



BEECHWORTH HEALTH SERVICE



CLINICAL GOVERNANCE COMMITTEE CHARTER

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Document Control Sheet

Version	Version date	Summary of Changes
1.0	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	December 2014	Change of name to Clinical Quality Committee. Minor change to role in that it provides advice to Board
1.2	February 2015	Change Duties and Responsibilities.
1.3	February 2017	Whole of document revision
1.4	August 2017	Incorporation of recommendations from Delivering High Quality Healthcare
1.5	March 2020	Changed logo. Added date to signature page.
1.6	March 2021	General update reflecting title changes and practical workings of the committee.
1.7	February 2022	Clinical Governance Committee reviewed context and agree there are no changes.
1.8	March 2023	General update reflecting title changes.
1.9	July 2023	Review to include gender equity commitment to membership
1.10	February 2025	The Clinical Governance Committee Charter has been updated to align with the Victorian Clinical Governance Framework (August 2024). Key changes include: enhanced consumer engagement; incorporated statutory obligations such as Statutory Duty of Candour and compliance with Victorian Public Sector Commission Codes of Conduct; expanded focus on emerging risks, digital health, and predictive analytics for early risk identification; clarified committee interactions to ensure clear roles, prevent duplication, and facilitate open communication; defined quorum requirements, digital participation options, and structured reporting for greater accessibility and accountability; annual self-assessments, external peer reviews every three years, and data-driven decision-making for continuous improvement.

The Charter

This document, to be known as the Clinical Governance 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 Governance Committee (the Committee).

Authority and Independence

Beechworth Health Service is incorporated 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.

Clinical Governance

Clinical governance is the integrated systems, practices, and culture, underpinned by a cycle of continuous planning, monitoring, learning, and improvement to ensure the provision of high-quality care. For the purposes of this framework, high-quality care is defined as safe, timely, effective, efficient, equitable, and person-centred.

The Board remains accountable for all decisions related to Clinical Governance.

Implementation of the clinical governance framework at BHS is focused on five domains of quality and safety as defined by the Victorian Clinical Governance Framework (2024). These are:

1. **Leadership and Culture** – Visible, accountable, and purposeful leadership that cultivates an inclusive and just culture to encourage the engagement of staff and consumers in organisational strategy, planning, and review.
2. **Partnering with Consumers** – Ensuring consumer voices are embedded in decision-making, co-design processes, and improvement strategies at all levels.
3. **Workforce** – Supporting and protecting a skilled, competent, and proactive workforce through recruitment, training, and retention strategies.
4. **Risk Management** – A structured approach to safety, focused on prevention and repair, built on staff awareness and a culture that encourages speaking up and acting.
5. **Clinical Practice** – Ensuring clinical decisions and practices align with best practice standards, evidence-based guidelines, and patient safety principles.

Duties and responsibilities

The Committee's duties and responsibilities are to:

1. **Oversee an Effective Clinical Governance System**
 - Ensure that consumers are central to identifying safety and quality issues and the solutions that should be implemented.
 - Embed consumer partnerships across all levels of governance to drive a culture of co-design and shared decision-making.
 - Ensure that all staff have the appropriate training, competency, and support required to fulfil their roles in delivering high-quality care.
 - Oversee clinical risk management and improvement strategies, ensuring they are integrated with performance monitoring functions.
 - Foster a psychologically safe workplace where staff feel empowered to report concerns, contribute to improvement initiatives, and engage in continuous learning.
 - Promote data-driven decision-making, ensuring real-time performance insights inform governance decisions.
2. **Integrity Oversight and Misconduct Prevention**
 - Ensure compliance with Statutory Duty of Candour legislation, guaranteeing open and transparent communication with consumers when adverse events occur.
 - Provide oversight of organisational integrity frameworks to ensure effectiveness and adherence to Victorian Public Sector Commission Codes of Conduct.
 - Monitor trends in misconduct, implement prevention strategies, and ensure adherence to Independent Broad-based Anti-Corruption Commission (IBAC) requirements.
3. **Risk Management**
 - Ensure that risk management strategies incorporate emerging risks such as digital health, virtual care, and evolving patient care models.
 - Strengthen processes for early risk identification using predictive analytics and real-time reporting.
 - Ensure that risk management policies align with best practice standards and national accreditation requirements.
4. **Performance Management**
 - Monitor compliance with quality targets in line with the Victorian Department of Health's Statement of Priorities.
 - Regularly review performance data, benchmarking against state-wide and national healthcare quality indicators.
 - Promote continuous learning through real-time performance dashboards, regular audits, and open feedback loops.

Membership and Meetings

Membership

The membership of the Clinical Governance Committee shall include:

- At least three Board Directors appointed by the Board. Each Board Director has the ability to nominate a proxy of equal qualification when necessary.
- At least two independent consumer representatives, ensuring consumer voices are actively engaged in governance and decision-making.
- Key clinical and executive leaders, including but not limited to:
 - Director of Medical Services
 - Director of Clinical Services
 - Chief Executive Officer
 - Quality & Risk Manager
- The Committee has the authority to co-opt individuals with relevant expertise as necessary to fulfil its objectives. However, these co-opted individuals will serve in an advisory capacity and will not have voting rights.

Sub-Committees

The Clinical Governance Committee may establish Project Teams and Working Parties as needed to support its objectives, in accordance with Beechworth Health Service's By-Laws.

Ethical Practices

- Members must declare any actual, potential, or perceived conflicts of interest upon appointment and at the start of each meeting.
- All committee members must maintain the confidentiality of information classified as commercial in confidence, clinically confidential, or having privacy implications.
- Members will not publicly comment on committee matters unless expressly authorised by the Board.

Chair and Executive Officer

- The Chair will be a Board Director appointed by the Board and will preside over all meetings when present.
- The Executive Officer, typically the Director of Clinical Services or their delegate, is responsible for meeting facilitation, agenda preparation, and accurate record-keeping.

Meetings and Attendance

- The Committee shall meet at least six times per year, with additional meetings convened as needed.
- Urgent matters may be addressed out-of-session, coordinated by the Executive Officer with approval from the Chair.
- A quorum requires a simple majority of members.
- Digital and hybrid participation options will be available to ensure accessibility and inclusivity.
- The Committee will determine its own agenda, prioritising emerging risks and significant governance issues.
- Late agenda items will be tabled at the discretion of the Chair.

Relationships with Other Committees

The Committee shall engage and collaborate with other relevant groups to:

- Ensure statutory, operational, and governance responsibilities are effectively met.
- Prevent duplication of efforts by clearly defining the distinct roles, functions, and duties of each group.
- Foster a culture of open and transparent communication, ensuring timely exchange of critical information and best practices.
- Strengthen cross-committee collaboration, allowing for coordinated efforts in clinical risk management, quality improvement, and compliance with regulatory requirements.
- Promote continuous improvement by integrating insights and recommendations from other governance bodies within the organisation.

Evaluation of Committee Activities

- The Committee will undertake an annual self-assessment to review its effectiveness in achieving high-quality care outcomes.
- The Committee will provide an annual Clinical Governance Report to the Board, summarising:
 - Key safety and quality improvements achieved.
 - Consumer engagement and partnership outcomes.
 - Performance against key clinical governance indicators.
- At least once every three years, the Committee will engage in an external peer review to assess alignment with best practice standards.

Review of the Charter

- This Charter will be reviewed annually to ensure ongoing alignment with evolving state and national clinical governance standards.
- Amendments will be approved by the Board following consultation with consumer representatives, clinical leaders, and governance experts.

Approval of the Charter

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



Name: Ms Glenda Beecher

Chair of Clinical Governance Committee
Date: 27th March 2025



Name: Dr Isabel Paton

President Board of Management
Date: 27th March 2025