



Government of **Western Australia**
WA Country Health Service



Clinical
Governance
Framework
2018



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WA Country Health Service

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Clinical Governance Framework
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Executive Summary

The Western Australian Country Health Service (WACHS) Clinical Governance Framework is the foundation framework that outlines the minimum clinical governance system for WACHS. The WACHS Executive commissioned the Clinical Governance Framework to ensure patients receive safe and high quality health care and that there is effective organisational safety and quality systems in place to achieve this.

The WACHS Framework consists of five parts which include:

- The framework report providing an introduction to WACHS, background, clinical governance, leadership and culture, accountability, how we communicate, an overview and evaluation.
- Flowchart depicting the internal flow of Clinical Governance Patient Safety information.
- Diagram outlining the WACHS Clinical Governance definition, the principles for safe high quality healthcare and the two elements of the framework.
- Matrix providing the whole of WACHS and regional breakdown of the clinical governance structures and systems in place.
- Assessment tool to assist regions in identifying the minimum clinical governance required





Ensuring patients receive safe and high quality health care and that there is effective organisational safety and quality systems in place to achieve this is essential.

Introduction to WACHS

OUR PURPOSE

The WA Country Health Service improves country people's health and wellbeing through access to quality services and by supporting people to look after their own health.

OUR GUIDING PRINCIPLES

- Patients first in all we do.
- Safe, high quality services and information at all times.
- Care closer to home where safe and viable.
- Evidence-based services.
- Partnerships and collaboration.

WACHS is the largest country health system in Australia, and one of the biggest in the world, covering the whole of Western Australia outside metropolitan Perth which equates to 2.55 million square kilometres.¹

- Services are provided to a population of almost 532,000 residents (approximately 21 per cent of the state's population), including around 52,600 Aboriginal people and thousands of visitors including 'fly in fly out' workers and tourists.
- WACHS operates a regional network model with seven regions: the Goldfields, Great Southern, Kimberley, Midwest, Pilbara, Southwest and the Wheatbelt.
- WACHS comprises 68 gazetted hospitals and health centres: 6 larger regional hospitals (RH), 15 medium sized district hospitals (DH) and 47 small hospitals (SH), 42 health centres (nursing posts),² 24 community-based mental health services, four dedicated inpatient mental health services, and 175 population health facilities.

Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

These facilities vary greatly in their remoteness, size, staffing, and clinical capability.

WACHS provides an enormous scope of service, Listed below is an example of that scope: ¹

- Emergency care in each of its 68 hospitals and many of its nursing posts.
- A wide range of hospital based acute services.
- Maternal and child health, public health including communicable disease surveillance and response, health promotion and chronic conditions services.
- Mental health, drug and alcohol services.
- Sub and post-acute services including palliative care, rehabilitation and wound care.
- WACHS provides additional services in regions where no other services exist, either wholly or in partnership with the Commonwealth or local government including:
 - general practice, primary health, environmental health and chronic conditions
 - community and residential aged care
 - pharmacy and medical imaging.



Background

The *Health Services Act 2016* replaced the outdated *Hospital and Health Services Act 1927*. “The Act lays out how we govern, structure and run the WA public health system”. The Act states that the Department of Health (DoH) led by the Director General is “the system manager responsible for the overall management and strategic direction of the WA public health system, ensuring the delivery of high quality, safe and timely health services”. The Health Services and Boards, with WACHS being one of five Health Services “have been established as separate legal entities governed by Health Service Boards that are legally responsible and accountable for the delivery of health services for their local communities”³

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) to improve the quality of health service provision and protect the public from harm. Accreditation to the NSQHS standards are mandatory for all Australian hospitals and day procedure services.

The Commission has developed the NSQHS Standards to guide health service organisations and boards in their responsibility and obligation for clinical governance of their organisation (Standard 1, Item 1.1: Implementing a governance system that sets out policies, procedures and/or protocols including establishing and maintaining a clinical governance framework.) which would include:⁴

- Effective safety and quality systems and robust organisational governance practices are in place;
- Safety and quality is monitored; and
- The organisation responds appropriately to safety and quality matters.





The Australian Commission on Safety and Quality has developed the NSQHS Standards to guide health service organisations and boards in their responsibility and obligation for clinical governance of their organisation.

Clinical governance

“Clinical governance is a system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care.

This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish”.⁵



Clinical governance is a component of the WACHS broader system of corporate governance. While clinical governance relies on the skills and performance of individuals, it does not rely on the individual alone to do the right thing but rather ensures that systems are in place to ensure that everyone (individual, professional and organisational) is accountable and responsible for the delivery of safe, effective, high quality and continuously improving health services.⁶

In WACHS the Clinical Governance Framework is a framework by which our governing body, managers, clinicians and staff provide leadership, share responsibility and have accountability for: maintaining standards of quality, continuous improvement, minimising risk and fostering an environment of excellence in, the care we provide for and in

partnership with, our patients and consumers. It is the foundation framework that outlines the minimum clinical governance system for WACHS. The responsibility to effectively operationalise the framework to maximize patient safety and service quality rests with all WACHS staff across every facility and region.

The scope of services is enormous with WACHS the major provider of hospital, health and aged care services across country WA and working in partnership with other service providers to improve service access and effectiveness. In considering the extent of services provided by WACHS and across its varied and remote settings it becomes paramount that a minimum Clinical Governance Framework is in place, is monitored and adhered to.

Leadership and culture

While clinical governance frameworks are important to set clear foundations for patient safety systems, their function equally relies on the culture of the organisation and the performance of staff. Having an agreed clinical governance framework does not in itself guarantee patient safety. WACHS strives to deliver quality care through its culture which recognises the importance of standards, two way communication, staff engagement, patient and consumer involvement, empowered through leadership across all layers of the system. An integrated approach is recognised as the most effective way to identify and mitigate clinical risk.

All WACHS staff need to understand their individual responsibilities and delegations while being empowered to speak up, question and challenge when they sense patient safety risk.

WACHS strives to deliver quality care through its culture which recognises the importance of standards, two way communication, staff engagement, patient and consumer involvement, empowered through leadership across all layers of the system.



Accountability – what does it mean for me?

Board

The Board has overall accountability for patient safety, care delivery, system governance and monitoring as required by relevant legislation.

Chief Executive

The Chief Executive has daily operational accountability for patient safety, care delivery, system governance and monitoring.

Executive

As a member of the WACHS Executive you are accountable for developing and implementing WACHS strategic and operational plans that embed clinical governance including monitoring of key performance indicators to ensure oversight of safety and quality responsibilities within your portfolio. You are expected to model the highest standards of ethical and professional behavior. You are accountable for clinical and corporate governance requirements within your allocated portfolio.

Managers

As a manager you are accountable for implementing systems and practices that support excellent clinical practice. You oversee, guide and direct staff by providing leadership and advice ensuring appropriate clinical governance, continuous quality improvement, and leading for best practice in patient safety. You develop, implement and monitor performance indicators for the identification, management and reporting of risk. You implement WACHS clinical and operational standards and strategies, policy and related guidelines and procedures within your region. You are expected to demonstrate rigour and honesty for the public resources under your control.

You organise, direct and manage the performance of staff to meet operational requirements. Implement and

promote evidence based standards and policies that are compliant with relevant, professional, industrial and legislative requirements. You engage with and listen to staff including providing regular, ongoing feedback in the interests of improving patient care and safety.

Clinicians

As a clinician you are accountable for the provision of competent, consistent, timely, safe, reliable, contemporary and patient centred care within your scope of practice. Clinicians work in teams with professionals from a variety of disciplines based on mutual respect and clear communication, with an understanding of responsibilities, capacities, constraints and each other's scopes of practice.

You are responsible for providing care that is patient centred, evidence based and which focuses on safety through minimising risk while achieving optimal outcomes for patients. This is helped by you participating in clinical governance, in WACHS health safety forums and supporting other clinicians to provide high quality services which are safe. You are expected to speak up when you have concerns about patient safety, so that these can be rectified and learnt from. You are accountable for your professional practice, including maintaining currency of your credentialing, registration and professional practice.

All employees

All employees have a role in the safety and quality of patients, and are expected to perform their roles with diligence, and with a patient-centred approach to the best of their ability. It is your responsibility to raise your concerns when you recognise that something is not right. Safety and quality is the responsibility of all staff, at all levels and across all sites.

How we communicate

Our priority is safe and high quality care. We know that this can only be achieved with effective two way communication with patients, carers, families and other consumers and with and between our staff. WACHS is committed to developing an open, accountable and respectful environment where these conversations can occur.

The clinical governance framework supports a consistent approach to safety and quality and reiterates that at WACHS keeping patient's safe is everyone's business. We recognise that engagement must be embedded within our culture and everyday business activities.

The NSQHS standards guide WACHS on how to set up and use clinical governance systems to improve the safety and quality of health care for patients, this includes systems and processes to provide information, to consult and listen to patients, consumers and staff, and to respond to what we have heard.

Some of the ways we do this with patients and consumers for their own care include:

- Clinicians speak directly to patients and consumers about health and health care and ensure that the information provided is understood by the person receiving it.
- Providing patient and consumer endorsed health information that is easily understood, and providing support such as using interpreters for those that require assistance to understand the information.
- Developing individualised care plans in partnership with patients and carers.
- Providing information about patient rights and responsibilities.
- Providing education to improve health literacy and to support people to manage their own health.
- Providing a range of ways for patients and consumers to provide feedback about their health care experience, complaints and compliment processes such as through Patient Opinion - an online platform that enables patients and other stakeholders to have a voice and say whatever they want and need to say in a safe and transparent dialog and supports health services to improve the quality of their service.
- Providing ways for patients, carers and their families to escalate concerns with care, such as Call and Respond Early (CARE Call).
- Seeking advice from patients and consumers about our services through surveys.
- Collaborating with other service providers such as Aboriginal Medical Services, general practitioners (GPs), non-government organisations (NGOs).



Some of the ways we do this with patients and consumers in service design and governance

- Patient and consumer representatives on service planning and improvement committees.
- Collaboration on projects and meetings with WA Health, partner agencies and stakeholders.
- Through patient and consumer advisory groups such as the District Health Advisory Councils (DHACs), and Aboriginal Health and Mental Health Advisory Groups.

Some of the ways we do this with staff include:

- Providing information to staff about governance structures and their roles and responsibilities at their orientation and throughout their employment.
- CEO e-News is published fortnightly and is emailed directly to all staff.
- Keeping clinicians up to date with best practice by
 - Making sure policy documents are accessible and providing policy updates monthly on the intranet;
 - The Safety and Quality Bulletin; and
 - Professional networks
- Learning from events by publishing and discussing Safety and Quality 'Patient Safety Matters'
- Measuring our performance and sharing achievement and progress

- Providing education programs in various formats such as Face to Face, Telehealth and online; and supporting staff with a network of Learning and Development staff
- Publishing committee minutes and communiques

In addition, we support the health wellbeing and morale of staff by

- Team meetings
- Providing newsletters
- Professional networks
- Increase access to information, education and professional networks through video conferencing
- Staff engagement mechanisms such as staff survey
- Asking staff to complete exit surveys and or interviews

Figure 1: WACHS internal flow of clinical governance patient safety information



Overview

The WACHS Executive identified the need to review its current clinical governance systems and develop a Clinical Governance Framework. While the decision to identify and develop a clinical governance system for WACHS was a top down decision, a bottom up approach was taken in developing the framework. A gap analysis was initiated which looked at what systems were in place, what was missing and then identified future need. Most clinical governance measures listed in this framework are already in place however, for the small number of measures that had been identified as required, regions that currently do not have them in place will need to ensure they are developed and implemented.

Phases of the project included:

- A working group consisting of a diverse range of senior professional's workshoped the definition of what is clinical governance for WACHS.
- A clinical governance diagram was developed to identify the principles and elements of the framework.
- A matrix combining these principles and elements was designed to capture the minimum clinical governance for WACHS.
- The matrix was populated from a whole of WACHS perspective.
- The Midwest region trialed the matrix to ascertain how relevant it was and how well it would capture the required detail.
- The matrix was then rolled out to all regions to populate.
- The WACHS wide and regional matrix was combined.
- Any gaps in the minimum clinical governance requirements were identified and included.
- An assessment tool was developed to assist regions identify the minimum requirements.
- The assessment tool was trialed in the regions





Diagram

The WACHS Clinical Governance Framework diagram (see page 16) provides the overarching principles governing the framework and its two elements—clinical governance and clinical service delivery.

PRINCIPLES FOR SAFE HIGH QUALITY HEALTH CARE

The Principles for safe high quality health care governing the WACHS Clinical Governance Framework are mandated by the Department of Health Clinical, Governance Safety and Quality Policy Framework: ⁵

- **Patient and consumer centred:** Patient and consumer partnership is evident at all levels of the organisation.
- **Driven by information:** Relevant, accurate information is available and used at all levels of WACHS to guide quality improvement activities.
- **Organised for safety:** Minimisation of clinical risks and incidents and a systems approach to harm minimisation.
- **Led for high performance:** Executive and clinical staff have the right qualifications and skills to provide safe, high quality health care, and to foster a culture of openness, collaboration and continuous improvement.

ELEMENTS OF CLINICAL GOVERNANCE

Elements of clinical governance are addressed within the framework and are listed below.

Accountability structure

- I. Roles and responsibilities
- II. Leadership: purpose, vision, principles and values

Committee structure

- III. Governance and advice

Strategies and standards

- IV. Strategic plans, frameworks
- V. Standards: national, professional

Operational systems, assurance and review

- VI. Policy documents
- VII. Quality improvement
- VIII. Risk management
- IX. Performance reporting

ELEMENTS OF CLINICAL SERVICE DELIVERY

Elements of clinical service delivery are addressed within the framework and listed below.

Clinical practice

- a. Patient centred
- b. Best practice and evidence-based
- c. Focused on patient outcomes and minimising risk
- d. Provided in partnership

Clinical workforce

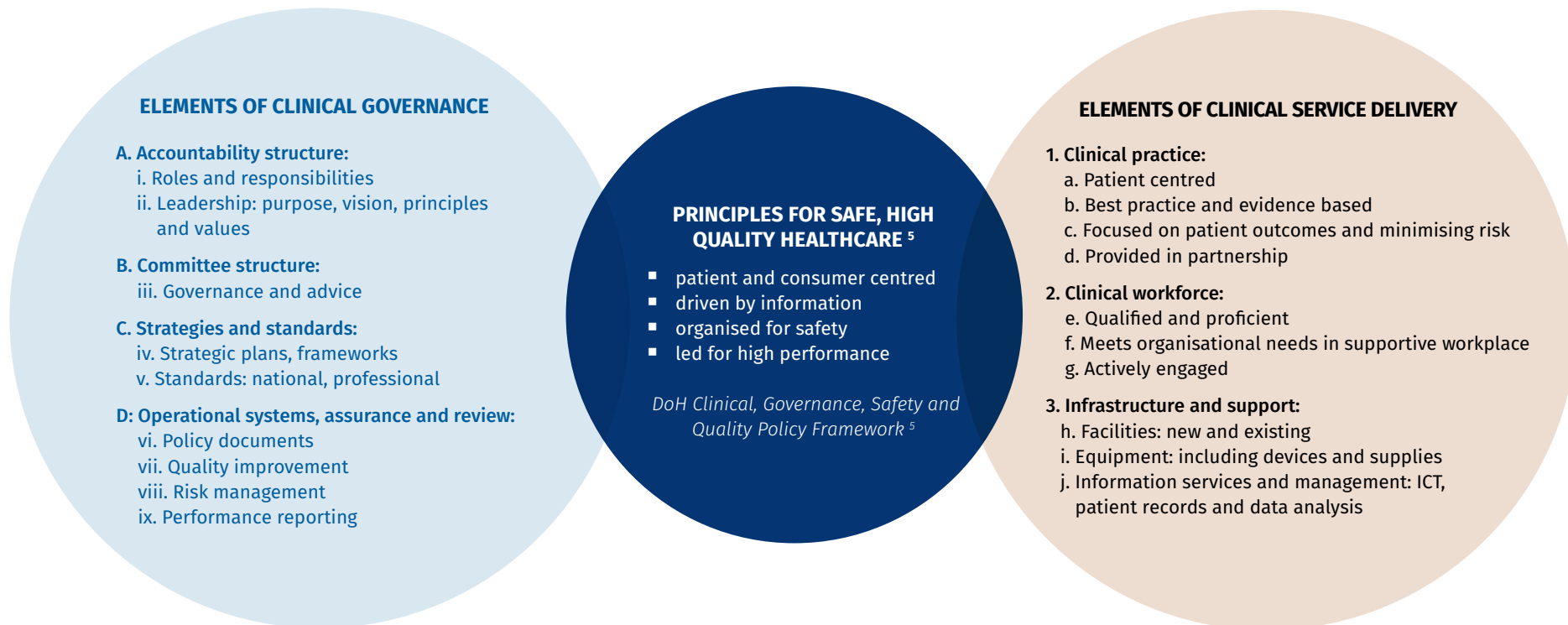
- e. Qualified and proficient
- f. Meets organisational needs in supportive workplace
- g. Actively engaged

Infrastructure and support

- h. Facilities: new and existing
- i. Equipment: including devices and supplies
- j. Information and services and management: ICT, patient records and data analysis

WA COUNTRY HEALTH SERVICE – CLINICAL GOVERNANCE FRAMEWORK

Clinical Governance: The framework by which our governing body, managers, clinicians and staff provide leadership, share responsibility and have accountability for: maintaining standards of quality, continuous improvement, minimising risk and fostering an environment of excellence in the care we provide for, and in partnership with, our patients and consumers. WACHS (2016), ACHS Standards (2004)⁷



Matrix – Clinical Governance Framework Elements

The WACHS Clinical Governance Framework diagram (on previous page) informs the template for the matrix. The first page of the matrix lists the national and State standards and legislation and the governance structure and hierarchy. There is a description for each of the clinical service delivery elements that are listed down the left column of the matrix and these correspond with elements of clinical governance listed across the top.

The WACHS Clinical Governance Framework identifies the minimum level of governance in place. There may be other governance measures in place but this framework captures the minimum level required.

An example of this is:

Under accountability, the executive level positions are listed for both corporate office and the regions. There will be other positions that will oversee governance, however, they will report to a senior position at executive level and for the purpose of this framework have not been captured.

Note that within each column of the matrix the clinical governance in place is listed under WACHS wide and regional. The WACHS wide list is led from corporate office and has a strategic governance responsibility for the whole of WACHS clinical governance. The regional list is the governing responsibility for each region.



STANDARDS: NATIONAL, PROFESSIONAL					
NATIONAL		STATE		WA HEALTH	
Legislation	Agencies / Standards	Legislation	Agencies / Standards	Accountability	Frameworks / Plans
National Health Reform Act (2011)	ACSQHC National Safety and Quality Health Service Standards	WA Health Services Act 2016	Coroner's Court of WA	Director General Health	WA Health Operational Plan
Health Practitioner Regulation National Law 2010	EQulPNational Corporate Health Services program	Mental Health Act 2014	WA Ombudsman		WA Health Clinical Services Framework
Aged Care Act 1997 and Aged Care Principles	National Standards for Mental Health Services	Public Health Act 2016	WA Chief Psychiatrist's Standards and Guidelines		Clinical Governance, Safety and Quality Policy Framework
	National Registration and Accreditation Scheme / Australian Health Practitioner Regulation Agency (AHPRA)	Financial Management Act 2006 (Treasurers Instruction 825)	Mental Health Commission		Western Australian Strategic Plan for Safety and Quality in Health Care
	Standards, codes of practice & guidance from National Boards of relevant clinical professions e.g. Medical Board of Australia, Nursing and Midwifery Board of Australia	Medicines & Poisons Act 2014	Public Sector Standards		WA Health Aboriginal Health & Well Being Framework: Footprints to Better Health Strategy
	Quality of Care Principles 2014: Accreditation Standards for Residential Care Services and Home Care Services	Medicines & Poisons Regulations 2016			WA Health Mental Health, Alcohol and other Drug Strategic Direction (10-year plan)
	Building Code of Australia	OSH Act 1984			WA Health Code of Conduct
	Australasian Health Facilities Guidelines (AHFGS)	Radiation Safety Act 1975			
	Australian Standards				

Governance Structure and Hierarchy				
Clinical Governance	A: Accountability Structure I & ii	B: Committee Structure iii	C: Strategies and Standards iv & v	D: Operational Systems, assurance, and review vi-ix
<p>The framework by which our governing body, managers, clinicians and staff provide leadership, share responsibility and have accountability for:</p> <ul style="list-style-type: none"> maintaining standards of quality continuous improvement minimising risk fostering an environment of excellence in the care we provide for and in partnership with, our patients and consumers (WACHS 2016 & ACHS 2004) 	<p>WACHS wide</p> <ul style="list-style-type: none"> Health Service Board Chief Executive WACHS Executive <p>Regional</p> <ul style="list-style-type: none"> Regional Director Regional Executive 	<p>WACHS wide</p> <ul style="list-style-type: none"> Health Service Board: <ul style="list-style-type: none"> Safety and Quality Committee Finance Committee Audit and Risk Committee Executive Committee Executive Sub-Committees: <ul style="list-style-type: none"> Health Care Safety & Quality Strategy and Service Development Information Governance Workforce Procurement & Contract Management Infrastructure Regional Business Performance (RBP) Quarterly Meetings <p>Regional</p> <ul style="list-style-type: none"> Regional Executive Committee District Health Advisory Council (DHAC) 	<p>WACHS wide</p> <ul style="list-style-type: none"> WACHS Strategic Directions WACHS Operational Plan WACHS Disability Access & Inclusion Plan WACHS Safety and Quality Framework & Strategic Plan WACHS Safety & Quality Action Plan WACHS: Evaluation of Care Framework WACHS Nursing & Midwifery Strategic Directions WACHS Mental Health Strategic Direction WACHS District Health Advisory Council (DHAC) Chairpersons Forum Report: Issues and Actions Summary Five year Strategic Audit Plan 	<p>Performance reporting:</p> <ul style="list-style-type: none"> WACHS Annual Reports External and internal audit and audit dash board, currently quarterly <p>Policy Documents:</p> <ul style="list-style-type: none"> Planning Framework Policy <p>Risk Management:</p> <ul style="list-style-type: none"> Enterprise Risk Management System WACHS Strategic Risks x 13 - Detailed Risk Report regularly reviewed by executive committee / audit and risk subcommittee.

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional		
1: CLINICAL PRACTICE that:	A: Accountability Structure I & ii	B: Committee Structure iii	C: Strategies and Standards iv & v
<p>a. is patient centred.</p> <p>b. reflects best practice, is evidence based and is delivered within contemporary models of care.</p> <p>c. focusses on safety through minimising risk while achieving optimal outcomes for patients.</p> <p>d. is provided in partnership with patients, consumers and other providers.</p>	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Executive Director Medical Services: <ul style="list-style-type: none"> - Medical Services, Pharmacy, Safety and Quality, Postgraduate Medical Education, Human Research Ethics ▪ Executive Director Nursing and Midwifery Services: <ul style="list-style-type: none"> - Nursing and Midwifery, Medical Imaging ▪ Executive Director Innovation and Development: <ul style="list-style-type: none"> - Virtual Care (including ETS), Research and Development, Digital Strategy ▪ Executive Director Health Programs: <ul style="list-style-type: none"> - Aged Care, Allied Health, Population Health, Aboriginal Health Strategy, PATS, Renal, Chronic Conditions ▪ Chief Operating Officer – Operations: <ul style="list-style-type: none"> - Regional Services, Procurement and Contract Management, Clinical Procurement Management, Consumer Engagement and Patient Experience ▪ Executive Director Mental Health: <ul style="list-style-type: none"> - Adult & Older Adult, Child & Adolescent Mental Health & Youth Streams for Mental Health Acute Psychiatric Units, Community Mental Health & Drug & Alcohol Services, Aboriginal Mental Health, Suicide Prevention Strategy, Mental Health Promotion <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for Mental Health ▪ Operations Managers 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Healthcare Safety & Quality Executive Sub-Committee ▪ Adverse Event Review Team ▪ Clinical Practice Standards Reference Group ▪ Preventing & Controlling Healthcare Associated Infection Committee ▪ Clinical Audit Governance Group ▪ Blood and Blood Products Committee ▪ Falls Committee ▪ Quality Improvement Committee – under development ▪ Medical Safety Executive Committee ▪ WACHS Geriatric Clinical Network ▪ Allied Health Leadership and Governance Team ▪ Medical Directors Forum ▪ Emergency Medical Leadership Group ▪ CAPs Obstetric & Gynaecology Group ▪ Directors Clinical Training (DCT) Meetings / DCT & Medical Education Officers Forum ▪ Medical Imaging Steering Committee ▪ ETS Governance Committee ▪ Disability Access and Inclusion Plan Committee ▪ District Health Advisory Councils (DHACs) and DHAC Chairpersons Network ▪ ETS Governance Committee ▪ Mental Health Leadership Group ▪ WACHS Mental Health Policy Steering Group ▪ WACHS Mental Health Safety & Quality Risk Group ▪ Nursing & Midwifery Leadership Forum: <ul style="list-style-type: none"> - Emergency Nursing Advisory Forum - Perioperative Advisory Forum - Infection Control Advisory Forum - Coordinates of Nursing/Midwifery Advisory Form - Midwifery Advisory Forum ▪ Population Health Leadership Group & Sub Groups: <ul style="list-style-type: none"> - Healthy Country Kids Reform Reference Group - Child Development Service Best Practice Group ▪ Aged Subacute Community Care Leadership Network ▪ Regional Pharmacists Meetings ▪ Human Research Ethics Committee ▪ Strategy and Service Development Executive Subcommittee ▪ WA Trachoma Reference Group (statewide) ▪ Virtual Acute Care Governance Group – under development ▪ Virtual Non-Acute Care Governance Group – under development <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Safety and Quality Committee ▪ Infection Prevention and Control Committee ▪ Regional Drug & Therapeutics Committee and/or Medication Safety Committee ▪ Mortality and Morbidity Review Committee 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Mental Health Operational Plan ▪ Mental Health Budget Strategy – Adult Psychiatric Units – under development ▪ Aboriginal Health & Well-Being Framework Action Plan ▪ WACHS Aboriginal Health Strategy - under development ▪ WACHS Aboriginal Mental Health Model of Care – under development ▪ WACHS: Strategic Plan for Aboriginal Mental Health – under development ▪ WA Telehealth Strategy & Implementation Framework – final review post consultation ▪ WACHS ETS Programme Implementation Plan (Draft) ▪ WACHS SIHI Work Stream Implementation Plan: Stream 1 District Medical Workforce Investment Program: ▪ WACHS Partnering with Consumers Guidelines ▪ WACHS Stakeholder Engagement Strategy – identified as needed ▪ District Health Advisory Council Guideline ▪ Consumer and Carer Engagement Strategy – under development ▪ WACHS Disability Access and Inclusion Implementation Plan ▪ WACHS Governance & Stakeholder Map ▪ Nursing & Midwifery Practice Framework ▪ WACHS Allied Health Work Plan ▪ WACHS Public Health & Communicable Disease Control Strategy – under development ▪ WACHS Public and Primary Health Directions Strategy ▪ WACHS Chronic Conditions Prevention and Management Strategy ▪ WACHS Healthy Country Kids Strategy ▪ WA Child Ear Health Strategy ▪ WACHS Aged Care Strategy ▪ WACHS Aged Care Communication Strategy ▪ WACHS MPS Strategic Plan ▪ WACHS Geriatric Medicine Clinical Strategy ▪ WACHS Geriatric Telehealth Strategy ▪ WACHS Older Person Model of Care ▪ WACHS Stroke Strategy ▪ WACHS Cancer Strategy ▪ WACHS Kidney Health Strategy – under development ▪ WACHS Maternal & Newborn Strategy ▪ WACHS Sub-acute Governance Framework – under development ▪ WACHS Cognitive Impairment Strategy ▪ WACHS Research Governance Framework ▪ WACHS Medication Strategy – under development ▪ WACHS Pathology Strategy – under development <p>Regional</p> <ul style="list-style-type: none"> ▪ Governed by WACHS wide Standards and Strategies

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional			
1: CLINICAL PRACTICE that:	D: Operational Systems, assurance, and review vi-ix			
<p>a. is patient centred.</p> <p>b. reflects best practice, is evidence based and is delivered within contemporary models of care.</p> <p>c. focusses on safety through minimising risk while achieving optimal outcomes for patients.</p> <p>d. is provided in partnership with patients, consumers and other providers.</p>	<p>Quality improvement:</p> <p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Clinical Governance Framework ▪ Annual Safety and Quality Action Plan ▪ WA Complaints Management Policy ▪ Datix Consumer Feedback Module (Datix CFM) ▪ Australian Health Service Safety and Quality Accreditation Scheme ▪ Annual Patient Evaluation of Health Service survey ▪ Patient Opinion ▪ Clinical Audits schedule ▪ Hand Hygiene Audits – service wide ▪ Clinical Risk Management systems and processes ▪ Consumer Feedback Management systems and processes ▪ Residential Aged Care & Community Care Quality Review Processes are under transition to the NSQHS second addition ▪ Medical Practitioner Dashboards ▪ Aboriginal Impact Statement & Declaration ▪ Aboriginal Cultural eLearning <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Safety and Quality Action Plan ▪ Regional Accreditation/National Safety and Quality Health Care Standards and National Standards and Accreditation in Mental Health Services 	<p>Policy documents:</p> <p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> ▪ WA Health Risk Management Policy and Guidelines ▪ WACHS Risk Management Policy ▪ WA Health Clinical Incident Management Policy ▪ Service Planning Policy ▪ Suite of WACHS clinical policies, protocols, procedures, guidelines etc <p>Regional</p> <ul style="list-style-type: none"> ▪ Regions are governed by WACHS & DoH wide policies 	<p>Performance reporting:</p> <p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Standing items / regular reports at executive committee and/or board and/or regional business performance meetings: <ul style="list-style-type: none"> - Health Service Performance Report (HSPR) - Internal dashboard: quarterly includes a range of performance indicators - Safety & Quality: Quarterly Report - Board Safety & Quality and Clinical Performance monthly report - Safety & Quality Action Plan Status Report ▪ Disability Access & Inclusion Annual Reports required by Disability Services Commission ▪ DHAC Chairpersons Annual Forum Reports ▪ Suite of mandatory reports against range of KPIs to: WA Health / external agencies / from contracted service providers ▪ Ethics Annual Compliance Report ▪ Project Support Office Summary Report – monthly <p>Regional</p> <ul style="list-style-type: none"> ▪ Clinical Audits Schedule ▪ Monitor performance against internal WACHS Performance Dashboard and HSPR ▪ Safety and Quality reporting to regional Safety & Quality committee and Regional Executive committee 	<p>Risk Management:</p> <p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR): <ul style="list-style-type: none"> - Unable to deliver safe, quality patient care at all times (SR No 2) ▪ Area wide significant clinical risks ▪ Clinical Incident Reporting and Management: <ul style="list-style-type: none"> - Datix Clinical Incident Management System (Datix CIMS) includes management of SAC 1 events <p>Regional</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR) including Treatment Action Plan ▪ Clinical Incident Reporting and Management: <ul style="list-style-type: none"> - Datix CIMS includes management of SAC 1 events

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)		
2: CLINICAL WORKFORCE that:	A: Accountability Structure I & ii	B: Committee Structure iii	C: Strategies and Standards iv & v
<p>e. is qualified and proficient through:</p> <ul style="list-style-type: none"> ▪ credentialing and registration ▪ having a defined scope of practice ▪ ongoing professional development and support. 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Executive Director Medical Services: <ul style="list-style-type: none"> - Medical Services, Pharmacy, Safety and Quality, Postgraduate Medical Education, Human Research Ethics ▪ Executive Director Nursing and Midwifery Services: <ul style="list-style-type: none"> - Nursing and Midwifery, Medical Imaging ▪ Executive Director Innovation and Development: <ul style="list-style-type: none"> - Virtual Care (including ETS), Research and Development, Digital Strategy ▪ Executive Director Health Programs: <ul style="list-style-type: none"> - Aged Care, Allied Health, Population Health, Aboriginal Health Strategy, PATS, Renal, Chronic Conditions ▪ Chief Operating Officer – Operations: <ul style="list-style-type: none"> - Regional Operations, Procurement and Contract Management, Clinical Procurement Management, Consumer Engagement and Patient Experience ▪ Executive Director Workforce: <ul style="list-style-type: none"> - HR Strategy - Industrial Relations - Learning & Development - Occupational Safety and Health - Workforce Reporting - HR Services ▪ Executive Director Mental Health: <ul style="list-style-type: none"> - Adult & Older Adult, Child & Adolescent Mental Health & Youth Streams for Mental Health Acute Psychiatric Units, Community Mental Health & Drug & Alcohol Services, Aboriginal Mental Health, Suicide Prevention Strategy, Mental Health Promotion <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for MPS ▪ Regional Lead for Mental Health ▪ Operations Manager ▪ Regional Lead for HR 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Credentialing and Scope of Practice Committee (CASOP) Medical / Nursing and Midwifery ▪ Workforce Sub-Committee – HR Managers Network ▪ Allied Health Leadership and Governance Team ▪ Directors Clinical Training (DCT) Meetings / DCT & Medical Education Officers Forum ▪ ETS Governance Committee ▪ Medical Directors Forum ▪ Medical Imaging Steering Committee ▪ Mental Health Leadership Group ▪ Nursing & Midwifery Leadership Forum ▪ Population Health Leadership Forum ▪ Regional Pharmacists Meetings <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Executive ▪ Medical Advisory Committee ▪ Regional Safety and Quality Committee ▪ Regional Learning & Development Network 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WA Health Policy for Credentialing and Scope of Clinical Practice for Medical Practitioners ▪ WA Health Credentialing and Defining Scope of Clinical Practice for Health Professionals (Nursing and Midwifery) in WA Health Services – A Policy Handbook ▪ WACHS Safety & Quality Action Plan: <ul style="list-style-type: none"> - All four principles ▪ WACHS Human Resource Strategy: <ul style="list-style-type: none"> - WACHS: Human Resource Strategy Operational Plan ▪ WACHS Operational Plan: <ul style="list-style-type: none"> - Objective 12 ▪ WACHS Nursing & Midwifery Strategic Plan Nursing and Midwifery Practice Framework: <ul style="list-style-type: none"> - implementation is an action within S&QA Plan ▪ WACHS Allied Health Work Plan ▪ WACHS Allied Health Practice Framework – near completion ▪ WACHS Public and Primary Health Directions Strategy ▪ Engaging Consumers in Workforce Training Guideline ▪ Aged Care, Unregulated Workforce <p>Regional</p> <ul style="list-style-type: none"> ▪ Governed by WACHS wide Standards and Strategies

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)			
2: CLINICAL WORKFORCE that:	D: Operational Systems, assurance, and review vi-ix			
<p>e. is qualified and proficient through:</p> <ul style="list-style-type: none"> ▪ <i>credentialing and registration</i> ▪ <i>having a defined scope of practice</i> ▪ <i>ongoing professional development and support.</i> 	<p style="text-align: center;">Quality improvement:</p> <p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Audits: Credentialing of Medical Practitioners Focusing on High Risk Clinical Practices ▪ Evaluation of e-learning programmes (ongoing) ▪ Development of standardised business arrangements for continued education programmes ▪ Aboriginal Cultural eLearning <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Safety & Quality Action Plan 	<p style="text-align: center;">Policy documents:</p> <p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> ▪ Medical Credentialing Guidelines / Credentialing Requirements for Non Specialist Obstetricians Guideline ▪ Credentialing for Nurse Practitioners and Eligible Midwives Policy ▪ Statutory Health Professional Registration Policy / Procedure ▪ Utilisation of the Society of Hospital Pharmacists of Australia Clinical Competency Assessment Training Across WACHS Pharmacy Departments Procedure ▪ Orientation and Induction Policy / Workforce Learning & Development Policy ▪ Nursing and Midwifery Practice Framework and Guidelines ▪ Allied Health Clinical Practice Framework ▪ Allied Health Professional Supervision Policy <p>Regional</p> <ul style="list-style-type: none"> ▪ Regions are governed by WACHS and DoH wide policies 	<p style="text-align: center;">Performance reporting:</p> <p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Quarterly Medical Service Agreements (MSA) Reports – go to regional medical directors ▪ Learning and development reports and PIVOTS <p>Regional</p> <ul style="list-style-type: none"> ▪ Monthly review of medical credentialing expiry and AHPRA registration 	<p style="text-align: center;">Risk Management:</p> <p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR): <ul style="list-style-type: none"> - Unable to deliver safe, quality patient care at all times (SR No 2) - Unable to attract and retain a skilled workforce (SR No 4) <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Risk Register

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)				
2: CLINICAL WORKFORCE that:	A: Accountability Structure I & ii		B: Committee Structure iii		C: Strategies and Standards iv & v
<p>f. meet the organisation's needs and requirements within a safe, supportive workplace:</p> <ul style="list-style-type: none"> ▪ recruitment & retention - “the right people, right place, right time” ▪ performance development & improvement ▪ employee support, industrial relations, occupational safety and health. 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Chief Operating Officer – Operations: <ul style="list-style-type: none"> - Regional Operations, Procurement and Contract Management, Clinical Procurement Management, Consumer Engagement and Patient Experience ▪ Executive Director Workforce: <ul style="list-style-type: none"> - HR Strategy - Industrial Relations - Learning & Development - Occupational Safety and Health - Workforce Reporting - HR Services <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for Mental Health ▪ Operations Managers ▪ Regional Lead for HR ▪ Regional Lead for DAIP 		<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Classification and Establishment Subcommittee ▪ Country Health Aboriginal Workforce Committee ▪ Disability Access and Inclusion Plan Committee ▪ WACHS Workforce Sub-committee ▪ WA Health Workforce Steering Committee (WSC) ▪ HR Managers Network ▪ Nursing & Midwifery Leadership Forum <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Occupational Safety and Health Committee ▪ Regional Workforce Committee that includes Aboriginal employment and Learning and Development 		<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Operational Plan: <ul style="list-style-type: none"> - Objectives 5, 13 & 14, 19, 15 & 18 ▪ WACHS Human Resource Strategy Action Plan ▪ WACHS Aboriginal Employment Strategy Implementation Plan / Priorities ▪ WACHS Nursing & Midwifery Strategic Plan ▪ WACHS Nursing & Midwifery Agency Minimisation Strategy ▪ WACHS Allied Health Work Plan ▪ WACHS Public and Primary Health Directions Strategy ▪ WACHS Disability Access and Inclusion Implementation Plan ▪ WACHS attraction initiatives ▪ WACHS Healthy Country Kids Strategy Action Plan ▪ WACHS Chronic Conditions Strategy Action Plan ▪ Child Development Service Framework <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional DAIP Implementation Work Plan
D: Operational Systems, assurance, and review vi-ix					
Quality improvement:		Policy documents:		Performance reporting:	Risk Management:
<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Employee Diversity Survey ▪ Annual Human Resource Action Plan: addresses aspects identified through performance analysis as requiring development / improvement ▪ Exit Survey ▪ Recruitment Selection Appointment (RSA) Survey ▪ Employee Perceptions survey ▪ Entity Survey <p>Regional</p> <ul style="list-style-type: none"> ▪ Recruitment Initiatives ▪ HR Consultancy tool 		<p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> ▪ WA Health: Recruitment, Selection and Appointment Policy and Procedure ▪ WACHS – suite of operational policies, procedures and guidelines ▪ WACHS Performance Development Policy (in development) <p>Regional</p> <ul style="list-style-type: none"> ▪ Regions are governed by WACHS and DoH wide policies 		<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Numerous mandatory reports to WA Health ▪ Workforce Report – standing item at Executive committee meetings ▪ OSH Reports – standing item at regional business performance meetings ▪ Nursing & Midwifery Professional Development toolkit <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional HR Reports include: <ul style="list-style-type: none"> - Learning and Development - OSH - Performance Development 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR): <ul style="list-style-type: none"> - Unable to attract and retain a skilled workforce (SR No 4) - Unable to provide staff with safe workplace (SR No 5) ▪ Employee Assistance Program <p>Regional</p> <ul style="list-style-type: none"> ▪ Reporting and Monitoring systems as described under Performance reporting are in place.

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)		
2: CLINICAL WORKFORCE that:	A: Accountability Structure I & ii	B: Committee Structure iii	C: Strategies and Standards iv & v
<p>g. is actively engaged in, and provides leadership for, the continued improvement, planning and management of patient care, clinical services and the broader organisation.</p>	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Executive Director Medical Services: <ul style="list-style-type: none"> - Medical Services, Pharmacy, Safety and Quality, Postgraduate Medical Education, Human Research Ethics ▪ Executive Director Nursing and Midwifery Services: <ul style="list-style-type: none"> - Nursing and Midwifery, Medical Imaging ▪ Executive Director Innovation and Development: <ul style="list-style-type: none"> - Virtual Care (including ETS), Research and Development, Digital Strategy ▪ Executive Director Health Programs: <ul style="list-style-type: none"> - Aged Care, Allied Health, Population Health, Aboriginal Health Strategy, PATS, Renal, Chronic Conditions ▪ Executive Director Mental Health: <ul style="list-style-type: none"> - Adult & Older Adult, Child & Adolescent Mental Health & Youth Streams for Mental Health Acute Psychiatric Units, Community Mental Health & Drug & Alcohol Services, Aboriginal Mental Health, Suicide Prevention Strategy, Mental Health Promotion <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for Mental Health ▪ Operations Managers ▪ Regional Lead for HR 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Executive Committee ▪ Adverse Event Review Team ▪ Healthcare Safety & Quality Executive Sub-committee ▪ Strategy and Service Development Executive Sub-committee ▪ Aged Subacute Community Care Leadership Network ▪ Allied Health Leadership and Governance Team ▪ Disability Access and Inclusion Plan Committee ▪ District Health Advisory Councils (DHAC) and DHAC Chairpersons Network (DHACSN) ▪ Medical Directors Forum ▪ Directors Clinical Training (DCT) Meetings / DCT & Medical Education Officers Forum ▪ Emergency Medical Leadership Group ▪ CAPs Obstetric & Gynaecology Group ▪ Medical Imaging Steering Committee ▪ ETS Governance Committee ▪ Mental Health Leadership Group ▪ Nursing & Midwifery Leadership Forum: <ul style="list-style-type: none"> - Emergency Nursing Advisory Forum - Perioperative Advisory Forum - Infection Control Advisory Forum - Coordinates of Nursing/Midwifery Advisory Form - Midwifery Advisory Forum ▪ Population Health Leadership Group and sub groups, such as: <ul style="list-style-type: none"> - Senior Community Nurses Best Practice Group - Child Development Services best Practice Group ▪ Regional Pharmacists Meetings <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Executive Committee ▪ Regional Safety and Quality Committee ▪ Medical Advisory Committee ▪ Disability Access and Inclusion Committee 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Safety & Quality Action Plan: <ul style="list-style-type: none"> - Led for High Performance ▪ WACHS Operational Plan: <ul style="list-style-type: none"> - Objective 12 ▪ WACHS Nursing & Midwifery Strategic Plan ▪ Nursing and Midwifery Practice Framework ▪ WACHS Allied Health Work Plan ▪ WACHS Public and Primary Health Directions Strategy Action Plan TBD ▪ WACHS Healthy Country Kids Chronic Conditions ▪ WACHS Chronic Conditions ▪ WACHS Child Development Service Framework <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Safety and Quality Action Plan

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)			
2: CLINICAL WORKFORCE that:	D: Operational Systems, assurance, and review vi-ix			
g. <i>is actively engaged in, and provides leadership for, the continued improvement, planning and management of patient care, clinical services and the broader organisation.</i>	Quality improvement:	Policy documents:	Performance reporting:	Risk Management:
	<p>WACHS wide</p> <ul style="list-style-type: none"> Numerous policies, guidance, clinical practice standards developed and / or reviewed through (1) committees as named in 2.g/ B and specialist subgroups that report to them or (2) a role named in 2g/A. For example: <ul style="list-style-type: none"> Clinical Practice Standard for Management of Unplanned Presentations to Emergency Department: developed by Emergency Medicine Leadership Group & Emergency Advisory Forum (Nursing) <p>Regional</p> <ul style="list-style-type: none"> Regional Safety & Quality Action Plan 	<p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> While there are no policies that relate specifically to managing (creating and sustaining) meaningful engagement of clinical staff many of our policies refer to this <p>Regional</p> <ul style="list-style-type: none"> Regions are governed by WACHS and DoH wide policies 	<p>WACHS wide</p> <ul style="list-style-type: none"> Performance Measures to be developed by Corporate Office <p>Regional</p> <ul style="list-style-type: none"> Performance Measures to be developed by Corporate Office 	<p>WACHS wide</p> <ul style="list-style-type: none"> WACHS Strategic Risks (SR): <ul style="list-style-type: none"> Unable to attract and retain a skilled workforce (SR No 4) <p>Regional</p> <ul style="list-style-type: none"> Regional Risk Registers 23.8

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)			
3: INFRASTRUCTURE & SUPPORT	A: Accountability Structure I & ii		B: Committee Structure iii	C: Strategies and Standards iv & v
<p>h. facilities that support contemporary models of service delivery and are accessible and safe for patients and staff through effective:</p> <ul style="list-style-type: none"> ▪ planning and construction of new facilities ▪ maintenance of existing facilities ▪ occupational health and safety systems. 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Director Infrastructure ▪ Executive Director Workforce: <ul style="list-style-type: none"> - HR Strategy - Industrial Relations - Learning & Development - Occupational Safety and Health - Workforce Reporting - HR Services <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Director ▪ Operations Managers ▪ Regional Lead for Infrastructure and Support Services 		<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Infrastructure Steering Group: <ul style="list-style-type: none"> - WACHS: Capital Project Control Group ▪ WACHS Facilities Managers Network ▪ Disability Access and Inclusion Plan Committee <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Executive Committee ▪ Occupational Safety and Health Committee ▪ Capital Project Working Groups ▪ Disability Access & Inclusion Committee 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Operational Plan: <ul style="list-style-type: none"> - Objective 3 ▪ Minor Works Governance Framework ▪ DoH Strategic Asset Plan (SAP) ▪ WACHS Infrastructure Priority List ▪ WACHS Occupational Safety and Health Framework ▪ WACHS Disability Access and Inclusion Implementation Plan <p>Regional</p> <ul style="list-style-type: none"> ▪ Governed by WACHS wide Strategies and Standards
	D: Operational Systems, assurance, and review vi-ix			
	Quality improvement:	Policy documents:	Performance reporting:	Risk Management:
	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Client Identified Variation Process ▪ WACHS Board Authorisation Schedule <p>Regional</p> <p>N/A</p>	<p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> ▪ Capital Works Program Governance Policy ▪ Infrastructure Governance and Accountability Framework ▪ Roles and Responsibilities for Infrastructure Projects ▪ Occupational Safety and Health Policy <p>Regional</p> <ul style="list-style-type: none"> ▪ Regions are governed by WACHS and DoH wide policies 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Infrastructure status reports – tabled at Capital Project Control Group and Infrastructure Steering Group <p>Regional</p> <ul style="list-style-type: none"> ▪ Infrastructure Status Report ▪ Project Working Group reports to Regional Executive Committee monthly ▪ Regional Facility & Assets reports to the Regional Executive Committee monthly ▪ Maintenance Activity Reports to local District Committee 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR): <ul style="list-style-type: none"> - Potential for major failure or breakdown of buildings and equipment (SR No 12) ▪ Computerised Maintenance Management System ▪ Asbestos Register <p>Regional</p> <p>N/A</p>

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)			
3: INFRASTRUCTURE & SUPPORT	A: Accountability Structure I & ii		B: Committee Structure iii	C: Strategies and Standards iv & v
i. <i>clinical equipment (including devices and supplies) that is 'fit for purpose' through effective:</i> <ul style="list-style-type: none"> ▪ <i>evaluation of clinical products</i> ▪ <i>procurement processes</i> ▪ <i>management, cleaning and maintenance</i> ▪ <i>product recall and complaints.</i> 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Executive Director Nursing and Midwifery Services: <ul style="list-style-type: none"> - Nursing and Midwifery, Medical Imaging ▪ Chief Operating Officer-Operations: <ul style="list-style-type: none"> - Procurement and Contract Management Directorate, Clinical Procurement Management, Consumer Engagement and Patient Experience <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing ▪ Operations Managers 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Product Evaluation & Standardisation Committee (PESC) ▪ Medical Equipment Subcommittee ▪ Medical Imaging Steering Committee ▪ Clinical Governance & Safety and Quality Subcommittee <p>Regional</p> <ul style="list-style-type: none"> ▪ Infection Prevention and Control Committee ▪ Regional Safety and Quality Committee ▪ Client Reference Group (tender evaluation with sign off in accordance with authorisation schedule) ▪ Regional PESC – strengthened with WACHS PESC process 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WA Health Better Procurement, Better Care, Better Value: <ul style="list-style-type: none"> - The WA Health Strategic Procurement Program ▪ WA Health Procurement Delegation Schedule and Procurement Delegation Schedule Business Rules ▪ WACHS Operational Plan: <ul style="list-style-type: none"> - Objective 11 <p>Regional</p> <ul style="list-style-type: none"> ▪ Governed by WACHS wide Strategies and Standards 	
	D: Operational Systems, assurance, and review vi-ix			
	Quality improvement:	Policy documents:	Performance reporting:	Risk Management:
	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Replacement of endoscope equipment: service wide review conducted by Clinical Procurement Manager <p>Regional</p> <ul style="list-style-type: none"> ▪ Compliant procurement processes for clinical equipment ▪ Regions hold monthly PESC meetings to manage clinical product evaluation, complaints and recalls 	<p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> ▪ Purchasing of Medical Equipment Policy ▪ New Product Evaluation-Medical Devices Policy ▪ Environmental Cleaning Policy ▪ Tagging of Electro-medical Equipment and Detachable Power Cords Addendum ▪ Bio-Clinical Services Clinical Equipment User Manual <p>Regional</p> <ul style="list-style-type: none"> ▪ Regions are governed by WACHS and DoH wide policies 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Reports from Health Support Systems (HSS) – re: consumables ▪ Reports following Biomedical Engineering (BME) site visits: go to relevant site manager and detail: missing & new equipment and equipment that should be removed <p>Regional</p> <p>N/A</p>	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR): <ul style="list-style-type: none"> - Potential for major failure or breakdown of buildings and equipment (SR No 12) ▪ Diagnostic Imaging Accreditation Scheme (DIAS) ▪ Schedule of twice yearly visits to sites by BME to provide safety checks for all existing and new electro-medical equipment <p>Regional</p> <p>N/A</p>

Elements of Clinical Service Delivery	Elements of Clinical Governance - WACHS wide and Regional (continued)				
3: INFRASTRUCTURE & SUPPORT	A: Accountability Structure I & ii		B: Committee Structure iii	C: Strategies and Standards iv & v	
<p><i>j. information services and management, which support and inform clinical care and clinical service delivery:</i></p> <ul style="list-style-type: none"> ▪ <i>ICT hardware and equipment</i> ▪ <i>clinical and patient administration applications</i> ▪ <i>patient / health records – access / quality / confidentiality and patient identification</i> ▪ <i>business intelligence and analytics.</i> 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Executive Director Business Services: <ul style="list-style-type: none"> - Information Communication Technology Services - Finance - Business Performance Improvement ▪ Director Safety & Quality <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Lead for Business Services ▪ Regional ICT Manager → Manager ICT Operations → Director ICT with a line to Regional lead for Business Services ▪ Health Information Managers – Release of Information and Data Custodians → Business Lead 		<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ Information Governance Committee ▪ Corporate Leadership Group ▪ System Implementation Project Board /Steering Groups ▪ Non-admitted Patient Information System Reference Group <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Executive Committee ▪ Regional ICT and Information Committee 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Operational Plan: <ul style="list-style-type: none"> - Objective 17 ▪ WACHS ICT Plan ▪ WACHS Authorities, Delegations and Directions Schedule ▪ WACHS Records Disaster Recovery Plan ▪ WACHS Recordkeeping Plan ▪ ICT Disaster Recovery Plan ▪ ICT Business Impact Assessment ▪ Non-admitted Data Business Rule <p>Regional</p> <ul style="list-style-type: none"> ▪ Regional Business Continuity Plan BCP ▪ Regional ICT Disaster Plan ▪ Regional ICT Business Impact Assessment 	
D: Operational Systems, assurance, and review vi-ix					
Quality improvement:		Policy documents:		Performance reporting:	Risk Management:
<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ HIM: developed a range of standardised audits for use regionally <p>Regional</p> <ul style="list-style-type: none"> ▪ Implementation of WEBPAS ▪ Regional ICT Reviews and Site Audits (yearly or as needs basis) ▪ Regional ICT scheduled visits and upgrades (as needs basis) ▪ Implementation of HPE Records Manager 		<p>WACHS wide & DOH Policy Frameworks</p> <ul style="list-style-type: none"> ▪ Intranet Governance Policy ▪ Records Management Policy ▪ Numerous WA Health ICT policies <p>Regional</p> <ul style="list-style-type: none"> ▪ Regions are governed by WACHS wide and DOH policies 		<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ ICT report – standing item at executive committee meetings ▪ Data Quarterly Report to Executive committee <p>Regional</p> <ul style="list-style-type: none"> ▪ Contribute to corporate office WACHS monthly Executive Report ▪ Health Records Audit Management Tools 	<p>WACHS wide</p> <ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR): <ul style="list-style-type: none"> - Inability to provide continuous, secure and business focused information and communications technology systems (SR No 8) <p>Regional</p> <ul style="list-style-type: none"> ▪ Development through CO in conjunction with regions - WACHS ICT Operational Risk and Assessment

Evaluation

The Clinical Governance Framework will be evaluated on a two yearly basis to assess the following:

1. The framework has been introduced, explained and promoted by corporate office and each region across all sites.
2. The framework is a well-established document across all sites within each region and is known and adhered to by all staff.
3. All elements in the framework are in place and fully operational across all sites in each region.
4. Regional Directors table their compliance with the required minimum clinical governance to the WACHS Executive.
5. Regions re-assess their minimum clinical governance requirements on a two yearly basis using the assessment tool.
6. Corporate office reviews the content of the framework on a two yearly basis for its ongoing relevance.



Definitions

1. **Patient or consumer centred care:** respectful of and responsive to individual patient preferences, needs and values of patients and consumers. It puts the patient and consumer in the centre of all health care decision making (WACHS Partnering with Consumers Guideline)
2. **Consumer:** can include carers, family and advocate
3. **Best practice:** use of concepts, interventions and techniques grounded in research and known to promote higher quality of care (University of Iowa); **evidence based practice:** conscientious, explicit and judicious use of current best evidence (Sackett et al) **models of care:** evidence informed framework outlining the optimal manner in which care made available / deliver care – that is: the right care, delivered at the right time, by the right team, in the right place, with the right resources (A.M.Briggs et al)
4. **Clinical equipment:** equipment, devices and supplies that assist patient care: diagnosis, monitoring and management or treatment that are used by our staff or by our patients
5. **Clinician engagement:** the involvement of clinicians in the planning, delivery, improvement and evaluation of health services utilising clinicians clinical skills, knowledge and experience (Queensland Health)
6. **Quality Improvement:** systematic approach to analyse (monitor and measure) and take steps to improve, performance – activities include: audit, surveys, reviews
7. **Policy Documents:** documents that direct, guide and standardise operational / clinical practice
8. **Performance Reporting:** detailing level of achievement, outputs and / or outcomes against set indicators and measures
9. **Risk Management:** organisational and clinical systems, policies, processes and technologies in place to prevent or minimise risks through proactive identification, assessment / analysis, recording and management

Reference List

1. Strategic Directions 2015–2018: Healthier Country Communities through Partnerships and Innovation. Government of Western Australia, Western Australia Country Health Service.
2. Western Australian Government Gazette, Perth, Health Services, June 2016, No.103
3. Health Reform, Government of Western Australia, Department of Health 2016.
4. Guide to the National Safety and Quality Health Service Standards for health service organisation boards, Australian Commission on Safety and Quality in Health Care, NSQHS Standards 2015.
5. Clinical Governance, Safety and Quality Policy Framework, Government of Western Australia, Department of Health 2016.
6. National Model Clinical Governance Framework Public Health Services, Australian Commission on Safety and Quality in Health Care 2017.
7. ACHS Standards 2004



Regional Assessment Tool

The regional assessment tool has been included to assist regions identify the minimum governance requirements from a regional perspective for example sub-committees of the regional executive or functions that report to the regional executive. As this is a regional response, each region is responsible for assessing how this relates to individual facilities.

The diagram on (Page 16) informs the layout of the matrix on (Pages 17 – 28) and in turn informs the layout of the regional assessment tool. The matrix is a combination of both WACHS wide and regional minimum clinical governance requirements. While the assessment tool lists only the regional minimum clinical governance requirements, regions are also governed by the WACHS wide components of the matrix. While your region may have other governance measures in place this assessment tool is however only capturing the minimum clinical governance required.

There are three elements of **clinical service delivery** listed down the left side of this assessment tool and include:

- Clinical practice, clinical workforce and infrastructure and support

Elements of clinical governance listed to the right side of this assessment tool include:

- Accountability structure, committee structure, strategies and standards and operation systems, assurances and review

The minimum requirements listed for each element of clinical governance on the right relate to the elements of clinical service delivery on the left.

Use the Key below to identify how you are doing against each minimum clinical governance requirement listed in the assessment tool for example

- write 0 against a minimum requirement below that is **not in place**
- write 1 against a minimum requirement below that is **in place but not fully operational**
- write 2 against a minimum requirement below that is **in place and fully operational**

Using the key will help regions identify what is in place and what needs improvement and or implementing.

KEY

0 = not in place

1 = in place but not fully operational

2 = in place and fully operational



1: CLINICAL PRACTICE that: <i>a. is patient centred;</i> <i>b. reflects best practice, is evidence based and is delivered within contemporary models of care;</i> <i>c. focusses on safety through minimising risk while achieving optimal outcomes for patients; and</i> <i>d. is provided in partnership with patients, consumers and other providers.</i>	A: Accountability Structure i & ii		Rank	B: Committee Structure iii		Rank	C: Strategies and Standards iv & v		Rank		
	<ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for Mental Health ▪ Operations Managers 			<ul style="list-style-type: none"> ▪ Regional Safety and Quality Committee ▪ Infection Prevention and Control Committee ▪ Drug & Therapeutic and/or Medication Safety Committee ▪ Mortality and Morbidity Review Committee 			<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide Standards and Strategies that relate to clinical practice 				
	D: Operational Systems, assurance, and review vi-ix										
Quality improvement:		Rank	Policy documents:		Rank	Performance reporting:		Rank	Risk Management:		Rank
<ul style="list-style-type: none"> ▪ Regional Safety and Quality Action Plan ▪ Regional Accreditation/ National Safety and Quality Health Care Standards and National Standards and Accreditation in ▪ Mental Health ▪ Services 			<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to clinical practice 			<ul style="list-style-type: none"> ▪ Clinical Audits Schedule ▪ Monitor performance against internal WACHS Performance dashboard and HSPR. ▪ Safety and Quality reporting to regional S & Q committee and Regional Executive committee 			<ul style="list-style-type: none"> ▪ WACHS Strategic Risks (SR) including Treatment Action Plan ▪ Clinical Incident Reporting and Management: <ul style="list-style-type: none"> - Datix CIMS includes management of SAC 1 events 		

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2: CLINICAL WORKFORCE that:	A: Accountability Structure i & ii		Rank	B: Committee Structure iii		Rank	C: Strategies and Standards iv & v		Rank
<p>e. is qualified and proficient through:</p> <ul style="list-style-type: none"> ▪ credentialing and registration ▪ having a defined scope of practice ▪ ongoing professional development and support 	<ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for MPS ▪ Regional Lead for Mental Health ▪ Operations Manager ▪ Regional Lead for HR 			<ul style="list-style-type: none"> ▪ Regional Executive ▪ Medical Advisory Committee ▪ Regional Safety and Quality Committee ▪ Regional Learning & Development Network 			<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide Standards and Strategies that relate to clinical workforce 		
	D: Operational Systems, assurance, and review vi-ix								
	Quality improvement	Rank	Policy documents:	Rank	Performance reporting:	Rank	Risk Management:	Rank	
<ul style="list-style-type: none"> ▪ Regional Safety and Quality Action Plan 		<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to clinical workforce 		<ul style="list-style-type: none"> ▪ Monthly review of medical credentialing expiry and AHPRA registration 		<ul style="list-style-type: none"> ▪ Regional Risk Register 			

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2: CLINICAL WORKFORCE that:	A: Accountability Structure i & ii		Rank	B: Committee Structure iii		Rank	C: Strategies and Standards iv & v		Rank	
<p><i>f. meet the organisation's needs and requirements within a safe, supportive workplace:</i></p> <ul style="list-style-type: none"> ▪ <i>recruitment & retention - "the right people, right place, right time"</i> ▪ <i>performance development & improvement</i> ▪ <i>employee support, industrial relations, occupational safety and health</i> 	<ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for Mental Health ▪ Operations Managers ▪ Regional Lead for HR ▪ Regional Lead for DAIP 			<ul style="list-style-type: none"> ▪ Regional Occupational Safety and Health Committee ▪ Regional Workforce Committee that includes Aboriginal employment and Learning and Development 			<ul style="list-style-type: none"> ▪ Regional DAIP Implementation Work Plan 			
	D: Operational Systems, assurance, and review vi-ix									
	Quality improvement:	Rank	Policy documents:	Rank	Performance reporting:	Rank	Risk Management:	Rank		
<ul style="list-style-type: none"> ▪ Recruitment Initiatives ▪ HR Consultancy tool 		<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to clinical workforce 		<ul style="list-style-type: none"> ▪ Regional HR Reports include: <ul style="list-style-type: none"> - Learning and Development - OSH - Performance Development 		<ul style="list-style-type: none"> ▪ Reporting and Monitoring systems as described under Performance reporting are in place. 				

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2: CLINICAL WORKFORCE that: <i>g. is actively engaged in and provides leadership for the continued improvement, planning and management of patient care, clinical services and the broader organisation</i>	A: Accountability Structure i & ii		Rank	B: Committee Structure iii		Rank	C: Strategies and Standards iv & v		Rank		
	<ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing & Midwifery ▪ Regional Lead for Population Health ▪ Regional Lead for Aged and Community Care ▪ Regional Lead for Mental Health ▪ Operations Managers ▪ Regional Lead for HR 			<ul style="list-style-type: none"> ▪ Regional Executive Committee ▪ Regional Safety and Quality Committee ▪ Medical Advisory Committee ▪ Disability Access and Inclusion Committee 			<ul style="list-style-type: none"> ▪ Regional Safety and Quality Action Plan 				
	D: Operational Systems, assurance, and review vi-ix										
	Quality improvement:		Rank	Policy documents:		Rank	Performance reporting:		Rank	Risk Management:	
<ul style="list-style-type: none"> ▪ Regional Safety and Quality Action Plan 			<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to clinical workforce 			<ul style="list-style-type: none"> ▪ Performance Measures to be developed by Corporate Office 			<ul style="list-style-type: none"> ▪ Regional Risk Registers 23.8 		

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3: INFRASTRUCTURE & SUPPORT	A: Accountability Structure i & ii		Rank	B: Committee Structure iii		Rank	C: Strategies and Standards iv & v		Rank
<p>h. facilities that support contemporary models of service delivery and are accessible and safe for patients and staff through effective:</p> <ul style="list-style-type: none"> ▪ <i>planning and construction of new facilities; and the</i> ▪ <i>maintenance of existing facilities</i> ▪ <i>occupational health and safety systems</i> 	<ul style="list-style-type: none"> ▪ Regional Director ▪ Operations Managers ▪ Regional Lead for Infrastructure and Support Services 			<ul style="list-style-type: none"> ▪ Regional Executive Committee ▪ Occupational Safety and Health Committee ▪ Capital Project Working Groups ▪ Disability Access & Inclusion Committee 			<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide Strategies and Standards that relate to infrastructure and support 		
	D: Operational Systems, assurance, and review vi-ix								
	Quality improvement:	Rank	Policy documents:	Rank	Performance reporting:	Rank	Risk Management:	Rank	
N/A		<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to infrastructure and support 		<ul style="list-style-type: none"> ▪ Infrastructure Status Report ▪ Project Working Group reports to Regional Executive Committee monthly ▪ Regional Facility & Assets Committee reports to the Regional Executive Committee monthly ▪ Maintenance Activity Reports to local District Committee 		N/A			

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3: INFRASTRUCTURE & SUPPORT	A: Accountability Structure i & ii		Rank	B: Committee Structure iii			Rank	C: Strategies and Standards iv & v		Rank
<p><i>i. clinical equipment (including devices and supplies) that is 'fit for purpose' through effective:</i></p> <ul style="list-style-type: none"> ▪ <i>evaluation of clinical products</i> ▪ <i>procurement processes</i> ▪ <i>management, cleaning and maintenance</i> ▪ <i>product recall and complaints</i> 	<ul style="list-style-type: none"> ▪ Regional Lead for Medical ▪ Regional Lead for Nursing ▪ Operations Managers 			<ul style="list-style-type: none"> ▪ Infection Prevention and Control Committee ▪ Regional Safety and Quality Committee ▪ Client Reference Group (tender evaluation with sign off in accordance with authorisation schedule) ▪ Regional PESC – strengthened with WACHS PESC process 				<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide Strategies and Standards that relate to infrastructure and support 		
	D: Operational Systems, assurance, and review vi-ix									
	Quality improvement:	Rank	Policy documents:	Rank	Performance reporting:	Rank	Risk Management:	Rank		
<ul style="list-style-type: none"> ▪ Compliant procurement processes for clinical equipment ▪ Regions hold monthly PESC meetings to manage clinical product evaluation, complaints and recalls 		<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to infrastructure and support 		N/A		N/A				

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3: INFRASTRUCTURE & SUPPORT j. information services and management, which support and inform clinical care and clinical service delivery: <ul style="list-style-type: none"> ▪ <i>ICT hardware and equipment</i> ▪ <i>clinical and patient administration applications</i> ▪ <i>patient / health records</i> <ul style="list-style-type: none"> - <i>access / quality / confidentiality and patient identification</i> ▪ <i>business intelligence and analytics</i> 	A: Accountability Structure i & ii		Rank	B: Committee Structure iii		Rank	C: Strategies and Standards iv & v		Rank
	<ul style="list-style-type: none"> ▪ Regional Lead for Business Services ▪ Regional ICT Manager → Manager ICT Operations → Director ICT with a line to Regional lead for Business Services ▪ Health Information Managers – Release of Information and Data Custodians → Business Lead 			<ul style="list-style-type: none"> ▪ Regional Executive Committee ▪ Regional ICT and Information Committee 			<ul style="list-style-type: none"> ▪ Regional Business Continuity Plan BCP ▪ Regional ICT Disaster Plan ▪ Regional ICT Business Impact Assessment 		
	D: Operational Systems, assurance, and review vi-ix								
	Quality improvement:	Rank	Policy documents:	Rank	Performance reporting:	Rank	Risk Management:	Rank	
	<ul style="list-style-type: none"> ▪ Implementation of WEBPAS ▪ Regional ICT Reviews and Site Audits (yearly or as needs basis) ▪ Regional ICT scheduled visits and upgrades (as needs basis) ▪ Implementation of HPE Records Manager 		<ul style="list-style-type: none"> ▪ Regional Executive demonstrates processes of regularly monitoring adherence to WACHS wide & DoH wide policies that relate to infrastructure and support 		<ul style="list-style-type: none"> ▪ Contribute to corporate office WACHS monthly Executive Report ▪ Health Records Management Audit Tools 		<ul style="list-style-type: none"> ▪ Development through corporate office in conjunction with regions - WACHS ICT Operational Risk and Assessment 		

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WRITE YOUR KEY REGIONAL FOLLOW UP ACTIONS HERE

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Government of Western Australia
WA Country Health Service

WA Country Health Service

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