QUALITY MANAGEMENT FRAMEWORK

Dec 2020

QUALITY MANAGEMENT FRAMEWORK

Contents

1. Purpose

Sydney North Health Network (SNHN) Quality Management Framework is set out in this document. SNHN operates in a quality environment through the organisation's leadership, performance, evaluation and improvement processes. Quality management is key in the formulation of SNHN strategic plans and priorities, and built into systems, frameworks, policies and procedures. SNHN is committed to operating excellence, continual improvement and working to consistently deliver quality outcomes in the fulfilment of our organisation's objectives.

2. Objectives and Goals

Sydney North Health Network is a high performing Primary Health Network (PHN) and is one of 31 PHNs established by the Australian Government to increase the efficiency and effectiveness of health services for local communities. Our work focuses on patient outcomes, and we aim to improve the coordination of care, aligning the right care, in the right place, at the right time. SNHN core goals and functions embody our quality objectives:

A	**Community Activation**	Support our community to self-determine and help itself
B	**System Transformation**	Catalyse change by enabling new approaches to health and healthcare
C	**Commissioning**	Attract and distribute resources to provide services that people need most
D	**Member & Provider Support**	Build capacity for all providers of primary healthcare to adopt new tools, deal with disruption and improve outcomes
E	**An Exceptional Organisation**	Develop excellence in our operations, our people and our visibility

3. Scope

The scope of this framework extends across the entire organisation's activities, from its Board and Executive Team to its daily operations. It is embedded in our culture, and communicated through our frameworks and policies including the key areas of:

- Leadership and Governance
- Risk management and security
- Planning
- Resource management: money, people, WH&S, marketing, IT and legal management
- Commissioning
- Communication and engagement
- Continuous improvement

4. Overview and Quality Context at SNHN

4.1 Quality statement

SNHN is committed to quality management and promotes a continuous improvement culture. This is built into our practices: commissioning activities, member and provider support, systems transformation, community activation and organisational excellence. Our objectives are quality outcomes for the organisation and its stakeholders. Governance processes, systems and controls are diligently designed, evaluated, reviewed and improved.

4.2 Vision

SNHN is committed to achieving together better health, better care.

4.3 Overview and quality management systems

Quality management is at the heart of everything we do, infused into the diverse range of activities that are undertaken to fulfil our objectives. Quality management is founded in sound governance and leadership by our Board of Directors, executive management and dedicated program managers.

Relevant risk management is fabricated into each activity to minimise risk, without stifling opportunities. SNHN embraces rigorous financial management to ensure value-add outcomes, and the greatest security of funds placed in our trust.

Planning is employed at all levels from strategic planning to detailed work plans, moving us forward in the right direction, in the right timeline, to achieve our aims.

Our resources are carefully managed. Our talented people are our most valued resource, with human resources management in a supporting role. Maintaining our safe work environment is significant to us, with equipment fit for purpose, secure current systems, and Work Health and Safety (WH&S) processes in place. We support our stakeholders and community with strong engagement and open communication being paramount. This is reinforced by our committed program, marketing and events teams.

We acknowledge the demand to adapt and evolve to meet the needs of our community and address how we execute our important work. At SNHN we embrace this evolution with continuous improvement being part of our collective DNA.

Quality management is promoted in every area of the organisation described in the relevant sections of this document.   An overview of the diversity of our quality management is presented in the diagram that follows.

W H & S
- WH & S Committee and reporting process
- Volunteer Wardens and first aid
- Building and equipment checks & certification
- On line courses

HR
- Recruitment & induction
- Performance process
- Training & EAP support
- Engagement strategies

IT
- Experienced team & on site support
- Secure systems, software & back up
- Effective controls & disaster recovery
- Hack testing & prevention

Governance
- Board, Committees & FARM
- Risk management process
- Suite of framework & policies
- Continuous improvement culture

Finance
- Qualified experienced team
- External audit scrutiny
- Accounts budgets & acquittals
- Finance mentoring for operations
- Secure systems controls
- Accounting standards

Legal & Regulatory
- Risk management
- Contract management
- Tax & Law compliance
- Funding requirements

Commissioning
- Needs assessment
- Thorough tender process
- Contract management cycle
- Evaluation & improvement

Communications & Marketing
- Community council & events
- Annual report & newsletter
- Social media & website
- Regular team updates & meetings

SNHN Quality Management

Plan
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Do
- Carry out the plan
- Document observations
- Record data

Study
- Analyse data
- Compare results to predictions
- Summarise what was learned

Act
- What changes are to be made?
- Next cycle?

Risk management · Planning · Resource management · Engagement · Commissioning · Leadership · Continuous improvement

4.4 Quality management purposes

SNHN quality management reflects the three purposes set out in The Australian Government's PHN Program Performance and Quality Framework, September 2018:

- Opportunities to identify areas for improvement for individual PHNs and PHN Programs

- Supports PHNs in measuring their performance and quality against tangible outcomes

- Measures the PHN Program's progress towards achieving its objectives of improving efficiency and effectiveness of medical services for patients and improving coordination of care to ensure patients receive the right care, in the right place, at the right time.

4.5 Plan Do Check Act

SNHN adopts a systematic approach incorporating Deming's model and the "Plan-Do-Check-Act" (PDCA) cycle and risk-analysis to integrate and align our vision, purpose, principles and priorities. These rapid cycles of improvements are supported by the Clinical Practice Improvement Method (2002) that utilises three important questions before commencing the rapid improvement cycles. The questions are:

1) What are we trying to accomplish? what aim and objective?
2) How will we know that a change is an improvement? what do we need to measure?
3) What changes can we make that will result in an improvement?

4.6 Strategic Plan

The SNHN Strategic Plan 2018 – 2023, sets out the organisation's investments, commitments, key goals, roles and strategies. SNHN Strategic Plans are reviewed and endorsed by the Board. A summary of the current Strategic Plan is set out in **Section 7** of this document.

4.7 Commitments and health priorities in our community

Commitments include the following:

- Older people remain independent longer
- People with mental health conditions maximise economic and social participation
- Young people are resilient and connected
- Those who are vulnerable know about and get care relevant to them.

Health Priorities in our community comprise:

- Chronic illness
- Prevention initiatives mental health and suicide prevention
- Drug and alcohol
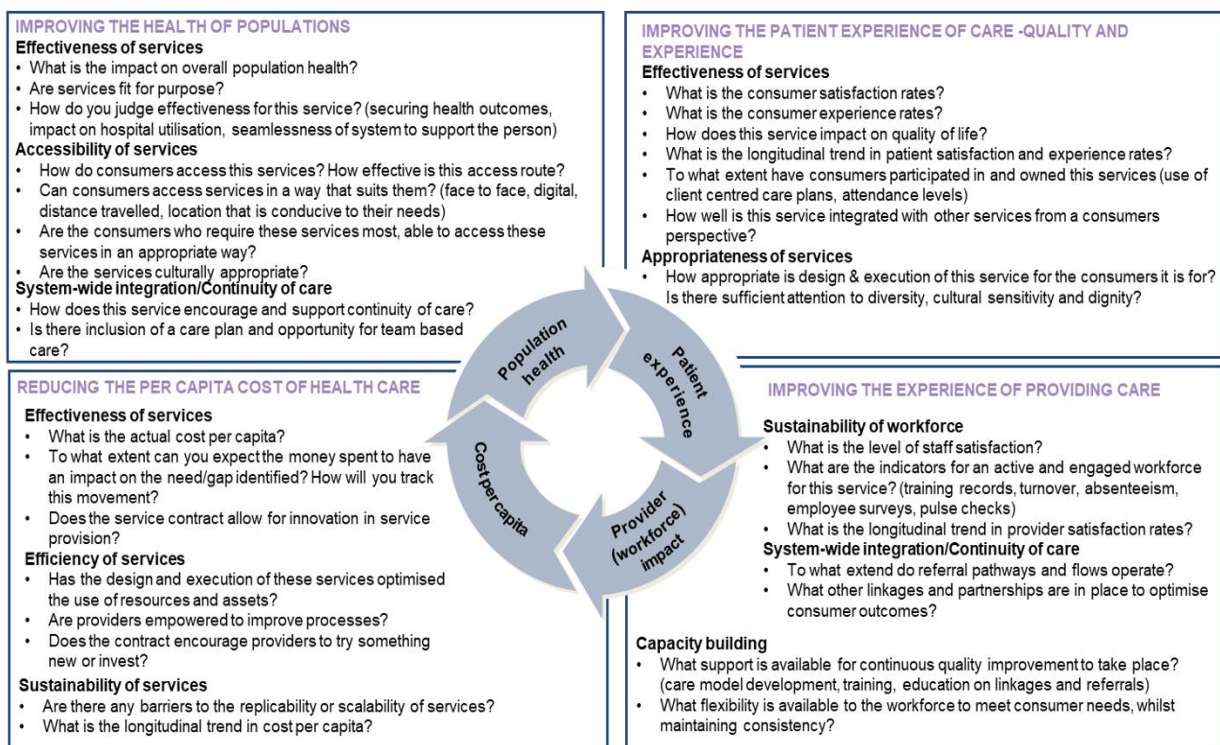- Aboriginal health
- End of life care.

4.8 Quadruple Aim business model

SNHN quality initiatives and assurance refer back to its "quadruple aim":

- Improving the health of populations
- Improving patient care
- Reducing per capita cost of health care
- Improving the experience of providing care.

Considering all four quadrants of the quadruple aim has enabled a holistic view and focus on delivering value to consumers, service providers, and the system as a whole. It focuses us on the big picture, rather than on outputs. The broad prompting questions from each quadruple aim quadrant enable indicators to be agreed to measure success and ensure continuous improvement in any program and underpins each step of our commissioning processes.

Figure 1: SNHN Quadruple Aim

IMPROVING THE HEALTH OF POPULATIONS
Effectiveness of services
- What is the impact on overall population health?
- Are services fit for purpose?
- How do you judge effectiveness for this service? (securing health outcomes, impact on hospital utilisation, seamlessness of system to support the person)
Accessibility of services
- How do consumers access this services? How effective is this access route?
- Can consumers access services in a way that suits them? (face to face, digital, distance travelled, location that is conducive to their needs)
- Are the consumers who require these services most, able to access these services in an appropriate way?
- Are the services culturally appropriate?
System-wide integration/Continuity of care
- How does this service encourage and support continuity of care?
- Is there inclusion of a care plan and opportunity for team based care?

IMPROVING THE PATIENT EXPERIENCE OF CARE -QUALITY AND EXPERIENCE
Effectiveness of services
- What is the consumer satisfaction rates?
- What is the consumer experience rates?
- How does this service impact on quality of life?
- What is the longitudinal trend in patient satisfaction and experience rates?
- To what extent have consumers participated in and owned this services (use of client centred care plans, attendance levels)
- How well is this service integrated with other services from a consumers perspective?
Appropriateness of services
- How appropriate is design & execution of this service for the consumers it is for? Is there sufficient attention to diversity, cultural sensitivity and dignity?

REDUCING THE PER CAPITA COST OF HEALTH CARE
Effectiveness of services
- What is the actual cost per capita?
- To what extent can you expect the money spent to have an impact on the need/gap identified? How will you track this movement?
- Does the service contract allow for innovation in service provision?
Efficiency of services
- Has the design and execution of these services optimised the use of resources and assets?
- Are providers empowered to improve processes?
- Does the contract encourage providers to try something new or invest?
Sustainability of services
- Are there any barriers to the replicability or scalability of services?
- What is the longitudinal trend in cost per capita?

IMPROVING THE EXPERIENCE OF PROVIDING CARE
Sustainability of workforce
- What is the level of staff satisfaction?
- What are the indicators for an active and engaged workforce for this service? (training records, turnover, absenteeism, employee surveys, pulse checks)
- What is the longitudinal trend in provider satisfaction rates?
System-wide integration/Continuity of care
- To what extend do referral pathways and flows operate?
- What other linkages and partnerships are in place to optimise consumer outcomes?
Capacity building
- What support is available for continuous quality improvement to take place? (care model development, training, education on linkages and referrals)
- What flexibility is available to the workforce to meet consumer needs, whilst maintaining consistency?

5. Leadership and Governance

5.1 Governance Framework

The SNHN Governance Framework was developed in accordance with the ASX Corporate Governance Principles as well as Building Better Governance by the Australian Public service Commission. Effective governance is supported through strong leadership and management, responsible ethical decision making, accountability and performance management. The SNHN Board operationalises governance through oversight of policy related documents into the following categories:

Governance Policy Framework	Nomination and Remuneration Committee TOR Board Delegation Policy Board Charter Board Code of Conduct Policy Remuneration Policy Commissioning Policy Communication Policy Privacy Policy Strategic Plan
Financial Management Framework	FARM Committee TOR Finance Policy Fraud Policy
Stakeholder Engagement	Clinical council TOR Community Council TOR Sponsorship, Promotion Advertising Policy& Procedure
Clinical Governance	Clinical Governance Committee TOR
Risk Management	Risk Management Policy Work Health and Safety Policy Information Management Policy Feedback and Complaints Policy
Data Governance Framework	Data Governance TOR Data Governance Policy Privacy Policy Information Management Policy Information Technology Security Policy Information Technology Acceptable Use Policy Intellectual Property Policy Code of Conduct Procedure for collection and disclosure of personal information Data Breach Response Plan Social Media Procedure Internet and Email Use Procedure IT Disaster Recovery Plan

5.2 Board

SNHN has a skills-based Board comprised of up to nine (9) Directors. SNHN has a Board Charter and a Board Code of Conduct. The Board has oversight of SNHN quality management through the SNHN governance structure. The Board supports a diverse and inclusive workplace and believes this will build a high-quality culture of openness where ideas are respected, and innovation is encouraged.

5.3 Board committees

Four Board committees support the Board:

- Finance, Audit and Risk Management (FARM)
- Nominations and Remuneration
- Clinical Governance (also oversees the internal management of Data Governance)
- Business Development.

5.4 Clinical Council

The Sydney North Clinical Council assists our leaders to develop local strategies to improve the operation of the healthcare system for people in Sydney's North. All members of the Council practice within, or work with community inside the SNHN catchment area. The Council comprises 17 or more members with relevant health and allied health experience. The Council has two SNHN Board members and provides guidance to the Board on clinical issues relevant to primary care such as:

- Support local primary health care providers to improve healthcare outcomes/experience
- Evaluate and identify inefficiencies and optimise use of existing services and resources
- Purchase or co-commission services and propose strategies for redesign or reinvestment.

5.5 Consumer input and the Community Council

The SNHN Community Council was formed to gain external input for SNHN leaders. This comprises 10 -12 members from diverse sections of the community, with valuable life experiences, to inform the leaders to develop local strategies to improve the operation of the health care system for people in the Sydney North region. The Community Council provides:

- Input to population needs assessment
- Perspective to the Board on issues and initiatives delivered by SNHN
- Articulation of the community and health consumer
- Advise on the conduct, methodology and diversity of community consultations
- Advise on developing partnerships with relevant community stakeholders
- Advise on health consumer engagement best practice.

5.6 Quality through policy and procedure

A comprehensive suite of codes, policies, procedures and terms of references have been developed and adopted by leaders at SNHN to establish quality performance throughout the organisation. These documents reflect and expand on the principles set by SNHN leadership in its Governance Framework (refer **Section 5.1**) and is grouped according to the following categories: Governance, Financial Management, Stakeholder Engagement, Clinical Governance, Risk Management, Human Resource Management, Information and Knowledge Management and Commissioning. A continual improvement process is in place for scheduled review and update and revision. A register can be found in **Section 15.1**. Leadership ensures quality policy is communicated clearly and regularly through the following:

- Proper authorisation of policies and procedures at the appropriate level
- Communication to new employees at induction
- Systematic collation and storage for easy access for employees (on the server or cloud)

- Scheduled review and revision with updates communicated to the SNHN team by email
- Communication and reinforcement during team meetings
- Compulsory in house on-line training modules that complement and reinforce policy.

5.7 Roles, responsibilities and authorities

SNHN has a clear leadership structure supported with defined responsibilities and authorities set out in the SNHN Board Delegation Policy and the CEO Delegated Authority to SNHN employees.

6. Risk Management

6.1 Actions to address risks

SNHN manages risk and opportunities by establishing context, identification, evaluation and action.

6.2 Risk management framework

Risk management principles and practices are an essential component of good corporate governance and are integrated into other SNHN key frameworks (refer **Section 5.1**).

6.3 Risk management policies

Policy documents specifically set out risk management including but not limited to:

- Risk Management Framework
- Risk Management Policy
- Work Health and Safety (WH&S) Policy
- Feedback and Complaints Policy

Employees consider risks and opportunities in their everyday activities and are accountable to identify, report and act on risks in their area. Risks may also be identified through business processes and in the course of project planning. WH&S risks are formally identified through site inspection and meeting and reporting processes outlined in the documents above.

6.4 Risk process, Risk Matrix and Key Risk Register

Managers receive internal instruction on the methodology of risk recording and evaluation. An organisation wide exercise is undertaken at regular intervals for managers to collate departmental risks. These are summarised into a risk matrix for review. Significant risks are collated in a Key Risk Register that is used to focus on the mitigation control and management of risks, acting as a vehicle for communication with the Board.

6.5 Risk Committee

SNHN committees address risk issues within their context:

- Finance Audit and Risk Management Committee (FARM)
- Clinical governance risks are also separately reported to the Board's Clinical Governance Committee through the General Manager of Commissioning and Partnership

- WH&S Committee meets quarterly reporting its findings to the Executive.

6.6 Governance Manager

The position of Governance Manager at SNHN is responsible to:

- Support SNHN leaders and their team in governance matters
- Maintains Policy and Procedure Register
- Collation of Key Risks Register
- Preparing Consolidated Organisational Register of Team Risks
- Maintains Incident Register
- Maintains WH&S policy and compliance with WH&S requirements
- Communicates to employees all new and revised policies and procedure
- Updates staff on new developments at weekly Executive Updates and monthly meetings

6.7 Incident management

SNHN is committed to a safe workplace and minimising risk to the organisation and its people. SNHN promotes a culture of reporting all incidents and near misses whether accidents incidents or notifiable events including complaints. Feedback is encouraged and utilised as part of a continual improvement process. Our policies address not only risk management but also protection of those reporting risks and threats to safety:

- WHS Employee Safety Procedure
- Incident, Near Miss and Hazard Management Policy & Procedure
- Feedback and Complaints Policy and Whistle Blower Protection Policy.

7. Planning

Planning is integrated across multiple functions at SNHN affording major quality benefits.

7.1 Strategic Plan

SNHN sets priorities and goals, evaluates resources, defines activities and workforce to achieve goals and mitigate obstacles. This gives the SNHN team and its stakeholders clarity and direction. SNHN's plan concentrates on innovative and sustainable solutions to shift the focus of community care out of the hospitals and into primary healthcare. Our focus is on:

- Services delivered where and how people want them
- People being able to find and get what they need from local healthcare services
- People understanding and building on fundamental habits for best health and wellbeing
- Communities supporting each other.

SNHN has an important role to drive, support and strengthen primary healthcare in the Northern Sydney region. We utilise the Quadruple Aim to target initiatives so that the benefit can be realised in all four areas of the quadrant (see **Section 4.8**).

Our strategic priority areas for 2018-2023 are:

- **Community activation** - supporting our community to self-determine and help itself
- **System transformation** - catalyse change enabling new approaches to health/healthcare
- **Commissioning** - attract and distribute resources to provide services most needed
- **Member and provider support** - build capacity in primary healthcare to adopt new tools, deal with disruption and improve outcomes.

7.2 Financial planning

SNHN undertakes thorough and detailed financial planning. We evaluate resources and match to scheduled activities to determine the needs to achieve SNHN objectives within the parameters of availability and time (see **Section 8**). Planning consolidates our structure of probity, security and transparency and is essential to all operations. SNHN plans include securing sufficient funding. Ours plans ensure funds are kept safe and earn competitive interest until they are expended wisely to achieve the best value for money. Quality financial planning is a proactive process and takes into account:

- Annual Budget process (by fund, program, cost type, employee, and time-period)
- Partnering to help shape SNHN Strategic Plan
- Mapping to the SNHN Activity Work Plans
- Quarterly forecast process
- Close liaison with budget holders for regular review of spending activity
- Monthly management accounts, variance analysis with department management input
- Tender process in conjunction with the Commissioning Team
- Audit planning process
- Regular liaison with Auditors (policy, standards and legislation)
- Training and succession planning within the Finance Team
- Developing business cases for large undertakings
- Project planning and management (e.g. systems changes, office relocation).

7.3 Information Technology (IT) planning

IT planning is critical to how well SNHN performs. Our IT Team provides excellent support, advice and assistance to the business, but their role extends to build technology capability to maximise the return for investment in IT procurement (see **Section 8.6**). Functionality and risk mitigation are key elements for IT plans to meet all demands set by the business, legislation, funding agreements, Government, practitioners and the public. Sustainability is factored into IT planning, which is an on-going process, rather than a discrete event. These activities include but are not limited to:

- Development and alignment of SNHN IT vision with the SNHN strategic priorities
- Keeping abreast of Government digital initiatives
- Evaluation of current IT status and predicting future needs
- IT asset management: identifying, procuring, rolling out and decommissioning
- Definition of gaps with reference to evolving technology and benchmarking
- Liaison with the Finance Team and the business on SNHN Budget and Activity Work Plans
- Research of available suitable and affordable technology solutions
- Building knowledge of health and not for profit software and systems
- Engagement with market for best value in procurement
- Maintenance plans for current technology and systems
- Planning and implementation of new technology
- Training and communication of SNHN team and/or stakeholders
- On-going evaluation and review
- Priorities defined with reference to all the steps above.

7.4 Population data and Commonwealth Department of Health (DoH) materials

SNHN uses population data to guide decision making so that funds can be directed in the best way to meet needs. Health and welfare data assist our PHN in population health planning. Examples of the data sources that SNHN uses are:

- Department of Health
- PENCAT clinical audit tool
- Population Health Information Development Unit
- Data.gov.au
- MyHealthyCommunities
- Indigenous health check data tool
- Workforce data
- Mortality over Regions and Time
- Mental Health Regional Planning.

7.5 Needs assessment

Prior to the procurement of commissioned services, intentions are informed by SNHN Needs Assessment undertaken by our Commissioning Team. This comprises consultation and engagement with stakeholders, working to co-design services and meeting DoH requirements. Commissioning intentions are clearly documented. Also refer to the **Section 9**.

A "Comprehensive Needs Assessment" was conducted by SNHN in 2016 with deep dives and updates undertaken annually. The top four health priority areas identified were:

- Health of the older person
- Youth health
- Metal health
- Vulnerable population.

The common themes pertinent to the four health priority areas are:

- Awareness - health literacy through to awareness of available, appropriate services
- Access - ability to access the right services – both a consumer and system level
- Navigation of health systems - at both a consumer and system level.

7.6 Department of Health and other funding deliverables

Development of an annual Activity Work Plan is required to ensure that our PHN meets the Department of Health funding agreement requirements. Plans contain a vision and summary of proposed funded activities. This comprehensive planning process requires interdepartmental collaboration. The activity encompasses the strategic aims, needs, operational information, resource and financial data. Separate Activity Work Plans are required for each area of funding such as: Core and After Hours, Mental Health and Suicide Prevention, Drug and Alcohol Treatment and Integrated Team Care. All PHN Activity Work Plans are approved by DoH.

8. Resource Management

8.1 Resources

The resources available to SNHN are diverse and the management of each is fabricated into the quality management of the organisations. Resources are more than funding alone and include engaged professional teams, effective infrastructure, and a sound knowledge base.

8.2 Finance and money management

Our finance area has worked to transform its contribution extending beyond secure accounting, to connecting with leaders to drive the organisation forward. SNHN Finance Team strives to get the best return on our resources. This includes:

- **Insights** - working with the Finance Audit and Risk Committee (FARM)and Executive
- **Analysis** - effective use of financial data to drive behavioural changes
- **Partnering** - business partnering fostering relationships to forge synergies
- **Mentoring** - bringing non-finance staff on the journey of financial discovery
- **Value** - by comprehensive procurement and purchasing strategies
- **Innovation** - in processes, income, accounting, systems automations and safeguards.

Insights   Analysis   Partnership   Mentoring   Value   Innovation

Finance Team, accounting processes and IT systems are in place to look after key corporate responsibilities. The Finance Team works to protect the organisations economic safety, including adherence to Australian Accounting Standards and regulation, meeting Government and legislative commitments, tax and audit compliance and best practice accounting. Financial management involves not only financial planning (see **Section 7.2**) but also:

- Development and implementation of the Financial Management Framework
- Broad suite of finance policies and procedures
- Finance Audit and Risk Management (FARM) review, recommendations and actions list
- Detailed procurement and specific commissioning procurement processes
- Navision accounting system and EFTsure software with built-in controls
- A system of controls and segregation of duties
- Thorough documentation and approved authorisation processes
- Cash flow with monthly forecasting and monitoring process
- Term deposit planning with rate review research
- Engagement with suppliers and banks to achieve the best products, services and rates
- Purchase order process with built-in authorisation aligned to policy
- Annual external audit.

8.3 Human Resources (HR) and people management

SNHN is committed to quality management of HR actively fostering a great culture and working on both individual and workforce development. Our quality HR management covers:

- **Workforce planning** considering the people and skills resources required
- **Recruitment process** documented in policy to be fair and to engage the right candidates
- **Contracts** set out the terms of employment
- **Induction** undertaken to ensure the safe and welcoming "on-boarding" of new starters
- **Inclusion** being part of SNHN culture, backed up by SNHN policies
- **Systems** to record and control objectives, performance, training, leave, time in lieu
- **Training** provided online, in house or externally to upskill staff appropriately
- **Communication** with regular team and organisation meetings and briefings
- **Performance management** via the Performance Alignment Conversation (PAC) process
- **Wellbeing** with provision of Employee Assistance program, coaching and meditation
- **Environment** ensuring reliable equipment, offices, ergonomic chairs and stand up desks
- **Engagement** surveys with feedback encouraged, (with outstanding 91% engagement result – highest among all national PHNs surveyed in 2017 and 2019)
- **Exit protocols** defined in policies and followed when an employee leaves SNHN.

8.4 Work Health & Safety and physical security

We want our people to be and feel safe and secure by providing a physically safe working environment and an inclusive culture.

Policy and Procedure
Workplace safety is cemented into SNHN policies and procedures such as:

- Workplace Health and Safety Policy
- WHS Employee Safety Procedure
- Homeworking arrangement Policy and Procedure
- Emergency and First Aid Procedure
- Workplace smoke free policy & procedure, Workplace Drug & Alcohol Procedure
- WHS Risk reporting, workplace inspection and return to work Procedure
- Incident, Near Miss and Hazard Management Policy and Procedure

(For a comprehensive list of policy related documents, refer to **Section 15.1**).

Professional checks
Experts are engaged to check and certify our safety. The Office has a safety to occupy certificate.   SNHN seeks additional assurance and security through independent testing of air conditioning, fire safety, and undertakes scheduled electrical equipment test and tagging.

Entry to the offices
Access is controlled with a swipe card system and our reception staff aids staff and guests. Visitors sign in electronically and are provided with stick-on visitor passes.

Fire wardens and first aiders

Employees volunteer as assigned fire wardens and first aiders. Training is provided so that they may provide appropriate help and assistance to staff and visitors during emergency situations.

8.5 Communication & Marketing

The Communications and Marketing Department is a small but highly effective team who help build awareness of the SNHN brand in supporting primary health care within the Northern Sydney region. This is done through the following:

- **The Strategic communication and marketing campaign** describes commissioning work, while engaging with the wider community by sharing stories in primary health care.

- **Newsletters** provider regular communication with community, client's, practitioners and stakeholders.

- **The Annual Report** communicates a snapshot of our activities, achievement and results in key areas including Strengthening Primary Healthcare, Integrating Care, Improving Access, Connecting our Community, Our Team and our Financial Report.

- **The SNHN Website** is the centerpiece of our online activity featuring detailed content supporting health professionals and our consumers. It is a hub of information for general practice support.

- **Digital social media** is used to regularly post relevant health issue content and share two-way communication via: Twitter, Facebook, Instagram, LinkedIn and YouTube**.**

- **SNHN Clinical and Community Council** serves as communication channels between community representatives and SNHN teams**.**

- **GP practice visits are** undertaken by program staff such as the Digital Health and PCAIT teams.

8.6 Information management and IT

SNHN information is effectively managed through systems, database integrity maintenance, staff and stakeholder collaboration. IT planning is covered in **Section 7.3** and below are some of the supporting information management tools and controls that cover:

- Supporting SNHN leaders in the area of IT information management
- IT system integrity
- IT equipment suitability and sustainability
- Policies on privacy and data breach
- Audit including IT security audits by external providers
- Customer Relationship Management database (ChilliDB)
- On site database expertise
- Secure user accounts based on job roles
- Password protocol to the networks and specific team software
- Secure internal and external back up
- Physical controls; restricted access to server rooms
- Organisation and control for working via IT systems from external sites including home

- Monitoring and control of suitable use of SNHN IT assets
- Carefully researched IT professional service partners and providers
- Local network hierarchy and restrictions
- Provision of team information and training.

8.7 Legal and regulatory compliance

The Board has ultimate responsibility for legal and regulatory compliance acting through:

The SNHN Legal Counsel and Governance Manager works with the SNHN Executive to oversee legal and regulatory compliance coordinating:

- Policy authorisation, distribution/publication, storage, creation and review timetable
- Legal elements of contracts management: review authorisation
- Risk management function.

The SNHN Chief Financial Officer (CFO) works with the Finance Audit and Risk Management (FARM) Committee to oversee:

- Australian Tax Office requirements are upheld
- Financial Accounts are prepared in line with Australian Accounting Standards to pass external audit scrutiny
- Australian Charities and ACNC requirements are upheld
- Application of appropriate corporate law and regulation.

9 Commissioning Quality Management

9.1 Commissioning Framework and overview

Commissioning is governed by an all-encompassing SNHN Commissioning Framework. Commissioning is "a strategic process of working with the market to co-design, co-deliver and actively manage services to most effectively and efficiently meet the needs and improve outcomes of a defined population within resources available". SNHN operates a quality driven commissioning process that is fair, transparent, and able to withstand scrutiny. It secures services which are expected to best meet identified population health needs and deliver maximum impact to achieve the greatest improvement in health outcomes. Commissioned services meet the key objectives established by the Australian Government that are to:

"Increase the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes; and Improving coordination of care to ensure patients receive the right care in the right place at the right time" (Australian Government Department of Health, 2014.

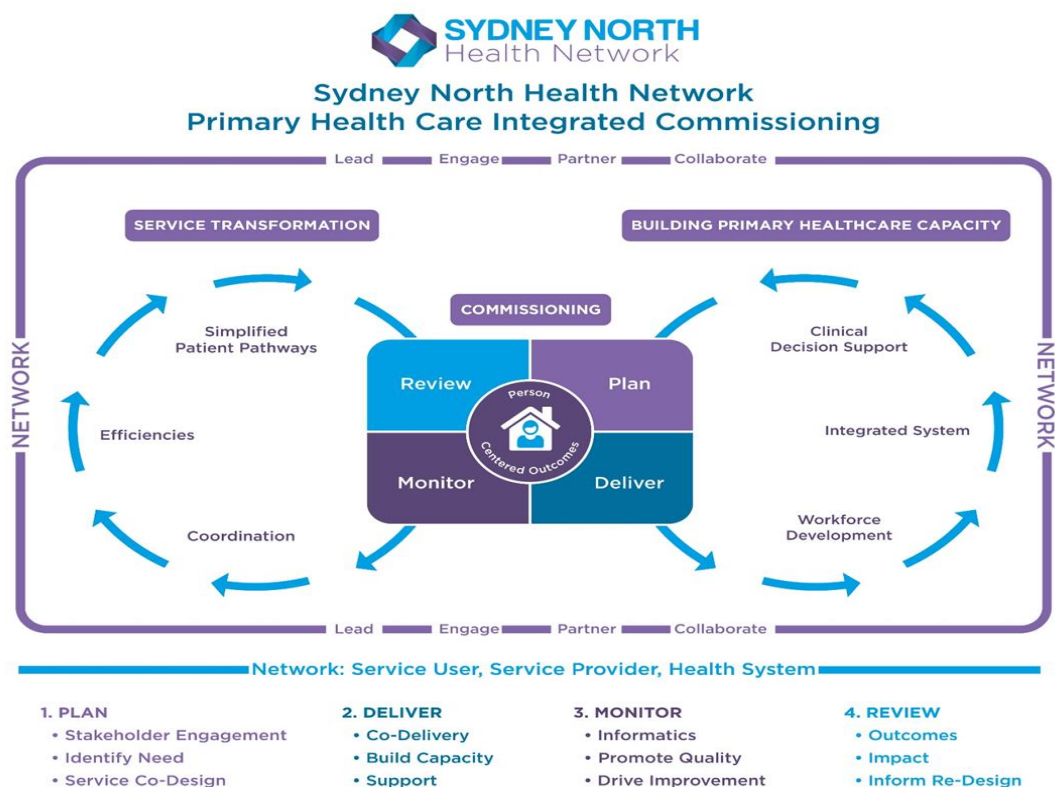### 9.2 Commissioning quality

SNHN has a proactive strategic role in leading regional level commissioning to drive service improvement and achieve system change. The Organisation is committed to engaging and working with stakeholders to co-design, develop and deliver services to meet local needs and improve health outcomes. Our approach to commissioning is outlined in the SNHN Integrated Commissioning Framework (**Figure 2: SNHN Integrated Commissioning Framework:**), which demonstrates that Commissioning underpins all areas of the PHN's work, including:

- analysis and planning;
- support and capacity building for GPs and other healthcare providers;
- working together across the sector focusing on coordinating care around the needs of the person and delivering improved outcomes; and
- purchasing health and community care interventions.

Commissioning relies on robust relationships and established trust at the local level. It is a needs-led and focused on improving the health system and delivering better consumer outcomes. Stakeholders work together to identify needs and co-design solutions. The procurement of services is only one possible outcome to the commissioning process.

The SNHN Commissioning Evaluation Framework provides a quality process for actively monitoring, reviewing, and re-designing our programs ensuring continuous improvement. Using the Quadruple AIM approach to support evaluation and planning helps ensure services meet local health needs while enhancing consumer experience, improving population health, reducing costs and considering overall provider satisfaction and engagement.

Figure 2: SNHN Integrated Commissioning Framework:

9.3 Commissioning quality principles

- **Understand community needs** through needs data analysis, consulting with consumers, clinicians, providers, community organisations and funding bodies

- **Engage with potential service** providers well in advance of commissioning

- **Whole of system approach** to meet needs and delivering improved health outcomes

- **Understand the full range of providers**: contribution to deliver health outcomes, address market failure, gaps, and encourage diversity in the market

- **Co-design solutions by:** Engaging with: Consumers, Peak bodies, Community, providers and funders to develop evidence based and outcome focussed solutions

- **Consider investing in the capacity of providers and consumers**, particularly in relation to the hard to reach group

- **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broad range of suppliers, including consortia building

- **Manage through relationships;** work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders

- **Develop environments of high trust** through collaborative governance, shared decision making and collective performance management

- **Ensure efficiency, value for money and service enhancement**

- **Monitor and evaluate** through regular performance reports; consumer, clinician, community and provider feedback and independent evaluation

- **Putting outcomes for users at the heart of the strategic planning process** supported by good governance.

9.4 Commissioning quality governance

The Board oversees that Commissioning focuses on PHN objectives and SNHN strategic priorities, being responsible that activities are ethical and enhance public trust and support.

The Executive manage process development, workforce capacity, stakeholder relationships and co-design, and all aspects of contract execution and management.

Clinical Governance Committee supports safety and quality of commissioned services, with discipline/industry standards, current practice standards and continual improvement.

All the parties above play their part to make sure that the overarching governance approach that underpins the integrated commissioning framework represents:

Accountability - ensuring structures, processes and behaviours initiate the best possible outcome/s, and action is taken to safeguard high standards implemented.

Transparency – in decision making; by applying clarity and openness documented in correspondence and the minutes of meetings.

Probity – moral standards and leadership based on honesty and decency. Probity in contracting services to ensure fit for purpose and appropriate use of public funds.

9.5 Plan

Planning is outlined in **Section 8**. Key components of planning specific to Commissioning are:

- **Needs assessment** results from the undertaking of a regional needs assessment process. These identified needs are then used to shape the plans to best cater to the SNHN population.
- **Stakeholder engagement** involves working with patients, providers clinicians and the wider community to define problems and identify solutions and engender their buy-in.
- **Service co-design** involves patients and the public in the planning, design and delivery of health and social care services to result in coordinated and efficient services.

9.6 Deliver

Successful delivery at SNHN is achieved through:

- **Co-Delivery**- leverage of preparation work: planning and co design with stakeholders including joint needs identification. Application of SNHN procurement policies.
- **Build capacity** - SNHN invests in its team knowing capacity building helps achieve commissioning outcomes through Organisational excellence.
- **Support** for wider stakeholder group throughout the design and implementation of any new service change. This will include market stimulation and development which promotes competition between providers and drives quality.

9.7 Monitor

- **Informatics** are used to support the development of robust performance frameworks to measure performance of commissioned services and the system as a whole.
- **Quality** is promoted by outcomes-based approach, which is developed over time as capacity and capability increases. Quality standards are built into provider contracts.
- **Improvement** is driven by active contract management, planning service transformation, exploring new service models and encouraging providers to innovate to achieve goals.

9.8 Review

- **Outcomes are** set as the basis of measuring performance of commissioned services.
- **Impact** on health outcomes at the population level will determine the success of programs and revised areas of focus for future planning.
- **Inform and re-design** is part of the commissioning process with regular reviews and insights to guide next steps, providing information on areas of need and development.

10. Engagement with Consumers, Stakeholders and the Community - communication partnerships and opportunities

10.1 Engagement and opportunities

At SNHN we have a Stakeholder Engagement Strategy. We consider that the formation of effective professional relationships is a vital component of our quality management. We invest time to connect with stakeholders and to seek out partnerships with synchronistic benefits.

10.2 Annual General Meeting (AGM)

SNHN invites stakeholders to the AGM. This event sees GPs and Health Professionals come together for an evening of networking and keynote presentations discussing the importance of optimal wellness for GPs and Health Professionals.

10.3 Communication by newsletter

SNHN's monthly eNewsletter provides the latest news (GP, Allied Health, Clinical, Aged Care, Digital Health, Mental Health, Community), education events and job opportunities available in the Northern Sydney region.

10.4 Liaison with Local Government

Our connection with Local Government provides the following opportunities:

- Local Government community consultation to identify planning opportunities
- Developing relationship to focus on community interests
- Liaising with population health planning initiatives
- Exploration of health service improvements.

10.5 Education and clinical engagement

SNHN Education Program engages through training and events for GPs, nurses, pharmacists, allied health professionals and practice staff, with in excess of 100 events reaching more than 3,000 people per annum. The mediums used vary from traditional active learning modules and didactic presentations, to increasingly innovative webinars and online learning.

10.6 Connecting with commissioned service providers

SNHN is proactive in developing effective professional relationships with commissioned service providers to maximise on opportunities for service improvement and outcomes.

10.7 Sharing knowledge at national and international level

SNHN seeks out new networks and connections for two way sharing of expertise. SNHN participates in Wild Health Summits for robust discussions on healthcare transformation issues and other relevant health-based conferences such as the Health Care Reform Conference.

10.8 Reaching out to first responders on critical issues

SNHN has connections with significant local groups in issues of real importance. This includes working with Northern Beaches Suicide Response Collaborative that has developed an action plan working with Police and Ambulance services.

10.9 Collaboration in Aboriginal Health initiatives

SNHN engages in a range of initiatives and programs aimed at supporting culture, health and wellbeing within Aboriginal and Torres Strait Islander communities. Examples include formation of partnerships such as that with Dresden Optics, NSW Rural Doctors Network and Vision Australia to provide indigenous eye health clinics. SNHN has also partnered with TAFE NSW to provide the Aboriginal Cultural Education Program. SNHN looks for new opportunities to involve the community in wellbeing initiatives such as the Caer-ra Naga Wellbeing ceremony. Community consultation has seen SNHN connect with and support local groups focussing on the cultural and spiritual impacts of wellbeing. Youth groups involvement include Hornsby Indigenous Youth Group, Connected Mobs and PYCY Youth. Other groups include Women's Gathering and Men's Group.

10.10 Partnerships with local community

SNHN leads and/or seeks active involvement with a variety of community groups including:
- **"SNAPO+"** programs for engagement with community on smoking, nutrition, alcohol, physical activity and obesity
- **Healthy Living Workshops Community Mental Health Forums**
- **Partnerships** in groups including homelessness, dental, family, CALD, drug and alcohol, police groups and other councils
- **GPs in Schools Program** supporting culture, health and wellbeing within Aboriginal and Torres Strait Islander communities
- **Advance Project** with Hammond Care, one of only 4 PHNs chosen nationally
- **Northern Beaches Aged Care Service Group** guiding care improvement in the region.

10.11 Networking

Local Coordinated Networks (LCN)
The development of LCNs gives SNHN the opportunity to work closely with general practices, allied health practitioners, the Agency for Clinical Innovation, private providers, private hospitals and Local Government areas. LCNs provide an opportunity to commission services which align to needs identified from engagement with general practice, consumers and other stakeholders. Further opportunities include:

- Ongoing opportunities to test new ways of working
- Consultation of GPS in LCN to identify and address local needs
- Commission service according to need
- Building opportunities to explore chances for commissioning
- Collaboration with NSLHD to improve integration across the area.

University of Sydney and iSolve project
SNHN has joined with the University of Sydney, the NSW Clinical Excellence Commission on iSolve which aims to establish integration between GPs, allied health and programs. It aims to identify those at risk and of falls work out a primary care approach to falls prevention.

10.12 Opportunities and the Community Council

The SNHN Community Council is an important forum for the identification of opportunities as the member are important contacts who are active in numerous community groups. This is only one of the many channels that SNHN utilises and evolves to new opportunities with the technology available.

SNHN launched its community website in 2017 (www.snhn.org/au/communityhealth) which since then has provided the new opportunity to develop easily accessible content that empowers local people with healthcare options and information.

SNHN also launched PeopleBank reaching out to the local community to help SNHN shape a healthier Northern Sydney. Registration on PeopleBank enables community members to indicate their areas of interest and life experiences and provides them with the opportunity to share these experiences.

11. Continuous Quality Improvement

11.1 Following the quality path

We are proud of the advances made by our PHN and acknowledge the maturation since our inception, and quality improvement continues. It is encouraged through our Leaders and lived through our team culture. We look for innovation opportunities, we plan for change, and we commit to continue the journey. Data driven quality improvement is embedded across all business activities, with all SNHN team members ensuring integrity, accuracy, completeness, timeliness, relevance, consistency and reliability of data collected and/or utilised to drive decision making.

11.2 Celebrate success

SNHN celebrates individual and group success. Sharing success is on the agenda of meetings, briefings and team events. We are an actively "positive" organisation.

11.3 Developing potential

SNHN provides opportunities for the Board, Executive and team members to develop in a variety of ways. This includes support for continued professional development (CPD), external job-related skills courses, internal and online courses and education. In addition, the Executive and Management Teams support mentoring and succession planning.

11.4 Systems and software improvement

In a world where technology offers automation and solutions, our IT team use their industry expertise to collaborate with the Executive on IT strategic planning. Systems and software are reviewed, and cost-effective solutions sought to make use of technological advancements. We aim to be sufficiently agile to embrace the series of improvements offered by software and service providers, within our not-for-profit budget parameters.

11.5 Review and evaluation processes

Review and evaluation stages are used as tools in a wide range of our activities to drive

improvement whether it be: policy, finance, contracts, IT and systems, incidents, commissioning, HR matters, suppliers, tendering and procurement.

11.6 Best practice

We improve by following industry "best practice" whether it be corporate, legal, financial, clinical, or operational. Our team are professional and trained and keep up with the changes in standards and requirements. We collectively buy into the process of continual improvement.

11.7 Quality improvement Initiatives for General Practice

The Primary Care Integration and Advancement Team (PCAIT) work with GPs on quality improvement (QI) activities. In the 2018/2019 they saw a 25% increase in QI activity using the Model for Improvement. SNHN provides licences for data extraction tools to GPs to examine data to identify areas for improvement. Reports have endorsement from bodies including the Asthma Foundation, Diabetes NSW and the Heart Foundation. The Australian Government's Practice Incentive Program (PIP) aims to support general practice and as such, SNHN is working with GPs outlining eligibility components for the PIP QI Incentive payment.

11.8 Quality summary

At SNHN, quality is the way we think. It is the way we collectively engage to build and improve our organisation; an organisation where it is possible to bring our best, to serve our community, and to deliver quality outcomes with purpose.

12. Responsibilities

Position	Responsibilities
Board	Lead and oversee Quality Management Framework
Board Committees	Lead and govern quality in the areas of the committee remit
Community Council	Support the Board community planning and decisions
Clinical council	Support the Board in clinical planning decisions and controls
CEO	Lead and govern quality management including its appropriate delegation
CFO	Govern and apply the Framework and have specific regard to financial, governance and IT matters
Executive team	Oversee, manage and apply quality management in their departments
HR Manager	Apply the Framework with specific regard to workforce and employment matters
Governance Manager	Comply with the Framework with special regard to legal, regulatory and risk matters, and providing support to the Executive Team
Program Managers	Manage and apply the Framework in their program and team area
SNHN Team	Read and follow and actively apply the Framework

13. Definitions

Term	Definition or meaning within this document
AAS	Australian Accounting Standards
Acquittal	A process of evaluating and reporting on the expenditure of funds matched to outcomes, allowing assessment of a program's operations and efficacy
ACNC	Australian charities and Not-For-Profit Commission
Approach to market (commissioning)	Any notice inviting potential suppliers to participate in procurement
Audit	An official inspection of an organisation's accounts, typically by an independent body
AWP	Activity Work Plan is a requirement of the Department of Health funding and must be approved by the Department before activities can proceed.
Board	The Board of Directors at SNHN
CEO	Chief Executive Officer of SNHN
CFO	Chief Financial Officer of SNHN
Clinical governance	System by which the governing body, managers, clinicians and employees share responsibility and are held accountable for clients/patient care, minimising risks to consumers and for continuously monitoring and improving the quality of clinical care *(source: Australian Commission on Safety & Quality in Health Care).*
Continuous improvement	A continuous improvement process is an ongoing effort to improve products, services, or processes.
Commissioning	The process of assessing the needs of a local population and putting in place services to meet those needs *(source: DH, 2010 b).*
Commissioning intentions	Outline of service requirements based on identified need and informed through consultation with stakeholders
Community engagement	Process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people *(source: USDHHS 2011).*
EAP	Employee assistance professional support and counselling
Employee	SNHN employees, contractors, agent, volunteers or secondees
Executive Team	CEO, CFO, GM Commissioning & Partnerships, GM Primary Care Advancement & Integration, HR Manager
FARM	Finance audit and Risk Management
Framework	A framework document sets out overarching goals and aims, forming an overview to guide the more detailed set of policies.
Informatics	Study of the structure, behaviour, and interactions of natural and engineered computational systems

PDCA	The plan, do, check, act, process is Deming's model for rapid cycles of improvement.
LCN	Local coordinated network
NSLHD	North Sydney Local Health District
PCAIT	Primary care Integration Advancement Team
PHN	Primary Healthcare Network
Policies	An adopted set of guidelines and instructions designed by the organisation to reach its goals, within boundaries and principles, often reflecting ethical and/or industry best practice. They can make reference to relevant regulations and/or legislation.
Probity	Integrity, strong moral principles, uprightness, and honesty
Procedures	Specific methods employed to express policies in action, in day-to-day conduct and operations
Purchasing	Approval, ordering, receiving and paying for goods and services
Procurement	Activities and processes to acquire goods and services
QI	Quality Improvement
Quadruple aim	The outcome in health care of improved patient and population outcomes and experience, and improved care team worker experience, for lower overall cost
Quality Management	The application of quality assurance and quality improvement actions to ensure products and services produce the desired outcome
Risk Management	The culture, processes and structures that are directed towards the effective management of potential opportunities and adverse effects
SNHN	SNPHN Limited trading as Sydney North Health Network
SNHN Director	An elected or appointed director that sits on the Board of SNHN
Strategic Plan	Defining goals, setting priorities and directing activities, focussing effort and resources of employees and stakeholders to achieve defined outcomes
Terms of reference TOR	Defines the terms and make up of a committee or collection of people who have agreed to collaborate to achieve common objectives
Value, value add/value for money	Overall best balance of price and performance, and/or best meeting desired outcomes within budget
WH&S	Work health and safety is concerned with protecting the health and safety of all stakeholders in the workplace from exposure to hazards and risks resulting from work related activities

14. References

Internal References

SNHN Policies and Procedure, please see **Section 15.1**

External References

ASX Corporate Governance Principles

Australian Council of Healthcare standards

Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards. (2012). Sydney. ACSQHC.*

Australian Governments PHN Program Performance and Quality Framework, September 2018

Building Better Governance by the Australian Public Service Commission

Department of Health (2010 b). *Equity and excellence: liberating the NHS*, London: DH. Available for download at www.dh.gov.uk

Department of Health and Ageing. *Medicare Locals Accreditation Standards* (2013). Australian Government

HealthCatalyst. Quality Improvement in Healthcare: Start With Your Healthcare Data. Accessed on 18/11/2015 at http://www.healthcatalyst.com/quality-improvement-in-healthcare-start-withhealtcare-data

ISO 31000-2009 risk Management

ISO 9000 family of quality management systems including ISO 9001

Imison, C., Ashton, B., Stewart, K., and Willis, A. (2010*) Good Governance for Clinical Commissioning Groups. An introductory guide*. KPMG

NSW Clinical Excellence Commission

NSW Ministry of Health. (2015). Evidence and Evaluation guidance Series. Population and Public Health Division

NSW Health. (1999). *A Framework for Managing the Quality of Health Services in New South Wales.* NSW Health Department. Sydney

Primary Health Network Commissioning Principles (adapted from the National Audit Office)

Work Health and Safety Act (2011)

15. Supporting Documents

15.1 Policies and Procedures Register

SNPHN Limited Policies & Procedures Register

[Last updated June 2020]

Category	Policy Number	Document Name	Original on file	Document Signature	Version	Approver
Governance						
GOV	1.1	SNPHN Limited Constitution	N/A	N/A		Voting Members
GOV	1.20	Governance Policy Framework	N/A	N/A	V3.0	**Board**
Gov	1.32	Board Charter	N/A	Board minutes	V3.0	**Board**
GOV	1.2	Board Delegations Policy	N/A	Board minutes	V3.0	**Board**
GOV	1.34	Board Code of Conduct	N/A	Board minutes	V4.0	**Board**
GOV	1.10	Remuneration Policy: Councils, Health Professionals & Community Representatives	N/A	Board Minutes	V7.0	**Board**
GOV	1.35	Conflict of Interest Policy	Yes	Board Minutes	V2.0	**Board**
N/A	N/A	Strategic Plan	N/A	N/A	N/A	**Board**
GOV	1.6	Code of Conduct	Yes	L Hales	V4.0	CEO
GOV	1.23	Policy and Procedure for the Development and Management of Policies and Procedures	Yes	L Hales	V2.0	CEO
GOV	1.27	Business Continuity Plan	Yes	L Hales	V1.0	CEO
Financial Management						
GOV	1.19	Financial Management Framework	N/A	Board miniutes	V3.0	**Board**
GOV	1.5	Finance Policy	Yes	Board Minutes	V2.0	**Board**
GOV	1.4	Fraud Policy	Yes	Board Minutes	V2.0	**Board**
GOV	1.15	Corporate Procurement Policy & Procedure	Yes	L Hales	V4.0	CEO
C&SC	4.1	Contract and Subcontract Management Policy / Procedure	Yes	L Hales	V2.0	CEO
GOV	1.22	Corporate Credit Card Policy and Procedure	Yes	R D Carmen	V3.0	CFO
GOV	1.28	Gift Receiving Procedure	Yes	L Hales	V2.0	CEO
GOV	1.29	Motor Vehicle Use Policy and Procedure	Yes	R D Carmen	V2.0	CFO
GOV	1.30	Cost Allocation Policy	Yes	L Hales	V3.0	CFO

GOV	1.31	Travel Policy & Procedure	Yes	R D Carmen	V2.0	CFO
GOV	1.3	CEO Delegated Authority to Employees	Yes	L Hales	V5.0	CEO
HR	2.13	Cab Charge Policy and Procedure	Yes	L Hales	V3.0	CEO
ENV	11.1	Environment Policy & Procedure	Yes	L Hales	V2.0	CEO
AMS	12.1	Asset Management Policy	Yes	R D Carmen	V2.0	CFO
HR	2.19	Employee Expense Reimbursement Policy and Procedure	Yes	L Hales	V2.0	CEO
Gov		Equity Recognition Policy	Yes	R D Carmen	V1.0	CFO
GOV	1.37	Accrual Commitment & Revenue Recognition Policy	Yes	R D Carmen	V1.0	CFO
Stakeholder Engagement						
GOV	1.21	SNHN Stakeholder Engagement Framework	N/A	N/A	V2.0	**Board**
GOV	1.16	Communications Policy	N/A	Board Minutes	V2.0	**Board**
GOV	1.14	Sponsorship Promotion and Advertising Policy	Yes	Board Minutes	V3.0	**Board**
IKM	3.1	Privacy Policy	Yes	M Campbell	V3.0	**Board**
SPS	9.2	Education QI & CPD Policy and Procedure	Yes	L Hales	V2.0	CEO
Clinical Governance						
GOV	1.17	Clinical Governance Policy	N/A	CGC Approved	V.2	**CGC & Board**
Risk Management						
GOV	1.18	Risk Management Framework	N/A	Board Minutes	V3.0	**Board**
GOV	1.8	Risk Management Policy	N/A	Board Minutes	V3.0	**Board**
GOV	1.9	Feedback and Complaints Policy	N/A	Board Minutes	V2.0	**Board**
HR	2.9	Work Health & Safety Policy	N/A	Board Minutes	V2.0	**Board**
HR	2.3	WHS Employee Safety procedure	Yes	L Hales	V3.0	CFO
HR	2.6	Emergency and First Aid procedure	Yes	L Hales	V2.0	CEO
HR	2.7	WHS Risk Reporting , workplace inspection and return to work procedure	Yes	L Hales	V2.0	CEO
HR	2.11	Incident, Near Miss & Hazard Management Policy and Procedure	Yes	L Hales	V2.0	CEO

HR	2.5	Home working arrangement policy and procedure	Yes	L Hales	V1.0	CEO
HR	2.12	Workplace Smoke Free Policy and Procedure	Yes	L Hales	V1.0	CEO
HR	2.14	Workplace Drug & Alcohol Policy and Procedure	Yes	L Hales	V1.0	CEO
Human Resources Management						
		Workplace Planning Policy and Procedure	Yes	L Hales	V2.0	CEO
HR	2.1	Internal Conflict Management Policy and Procedure	Yes	Board Minutes	V2.0	**Board**
HR	2.2	EEO, Discrimination, Bullying & Harassment Policy	Yes	L Hales	V2.0	CEO
HR	2.8	Study Assistance Policy and Procedure	Yes	L Hales	V3.0	CEO
HR	2.10	Hours of Work - Additional Hours - Time in Lieu Policy and Procedure	Yes	L Hales	V3.0	CEO
HR	2.15	Leave Policy and Procedure	Yes	L Hales	V3.0	CEO
HR	2.16	Remuneration and Benefits Policy	Yes	L Hales	V1.0	CEO
HR	2.18	Performance Management and Disciplinary Policy & Procedure	Yes	L Hales	V2.0	CEO
HR	2.20.	Recruitment, Selection & induction Policy & Procedure	Yes	L Hales	V2.0	CEO
GOV	1.13	Whistle-blower Protection Policy	Yes	Board Minutes	V2.0	**Board**
Data Governance						
		SNHN Data Governance Framework	Yes	Board Minutes	V1.0	**Board**
GOV	1.11	Data Governance Policy	Yes	L Hales	V3.0	CEO
IKM	3.3	Information Technology Acceptable Use	Yes	R D Carmen	V4.0	CFO
IKM	3.2	Information Management Policy	yes		V3.0	**Board**
IKM	3.4	Information Technology Security Policy	Yes		V3.0	**Board**
IKM	3.5	Mobile Phone Protocol	Yes	R D Carmen	V.02	CFO
IKM	3.6	Intellectual Property Policy	Yes	L Hales	V2.0	CEO
IKM	3.7	Procedure for collection and disclosure	Yes	L Hales	V1.0	CEO
IKM	3.8	Website Management Procedure	Yes	L Hales	V1.0	CEO
IKM	3.9	IT Disaster Recovery Plan	Yes	R D Carmen	V1.0	CFO
HR	2.17	Social Media Procedure	Yes	L Hales	V2.0	CEO

		Data Breach Response Plan	N/A	N/A	V2.0	CEO/CFO
Commissioning						
		SNHN Commissioning Framework	N/A	N/A	V1.0	**Board**
		SNHN Quality Management Framework	N/A	N/A	V2.0	**Board**
GOV	1.7	Commissioning Policy	Yes	Board Minutes Oct-2020	V2.0	**Board**
GOV	1.26	Commissioning Procurement Policy & Procedure	Yes	L Hales	V2.1	CEO
	4.2	Open Disclosure Policy	Yes	L Hales	V2.0	CEO
HR	2.21	Credentialing and Scope of Practice Policy and Procedure	Yes	L Hales	V1.0	CEO
APS	6.1	Population Health Analysis Policy and Procedure	Yes	L Hales	V1.0	CEO
SPS	9.1	Service Provider Support Policy	Yes	L Hales	V2.0	CEO