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# CONTENTS

1. **INTRODUCTION**
   1.1. Director-General’s Message 5
   1.2. Purpose 6
   1.3. ACT Health Vision and Values 7

2. **CONTEXT**
   2.1. The Role of Clinical Governance 9
   2.2. Accreditation 10
   2.3. National Safety and Quality in Health Service Standards 10
   2.4. Clinical Governance Domains 11

3. **CLINICAL GOVERNANCE IN ACT HEALTH**
   3.1. Principles of the ACT Health Clinical Governance Framework 14
   3.2. Organisational Structure 16
   3.3. Leadership Roles and Responsibilities 16
   3.4. ACT Health Committees 19
   3.5. Clinical Committee Governance Structure 21
1. INTRODUCTION

1.1. Director-General’s Message

The ACT Health Clinical Governance Framework recognises that effective business systems are essential to the delivery of high quality, safe and effective health care. The clinical governance structures described in this document are built on sound corporate governance and organisational structures which are aligned with the strategic goals and priorities articulated in the ACT Health Governance Framework.

According to the Australian Commission on Safety and Quality in Health Care (the Commission), Clinical Governance is:

“the set of relationships and responsibilities established by a health service organisation between its state or territory department of health (for the public sector), governing body, executive, clinicians, patients, consumers and other stakeholders to ensure good clinical outcomes. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.

Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving.”

(ACSQHC National Model Clinical Governance Framework, p2)

Clinical governance is not only about compliance, it is about high performing health services and teams that achieve best outcomes for patients.

The key principles that support the clinical governance framework are:

- Clear accountability
- Partnering with consumers
- Effective planning and resource allocation
- Strong clinical engagement and leadership
- Empowered staff and consumers
- Robust data and sharing of clinical information
- Transparency and openness, and
- Continuous improvement.

The Clinical Governance Framework should be read in conjunction with the ACT Health Governance Framework, Corporate Plan and the Quality Strategy 2018-2028 and Quality and Safety Implementation Plan and Measurement Framework.

________________________

Michael De’Ath
Interim Director-General

June 2018
1.2. Purpose

“Clinical Governance is a system through which organisations are accountable to the community for continually improving the quality of their services and safeguarding high standards of care, ensuring they are patient-centred, safe and effective.”

Australian Commission on Safety and Quality in Healthcare – National Safety and Quality Health Service Standards

Quality care is delivered through a system of robust corporate and clinical governance frameworks to enable oversight of the health system that our patients, carers, families and community members (collectively referred to as consumers throughout this document), expect in the ACT.

The ACT Health Clinical Governance Framework outlines the principles that ACT Health employs in order to ensure high quality, person-centred, safe and effective health service delivery, underpinned by a strong system of clinical governance. All staff have a responsibility and are accountable for the quality of our service and are therefore responsible and accountable for good clinical governance. All staff have an obligation to govern safe quality care for every consumer every time.

The Clinical Governance Framework should be read in conjunction with the ACT Health Governance Framework, and is further reinforced by organisational-wide strategies and frameworks including the ACT Health Quality Strategy 2018-2028 and the draft ACT Health Territory-wide Health Services Framework 2017-2027.

For the Clinical Governance Framework to be effective, the associated clinical governance and quality assurance structures and processes need to operate at all levels of the organisation.

The successful implementation of clinical governance requires:

- the identification of clear lines of responsibility and accountability for clinical care and ensuring these are communicated and respected; and
- the development of effective partnerships between clinicians and managers.

The clinical governance, safety and quality assurance structures and processes must be well understood, and be an embedded part of everyday operations.

All staff have an opportunity, and responsibility, to input into the continuous development and improvements of standards of clinical services within their stream/facilities and across the Territory.
1.3. ACT Health Vision and Values

ACT Health’s vision is ‘Your Health – Our Priority’

Our vision and values represent what we believe is important and worthwhile. Improving the quality of healthcare across the ACT is a key priority for ACT Health, as we aim to be the safest healthcare system in Australia, delivering high-quality, person-centred care that is effective and efficient.

We often see people in our community at their most vulnerable. The way we interact with them is extremely important and directly influences their experience of care. Our commitment to our values, as evidenced by our behaviour, can be summarised as:

- **Care**: Go the extra distance in delivering services to our consumers. Be diligent, compassionate and conscientious in providing a safe and supportive environment for everyone. Be sensitive in managing information and ensuring an individual’s privacy. Be attentive to the needs of others when listening and responding to feedback from staff, clinicians and consumers.

- **Excellence**: Be prepared for change and strive for continuous learning and quality improvements. Acknowledge and reward innovation in practice and outcomes. Develop and contribute to an environment where every member of the team is the right person for their job and is empowered to perform to the highest possible standard.

- **Collaboration**: Actively communicate to achieve the best results by giving time, attention and effort to others. Respect and acknowledge everyone’s input, skills and experience by working together and contributing to solutions. Share knowledge and resources willingly with your colleagues.

- **Integrity**: Be open, honest and trustworthy when communicating with others and ensure correct information is provided in a timely way. Be accountable, reflective and open to feedback. Be true to yourself, your profession, consumers, colleagues and the government.

ACT Health’s vision is supported by a range of goals and priorities:
2. CONTEXT

2.1. The Role of Clinical Governance

Clinical governance provides a resilient structure to the delivery of clinical services, coordination and implementation of systems of care, analysis and improvement of services to establish and maintain organisational performance and accountability.

The diagram below shows how the person is at the centre of ACT Health system design and how individual interactions build a framework of care supported by professional and management systems. In the final arc, governance committees ensure a consistent expectation, management and evaluation of care throughout the system.
2.2. Accreditation

Accreditation is independent recognition that an organisation, service, program or activity meets the requirements of defined criteria or standards. Accreditation provides quality and performance assurance for owners, managers, staff, funding bodies and consumers. In addition to the National Safety and Quality Health Service (NSQHS) Standards, some clinical areas and services participate in additional specialty accreditation systems that are relevant to their particular specialty.

2.3. National Safety and Quality in Health Service Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) with the Australian Government, state and territory partners, consumers and the private sector.

The primary aim of the Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care. Delivery of the ten Standards is an implicit part of delivering quality care and is integral to our core business as a health system. The ten Standards are:

1. **Governance for Safety and Quality in Health Service Organisations** which describes the quality framework required for health service organisations to implement safe systems.

2. **Partnering with Consumers** which describes the systems and strategies to create a consumer-centred health system by including consumers in the development and design of quality health care.

3. **Preventing and Controlling Healthcare Associated Infections** which describes the systems and strategies to prevent infection of patients within the healthcare system and to manage infections effectively when they occur to minimise the consequences.

4. **Medication Safety** which describes the systems and strategies to ensure clinicians safely prescribe, dispense and administer appropriate medicines to informed patients.

5. **Patient Identification and Procedure Matching** which describes the systems and strategies to identify patients and correctly match their identity with the correct treatment.

6. **Clinical Handover** which describes the systems and strategies for effective clinical communication whenever accountability and responsibility for a patient’s care is transferred.

7. **Blood and Blood Products** which describes the systems and strategies for the safe, effective and appropriate management of blood and blood products so the patients receiving blood are safe.

8. **Preventing and Managing Pressure Injuries** which describes the systems and strategies to prevent patients developing pressure injuries and best practice management when pressure injuries occur.

9. **Recognising and Responding to Clinical Deterioration in Acute Health Care** which describes the systems and processes to be implemented by health service organisations to respond effectively to patients when their clinical condition deteriorates.

10. **Preventing Falls and Harm from Falls** which describes the systems and strategies to reduce the incidence of patient falls in health service organisations and best practice management when falls do occur.

Further information:  
[ACT Health National Standards SharePoint Site](#)  
[Australian Commission on Safety and Quality in Health Care](#)
2.4. Clinical Governance Domains

ACT Health adopts the Commission’s National Model Clinical Governance Framework. There are five key domains of the Clinical Governance Framework which are embedded in the quality improvement process (see figure below):

Partnering with consumers
A consumer or carer perspective brings different and important dimensions to what constitutes safe and quality health care. It is through working alongside consumers, and listening to and learning from their participation, that it is possible for health services to truly appreciate what constitutes quality, safe health care.

ACT Health supports the Charter of Healthcare Rights (2012) and consumers are actively encouraged to provide feedback on their experiences. This information is used for driving improvements within the organisation.

Governance, leadership and culture
Organisational culture which emphasises quality as a shared value central to clinical work is a major enabler that underlies all aspects of the organisation’s activities. Our focus must be on creating a culture where every staff member provides person-centred, safe high quality care for every person every time. In setting the scene for a safety culture, activities need to be acknowledged as being at risk for error and incidents. Staff need to be supported to freely communicate their concerns, in identifying a risk or uncovering an error and have clear mechanisms to escalate risks and errors appropriately.

Integral to the delivery of high quality, person-centred, safe and effective healthcare is the development of a respectful, transparent and just culture within which health care providers and others can report safety incidents without fear of blame. The organisational culture needs to encourage and support reflective practice, learning from experience, use and dissemination of knowledge, partnerships with stakeholders and effective leadership in order to enable systematic improvement in service quality.

Leadership is a critical element in successful safety and quality improvement programs and is non-delegable. Although safety and quality is everyone’s responsibility, senior leaders have a key role to direct efforts in health care to foster and role model the culture and commitment required to address the underlying system causes of error in health care provision, reduce harm to consumers and focus endeavours on improving the quality of care.
Safe environment for the delivery of care
The provision of safe and high-quality healthcare for consumers is achieved through coordination and planning, along with appropriate allocation of resources. The workforce is an integral part of a safe environment for the delivery of care. Clinicians should be engaged in planning and development activities, encouraged to be vigilant and identify opportunities for improvement and supported to raise and report these appropriately through clearly identified pathways. Consumers play an important role in a safe environment for the delivery of care. Their feedback about experiences of the environment of the health service identify opportunities for improvement and potential safety and quality risks.

Creating a safe environment that provides safe and high quality health care requires continuous improvement. Measurement is a vital part of improvement – if we do not measure we have no way of knowing if the changes or intended improvements have had any impact.

We recognise that our measurement of quality needs to be varied in order to triangulate measurement of the safety, effectiveness and experience users have of our services. The ACT Health Quality Strategy is supported by the Quality and Safety Implementation Plan and Measurement Framework 2018-2028. The Measurement Framework sets out a number of measures which align with the key strategic priorities, using data for quality planning, quality assurance and quality improvement.

Patient safety and quality improvement systems
Patient safety and quality improvement systems have safety and quality systems integrated with governance processes to actively manage and improve the safety and quality of healthcare for consumers. Safety and quality systems, such as risk management, must involve all members of the clinical workforce with periodic review of performance.

Risk Management to minimise harm and safeguard against clinical risk requires a structured approach to safety that is both proactive and reactive. Risk management aims to prevent harm from occurring and mitigating the risk of harm when prevention is not able to occur.

Identification of risks can come from a variety of sources:
- Reporting of clinical incidents and work health and safety incidents via the RiskMan incident reporting system
- Staff raising identification of risks and near misses through the management structure. It is imperative that the organisational culture support staff to speak up about identified risks to safety of staff and consumers knowing they will be listened to and without fear of blame
- The open disclosure process. This process allows open and transparent identification of errors that occurred in patient care and can lead to identification of system/process issues.

Identified risks and data should be used to inform priority settings which lead to development of business plans for the organisation.

Clinical risk can be reduced by ensuring clinical practice is supported by a robust evidence base. Evidence based clinical practice reduces variation in care received by consumers. To achieve this, clinical care is supported by policy documents that prescribe or guide a clinicians care of the patient. The clinical policy documents in ACT Health are governed by the Canberra Hospital and Health Service Policy Committee with documents available on the central ACT Health Policy Register.

Clinical performance and effectiveness
Clinical performance and effectiveness relates to processes that exist to ensure that the workforce has the right qualifications, skills and supervision to deliver safe and high-quality care. High level clinical performance and effectiveness is achieved through implementing robust organisational systems to periodically review system and individual performance. This includes credentialing and defining scope of clinical practice, clinical education and training, performance monitoring and management, systematic monitoring of safety and quality performance across the organisation.

Further information: National Model Clinical Governance Framework
3. CLINICAL GOVERNANCE IN ACT HEALTH

3.1. Principles of the ACT Health Clinical Governance Framework

The ACT Health Clinical Governance Framework is premised on the following principles:

- Person-centred – improving the experience of care
- Patient Safety – proactively seeking a reduction in patient harm
- Effective care – best evidence of every person, every time.

These principles are consistently reflected in the ACT Health Quality Strategy and associated Quality and Safety Implementation Plan and Measurement Framework.

Person-Centred

Person-centred care is a way of thinking and doing things that sees health care users as equal partners in planning, delivering and monitoring the improvement of safe, quality care that meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside health professionals to achieve the best outcomes. By shifting the culture from “doing to” to “doing with” significant clinical and financial improvements can be made.

Making sure people are involved in and are central to their care is now recognised as a key component of delivering high-quality health care. The term “patient experience” is frequently used to describe a person’s experience when accessing health care services. Where an organisation is committed to delivering person-centred care, the patient experience improves.

Consumers are engaged across various levels of governance, and are actively involved in developing and improving the health service.

To bring about a positive consumer experience:

- We involve our consumers in the development of information, resources and communication strategies for consumers;
- We use consumer complaints, compliments, experience surveys and data from patient experience trackers;
- We use information from consumer representatives and community organisations to inform improvements;
- We have established strategies to involve consumers in improvement activities.

Person-centred care is achieved through:

- Involving consumers in planning and shared decision making at all levels of the service
- Understanding the barriers for consumers to understand and use health services, and develop strategies to improve
- Ensuring the organisation has effective systems for consumer feedback, complaints and open disclosure, and effectively monitor the performance of these systems.

We use consumer complaints, compliments, experience surveys and data from patient experience trackers as well as information from consumer representatives and community organisations to inform improvements and have established strategies to involve consumers in improvement activities.

Staff are guided by the ACT Health Consumer Feedback Management Policy which recognises the importance of seeking and collecting feedback from our consumers, and supporting them to become more involved in their health and healthcare.

Consumers and their families are informed and are involved in decisions about their own care. Front line staff act on local feedback to improve the consumer experience every day. Line managers have an important role to play in developing a positive culture regarding feedback. As part of this, consumers and families are advised of how their feedback has been addressed.
Patient Safety
Our first obligation is to ensure that by coming into our care, we make every effort to keep consumers safe and the risk of harm is reduced.

Patient safety is our highest priority and we will work relentlessly to proactively seek a reduction in patient harm. This includes health care adverse events that have a negative effect on care, even if they are not negative or harmful to the patient. We strive for:

- No avoidable harm
- Avoidance of and a reduction in adverse events
- Reducing hospital acquired complications
- Learning from incidents and reducing risk of reoccurrence
- Creating a culture of psychological safety.

Patient Safety is achieved through:

- Monitoring, identifying and responding to risks, incidents and opportunities for improvement
- Supporting a “blame-free”, accountable and learning culture
- Comprehensive planning and development to ensure the environment of the health service promotes safe and high quality care
- Implementation of a robust policy and procedure framework, such as the Incident Management Policy and Procedure, with active engagement of all staff
- Incorporating systematic audits of safety and quality systems
- Ensuring availability of data and information to support quality assurance and review across the organisation.

Some of the measures we use to inform and monitor patient safety and continuous improvement include:

- Discharged inpatient survey
- Hospital diagnosis standardised mortality
- Sentinel Events
- Compliments and complaints
- Hospital acquired complications (HACs)
- Significant clinical incidents

Effective Care
An effective health care system is one that promotes and supports evidence-based, effective and reliable care provision. There should be no variation in the quality of care, which should be provided in an atmosphere of mutual trust where staff members can talk freely about safety problems and how to solve them. The safety and quality of care has been found to be seriously compromised during transitions of care where consumers are moved between health professionals and clinical settings and where management and treatment plans are not effectively communicated.

Effective care is characterised fundamentally by:

- The alignment of evidenced based health care to evidenced based delivery
- A culture which supports continuous improvement and monitoring for improvement.

Effective care can be achieved through the:

- Development of clinical reliability tools (e.g. guidelines for particular diseases and clinical interventions)
- Introduction, use, monitoring and evaluation of evidence based clinical pathways
- Monitoring of practice variance using tools such as clinical audit, continuous data measurement, and clinical indicators
- Peer review processes
- Maintenance of professional skills, competence and performance, including credentialing and defining scope of practice, performance monitoring and management.
3.2. Organisational Structure

The ACT Health Director-General leads ACT Health in the delivery of its vision and strategic goals.

The Director-General is supported by six Deputy Directors-General to lead each Division of the organisation, these Divisions are:

- Canberra Hospital and Health Services;
- Corporate;
- Innovation;
- Performance, Reporting and Data;
- Population Health Protection and Prevention;
- Quality, Governance and Risk.

ACT Health’s Canberra Hospital and Health Services (CHHS) Division provides acute, subacute, primary and community-based health services to the ACT and surrounding region through its key service divisions.

Canberra Hospital and Health Services is supported by key clinical care divisions. Each division has Clinical and Executive Management leadership to enable high quality patient care to be delivered.

The clinical leadership team ensures that consumers are appropriately cared for, and that clinical care is evidence-based, with appropriate clinical supports.

Executive Directors are responsible for ensuring the clinical and support systems are aligned and functioning together to enable clinicians to deliver quality and safe health care. This includes a focus on engaging consumers in the design of new models of care, effective mobilisation of support functions such as HR, finance, data and reporting and procurement.

3.3. Leadership Roles and Responsibilities

Clinicians, managers and members of governing bodies have responsibility for ensuring safety and quality of clinical care. There is an expectation that all staff will deliver safe, quality health care for every patient, every time. It is the ultimate responsibility of a governing body to set up a sound clinical governance system and be accountable for performance and outcomes, implementation depends on the contribution of individuals and teams at all levels of the organisation.

In addition to clinical and executive leadership in divisional roles, these key roles also have responsibility for contribution, operations and continuous improvement of clinical governance. These include:

**Director-General**

The Director-General has overall accountability for both clinical and corporate governance and is responsible for overseeing progress against strategic objectives. The Director-General reports to the ACT Minister for Health and Wellbeing and the ACT Minister for Mental Health.

**Deputy Director-General, Canberra Hospital and Health Services**

Responsible for overseeing the appropriate implementation and response to clinical governance within Canberra Hospital and Health Services Divisions to ensure high quality, person-centred, safe and effective care. Canberra Hospital and Health Services provides acute, subacute, primary and community-based health services to the ACT and surrounding region through its key service Divisions.

The Deputy Director-General of Canberra Hospital and Health Services works closely with all Deputy Directors-General of ACT Health.
Professional Leads

Chief Medical Officer (CMO) provides leadership and support to develop and implement clinical governance across the organisation. The Office is responsible, through working collaboratively with all Executive Directors, the other professional leads and Clinical Directors, for promoting quality leadership and clinical engagement. The Office sets and assures high standards of professional and clinical practice through the coordination of medical research and clinical trials; local General Practitioner liaison; the Junior Medical Officer workforce and credentialing; and scope of practice processes for medical and dental appointments. Advice is provided at multiple levels including internally to ACT Health and the broader ACT Government as well as to other government and non-government agencies as relevant.

The CMO has specific governance of a cohort of junior medical officers i.e. PGY1 and PGY2. This is coordinated by the Medical Officer Support Credentialing Education and Training Unit (MOSCETU). All other medical staff including Registrars are governed by the Executive Director of the respective clinical divisions.

ACT Chief Nursing and Midwifery Officer (CNMO) provides professional leadership across the Territory to the nursing and midwifery workforce to develop, implement and support continuous quality improvement in the delivery of safe, effective and person-centred care and services. The CNMO sets and assures high standards of professional and clinical practice through supportive systems and processes of clinical governance, including practice development, role development, and education and continuing professional development, workforce planning, and participating in research, audit and evaluation processes. The CNMO is responsible for promoting quality leadership and clinical engagement by working collaboratively with all Executive Directors, the other professional leads and Directors of Nursing and Midwifery across the Territory, as well as with Chief Nursing and Midwifery Officers in other states and territories, and the Australian Health Practitioner Regulation Agency (AHPRA) and the Australian Nursing and Midwifery Advisory Council (ANMAC). Advice is provided at multiple levels including internally to ACT Health and the broader ACT Government as well as to other government and non-government agencies as relevant.

Chief Allied Health Officer (CAHO) provides professional and strategic leadership and high level advice on a broad range of allied health issues including clinical governance and professional practice, regulation of practice, policy, workforce reform and innovation, continuous quality improvement and research and education. Advice is provided at multiple levels including internally to ACT Health and the broader ACT Government as well as to other government and non-government agencies as relevant. The Office is responsible, through working collaboratively with all Executive Directors, the other professional leads and Clinical Directors, for promoting quality leadership and clinical engagement. In addition, CAHO liaises and works closely with other state and territory Chief Allied Health Offices and colleagues on strategic issues affecting the health care workforce and allied health professionals in Australia.

CAHO has strong partnerships with a range of vocational and tertiary institutions, regulating authorities, professional associations, other government agencies and key stakeholders to support ACT Health and the Territory wide Allied Health workforce.

Clinical Directors

Executive Directors for Clinical Divisions are responsible and accountable for ensuring appropriate and effective clinical governance arrangements are in place, and that activities to improve quality outcomes are occurring within their Divisions. Executive Directors who are also aligned to the National Standard as Executive Sponsors are responsible for the delivery of specific governance priorities within their respective Standards. They are required to work collaboratively with all members of the CHHS Executive Committee, the professional leads and the ACT Health Executive Directors Council Quality and Safety Committee to deliver a robust, transparent and accountable operational framework for their respective Standard.
Professional Directors (Clinical Directors (CDs), Directors of Nursing/Midwifery (DONs/DONMs), Directors of Allied Health (DAHs) are responsible and accountable for ensuring appropriate and effective clinical governance arrangements are in place, and that activities to improve quality outcomes are occurring within their Divisions. Directors who are also National Standard Leads or manage Clinical Governance Sub Groups, such as the Drugs and Therapeutic Committee, are responsible for the delivery of specific priorities within clinical governance.

ADON/Ms, CNCs/CMCs, Service, Unit and Team Leaders are responsible for effective clinical governance, risk management and the implementation of continuous improvement. Managers should take action, both proactively and reactively, in relation to workforce development, risk management and dealing with consumer feedback. In addition they ensure a high quality service to consumers by the continual development of practice according to research evidence and national standards.

All Staff

All Staff, especially those who come into contact with consumers or work within the clinical setting, are responsible for promoting the health, safety and security of consumers, colleagues and themselves and to contribute to a positive experience. They are encouraged to suggest and implement improvements in their communities, wards, areas and departments. All staff must work within their scope of practice.

Consumers

Consumer Representatives, in partnership with health service organisations, support decision makers to keep the patient at the forefront when planning services, developing models of care, or measuring, evaluating and improving systems of care. They have a pivotal partnership role in decision making at all levels of governance in ACT Health.

Patients and carers, in partnership with their healthcare providers, are responsible for participating in shared decision making about their treatment and can promote quality by raising concerns about the safety or effectiveness of the care they are receiving. Patients and carers are encouraged to provide ACT Health with feedback about their experience and suggest improvements to the services provided.
3.4. ACT Health Committees

ACT Health committees are established at Tier levels which allows for strategy, planning, information and decision making to be cascaded through the organisation, and similarly reporting on operational performance is escalated from up through the committee tiers.

All ACT Health committees need to meet the following expectations:

Scope
- Terms of reference need to be reviewed in the context of the committee and governance structure of the organisation
- Alignment of the purpose of the committee must support the objectives and purpose of ACT Health

Membership
- Appropriate organisational representation
- Consider engagement of external experts or bodies where relevant, such as clinical leaders and consumer representatives

Operations
- Clearly defined responsibilities between Chair and other roles as necessary
- Have a clear pattern of meetings
- Have a policy regarding attendance and proxy attendance
- Distribution of agenda a week before meetings
- Distribution of minutes two weeks after meetings – minutes should specify participants, discussion, decisions/recommendations, actions and responsibilities
- Minutes and any issues for escalation should be lodged with the appropriate overarching committee.

Review
All committees should review their outcomes as per the Terms of Reference, membership and impact on an annual basis.

Characteristics and Decision Making
An outline of committee characteristics and decision making is detailed on Page 20.

ACT Health Committee Structure
Seven primary Tier 1 committees have been established at the executive level to ensure the full spectrum of strategy and operations are given appropriate consideration and guidance. These are detailed in the ACT Health Governance Framework 2018-2023.

The Clinical Committee Governance Structure is detailed on Page 21.

This structure does not extend to all business as usual management and team meetings.
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<th>Decision Making</th>
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<td><strong>Tier 1 - Strategic and ultimate decision making</strong></td>
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<td>Characteristics of Tier 1 committees should be:</td>
<td>Direct resources</td>
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<tr>
<td>• Chaired by the Director-General or Deputy Director-General</td>
<td>Garner additional/re-direct resources according to priorities</td>
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<td>• Closely tied to legislative requirements and strategic goals</td>
<td>Purchase services and goods with appropriate procurement advice</td>
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<td>• Significant organisation wide relevance, risk and impact</td>
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<td>• Diverse membership from across the organisation</td>
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<td>• Must integrate and build collaborative connections and interrelationships across ACT Health</td>
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<td>• Delegations of the committee are in line with the framework and able to allocate additional funding and resource</td>
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<td><strong>Tier 2 - Direction Setting and Decision making Committees</strong></td>
<td>Can direct resources to act in a particular manner</td>
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<td>Characteristics of Tier 2 committees should be:</td>
<td>Purchase additional services/goods in line with the Chair’s budget and delegation</td>
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<tr>
<td>• Chaired by an Executive Director, Director or Professional Lead</td>
<td>Commerce or cease projects</td>
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<tr>
<td>• Delegated decision making as per the delegations framework</td>
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<td>• Pivotal in bringing specialists from the Directorate together to discuss prioritisation and need in the context of the committee scope</td>
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<td>• Responsible for risk identification, management and treatment</td>
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<td>• Must consider balance between benefit and risk of changes</td>
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<td>• Must ensure evaluation of any changes and monitor changes/adoption and benefits to ACT Health</td>
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<td>• Clear decision-making and information flow to a relevant Tier 1 committee with clear feedback mechanisms for decisions made</td>
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<td>• May have either/both Advisory Committees and Working Groups feeding recommendations and information through for consideration with broader functional considerations</td>
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<tr>
<td><strong>Tier 3 - Advisory Committee/Panel</strong></td>
<td>Can request, influence people to engage with their work</td>
</tr>
<tr>
<td>Characteristics of Tier 3 committees should be:</td>
<td>Are unable to purchase services or goods without explicit delegation to so from the Tier 2 committee</td>
</tr>
<tr>
<td>• Chaired by a Director, Clinical Lead or Senior Manager</td>
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<tr>
<td>• Tier 3 Committees should bring people together on a single issue/topic for understanding, coordination and issue resolution</td>
<td></td>
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<tr>
<td>• Comprised of individuals with suitable qualifications and experience to contribute to the topic and may engage external representation from industry and community where relevant</td>
<td></td>
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<tr>
<td>• Information and recommendations should report through to a Tier 2 Committee and have clear feedback mechanisms for decisions made</td>
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<tr>
<td><strong>Tier 3 - Working Groups/Steering Committees</strong></td>
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<tr>
<td>Characteristics of Tier 3 – Working Groups should be:</td>
<td></td>
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<tr>
<td>• To bring people together on a single issue or to address a specific issue or problem</td>
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<td>• Members should have roles related to the issue (not beyond existing organisational responsibilities)</td>
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<td>• Limited in scope and term</td>
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<tr>
<td>• Collaborative with Tier 3 – Advisory Committee</td>
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<tr>
<td>• Clear on pathways to Tier 2 committees for escalation and consideration of risks and barriers beyond scope of resolution within the committee</td>
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<tr>
<td>• Should identify in terms of reference criteria for success, closure of working group and transition to BAU functions</td>
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3.5. Clinical Committee Governance Structure

[Diagram showing the governance structure with labels for different committees and tiers.]
Clinical Services Executive Committee
The Clinical Services Executive Committee is the peak committee for the Canberra Hospital and Health Services, and is the single point of for feeding clinical issues and information both up to (escalation) and down from (delegation) the Directorate Leadership Committee of ACT Health.

National Standards Governance Committee
The National Standards Governance Committee provides leadership oversight and effective governance of the National Safety and Quality Health Services Standards to ensure that ACT Health effectively implements and achieves accreditation against the Standards.

The Committee considers significant incidents and system risks and escalates issues to the Clinical Services Executive Committee as appropriate.

Divisional Executive Committees
A Divisional Executive Committee exists for each clinical care Division, and discusses issues of operation, performance safety and quality and risk for their relevant clinical care area. The Divisional Executive Committees feed directly into the Clinical Services Executive Committee through their respective Chairs (the Executive Director of the Division).

There is also an important interrelationship between the Divisional Executive Committees and the other Governance Committees, with issues, incidents and risks to be referred and escalated into the National Standards Governance Committee, Safety and Quality Committee or CHHS Policy Committee as appropriate.

Safety and Quality Committee
The Safety and Quality Committee provides governance for clinical safety and quality. It provides leadership through identifying emerging issues and opportunities to drive quality and safety in the clinical setting.

The Committee is responsible for identifying and evaluating clinical risk with the aim of reducing clinical risk to the organisation, staff and patients. The Committee endorses recommendations from the Clinical Review Committee and monitors progress of recommendations.

The Committee also has oversight of the Health Technology Advisory Committee.

The Safety and Quality Committee escalates issues to the Clinical Services Executive Committee as appropriate.

CHHS Policy Committee
The CHHS Policy Committee provides governance, oversight and guidance in the development and management of clinical policies to ensure an effective suite of person-centred, evidence based documents exist to support safe high quality patient care.

The Committee is responsible for the review and revision of all clinical policies and procedures within CHHS, for recommendation to the Clinical Services Executive Committee for approval.

The CHHS Policy Committee works closely with the ACT Health Policy Committee.

Aboriginal and Torres Strait Islander Health Committee
The Aboriginal and Torres Strait Islander Health Committee has been included in the clinical governance structure in anticipation of the new Standards however is not yet formally established.