CLINICAL GOVERNANCE FRAMEWORK

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CLINICAL GOVERNANCE FRAMEWORK

1.   PURPOSE

The MSI Group which consists of MSI Australia and MS Health is committed to the provision of high quality, safe client care that is founded in evidence based, best practice and derived from a continuous improvement philosophy.

The purpose of the MSI Group Clinical Governance Framework is to outline the key policies, systems and processes that enables organisational wide accountability for the delivery of high quality care.

Independent contracted medical practitioners that treat our clients, partner with us in providing high quality care and are a fundamental component of our clinical governance framework.

The MSI Group provides services nationally to clients from all health sectors, public, private and self-funded. This framework ensures that all associated healthcare organisations can be confident that the systems in place deliver on high quality care that is continuously improving.

2.   GOVERNANCE OVERVIEW

Clinical governance is an integrated component of corporate (organisational) governance[1].
Under this model of governance (Figure 1), the following is recognised:

- Clinical governance is of equivalent importance to financial, risk and other business governance

- Decisions about other aspects of corporate governance can have a direct effect on the safety and quality of care, and decisions about clinical care can have a direct effect on other aspects of corporate governance, such as financial performance and risk management

- Governing bodies are ultimately responsible for good corporate (including clinical) governance

- Governing bodies cannot govern clinical services well without strong leadership, engagement and accountability of all clinicians working at all levels of the organisation

Figure 1.
Clinical Governance in Relation to Corporate Governance

To ensure high quality, safe client care is delivered in throughout the MSI Group facilities and associated services, the organisation adopts and integrates the National Model Clinical Governance Framework[1] into its governance structure, systems, processes, clinical practice, care and services.

This Framework is based on the National Safety and Quality Service (NSQHS) Standard, second edition, particularly the Clinical Governance and Partnering with Consumer Standards [2,3].

The five components (Figure 2) of the Clinical Governance Framework as outlined in the Australian Clinical Governance Framework are:

- Governance, leadership and culture
- Patient safety and quality improvement systems
- Clinical performance and effectiveness
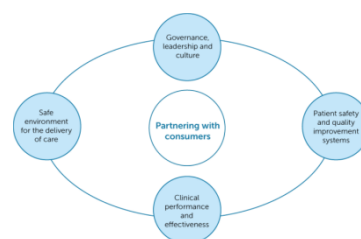- Safe environment for the delivery of care
- Partnering with consumers

Figure 2. National Model Clinical Governance Framework –
Five (5) Components of Clinical Governance

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What is clinical governance?

"Clinical governance: the integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement.[4]"

Australian Health Departments and best practice bodies all highlight that clinical governance is not about compliance, it is how the entire organisation strives for high performance, fostering a culture of openness, collaboration and continuous improvement to achieve great outcomes [4,5,6,7,8,9,10].

To achieve safe, high quality care, the MSI Group has strong oversight by the MSI Board and Australian Executive and Community of Excellence leaders who monitor client outcomes for signs of suboptimal quality and/or unsafe care and ensure immediate and appropriate action is taken to address deficiencies.

High-quality care is:

- Safe – eliminating avoidable harm during delivery of care

- Effective – delivering the right care to the right client in the right way at the right time with the right outcomes

- Person-centred – delivering care that recognises people's values, beliefs and situations in shared decision making and effective participation

3.   CLINICAL GOVERNANCE AT MSI GROUP

The MSI Group Strategic Plan 2021–2023 articulates the vision, values, purpose and organisational objective enablers that are closely aligned with best practice in clinical governance.

Strategic and operational alignment is provided by a committee structure and governance framework that contains a multidisciplinary team capable of rapid iteration and strong project management capabilities to implement and review the strategy in action. This governance structure will work across the organisation using a person-centred, co-design approach.

Best practice in clinical governance is focused on achieving safe, effective, holistic person-centred care and eliminating avoidable harm for all clients.

This is accomplished through strong leadership, a culture of improvement, ensuring organisational systems and structures are robust and developing our workforce capability to track, measure and drive continuous improvement and innovation.

Who we are and what we are fighting for?

Our culture of care & advocacy

We're an independent, non-profit organisation made up of values-driven experts who are deeply devoted to ensuring all people living in Australian have safe, supportive and accessible sexual and reproductive health services.

Mission
Children by choice, not chance

Purpose
Your choice, made easier

Values
Integrity, Agency, Safety, Quality, Courage

Vision
A world where every birth is wanted

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Out Values

Integrity
pursuing our purpose without compromise and partnering with like-minded organisations to destigmatise our services, so everyone can have the right to choose, no matter what.

Agency
safeguarding our independence, that of our clients and staff, so we can continue to enable and defend reproductive choice and rights.

Safety
prioritising not only the physical wellbeing of our clients, but also creating safe spaces for our colleagues and clients that are free from judgement and discrimination.

Quality
maintaining strong clinical and corporate governance structures, as well as robust and integrated processes and systems that empower staff at all levels to continuously deliver good outcomes for our clients.

Courage
being able to summon the strength and determination to fight for sexual and reproductive rights, and to look after ourselves and each other, so we can last the distance.

Our behaviour statements

We care for our clients and each other with compassion and as individuals with their own diverse, physical, emotional, social and cultural needs.

We conduct our work in an honest, just and sincere manner. We care and deliver through our words and actions.

We respect each other for who we are, and we all create space for trust, safety and wellbeing.

MSI Group Strategic Plan 2021 - 2023
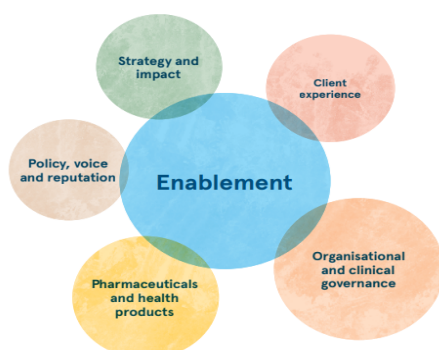
Strategic Priorities & Spheres of Activity

1. Improve our current services & cost structures

2. Diversify our product and service offering

3. Evolve our models of care and improve access through technology

4. Advocate for public policy change that supports the mission

5. Embed anti-discrimination practice and cultural safety

Effective clinical governance also requires a clear understanding of where an organisation is on its improvement journey and where it strives to be.

Assessment of the current capability at the MSI Group has identified strengths and areas for development through the new strategic plan.

It will also provide direction for improving the experience and outcomes for all clients, whilst enhancing the organisation's systems and capability in our people, to continuously improve and innovate which is essential.

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4.   CLINICAL GOVERNANCE PRINCIPLES

The MSI Group Clinical Governance Framework is underpinned by six principles to guide strong and effective governance of clinical care. These are based on the clinical governance frameworks throughout different jurisdictions [4,5,6,7,8,9,10].

MSI Group Principles of Clinical Governance

Client centred care & experience, partnering effectively	Commitment to placing the client at the center of everything we do to improve their care, outcomes and experience
	Actively involving clients in shared decision making regarding their care and treatment, including families/carers where appropriate
Leadership & Ownership	Leadership at all organisational levels promotes a culture of improving the client experience, safety and quality of care
	Ownership of care and outcomes is required and practiced by all staff
	Organisational culture and systems drive the quest of safe care by all staff
	Teamwork is recognisied as the best defense against system failures and is encouraged within a culture of trust and mutual respect
Strategic Directions & Priorities	Clear communication of the strategies and priorities improving services & the provision of safe, high quality care throughout the organisation
	Consumer engagement is actively sought and facilitated to inform planning, design and delivery of care improvements
Openness, transparency & accuracy	Robust data is collected and distributed to inform decision making and improvement strategies internally in addition to providing external reporting
	Clients and families are told what went wrong and why
	Improvements and learnings are shared organisationally and communicated effectively to prevent errors from being repeated
	Reporting, reviews and decision making are based on openness, transparency and accuracy
	The status quo is challenged and additional information sought when clarity is required
Care, driven by information & Learning	Relevant, accurate information is available and used at all levels to guide quality improvement activities and to effectively identify and manage risks
	Client experience, safety and quality of care is measured, monitored, evaluated and discussed at all levels of the organisation
	Reporting of incidents, near misses, hazards & risks in a just culture of no blame
	Clients and families are told what went wrong and why
	Improvements and learnings are shared organisationally and communicated effectively to prevent errors from being repeated
Accountability	Roles, responsibilities and reporting lines are clearly articulated
	Working groups and Committee structures support visibility and escalation of client safety issues to be addressed at appropriate levels and learnings are disseminated
	The obligation to act is clearly accepted and the allocation of responsibility is unambiguous and explicit
	Compliance with legislative and regulatory requirements, including accreditation

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5. DOMAINS OF CLINICAL GOVERNANCE

Five domains of clinical governance maintain the principles of governance.

These domains are integrated throughout the organisation and encompass the pathway to delivering safe, high quality care whilst enhancing the client experience throughout their journey of advocacy, care & compassion (Figure 3)

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1. Leadership & Culture
2. Consumer Participation
3. Effective Workforce
4. Clinical effectiveness & safety
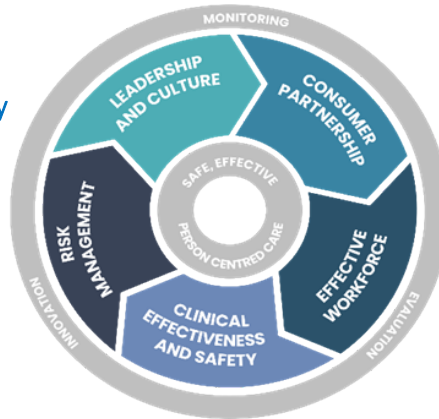5. Risk Management

Figure 3. MSI Group Clinical Governance Framework (Adapted from the Victorian Clinical Governance Policy Framework[3])

Leadership & Culture
➢ Strong leadership to drive a culture that emphasises high quality care throughout all aspects of our organisation's activities, for every person, every time
➢ A safety culture that is respectful, transparent & just to supports team members to freely identify, communicate & report activities at risk of error or incidents
➢ Leaders actions & accountability show everything we do is focused on the client and consumers
➢ Communication processes flow between all levels of the organisation, from Board level to clinical leaders & staff

Consumer Participation
➢ Commitment to person-centred care with the focus on shared decision making ensuring clients are involved in their own care & treatment at all levels of the organisation
➢ Information is provided in ways that clients understand in multiple formats
➢ Transparency of information & providing open disclosure when things go wrong
➢ A consumer or carer perspective provides diverse & important dimensions to how we design, review, monitor and adapt what constitutes safe, quality health care

Effective Workforce
➢ All staff have the appropriate skills, competencies and qualifications to provide safe, high quality care against their clinical scope of practice, professional performance standards and codes of conduct
➢ The multidisciplinary team and medical practitioners understand and are accountable for their role in governance
➢ Processes are in place to support effective recruitment, credentialing, staff development & annual review

Clinical Effectiveness & Safety
➢ Ensuring the right care is provided to the right person at the right time and the right place respecting the person's goals of care and wishes
➢ Evidence-based clinical care standards are embedded into practice within a system of measurement of continuous improvement & innovation that meets the requirements of independent accreditation

Risk Management
➢ Clinical risk management involves learning from incidents and feedback of the past, whilst monitoring for new and emerging risks to ensure identification of ways to decrease the risk of harm & to control those risks effectively.

6.   MSI GROUP CLINICAL GOVERNANCE FRAMEWORK

Effective clinical governance is a combination of 'bottom-up' and 'top-down' practices, clear accountability structures and processes, all in a transparent and respectful, culture of safety. There are many facets that combine to contribute to effective clinical governance throughout the group (Figure 4.)
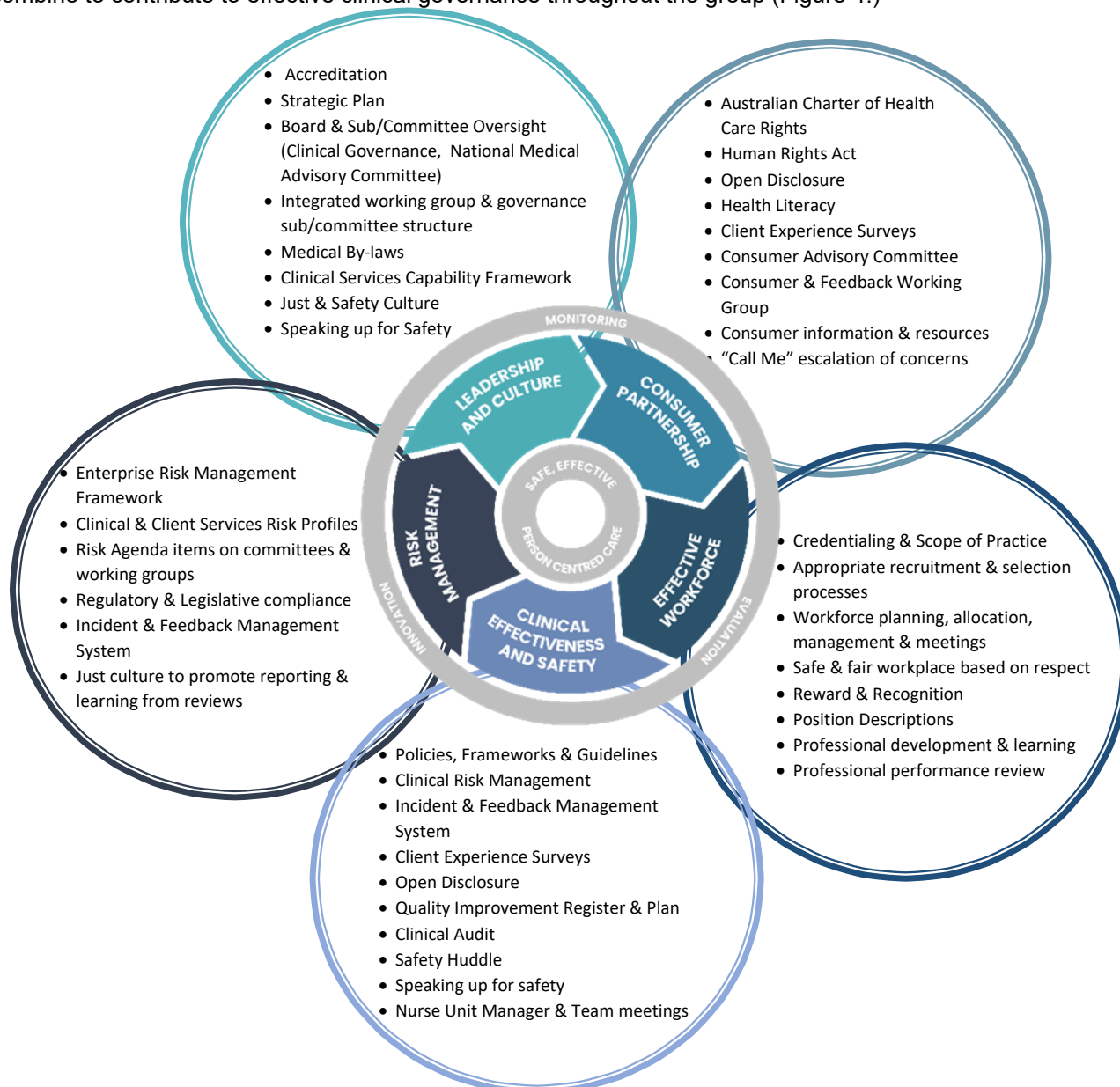
- Accreditation
- Strategic Plan
- Board & Sub/Committee Oversight (Clinical Governance, National Medical Advisory Committee)
- Integrated working group & governance sub/committee structure
- Medical By-laws
- Clinical Services Capability Framework
- Just & Safety Culture
- Speaking up for Safety

- Australian Charter of Health Care Rights
- Human Rights Act
- Open Disclosure
- Health Literacy
- Client Experience Surveys
- Consumer Advisory Committee
- Consumer & Feedback Working Group
- Consumer information & resources
- "Call Me" escalation of concerns

- Enterprise Risk Management Framework
- Clinical & Client Services Risk Profiles
- Risk Agenda items on committees & working groups
- Regulatory & Legislative compliance
- Incident & Feedback Management System
- Just culture to promote reporting & learning from reviews

- Credentialing & Scope of Practice
- Appropriate recruitment & selection processes
- Workforce planning, allocation, management & meetings
- Safe & fair workplace based on respect
- Reward & Recognition
- Position Descriptions
- Professional development & learning
- Professional performance review

- Policies, Frameworks & Guidelines
- Clinical Risk Management
- Incident & Feedback Management System
- Client Experience Surveys
- Open Disclosure
- Quality Improvement Register & Plan
- Clinical Audit
- Safety Huddle
- Speaking up for safety
- Nurse Unit Manager & Team meetings

Figure 4. MSI Group – Clinical Governance Framework

7.   IMPLEMENTING THE CLINICAL GOVERNANCE FRAMEWORK

Critical to the implementation of effective clinical governance throughout the MSI Group are the structures and processes to ensure aligned and comprehensive monitoring and reporting of clinical quality and safety.

The Framework outlines the overarching guidance for all levels of the organisation as all staff have a level of responsibility respective to their roles.

Within the Framework, there are five main levels of accountability for clinical safety and quality. These levels of accountability also map to general accountability and Governance reporting structures.
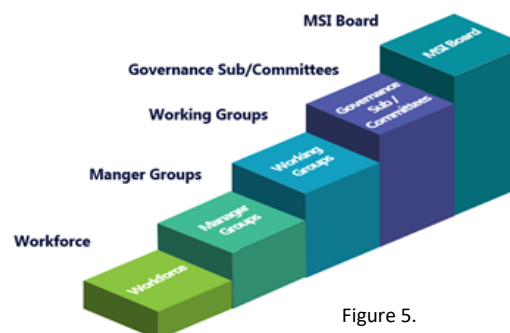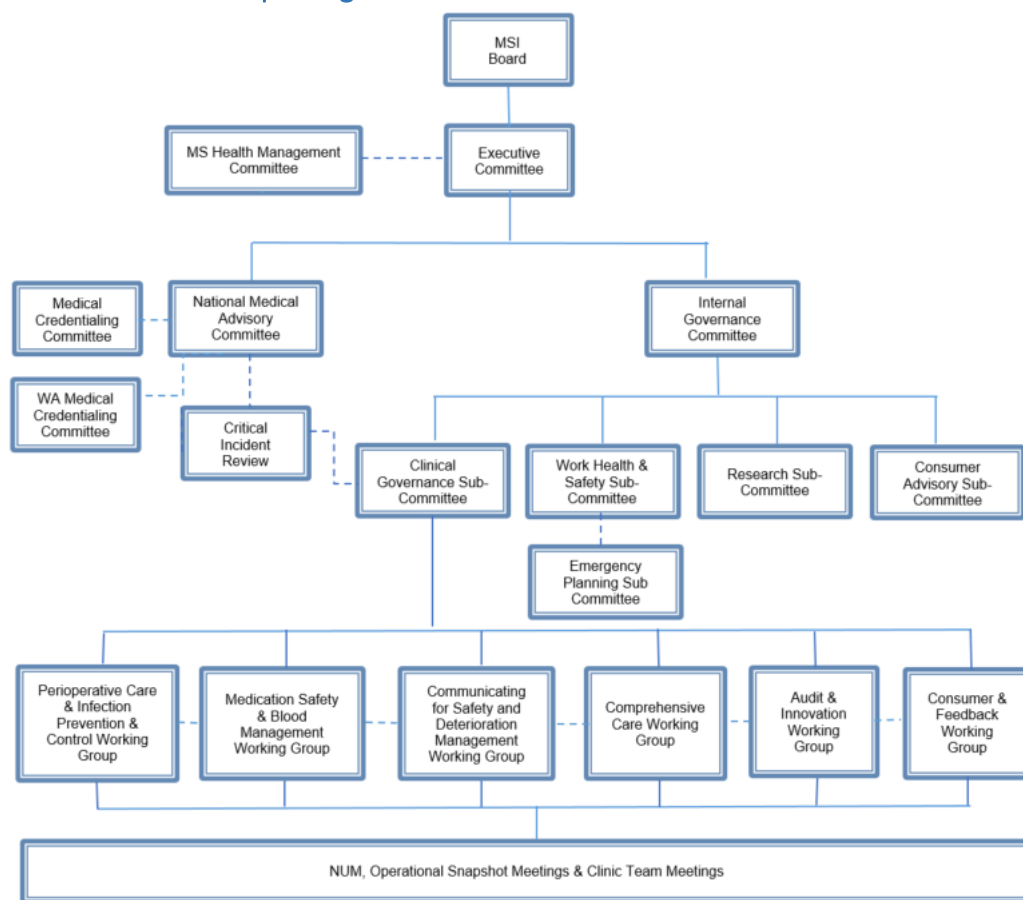
Figure 5.

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MSI Group Clinical Governance Reporting Structure (Figure 6.)

The MSI Group provides clinical services throughout the country by telehealth, accredited day surgeries and medical clinics. We partner with external vasectomy providers operating in their establishments, whilst maintaining our clinical governance framework, thus standards.

The role of each of the national clinical governance committees & groups is described below:

MSI Board

The Board oversees the implementation of clinical governance within the MSI Group to ensure legal, regulatory and operational responsibilities are fully discharged in alignment with corporate governance. They have overall accountability to ensure committee structures support and optimise the safety and quality of clinical care. Quarterly risk, quality & safety reports outlining current works and KPIs, are provided by the Managing Director.

Executive Committee

The Executive Committee meeting is chaired by the Managing Director and has the responsibility with the executive team to work collaboratively to consider financial, staff, operational, clinical and strategic matters relevant to the service.

They provide strategic oversight and operational management including business and clinical risk, quality improvement, including service accreditation matters.

They ensure management structures and processes provide good governance and support clinical teams in providing high quality, safe care. Monthly and quarterly reporting ensures transparency of monitoring systems and results are in place.

Internal Governance Committee

The Internal Governance Committee is comprised of key leaders and is chaired by an external, independent Chairperson to ensure accountability and impartial leadership and guidance. All Chairs of governance sub/committees are also members.

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National Medical Advisory Committee

The National Advisory Council (NMAC) provides oversight of clinical governance in line with best practice and legislative requirements to ensure safe, high quality provision of clinical services, procedures or interventions by medical practitioners. They receive relevant reports from the Clinical Governance Committee, such as in-depth/RCA report summaries.

- The NMAC has core roles in relation to clinical governance:
- Professional conduct – monitoring the ethical and professional conduct of all medical practitioners in alignment with the Medical By-Laws.
- Endorsement and monitoring medical policy – monitoring the clinical governance principles, medical policies and standards that inform safe, high quality care provision
- Clinical risks – identifying clinical risk trends, sharing lessons learnt from the service level clinical incident review and incident investigation processes, and escalating concerns to the Executive Committee and CGC.
- Adverse Event Reporting against key medical service provision to ensure quarterly trend analysis against quality & safety benchmarks and professional standards are in place.
- New clinical services – review and make recommendations for the introduction of all new clinical services, procedures and interventions
- Regulatory reporting - report to the Director General of Health or their equivalent for the appropriate state, any persistent failure of MSI to act on the Committee's advice on any matters regarding accreditation of medical practitioners, clinical practice within MSI facilities, matters concerning client care and safety at any MSI centre.

Medical Credentialing Committees – MSI Australia and Western Australia meetings

There are two credentialing committees, the MSI Australia and the Western Australian committee in alignment with WA jurisdictional requirements. The latter meet following the closure of the NMAC meeting quarterly.
- Medical Practitioner credentialing – appointment and re-appointment of medical practitioners, assigning clinical privileges against a defined scope of practice.
- Review of applications for new or extended clinical scope of practice

Clinical Governance Sub-Committee

The Clinical Governance Committee (CGC) is aligned to the framework, with the operational responsibility for monitoring and evaluating all matters relating to clinical governance across the MSI Australia. The CGC has core roles in relation to clinical governance:
- Systems assurance - overseeing the establishment and maintenance of effective clinical governance mechanisms throughout the MSI Group
- Effective communication – ensuring the multidisciplinary teams communicate between service level, management and across the organisation
- Clinical Policy - endorsement and monitoring, promoting new & revised policies & documentation, against the clinical governance principles & best practice, to ensure policies and standards that inform safe, high quality care provision
- Clinical risks – identifying clinical risk trends, sharing lessons learnt from the service level clinical incident review and incident investigation processes, and escalating concerns to the Executive Committee and NMAC.
- Clinical Dashboard & Audit Reporting – monthly incident trend analysis, ensuring monitoring systems are in place
- Client satisfaction and experience – monthly trend analysis, ensuring all care services are monitored
- Responsibility and accountability – clear designation for monitoring, evaluating and improving safety and quality of client care across the organisation
- Nursing and Allied Health credentialing – in conjunction with People & Culture team, oversight of credentialing and practicing within their scope of practice.

Critical Incident Review

The Clinical Incident Management Framework outlines the formation of a multidisciplinary team be formed to undertake in-depth / RCA investigations as required, including client feedback.
The investigation analysis, findings, recommendations, lessons learnt, and action plans are summarised and presented to the relevant clinical working group/s to inform their risk profiles and risk treatments.
They are also tabled at CGC, NMAC and the Executive for transparency and shared learning.
The investigation documents are shared and discussed with the treating team involved in the incident.

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Incident Declassification

Incidents may be declassified throughout the course of the investigation. The initial SAC rating may be re-evaluated and the investigation team deems the rating requires amendment.

The Executive Summary must be submitted to the appropriate Executive &/or Governance forum for endorsement of the declassification.

Decommission Review

A clinical incident in-depth or RCA review is only decommissioned when:

- the investigating team believes individual clinician conduct, impairment or performance issues may be responsible for an incident with no potential system issues; and
- the appropriate Executive considers that the incident was substantially caused by the conduct, performance or impairment issue and the team is not likely to identify other root causes, contributory factors or system improvements.
- Once decommissioned the incident will be investigated by the appropriate Executive aligned to the discipline involved, ensuring performance management & learning opportunities are aligned with best practice.

Medico-legal / External Body cases

Through the investigation or external request for information processes, potential medico-legal cases may be identified.

As appropriate, these are referred to our legal services for advice and assistance in conjunction with the Governance team.

For cases involving the Coroner, findings are requested so as they may provide shared learning opportunities with the relevant clinical departments.

Work Health & Safety Sub-Committee

The Work Health & Safety Sub-Committee is comprised of members of the multi-disciplinary team and WHS representatives. Any learnings from critical incident reviews that are relevant are communicated to this group. The meeting minutes are tabled at the CGC with any pertinent topics being highlighted.

Work Health & Safety Emergency Planning Sub Committee (EPC)

The purpose of the Emergency Planning Committee is to develop, maintain and monitor the emergency management planning and response for MSI Services and support the development of emergency documents. The EPC report to Work Health and Safety Sub-Committee.

Research Sub-Committee

The Research Sub-Committee is comprised of senior leaders across the organisation. Research is a CGC agenda item so as the clinical leadership can communicate to their teams the dynamic projects underway, call for participation and feedback, whilst building on the best practice knowledge base for all clinicians.

Consumer Advisory Sub-Committee

The Consumer Advisory Committee is comprised by a group of dedicated, trained, representative and knowledgeable community representatives who provide key insights into governance, safety, clinical performance and quality improvement. This group works predominantly at the service and organisational levels.

Working Groups

A number of working groups have been established at a group level to facilitate collaborative review of practice, sharing of information and development and implementation of evidence based best practice by the multidisciplinary team. Other service areas also form departmental and/or service type working groups.

They report monthly to the Clinical Governance Sub-Committee to ensure the multidisciplinary team communicate effectively.

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Currently six group working groups have been established that are aligned with the National Safety and Quality Health Service (NSQHS) Standards and key operational service provision.

1. Consumer and Feedback
2. Perioperative Care and Infection Prevention and Control
3. Medication Safety and Blood Management
4. Communicating for Safety and Deterioration Management
5. Comprehensive Care
6. Audit and Innovation

These working groups have the core roles in relation to clinical governance according to their speciality:
- Participating in the design, review and evaluation of care provision systems and processes
- Monitoring the provision of care, client satisfaction & experience
- Monitoring and reporting Incidents, near misses and hazards
- Participation in critical incident review as required, sharing learnings and assisting in treatment/action implementation
- Identifying and reviewing clinical risks, formulating risk treatments and reviewing controls strengths
- Ensure their relevant NSQHS Standard actions are in place and will meet accreditation requirements

Nurse Unit Managers / Operational meetings
Throughout the MSI Group there are multiple operational meetings that take place on a daily, weekly and monthly basis to ensure strategies are in place, clients have access to timely, appropriate care and staff and VMOs are aligned to all business requirements.

They provide forums that are transparent, promote safe spaces for multidisciplinary discussions and collaboration in order to provide targeted communication that includes adherence to clinical governance principles.

Clinical Team Meetings / Groups
All facilities and departments undertake combinations of daily, weekly, monthly meetings to ensure strategies are in place, clients have access to timely, appropriate care and staff and VMOs are aligned to all business requirements.

They provide forums that are transparent, promote safe spaces for multidisciplinary discussions with managers and other key staff to ensure business and care requirements.

8. ROLES AND RESPONSIBILITIES
Clinicians, managers and members of governing bodies have individual and collective responsibilities for ensuring the safety and quality of clinical care; as well as being reflected in the NSQHS Standards, many of these responsibilities are specified in relevant professional codes of conduct. Effective implementation depends on the contribution of all multidisciplinary team members at all levels of the organisation, including clients, their carers, family members and representatives. (Figure 7)
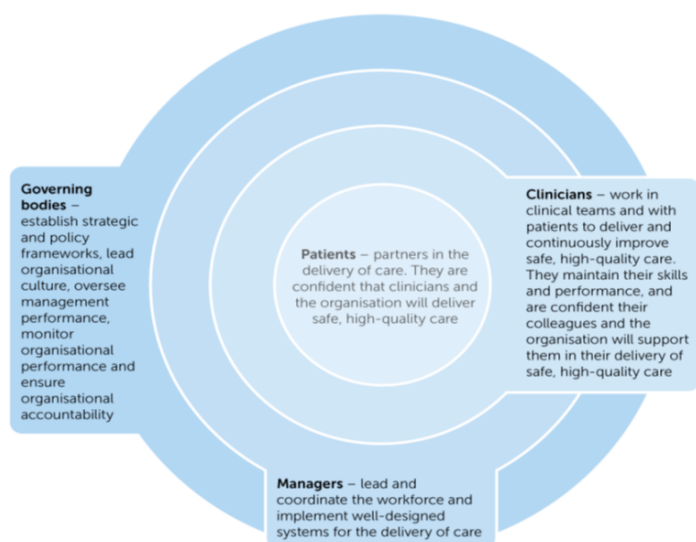
Critical to all roles is:

Commitment to partnering with consumers & shared decision making

Accountability & ownership for providing safe, high-quality care

Performance review & improvement

Continuing professional development, education & training in clinical governance & best practice

Figure 7. National Model Clinical Governance[1].

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Your Role in delivering Clinical Governance

Clients – to feel confident in the care I receive it is important I can:

➢ Be seen and treated as a respected person and being made aware of my rights and responsibilities

➢ Be an active participant & partner in shared decision-making whilst planning and providing my care

➢ Be able to raise immediate concerns about the safety, effectiveness or appropriateness of my care

➢ Be confident that the people I choose to be involved in my care, including family, carers and friends are treated as respected partners

➢ Be able to raise feedback about my care and experience and to make improvement suggestions

➢ Be provided information on my care in clear and easy ways I can understand throughout my care journey

➢ Be reassured that transparency, accountability, and open disclosure are practiced by everyone through the organisation

➢ Be confident that those providing my care are appropriately qualified and continue to learn

➢ Be confident that consumer and carer representatives partner in the decision making throughout the organisation to provide a client centred approach

➢ Be confident that consumer and carer representatives assist when planning services, developing models of care, or when measuring, evaluating and improving systems of care

Nurses, Midwives, Allied Health Staff – It is important that:

• I provide information and create opportunities for shared decision making to empower every client to be actively involved in their own care

• I respect the role of family and carers and include them as a partner in care upon the wishes of the client

• I am competent in what I do and contribute to my own learning and development to enhance my skills

• I am credentialed and work within my scope of clinical practice at all times

• I participate in care evaluation, measurement and reporting of incidents, near misses and hazards

• I participate in identifying current and emerging clinical risks and tell the appropriate persons

• I know the systems and processes I must follow and stay up-do-date with, to provide safe, best practice care

• I work to provide a safe environment and keep myself and others from harm

• I identify if something is unsafe or places anyone at risk of harm and tell the appropriate persons

Administrative Staff – It is important that:

• I respect the client, their rights and assist them to have a positive experience by assisting their care journey
• I respect the role of family and carers and include them as a partner in care upon the wishes of the client

• I am active in providing support to the multidisciplinary team members interacting with clients everyday

• I am competent in what I do and motivated to support the delivery of the best care and services possible

• I know the systems and processes I must follow and stay up-do-date with to be competent in my role

• I report incidents, near misses and hazards to assist in identifying and managing risks

• I am an active team player and speak up on how to improve and do things better

• I work to provide a safe environment and keep myself and others from harm

• I identify if something is unsafe or places anyone at risk of harm and tell the appropriate persons

Managers & Senior Leaders – It is important that:

• I model the principles of clinical governance to ensure person-centred care provision is provided by an effective workforce in an efficient workplace.

• I support clients, carers and their care teams to have input into feedback systems

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- I guide, engage and support team members to provide best clinical care

- I ensure team members are appropriately trained, credentialed and are working within their scope of clinical practice

- I promote a culture of safety and learning and look for ways to support staff to work efficiently and as part of a team

- I ensure high-quality care by the continual development and review of practice according to best practice and the national standards

- I perform a leadership role in the implementation of all safety and quality systems and processes, ensuring reporting, monitoring and action of data

- I ensure quality and safety meetings / working groups / governance committees are in place and effective in my area, ensuring appropriate representation and team communications

- I set clear expectation for team members, support them and hold them accountable for their role and responsibilities

- I role model responsibility for effective clinical governance, risk management and the implementation of continuous improvement

- I ensure risk management systems and processes are in place and communicated to all staff, actively participating in risk analysis and mitigation commensurate with my role and responsibilities

- I identify, report, and manage risk and support all team members to do so

Executive & Head of Departments – It is important that:

- I define, resource, implement and lead safe, high-quality care through robust governance and system supports

- I model exceptional care behaviour and set expectations that others will do so

- I ensure all aspects of clinical governance are in place and are effective

- I ensure quality, safe care is effectively communicated, reported, monitored and actioned

- I oversee the development, implementation and ongoing improvement of organisational-wide systems supporting clinical governance

- I take a leadership role in organisational governance committees and ensure appropriate working groups are in place and effective

- I support staff to extend their knowledge and skills and to speak up for safety and about issues of concern
- I actively participate in strategic planning processes and ensure all stakeholders are supported to provide input in a safe environment of respect
- I meet the expectations of external and regulatory bodies and legislative compliance requirements

9.   DEFINITIONS

TERM	DEFINITION
Clinical Governance	The integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement
Clients	All the patients for whom we care
Consumers	Consumers include general practitioners, health services who refer clients to us, past clients, families, carers
Clinicians	Clinicians include nursing staff, allied health staff, staff medical officers, VMOs & locums
Person-centred care	Clients and their families/carers are encouraged and supported to be actively involved in decisions about their care and treatment
VMO	Visiting Medical Officers – Independent contracted medical practitioners that are not employed by the organisation

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10. STRATEGIES IN ACTION

MSI enabling to deliver services in a timely, effective and efficient way[11]

✓	🚩	**Client Experience** Support, inform and deliver safe, person-centred comprehensive services for clients along their journey	✓	📊	**Organisational and Clinical Governance** Ensuring responsive, safe, high-quality governance systems & service provision meeting all best practice requirements
✓	🔭	**Strategy & Impact** Implement the strategy building the roadmap to thrive into the future	✓	🚀	**Policy, Voice & Reputation** We operate in order to achieve our mission by being a trusted voice in Australia
✓	✈	**Pharmaceuticals & Health Products** Design, develop & effectively manage safe pharmaceutical and health products			**Strategic priorities and spheres of activity** 1. Improve our current services & cost centres 2. Diversify our products & service offering 3. Evolve our models of care & improve access through technology 4. Advocate for public policy changes that supports the mission 5. Embed anti-discrimination practice & cultural safety

11. STANDARDS

Relevant National Safety and Quality Health Service Standards 2nd Ed. 2021

✓	🔍	Clinical Governance	✓		Comprehensive Care
✓		Partnering with Consumers	✓		Communicating for Safety
✓		Preventing and Controlling Infections	✓		Blood Management
✓		Medication Safety	✓		Recognising & Responding to Acute Deterioration

12. REFERENCES

[1] Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017

[2] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for day procedure services. Sydney: ACSQHC;2017.

[3] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. – version 2. Sydney: ACSQHC; 2021

[4] Safer Care Victoria. Delivering high-quality healthcare – Victorian clinical governance framework: 2017

[5] Government of Western Australia Department of Health. Clinical Governance, Safety and Quality: 2021

[6] NSW Department of Health, Clinical Excellence Commission. Patient Safety and Clinical Quality Program: last accessed 2021

[7] Queensland Health, Clinical Excellence Division. Allied Health Clinical Governance Framework: 2018

[8] Queensland Health, Darling Downs Health. Clinical Governance Framework: 2018

[9] Queensland Health, West Moreton Health. Clinical Governance Framework: 2020

[10] ACT Government, Canberra Health Services, The Foundation for Exceptional Care, Clinical Governance Framework 2020-2023

[11] MSI Reproductive Choices (2021). Australian Strategic Plan 2021-2023

13. KEY RELATED DOCUMENTS/TEMPLATES

Clinical Governance Policy
Clinical Governance Committee TOR
Health Literacy Policy
MSI Partnering with Consumers
Open Disclosure Policy
Partnering with Consumers Policy

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Medical By-Laws and Regulations
Clinical Services Capability Framework
Enterprise Risk Management Policy
Enterprise Risk Management Framework
Business Continuity and Crisis Management Policy
Emergency Management Framework
Incident Management Policy
Incident Management Procedure
Client Feedback and Complaint Management Procedure
Client Feedback and Complaints Management Policy
Quality Management Framework
Quality Management Procedure
Document Management Framework
External Vasectomy Services Framework (under development)

14. DOCUMENT GOVERNANCE

Document Owner	Head of Risk & Safety, DON		
Department	Governance		
Responsible Executive	Managing Director		
Governance Committee	Clinical Governance Sub-Committee and NMAC	**Date endorsed**	**25 November 22**

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