

## **ACT Health** ACT Clinical System Governance Committee (CSGC) Terms of Reference

Purpose	The purpose of the ACT CSGC is to provide governance, insight, recommendations, and expert clinical advice to ensure safe, effective, person-centred health care is consistently delivered across the whole of the ACT healthcare system.
Role	The role of the CSGC is to strengthen clinical governance across the whole system through the monitoring of trends in clinical outcomes; and to provide advice on options for improvements to health system safety and efficiency to health service leaders, the ACT Health Directorate and relevant Ministers.
Values and Behaviours	This committee will provide expert clinical leadership to the ACT health system. The expert clinical advice provided by this committee will influence improvement and improve accountability across the ACT health system. It is important that the significance of this responsibility is reflected in the advice provided.
	CSGC members from across the public, private and community sector and consumers will behave according to the ACT Public Service values and will act in the best interests of consumers and the wider ACT region with the intent to commit to collaborate within strong governance frameworks.
	Respect
	<ul> <li>Members will engage in genuine and respectful dialogue with colleagues across the ACT Public Service, the Health System, and the community.</li> </ul>
	Integrity
	<ul> <li>Members should consider their view and responses from a system-wide perspective while aiming towards being solutions-focused in addressing systems issues.</li> </ul>
	Ensure accountable, evidenced-based and transparent decision-making.
	Collaboration
	Members will promote open sharing of information to improve the delivery of services, to enable good governance, quality and accurate reporting, and the
	development of evidence-based policies and programs.  Innovation
	Members will be committed to innovative improvement of systems and
	services to achieve safe and effective person and family-centred care.
Functions	The ACT CSGC functions to facilitate the domains of Clinical System Governance, which include the key principles that support the clinical governance framework. These include:  • Leadership, engagement and collaboration on system wide clinical issues.
	Demonstrate partnership and a positive culture of knowledge and information sharing working with the whole system including consumers and carers.
	<ul> <li>Prioritising and investigating areas of concern identified across the health system through the analysis of data, trends and unwanted variation in health care.</li> </ul>
	<ul> <li>Provide recommendations to the ACT Health Directorate Director General as the representative to Government and across the system to reduce clinical safety risks and improve the quality of health care, consumer experience and health system efficiency.</li> </ul>
	Contribute to health care reform thinking such as the development of ACT

	model for Value Based Healthcare, Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs) and in response to requests across the health system.
	<ul> <li>Identify issues that may require specific expert clinical focus through the establishment of time limited specialty clinical networks and dedicated health forums.</li> </ul>
	Develop a forward agenda and work plan to maximise efficiency and effectiveness that promotes best practice clinical governance.
Reporting	The CSGC will report to the ACT Health Director-General
Agenda requests	The Secretariat is to receive requests for agenda items two weeks before the meeting unless otherwise advised.
	Papers are to be distributed one week before the meeting.
Meeting -	Meeting frequency will be bi-monthly.
Frequency	Meeting frequency will be reviewed annually by the committee with the view to considering optimal meeting frequency moving forward.
Chair	A Chair will be selected by the Director General ACT Health Directorate from the existing membership
Deputy Chair	The Chair is supported by a nominated consumer partner as the Deputy Chair.
Secretariat	A representative from the Office of Chief Medical Officer provides secretariat support by:
	<ul> <li>supporting the committee by developing the agenda, preparing and distributing meeting packs, and recording and preparing minutes of CSGC meetings.</li> </ul>
	updating, managing or logging any potential conflicts of interest.
	ensuring decisions or recommendations are accurately documented.
	preparing briefing papers or reports on behalf of the committee.
Membership	Nominations will be sought from multiple clinical disciplines and specialty areas and consumers partners across the health system in the ACT. Members will have demonstrated knowledge and skills in clinical governance and be representative of a wide range of health care services.  In agreeing to participate, all members or their proxies are expected to attend all meetings. Members should advise the Secretariat if they are nominating a proxy no later than two days prior to the scheduled meeting. A review of membership will occur if a members attendance rate is below 75%.
Tenure	Tenure is staggered – with the aim that the terms of a portion of the membership will come to an end every 6 months.  • Members will have a tenure of 18 or 24 months in the first instance.
	Members may have the opportunity to undertake a second term with a maximum of two consecutive terms at the discretion of the Chair.
	Tenure can be extended or reduced at the discretion of the Chair.
Out-of-sessions resolutions	When an issue arises that, in the opinion of the Chair, requires resolution before the next scheduled meeting, the Chair may seek an out-of-session resolution.
Quorum	The quorum at meetings is attendance by 60% of members.  In the event a quorum is not achieved, a decision to continue with the meeting will be made by the Chair. The meeting may proceed with resolutions held over until a quorum is achieved.
	Alternates, excluding persons formally acting in positions that attract Committee



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Confidentiality	membership, are to be considered and approved by the Chair prior to a meeting.  The Chair will be informed of the substitution at least two working days prior to the scheduled nominated meeting. In the case of unexpected absences, notification is to be provided to the Chair as soon as practicable.  The nominated alternate shall exercise the authority of the member while present. It is the responsibility of the member to brief the alternate prior to the meeting, and the responsibility of the alternate to brief the member afterwards. Any position provided by the alternate will be taken to be the position of the substantive member. All substantive members must nominate an alternate/proxy.  All members are required to sign a confidentiality agreement on commencement of their term of appointment.  Members are not to reveal any confidential or proprietary information entrusted during their membership of this committee. The role of the CSGC does not include
	sharing confidential information received in their capacity as CSGC members (including points of discussion, supporting documents or drafts), with the sector on behalf of ACT Health or government.
	Unless stated, all papers and discussions/presentations are confidential.
Conflict of Interest	A conflict of interest will arise if a person's personal interest (actual or perceived) conflicts with their duties as a CSGC member such that the person may not be independent, objective and impartial in relation to their duties. All conflicts of interest will be declared as part of the membership documentation, and where appropriate for additional circumstances in any given meeting.
	Where a potential conflict of interest has been declared, the member will be guided by the Chair on how best to proceed (including a member removing themselves for discussion on specific items) and advise the meeting accordingly. A formal declaration will be completed and signed along with documented action taken by the Chair.  The CSGC is politically neutral, and its members cannot endorse politically focused
	advocacy.
Remuneration	Consumer, community members and clinicians not employed in any capacity by public health services and agencies will be eligible for remuneration for attending CSGC and working group meetings.
	The Co-Chairs will review and approve all remuneration requests in line with appropriate government policy.
TOR Review Frequency	The first review will occur within the first 9 months, then annually thereafter.
Approved	Update Endorsed XX/XX/XX