

Quality and Clinical Governance Committee Charter

Effective Date: March 2026

1. Purpose

The Quality and Clinical Governance Committee (the Committee) is a standing Committee of the Guide Dogs Victoria Board (the Board).

The role of the Committee is to assist the Board in fulfilling its governance and oversight responsibilities by providing independent oversight, advice and monitoring in relation to delivery of safe, timely, efficient, effective, equitable, person centred and continuously improved services to clients.

The Committee supports the Board by:

- Overseeing quality, safety, and effectiveness of services delivered to clients.
- Monitoring clinical governance and professional standards.
- Overseeing risk management related to service delivery.
- Overseeing continuous improvement and compliance with applicable legislation, standards (including the NDIS and Aged Care Quality Standards), and policies.
- Promoting consumer dignity, choice, and outcomes.

The Committee ensures that robust systems are in place to support the delivery of safe, high-quality, and person-centred services aligned with GDV's mission, vision, and values.

2. Definitions

Clinical Care: Health care that encompasses the prevention, treatment and management of illness, injury or disability, as well as the maintenance of psychosocial, mental and physical wellbeing. It includes care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health practitioners. Organisations providing clinical care are expected to ensure the care provided is best practice, meets the consumer's needs, and optimises the consumer's health and wellbeing. Reference: Aged Care Quality and Safety Commission.

Quality and Clinical Governance: Integrated systems, processes, leadership, governance and culture that are in place to ensure the delivery of safe, timely, effective, efficient, equitable, person-centred and continuously improved services to clients.

Reference: NDIS Practice Standards & Quality Indicators Core Module Division 2 Provider Governance and Operational Management.

Quality Assurance: Part of quality management focused on providing confidence that quality requirements will be fulfilled. Reference: ISO 9001:2015 Quality Management Systems.

3. Authority

The Committee has authority to:

- Seek, through the CEO and/or other Management Representatives, any information it requires from any staff.
- Obtain external legal or other professional advice considered necessary, subject to prior approval of the Board Chair.
- Conduct or authorise investigations into the matters within its scope.
- Review and oversee relevant internal and external audits and accreditation outcomes.

4. Membership

The Committee will consist of up to five (5) members, the majority of whom will be Board Directors, and one lived experience Consumer Advisory Council member.

- Members and the Committee Chair appointed by the Board.
- At least one member must have experience in providing clinical care.
- At least one member must have lived experience.
- At least one member should have legal expertise.
- The Board will appoint a Chair from among the Committee members.
- Members of management, including the Chief Executive Officer (CEO), the General Manager Dog & Vision Services, and the Quality Manager, however, are not Committee members, but will attend by standing invitation.
- Other Directors who may attend by standing invitation.
- Other members of management, consultants, auditors, or staff attending by invitation.

5. Responsibilities

Quality and Safety

- Oversight of quality management and clinical performance including incident management, feedback, complaints, and continuous improvement.
- Monitoring trends in service outcomes, feedback, audits, and evaluations.
- Reviewing serious incidents, and the implementation of actions to prevent recurrence.
- Monitoring compliance with the NDIS Practice Standards, Aged Care Quality Standards, and other applicable quality frameworks.

Clinical Governance

- Reviewing systems for credentialing, scope of practice, mandatory training, professional development, and supervision for clinical staff.
- Ensuring an effective clinical governance framework is maintained across all service areas.
- Monitoring compliance with professional standards and codes of conduct.

Risk Management (Service Delivery Focus)

- Identifying and monitoring quality and clinical related risks on the organisational risk register.
- Reviewing mitigation plans for key service-related risks.
- Ensuring alignment between quality/risk activities and the broader enterprise risk management framework.

Compliance and Continuous Improvement

- Monitoring regulatory compliance related to disability and aged care service delivery.
- Reviewing outcomes from internal and external audits, including NDIS and aged care audits.
- Oversight of action plans following audits, reviews, or investigations.
- Promoting a culture of safety, transparency, and continuous improvement.
- Oversight of in-house training provided for volunteers that have a client facing role.

Consumer Voice

- Ensuring systems are in place to collect, analyse, and respond to consumer feedback.
- Promoting co-design and engagement with clients, families, and carers in service planning and improvement.
- Consulting with the Consumer Advisory Council where necessary and appropriate.

6. Conflict of Interest

All persons must disclose any material interest, relationship or beneficial ownership relevant to matters under consideration.

The Committee will ensure that such persons remove themselves from the decision-making process where appropriate.

All Committee members must notify the Chair in advance of any conflict of interest in matters to be discussed.

7. Meetings

The Committee will meet at least four (4) times per year and may convene additional meetings as required.

- Members are expected to attend in person or via electronic means.
- Members are expected to attend at least 75% of meetings.
- A quorum is two (2) members.
- Decisions are determined by majority vote of members present and voting.
- The Chair does not have a casting vote; where votes are equal, the motion is lost.
- The Chair may allocate time for confidential discussion without management present.
- There is a standing invitation for Members of the Board to attend any meeting, but there are no voting rights.
- Agendas and papers will be circulated at least one week prior to meetings.
- Minutes will be circulated within one week following each meeting.
- Minutes will be endorsed at the subsequent meeting and signed by the Chair.

8. Reporting

- Committee minutes will be included in the agenda for the next available Board meeting.
- The Committee Chair will brief the Board on significant matters discussed, including recommendations requiring Board decision.

9. Review

The Committee will:

- Seek feedback from the Board on the Committee's effectiveness.
- Provide a written annual report to the Board summarising the Committee's activities, findings, and progress against its responsibilities.

10. Change History

| Version number | Date | Summary of change |
|--|---------------|---|
| 1.1 | March 2026 | Formatting changes for consistency of all Charters. Clarification of requirement for a lived experience Consumer Advisory Council committee member. |
| 1.0 | November 2025 | Published version |
| DRAFT 0.3 | August 2025 | Incorporated feedback from Quality & Clinical Governance Committee |
| DRAFT 0.2 | June 2025 | Incorporated feedback from James Elder and Jane Schuller |
| DRAFT 0.1 | June 2025 | Initial Draft |
| The Charter is due for review by November 2026 | | |