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COVER SHEET

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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Nursing and Midwifery Executive Director Finance Clinical Governance Council
AUTHOR	Clinical Program Manager - Clinical Governance Unit Senior Manager Quality Systems and Improvement Senior Corporate Governance Co-ordinator
KEY TERMS	Committee, Framework , Agenda, Minutes, Terms of Reference, Evaluation, Committee Governance, Operational Priorities, Strategic Plan, Corporate Governance, Clinical Governance
FUNCTIONAL GROUP OR HUB	District Wide – Clinical and Corporate
NSQHS STANDARD	Standard 1
SUMMARY	The Procedure provides the processes to follow for creating and managing district level committees within ISLHD.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

1. POLICY STATEMENT

ISLHDs District Committee Governance Procedure ensures all district level committees have a reporting and governance structure to ensure success and purpose. This includes aligning to ISLHDs Strategic Directions and Operational Priorities.

The Procedure provides the processes to follow for creating and managing district level committees within ISLHD. It is supported by the related Committee Intranet Pages which provide staff with not only the structure and guidance for creating and managing district committees, however also provides the location where staff can access Committee Agendas and Minutes.

Adhering to this Procedure will strengthen ISLHDs good governance processes, especially the District Committee Structure.

Inclusions:

The committees included in this procedure (District Committees) are grouped into the following categories:
- Executive Committees
- District Service Committees
- Site and Service Committees (including Hospital Groups)
- Clinical Service Committees
- Corporate Committees
- Safety and Quality Committees
- National Standard Committees

Exclusions:

The following committee types are not included:
- Board Committees
- Core Executive Meeting
- Ward Meetings
- Department Meetings
- Working Groups
- Project Groups

INTERNAL ONLY

ISLHD PROCEDURE

Health
Illawarra Shoalhaven
Local Health District
NSW GOVERNMENT

| ISLHD District Committee Governance | ISLHD CORP PROC 25 |

2. DEFINITIONS

Term	Definition
Governance Committees	The objective of Clinical and Corporate Committees is to provide oversight to major strategic and operational functions, setting direction, monitoring performance and preparing the organisation for new developments.
Management Committees	District, Hospital and Services that have an operational focus. They plan, implement, manage and deliver on operational initiatives.
Reference Groups	Are linked to a core function, or strategy and have an advisory role. They do not have operational responsibility for the delivery of the outcome. They may be ongoing or time-limited, depending on the function to which they are linked.
Steering Committees	Have oversight and implementation functions, usually for a single strategy or initiative.
Working Parties or Sub Group Committees	Are focussed on a specified task, strategy or operational program. Reporting lines are either to another committee or an individual. They are usually time limited and meet until their objectives, or task has been completed.

3. RESPONSIBILITIES

3.1 ISLHD Board Responsibilities

The ISLHD Board is responsible for:
- Ensuring District Governance Committees are in place as per NSW Policy requirements, Legislation and related ISLHD Governance Frameworks.
- Ensuring the District has adequate governance structure and management processes in place relating to District Committees.

3.2 Executive Sponsor Responsibilities

Executive Sponsors are responsible for:
- Approving the creation of any new District Level Committee.
- Ensuring each Committee that falls within their areas of responsibility align with the ISLHD Strategic Directions.

- Assigning a reporting line structure including determining which overarching committee the new Committee should report to.
- Ensuring that each Committee has an Executive Sponsor who may either chair the meeting or delegate the chair function to another senior committee member with the appropriate knowledge and skills.
- Advising ISLHD-CorporateGovernance@health.nsw.gov.au when new committees are approved for inclusion in the ISLHD District Committee Structure and to create a new Committee on the ISLHD Committee Intranet Pages.

3.3 Hospital Group General Managers and Service Director Responsibilities

Hospital Group General Managers and Service Directors are responsible for:
- Ensuring all Committees in their area of responsibilities are in place as required by NSW Policy requirements, Legislation and ISLHD related Governance Frameworks.
- Ensuring each Committee that falls within their areas of responsibility align with the ISLHD Strategic Directions.
- Assigning a reporting line structure including determining which overarching committee the new Committee should report to.
- Ensuring that each Committee within their areas of responsibilities has an Executive Sponsor who may either chair the meeting or delegate the chair function to another senior committee member with the appropriate knowledge and skills.
- Ensuring the overall performance of all committees within their areas of responsibility by completing annual committee evaluations.
- Advising ISLHD-CorporateGovernance@health.nsw.gov.au when new committees are approved for inclusion in the ISLHD District Committee Structure and to create a new Committee on the ISLHD Committee Intranet Pages.

3.4 Committee Chair Responsibilities

Committee Chairs are responsible for:
- Overseeing the Committee to ensure it is operating within the objectives set out in the Terms of Reference, related Delegations and in accordance with NSW Health Policy and ISLHD Policy and Procedures requirements.
- Ensure roles and responsibilities are clearly outlined in Terms of Reference which will include a clear purpose and measurable objectives.
- At each meeting the Committee Chairs are required to ensure:
   o Welcome any new members
   o Oversee the appropriate quorum is in attendance.
   o Declare the meeting open.
   o List apologies
   o Undertake the Acknowledgment to Country.

INTERNAL ONLY

ISLHD PROCEDURE

Health
Illawarra Shoalhaven
Local Health District
NSW GOVERNMENT

ISLHD District Committee Governance   **ISLHD CORP PROC 25**

- Request members to declare any Conflicts of Interest and ensure the Conflicts of Interest are recorded in the minutes and appropriately managed.
- Meetings run on time and according to the Agenda.
- Ensure Committee Members confirm the Minutes from previous meetings.
- Review and minute the progress of the Action Items from previous meetings and carried forward any incomplete Action Items until they are complete.
- Ensuring that any decisions are by the majority of the Committee.
- Any new Action Items are minuted and added to the Minutes - Action Items.
- Declaring the meeting closed and documenting the closing time.

- Actively contributing to Agendas and ensuring a 'Call for Agenda Items' is announced to the Committee Members within adequate time before meetings.
- Approving the Agenda and Business Papers prior to the Secretariat disseminating to the Committee Members.
- Rejecting late papers if there is insufficient time for Committee Members to review prior to the scheduled meeting.
- Reviewing Minutes drafted by the Secretariat and approving circulation prior to endorsement.
- Sign the Minutes after the Committee has endorsed the Minutes at each meeting.
- Ensure all Minutes (signed) and Agendas are recorded are maintained in line with the State Records Act 1998, in an approved Electronic Document Records Management System i.e. (TRIM)/HPE Content Manager.
  Ensuring the overall performance of the committees they Chair by completing annual committee evaluations.

3.5 Committee Secretariat Responsibilities

Committee Secretariats are responsible for:
- Compiling the Agenda and requesting Agenda items prior to the meeting.
- Scheduling the Committee Meetings including locations, resources, parking and catering (if applicable). A meeting schedule should also be developed for the Committee Members to ensure dates are locked in and all members know well in advance.
- Compiling the Business Papers and Reports required.
- Review recently introduced MoH and ISLHD Policy (including those being proposed on the 'Draft for Comment Intranet Pages' – Corporate or Clinical) that relate to the Committees purpose and include these in the Agenda and Business Papers.
- Distributing the Agenda and Business Papers for the Committees consideration (Generally one week prior to each meeting).
- Taking the Meeting Minutes.
- Keep a Committee Member contact list and also keep a log of committee member attendance at all meetings within each year.
- Organising for the Minutes to be approved and signed by the Chair.

- Updating and maintaining the Committees Action Items List. The Action Items List should be maintained as a living document and updated prior to each meeting and after each meeting. It should be registered in TRIM/HPE Content Manager and maintained as a 'living document'. A copy of the updated Action Item List should be included in the Agenda and Business Papers given to the Committee prior to the meeting and also as an attachment to the Minutes.
- Advising ISLHD-CorporateGovernance@health.nsw.gov.au when new committees are approved for inclusion in the ISLHD District Committee Structure and to create a new Committee on the ISLHD Committee Intranet Pages.
- Advising ISLHD-CorporateGovernance@health.nsw.gov.au when changes are required to a Committee Structure on the ISLHD Committee Intranet Pages.
- Provide ISLHD-CorporateGovernance@health.nsw.gov.au with the updated committee information on an annual basis, or when a key document, such as; the Terms of Reference, Meeting Schedule, Agenda's, Minutes, are updated or ready to be published.
- Ensuring that a copy of the Minutes are provided to the reporting line 'Peak (Overarching) Committee to be provided as Information to the Peak Committee
- Providing evidence of the Annual Review of the Terms of Reference to the Corporate Governance Unit (ISLHD-CorporateGovernance@health.nsw.gov.au).
- Ensuring committee records are maintained in line with the State Records Act 1998, in an approved Electronic Document Records Management System i.e. (TRIM)/HPE Content Manager.

3.6 Corporate Governance Staff Responsibilities

Corporate Governance Staff are responsible for:
- Maintaining ISLHDs Committee Intranet Pages as information is made available by those responsible for Committees.
- Updating and Maintaining this Procedure as and when required.
- Updating the ISLHD District Committee Structure and publishing requirements.
- Creating and updating (when required) the ISLHD District Committee Templates (located on the ISLHD Corporate Forms and Templates pages), including:
  - Agendas,
  - Minutes,
  - Terms of Reference
  - Committee Annual Evaluations.

3.7 Committee Members Responsibilities

Committee Members are responsible for:
- Ensuring they are prepared for each meeting by reviewing the Agenda and Business Papers prior to attendance.

- Commit to reduce paper and waste by viewing Committee document (such as Agenda's and Minutes) through electronic means rather than by printed paper (where applicable).
- Being an active Committee member, by expressing opinions, providing advice, and listening to and respecting the other member's opinions.
- Respecting the confidential nature of the Committee's business.
- Always acting in the best interest of the Organisation in enacting Committee business and actions.
- Always advise apologies prior to the Meeting by informing the Secretariat. Consider sending a delegate where permitted by the Committee Terms of Reference.
- Complete all action items assigned prior to each meeting and advise the Secretariat of the updates if unable to attend a meeting.
- Reviewing the previous meeting minutes to ensure they are an accurate reflection of the meeting.
- Attending no less than 75% of meetings, or as required by the Terms of Reference (If you are unavailable to attend a meeting you should contact the Chair to ascertain if it is appropriate to arrange a delegate in your place).
- Declare any conflicts of interests.

4.   COMMITTEE GOVERNANCE PROCEDURES

General Committee Principles

The following principles are to be used to guide ISLHD's Committee Governance and Management Structure:

- Membership to include the right people to enable collaborative decision-making and information sharing as necessary.
- Roles and responsibilities will be clearly outlined in Terms of Reference which will include a clear purpose and measurable objectives.
- Sub-committees or working groups may be created for specialist consideration and decision-making for certain matters as necessary.
- Reporting of Committee activity, decision-making and referral to be clearly defined.
- Committees will not be used to delegate line accountabilities of particular roles.
- Compliance of business objectives should not be the sole responsibility of a Committee. Compliance can be discussed and a standing item, however the compliance objective should belong to a delegated officer who is assigned the compliance responsibility.
- All Committee Members should ensure they act in line with the CORE Values and NSW Health Code of Conduct.
- Working groups will be established to monitor and drive decisions on major projects where necessary; and will cease to operate at the end of the project.
- Each Committee should be registered on the ISLHD Committee Intranet Pages. The Intranet Pages are managed by Corporate Governance Unit.

4.1 Establishing a District Level Committee:

Appropriate approval is required from a Tier 2 Executive to establish any District Level Committees. Each Committee should have Executive Sponsor approval before it is created and should align to the ISLHD Strategic Directions (Refer to Responsibilities section for more information).

The Tier 2 Executive should consider in their decision to approve the creation of a Committee involving the proposed Committees peak committee in the decision.

The main objectives of each committee should be outlined in the Committee's Terms of Reference. These objectives may include, but are not limited to:

- Efficient and economic operation of, the organisation, industrial relations, human resources; and financial and asset management.
- Appropriate standards of patient care and services.
- Health needs of the community serviced by the organisation.
- Strategies to ensure an appropriate balance in the provision and use of resources for health protection, health promotion, ethics and medical research, health education and treatment services.
- Effective communication with other health services and health service providers.
- Adequate arrangements for effective communication and cooperation with external service providers.

4.2 Disbanding of a District Level Committee:

A District, Hospital Group or Service Level Committee may only be disbanded if approved by the Peak (overarching) Committee to which it reports to. To apply to disband a District Level Committee, a Briefing Template is required to be provided to the Executive Sponsor responsible for the Peak Committee.

A Committee may be disbanded for a number of reasons, such as:

- The objectives of the Committee have been met, therefore there is no requirement to continue to meet.
- The objectives have changed so greatly that the Committee Members skills no longer meet the requirements.
- A newly formed Committee with updated Terms of Reference is now in place which is appropriate to replace the disbanded Committees objectives.
- The Committee is not meeting the objectives set out in the Terms of Reference and continuing on would be pointless.
- The Committee is time limited for a specific project or program.

NOTE: The above does not include the Board, or Board sub-committees which are governed by the ISLHD By-laws and the Health Services Act 1997.

4.3 Consumer Involvement

- The ISLHD Consumer Participation Framework (2018 – 2021) and ISLHDs Consumer and Committee Participation Intranet site provides information to assist staff in involving consumers in such processes as Committees.
- For more information on involving a consumer in an ISLHD Committee, contact: ISLHD-Communications Unit or phone: 4221 6859.

4.4 Terms of Reference:

The ISLHD CORP F 249 - ISLHD Terms of Reference Template is to be used for all District Committees. Terms of Reference should:

- Outline the purpose of the Committee and what the Committee is designed to achieve (its objectives).
- Be approved by the Executive Sponsor and subsequently by the Chair and endorsed at the first meeting of the Committee then on an annual basis (outcomes minuted).
- Be reviewed annually at the time of the Committee Performance Evaluation. ISLHD CORP F 234 – Committee Evaluation Template should be circulated to all committee members to complete and the results should be analysed and reported back to the Committee so the Terms of Reference can be adjusted.

Meeting Frequency

The meeting frequency should be documented (i.e. monthly or bi monthly) in the Terms of Reference including the number of meetings to be held each year. A meeting schedule should also be developed for the Committee Members to ensure dates are locked in and all members know well in advance.
Compliance for meetings is 80% of the total number of meetings scheduled.

4.5 ISLHD's District Committee Intranet Pages:

ISLHD District Committees are registered and maintained on the ISLHD Committee Intranet Pages. This will be updated by the ISLHD Corporate Governance Unit.

The ISLHD Intranet Committee Pages contains the following information regarding the District committees:

- Committee name
- Executive Sponsor
- Committee Chair
- Secretariat contact details
- Peak Overarching Committee
- Committee Terms of Reference number (TRIM)
- Agenda's (if appropriate to publish)
- Minutes (if appropriate to publish).

Note: Secretariats are to advise ISLHD-CorporateGovernance@health.nsw.gov.au on the creation and disbanding of committees.

Note: Secretariats are to provide ISLHD-CorporateGovernance@health.nsw.gov.au with the updated committee information on an annual basis, or when a key document, such as the TOR is updated.

Committee Secretariats should forward minutes and agendas to ISLHD-CorporateGovernance@health.nsw.gov.au when minutes are approved following each meeting.

4.6 ISLHD District Committee Structure:

- District Committees will be included in the ISLHD District Committee Structure (chart) upon approval of a committee and as agreed by the relevant Tier 2 Executive Director.
- The District Committee Structure will be published on the ISLHD Committee Intranet Pages.
- Any Hospital Group or Services that create a Committee Reporting Structure (chart) should include reporting lines to overarching peak committees in a similar structure to the ISLHD District Committee Structure. This is to be developed and maintained by the Hospital Group (Hub) or Service.
- All Committee Structures should be updated annually with the Terms of References.
- Publishing of Hospital Group or Service Committee Structures on the ISLHD Committee Intranet Pages can be organised by contacting ISLHD-CorporateGovernance@health.nsw.gov.au.

Note: Secretariats are to advise ISLHD-CorporateGovernance@health.nsw.gov.au if any adjustments are required to the structure.

4.7 Record Keeping:

- All Committee records, such as Terms of References, Agenda's, Minutes and Action Items Tables, must be recorded in TRIM/HPE Content Manager. The TRIM number must be recorded on the individual document.
- Any disposal of Committee records is to occur in line with the *State Records Act 1998.*
- Agenda's, Minutes, Meeting Schedules and Terms of References should be available to ISLHD staff (unless confidential such as Executive Committees) on the ISLHD Committee Intranet Pages. It is the responsibility of the Committee Secretariat to advise ISLHD-CorporateGovernance@health.nsw.gov.au of any documents which need to be uploaded to the Committee Intranet Page.

4.8 Acknowledgment of Country

Requirements for Acknowledgment of Country is outlined in the NSW Ministry of Health Policy – PD2019_025 - Aboriginal Cultural Activities Policy

Acknowledgement of Country is a way for non-Aboriginal people, or an Aboriginal person who is not a Traditional Owner of the land where the event is being held, to show recognition and respect for Aboriginal people.

It is important that any Elders, or members of the family of Traditional Owners, who are in Attendance are also acknowledged.

ISLHD's Agenda Committee Templates all have an Acknowledgment of Country included, which can be easily utilised at each meeting.

4.9 Agenda's:

ISLHD CORP F 248 – Agenda – General District Committee Template is available on the ISLHD Corporate Forms Intranet Page for use if suitable, or can be adapted as per the requirements of the committee.
Agenda's should:

- Be approved by the Chair prior to distribution to the members.
- Should be compiled after a 'Call for Agenda Items' has occurred to Committee Members in advance.
- Should be sent to Committee Members one week before for fortnight and monthly meetings and 2 business days for weekly meetings prior to the meeting to ensure enough time for members to review the Business Papers.
- Be registered in TRIM/HPE Content Manager by the Secretariat.

4.10 Tabling of Late Papers at Meetings:

When an urgent matter needs to be put forward at the next Committee Meeting, it is the Chairs decision to determine if late papers should be added. If this is the case, the late papers should be circulated to Committee Members immediately and copies made available at the meeting (if requested a print copy).

Late papers should be concise as the members have not had time to review.

Note: The secretariat should be made aware that urgent papers will be tabled and brief the Chair.

4.11 Conflicts Of Interest and Gifts and Benefits:

As outlined in the NSW Ministry of Health Policy – PD2015_045 Conflicts of Interest and Gifts and Benefits, all Conflicts of Interest should be declared at the beginning of every committee meeting. The Secretariat should ensure the declaration is minuted. The Policy also mandates that Committee Members are **NOT** to accept gifts or incentive rewards of any type.

If any regular or permanent Conflicts of Interest is present for a Committee Member then they should also report this in the ISLHD Online Conflict of Interest Register.

Conflicts of Interest and Gifts and Benefits relating to Committees are required to be:
- Noted in the Agenda as a standing item.
- Declared at the beginning of the Committee Meeting. Committee Members are responsible for making declarations.
- Managed appropriately by the Chair. An Example of this would be:
  - If a conflict of interest has been declared at the beginning of the meeting, the Chair may ask the member to leave the room whilst that topic is discussed.

4.12 Quorum:

The standard Committee Quorum shall consist of 50% + one for all ISLHD District Committees.
- If the quorum is not reached then the meeting may need to be rescheduled.
- The meeting may proceed if there are no decisions to be made or approvals required.
- Members should advise the secretary if they are unable to attend at least a few days prior to the meeting to ensure the meeting will have the quorum required to proceed.

4.13 Voting:

- Voting on a decision may be required during a Committee Meeting. The Chair should advise the members that the topic requires a vote and the members should either vote, as 'in favour' or 'opposed'.
- The Chair confirms the outcome of the vote, which is to be minuted by the Secretariat.
- Movements put to vote will be passed by majority decision.

4.14 Minutes:

- Committee meetings are to be recorded each meeting by the secretariat, as a formal way to record the outcomes and decisions

- The Committee Minutes Template is available for use or adaption as required as approved by the Chair.
- If the meeting is to be recorded the Chair will advise all members at the start of the meeting and confirm all committee members are in agreement. This is to be noted in the minutes. The meeting cannot be digitally recorded without the consent of all members present.
- The draft minutes should be approved for circulation by the Chair and distributed to members. The suggested timeframe is within two weeks of the meeting taking place. Minutes will then be endorsed at the next meeting.
- The Action Items List should form part of the minutes.
- Draft minutes are to be catalogued in HPE Content Manager and once endorsed a signed version is to be saved as a new revision.

4.15 Action Items List:

- Each committee must record the action items or list within the minutes. This lists the items to be actioned, with responsibility and due date noted.
- This action list becomes a working document and should be tabled and reviewed at the next committee meeting. Items that have not been marked as completed are to remain on the list.
- Refer to 4.19 for Accreditation Evidence and the need to record it as an action item.

4.16 Committee Evaluation:

Each District Committee is required to be evaluated on an annual basis. ISLHD CORP F 234 – Committee Evaluation Template should be used for this process and each Committee should ensure:

- The Committee's Achievements and Performance against the Terms of Reference are to be evaluated.
- The evaluation requirements should be tabled at the Committee's last meeting for the year, generally each December and an Evaluation Template provided to each Committee Member.
- The Chair should advise the Committee of the importance of evaluation.
- The Secretariat should provide a date for the Evaluations to be returned and should review and report on the results.
- The evaluation of the committee should list the achievements, number of meetings held with a quorum.
- Report on the number of meetings attended by each of the members.
- The evaluation should be discussed in the first meeting of the new year (February). If any opportunities for improvement are identified an agreed plan on how and when to implement changes should be put into place including an update of the Terms of Reference.

4.17 Teleconference, Videoconference and Skype Facilities:

- These facilities should be made available when possible. Videoconferencing, teleconferencing and Skype facilities, if required, should be booked in advance. Ideally book these requirements when the meeting schedule for the year is set.
- Teleconference and Skype information should be provided on the Agenda and Outlook Calendar Diary Invite, with the dial-in phone number and or Skype details (hyperlink). Ensure the participant pin number is provided.
- The Chair will use the dial-in number and moderator pin to dial into the teleconference. Entering the moderator pin will connect the callers. The moderator pin should remain confidential.
- A Committee may approve a member or invitee participating from a location other than the place where the meeting is being held.
- Participation from another location may be by Telephone, Videoconference or Skype as is appropriate to the circumstances or the business being transacted.
- A Committee Member participating from a remote location shall be regarded as being present at the meeting for the purposes of the calculation of a quorum, voting or any other similar matter required under these By-laws.
- A Committee may determine a protocol or procedure for remote participation of members or other persons in its meetings.

4.18 Reports to District National Standards Committees:

- The Hospital Groups and Services will utilise the National Standard Summary Report Template to report monthly to the District National Standards Committees. This report will list red flags, audit compliance results, and other information for discussion at the meetings.
- Compliance for Hospital Groups and District Services reporting to the committees is 80%.

4.19 Accreditation Evidence:

- The approved process for storing evidence for an Accreditation Assessment is outlined in the ISLHD OPS PROC 132 Accreditation – Managing Evidence for Assessment.
- Once a report has been tabled and discussed for actioning, the Chair of a Committee should make a reference in the minutes that the identified document should be saved as evidence in the Virtual Accreditation – HPE Content Manager (TRIM) container(s). This should be minuted in the Committee Minutes as an action.

5.   DOCUMENTATION

The following Committee Templates are to be used for all ISLHD District Committee management:

- ISLHD CORP F249 - Terms Of Reference
- ISLHD CORP F245 - Action Items Template (Used for all)
- ISLHD CORP F236 - Committee Evaluation Summary by Committee Chair
- ISLHD CORP F234 - Committee Evaluation by Committee Members
- ISLHD CORP F248 - Agenda - General District Committees
- ISLHD CORP F251 - Minutes - General District General Committees
- ISLHD CORP F253 - Agenda - Patient Safety Clinical Quality Meetings
- ISLHD CORP F257 - Minutes - Patient Safety Clinical Quality
- ISLHD CORP F246 - Agenda - District - Site - Service - Division - Hub Committees
- ISLHD CORP F250 - Minutes - District - Site - Service - Division - Hub Committees
- ISLHD CORP F252 - Agenda - Department - Ward - Meetings
- ISLHD CORP F254 - Minutes - Department - Ward - Meetings
- ISLHD CORP F244 - Agenda - M&M Peer Review Meetings
- ISLHD CORP F237 - Minutes - M&M Peer Review Meetings

6.   AUDIT

The Annual Committee Evaluation exercise will ensure District Committees are operating in accordance to the Terms of Reference. This is the responsibility of the Committee Chair.

Evaluations for National Standards Committees are required to be reported to the Clinical Governance Unit. This will include a separate Questionnaire (The QARS Evaluation of Hub and Service Safety and Quality - National Standards) which will be allocated to each Committee Chair for completion and response.

7.   REFERENCES

- PD2019_025 - NSW Ministry of Health Policy – Aboriginal Cultural Activities Policy 2019
- Clinical Excellence Commission - Mortality and Morbidity Clinical Review Meeting 2016
- ISLHD Consumer and Participation Framework 2018-2021
- ISLHD OPS PROC 132 Accreditation – Managing Evidence for Assessment
- NSW Ministry of Health Policy – PD2015_045 Conflicts of Interest and Gifts and Benefits
- ISLHD Strategic Directions
- The ISLHD Consumer Participation Framework (2018 – 2021)

INTERNAL ONLY

ISLHD PROCEDURE

Health
Illawarra Shoalhaven
Local Health District
NSW GOVERNMENT

ISLHD District Committee Governance **ISLHD CORP PROC 25**

8. REVISION & APPROVAL HISTORY

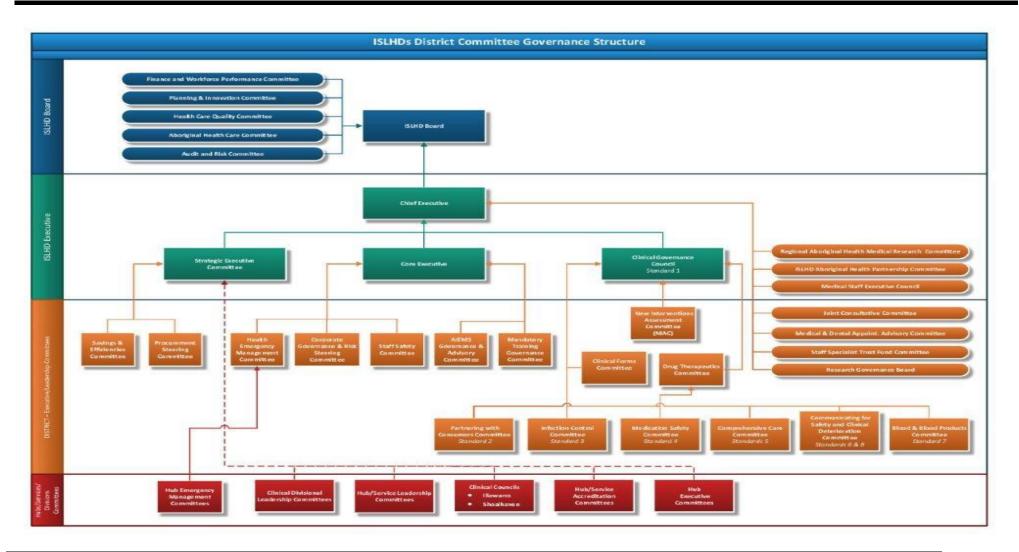| Date	Revision No.	Author and Approval / Date
April 2020	0	**Author:** Senior Manager Quality Systems and Improvement - Clinical Governance Unit Clinical Programs Manager - Clinical Governance Unit Senior Corporate Governance Co-ordinator – Corporate Governance and Risk Unit
		Approval / Date: Corporate Policy Recommendation committee / February 2020 Executive Director Finance & Executive Director Nursing and Midwifery Services / March 2020 Clinical Governance Council/ April 2020

9. ATTACHMENTS

- ISLHDs Committee Governance Structure is shown below:

ISLHD District Committee Governance **ISLHD CORP PROC 25**

ISLHDs District Committee Governance Structure