
CARE GOVERNANCE COMMITTEE TERMS OF REFERENCE

Approved by the Board on 29 February 2024

1. INTRODUCTION

The purpose of this Terms of Reference is to document the objectives, responsibilities, composition and administration of the Care Governance Committee (“Committee”) of the Western Queensland Primary Health Network (“WQPHN”).

The Committee plays an important role in providing recommendations and input to the WQPHN Board of Directors and Executive Management Team (“Executive”). The Committee will have a direct relationship with the three Primary Health Care Chapters, which will support the work of the Committee.

2. OBJECTIVES

The primary objective of the Committee is to assist the Board in achieving its vision of Healthier Western Queensland Communities, by ensuring that services delivered or commissioned by WQPHN are provided in a safe, effective, and person-centred manner.

It will focus on ensuring WQPHN facilitates effective, person-centred primary health care to improve the overall health of our population and reduce avoidable hospital presentations, aligned with the WQPHN Services Governance Domains of:

- **SAFE:** Avoidable harm during the delivery of care and support services is eliminated.
- **EFFECTIVE:** Appropriate and integrated care is delivered in the right way, at the right time, with the right outcomes for each consumer.
- **PERSON-CENTRED:** People’s values, beliefs and their specific contexts and situations guide the delivery of care and organisational planning.

The Committee also demonstrates to the Commonwealth Department of Health that a Clinical Council (however named) is in place as required by the Funding Agreement.

3. RESPONSIBILITIES:

Without limiting the general role or powers of the Board, the Committee is responsible for:

- a. Monitor the implementation and outcomes of the Care Governance Framework as updated from time to time.
- b. Oversight WQPHN services risk in accordance with the WQPHN Strategic Risk Appetite, through the identification of strengths, weaknesses, opportunities, and areas for improvement, and advise on local strategies to improve integrated health care needs.
- c. Provide advice to the WQPHN Board and Management in relation to care governance and propose strategies for redesign or reinvestment.
- d. Contribute to and inform the development of a comprehensive primary health care strategy for WQ, including benchmarking the implementation of the Healthy Outback Communities Strategy.

- e. Review and endorse developed clinical health pathways and recommend new priority pathways supporting regional priority health issues, evidenced by data and community needs.
- f. Provide advice and input to inform continuous quality improvement in relation to WQPHN service delivery and participate in the evaluation of commissioned services and their alignment with population health priorities.
- g. Provide clinical oversight and leadership that supports innovation, digital health, and new service frameworks.
- h. Provide linkage with the WQPHN Primary Care Chapters to strengthen primary care capacity in support of regional commissioning approaches and priorities.
- i. Advise on strategies to maintain engagement with local primary care providers.
- j. Identify and advise on opportunities for relevant research partnerships.

4. COMPOSITION AND MEETINGS

4.1 Membership and attendance at meetings

- a) The Committee shall comprise a maximum number of 15 Members, including:
 - a. the Chair of the Committee appointed by the Board.
 - b. one current non-executive Director of the Board, with a clinical background.
 - c. The WQPHN Senior Quality & Compliance Officer and Senior Manager Primary Care & Chronic Disease.
 - d. The Chair of each of the three Primary Health Care Chapters.
 - e. Up to 10 other Members nominated by clinical peak bodies with relevant expertise or experience and appointed by the Board.
- b) A quorum of the Committee is 50% plus one members of the Committee.
- c) The term of appointment will be aligned with the WQPHN Department of Health and Aged Care Funding Agreement and generally for a period of three years. Members are entitled to a second term of three years, with a maximum tenure of six consecutive years.
- d) The CEO may attend the Committee by invitation.
- e) The Chair may request any employee or a specialist consultant to attend all or part of any meeting or present and comment on appropriate agenda items.
- f) The secretary of the Committee is the Company Secretary.

4.2 Meetings

The Committee will meet at least three (3) times per year and will regulate itself consistently with the procedures set out in the Constitution and Board Charter as amended from time to time.

5. AUTHORITY

- a) The Committee is directly accountable to the Board for the exercise of its responsibilities. In carrying out its responsibilities, the Committee must always recognise that primary responsibility for governance of the WQPHN rests with the Board.
- b) The Committee has no executive powers, except those that may be expressly provided by the Board to the Committee.

- c) The Committee may recommend to the Board the formation of time limited and focused working groups to oversight a particular issue/s/. The working group may be established, for example, when WQPHN requires a deep analysis of a population health concern or trend, or an independent evaluation of a commissioned program or activity.
- d) The Committee may task WQPHN staff through the CEO.
- e) The Committee may, in its discretion, delegate some or all its objectives and responsibilities to the Chair.

6. CONFIDENTIALITY

All members will be required to sign a Confidentiality Agreement due to the nature of the information that will be discussed.

7. CONFLICT OF INTEREST

All members will be required to complete a Conflict of Interest upon commencement as a member of the WQCGC and declare at the beginning of each meeting.

8. REPORTING

The Chair of the Committee shall report the findings and recommendations of the Committee to the Board after each meeting. The papers and minutes of all Committee meetings shall be made available to the Board.

9. REVIEW OF TERMS OF REFERENCE AND COMPOSITION

The Committee is to review its composition and Terms of Reference annually and recommend any changes to the Board at the first meeting after the Annual General Meeting. The Committee may review its Terms of Reference at other times deemed necessary by the Committee or the Board.