detection of issues by the System Manager and actions by the HSPs
- Non-regulatory responses, with links to formal Departmental facilitation and intervention processes.

This is performed through regular review of existing data (e.g. incident monitoring, outcomes data, and mortality reviews) and governance processes (e.g. Coronial reviews). Any issues identified are escalated via briefings from relevant Executive Directors via the Assistant Director/s General to the DG.

Department of Health Programs

The Department administers several programs that also contribute to clinical governance in Western Australia. Many of these programs have some relationship to mandatory policy.

Programs include but are not limited to the following and are described briefly below:

³ A broad System Manager Governance and Assurance Model is currently in development.

- **Health Networks:** WA Health Networks are a collaborative mechanism that connects internal and external partners across the WA health system. Health Networks have developed a wide range of Models of Care and Frameworks which outline best practice service delivery in 67 clinical areas. The Health Networks Directorate governs 11 Health Networks including; Cardiovascular, Child and Youth, Diabetes and Endocrine, Disability Falls Prevention, Infections and Immunology, Musculoskeletal, Neurosciences and the Senses, Renal, Respiratory, and Women’s and Newborns. The Cancer & Palliative Care Network is governed separately.
- **Clinical Senate:** The Clinical Senate is comprised of 80 clinicians from across the WA health system and provides state-wide clinical engagement and advice on a range of issues.
- **Patient Blood Management:** The goal of patient blood management (PBM) is to improve outcomes for each patient by minimising or avoiding unnecessary transfusion. The program has been developed to support health professionals working in the WA health system to implement and sustain patient blood management as part of a State PBM Program funded by the Department. This program links to the National Blood Management Program administered by the National Blood Authority.
- **Communicable Disease Control:** Functions include the surveillance, prevention and control of:
 - notifiable infectious diseases and conditions
 - healthcare-acquired infections (HAIs)
 - antimicrobial-resistant bacteria.
- **Medicines and Poisons Regulation:** The Medicines and Poisons Regulation Branch of the Department provides advice, develops policy and administers regulatory controls for; medicines, including drugs of dependence (Schedule 8 medicines), therapeutic goods and poisons.
- **Research Governance:** The WA health system research governance framework governs the scientific, ethical and governance review, approval, conduct and monitoring of human research within WA public health

organisations. The Research Policy Framework specifies the research requirements that all HSPs must comply with in order to ensure effective and consistent research activity across the WA health system.

- **Clinical Incident Management:** The Patient Safety Surveillance Unit (PSSU) has the responsibility for system wide oversight of patient safety, ensuring the management of compliance with the Clinical Incident Management (CIM) Policy. The PSSU evaluates each SAC 1 investigation report against certain policy and statutory requirements. The clinical incident handler from the health service will be notified of any issues or feedback for consideration by the review panel.
- **WA Audit of Surgical Mortality:** The Western Australian Audit of Surgical Mortality (WAASM) is an external, independent and confidential peer reviewed surgical audit of all patient deaths that involved care from a surgeon. The WAASM is funded by the Department and managed by the Royal Australasian College of Surgeons (RACS). The PSSU manages the contract with the RACS.
- **Coronial Liaison Unit:** The Coronial Liaison Unit's (CLU) main function is to facilitate quality improvement activity throughout the WA health system through the dissemination of coronial inquest findings and recommendations to appropriate stakeholders for implementation. This activity is supported by the Coronial Review Committee that includes representatives from each HSP and executive officers within the Department.
- **Statewide Medicines Formulary:** The Statewide Medicines Formulary (SMF) is a list of medicines approved for initiation and use in WA health services. The SMF provides governance to medicines use and guides evidence-based, safe, cost-effective and equitable prescribing. The SMF has been evaluated, implemented and managed in a system wide approach with expert review by the WA Drug Evaluation Panel (WADEP).
- **High Value Health Care Collaborative:** The High Value Health Care Collaborative (HVHC) engages stakeholders from across the WA health system to enhance the systematic delivery of high-value care. Specific work streams (including the Choosing Wisely Australia® stream) focus on strong clinical

leadership, facilitating knowledge exchange among front-line health service staff, and promoting high-quality, patient-centred care.

- **Office of the Chief Health Officer Medical and Regulatory Support:** Administers the activities of the State Mortality Committees under the *Health (Miscellaneous Provisions) Act 1911*, including reviewing all reported anaesthetic, maternal, perinatal and infant deaths.
- **Mental Health Unit:** The Mental Health Unit (MHU) assists and supports WA's mental health services in delivering an evidence-based, patient-centred, caring, safe, respectful and supportive mental health system for Western Australians. The MHU is responsible for developing system-wide policies for mental health services included in the [Mental Health Policy Framework](#). The MHU liaises with the Mental Health Commission and the Office of the Chief Psychiatrist regarding a range of mental health issues.
- **Patient Evaluation of Health Services (PEHS) Survey:** This annual survey is managed by the Health Survey Unit of the Department and invites feedback from a random sample of consumers who meet set criteria, seeking to assess consumers' experience and satisfaction with their hospital stay. Survey respondents are asked about a range of aspects of their care, including communication, personal needs and their clinical management. As the PEHS survey does not require consumers to initiate the feedback cycle, it is a mechanism to capture feedback from consumers which may not otherwise be known.
- **Patient First:** Patient First is a program designed to educate health consumers about the health care process and potential problems that can occur with their health care so that they can be a more active, involved and informed participant. A suite of patient information resources for use across all WA public hospitals has been developed which enable patients to: better understand their hospital journey, know their rights and responsibilities, make informed decisions, stay safe in hospital and ask questions. The resources have been designed to be given to the patient at various points during their hospital stay.

- **The Safety and Quality Indicator Set:** The Safety and Quality Indicator Set (SQiS) is intended to provide a snapshot of how individual health services are performing over time, and to permit benchmarking within and external to WA. Noting that data tends to be siloed and not always accessible to those who are best placed to affect quality improvement, the SQiS seeks to bring together data from various sources into a single platform. This is intended to facilitate opportunities for analysis and earlier identification of trends to support prevention and practice improvement.
- **Licensing and Accreditation Regulatory Unit:** The Licensing and Accreditation Regulatory Unit (LARU) administers the *Private Hospitals and Health Services Act 1927* and associated regulations for the private health industry in WA. The LARU is also the regulator of accreditation as part of the *Australian Health Service Safety and Quality Accreditation Scheme* for both public and private hospitals. The LARU provides expert advice, investigations, reviews and makes recommendations to areas of high risk or perceived non-compliance in the WA health system, as directed by the Director General.
- **The Radiological Council** is an independent statutory authority appointed under the *Radiation Safety Act 1975* in Western Australia to assist the Minister for Health to protect public health and to maintain safe practices in the use of radiation. Registration and licensing are the principal means by which the use of radiation is regulated. Daily administration of this Act is handled by personnel of the [Radiation Health Unit](#) (RHU) acting through the Secretary of the Council. The RHU has separate responsibilities to the Department and is under the direction of the Managing Health Physicist.
- **The Institute for Health Leadership:** The Institute for Health Leadership (IHL) was launched in 2007 as part of the WA health system's ongoing commitment to leadership development. The IHL is centred as a conduit of leadership excellence for the WA health system and serves to:
 - Promote the value of collective leadership as a key element of improving the safety and quality of healthcare
 - Build a culture in which all staff feel valued and engaged
 - Build and support the development of high-quality management and leadership

- Act as a resource and research centre for leadership development
- Provide national and international perspectives on current leadership and innovation.

Appendix 1: WA Clinical Governance Framework: Components, Principles, Actions and Outcomes

Component	Principle	Actions	Outcome
Governance, leadership and culture	Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients	<ul style="list-style-type: none"> Organisational culture and systems are designed to facilitate the pursuit of safe care by all staff from Boardroom to bedside. Established integrated corporate and clinical governance systems are used to improve safety and quality for patients. All health service interactions including reporting, reviews and decision making are underpinned by transparency, openness and integrity. The organisation has clearly defined roles, responsibilities and accountabilities. 	Consumers and carers are fully informed and receive respectful, timely and culturally appropriate care.
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	<ul style="list-style-type: none"> Key areas of performance, safety and quality are benchmarked. Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of care for patients. Rigorous measurement and monitoring of performance and quality outcomes is used to manage integrated risk. Identification of the diversity of consumers using the health service including those at higher risk of harm. Action is taken to improve patient experience. Every organisation commits to sharing learnings from critical events with each other's leadership, staff and consumers in a spirit of collaboration, continuous learning and without judgement. 	The risk of patients being adversely impacted by the health care they receive is minimised.
Clinical performance and effectiveness	The workforce has the right information, qualifications, skills and supervision to provide safe, high quality health care to patients	<ul style="list-style-type: none"> Standards to which individuals and organisations are held should be consistent across the system. Strong clinical leadership demonstrates the use of evidence and accurate data to drive improvement in the quality of care. Research, education and training are valued and resourced. Health service staff actively participate and contribute expertise and experience. The workforce has the right supervision, skills, and qualifications to provide safe, high-quality care to consumers. All levels of staff comply with legislative and policy requirements. Models of care, funding models, organisational governance models, performance management models and integrated risk 	Patients receive evidence-based care appropriate to their needs.

		<p>models make safety and quality a central feature of how the organisation is led and managed.</p> <ul style="list-style-type: none"> • Clinical performance and evaluation seek to ensure clinical effectiveness by ensuring the right care is provided to the patient, at the right time, by the right clinician with the right skills in the right way. 	
Safe environment for the delivery of care	The environment promotes safe and high-quality health care for patients	<ul style="list-style-type: none"> • The organisation has clearly defined roles, responsibilities and accountabilities. • The work environment should be open and participative. • The organisation, at all levels, is committed to challenging complacency and promoting intellectual and professional curiosity across the system. • The organisation, at all levels, empowers and actively engages with clinical staff and leadership. • The organisation commits to a culture of continuous learning; sharing learnings from horizon scanning, safety and quality reviews, evidence-based research and consumer and clinician feedback. • The organisation, at all levels, commits to growing the capability of the staff through robust performance management systems and processes that provide feedback on performance, education, training and career direction. 	Patients receive high-quality, evidence-based care from caring, compassionate and committed staff.
Partnering with consumers	Systems are designed and used to support patients, carers and families to be partners in health care planning, design, measurement and evaluation.	<ul style="list-style-type: none"> • Consumer and carer engagement is actively sought and translated into all aspects of care, organisational design and governance. • Staff at all levels of the organisation are committed to providing a positive consumer experience every time, respecting and responding to consumer choices, needs and values. • Consumers and carers have access to education and information about their choices. • Care is accessible to consumers when and where they need it. 	Consumers and carers are fully informed and receive respectful, timely and culturally appropriate care.

Appendix 2: Other Relevant Documents

- **Documents relating to national strategic direction:**
 - [National and Safety Quality Health Service Standards \(2nd edition\)](#)
 - [National Model Clinical Governance Framework](#)
 - [Australian Open Disclosure Framework](#)
- **Other documents relevant to WA health system safety and quality:**
 - [Health Services Act 2016](#)
 - [Mental Health Act 2014](#)
 - [Establishing an Effective System Manager Paper 2017](#)
 - [Clinical Incident Management Policy](#)
 - [Complaint Management Policy](#)
 - [Review of Death Policy](#)
 - [From Death We Learn](#)
 - [Your Safety in Our Hands in Hospital](#)
 - [Patient First Framework](#)
 - [Open Disclosure Policy](#)
 - [The Fifth National Mental Health and Suicide Prevention Plan](#)
 - [WA Aboriginal Health and Wellbeing Framework 2015-2030](#)

References

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