



Quality, Risk and Clinical Governance Committee
Lived Experience - Consumer Member
Candidate Pack
March 2024

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Part One – Introduction & General Information

1. Role Summary

The Board of QEC is committed to partnering with consumers - our most important stakeholders - across all aspects of our work. We recently made a formal commitment to embedding the voice of people with early parenting lived experience at a governance level.

To further strengthen our clinical governance and increase consumer participation, the Board now invites an experienced consumer to join the Board's Quality, Risk and Clinical Governance Committee. The Consumer Member will participate equally and freely in the discussion, information sharing and deliberations of the work of the Committee. In line with current QEC By Laws, the Consumer Member will initially have a non-voting role on the Committee; however, the Board and organisation are strongly committed to pursuing future equal participation and decision making.

2. About QEC

QEC is proud to be Victoria's largest provider of residential and community-based early parenting services. Formed in 1917, we are both a Public Hospital and registered Community Service Organisation. We are passionate about supporting families to grow, parents to blossom and children to thrive. QEC delivers a variety of services and support programs to families with young children in partnership with government and not-for-profit partners. We promote the safety, wellbeing and inclusion of all children. QEC programs are evidence-informed and tailored to meet the unique needs of each family. Our work equips families to best nurture, protect and enhance their children's safety, health and development. QEC's multidisciplinary team of experienced professionals is committed to partnering with families to achieve the best outcomes for children.

As a Public Hospital, QEC is an independent entity operating under the Health Services Act (Vic) 1988. The Board and the individual directors have formal duties and responsibilities to the Minister for Health (the Minister), the Secretary of the Department of Health (the department) and Victorian communities.

QEC is committed to ensuring that our Boards and Committees reflect the breadth and richness the diverse voices of Victorian communities. We encourage applications from women, people of all ages, Aboriginal and/or Torres Strait Islander peoples, people of all abilities, people from culturally and linguistically diverse backgrounds and from lesbian, gay, bisexual, trans, gender diverse, intersex and queer (LGBTIQ+) communities.



3. Legislative Framework

The Board is responsible for ensuring the health service is compliant with all relevant legislation.

- The Health Services Act (Vic) 1988 establishes the Boards of Victoria's health services, and defines their duties, rights, and responsibilities. The Board ensures the Minister, and the Secretary are advised about significant decisions and are informed in a timely manner of any issues of public concern or risk that affect or may affect the health service.
- Directors on the Board of a public health service are considered a public official under section 4 of the Public Administration Act (Vic) 2004. As such, Directors are bound by the legislated requirements of the Victorian Public Sector Values and the Directors' Code of Conduct.
- The Financial Management Act (Vic) 1994 also applies to the financial administration of public health services relating to the accounting and reporting of public money and public property.

QEC indemnifies Board Directors and Committee members so that they are not personally liable for anything done, or omitted to be done, in good faith when carrying out their duties. Any liability resulting from an act or omission attaches instead to the health service rather than individuals.

4. Role of the Board

The role of the Board is to oversee the performance of our organisation and ensure that we are meeting the policy and strategic objectives of the Minister and government of the day. The Board is held to be ultimately responsible for all aspects of the organisation's activities. This includes, among other things:

- Setting the vision, strategy, and direction of QEC, in line with government priorities
- Having ultimate accountability for the delivery of safe and quality care, including cultural safety and freedom from discrimination, harassment, and bullying
- Oversight of the performance and delivery of key policy priorities
- Ensuring the ongoing financial viability of QEC
- Recruitment, support and monitoring of the Chief Executive Officer.

The functions of the Board are varied and cover accountability to stakeholders and leadership both internally and externally, now and into the longer term. Collectively, the Board is responsible for creating a governance environment that acts in the best interests of QEC, the broader health system, and Victorian communities.



Part Two – Role Specific Information

5. Quality, Risk and Clinical Governance Committee Role and Functions

The role of the QEC Board Quality, Risk and Clinical Governance Committee is to support the Board to meet its governance responsibilities for organisational performance in relation to quality, clinical governance, and risk management, via the following functions (as per its Terms of Reference):

- a) Meet its responsibilities and functions as determined by the Board and obtain information and reports relevant to the Terms of Reference.
- b) Report to the Board and provide appropriate advice and recommendations on matters relevant to its role in order to facilitate decision making by the Board.
- c) Monitor, review and provide advice to the Board about quality, risk management and clinical governance processes required to provide quality and safe healthcare and related services delivered by the organisation.

6. Responsibilities of the Board Quality, Risk and Clinical Governance Committee

In order to perform its role in assuring risk management, clinical governance and quality, the Committee and its members shall (as per the Terms of Reference):

- a) Provide oversight of systems and processes to deliver safe health care and related services represent best practice and are efficient, effective for clients and staff members (in line with organisational size and scope).
- b) Provide oversight of approaches to risk management; and identify, prioritise, manage, and evaluate clinical and related risk on a continuing basis.
- c) Provide oversight of clinical governance, ensuring safe, effective, person-centred care, including oversight across domains of: leadership & culture, workforce, risk management, clinical practice, consumer partnerships
- d) Provide oversight of all areas in respect of quality and clinical governance and ensure these are aligned to:
 - Victorian Clinical Governance Policy Framework
 - Relevant accreditation requirements
 - Regulatory and legislative requirements
 - Strategic plan.
- e) Request, receive and review scheduled reports, data trending and analysis - the Committee has authority to:
 - Seek any information it requires from QEC Management via the CEO
 - Seek any information it requires from external parties with relevant experience and expertise
 - Obtain outside legal or other independent professional advice to assist with its work within a cost approved by the Board on a case-by-case basis.



7. Role, Tenure and Reporting

The Consumer Member is an *advisory* role to the QRCG Committee – the purpose of which is to bring a consumer perspective to enhance the work of the committee. The Consumer Member will participate equally and freely in the discussion, information sharing and deliberations of the work of the Committee. In line with current QEC By Laws, the Consumer Member will have a non-voting role on the Committee.

Appointment of the Consumer Member to the Quality Risk and Clinical Governance Committee will be for a 1-year term, with scope for reappointment up to a total of 3 terms. Meetings are generally held quarterly for 90 minutes, with occasional requirements to attend other activities or events (approximately two or three times per year). Information is circulated for reading approximately one week prior to the meeting.

The Consumer Member role reports to the Chair of the Quality Risk and Clinical Governance Committee.

The Consumer Member can also continue to represent QEC on internal working groups, projects and committees, if desired. A strong connection to our Family Advisory Committee would be advantageous. Appointment to this role does not automatically secure future Board appointment.

8. Key Selection Criteria

The following Key Selection Criteria have been adapted from The Board Director Capability Framework ([Applying for board positions | health.vic.gov.au](http://health.vic.gov.au)).

a) Personal Attributes

Board and Committee members are expected to have the following attributes (which are aligned to the values of [Board Director's Code of Conduct](#)).

Accountable	Take responsibility for decisions and actions, individually and collectively, and enable appropriate scrutiny of themselves and the organisation.
Collaborative	Collective ownership for shared health outcomes and being collaborative (being open to working flexibly with other boards and health services).
Commitment	Commit enough time to review agenda items, meeting papers, and minutes in preparation for participating in board meetings and committee meetings.
Curiosity	A strong desire to want to learn and ask questions, including being assertive and, when appropriate, be able to challenge in a respectful manner.
Integrity	Put the interests of the organisation above their own personal or private interest; act with independence, honesty, maintaining confidentiality/privacy.
Respectful	Listen to diverse voices, contribute meaningfully to discussions, and treat all views fairly, preventing discrimination, harassment, or bullying.
Responsive	Ensure the organisation provides high quality services and delivers value to consumers and the community; provide full, impartial, and timely advice.

b) Capabilities



These capabilities may have developed from personal and professional experience and knowledge and will continue to be developed while on a public health service board. The Consumer Member is not expected to be an expert in all these areas.

EPC experience and consumer engagement	Contemporary experience of early parenting services (preferably at QEC), with experience on advisory committees or similar Board committees preferable.
Risk management	Experience in identifying, assessing, and responding to strategic, operational, and reputational risks and opportunities.
Clinical governance	Experience in the application, design, and evaluation of clinical governance systems to ensure safe clinical care and drive continuous improvement of patient outcomes.
Communication and stakeholder engagement	Experience in communications and effective stakeholder engagement in the context of providing a public service. Experience in the effective insight into and response to the views and expectations of key stakeholders within and outside the organisation
Community Services	Experience in advocating or the delivery of social services for people who are experiencing disadvantage or are vulnerable at the time of seeking support.
Corporate governance	Experience in the separation of governance and management, and the roles, duties, and obligations of board directors.
Human Resources	Experience in managing an organisation's workforce, including staff and management development, compliance with employment and labour laws, managing industrial relations, and overseeing organisational culture.
Law	Experience in interpretation and implementation of legal and regulatory requirements – with a focus on health (including mental health and aged care), administration, corporate or industrial relations.
Strategic Leadership	Experience in strategic thinking, planning, leadership, and high-level decision-making, including the development of strategic plans and achieving delivery of the goals and desired outcomes.

9. Orientation and Support

QEC acknowledges that individuals bring a wealth of experience to our board and committees. Drawing from the QEC Board Director orientation package, the Consumer Member Orientation and Support Program is designed to contextualise existing skills to our unique work and address any knowledge gaps.



The QEC Governance Package (available via the QEC Board Portal) complements the Board Induction Program and includes:

- Strategic Plan
- By-laws and Governance Policy
- Public Hospital Board Position Description and Code of Conduct
- DHHS Health Service Board Directors Toolkit
- Relevant Policies and Procedures.

The Orientation and Support Program progresses over a 3-month period, and includes a combination of reading, discussion, site visits and Department of Health Clinical Governance modules:

Timeframe	Activity	Who
Appointment	Personal welcome and introduction (phone / email) from QRCG Chair	Chair
	Onboarding (payments, WWCC, immunisation, documentation)	EA
Month 1	History, vision, mission, values, strategic plan	Chair
	Responsibilities Committee Terms of Reference, attendance (75% min)	Chair
	Overview of operations / site tour	CEO
	Governance package - summary of key documents	CEO
	Board portal access, meeting papers / dates	EA
	Meet mentor	Chair
Month 2	Victorian Department of Health Orientation: Clinical Governance overview	CEO
	Key concepts and metrics - clinical governance, quality, risk, culture	CEO
Month 3	Meet relevant QEC staff, consumers, stakeholders as appropriate	CEO

Source: Adapted from Australian Centre for Healthcare Governance, Department Health, Victorian Public Sector Commission

10. Application Process

- Submit a current resume and cover letter briefly highlighting experience relevant to the Key Selection criteria to CEO Sue White (suewhi@qec.org.au) by 9am Monday 8th April, 2024.
- Interviews will be held (online) the week of 15th April.
- Direct any enquiries to Sue White via email (suewhi@qec.org.au) or via phone (03 9549 2777).

