THE HADER CLINIC
Clinical Guideline

# Clinical Board of Governance Terms of Reference

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# 1 Purpose

The Clinical Board Governance Committee (CBG) is a standing committee responsible for providing oversight, assurance, and strategic advice relating to the safety, quality, effectiveness, and governance of clinical services delivered by the Hader Clinic.

The Committee supports the Board in fulfilling its clinical governance obligations under:

- Victorian Health Services Act 1988
- National Safety and Quality Health Service (NSQHS) Standards
- National Clinical Governance Framework
- Victorian Mental Health and Wellbeing Act 2022
- Relevant Department of Health Victoria policies, standards and guidelines
- Accreditation requirements applicable to Alcohol and Other Drug (AOD) and Mental Health services

The Committee ensures that systems are in place to promote safe, person-centred, recovery-oriented, trauma-informed, culturally safe, and evidence-based care.

The Committee also provides assurance to the Board regarding clinical effectiveness, consumer outcomes, and continuous improvement activities that support strategic organisational objectives.

# 2 Scope

The Committee's scope encompasses all clinical services, programs and activities delivered by the Hader Clinic, including:

- Acute Mental Health Services
- Alcohol and Other Drug Withdrawal Services
- Residential Rehabilitation Services
- Dual Diagnosis
- Community-based AOD and Mental Health Services
- Consultation and Liaison Services
- Allied Health Services
- Nursing Services
- Psychiatry and Medical Services
- Consumer and Carer Engagement Activities
- Clinical Support Services impacting client care
- Aboriginal and Torres Strait Islander health, wellbeing and culturally safe service initiatives
- Digital health systems and clinical information systems impacting client safety and care quality

# 3 Responsibilities

The Committee will oversee and provide assurance to the Board in relation to:

## 3.1 Clinical Governance

- Review the effectiveness of the organisation's clinical governance framework.
- Monitor compliance with relevant legislation, standards and accreditation requirements.
- Ensure clear accountability for clinical quality and safety across the organisation.
- Promote a culture of continuous quality improvement.

## 3.2 Quality and Safety

- Monitor quality and safety indicators, trends and outcomes.
- Review serious adverse events, sentinel events and reportable incidents.
- Monitor implementation of recommendations arising from investigations and reviews.
- Provide oversight of risk mitigation strategies for clinical risks.
- Ensure systems exist for identifying, escalating and managing clinical risk.
- Monitor implementation and effectiveness of the Clinical Governance Framework.
- Review thematic trends and lessons learned from incidents, complaints and investigations.
- Monitor open corrective actions and overdue quality improvement activities.

## 3.3 Consumer Safety and Experience

- Review consumer feedback, complaints, compliments and advocacy matters.
- Monitor client experience and outcome measures.
- Promote consumer, family and carer participation in service design, evaluation and governance.
- Oversee implementation of recovery-oriented and person-centred approaches.
- Monitor consumer participation activities and evaluate their impact on service design and improvement initiatives.
- Review outcomes relating to equity of access and service delivery.

## 3.4 AOD and Mental Health Clinical Practice

- Monitor compliance with evidence-based clinical practice standards.
- Review key performance indicators specific to mental health and AOD services.
- Review trends in:
    - Overdose events
    - Self-harm incidents
    - Suicide attempts and completed suicides
    - Medication-related incidents
    - Aggression and occupational violence incidents
    - Dual diagnosis outcomes
    - Unplanned discharge against medical advice
    - Consumer outcome measures
    - Readmission and relapse indicators
    - Withdrawal-related complications

## 3.5 Workforce and Credentialing

- Monitor workforce capability and clinical competence.
- Oversee credentialing and scope of practice processes for medical and allied health professionals.
- Review workforce compliance with mandatory training requirements.
- Ensure strategies are in place to support clinical supervision and professional development.
- Monitor workforce wellbeing indicators including psychological safety, burnout and retention risks.
- Review succession planning for critical clinical roles.

## 3.6 Clinical Risk Management

- Review clinical risk register.
- Monitor high-priority and extreme clinical risks.
- Ensure emerging risks are identified and escalated to the Board.
- Oversee management of recommendations arising from internal and external reviews.
- Review effectiveness of risk controls and risk treatment plans.
- Monitor organisational risk and tolerance levels in relation to clinical risks.

## 3.7 Infection Prevention and Medication Safety

- Review infection prevention and control performance.
- Monitor medication safety indicators.
- Ensure effective systems are in place to reduce medication-related harm.
- Monitor compliance with relevant medication management policies.
- Review antimicrobial stewardship outcomes.
- Monitor medication reconciliation compliance and high-risk medication management.

## 3.8 Accreditation and Compliance

- Oversee preparation for accreditation assessments.
- Monitor compliance with:
    - NSQHS Standards
    - Mental Health Standards
    - AOD service standards
    - Other applicable regulatory requirements
- Review outcomes of accreditation surveys and audits.
- Monitor progress against accreditation action plans and recommendations.
- Review outcomes of regulatory notifications and compliance reviews.

## 3.9 Research, Innovation and Best Practice

- Promote evidence-based practice and clinical innovation.
- Monitor clinical research governance where relevant.
- Support implementation of quality improvement initiatives.
- Review outcomes from clinical audits and benchmarking activities.
- Review emerging evidence and best practice developments relevant to Mental Health and AOD services.
- Promote innovation that improves consumer outcomes and service effectiveness.

### 3.10 Cultural Safety, Equity and Inclusion

The Committee shall oversee and monitor:

- Cultural safety initiatives across all services.
- Outcomes and experiences for Aboriginal and Torres Strait Islander consumers.
- Equity of access, participation and health outcomes for diverse consumer groups.
- Compliance with organisational cultural safety commitments, frameworks and action plans.
- Consumer feedback relating to cultural responsiveness, discrimination, racism or inequitable treatment.
- Workforce cultural capability training and development.
- Partnerships and engagement with Aboriginal Community Controlled Organisations and other relevant community stakeholders.
- Inclusion and accessibility for consumers from culturally and linguistically diverse backgrounds, LGBTQIA+ communities, people with disability and other priority populations.

The Committee shall:

- Promote culturally safe, inclusive and person-centred care.
- Monitor identified disparities in service access, experience and outcomes.
- Review and support actions aimed at reducing inequities and improving culturally responsive practice.
- Provide assurance to the Clinical Governance Committee and Board that cultural safety, equity and inclusion are embedded within quality improvement and clinical governance systems

## 4 Authority

The Committee is authorised by the Board to:

- Access information required to fulfil its responsibilities.
- Request attendance of executives, clinicians or other personnel.
- Seek expert advice where required.
- Review any matter related to clinical quality, safety and governance.
- Make recommendations to the Board on clinical governance matters.
- Require management responses and action plans relating to significant clinical risks or incidents.

The Committee does not have delegated authority to make decisions reserved for the Board unless specifically delegated in writing.

## 5 Membership

Membership should include:

- Board Chair or Board-appointed Chair of the Committee
- Program Director
- Chief Medical Officer or Clinical Director
- Director of Nursing
- Program Manager
- Quality and Safety Manager
- Consumer Representative
- Carer Representative (where possible)

At least one member should possess significant clinical governance expertise.

### 5.1 Chair

The Chair shall be appointed by the Board and may not be an executive employee of the organisation

### 5.2 Conflict of Interest

- Members must declare any actual, perceived or potential conflicts of interest at the commencement of meetings.
- Such declarations shall be recorded in the minutes.

## 6 Meetings

- Meetings will occur at minimum quarterly.
- Additional meetings may be convened as required.
- A quorum shall be a majority of appointed members.
- Minutes will be maintained and provided to the Board.

## 7 Reporting

The Committee will provide regular reports to the Board regarding:

- Clinical quality and safety performance
- Significant clinical risks
- Serious incidents and investigations
- Accreditation activities
- Consumer experience outcomes
- Recommendations requiring Board endorsement
- Escalation of extreme clinical risks shall occur immediately through the Chair to the Board.
- Significant unresolved safety concerns may be escalated directly to the Board between scheduled meetings.

## 8 Key Performance Indicators for Oversight

The Committee shall establish and regularly review performance targets and thresholds for key indicators. The Committee shall monitor indicators including:

- Consumer experience measures
- Readmission rates
- Length of stay
- Medication incidents
- Falls and injuries
- Self-harm incidents
- Suicide-related events
- Clinical incident severity ratings
- Complaints and feedback trends
- Workforce training compliance
- Accreditation compliance status
- Staff safety and occupational violence indicators
- Credentialing compliance.
- Clinical supervision compliance.
- Staff turnover in clinical positions.
- Open clinical risk actions overdue.
- Cultural safety measures

## 9 Review of Terms of Reference

This Scope of Practice/Terms of Reference shall be reviewed every three years, or earlier if required by legislative, regulatory or organisational changes.

10 Approved By: Clinical Board of Governance and the Board 06/08/2026

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