

Clinical Performance Committee

Charter

The Board of St John WA has established a Clinical Performance Committee. This Charter outlines the roles, responsibilities, and terms of operation of the Committee and should be read with the Board Charter.

St John WA is committed to ensuring that the care it delivers is patient-focused, safe, high quality, and optimised by putting the patient's wellbeing first.

1. Purpose & Responsibilities

The purpose of the Clinical Performance Committee (**Committee**) is to assist the Board in fulfilling its oversight responsibilities for clinical performance and clinical governance across St John WA services subject to clinical standards.

The responsibilities of the Committee include:

- a) Monitoring leadership and culture to ensure accountability and engagement at all levels in health care;
- b) oversight of St John WA's clinical governance framework and associated policies;
- c) monitoring all aspects of clinical performance, effectiveness, and risks; and
- d) oversight of patient safety and quality system.

The Board has delegated to the Committee the responsibilities set out in **Attachment 1** and may make other delegations to the Committee from time to time.

2. Authority

Except where expressly stated in this Charter, the Committee discharges its responsibilities by making recommendations to the Board.

The Committee does not have any powers to commit the Board or management to the implementation of its recommendations except where expressly stated in this Charter or as authorised by resolution of the Board.

The Committee has the authority to conduct or direct investigations into any matters within its Charter.

The Committee is not responsible for supervising the performance of management and does not become involved in day-to-day operations, management functions or decision-making.

3. Committee Composition

The Committee will comprise at least three (3) members, comprising of at least one (1) Director and two (2) members external to St John WA, appointed as independent subject matter experts.

The Committee members will be appointed by the Board.

The Board will appoint the Chair of the Committee who will not be the Chair of the Board.

All Committee members will have a working familiarity with clinical governance responsibilities and regulatory requirements.

At least one Committee member will have relevant qualifications, that is, a qualified medical practitioner with experience in health care services.

If a Committee member ceases to be a director of the Board, that member ceases to be a member of the Committee.

Committee members external to St John WA will be entitled to be paid for services as a member of the Committee on terms set out in an appointment letter and approved by the Board of St John WA.



4. Administrative Matters

4.1. Committee Meetings

The Committee meets at least three times per year, or more often if necessary, to fulfil its responsibilities.

A quorum of the Committee will comprise any two members.

If the Chair of the Committee is unable to attend a Committee meeting, the members present or the Board Chair or Deputy Chair will appoint another member who is an independent director to act as Chair at that Committee meeting.

Committee members may attend meetings in person or participate by videoconference or other electronic means.

Committee decisions may be made by circular or written resolution. A circular or written resolution signed by all Committee members will be effective as a resolution duly passed at a Committee meeting and may consist of several documents in like form, each signed by one or more members. The expression "written" includes email or other electronic means.

Management is responsible to the Committee for making recommendations to the Committee and implementing recommendations of the Committee, which the Board approves.

4.2. Conflicts of Interest

A Committee member who has a material personal interest in a matter that relates to the affairs of St John WA must give the other Committee members notice of his or her interest.

Committee members shall not participate in discussions and shall not vote on any issues in respect of which there is a material actual or perceived conflict of interest.

4.3. Work Plan, Agenda and Documentation

Each Committee meeting will have a structured agenda. The Committee's work plan and agenda are determined by the Committee Chair, with input from the Group Chief Executive Officer (**GCEO**), the Chief Executive Emergency (**CEE**), the Chief Executive Community (**CEC**), the appointed Medical Officer/s, and the Company Secretary. Any director and any other Chief Executive may request that a particular item be added to the agenda.

The agenda and supporting documentation for each Committee meeting will be circulated within a reasonable time before the meeting to Committee members, other directors, the GCEO, the CFO, the CEE, the CEC, the [Medical Officer], and other attendees, as appropriate.

4.4. Notice of Meeting and Attendance

Notice of Committee meetings will be provided to all directors. Directors, who are not members of the Committee may attend Committee meetings and will have access to Committee papers and minutes.

Notice of Committee meetings will also be provided to the GCEO, the CFO, the CEE, the CEC, and the Medical Officer, who must attend meetings if requested. Other members of management and advisers may be invited to participate in the meetings as the Chair of the Committee thinks fit.

4.5. Company Secretary

The Company Secretary (or their nominee) will be the Secretary of the Committee.

4.6. Minutes

Minutes of each Committee meeting will be prepared by the Company Secretary (or their nominee), approved by the Chair of the Committee in draft and circulated to all Committee members.

The minutes of a Committee meeting will be confirmed at the next Committee meeting and then signed by the Chair of the Committee.

The Committee's Chair-approved minutes of each Committee meeting will be included in the Board papers.

4.7. Reporting

The Chair of the Committee will report to the Board on the business matters arising out of a Committee meeting.

The Committee will refer any matters to the Board or another Board Committee where the matter falls within their responsibility, or if it would benefit from having the Board or that Board Committee's consideration.



5. Access to Information and Advice

5.1. Access to Management and Others

The Committee has free and unfettered access to the GCEO, the CEE and the CEC, the Medical Officer, executive management, the External Auditor and the Internal Auditor, and to information, and may make any enquiries, to fulfil its responsibilities.

The GCEO, the CEE and CEC, the Medical Officer, the External Auditor, the Internal Auditor and other Chief Executives have free and unfettered access to the Committee.

Management has a responsibility to routinely inform the Committee about patterns and trends, and resulting actions are taken, and to escalate emerging issues when required.

5.2. Access to Independent Professional Advice

The Committee has the right to seek independent professional advice, subject to the approval of the Board Chair (or, in the Board Chair's absence, the Deputy Chair), at St John WA's expense, in respect of any matter related to the discharge of its responsibilities.

Advice received should be distributed to the whole Committee as appropriate.

Committee members are entitled to rely on the expertise of independent experts so long as they are not aware of any grounds that would make such reliance inappropriate.

6. Workshops and Training

The Committee may hold workshops and training sessions to maintain the skills and knowledge required to perform its role effectively.

The Committee will keep themselves informed on material clinical governance and on clinical laws, regulations and standards.

7. Review

7.1. Committee Performance Review

The Board will conduct an annual review of the Committee's performance and effectiveness.

When it is considered appropriate, the Committee will review its membership and make recommendations to the Board for approval.

7.2. Review of this Charter

The Committee will review this Charter every two years, or sooner if circumstances require, with any amendments recommended to the Board for approval.

8. Related Documents

Board Charter

Clinical Governance Framework

Attachment 1

Duties and Responsibilities

In making decisions and recommendations, the Committee will consider its responsibilities and the activities of the Board's other committees and, where appropriate, coordinate with and consider information arising out of those committees and any other relevant factors.

The duties and responsibilities of the Committee are limited to where St John WA's provides services subject to clinical standards and are as follows:

Note Only: St John WA's Draft Clinical Governance Framework describes the key components of clinical governance: (1) Governance, leadership and Culture; (2) Patient Safety and Quality Systems; (3) Clinical Performance and Effectiveness; (4) Safe environment for the delivery of care. Accordingly, the following responsibilities have been structured around these key elements.

1. Clinical Leadership and Culture

- 1.1. Set the strategic objectives with regard to safe and quality health care services subject to clinical standards.
- 1.2. Oversee the effectiveness and adequacy of resources of the health care functions (including safety, quality, risk, training, indent management, and feedback/complaints management), to ensure they continue to be appropriate for the size, business mix and complexity of St John WA.
- 1.3. Ensure there is a culture of open and transparent reporting of clinical performance information and incidents both internally and externally.
- 1.4. Monitor the culture within the organisation as it aligns with the objectives of promoting the safe delivery of clinical services.

2. Clinical Governance Framework

- 2.1. Review, at least annually, the effectiveness of the Clinical Governance Framework (CGF), to ensure it enables St John WA to appropriately develop and implement strategies, policies, procedures, and controls to manage material risks and to satisfy itself that the CGF continues to be sound.
- 2.2. Review and approve St John's Clinical Governance Policies, as delegated to the Committee under St John WA's Policy Framework, relevant to the Committee's remit.

3. Clinical Performance and Excellence

- 3.1. Reviewing key clinical performance across the relevant services.
- 3.2. Review clinical key performance indicators and trends in material external contracts and management's actions to remediate variances.
- 3.3. Review benchmarking data with other providers and review management's response to identified areas of best practice.

4. Clinical Safety, Incidents and Variations in Care

- 4.1. Review of trended incident data through a thematic approach (i.e. medication safety, clinical deterioration, variation in care and mortality reviews, and management's responses to recommendations).
- 4.2. Review management response to all SAC1's, with a focus on the implementation of recommendations from root cause analysis reviews. any significant breaches of, or material deviation from, the CGF.

5. Patient and Client Experience Satisfaction

- 5.1. Review the trends and themes in patient complaint and satisfaction survey data and any management responses to variations.

6. Clinical Risk Management

- 6.1. Review and consider reports from management on material clinical governance risks as outlined in the CGF and other risks that, singly or in combination with different risks, may have a material impact on clinical performance, safety and quality.

7. Clinical Compliance and Standards

- 7.1. Monitor significant changes in health care standards requiring clinical oversight.

8. Management Committees

- 8.1. To receive and consider any additional reports from the Management Committees responsible for Clinical Governance and Performance.

9. Governance and Regulator Engagement

- 9.1. Oversee engagement with regulators on St John WA's clinical performance requirements and, if required, meet with any other regulatory authority on request.
- 9.2. Consider any other relevant clinical governance and performance matters referred to it by the Board.