



**BEECHWORTH
HEALTH SERVICE**



**CLINICAL QUALITY
COMMITTEE CHARTER**

BEECHWORTH HEALTH SERVICE Clinical Quality Committee Charter

Contents

Document Control Sheet	2
The Charter	3
Authority and Independence.....	3
Role	3
Duties and Responsibilities	4
Oversee an Effective Clinical Governance System.....	4
Integrity Oversight and Misconduct Prevention.....	4
Risk Management	5
Internal Control	5
Performance Management	5
Internal Audit.....	5
External Audit.....	6
Compliance	6
Reporting	6
Membership and Meetings	6
Membership.....	6
Chair	7
Secretary	7
Ethical Practices	7
Meetings and Attendance	7
Meeting Agenda	8
Relationships.....	8
Internal Audit.....	8
External Audit.....	8
Other Committees	8
Evaluation of Committee Activities	9
Review of the Charter	9
Approval of the Charter	9

Document Control Sheet

Version history

Version	Version date	Summary of Changes
1.0	23 October 2014	Development of a Clinical Governance Committee Charter and Annual Work Plan having regard to the roles and responsibilities outlined in the <i>Health Services Act, Australian Safety and Quality Framework for Health Care and the Victorian Clinical Governance Policy Framework</i>
1.1	18 December 2014	Change of name to Clinical Quality Committee. Minor change to role in that it provides advice to Board
1.2	23 February 2015	Change Duties and Responsibilities.

The Charter

This document, to be known as the Clinical Quality Committee Charter has been approved by the Beechworth Health Service Board of Management (the Board).

Any previous version of the Charter / Terms of Reference is hereby revoked.

The purpose of this Charter is to outline the role, responsibilities, composition and operating guidelines of the Clinical Quality Committee (the committee).

Authority and Independence

Beechworth Health Service is incorporate as a Public Hospital and is listed within Schedule 1 of the *Health Services Act 1988*.

The committee functions under the authority of the Board in accordance with the *Health Services Act 1988*, Section 65.

In discharging its responsibilities the committee has the authority to:

- Examine any matter in relation to its objectives as it sees fit or as requested by the Board
- Engage external resources if necessary to obtain independent advice in relation to committee matters with the approval of the Board; and
- Have access to all levels of management in accordance with agreed protocols in order to seek information from any employee to assist in carrying out the committee's responsibilities

Role

The role of the committee is to ensure effective and accountable systems are in place to monitor and improve the quality of the health services provided. It does this by providing advice to the Board on:

- The clinical risk, control and compliance frameworks;
- The Board's external accountability responsibilities as prescribed in the *Health Services Act 1988*, *Health Services (Governance) Act 2000*, *Occupational Health and Safety Act 2004*, and the *Health Professions Registration Act 2005*; Statement of Priorities, Australian Framework for Safety and Quality in Health Care, Victorian Clinical Governance Policy Framework; and
- The Board's integrity framework.

The committee oversees the clinical systems and frameworks that are in place. The reporting of clinical key performance indicators is presented to the Board of Management

The committee does not replace or replicate established management responsibilities and delegations, the responsibilities of other executive management groups within BHS, or the reporting lines and responsibilities of either internal audit or external audit functions.

The committee will provide prompt and constructive reports and feedback on its findings directly to the Board, particularly when issues are identified that could present a material risk or threat.

Duties and Responsibilities

The committee's duties and responsibilities are to:

Oversee an Effective Clinical Governance System

- Ensuring that consumers are central to identifying safety and quality issues and the solutions that should be implemented. **[1]**
- Ensuring that the right care is provided to the right person who is informed and involved in their care at the right time by the right clinician with the right skills in the right way. **[2]**
- Ensuring that all staff employed within the health service have the appropriate skills and knowledge required to fulfil their roles and responsibilities. **[3]**
- Ensuring that clinical risk management and improvement strategies are integrated within improvement and performance monitoring functions through the development of a system-level response and a just culture. **[4]**
- Ensuring that strategies and systems are in place to encourage the pursuit of continuous improvement and excellence. **[5]**

Integrity Oversight and Misconduct Prevention

- Provide oversight, direction and guidance on the BHS' integrity framework to ensure it is functioning appropriately. **[6]**
- Monitor the effectiveness of BHS' Statutory Disclosure requirements. **[7]**
- Ensure the BHS complies with relevant integrity legislation whole of government policies, principles and guidelines (including the Victorian Public Sector Commission Code of Conduct). **[8]**
- Provide advice and recommendations on integrity issues to the Board and Executive as necessary. **[9]**
- Monitor BHS misconduct trends and prevention approaches and address any gaps in dealing with integrity issues in relation to misconduct. **[10]**
- Ensure the BHS complies with any Independent Broad-based Anti-Corruption Commission (IBAC) requirements and recommendations to improve misconduct prevention and response. **[11]**

Risk Management

- Review, ratify and oversee the clinical risk management framework for identifying, monitoring and managing significant risks. **[12]**
- Satisfy itself that insurance arrangements are appropriate for the risk management framework, where appropriate. **[13]**
- Liaise with management to ensure there is a common understanding of the key clinical risks to BHS. These risks will be clearly documented in a risk register which will be regularly reviewed to ensure it remains up-to-date. **[14]**
- Assess and contribute to the audit planning processes relating to the risks and threats to BHS. **[15]**
- Review effectiveness of the BHS' processes for identifying and escalating risks, particularly strategic clinical risks. **[16]**

Internal Control

- Review through the internal and external audit functions, the adequacy of the internal control structure and systems, including information technology security and control. **[17]**
- Review, through the internal and external audit functions, whether relevant policies and procedures are in place and up-to-date and whether they are complied with. **[18]**
- Review through the Quality & Risk Manager assurance certifications, whether the clinical internal controls are operating efficiently, effectively and economically. **[19]**

Performance Management

- Review BHS' compliance with the clinical performance management and reporting requirements of the *Health Services Act 1988* through the achievement of financial targets as agreed to in the Statement of Priorities and other service agreements. **[20]**
- Review whether performance management systems in place reflect BHS' role/purpose and objectives (as stated in its strategic plan and by-laws). **[21]**
- Identify that the performance reporting and information that is reported to the Board of Management uses appropriate benchmarks, targets and trend analysis. **[22]**

Internal Audit

- Review the budget, staffing and skills of the internal audit function. **[23]**
- Review the internal audit annual plan progress, and any significant changes to it, including any difficulties or restrictions on scope of activities **[24]**
- Review and approve the proposed internal audit plan and annual plan to ensure they cover key risks **[25]**
- Review the findings and recommendations of internal audit and the response to them by management. **[26]**
- Review the implementation of internal audit recommendations accepted by management. **[27]**

External Audit

- Be informed of the proposed audit strategy and audit plans for the year. **[28]**
- Review the findings and recommendations of external audit (including from performance audits) and the response to them by management. **[29]**
- Review responses provided by management to ensure they are in line with BHS' risk management framework. **[30]**
- Review the implementation of external audit recommendations accepted by management and where issues remain unresolved ensure that satisfactory progression is being made to mitigate the risk associated with the audit's findings. **[31]**

Compliance

- Determine whether management has considered legal and compliance risks as part of BHS' risk assessment and management arrangements. **[32]**
- Review the effectiveness of the system for monitoring BHS' compliance with relevant laws, regulations and government policies. **[33]**
- Review the findings of any examinations by regulatory agencies, and any auditor observations. **[34]**

Reporting

- Submit reports (or minutes of committee meetings) to the Board outlining relevant matters that have been considered by it as well as the committee's opinions, decisions and recommendations. **[35]**
- Circulate minutes of the committee meetings to the committee members and standing invitees as appropriate. **[36]**
- Prepare an annual report to the Board summarising the performance and achievements for the previous year. **[37]**

Membership and Meetings

Membership

- Board members appointed to the committee are done so by the Board
- A minimum of three Board members are appointed.
- At least one member will have 'clinical expertise' relevant to the range of clinical services provided
- At least one member of the committee is to be independent and this member is to be identified as independent in the public sector agency's annual report
- Members are appointed on the basis of personal qualities and skills.

Chair

- The Clinical Quality Committee Chair will not be the Chair of the Board.
- The Chair is to preside at all meetings of the Committee at which the Chair is present.

Secretary

- A secretariat function will be appointed by the Chief Executive to facilitate the committee's meetings and reporting duties.
- The secretariat, in consultation with the Chair, will prepare and send notices of meetings and agendas five business days prior to a meeting and accurately transcribe all decisions of the committee.
- The secretariat will table all correspondence, reports and other information relevant to the committee's activities and operations.
- Draft Minutes will be provided to the Chair for review within two working days of the meeting. Minutes will be included in the papers for the next meeting, and are draft until they are confirmed by the committee.
- The Secretariat will prepare, maintain and retain electronic and written records of the committee's activities, including agendas, minutes, related papers and out-of-session papers from all meetings in accordance with the requirements of the *Public Records Act 1973*.
- The Secretariat will coordinate the annual review of the Committee's Charter and Annual Work Plan.
- The Secretariat will coordinate the annual self-assessment of the Committee.

Ethical practices

- Members are required to declare any interests that could constitute a real, potential or apparent conflict of interest with respect to participation on the committee.
- The declaration must be made on appointment to the committee and in relation to specific agenda items at the outset of each committee meeting, and be updated as necessary.
- Members of the Committee may from time to time be in receipt of information that is regarded as 'commercial in confidence', clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Members will maintain the Committee papers in a confidential manner from any other business or responsibilities of the member. Members will not comment publicly on matters related to the activities of the committee other than as authorised by the Board.

Meetings and Attendance

- The committee will meet at least four times per year and the schedule of meetings will be agreed in advance.
- Standing invitees at meetings will include the Chief Executive, the Director of Clinical Services, Director of Medical Services and the Quality & Risk Manager.
- The Chair may call additional meetings as required.
- Urgent matters can be progressed out-of-session by a flying minute with agreement of the Chair.

- The Secretariat will manage the out-of-session process with the Chair's approval. Generally two working days is allowed for consideration by members of an out-of-session item. The Secretariat will collate members' responses and prepare for endorsement by the Chair. The final decision in respect of the paper will be recorded in the minutes of the next meeting.
- A quorum will consist of a simple majority of members.
- Attendance by tele/video conference is permissible.

Meeting Agenda

- The committee should determine its own agenda, ensuring appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.
- The agenda and relevant papers will be distributed to members at least five working days prior to the meetings.
- Late Agenda items will be tabled at the discretion of the Chair.

Relationships

Internal Audit

- The committee will act as a forum for internal audit and oversee its planning, monitoring and reporting processes. This process will form part of the governance processes that ensure that the BHS' internal audit function operates effectively, efficiently and economically.
- The Chair may hold executive sessions with internal audit if required.

External Audit

- The committee has no power of direction over external audit or the manner in which the external audit is planned or undertaken, but will act as a forum for the consideration of external audit findings and will ensure that they are balanced with the views of management.
- Where possible the external auditor will have a standing invitation to attend committee meetings.
- The Chair may hold executive sessions with external audit if required.

Other Committees

The committee shall liaise with other groups as required to ensure:

- That its statutory and operational responsibilities are met.
- That there is no material over-lap between the functions and duties of the groups.
- Frank and meaningful interchange of information.

Evaluation of Committee Activities

- The committee will undertake an annual self-assessment of its performance for the current year at the April meeting.
- The committee will provide a report of the annual review outcomes to the Board.
- At least once every three years the committee will consider an external peer review of its operations and activities. The results of this review are to be provided directly to the Board.
- The Chair will provide each individual member with feedback on that person's contribution to the committee's activities at least once during each member's term of office. This assessment will include a review of any training needs of the member.

Review of the Charter

- The charter will be reviewed annually by the committee to ensure it remains consistent with the committee's authority, objectives and responsibilities.
- All amendments to the charter will be discussed and approved by the Board.

Approval of the Charter

The BHS Clinical Quality Committee Charter is endorsed by the resolution of the committee and approved by the Board.



Name: Gary Saliba

Chair of Clinical Quality Committee



Name: Katie Warner

President Board of Management