Clinical Governance Committee

Terms of Reference

Purpose

This Charter provides a summary of the role and operations of the Clinical Governance Committee (CGC) which also includes Quality and Safety.

Definition

The Committee is responsible for the monitoring and evaluation of organisation wide clinical management decisions. The Committee determines strategies and actions regarding delivery of optimal patient care and makes recommendations to the CEO and Board. The committee is responsible for ensuring that all actions under National Safety and Quality Health Service Standards (NSQHSS), Standard 1-8 are met. (See Appendix 1). This includes ensuring that Standard 1-2 are met in relation to the delivery of clinical trial activity at SHI.

This TOR aligns with the Skin Health Institute's (SHI) Governance Framework providing leadership and governance of the quality, safety and risk management systems to ensure the safety and wellbeing of consumers/patients, staff, visitors and contractors. It supports the NSQHS requirements that there is an implemented clinical governance framework that ensures:

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

Responsibilities

1. Endeavour to ensure that the delivery of patient care at SHI is maintained at an optimal level of safety and quality and that all statutory requirements are met. To facilitate the information transfer from senior management to departmental levels
2. Review all clinical sentinel events and SAC 1 and 2 Incidents.
3. Determine patterns from data analysis.
4. Recommend changes to policies, procedures or processes to relevant committees, or personnel.
5. Develop strategies for long and short-term quality & risk management.
6. To review clinical practices including incidents and antimicrobial stewardship and make recommendations to the Board, and Executive Management Team where appropriate.
7. Ratify appropriate clinical policies in liaison with the CEO.
8. Review and make Recommendations for Credentialing and Re-credentialing of clinicians (Inclusive of specific scope of practice) for endorsement by the CEO. Recommendations are made based on the expert opinions of the committee members. The committee shall co-opt non-committee member experts as deemed necessary to broaden the scope of the committee or where there is a perceived conflict of interest.

9. Participate in the review of referee checks for clinicians, to facilitate peer involvement in this process.
10. Report/ co-ordinate/ support the risk management strategies for both clinical and non-clinical risks.
11. To review the SHI clinical activities including those related to research and recommendations from reporting committees.
12. Discussion/ Report/Coordination of quality improvements at the SHI.
13. Endeavour to ensure that the delivery of patient care at SHI is maintained at an optimal level of quality and efficiency and that all statutory requirements are met and facilitate the information transfer from executive management to the wards.
14. Review complaints/ complements and recommendations implemented.
15. To review the activities and recommendations from any reporting committees.
16. Discuss any legislative changes relevant to clinical practice.
17. Discuss OH&S Management themes, trends, corrective action.
18. Undertake Product Evaluation processes and monitor the appropriateness and performance of new, alternative and current products and to standardise products where possible.

Contents

Approved By/ Author:

Director of Clinical Services

Signature:

Authorised By:

Chief Executive Officer

Signature:

Issue Date:	To be Reviewed:	Review Dates:
October 2022	October 2024	October 2022 August 2023 February 2024

Membership

- Director, Clinical Services (Director of Nursing)
- Chief Executive Officer
- Medical Director
- Associate Nurse Manager
- Director, Clinical Research Services and Advanced Targeted Therapies
- Dermatologist (Board Representative)
- Dermatologist
- Plastic & Reconstructive Surgeon
- Consumer Representative
- Secretary

Quorum

A quorum for the committee meeting will be half the members plus one.

Tenure for Chairperson, Secretary and Members

The Chairperson and Secretary shall be appointed by the Committee on recommendation from the CEO at the last meeting of the year, for a period of one year. The retiring Chairperson and Secretary shall be eligible for re-election. Members of the committee shall be appointed by the Chairperson every two years. Retiring members of the committee shall be eligible for re-election.

Meetings

Meetings will be held every 3 months, and more often if deemed necessary by the Chairperson. Meeting date and time is to be confirmed prior to the end of the meeting. Agendas are to be circulated at least three days prior to the meeting being held. Minutes circulated within two weeks of the meeting being held.

Responsibilities of the Committee

Chairperson

- Facilitate the smooth functioning of the meeting.
- Ensure appropriate time management.
- Verify minutes as correct by committee members and confirm minutes with signature at subsequent meeting.
- Review outcomes of the meeting on an annual basis

Secretary

- Maintain record of attendance, record the minutes of the meeting. Clearly identifying actions required of the person responsible for that action and time frames.
- Ensure minutes and agendas are circulated within the appropriate time frames.
- Ensure that the original minutes, together with relevant reports, are maintained.

Members

- Disseminate relevant information back to individual units.
- Identify actions required and expected timeframes.
- Come prepared for meeting.
- Support the decisions of the group.

Reporting Structure

The committee will provide regular reports to:

- The Board

The Committee will provide relevant feedback to all reporting committees as required.

A signed scanned version of the original minutes is to be kept in the DSC's Folders.

Evaluation

Review of the Committee to evaluate performance shall occur bi-annually at the last meeting of each year when recommendations may be made relating to terms of reference, committee members and committee objectives.

APPENDIX 1

Responsibilities and accountabilities including committee oversight.

	Standard
	1 Clinical Governance Standard • Governance, leadership and culture • Organisational leadership • Clinical leadership • Patient safety and quality systems • Policies & procedures • Measurement & quality improvement • Risk management • Incident management systems & open disclosure • Feedback • Diversity & high risk groups • Healthcare records • Clinical performance & effectiveness • Q&S training • Performance management • Credentialing & scope of clinical practice • Q&S roles and responsibilities • Evidence based Care • Variation in clinical practice & Health outcomes • Safe environment for delivery of care • Safe environment
	2 Partnering with Consumers (PWC) Standard • Clinical governance & quality systems to support PWC • Integrating clinical governance • Applying quality systems improvements • PWC in their own care • Healthcare rights/informed consent • Sharing decisions & care planning • Health literacy • Communication that supports effective partnerships • PWC in organisational design & governance • Partnership in healthcare governance planning, design, measurement & evaluation
	3 Preventing and Controlling Healthcare Associated Infection (HAI) Standard • Clinical governance & quality improvement to prevent and control HAI • Integrating clinical governance • Applying quality improvement systems • PWC • Surveillance • Infection prevention & control systems • Standard & transmission-based precautions • Hand hygiene • Aseptic technique • Invasive medical devices • Clean environment • Workforce immunisation • Reprocessing of reusable medical devices • Reprocessing systems • Antimicrobial stewardship (AMS)
	4 Medication Safety Standard • Clinical governance and quality improvement to support medication management • Integrating clinical governance • Applying quality improvement systems • PWC • Medicines scope of clinical practice • Documentation of patient information

	Standard
	• Medication reconciliation • Adverse drug reaction • Continuity of medication management • Medication review • Information for patients • Provision of medication lists • Medication management processes • Information & decision support • Safe & secure storage and distribution of medicines and high-risk medications
	5 Comprehensive Care (CC) Standard • Clinical governance & quality improvement to support CC • Integrating clinical governance • Applying quality improvement systems • PWC • Designing systems to deliver CC • Collaboration & teamwork • Developing the CC Plan • Planning for CC • Screening of risk • Clinical assessment • Development of CC plan • Delivering CC • Use of the CC plan • Comprehensive care at end of life • Minimising patient harm • Preventing & managing pressure injuries • Preventing falls & harm from falls - nutrition & hydration • Preventing delirium & managing cognitive impairment • Predicting, preventing and managing self-harm & suicide • Minimising restrictive practice restraint (NA) • Minimising restrictive practice seclusion (NA)
	6 Communicating for Safety Standard • Clinical governance & quality improvement to support effective communication • Integrating clinical governance • Applying quality improvement systems • PWC • Org processes to support effective communication • Correct Identification and procedure matching • Patient identification & procedure/information matching • Communication at clinical handover - clinical handover • Communication of critical information • Documentation of information
	7 Blood Management Standard • Clinical governance and quality improvement to support blood management N/A
	8 Recognising & Responding (R&R) to Acute Deterioration Standard • Clinical governance and quality improvement to support R&R systems • Integrating clinical governance • Applying quality improvement systems • PWC • Detecting and recognising acute deterioration and escalating care • Responding to acute deterioration • Response systems