

# Governance Framework

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### **Acknowledgements**

We acknowledge the people of the Kulin nations as the Traditional Custodians of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

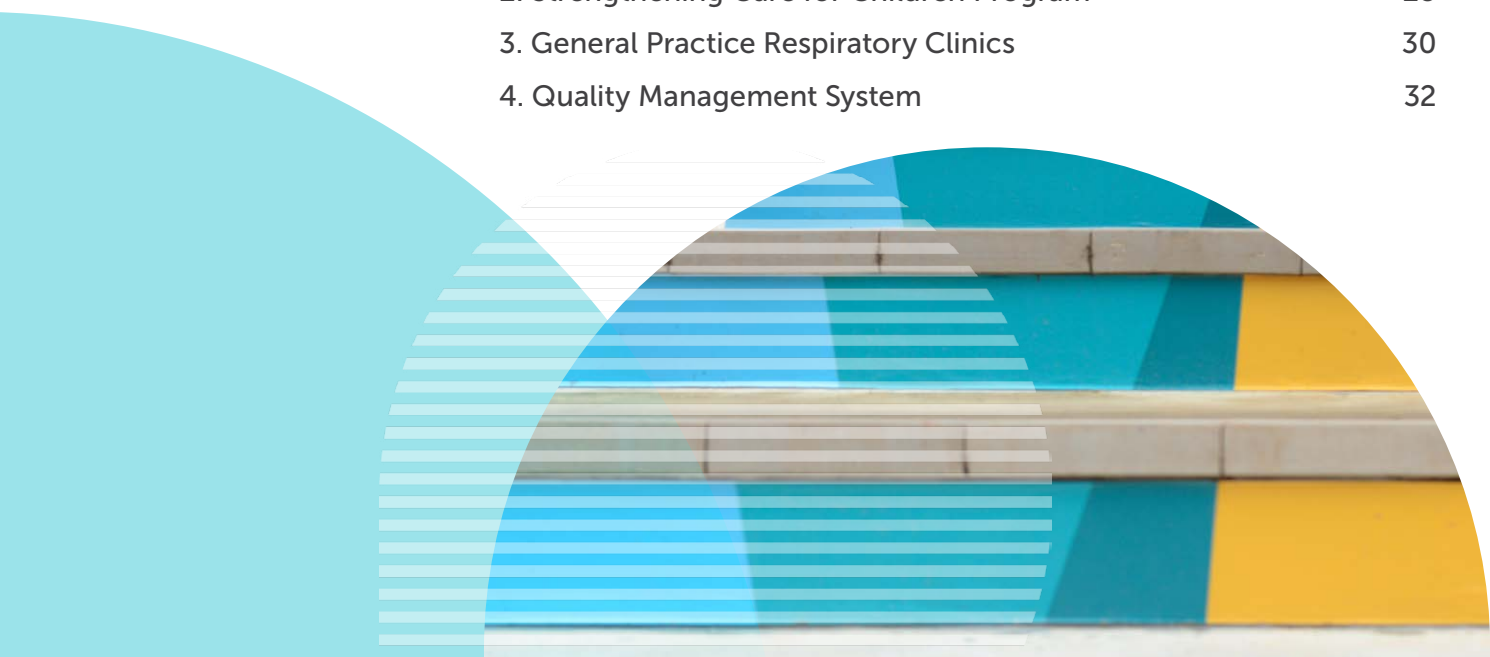
We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.

*Images by Leigh Henningham,  
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# Glossary and definitions

TERM	DEFINITION
CEO	Chief Executive Officer
CQP	Commissioning, Quality and Performance Committee
Clinical governance	<p>Clinical governance is the system by which the governing body, executive, managers and clinicians share responsibility and are held accountable when commissioning the delivery of clinical services, promoting programs and services across the region and when planning future activities.</p> <p>Clinical governance provides:</p> <ul style="list-style-type: none"> <li>• clarity of responsibility and accountability.</li> <li>• engagement of clinicians in the design and development of systems for the delivery of clinical care.</li> <li>• monitoring of service delivery to ensure the systems are working well.</li> <li>• effective use of data and information to monitor and report performance.</li> <li>• systems for identifying and managing clinical risk.</li> </ul>
Consumers	Consumers are those who are receiving care and treatment from a health service provider.
Community	Community includes the public who live, work or study within the geographic area of NWMPHN and who may consume and engage with the health care services commissioned, delivered and promoted by NWMPHN.
Corporate governance	Corporate governance is a driver of the operations and performance of a company. It involves a set of relationships between a company's management, its board, its shareholders and other stakeholders. Corporate governance also provides the structure through which the objectives of the company are set, and the means of attaining those objectives and monitoring performance are determined.
Data governance	Data governance is a set of quality control disciplines for managing, using, improving, maintaining, monitoring, and protecting information within NWMPHN. Strong data governance enables the organisation to perform its functions effectively and maintain the trust of data providers, data recipients and stakeholders in acquiring, handling and releasing data.
DOHAC	Australian Government Department of Health and Aged Care
EAG	Expert Advisory Groups
FAS	Finance, Audit and Systems Committee



TERM	DEFINITION
Governance	Governance encompasses the system by which an organisation is controlled and operates, and the mechanisms by which it, and its people, are held to account. Ethics, risk management, compliance and administration are all elements of governance.
Governance committees	There are 3 Board-appointed committees covering Finance Audit and Systems, Commissioning Quality and Performance, and Nominations and Remuneration.
Health System Partners	Health System Partners are public, private, or not-for-profit organisations that collaborate with NWMPHN to support the promotion and delivery of improved health outcomes.
MPCN	Melbourne Primary Care Network Limited
NWMPHN	North Western Melbourne Primary Health Network
PHN	Primary Health Network
Health care provider	A health care provider is a person or organisation that provides medical care or treatment and can include general practitioners, consultant medical specialists, allied health, radiologists, and nurses.
Risk management	Risk management is the identification, evaluation, and prioritisation of risks followed by coordinated and efficient use of resources to mitigate and monitor the probability or impact of risks to the organisation.

# Introduction

North Western Melbourne Primary Health Network (NWMPHN) has developed and implemented a range of committees, frameworks, policies, and systems that all support good governance.

Good governance comprises the high-level processes and behaviours that ensure that NWMPHN is achieving its purpose and complies with relevant laws, regulations and government policies. It promotes confidence from the Board, providers, practitioners, and the public that the organisation is performing at its best, in a way that utilises funding economically, ethically, and efficiently.

The purpose of this framework is to demonstrate to staff, executive leaders, committee and council members, and Board directors the core governance arrangements that NWMPHN has established. This ensures it is accountable to the community it serves, and that it guides efficient, safe, and quality health care services that are consistent with its strategic direction. It supports an understanding of how it makes key decisions, exercises control, and manages risk.

In practice, various frameworks, policies, and systems dictate how NWMPHN is governed. This framework explores the relationships between those mechanisms and the common guiding principles which underpin all NWMPHN activities. Combined, they establish standards of behaviour that seek to build a strong governance culture at the organisation.

Figure 1: NWMPHN's values, vision, purpose and aims







NWMPHN's Strategic Plan 2024-2028 outlines the national and local priority health areas, strategic aims, and objectives for the organisation across a 5-year period.

The Strategic Plan is our "north star", while this Governance Framework ensures there are rigorous mechanisms in place to deliver. These include:

- Reinforcing the values and principles contained within the Strategic Plan.
- Encouraging decision-makers within NWMPHN to align to the intent of the Strategic Plan.
- Providing a framework for the measurement and monitoring of progress and risk related to the Strategic Plan.
- Executing NWMPHN's roles as capability builder, commissioner, communicator, coordinator and champion to support its role in developing primary care support and service integration.



## Our vision

is of healthy people and a healthy community.



## Our purpose

is to transform the health system.



## Our aims

are to improve:

- people's experience of care.
- health equity.
- health outcomes.
- health care provider experience.
- health system cost efficiency and sustainability.

# 1. Guiding principles

NWMPHN's core values are respect, equity, collaboration and innovation. The guiding principles in Figure 2 define the expected standards of behaviour that should guide how staff think and act in their roles, and how the organisation and its people interact with internal and external stakeholders.

Together, the values and guiding principles establish the foundation for the culture of governance that the organisation wants to achieve.

*Figure 2: Guiding principles for NWMPHN staff behaviour with internal and external stakeholders*





## 2. Benefits of governance

Good governance at NWMPHN promotes confidence from clinicians, stakeholders, and the public that the organisation is fulfilling its purpose to transform the health system, and its vision of healthy people and a healthy community.

Good governance ensures that NWMPHN is performing at its best, in a way that utilises public money economically, ethically, and efficiently. The benefits of governance for our key stakeholders are outlined below.

### Benefits to staff

- **Risk positive culture:** Staff can apply the guiding principles of governance to their roles to ensure they are contributing to a risk positive culture.
- **Fair treatment and trust:** Staff have trust in organisational leadership, by ensuring there is fair treatment across employees and their respective teams.
- **Transparency and job satisfaction:** Good governance typically increases open communication and engagement between staff members and leadership to promote transparency and encouraging a more inclusive and engaged workforce with higher job satisfaction.
- **Understanding scope:** Staff understand the parameters within which they are required to, and can operate. This helps to discourage staff from overstepping roles or defined scopes of work.

### Benefits to providers

- **Quality improvement:** Providers can participate in efforts to evaluate and enhance clinical processes which lead to better health outcomes.
- **Legal protection:** Governance structures help providers comply with legal and regulatory requirements, reducing the risk of legal issues.
- **Effective resource allocation:** Transparent and well governed decision-making ensures that health care resources are allocated efficiently and equitably throughout the region to support improved access to diagnostic and treatment options.
- **Ethical framework:** Providers benefit from working in an environment where ethical principles and adherence to professional codes of conduct guide decision-making and patient care.
- **Interdisciplinary collaboration:** Governance encourages collaboration among different health care providers, health disciplines and within organisations. A collaborative approach leads to comprehensive and coordinated patient care.
- **Privacy and data security:** Effective governance safeguards providers' privacy and data security by adhering to health care privacy laws and regulations, which help to ensure sensitive patient health information is protected.
- **Accountability:** Health care providers are accountable for their actions and decisions. This accountability instills trust in consumers that health care professionals and providers will act in their best interests.

## Benefits to community

- **Patient safety:** The implementation of rigorous standards, protocols, and quality assurance measures gives consumers confidence that they can trust that the organisation reviews patient safety to minimise risk and adverse events.
- **Transparency and accountability:** Documentation and publication of decision-making by NWMPHN builds trust with consumers that the organisation is making fair and open decisions.
- **Consumer voice:** Good governance encourages engagement with a diversity of views to ensure services reflect community needs.

## Benefits to health system partners

- **Efficient resource allocation:** Partners benefit from well-structured governance, based on fair and efficient resource allocation, which can streamline decision-making processes, reduce bureaucracy, and optimise resource allocation based on community need.
- **Transparency and accountability:** Good governance fosters transparency in NWMPHN's operations and decision making, promoting trust and accountability among partners.
- **Stakeholder engagement:** Partners benefit from robust governance mechanisms that have a clear avenue for input and involvement. Stakeholders can trust that their interests will be considered and respected in health care planning and delivery.
- **Innovation and research:** Effective governance can promote innovation in health care design and delivery by providing partners with opportunities to collaborate on the development of new and more effective approaches to care that benefit the community.
- **Crisis response:** During public health emergencies or crises, well defined governance structures enable health system partners to coordinate efforts efficiently, respond quickly and allocate resources where they are needed most.



# 3. The role of governance

The primary purpose of governance is to ensure effective, ethical, and accountable management of resources and services administered by NWMPHN. Governance:

- Identifies, assess, and manage risks that have a clinical, legal, financial, and reputational impact.
- Guides decision-making within the organisation.
- Enhances quality of care by monitoring performance, opportunities, and risks.
- Fosters transparency in all aspects of its operations, building trust among stakeholders, including consumers, providers, and government bodies.
- Ensures that the organisation is managed to the highest standard.
- Fosters a safe and positive workplace environment.
- Defining the organisation's risk appetite and tolerance levels for things such as reporting on any significant or unusual transactions.
- Ensuring processes comply with relevant legislation, regulations, and industry standards. This includes understanding and addressing compliance risks and monitoring changes in regulations and impact on business operations.
- Ensuring that as a registered charity organisation that is also federally funded, NWMPHN complies with regulatory requirements set by:
  - Commonwealth Grants Rules and Guidelines 2017 under the *Public Governance, Performance and Accountability Act 2013*
  - Australian Charities and Not-for-Profit Commission
  - Australian Securities and Investment Commission, and the Australian Taxation Office.
- Distributing resources equitably and fairly including budget and personnel to support risk management activities.
- Making sure the organisation is prepared to respond to unexpected events and risks in a timely manner and has crisis management and contingency planning processes in place.

## 1. Financial and risk management

Strong financial and risk management ensures that resources are allocated appropriately, effectively, and efficiently. Good governance supports effective financial and risk management by:

- Managing and disclosing necessary financial information in a timely manner, including, but not limited to, conflicts of interest, and investigations of fraud or corruption.
- Ensuring all staff can identify and assess risks to the organisation, employees, volunteers, stakeholders, and the public.

## 2. Data

Good data practices ensure there is adequate governance in place for the safe, accurate and consistent use of data and information assets at NWMPHN. This is achieved through:

- Clearly defined principles and responsibilities for managing data and how information is captured, stored, accessed, shared, maintained and used.
- Compliance with required data protection, security and privacy laws, and standards and regulations, including those issued by various government agencies and primary healthcare bodies.
- Documenting the data management processes in place throughout the lifecycle of data - from the creation, or acquisition, storage, protection, release and destruction - to ensure its integrity, quality and appropriate access.
- Putting structures in place to oversee the information security risk management process, evaluating performance and measuring compliance.
- Implementing and monitoring core learning modules for staff on privacy awareness, portable device security and cyber security.

## 3. Performance, quality, and safety

To ensure the commissioned delivery of high quality, person-centered health services it is crucial to have robust clinical governance systems to support risk management, performance monitoring and evaluation, and continuous improvement to maintain high quality and safe standards of care. This is achieved through:

- Clearly articulating safety and quality requirements, and understanding roles, responsibility, and accountability of clinical standards in commissioned services.
- Implementing safety protocols and fostering a culture of safety internal to the organisation as well as with commissioned providers and partners. These processes and frameworks reinforce the importance of patient safety, and support the identification, mitigation, and treatment of emerging risks.
- Establishing good data governance practices to provide quality and timely reporting on the Department of Health and Aged Care (DoHAC) [PHN Program Performance and Quality Framework](#).
- Monitoring service quality to ensure that services meet or exceed established standards. This includes early detection, prompt response and management of incidents that arise. Monitoring assists with identifying patterns of incidents or under-performance which could indicate an issue related to clinical governance.
- Using key performance indicators and metrics to allow for data-driven decision-making. This is supported by collecting high quality quantitative and qualitative data.

- Clearly defined roles and responsibilities for monitoring and improving performance, quality, and safety.
- Enhancing service delivery through a culture of ongoing monitoring and assessment, continuous improvement and learning.

Clinical governance plays a key role in ensuring that NWMPHN is accountable for continuously improving the quality and safety of its commissioned clinical services and maintaining high standards of care.

Continuous quality improvement, monitoring and reviewing is core to NWMPHN's strategic objectives to build the capability of primary health care providers, and to generate, translate and share data and evidence about population health needs and outcomes.

We capture the right information about our people, partners, and services so that they can be improved and benchmarked against previous and future performance. This provides stakeholders, consumers and partners the confidence and trust in how the organisation operates and the services it provides to the community.

## 4. Commissioning

NWMPHN plays a key role in commissioning primary health and wellbeing services in the region. This requires a strategic and evidence-based approach that addresses health needs.

Good governance in commissioning is required in the planning, sourcing, procurement, and delivery of health care services by:

- Planning patient-centred health care services that meet the strategic priorities of the organisation and redirect resources to areas of high need to ensure equitable and efficient delivery of services.
- Supporting community engagement to enable patients, families, and local organisations to help co-design health care services that are culturally appropriate and meet community needs.
- Maintaining a consistent approach to contract management, ensuring that it is aligned to existing policies to ensure strategic, quality, and legislative standards are met.
- Embedding the use of the health equity lens throughout the commissioning lifecycle to identify ways in which programs and services may be contributing to health inequities or inefficiencies.
- Mitigating risks by proactively and transparently communicating decisions about commissioned services, including those related to prioritising needs or allocating funding with oversight from the appropriate leadership teams or individuals.
- Ensuring transparency and fairness in managing the market and procurement processes.

## 5. Partnerships and collaboration

Good governance plays a significant role in partnerships and collaboration with other organisations because it helps to promote transparency, accountability, and responsible decision-making. Key aspects of how partnerships and collaboration intersect with good governance include:

- Effective stakeholder engagement.
- Use of terms of reference, codes of conduct or memoranda of understanding which outline specific responsibilities and parameters for collaboration. These create transparency in the expectations and contributions of each party, which enhances accountability.
- Engaging stakeholders to contribute to decision-making processes and to gather diverse perspectives.
- Partnerships with organisations that share similar values and ethical standards to ensure that good governance principles are upheld throughout the partnership's duration. Moreover, scrutiny from partners or stakeholders can deter potentially corrupt or unethical behaviour by organisations or individuals.
- Guiding the conduct of NWMPHN staff when they are representing the interests of the organisation as a part of external forums, consortia, or other arrangements.

## 6. People and resources

Human resources (HR) systems, policies and frameworks play a significant role in contributing to good governance by facilitating various aspects of compliance, ethical practices, and individual accountability.

HR also supports this process by seeking to ensure every staff member feels respected, can collaborate, be innovative, and be treated equitably in the workplace. This is achieved through these principles:

- HR is responsible for creating and implementing policies and procedures that govern various aspects of NWMPHN. It also ensures that all staff and contractor credentials are verified to ensure they are suitably qualified for their work.
- HR systems and processes provide a transparent and documented process for setting performance expectations, assessing performance, and making decisions about recruitment and remuneration. These systems also help to ensure decisions are based on clear, objective criteria. Examples of this include investigations of HR-related grievances, performance appraisals and development plans.
- The HR team ensures compliance with legislation through establishing policies, processes, and frameworks. However, it relies on the people-leaders and staff to understand the importance, expectations, and requirements of adhering to HR policies.



- People-leaders play an important role in building a culture that adheres to the policies and lives the values of NWMPHN to establish a supportive, fair and equitable workplace where all staff feel confident to thrive.
- Staff engagement surveys or equivalents are useful ways to assess the levels of engagement, satisfaction, and commitment of employees. Collecting feedback from employees is useful to understand individual and collective experiences, strengths, and weaknesses and identifying opportunities for improvement.
- Employee training and development programs about compliance requirements and ethical standards empower staff members to make responsible decisions and report any misconduct or unethical behaviour that they may observe.



## 4. Governance mechanisms

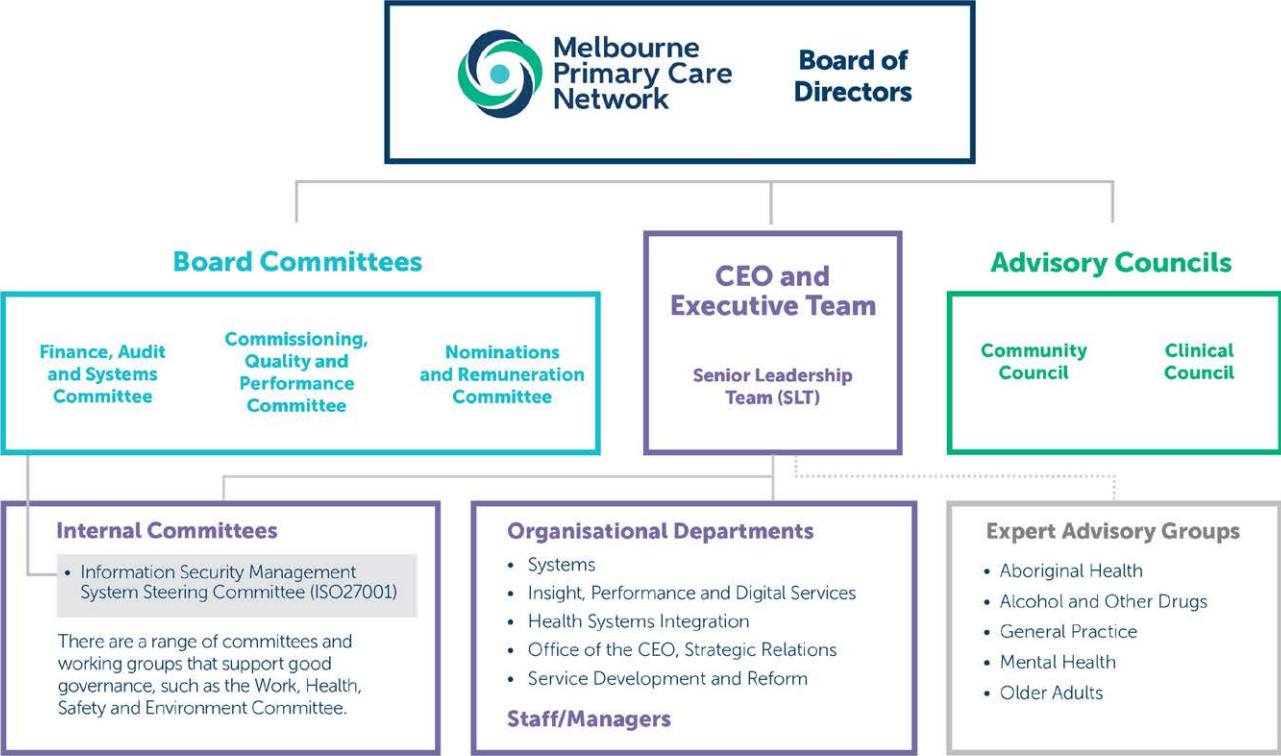
At NWMPHN there are several forms of governance in place across the organisation.

The governance mechanisms that collectively form its approach to good governance are shown in Figure 3 and detailed on the following pages.

Figure 3: Governance mechanisms



Figure 4: MPCN's governance, operational and advisory structure.



## The Board

The Board of Directors is responsible for ensuring that NWMPHN has an appropriate corporate governance structure and culture in place. The organisation has an approved Board charter which clearly identifies, defines, and records high-level responsibilities, functions, and administration of the Board of Melbourne Primary Care Network Limited.

In general, the Board is also responsible for overall operation and stewardship. Members are independent and are recruited to ensure there is a range of skills and industry knowledge that can support NWMPHN to execute its purpose.

## Board committees

Board committees play a crucial role in supporting the Board of Directors to operate effectively.

There are 3 established Board committees, each of which support the Board. They are:

- Finance Audit and Systems (advising on financial and risk management)
- Commissioning Quality and Performance (advising on performance management)
- Nominations and Remuneration Committee (advising on Board recruitment, evaluation and remuneration)

Each is appointed by, and is accountable to, the Board. Each has a range of responsibilities, outputs and delegations which are listed in their terms of reference. The Board retains responsibility for Committee decisions, performance, and outcomes, and will monitor their activities. Terms of reference are reviewed annually and any recommended changes are put to the Board for consideration.

## Advisory councils and groups

All members of NWMPHN councils and groups are required to declare any conflicts of interest and sign a confidentiality agreement. The advisory councils include:

- **Clinical Council:** Clinical Council members are clinicians from general practice, allied health, pharmacy, acute health services, research bodies and universities. It has significant expertise and provides clinical insight and direction across a range of health areas. Council members also provide a window into the realities of professional life for those working in general practice, allied health, and hospitals in the region.
- **Community Council:** The Community Council acts as a focal point for regional community engagement and advocacy to support and guide NWMPHN's objectives and work across the commissioning cycle. It is made up of representatives from the community and may include consumers, academics, GPs, service planners and other community members. It provides insight and direction about the unique needs of the area. This underpins the key organisational principles of collaboration for engaging consumers, carers, communities, and service providers.

## Expert advisory groups (EAG)

Members of the NWMPHN EAGs comprise experts in a particular health area, and inform decisions that are made. For example, the General Practice EAG comprises local GPs, nurses and practice managers to guide the organisation's support for primary care and quality improvement initiatives.

These groups change according to national and local health priorities and may include:

- a. Aboriginal health
- b. Alcohol and other drugs
- c. Mental health
- d. Older adults

## Project and initiative-focused committees

These committees are established for a limited time and for a specific project or internal initiative to be implemented. They contribute to effective governance by bringing transparency and accountability to decision-making. Committees will likely include community members such as people with lived and living experience.

## 2. Frameworks

Frameworks provide guidance to NWMPHN management and staff on how the work of the organisation should be executed, driving consistency. It has developed several frameworks to guide decision-making and its processes across key areas. They include:

- The Strategic Plan which outlines NWMPHN's vision, purpose and strategic objectives and accompanying strategies to achieve these for a 5-year period.
- The Stakeholder Engagement Framework which details the principles underpinning the approach, the model of engagement, key stakeholder groups and their roles and responsibilities when engaging stakeholders in the commissioning of services and care coordination.
- The Clinical Governance Framework which outlines organisational structures and processes that ensure the NWMPHN governing body, executive managers, managers, and clinicians are held accountable when commissioning the delivery of clinical services, promoting programs and services across the region and when planning future activities.
- The Data Governance Framework which outlines a set of guidelines on how NWMPHN will comply with the requirements of privacy and health information management regulation.
- The Commissioning Framework which describes NWMPHN's approach to commissioning services and establishes principles, commissioning cycle and activities that support a strategic commissioning approach.
- The Risk Management Framework which provides the policy, manuals, templates, and tools to identify, assess and manage risks across all parts of the organisation and by all staff within the organisation.
- The Cyber Security Framework which describes our policies, technical and operational procedures, roles and responsibilities and third party arrangements that seek to reduce our risk of cyber attacks and data breaches. Our **Information Security Management System Manual** outlines the management of information security at NWMPHN and the controls and guidelines we have in place.



### Documents that support governance include:

1. Strategic Plan
2. Strategies: key priority areas, data, research
3. Frameworks: commissioning, corporate, clinical and engagement
4. Plans: policies, procedures, plans and guides



### 3. Policies

Policies are a key part of good governance at NWMPHN and help to ensure the organisation is operating ethically and efficiently. Here is a selection of policies with implications for the way the organisation governs.

- **Board Clinical Governance Policy** which outlines the roles and responsibilities of the Board and CEO in relation to NWMPHN clinical governance.
- **Commissioned Clinical Services Credentialing and Safety Compliance Policy** which applies to all providers contracted to undertake clinical services, confirms health practitioner credentials, and reviews the management of their scope of practice.
- **Procurement Policy** which provides guidance for completing activities in the plan-and-deliver phase of the commissioning cycle to ensure effective, consistent and compliant procurement practices.
- **Commonwealth PHN Program Complaints Policy** which describes the process used by DoHAC to acknowledge, review and resolve complaints within the Department's remit which are related to the PHN Program. It also provides guidance for individuals, organisations or advocates wishing to lodge a complaint about a PHN or the PHN program.
- **NWMPHN Feedback and Complaints Policy** which outlines the approach that NWMPHN takes to address and resolve complaints received from external stakeholders regarding its operations and services provided by contracted organisations.

### 4. Systems

NWMPHN has several systems that support governance and maintain accountability, transparency, and efficient operations. Collectively these ensure safe, effective, and responsible delivery of services to the community. They include:

- Clinical governance system to capture and manage clinical incidents and risks.
- Financial governance systems to manage financial resources effectively, including budgeting, financial reporting, and audits.
- Risk management systems to capture, monitor and report on risks and mitigation strategies.
- Human resource systems for recruitment, training, and performance evaluation.
- Community engagement systems to manage ongoing stakeholder involvement.
- Emergency preparedness and crisis management system.



## 5. Roles and responsibilities

Each layer of NWMPHN management should have a clear understanding of roles and responsibilities in support of good governance. This table provides a specific inventory of the roles of each layer and their corresponding responsibilities to deliver governance activities.

LAYER OF MANAGEMENT	GOVERNANCE ROLE
Board of Directors	<p>As the peak governance committee for the organisation, the Board of Directors is accountable for:</p> <ul style="list-style-type: none"> <li>• Setting and achievement of the organisation's strategic plan.</li> <li>• Well documented, easily understood, and shared strategy and purpose.</li> <li>• Effective governance of NWMPHN.</li> <li>• Organisational performance.</li> </ul>
Finance, Audit and Systems Committee	<p>This committee provides oversight of financial management and risk management of the organisation. It is responsible for:</p> <ul style="list-style-type: none"> <li>• Guiding, developing, and reviewing financial delegations as set by the Board.</li> <li>• Providing advice and recommendations regarding financial, compliance, legal or risk related matters to the Board.</li> <li>• Monitoring ongoing implementation of risk frameworks and business continuity.</li> <li>• Supporting the Board to identify and review risks, compliance breaches or legal disputes.</li> <li>• Reviewing reports on fraud or non-compliance from management that outline any significant or systemic allegations, the status of any ongoing investigations and any changes to identified fraud risk.</li> </ul>
Commissioning Quality and Performance Committee	<p>This committee provides oversight to the Board on commissioning, service quality and performance. It also provides:</p> <ul style="list-style-type: none"> <li>• Monitoring of organisational commissioning and procurement processes.</li> <li>• Oversight of commissioning risks.</li> <li>• Reviewing of quality and safety metrics including: <ul style="list-style-type: none"> <li>• consumer experience.</li> <li>• outcome measures.</li> <li>• performance against Department of Health and Aged Care PHN performance and quality indicators.</li> </ul> </li> <li>• Annual reviewing of Board clinical governance and commissioned clinical services credentialing and safety compliance policies.</li> </ul>
Nominations and Remuneration Committee	<p>This committee is responsible for evaluating the balance of skills, knowledge, experience, and diversity of the Board. It reviews the Board's structure and identifies potential candidates to be appointed.</p>

LAYER OF MANAGEMENT	GOVERNANCE ROLE
Clinical Council	<p>The role of this council is to provide advice and support to NWMPHN. It:</p> <ul style="list-style-type: none"> <li>Assists in developing engagement principles and mechanisms that are cost effective and locally relevant to support commissioning work.</li> <li>Provides advice that is in line with NWMPHN strategic objectives.</li> <li>Works in tandem with the Community Council.</li> </ul>
Community Council	<p>The role of this council is to provide advice from the perspective of consumers and community members. It:</p> <ul style="list-style-type: none"> <li>Assists in developing engagement principles and mechanisms that are cost effective and locally relevant to support commissioning work.</li> <li>Provides a focal point for regional and community engagement and advocacy to support NWMPHN's strategic objectives and work.</li> <li>Works in tandem with the Clinical Council.</li> </ul>
Chief Executive Officer	<p>The CEO is accountable to the Board, and is responsible for making major corporate decisions, managing overall operations, and implementing the strategic direction of the organisation as delegated.</p>
Senior Leadership Team (SLT)	<p>The Senior Leadership Team is responsible for implementing the strategic plan, managing operations and reporting on departmental risks, progress, and outcomes.</p>
Managers	<p>Managers serve as a critical link between senior leadership and frontline employees in implementing and upholding NWMPHN's governance framework. Essential responsibilities include:</p> <ul style="list-style-type: none"> <li>Identify and assess risks within their areas and develop risk management strategies to mitigate potential threats.</li> <li>Educate and train their teams about governance policies, compliance requirements and ethical standards.</li> <li>Provide critical input and data to support decision-making processes by SLT, and help ensure decisions are made in line with strategic direction.</li> <li>Manage local team budgets to ensure effective and efficient utilisation of resources.</li> <li>Oversee stakeholder engagement activities and address stakeholder concerns to ensure their team contributes positively to stakeholder relationships.</li> <li>Identify areas of improvement within their team and implementing necessary changes to enhance operational efficiency, compliance, and governance.</li> </ul>
Staff	<p>Frontline staff are responsible for carrying out day-to-day operations and ensuring adherence to all governance procedures and policies. Staff contribute greatly to NWMPHN's governance by:</p> <ul style="list-style-type: none"> <li>Understanding all governance mechanisms, how they relate to their area of responsibility, and applying this knowledge in their work.</li> <li>Ensuring that data is accurately collected and reported in line with governance requirements.</li> <li>Identifying potential risks or issues related to their tasks and reporting them to their managers or appropriate channels within the governance structures.</li> <li>Upholding the organisational values and governance principles in all interactions with colleagues and stakeholders, including data privacy, conflicts of interest and acting with integrity.</li> <li>Providing feedback and insights on their daily tasks to contribute to continuous improvement so the team can be more efficient and effective.</li> <li>Effective record-keeping, which is crucial for maintaining a trail of governance decisions, audits and compliance checks.</li> </ul>

## 6. Conclusion

Everyone at NWMPHN actively participates in facilitating, monitoring, and continuously improving good governance practices.

It is imperative that people-leaders and senior leaders engage in ongoing discussions regarding governance to ensure its application in everyday activities so that governance is an enduring practice.

This is a foundational document, articulating the existing frameworks, policies, and systems that together underpin governance at the organisation.







# 7. Appendix - Case studies

## 1: What governance looks like for delivery of the Health Needs Assessment.

PHNs are required on behalf of the Department of Health and Aged Care to undertake a health needs assessment as part of the insight stage in the broader PHN commissioning cycle.

The HNA provides the basis for planning and commissioning of services, in an evidence based and holistic way. The HNA identifies gaps and opportunities in health and service needs in the NWMPHN region.

- Maintain a positive public reputation and presence during stakeholder consultations, fulfilling NWMPHN's role as a collaborator in the health care landscape.
- Be consensus-oriented when drafting and refining the HNA to ensure all opinions are valued.
- Utilise risk registers and risk management systems to be responsive to risks identified or raised by staff.

### Staff

- Collect, safely store and document quantitative and qualitative data from accurate sources to maintain data privacy and accountability.
- Ensure that consultations with community and providers are consistent and well documented to reduce or prevent unfair or biased treatment.
- Are responsible for ensuring that the data is representative of the community and can be used as trusted evidence to guide future decision-making.

### Managers

- Ensure due diligence has been followed for the collection, reporting and safe storage of data and information that informs the HNA.
- Support staff to conduct consultations that are representative of the market and/or community.

### Senior Leadership Team (SLT)

- Have oversight of progress and quality assurance of the HNA in terms of data, participatory process and alignment with strategic directions.
- Are responsible for actions or implications following from the HNA and adjusting the commissioning strategy accordingly.
- Ensure that future activities are linked back to the HNA as a foundation for commissioning decision making.

### CEO

- Ensures the HNA is accurate, appropriate, and completed.
- Is accountable for the process being evidence-based, participatory and consensus-oriented.



### Councils and Advisory Groups

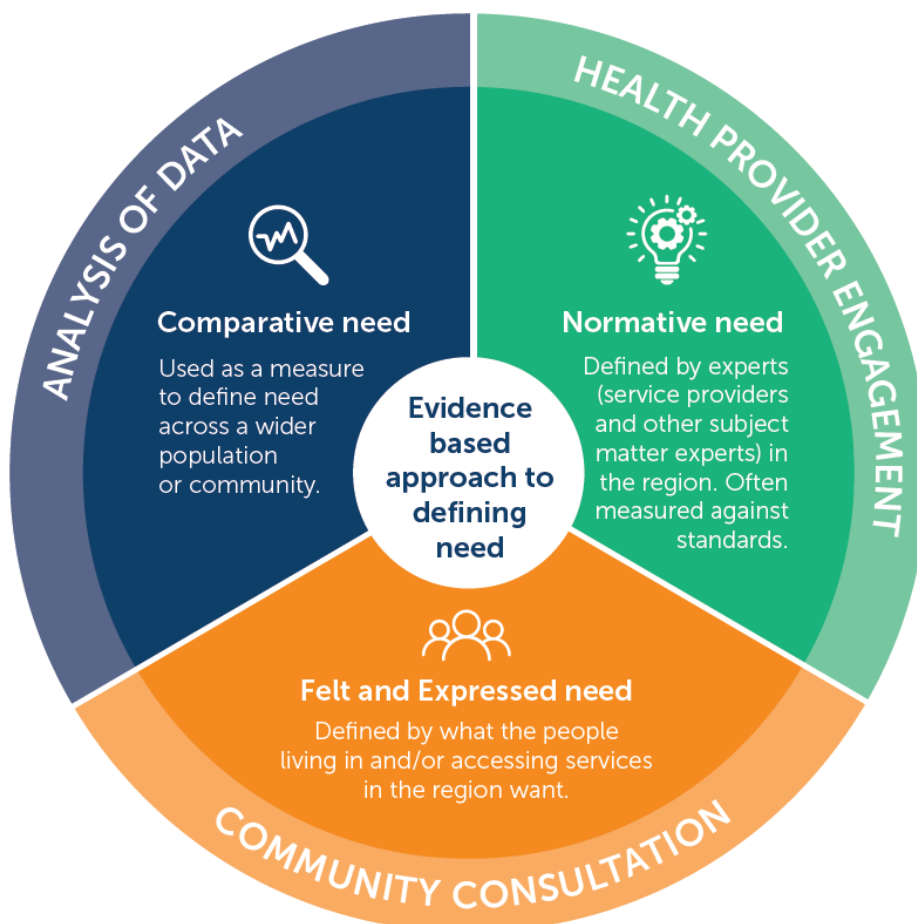
Provide insights to ensure the HNA reflects the experience of consumers and clinicians in the community.

### Board

- Is accountable for a fully participatory process in developing the HNA every 3 years.

### Governance Committees

- The Commissioning Quality and Performance Committee will provide oversight of the HNA and Commissioning process and that it meets the standards set by DOHAC.
- Accountable for ensuring the HNA provides the evidence base for decisions on the future direction of commissioning and investments.



## 2. What governance looks like for the Strengthening Care for Children Program

Strengthening Care for Children is a joint program being run by the Royal Children's Hospital, Murdoch Children's Research Institute and North Western Melbourne Primary Health Network (NWMPHN). It is an integrated model of care that seeks to:

- strengthen the paediatric care skills of GPs.
- increase knowledge of child health and management in general practice.
- reduce the need for referrals to hospital services.

NWMPHN played a crucial role in recruiting and enrolling general practices to run the initial pilot study.

### Staff

- Provide consistent and transparent information to recruit eligible general practices into the program, ensuring that informed consent is obtained to participate in the study.
- Ensure documentation of eligibility criteria and screening is done in a clear, consistent and publicly available manner.
- Selection of practices is done accurately and consistently, demonstrating adherence to study criteria and ethical research practices.
- Collect data and report on performance and clinical outcomes and identify areas of concerns or risks and raise these.

### Managers

- Utilise governance systems to ensure that providers meet clinical standards to provide safe care to consumers and have the appropriate internal risk management systems to identify incidents and poor clinical outcomes.
- Monitor performance reports and assist with identifying patterns of under-performance or clinical incidents.
- Oversee the relationship with partner agencies.
- Ensure that staff are suitably trained and understand study requirements as well as any legal or ethical considerations related to undertaking this work.

### Senior Leadership Team

- Regularly review service reporting to monitor performance and clinical outcomes.
- Monitor risk management systems to support identification of patterns of incidents.

### CEO

- Responsible for ensuring that the program is carried out according to agreed outcomes.
- Inform and consult with the Board on key risks being managed through the governance arrangements established.
- Oversight of relationships with partnering organisations including peer relationships with senior executives in partner agencies.

### **Councils and Advisory Groups**

- Provide subject matter expertise and advice as needed to support the development of GP or consumer specific materials.
- Ensure that materials are clinically relevant, sufficiently tailored and accurate for their intended purpose and audience, particularly for public facing materials.

### **Governance Committees**

- Provides advice to the Board regarding expenditure of the program as well as any other financial concerns or risks that may arise for NWMPHN in relation to the project.

### **Board**

- Ensuring that appropriate management reviews are in place and governance structures are adhered to by reviewing regular reports on clinical and performance outcomes, and via the risk management system.



### 3. What governance looks like for coordinating the General Practice Respiratory Clinics

General Practice Respiratory Clinics (GPRCs) were funded by Victorian State Government to provide access for people to receive comprehensive respiratory assessment and immediate support in managing their illness.

NWMPHN's role was to manage local procurement and contracts of GPRCs in the region, and to provide statewide coordination for the program and evaluation data components. In addition, NWMPHN had a communication role to ensure that the community and other health providers are aware of and referring patients to these clinics.

#### Staff

- Undertake procurement activities, ensure that the information provided is consistent and that all practices are treated fairly throughout the process.
- Documentation of all formal interactions with stakeholders for transparency and accountability purposes and consistent with procurement processes.
- Collect and monitor performance and quality data and identify areas of underperformance to raise with the team.
- Identify risks and issues during the implementations of clinics and raise through established mechanisms.

#### Managers

- Establish an expression of interest and selection process for practices that are consistent with procurement and probity policies.

- Documentation clearly articulates safety requirements, responsibility and accountability of clinical standards.
- Identify and establish performance indicators to monitor clinical outcomes, patient satisfaction and compliance.
- Utilise the risk management framework for the implementation of the respiratory clinics to anticipate risks and identify mitigation strategies, when for example priority groups in community have difficulty accessing clinics.

#### Senior Leadership Team

- Provide assurance that allocation of clinics in the region has been made in line with procurement and clinical governance policies.
- Accountable for the establishment and operation of the clinics and meet expectations of state and federal government partners.

#### CEO

- Provide assurance to the Board on clinic operations, financial status, compliance and performance outcomes.
- Oversee the relationship with the State and Commonwealth Governments which may include partnership agreements and establishment of ways of working to ensure seamless coordination.

### Councils and Advisory Groups

- Council and advisory groups play a role in informing the design and approach to engagement with clinicians and community members.

### Governance Committee

- Review reports on clinical outcomes, patient satisfaction and adherence to clinical standards to provide assurance on the quality of care provided by the clinics.
- Review audits of procurement processes to ensure that policies and systems are adhered to in making fair and transparent decisions.

### Board

The Board ensures objectives and outcomes, including managing risk of GPRCs, is embedded in the operational management by NWMPHN staff. This includes:

- Monitor the management of performance and risks arising from service delivery.
- Determine that NWMPHN have established protocols to ensure clinics comply with relevant regulations and accreditations required.
- Advocate for the needs of the community in discussions with state and federal governments to recommend any changes or improvements.

Winter's here.  
And so are  
free local GP  
Respiratory  
Clinics.

FREE LOCAL GP  
Respiratory  
Clinics  
ARE HERE



## 4. What governance looks like from a quality management perspective?

Good governance is achieved when all systems, processes, leadership and culture are in place to help deliver safe, high-quality healthcare to the programs we commission.

NWMPHN's Quality Management System (QMS) is vital to good governance. It provides innovation and improvements, checks and measures, and ensures that our daily operations are up to date, certified and accountable.

Quality system	How to achieve good governance:
Document management	Ensure that staff are aware and using our document management system, Prompt.
Quality improvement	Ensure that staff complete process improvement requests (PIR) via the quality systems hub.
Audit program	Ensure adherence to a yearly internal audit schedule.
Risk management	Ensure that we are appropriately managing risk.
Feedback process	Ensure timely management of complaints, compliments and suggestions for improvement.
Incidents	Report material, clinical and data breaches.
Compliance	Ensure regular review and communication of legislative and regulatory updates.
ISO 9001 accreditation	Ensure compliance with ISO 9001 certification, focusing on quality management systems.



## Examples of actions, by role, to improve quality and good governance.

### Commissioned providers

- ✓ Report clinical incidents, assurance actions and learning are taking place.
- ✓ Ensure appropriate levels of credentialing.

### Managers

- ✓ Review and use policies and frameworks
- ✓ Have a risk mindset when it comes to new projects and initiatives.
- ✓ Implement and share any relevant legislative or regulatory updates.
- ✓ Understand relevant ISO 9001 accreditation requirements.
- ✓ Support and engage with the internal audit program as required.
- ✓ Log and action process improvement requests.
- ✓ Sharing feedback items, whether they are complaints or compliments.

### Executive

- ✓ Provide assurance and direction with strategic projects.

### CEO

- ✓ Provide leadership and direction on key priority areas

### Quality and Clinical Governance and Clinical Quality and Performance committees

- ✓ Provide review and direction.

### Board

- ✓ Provide review and direction.



