



Conducting Reviews Procedure

1. Guiding Principles

For the purposes of this procedure, a review is considered to be a formal structured assessment or evaluation of a system, process or business unit – such as a program, service, function or organisational structure – undertaken with the goal of identifying and implementing change to support continuous improvement. Reviews may be conducted by external providers or using internal resources.

The intent of this Procedure is to promote a planned and structured approach to reviews conducted across WACHS. It aims to ensure satisfactory governance is in place, disruption to services and duplication of effort are minimised, and meaningful results are obtained for organisational improvement.

2. Procedure

2.1 In scope

This Procedure applies to all reviews conducted by an external provider that result in a final report with findings and recommendations.

It also applies to any non-routine reviews undertaken using internal resources that result in a final report containing findings and recommendations and:

- may have high political impact, or are associated with an Election Commitment
- directly relate to key initiatives in the WACHS Operational or Strategic Plan, or to the Sustainable Health Review, or are of other strategic importance
- will result in outcomes impacting across multiple WACHS functions or regions, or
- are being recommended in response to an issue, function or program that is considered high risk.

Examples of reviews that may meet one or more of these criteria include:

- Program reviews, to evaluate the effectiveness or value of a WACHS program or service.
- Reviews of significant safety and quality issues, or clinical governance or safety breaches.
- Reviews of adverse patient outcomes or workplace grievances, to investigate trends over time or across health services.
- Workforce reviews, to analyse workforce structure, skills and FTE required to effectively undertake prescribed functions.
- Financial reviews, to assess financial management and accounting processes to provide assurance and ensure adequate accounting compliance and reporting.

2.2 Out of scope

Types of reviews that are out of scope of this Procedure include:

- Individual grievance resolution processes, which must be managed in line with the [Grievance Resolution Policy](#) and [WACHS Grievance Resolution Guideline](#).
- Individual clinical incident investigations/reviews undertaken as part of the standard clinical investigation review processes as per the [Clinical Incident Management Policy](#) and [WACHS SAC 1 Business Rules](#).
- Discipline matters, which must be managed in line with the [Discipline Policy](#) and the [WACHS Discipline Guide](#).
- Disputes involving a Contracted Medical Practitioner, which must be managed in line with the [Disputes About the Professional Conduct of a Contracted Medical Practitioner Engaged under a Medical Services Agreement Policy](#).
- External reviews, which are conducted by an oversight or regulatory body (e.g. the Corruption and Crime Commission, Public Sector Commission, the WA Ombudsman, or the Coroner's Office) or are the result of a Ministerial Inquiry, Public Accounts Committee etc., and which must be monitored in line with the [Monitoring of External Reviews Policy](#).
- Internal and External Audits managed and/or coordinated by the WACHS Internal Audit team or externally by the Office of the Auditor General

2.3 Review stages and governance

2.3.1 Approval to proceed

Prior to the commencement of a review, a preliminary assessment must be undertaken to identify whether a review is necessary or if a less resource-intensive process can be undertaken to achieve the desired outcomes.

All reviews require an Executive Sponsor, being a member of the Executive at Tier 3 or above, who will oversee the review and be responsible for the review, including commissioning, contract management, necessary approvals and related processes and activities.

Once an Executive Sponsor has been identified and agrees that a review is required, the purpose, scope, objectives, methods and desired outcomes are to be defined using the attached Terms of Reference template. This document, when completed, requires endorsement by both the Executive Sponsor and the Director, Office of the Chief Executive.

Additional governance requirements, including a decision whether to establish a review reference group, must be considered. Membership on such a group may include:

- Relevant members of the WACHS Executive or their nominated representative(s), where the review impacts across Regions or functional areas;
- People with relevant technical, professional or management expertise;
- Representatives of specific population groups including Aboriginal people; and
- Other consumer or community group representation.

Approval to initiate and commence the review must then be obtained from the Chief Executive (via the Executive Sponsor), in accordance with the WACHS Authorisations Schedule (ID 4.37.20). The information provided must include, at a minimum:

- justification of the need for the review
- review purpose and objectives
- expected benefits/outcomes for the organisation
- anticipated process timelines and key milestones
- who will conduct the review (i.e. an external provider or using internal resources) including an estimate of associated costs.

Reviews that receive approval to proceed must be logged on the WACHS Review Register via the Director, Office of the Chief Executive. The Register must capture, at a minimum, the review title, objectives, Executive Sponsor, key contact/project lead and anticipated completion date. The Review Register will be tabled at and considered by the Audit, Risk and Integrity Executive Sub-Committee on a regular basis.

2.3.2 Engagement of an external provider

Contracting of an external provider, where required, can commence once approval to proceed with the review has been obtained. This must be achieved in line with the requirements within the [Procurement Policy Framework](#), to ensure the principles of open and effective competition are upheld.

When selecting the external provider to undertake the review, consideration must be given to whether the tenderer can demonstrate that they hold the appropriate skills, expertise and experience required to produce a high-quality report with meaningful findings and recommendations.

Once an external provider has been selected, clear Terms of Reference must be developed and agreed between both parties. These Terms of Reference must, at a minimum, outline the purpose, objectives, timeframes, scope, methods, governance arrangements, roles and responsibilities, and reporting requirements. The [Terms of Reference template](#) must be used but may be modified to suit the purpose of the review. The Terms of Reference require sign-off by the Executive Sponsor, Director Office of the Chief Executive and the external service provider (if applicable).

2.3.3 Review conduct

Procedural fairness must always be applied when conducting a review; at a minimum, all involved officers must act fairly and without bias, and cannot hold a vested or direct personal interest in the outcome of the review. Any identified conflicts of interest must be disclosed and managed in accordance with the [Managing Conflicts of Interest Policy](#) and the [WACHS Interest Register \(WIRe\) Business Rules](#).

The project lead must hold regular meetings with the Executive Sponsor and provide ongoing progress reports to enable the Executive Sponsor to provide proper oversight of the review process, including adherence to scope and to support the development of meaningful findings and recommendations.

When the fieldwork component of the review has concluded, a draft report must be presented to the Executive Sponsor and Director, Office of the Chief Executive with

proposed findings and recommendations. The draft report will be assessed on its factual accuracy, the cogency of the findings and utility of the recommendations. It will also be evaluated against the previously defined scope, objectives and methods as agreed at the initiation stage and/or in the Terms of Reference. Where the report includes adverse findings, the Executive Sponsor must be assured that these are defensible by confirming that due process has been followed, and that the report is of a high quality.

Should the Executive Sponsor and/or Director, Office of the Chief Executive conclude that the outcomes are inaccurate, incomplete or not supportive of organisational improvement, further fieldwork or refinement of the draft report may be negotiated, as far as is practical and reasonable.

Once endorsed by the Executive Sponsor and Director, Office of the Chief Executive, the final draft report must be progressed to the Chief Executive for review and approval. The final draft must be accompanied by a summary document outlining the review's objectives, methods, key findings and recommendations, and proposed implementation plan. Having reviewed the draft report, the Chief Executive may request that further fieldwork or refinement of the findings and/or recommendations be considered.

Depending on the review context and findings, the Chief Executive may recommend the draft report be presented to the Audit and Risk Committee, Safety and Quality Committee, Finance Committee, WACHS Executive and/or WACHS Board for comment prior to approval.

Once approved by the Chief Executive, the draft report will be finalised and signed, and the final report is submitted to the Director, Office of the Chief Executive for record keeping and linking to the Review Register.

2.3.4 Implementation of recommendations

All review recommendations are to be recorded on the Review Register. Each recommendation must be allocated to a Sponsor/Lead, who will be responsible for its implementation in accordance with an agreed implementation plan. This may require consideration of how other units are engaged and consulted in this process, in the case where a recommendation impacts across two or more functional areas.

Oversight of all actions undertaken in response to the review recommendations will be provided by the review's Executive Sponsor. Once the agreed actions for a specific recommendation have been completed, the Sponsor/Lead may request that the recommendation be closed. This requires approval by the Executive Sponsor and Director, Office of the Chief Executive. The closure of a recommendation is then reflected on the Review Register.

Consideration should be given as to whether the recommendations and associated actions should be recorded on the WACHS risk register.

2.3.5 Review closure

Once all actions associated with implementing the review's recommendations have been completed, the Executive Sponsor must evaluate the effectiveness of these actions in responding to the review's findings overall and make an assessment of

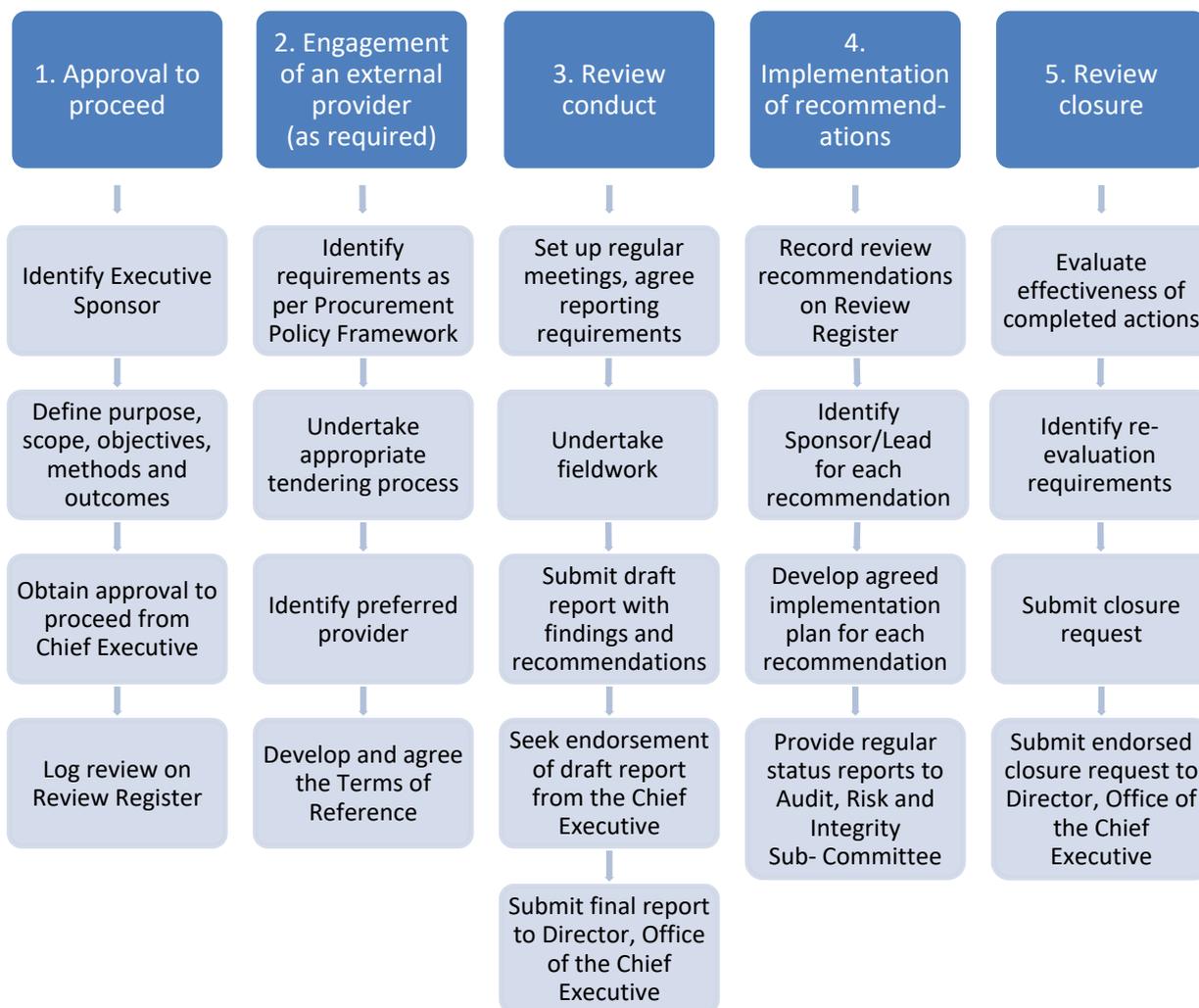
current and potential future risk. Any requirements for re-evaluation should be considered as part of this process.

Once the Executive Sponsor is satisfied that the review’s findings and recommendations have been addressed in full, the review may be closed. To close a review, a closure request must be submitted via the Executive Sponsor to the Chief Executive for approval, outlining:

- the review findings, recommendations and agreed implementation plan
- actions undertaken to address the review recommendations
- outcomes from the analysis of the effectiveness of the actions and assessment of current and future risk, and
- recommended plans for re-evaluation or any future action, if required.

Once approved by the Chief Executive, the closure request must be submitted to the Director, Office of the Chief Executive, who will update the Review Register and formally close the review.

2.3.6 Flow chart of review stages



2.4 Information access, use and disclosure

As far as possible and practical, all required data sources must be identified at the commencement of the review and included within scoping documentation, to enable timely access approval and ensure relevance of data to the agreed scope and methods.

Access to, use of or disclosure from the required data collection will require approval from the relevant Data Custodian.

WACHS staff are bound by the [Information Access, Use and Disclosure Policy](#).

Engagement of any consultant or contracted entity should be formalised in line with the requirements of the Procurement Policy Framework, to ensure their adherence to WA health system policy requirements regarding confidentiality and the access, retention and disposal of public records. Access can only be provided to information that is within the defined scope of the review and the contractual arrangement.

3. Definitions

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| Review Register | A log of all reviews underway, being implemented (including specific review recommendations and associated actions), and those that have been closed. |
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4. Roles and Responsibilities

The **Chief Executive**:

- Approves the initiation of a review process
- Approves the draft report for finalisation
- Approves the closure of the review

The **Executive Sponsor**:

- Approves the need for a review
- Endorses the review scope, objectives, methods and intended outcomes
- Recommends the initiation of the review to the Chief Executive
- Signs off on the Terms of Reference (where required)
- Oversees the review process and activities
- Assesses the draft report and approves it for progression to the Chief Executive
- Oversees the implementation of the review recommendations
- Evaluates the effectiveness of actions undertaken in response to the review
- Recommends review closure to the Chief Executive

The **Director, Office of the Chief Executive**:

- Endorses the review scope, objectives, methods and intended outcomes
- Signs off on the Terms of Reference (where required)
- Assesses the draft report and approves it for progression to the Chief Executive
- Maintains the Review Register
- Provides regular status reports to the Audit, Risk and Integrity Executive Sub-Committee

The **Project Lead**:

- Manages all activities and processes associated with review commencement, conduct and closure
- Organises progress meetings with, and develops progress reports for, the Executive Sponsor

The **Sponsor/Lead** for a review recommendation implements agreed actions in response to that recommendation.

All Staff are to work within policies and guidelines.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System as per the [Records Management Policy](#).

All reviews must be logged on the WACHS Review Register. The Register is maintained by the Director, Office of the Chief Executive and must be kept to a standard that enables future evaluation of review processes. The register provides a repository of all reviews undertaken in WACHS, the key findings and implemented management approaches.

7. Evaluation

An evaluation of the effectiveness of the procedure will be undertaken through feedback from the Chief Executive, the Director, Office of the Chief Executive, the WACHS Executive and the Audit, Risk and Integrity Sub-Committee.

8. Standards

[International Professional Practices Framework – IIA-Australia](#)
[National Safety and Quality Health Service Standards \(Edition 2\)](#) – Standard 1 Clinical Governance Standard

9. Legislation

[Health Services Act 2016](#)
[Financial Management Act 2006](#)

10. Related Policy Documents

[Project Management Policy](#)
[WACHS SAC 1 Business Rules](#)

11. Related WA Health System Policies

[Procurement and Contract Management Policy](#)
[Information Access, Use and Disclosure Policy](#)
[Monitoring of External Reviews Policy](#)
[National Safety and Quality Health Service Standards Accreditation Policy](#)

12. Policy Framework

[Clinical Governance, Safety and Quality](#)
[Procurement Policy Framework](#)
[Risk, Compliance and Audit Policy Framework](#)

This document can be made available in alternative formats on request for a person with a disability

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