

## Clinical Governance Board Sub-Committee

### Terms of Reference

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#### Purpose

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

#### Role of the Committee

The Committee is responsible for providing advice to the Skin Health Institute's Board of Management (the Board) via the Chief Executive Officer (CEO). The Committee's scope is established pursuant to relevant regulations, standards and legislation and generally involves, but is not limited to:

- assist the Board in the effective discharge of its clinical governance, quality, safety, risk management, compliance and accreditation responsibilities
- oversee and advise the Board on the safety and quality of services provided
- manage the accreditation of medical and other practitioners working at the Institute
- review and respond to critical incidents and patient care feedback
- oversee the development, application and reporting of a system of clinical indicators
- review clinical indicator data and make recommendations on best practice to the CEO and Medical Director on clinical practice
- oversee and manage the Accreditation processes
- report any critical incidents, identified risks and breaches to the CEO.

#### Responsibilities

- Apply the ***National Safety and Quality Health Service (NSQHS) Standards*** developed to protect the public from harm and to improve the quality of health service provision, including:
  1. Clinical Governance
  2. Partnering with Consumers
  3. Preventing and Controlling Healthcare- Associated Infection
  4. Medication Safety
  5. Comprehensive Care
  6. Communicating for Safety
  7. Blood Management
  8. Recognising and Responding to Acute Deterioration.
- Based on the Safer Care Victoria (2017) ***Delivering high quality health care: Victorian clinical governance framework***, monitor and ensure that the following clinical governance principles are applied:
  - Excellent consumer experience
  - Clear accountability and ownership
  - Partnering with consumers

- Effective planning and resource allocation
  - Strong clinical engagement and leadership
  - Empowered staff and consumers
  - Proactively collect and share critical information
  - Openness, transparency and accuracy
  - Continuous improvement of care.
- Undertake annual review in November to ensure that all medical and other practitioners employed have the necessary and appropriate registrations and accreditations in place to practice
  - Monitor the practice, timeliness, and quality of clinical supervision
  - Reporting the following clinical indicators at least 6 monthly to the Board:
    - Hand Hygiene
    - Resolution of patient complaints
    - Transfer of care from the facility
    - Unplanned return to theatre
    - Incomplete excision of NMSC
    - Infection rate
  - NSQHS Audit
    - Plan, facilitate and support the NSQHS audit process
    - Receive, review and discuss an implementation plan for any variances or recommendations following the audit
    - Report the findings of the audit and the Committee’s recommended implementation plan to the CEO
    - Monitor to ensure that any issues are being managed and rectified in an appropriate and timely manner.

## Membership

- CEO – TBA
- Dr Patrick Mahar, Medical Director
- Janice Fernandes, Director – Clinical Services
- Sarah Chivers, Director – Clinical Research and Advanced Targeted Therapies (Chair)
- Dr Alvin Chong (Board representative)
- Dr Tim Rutherford
- Dr Mei Tam
- Ms. Angela Webb
- Elizabeth le Hunt – Nurse Unit Manager
- Dorina Heng (Consumer)

## Meeting Schedule

Reviewed and Approved by the Board of Management on 31 May 2022.

The Committee shall meet quarterly and can meet as often as required.

**Additional Resources:**

Australian Commission on Safety and Quality in Health Care. Audit and Risk Committee Charter: V2.3, June 2019.